Supporting the process: the body in psychotherapy

The spirit of engagement
Views on UKCP’s changing relationships

Equality Act 2010 and UKCP members
How new legislation might affect UKCP members

Plus
Working as a psychotherapist in Europe
How easy is it for UK psychotherapists?
Diversity and equalities statement

The United Kingdom 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 socio-economic 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.

Editorial policy

The Psychotherapist is published for UKCP members, to keep them informed of developments likely to impact on their practice and to provide an opportunity to share information and views on professional practice and topical issues.

The contents of The Psychotherapist are provided for general information purposes and do not constitute professional advice of any nature. Whilst every effort is made to ensure the content in The Psychotherapist is accurate and true, on occasion there may be mistakes and readers are advised not to rely upon its content.

The editor and UKCP accept no responsibility or liability for any loss which may arise from reliance on the information contained in The Psychotherapist.

From time to time The Psychotherapist may publish articles of a controversial nature. The views expressed are those of the author and not of the editor or of UKCP.

Feature articles

- Connecting body, mind, soul
- Including the body in psychotherapy: what can we gain?
- Somatic integration to systemic therapy
- Promotion of health and biodynamic psychotherapy
- Levels of consciousness and contact in biodynamic psychotherapy
- Flight path
- Can it be possible to interrupt the impulse to revenge?
- Relating through physical touch in contemporary body psychotherapy
- The return of the repressed body – not a smooth affair
- Spinning coins, jumping sticks and weaving the webs

Discussion

- The spirit of engagement
- Psyche and world: ecopsychology and psychotherapy

UKCP news

- Congratulations to our new Honorary Fellows
- Democracy and UKCP
- Health Professions Council under the spotlight
- A UKCP framework for psychological therapies
- The Cost of Not Caring: responding to the psychological needs of children

UKCP members

- ‘Little high, little low’ – personal reflections on the first year
- Equality Act 2010: what it means for UKCP members
- Working as a psychotherapist in Europe
- UKCP-Karnac book series
- Book reviews

UKCP members

- Events

Guest editors needed

Could you guest edit an issue of The Psychotherapist?

Do you have a theme or subject you would like to explore in depth and share with readers?

Each edition of The Psychotherapist has a guest editor who writes and commissions articles on a particular theme.

With a minimum of 12 pages set aside for the feature articles plus room for book reviews, 6,000 to 8,000 words are required.

For further details please contact Sandra Fletcher at sandra.fletcher@ukcp.org.uk or phone 020 7014 9973.
Here to stay

Tom Warnecke suggests we look to body psychotherapy as a model of resilience

At the dawn of psychotherapy in the 19th century, Pierre Janet and Georg Groddeck recognised the pertinence of the human body for our profession and the modality featured in the issue has formed a distinct branch of psychotherapy for some eighty years now. Perhaps it is not just a happy coincidence that in December, two UKCP Honorary Fellowship awards went to distinguished practitioners in this modality: Carmen Joanne Ablack and Jochen Lude.

But the history of body psychotherapy also demonstrates the resilience of well-founded clinical theory and effective practice in the face of severe challenges. When the International Psychological Association expelled Wilhelm Reich for political reasons in 1934, the body became effectively exiled from psychoanalysis for some decades. This could have led to an early demise of the fledgling modality and yet, it not only survived but thrived and blossomed. Discoveries made by neuroscience have contributed to further the appeal and widened interest in psyche-soma relations in recent years. Guest editor Kathrin Stauffer observes that multiple approaches involve the body in some way today. It appears that the body in psychotherapy is here to stay.

Is there a moral we can apply to the new challenges facing the profession such as attempts to manualise psychological therapies in public services for example? Can we trust that sound clinical theories and practice will survive and thrive? I believe we can and should. At the Savoy Conference in December, Health Minister Andrew Lansley argued for broadening the range of available talking therapies within IAPT. In the face of the current tide of mental health services cuts he also made a commitment to getting psychological therapies into mainstream public services delivery. But UKCP needs to move forward here too. In this issue, Antonia Murphy reports significant progress made in defining UKCP’s position on psychotherapy provision in the NHS.

As the national professional organisation, we also hold a collective responsibility for responding to current times with necessary expansions of our professional edge of awareness. Chris Robertson makes a convincing case for integrating ecopsychology perspectives into our theoretical frameworks.

One year on from the constitutional changes and with a new election for Trustees under way, David Pink and Sally Forster reflect on how the new democratic processes within UKCP are shaping up. Further views on UKCP’s changing relationships are collected in the discussion pages of this issue where several writers share their ideas and observations of the challenges of engaging members and democratising the organisation. As a member, you can join this discussion on the UKCP online discussion forum.

“When the IPA expelled Wilhelm Reich in 1934, the body became exiled from psychoanalysis for some decades”
Kathrin Stauffer, chair of the Chiron Association for Body Psychotherapists, introduces this issue of The Psychotherapist, which features a modality that emphasises the need to integrate body, mind and soul.

This issue is dedicated to body psychotherapy. Body psychotherapy has formed part of the spectrum of psychotherapeutic modalities represented in UKCP since its beginnings. At that time, it was represented by the Chiron Centre for Body Psychotherapy, which went on to become the UK’s largest training organisation for body psychotherapists, with over 350 trainees in over 20 years, of whom about 150 are currently registered with UKCP. Sadly, in July 2010, the directors of the Chiron Centre, Bernd Eiden and Jochen Lude, retired, and the centre is now closed.

Finding our place
Organisational membership of UKCP and its accrediting function were transferred to the Chiron Association for Body Psychotherapists (CABP) in 2008. This meant a shift from a well-established training organisation to a relatively young professional organisation that is still attempting to find its place in the world of psychotherapy.

CABP is also the national association in the European Association for Body Psychotherapy (EABP). The process of engaging with our continental European colleagues has highlighted just how differently body psychotherapy is viewed in most other countries. It is often not part of mainstream psychotherapy but aligned more to complementary therapies or psychosomatic medicine, while the various theoretical frameworks are sometimes idiosyncratic and not easily reconcilable with more psychodynamic theories.

An integral view of human beings
By contrast, at least partly thanks to its involvement with UKCP, CABP has engaged with the project of bringing body psychotherapy and psychodynamic psychotherapy together. It has thus created a modality that connects body, mind and soul: a truly integral view of human beings. It is this view that we aim to present to you in this issue, in the spirit of honouring the people who have contributed to the development of body psychotherapy and to share the richness of the profession with our colleagues.

The starting point for all of the articles are two simple questions: why should psychotherapists want to pay attention to, or make use of, bodies in their work?

“A modality that connects body, mind and soul: a truly integral view of human beings.”

“Body psychotherapy is viewed very differently in most other countries. It is often aligned more to complementary therapies or psychosomatic medicine.”

What does integration between body, mind and soul actually mean?

Theoretical perspectives
Different theoretical perspectives are offered. My own view, and that put forward by Elya Steinberg, proposes a holistic view of health. A number of other contributors illustrate how including the body in psychotherapy can illuminate particular issues and processes: Clover Southwell’s paper on different levels of consciousness and contact; Claire Entwistle’s case history with a traumatised client; John Waterston’s contribution on the important topic of revenge; and Anita Ribeiro’s article on her work with families. We return to a more theoretical approach in Gill Westland’s article about touch and in Michael Soth’s historical and theoretical treatise. Carmen Ablack’s paper addresses the creative processes in body psychotherapy.

I hope that you find these articles interesting and that they will inspire you to discover more about body psychotherapy. CABP offers postgraduate training to other psychotherapists in various subjects and techniques particular to body psychotherapy.

For more information visit www.body-psychotherapy.org.uk.
Including the body in psychotherapy: what can we gain?

Kathrin Stauffer asserts that integrating the body into psychotherapy can add immeasurable depth to a therapist’s practice.

Most psychotherapists accept the notion that the human soul is embodied – that is, it is not a purely spiritual and non-material entity but dwells in, and is shaped by (and sometimes limited by), a living human body. Moreover, it is enmeshed with this body to the extent that it is impossible to clearly separate the two. Indeed, attempts to do this invariably lead to an artificial fragmentation of our experience. But what does the unity of body and soul mean for the practice of psychotherapy? Does it have implications? Is there anything to gain if we attempt to depart from the traditional Cartesian mind–body dualism and towards a more holistic view of people?

Clinically effective
It seems to me that there is no straightforward answer to these questions. Undoubtedly, psychotherapy has been going for more than 100 years without paying much attention to the body and it has been pretty successful on the whole. It is also true that many approaches that involve the body in some way turn out to be clinically effective. I am thinking in particular of the various approaches to working with trauma such as EMDR or EFT that have become quite widespread (Shapiro, 2001; Mollon, 2008). We also find practitioners who use their own bodies as a sounding board to add complexity and accuracy to their countertransference responses (Orbach, 2000; Soth, 2006). Many therapists place value on cathartic techniques such as those developed in bioenergetics (Lowen, 1994), and the popular approach of Family Constellations makes use of body sensations (Hellinger, Weber et al, 1998). There are many more examples that could be quoted here.

Some colleagues might make a distinction between approaches that rely on body sensation only, such as those used by many mindfulness-based and psychospiritual approaches, and those that use more active physical interventions such as exercises, massage or other forms of touch. Some of these approaches treat the body as a tool; others include a conceptual framework that attempts to formulate a holistic view of the human organism.

Psychotherapy and neurobiology
Clearly certain aspects of the study of the human body have a great fascination for psychotherapists. In particular, there has been tremendous interest in recent years in neuroscience. Many excellent theorists have attempted to marry psychotherapy with neurobiology (Schore, 1994; Kandel, 1998; Cozolino, 2002; Etkin, Pittenge et al, 2005; Wilkinson, 2006; Hart, 2008). I have reservations about this project. If I were to rely too heavily on these rather objectifying speculations about what might be happening in my client’s brain, I would be in danger of losing sight of the subjective experience of the person sitting opposite me. The resulting loss of empathy would surely diminish the quality of my therapeutic work. Finding a narrative of what is happening in my client’s brain is probably a useful therapeutic intervention in some situations, but generally I feel it is much more my job to get a sense of what it is like to be them. I have commented on this point extensively elsewhere (Stauffer, 2008, 2009). However, there is no doubt that neuroscience provides us with many valuable images, metaphors and insights into the many possibilities for mental and emotional functioning that we may come across (Carroll, 2003).

I would now like to summarise some of the ways in which we could think about the relationship between body and mind in therapeutically useful ways. The most important principle for the relationship between body and soul was formulated by Wilhelm Reich (1972/1933), who originally phrased it as a ‘functional identity’ between a person’s habitual ego defences and their habitual muscle tension patterns. Both could be seen as arising out of an impulse that was thwarted and which therefore had given rise to undischarged energy, experienced as anxiety. Both ego defences and muscle tension served to contain this anxiety and in such a way that there was a partial gratification of the original impulse. Both thus represented a true neurotic compromise, defending against a need while simultaneously partly gratifying it, and all the time decreasing the anxiety produced by the associated conflict.

The principle of functional identity
On further exploration, we find that we can use this principle of functional identity to think about all physiological systems: we can always propose a functional identity at the level of psychological functioning. Body and soul are two different aspects of the human organism and they describe, in the end, the same phenomenon. Their perspectives are different, and the words are different, and the focus of the

“The ‘basic fault’ between my experience of myself on a sensory and emotional level and the image I have of myself in my mind’s eye is real and cannot be readily bridged”

feature article
process the integration between "I have experienced and often therapeutically extremely it is very easy and very commonly done, something that is to be used. However, I might 'map' bodily experience onto emotional experience and vice versa. First, I can view the physical events in my body as the ground on which my emotional experience rests. From that point of view, I would say that both mind and soul are emergent properties of the complex dynamic system that is my living body (Carroll, 2003). In this way of thinking, I am ascribing a sort of primacy to the bodily aspects of my experience and I could be excused for stating that, unless I attend to my body and its sensations first of all, I will not be able to attain wholeness.

Second, I can think of my physical experience as an aspect of the totality of my experience. This view puts both aspects of experience on a level but makes it clear that both are necessary to complement each other and to form a whole. What we can say is that bodywork, used in this way, is a very powerful technique for accessing a more unified experience and for amplifying feelings, images and fantasies (Eiden, 1998). Equally, in this view, the body turns out to be an extremely valuable resource for containing feelings that might otherwise overwhelm our normal ego functioning, as for instance in states of shock and trauma.

Symbolising the experience of the soul

Third, I can use my body as a tool for symbolising the experience of my soul. This could be seen as deviating from a fully holistic understanding of human beings, as it relegates the body to something that is to be used. However, it is very easy and very commonly done, and often therapeutically extremely fruitful. Part of what makes it so easy to do is that our everyday language is so full of colourful physical metaphors. Starting from these, we can easily amplify and develop meaningful narratives of our experience, narratives that resonate with our soul (Ferrucci, 1982; Landale, 2002). Such narratives can, of course, be more or less accurate in terms of the biological processes that actually go on in our bodies. I may add that using images derived from neuroscience probably works pretty much in the same way.

Whichever of these approaches we use for bringing together body and mind, in the end we will have to undergo a process of integration, a process of putting things together that don't 'fit' in a straightforward manner. It is not just a question of completing a jigsaw puzzle, of slotting bits of information into pre-existing gaps: the 'basic fault' between my experience of myself on a sensory and emotional level and the image I have of myself in my mind's eye is real and cannot be readily bridged. Personally, I have experienced the integration between body and soul as a difficult therapeutic process, which has included stages of being stuck, sitting with conflicts and dilemmas, banging my head against various brick walls, retelling the same story over and over again, and generally being quite uncomfortable, until eventually I become – by sheer grace – able to see myself from a different point of view that includes the original two perspectives and also transcends them, as described in Ken Wilber's elegant description of nested hierarchical systems (Wilber, 1996).

It is here that I see the biggest potential gain for psychotherapy but at the same time its greatest difficulty: the integration of the body into psychotherapy is a long and often painful process that results in greater maturity, and greater embodiment, for the therapists who have gone through it, and adds immeasurable depth to their practice. P

"Bodywork is a powerful technique for accessing a more unified experience and for amplifying feelings, images and fantasies"

References

Carroll R (2003). 'At the border between chaos and order: what psychotherapy and neuroscience have in common.' In J Corrillag and H Wilkinson (eds). Revolutionary connections; psychotherapy and neuroscience. London: Karnac, pp191–211.


Ferrucci P (1982). 'What we may be: the visions and techniques of psychosynthesis.' Winnipeg: Turnstone Press.


Somatic integration to systemic therapy

Anita Ribeiro-Blanchard presents aspects of the systemic nature of somatic processes, which validate a systemic use of body-oriented interventions.

Continuing its tradition of delivering innovative treatments to improve the wellbeing of individuals and their families, systems therapy has been gradually integrating body-oriented interventions into practice. There are inspiring works, such as the developmental play therapy of Viola Brody tailored to adoptive and foster carers and their children and the school system; the body psychotherapy of Maria Gonçalves with institutionalised children and their carers; and Ian Macnaughton’s body-oriented interventions in family therapy with couples.

Body-oriented interventions

This article presents aspects of the systemic nature of somatic processes to validate a systemic use of body-oriented interventions. Neuropsychological and neuroscientific studies provide substantial support for this idea, for example: Damasio’s research on the somatic interweaving of emotions, feelings and reasoning; Siegel on the neurobiology of interpersonal experience; Gallese on embodied simulation and shared circuits (mirror neurons) and their function in relationships; and Herbert on complex trauma and its somatic interlock.

Clinically, there has always been a demand for the inclusion of somatic work in systemic therapy. Disorders such as self-harming, anxiety, panic, depression, attachment and PTSD all have extensive impact in the client’s organism. Furthermore, the intensity of physical symptoms in these disorders renders clients powerless and vulnerable and with a weakened ego that feels unable to cope.

Symptoms are frequently dealt with through medication because their impact can prevent verbal therapy from producing changes. This only serves to show the dominant position that can be played by the somatic aspect if it is not treated as an inseparable aspect of the psyche. It can be not just part of the problem but also part of its solution.

The embodiment of a family

Symptoms, however, are just one aspect of the psyche-soma relationship. In families, relationship patterns are interdependent and maintained by complex somatic dynamics, which include conscious and unconscious bodily relations. These bodily relations constitute the embodiment of a family: a dynamic entity or field in which conscious and unconscious bodily information is gathered and accessed by its members. It is constantly adjusting and regulating itself – a mother’s depression will trigger siblings to quarrel to bring her back into action, with the purpose of keeping the system running, providing containment and nourishment for each family member’s needs.

Understanding the somatic basis that sustains a family’s repertoire of engagement allows for systemic interventions on multidimensional levels: physical/behavioural, emotional, cognitive, and interpersonal. Body-oriented interventions in the form of movement, breath, body awareness, touch, sensing, etc bring new and effective resources and broaden clients’ awareness of the essential nature of family relationships – that primarily rooted in the body. Most important, they bring depth and greater intimacy to family life, enhancing mutual trust at a deeper level.

Integrating the shadow

This deeper level refers to overcoming shame and integrating the shadow associated with bodily things, especially in small systems such as families in which members are perceived as witnesses to – if not judges of – one another’s mistakes and vulnerabilities. Jung states that the body is a taboo because there are too many things about it that cannot be mentioned; therefore, it often personifies the shadow of the ego.

Furthermore, dysfunctional families are the place in which the body is hurt, abused and exploited, and there is need for healing and integration. Angelo Gaiarsa, a bioenergetic psychiatrist, describes the family as the most dangerous place in the world. Again, Jung suggests that integration of the shadow (body) is necessary in order to facilitate healing and proposes that, instead of getting rid of the shadow, one should learn how to live with it.

Anita Ribeiro-Blanchard UKCP

Anita is a Jungian psychotherapist working in private practice at the Oxford Stress and Trauma Centre and in Bristol. She works with adults, adolescents and children in individual and family therapy.

www.jungian.co.uk
Embodied relationships

Several aspects of the embodiment of family relationships contribute to sustaining adaptive or maladaptive patterns. Some of these aspects work at conscious or explicit levels, such as behavioural repertoires of physical gratification and punishment, body language, postural and visceral tensions and stress, our daily routine (or the things we do to care for ourselves on a daily basis). Other aspects engage family clients in unconscious or subliminal processes, such as the exchanges between two or more autonomic nervous systems, neuroendocrine and chemical communications, embodied simulation (mirror neurons), somatic transference and countertransference. Other non-verbal exchanges include symbolic aspects and even subtler levels of interactions. I will briefly address these levels within the scope of this article.

Somatic cues

A five-year old client drew all her family members in a picture, placing a floating oval form with eyes between her parents. She explained that the floating form was ‘a ghost’. The girl’s mother had recently learnt about her husband’s love affair, an issue that both parents protectively hid from their children. Whether the ghost represented the tension between her parents or the sensing of another person’s energy in the family field, the fact is that the parents’ problem was felt as a presence. According to Jung and Bentzen, the developing ego of a child is essentially a bodily ego, apprehending the world through bodily sensations and interactions with inner and outer environments. Thus, children are sensitive to somatic cues – also intuited through mirror neurons, the subliminal mechanism of shared experiences and empathy.

At the conscious level, symptoms are the result of an imbalance in the individual’s organism. But they also function at the unconscious level: symptoms may be a perverted (unintentional) attempt to have one’s needs met or a disruption in normal development to make a statement about the family’s affairs. The language of the body is sensations, images, emotions, feelings and thoughts, and its communication can be understood if individuals notice bodily sensations – experiences–feelings, attuning to oneself at the somatic level. If not acknowledged, it may escalate to a symptom.

Reconnection with bodily feelings

A six-year old client was brought to therapy for aggressive and defiant behaviours. Play and art therapy produced poor results, as he was very guarded. In session, his mother displayed little emotional resonance and wanted a quick fix. However, the boy agreed to receive gentle bodywork, which his mother would learn and use with him at home. Usually, I invite parents to observe, as a way of engaging them at subliminal and unconscious somatic levels and to have a chance to restore the child’s self-regulation first. After the bodywork, the child appeared relaxed and drew a road with a rainbow to the right, a slug to the left and in the middle foreground a butterfly with its right wing shaded. He explained that the butterfly’s shaded wing was broken. His family had suffered drastic changes in the previous year, first a divorce, then a new family and four stepisters. Bodywork reconnected him with his bodily feelings and from that experiential basis emerged a profound and poetic symbol that best integrated his broken sense of self. This process of re-establishing communication with the body helps modulate emotions and is in itself healing.

Somatic transference and countertransference are in the background of the intersubjective field formed in relationships. In this domain, previous relationships interfere with new relationships and adjustments: an assertive stepfather may bring out anxious behaviours in a child who has had a previous experience with an abusive father. This reaction may shape their interactions on a negative basis and the stepfather may withdraw, unable to tolerate the child’s anxiety. Body-oriented interventions could facilitate new patterns of interaction, as well as giving permission to the child to self-regulate in the presence of others.

A biological clock chart

The subliminal communication that occurs at neuroendocrine levels orchestrates more or less intensely different life stages and at neurochemical levels produces adjustments (entrainment) among family members. For instance, at some point, teenagers and their parents will be represented by opposite curves in a biological clock chart: one curve is moving towards sexual maturity, another towards declining hormonal levels. These intense adjustments cause frantic ups and downs in mood and stress in families. Conversely, cases of affective deregulation impacting the neuroendocrine system are well known in psychosomatics.

The autonomic nervous system is the systemic mediator. It regulates the functioning of vital organs and involuntary functions, co-ordinating rhythms and cycles, and instinctual responses for survival and self-preservation. It has a collective basis, which explains how a stressed parent can throw the whole family out of its state of homeostasis without saying a word. As Jung explained, it also provides the somatic basis for sensing others’ innermost life and exerts an inner effect upon them without the mediation of cognitive processes. The ANS rules the self-regulation mechanisms that maintain the organism’s optimum levels of functioning. This is the reason why self-regulation could serve as a definition of health. Jung identified that both psyche and soma have self-regulating capabilities that can be overridden by a person’s will. A chronically deregulated organism results in stress, maladaptive patterns and eventually neurosis.

The ideas of affect regulation, modulation of emotions, dyadic regulation, etc have a somatic basis to them and were conceptualised from the innate and autonomous mechanisms of self-regulation of the body. The dyadic (mother–baby) regulation occurs through appropriate physical and behavioural interactions to meet each other’s needs. From these early experiences, which are essentially bodily experiences, individuals learn to tolerate frustration, to feel safe and loved and to regulate emotions and the mind.
Implications for clinical practice

The contemporary family system is faced with numerous challenges, such as early childcare placement, divorce(s), short-lived relationships, domestic violence, sexual and physical abuse, drugs, blended families, immigration, unsafe neighbourhoods, excessive virtual time, etc. These circumstances, at times intergenerational, make it difficult to provide consistent and sufficient experiences of dyadic regulation in childhood, and consequently the individual’s self-regulating ability is compromised (chronically deregulated).

Many children and adolescents with mental health problems have never had consistent experiences of dyadic regulation, self-regulation or feeling safe, and they live in a chronic state of hyper-vigilance, anxiety or depression. Furthermore, many have never experienced being regulated and relaxed in the presence of others – a frightening possibility to them – and systemic engagement sets them off. They learn how to self-distract and dissociate and they reach out for meaningful contacts through bullying and aggression. The use of body-oriented interventions can provide corrective experiences of physical and (consequently) emotional regulation, which are the necessary conditions for developing adaptive thoughts.

The core method

In Brazil, I learnt and practised Petho Sandor’s method, Calatonia and subtle touch, a combination of non-invasive body-oriented interventions and Jungian psychology. It focuses on restoring the client’s self-regulation capacity, on gradual development of body awareness and dissolving of maladaptive somatic patterns. It also involves the use of passive movements, breathing, vibration of specific points of the body, use of sounds, and education and coaching for self-regulation. To this core method I have added and integrated several other non-invasive techniques and exercises from other schools.

Later, in the USA, I worked as a systemic psychotherapist treating severely emotionally disturbed children, adolescents and their carers. They had histories of neglect, abuse, attachment problems and were in foster care or residential programmes. There I treated several groups of siblings, both individually and in sibling sessions. Their poor repertoire of techniques for making interpersonal contact consisted of a mixture of abusive or passive-aggressive interactions, teasing and bullying or excessive neediness that made any form of contact unbearable or unsafe.

I adapted body-oriented play (non-invasive touch and/or movements structured in defined sequences) for sibling groups, to reorganise their interactions and modulate affect in a safe way; in individual sessions, I worked on dyadic regulation. This also included working with carers and children in session, to transfer dyadic regulation to them.

This work evolved to somatic systemic therapy with families in private practice, in particular to treat early or developmental trauma. It has also proved very effective with families with attachment issues, allowing the child(ren) to take the lead in modulating the intensity and frequency as part of restoring dyadic and self-regulation.

References

Full references available on request: aribeiroblanchard@calatonia.net
Promotion of health and biodynamic psychotherapy

Dr Elya Steinberg asserts that, by integrating all human dimensions, biodynamic psychotherapy promotes the restoration of health as advocated by WHO.

In biodynamic psychotherapy, we emphasise the importance of an integrated approach to promoting health that brings mind, emotion, body and spirit into a deeper connection and reawakens wellbeing. Health is defined by the World Health Organization (WHO) as: ‘A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities’ (WHO, 1986). WHO also suggests that health promotion is ‘the process of enabling people to increase control over and to improve their health’.

**Dualistic thinking**
In the 1930s, the idea that there is an emotional base to somatic diseases was revolutionary. Today, the concept is holding us back (Antonovsky, 1998). Its very existence suggests that there are diseases that have an emotional base and there are diseases that do not. The term ‘psychosomatic illness’ supports dualistic thinking and prevents us from understanding that all forms of human suffering happen to a complex organism, that every disease has a psychological aspect and a somatic aspect (as well as spiritual, social, ecological and political aspects).

The search towards health has brought me to Professor Aaron Antonovski’s concept of ‘salutogenesis’ (Antonovsky, 1979). Antonovsky stated that disease and stress occur everywhere and all the time and it was surprising that organisms were able to survive with this constant mass exposure. His conclusion was that chaos and stress were part of life and natural conditions. The interesting question that came to his mind was: how come we can survive in spite of all this? In his world health is relative on a continuum and the most important research question is what causes health (salutogenesis) not what are the reasons for disease (pathogenesis)’ (Lindstrom and Eriksson, 2006).

**The re-establishment of health**
Biodynamic psychotherapy provides a model of integration of non-verbal communication and verbal communication, based on acceptance of intrinsic affective and physiological states and their communication explicitly and implicitly through appropriate active contact between minds, spirits and bodies in every degree of intimacy as a frame of work. This model promotes salutogenesis, the re-establishment of health.

Gerda Boyesen’s (1972–1976, 1980, 2001) analytical observation of the healthy and unique nucleus of a person in its physical, mental and spiritual aspects looked towards new theoretical horizons. In biodynamic psychotherapy, the objective is not only to help alleviate and decrease physical and emotional pain and suffering. It also aims to promote health by enabling pleasure and inner happiness through the development of innate personal potentials present in every person, the subjective truth and the finding of one’s personal vision, meaning and sense of agency, thus supporting a sense of coherence in oneself.

Gerda Boyesen named the approach biodynamic psychotherapy because of the dynamic integration of the biology and the psychology of the person through the therapeutic process. The uniqueness of biodynamic psychotherapy comes from the use of body psychotherapy techniques guided by certain philosophical principles. The three main tools are biodynamic massage, rooted talking and vegetotherapy. These methods are used by biodynamic practitioners as pillars to promote natural movement towards health. This idea has recently received support from natural science, which recognises an innate capacity for physiological as well as emotional resilience.
Biodynamic psychotherapy aims to promote health by enabling pleasure and inner happiness

Multidimensional levels
Biodynamic psychotherapy relates to a multidimensional level of subjective experience and phenomenology at any given moment. In biodynamic psychotherapy, this phenomenology contains the non-verbal experience and crosses the boundaries of spoken language. It relates to the innate ‘communicative musicality’ (Trevarthen, 2004, 2005, 2009), to rhythm and prosody, to voluntary and involuntary movement manifested in micro-movement and macro-movement, to breath, to the position of the body, to the ability to move and the quality of the movement, to external and internal signs and symptoms of the autonomic nervous system, to echoing sympathetically with the other and the ability to use mirror neurons and adaptive oscillators.

We have learned from current neuroscience and psychotherapy (Van der Kolk, 1996, 2006) that most experiences are automatically processed on a subcortical level, that is, by unconscious interpretation that takes place outside awareness. Insights and understanding have only limited influence on the operation of these subcortical processes when addressing the problems of traumatised people, who, in a myriad of ways, continue to react to current experience as a replay of the past. There is a need for therapeutic methods like biodynamic psychotherapy that do not depend exclusively on understanding and cognition but on perception of self through body awareness and the physiological ability of the body to process and regulate stress and emotions.

Inner resources and resilience
During a biodynamic psychotherapy session, we explore traumatic responses of the past at different developmental levels. Traumatic memories are often dissociated and may be inaccessible to verbal recall or processing. Therefore, in biodynamic body psychotherapy, close attention is paid to the development of inner resources and resilience to deal with dysregulation and helplessness, as well as to careful timing of the exploration and processing of the traumatic past and present. For example, in such a session, we may support integration of sensory input with motoric output to enable effective movement and action in perceived life-threatening situations, rather than being trapped in helplessness and hypoarousal states. Or we might help to find an internal framework which enables self-regulation of the hyperaroused state on a bodily level using, for instance, biodynamic massage as a means of stimulating the parasympathetic nervous system and working towards physiological equilibrium, as well as translation of the experience into communicable, verbal language.

Biodynamic psychotherapy is a comprehensive method, which looks at the broad spectrum of health, resilience, healing and hope along with careful examination of the pathogenesis. It has added the dimension of the body to the therapeutic discourse. It stresses the spiritual dimension in addition to the physical dimension, the importance of movement as well as the spoken word. This integration of all human dimensions promotes the restoration of health as defined by WHO.

References
Trevarthen C (2004). ‘Intimate contact from birth: how we know one another by touch, voice, and expression in movement’. In Kate White (ed) Touch, attachment and the body, pp1–15.
Trevarthen C (2005). ‘Stepping away from the mirror: pride and shame in adventures of companionship’. In Attachment and bonding (Dahlem workshop reports), pp55–84.
Levels of consciousness and contact in biodynamic psychotherapy

Clover Southwell explains how biodynamic body psychotherapy works with varying forms of therapeutic interaction across a range of levels of consciousness, both interpersonal and intrapsychic.

Biodynamic psychotherapists work in a variety of physical positions, each suitable for a different kind and level of interaction and each furthering in the client different levels of consciousness and exploration. Whether we are working with words, touch or in silence, we are reaching to the whole person and expecting our work to affect body and psyche together.

1. Client and therapist sitting face to face. This is the most natural position for interpersonal work – for reflection, making sense of experience, drawing things together. In this position, the work will be mainly at the conscious level, but it will also integrate what has been emerging from the unconscious. At certain junctures the therapist may draw a client’s attention to how they are sitting, their breathing or body sensation, so that they have a felt experience of themselves as they speak (‘rooted talking’).

2. Therapist and client standing up. This is a position of assertion and mobility. Allowing free movement in the room, it gives the client the chance – literally – to determine their distance from therapist and to hold their ground. Work in this position evokes the client’s will and intention; it supports a sense of agency, of being in charge.

3. Client lying on mattress, therapist sitting alongside. Their respective eyelines do not meet, so the client can relax deeply, allowing their eyes to close with no sense of rudely shutting the therapist out. This position is ideal for working at a deep, intrapsychic level (biodynamic vegetation).

In the three positions above, the client engages in an active process of exploration.

4. Client lying on massage table, therapist works standing. Various forms of biodynamic massage support the therapeutic process in specific ways, developing more sense of structure and containment (see ‘building up’ below) or enabling the client to become more sensitive to their own inner world (‘opening up’). The touch may seem light, but the work will set off cascades of change through all levels of a person’s being, affecting their mood and their dreams for days afterwards. To see biodynamic massage as ‘bodywork’ is to miss its essence. Depending on the client’s earlier experiences of touch – caring or abusive – the massage may bring pleasure or anxiety. Some clients will experience the massage on an intensely interpersonal level, staying alert throughout the session to monitor what the therapist is doing to them. Another might drift off into a wonder world of fleeting images, ungraspable yet deeply enriching.

My position in relation to my client on the psychological level will also vary. How closely am I following – aligned with – my client’s point of view? Is my client currently revisiting an early symbiotic stage, where close attunement can be vitally reparative? What have I in mind? Am I feeling and thinking transferentially? What am I observing, looking and listening for? How separate am I from my client? At what distance? How explicit are my boundaries? Is my consciousness broader than my clinical thought?

As a client appears for a session, I ask myself, is this person likely to benefit more today from opening up or from building up? By ‘opening up’ I mean deepening the client’s capacity for feeling, broadening their vision, opening unconscious layers. By ‘building up’ I mean furthering a client’s capacity to feel ‘on top of the situation’ and to deal better with their life and feelings. This means strengthening their emotional equilibrium and motoric ego, both of which have biological aspects. Such an agenda will underlie the session but is not a template for the work, which arises from what the client brings.

Building up
A client easily overwhelmed by ineffectual emotional energy needs to build up emotional equilibrium. They are very aroused, they take rapid little gulps of breath and they may be sniffing back tears. This only winds them up more. They are suspended in a no-man’s land above their feelings. We suggest they blow their nose, so they aren’t holding back fluid by distorting breath. We ask them to ‘let the breath just come easily’. If they manage that, it has a settling effect and can be a step towards detaching from addiction to arousal. When they resume talking, it will probably be on a very different level and about something more essential.

To build up the motoric ego in clients who cannot say no, who find it hard to make decisions, who doubt they have the right to choose, we may suggest making the issue concrete in the room. The client stands.
We help them develop a consciously felt connection with the ground. They explore how it is to – literally – ‘stand up for myself’. They get a feel for ‘putting my foot down’. Practising this vis-à-vis the therapist, who may represent a parent in the past or someone in their life now, brings to light developmental and transferential issues which we may then explore verbally, back in our chairs. Typically, it will be the client who does most of the talking, finding their own way to their own truth, with minimum intervention.

Opening up
On the other hand, we sometimes have an opposite intention, wanting to help the client open up to their inner sensations, thoughts, images and feelings. With ‘stony’, armoured clients we may first use some form of biodynamic massage to help them feel their body and what is moving inside. Then they can better reach into their inner world, to uncover elements of themselves that they have hidden, disallowed, suppressed or not developed.

For this active exploration, the client lies on the mattress and we invite them to be aware of their sensations. ‘Feel your body – let it breathe – see how far down inside you feel the breathing’ (biodynamic vegetotherapy). Gradually they sink into awareness of their inner world, defences soften, allowing little stirrings to arise within. This ‘dynamic updrift’ may come in the form of sensations, emotions, memories, images or something less definable. They may report what is happening, or they may not.

The client is entering the uncharted ocean of the unknown. For some this is an adventure; for others it feels like a risk. The client’s trust in the therapist is crucial, allowing them to ‘forget’ the therapist while following a path of discovery. The connection between therapist and client is like the rope of an anchor. As the therapist speaks or moves, the client feels the connection like a little tug on the rope. Adjusting the length of the rope is a therapeutic art. When the therapist gives a longer rope, the client feels greater space and freedom. A shorter rope gives more sense of security, as well as more guidance.

Observing the silent client, we might soon see the breath get calmer and lighter. This suggests that the client may have shifted to another level of consciousness, where to shape the experience into words would be a huge effort, and break the journey. With more silence comes more spaciousness. Thirty minutes can pass without a word. The client may be moving towards a state of consciousness where time no longer counts, and two minutes by the clock feels like eternity. Eventually, they will come back, perhaps with some small movement, opening their eyes, and having a luxurious stretch. Even then, will it be appropriate to speak? A delicate question. The client has been in a silent world and should move out of it in their own time. Language may not have words that fit, so talking now could reduce the experience to match the words available.

Temporary regression
Vegetotherapy sessions can develop in a very different direction. Lying on the mattress the client settles into themselves. As before, the ‘dynamic updrift’ from their inner world begins to impinge, but now appears as signs of restlessness such as a slight twitching of the right hand. We invite the client to ‘feel the movement’ and then to ‘let it get stronger’. We are using non-personal language forms. As yet, the hand movement means nothing to the client. If we ask ‘What are you doing with your hand?’ they might stop the movement: the ego-mind filtering out what it cannot make sense of, censoring what it cannot allow.

Now the movement grows stronger and comes into focus as an emotional gesture, perhaps of disappointment or clutching at something. We ask the client to feel what age they are – ‘quite young’ – and then to feel, in this age-state, where they are and who is with them. We are now moving from ‘it’ towards ‘I’. ‘Talk to that person, tell them how you – this child – are truly feeling.’ As the client speaks out their truth, they feel it in their adult body, more and more. Soon they are past the regression, coming home to themselves, reclaiming a silenced aspect of their intrinsic potential. Such work requires the client to stay aware of their adult here-and-now self, while at the same time casting themselves into the regressive experience. We adjust our language forms according to the level of consciousness we want to engage. By deliberately postponing the ‘I’ level at certain stages of the session, we can move with almost imperceptible shifts through the borderland where ‘it’ and ‘I’ run into each other like colours of paint. Involuntary runs into voluntary, unconscious into conscious, and we are working seamlessly with ‘mind’ and ‘body’ as one.

When we question or confront, this will be at moments when the client is in their here-and-now consciousness. When something is just tentatively emerging from the core, a question could give a deep biological shock. Just as a toddler is clumsy as he tries to pour juice into his mug, so the undeveloped individuality of an adult, particularly if they have repressed a lot of emotional feeling and behaviour, may be both shy and clumsy as it pushes up towards manifestation. A question would speak to the wrong part of the brain.

The dynamic of the therapy
As I see it, each individual from conception on has a unique potential, and this potential is ultimately more significant than pathology. We hold the vision of our client’s unique and as yet unrealised potential, what some call the person’s essence. Our sense of this person’s potential cannot be a precise one. We simply know that far more is possible than has yet become manifest in this person. Their intrinsic biodynamic grows physically into their particular human shape and realises and fulfils their true self: mentally, personally, spiritually. We work in alliance with this intrinsic dynamic, which is also, in the basic sense of the word, psychodynamic. It is the motor of the therapy.

Our therapeutic relationship is its containing membrane of the therapy. At different points in the process, our presence may be that of a counsellor, parent, reliever of pain or guide to the unconscious underworld, as the client awakens to aspects of themselves they had lost touch with and begins to reclaim them and develop them into mature form. Whatever else may be happening at a more interpersonal level, we want to sustain connection with our client’s deepest source. Like a constant bass note sounding beneath everything else, this energy level will underpin and infuse the whole session. It generates and sustains the therapeutic process. Somewhat like the pull of a magnet, this energy in the therapy room seems progressively to draw forth the inner being of the client to manifest and express itself.
Claire Entwistle explains how a chance encounter with two osteopaths in a health food shop led to a rewarding professional alliance

The queue in the health food shop was so long that the customers started talking to each other and I got into conversation with two local osteopaths. Soon we were comparing notes about our work. I was interested to hear they used traditional methods alongside cranial-sacral work and were intrigued by the idea of using talking psychotherapy and touch together. Both said they had patients who would benefit from this approach. Before we reached the front of the queue we had exchanged business cards and agreed that they would refer patients to me when it seemed appropriate.

I am not trained to work like this
That was three years ago and a referral comes through every few months. Clients fall broadly into two types. Some are referred because their chronic pain, stress or misalignment has not responded well to osteopathy and the practitioner feels that the client’s inability to ‘unwind’ to use their term, is due to ‘layers’ of intense, unexpressed emotions. Others are referred because they need more emotional support than the osteopath can give. Cranial-sacral work is very nurturing, very healing, and naturally some clients form strong attachments to the practitioner or want to talk deeply about their problems. Transference, countertransference and projection occur in these relationships, as they do in psychotherapy, and can be overwhelming. ‘I’m not trained to work like this,’ said one of the osteopaths, phoning one Sunday to ask if I had space for an intensely anxious new client of hers.

We decided to work out the practicalities as we went along and this process has been quite straightforward. The frequency of sessions is negotiated separately with each individual but we both tend to work with the client concurrently, with the client seeing me weekly and the osteopath less frequently. Often the psychotherapy is short term and the osteopathy continues for some time after it finishes, once the client is more open to this work. If everyone agrees that body psychotherapy alone is most appropriate, the osteopathy sessions may finish first. Conferring between us is kept to a minimum, though one of us occasionally asks the client’s permission to contact the other. If money is short, we may each offer a reduction for the period the client is seeing us both.

Fear of flying
Suzette came to me after receiving several weeks’ cranial-sacral treatment, which she found relaxing but not helpful for her severe, frequent headaches. She presented as an independent young woman, adept at dealing with life and containing her feelings. Her health had been excellent until the headaches started a year ago. She seemed highly functional. She lived with her partner, worked as an ITU nurse and regularly visited relatives abroad who relied on her for financial and emotional support.

Suzette explained that she had always disliked the idea of psychotherapy, or ‘digging up the past’, as she put it. She had come largely because she trusted her osteopath’s opinion but also because she had one serious problem – she was terrified of flying. The phobia had started ‘out of the blue’ the previous year, around the same time as the headaches. Sessions with a specialist counsellor had not helped. With typical courage, Suzette continued to fly for family and work purposes, despite the terrible feelings this entailed.

Suzette made it clear that she wanted to work short term and exclusively on her fear of flying. I agreed to make this our focus, at least initially. We agreed to start by exploring exactly how she experienced the phobia and, hoping to discover what triggered it, how her life was when it started.

A sense of helplessness and doom
Suzette described a sense of helplessness and doom that began the moment she entered the plane, a feeling of being at the mercy of chance and the unknown pilot and crew. She expected disaster every moment of the flight, anticipating the agonising impact, the fall through the air, the moment of death. She described her physical symptoms of fear: increased heart rate, shallow breathing, dizziness.

Suzette’s life at the time the phobia started sounded full and enjoyable, though also stressful, with frequent reminders of mortality. In the previous few years, several members of her family abroad had died following accidents or illness, as had patients on her ward. But this kind of stress was familiar to Suzette and she still enjoyed life.

A mixture of talking therapy and touch
We started working with a mixture of talking therapy and touch. Suzette’s body was strong and heavily armoured,
especially around her chest, jaw and throat. We gradually broke down a little of the armouring using massage and breathing. Soon Suzette began to talk of her childhood and to feel the sadness, anger and fear that she had not been able to ‘give in to’ at the time. She had been orphaned very young and taken responsibility for her younger brothers and sick grandparents. She acknowledged that she had never felt protected, always relied on herself and did not trust others to behave responsibly or kindly. This seemed to be reflected in her terror of plane crew, or passengers, making some careless or destructive move. She also got in touch with deep resentment at still being the one her family turned to in any crisis. 

We worked initially on grounding and creating a ‘safe place’ to which she could return when danger loomed and on establishing stronger boundaries with her somewhat demanding family. Suzette found visualisations helpful, especially an image of an aeroplane that flew supported by extending legs that could walk over land and along the ocean bed. We talked about death and what it would mean to her. Suzette made the connection between the sensation of curling up in the uncomfortable bunk beneath the exposed caravan window, and the feeling of being confined in a plane window seat. She thought that the terrible sensations she felt when she sat in a plane must recall her experiences during that forgotten night of solitary dread.

So much insight, so little difference

As Suzette allowed herself to experience and express these feelings, her headaches eased. She understood that the phobia might be expressing her insecurity, her lack of trust, her conflicting feelings about taking or losing control. But the phobia persisted. Each time she returned from a trip reporting no change, we both felt disappointed, and frustrated, that so much insight was making so little difference.

Six months into the therapy, Suzette told me she had suddenly remembered an event that took place shortly before the phobia started. She had spent the night alone in an ancient caravan in a field during a thunderstorm. The bed was a narrow bunk beneath a tiny, storm-battered window. As Suzette climbed into the bunk she noticed a dark mole on her shoulder. She imagined melanoma, secondary cancers, imminent death. The caravan had no mobile phone coverage so she could not follow her impulse to ring her partner. She sat out the night alone, in terror. The next day she felt unable to ‘burden’ her loved ones with her fears but she did see a doctor. After tests, the doctor reassured her the mole was harmless, leaving her relieved but despising herself for having panicked over ‘nothing’. She had put the incident out of her mind until the day before this session but now realised that her next flight had seen the start of the phobia.

Traumatic flashback

As Suzette spoke, she began to re-experience the physical responses she had that night in the caravan. Remembering Babette Rothschild’s work on PTSD, I treated this like a traumatic flashback. We spent the session integrating the thoughts and feelings, past and present, that were associated with that time, especially her feeling that she was powerless and unable to ask for help. As she talked we paid attention to body sensations. Whenever she started to get overwhelmed, we used muscle tensing in her legs to mediate the sensations of panic and suffocation in her chest and throat. We identified her emotions – terror, rage, despair, self-disgust – and the thoughts that went with them, in particular the belief that she had no right to ‘make a fuss’ when under pressure.

That session Suzette made the connection between the sensation of curling up in the uncomfortable bunk beneath the exposed caravan window, and the feeling of being confined in a plane window seat. She thought that the terrible sensations she felt when she sat in a plane must recall her experiences during that forgotten night of solitary dread.

Both osteopaths and psychotherapists need to allow for the differences in the relationship and expectations

New insight

Suzette left the session intrigued by her new insight. The following week she arrived late, saying she had nothing in particular to work on. When I asked how she had been after the previous session, she said that she had felt fine and could not recall what we had talked about – was it her cousin’s job application? She had completely forgotten both the recovered memory and our work on it. When I remarked her, the sensations of shock and fear returned and we repeated much of the work from the previous session. The next time we met, she remembered the event clearly while remaining balanced and calm.

At about this time, her osteopath told her that her body was in a much more open state and the cranialsacral work on her tension and headaches became more effective.

The following month Suzette flew to Egypt, and on her return told me she had quite enjoyed the flights, which she had spent listening to music and chatting about her holiday. She decided to stop seeing me soon afterwards, continuing to visit her osteopath when she felt the need. She rang me a year later to let me know the phobia had not returned.

Dramatic change

I found this piece of work fascinating, partly because I found it surprising that an adult should completely forget a significant recent event – twice – and partly because I had never observed at first-hand such a dramatic change following the recovery of a traumatic memory. I wonder whether it was the fact that Suzette was unable to speak about it at the time that drove the event temporarily into her unconscious, and whether her life-disrupting phobia and headaches were created in some unconscious way to bring her into therapy, so that she could express some of her feelings about her traumatic childhood and explore the viability of her self-image.
Can it be possible to interrupt the impulse to revenge?

John Waterston has observed revengeful processes in operation to some degree in most of his clients and in himself. This article presents a body psychotherapy approach to this most destructive of impulses.

Revenge is an irrational act, which emanates from the human imperative to protect the self from pain. In essence, it is a defensive manoeuvre constructed in order to shield the individual from experiences of impotence, humiliation and grief. It is a ubiquitous phenomenon in the human condition, an enduring historical and literary theme and a source of immeasurable suffering.

Revenge is not about justice

Acts of revenge are essentially retributive but this may not imply that any offence or wrongdoing has actually taken place, and ‘illegitimate’ grievances can give rise to revenge. Psychotherapeutic case studies appear to be riddled with stories wherein revenge is enacted solely because contemporary events are enough like historical injuries or, more commonly, because contemporary events cause an acute and destabilising mortification of the client’s narcissistic state, thereby triggering the psychic cascade of the revenge scenario.

It is enough for the revenger to feel injured for them to set about seeking revenge. Revenge here is wholly irrational, intrapersonal and non-instrumental – its ultimate motivation lies in the vicissitudes of human consciousness.

Half the harm that is done in this world is due to people who want to feel important. They don’t mean to do harm but the harm does not interest them. Or they do not see it, or they justify it because they are absorbed in the endless struggle to think well of themselves.

(Eliot, 1950)

John Waterston MA, UKCP

John is a UKCP registered psychotherapist working in private practice in Bury St Edmunds, Suffolk. His interest in the dynamics of revenge stems from his extensive work in the former Yugoslav countries over the past 12 years.

john@johnwaterston.co.uk

Professionals working as a team

The advantages of several professionals working as a team, especially with clients with more serious problems, are well known, and apply in a small way to the one osteopath/one psychotherapist team. If the osteopath feels overwhelmed by a client’s emotional distress, they can suggest the patient take it to psychotherapy. If the psychotherapist is concerned about severe physical pain, immobility and so on, they have the assurance that this will be investigated and treated if necessary. As always, there are potential disadvantages too. Osteopaths usually speak of their ‘patients’, psychotherapists of their ‘clients’. Both need to allow for the differences in the relationship and expectations. The psychotherapist needs to watch out for, and work with, any splitting that might occur. And it is expensive for the client to work with both at the same time.

My chance encounter in the health food shop led to some rewarding therapeutic work that has taught me a lot. It has left me wondering how common this level of co-operation between psychotherapists and alternative health professionals is and what the possibilities are for formalising this kind of alliance.

“ Might body psychotherapy alone or talking psychotherapy alone have been equally effective in completing this piece of work? ”

as the ‘strong one’ who always helped others.

I also wonder whether the bodywork was particularly appropriate in helping Suzette to relax her defences enough for the memory to return, and how crucial the osteopathy was to the process. Might body psychotherapy alone or talking psychotherapy alone have been equally effective in completing this piece of work? Impossible to say. But it is true that, for Suzette and others who were referred in the same way, their osteopath’s insight encouraged them towards a type of therapy that they would not otherwise have considered.

Revenge is essentially retributive but this may not imply that any offence or wrongdoing has actually taken place, and ‘illegitimate’ grievances can give rise to revenge. Psychotherapeutic case studies appear to be riddled with stories wherein revenge is enacted solely because contemporary events are enough like historical injuries or, more commonly, because contemporary events cause an acute and destabilising mortification of the client’s narcissistic state, thereby triggering the psychic cascade of the revenge scenario.

It is enough for the revenger to feel injured for them to set about seeking revenge. Revenge here is wholly irrational, intrapersonal and non-instrumental – its ultimate motivation lies in the vicissitudes of human consciousness.
The Psychotherapist

of psychosomatic equilibrium and not in the realms of justice.

To my mind, revenge is payback for an injury by injury and motivated by the imperative to establish a secure and bearable psychosomatic equilibrium whereas vengeance is retaliation against offence. In terms of process, revenge appropriates massive anxiety from a need to re-establish the integrity of the self-image, particularly in terms of potency, and animates the resources of primitive aggressive, sadistic impulses. On the other hand, vengeance appropriates moral indignation, born of cultural constructs, consequent upon perceptions of injustice or misconduct.

Thus, revenge is a particular kind of retaliation and involves an intended object who is being paid back for an injury for which they are perceived to be responsible. That this locus of responsibility may be transferred onto a substitute object further supports the contention that the primary motive is internal to the revenger. Experience suggests that where the original source of injury is forgotten or unavailable, a substitute will suffice. Revenge therefore can be misdirected but will always involve paying someone back in order that the psychic discomfort of the revenger is relieved.

Revenge is a defence for the defences

Before I move towards some understanding of the particular contribution that might be made through body psychotherapy, I would like to make a bridge between the foregoing and the formulation that revenge is intimately concerned with narcissistic equilibrium.

The Montenegraran Serb reactionary Milovan Djilas writes:

Revenge is an overpowering and consuming fire. It flares up and burns away every other thought and emotion. It alone remains, over and above everything else … vengeance … was the glow in our eyes, the flame in our cheeks, the pounding in our temples … vengeance is not hatred, but the wildest, sweetest kind of drunkenness, both for those who must wreak vengeance and for those who wish to be avenged. (Djilas, 1958)

Clearly, this man is describing a peak experience achieved through acts of revenge. In my terms it is probably correct to say that he is speaking more of vengeance for offences committed, but the ecstatic component, the psychic corollary, clearly proceeds from the element of revenge present. Here is the clue to the beginnings of the psychotherapeutic exploration: carrying out acts of revenge can bring joy, meaning and heightened self-worth to the revenger. In other words, it can transform the individual’s internal state from an unendurable state of impotence, humiliation and grief to one of dominion, self-pride and self-possession.

Thoughts and acts of revenge are attempts to ameliorate painful psychosomatic states and this is essentially what differentiates revenge from other kinds of reciprocal acts. While I would not wish to suggest that all who engage in thoughts and acts of revenge are per se pathological by this thesis, I am proposing a strong correlation between degrees of narcissism and degrees of engagement in revengeful actions. Revenge is solely concerned with influencing intrapsychic events.

The impulse is not a primary drive or instinct but resides at a level immediately adjacent in the realm of what might be called the reflexive psychic response. The impulse owes its existence to the development of the narcissistic elements of the self and, while appropriating the primitive aggressive elements of the id, is essentially an ego defence. Following Freud, Khantzian and Mack (1983) describe this level of function as ‘ego instincts,’ and particularly relate these to relational survival drives and expound on their function as self-preservative and self-soothing. The impulse to revenge might reasonably be located in this realm in consideration of its self-soothing function. To extrapolate further: a narcissistic injury gives rise to an impulse to revenge through generating a cascade of intolerable affect, at the core of which is a feeling of powerlessness and terror. This affective flooding of the ego causes a devastating fragmentation at the core of the sense of mastery of the self. The impulse to revenge provides the fragmented individual with some comfort in the promise of reconstitution and redemption of self-mortification. Thoughts and actions of revenge seek to achieve this by mobilising primary aggressive drives to control the narcissistic core self.

At the same time, it reasserts this control, attempting to re-establish and maintain potency and relational ascendancy in the face of threatened powerlessness over unendurable experiences. Herein is revealed the tragedy so beloved of playwrights and authors: the impulse to revenge is simply a desperate attempt to re-establish the equilibrium of the narcissistic state and thereby ultimately condemns humanity to an eternally circumlocutory pattern of brittle, highly vulnerable, disequilibrium.

The violent evacuation

Bion elaborated on Klein’s original conception of projective identification by establishing categories of normal and abnormal projective identification (1959, 1962). He proposed two functions for projective identification: the violent evacuation of an unbearable state and the aggressive forcing of that state into another with the additional intention of intimidating or controlling the other; and to insinuate that state into the other in order to communicate with them about this state.

This process of ‘violent evacuation’ is precisely what the revenger wishes to achieve. Specifically, the revengeful thoughts and actions are no less than a violent evacuation of defeat (impotence), humiliation, shame and grief. The return of that which has been visited upon us, combined with the omnipotent cognition, is a form of (abnormal) projective identification as evacuation and communication.

“Carrying out acts of revenge can bring joy, meaning and heightened self-worth to the revenger.”

“ Revenge is a ubiquitous phenomenon in the human condition, an enduring historical and literary theme and a source of immeasurable suffering”
Therefore what I am proposing is that, in seeking to defend threats to the narcissistic equilibrium (arising from external reality), the revenge response appropriates all the aggressive and sadistic mechanisms of the narcissistic state and seeks to evacuate back into the external world all the unbearable states of mind and body that would otherwise remain within the subject.

The body psychotherapist, armed with a cognitive analysis and the technical ability to work with the underlying narcissistic state, will also be in a position to attend to the somatic manifestations of this scenario. On observation, it will be found that, prior to action, the revenger will be in a profound state of physical contraction and in the grip of an unbearable, cognitively ill-formed state of anxiety combined with an overwhelming and ill-defined impulse to action. An acute imperative to resolve this state will consume the sufferer’s conscious awareness to the exclusion of all else. As these tremendous forces coalesce into an idea they will centre on a single thought – that of not letting them get away with it. The awfulness of the state cannot be overstated, particularly as it is commonly found that they have already got away with it and there’s nothing that the revenger can do to change this. Similarly, my experience shows that once the cascade has reached this point of thought, the reflex has proceeded to a point of no return and modification is very difficult. Attempts to influence the client at this point through rational argument, or appeals to maturity, will only meet with a ‘yes, but …’ response, will frustrate the impulse (‘because you don’t understand’) and the impulse is highly likely to be discharged into the consulting room. At this late stage, there is simply no resource available to the client that may influence the reflex to a different course.

To be held in the grip of an impulse to revenge is a deeply unpleasant experience yet, as I have shown, to evacuate this sensation does little more than re-establish an already fragile narcissistic state and will only leave the individual vulnerable to future breakdowns. It is important to move towards the ability to use the resources of the body to internally process the imperative to evacuation. In essence, this involves a reversal of the physical reflex to contraction that begins the cascade of internal devastation and ultimately revengeful action. This is most difficult to achieve as it involves ‘catching’ the reflex at its earliest stages. The process requires a considerable degree of activity on the part of the therapist, involving both interruptions and physical promptings, which may be unusual, or even uncomfortable, for many therapists. Instructions and physical promptings to change patterns of breathing, chronic muscular contractions and physical posturing would be indicated where the therapist watches carefully for the beginnings of the cascade during the narrative of the client. Gross signs can be noticed and commented upon and physical promptings or physical contact may occur to interrupt the cascade. More subtle signs revealed by the autonomic nervous systems moving towards contraction and into the ‘pre-evacuation’ state may also be attended to and interrupted more subtly by word or deed on the part of the therapist. Such interruptions present the client with the opportunity to directly explore alternatives to evacuation as a means of ‘bearing the unbearable’ – this is where the analytic and the psychosomatic realms may reconverge in therapeutic intent and practice.

In the chronically entrenched revengeful client the combination of narcissistic imperative and psychosomatic reflex makes for a difficult, at times unattainable, positive therapeutic outcome. However, I have found revengeful processes in operation to some degree in the majority of clients and I feel that the theoretical isolation of the intrapsychic component, together with an understanding of the psychosomatic component, has proved helpful with this most destructive of impulses both in my own struggles and those of my clients.

References
Relating through physical touch in contemporary body psychotherapy

For Gill Westland, touch is a central part of communication at all stages of life and the possibility of its inclusion in psychotherapy is vital. While caution should be exercised when using touch with borderline, traumatised or potentially psychotic clients, for some individuals it is the main way to relate.

**Touch is the foundation of all senses** (Montagu, 1971/1986), and it is no surprise that physical contact is at the heart of building and developing the relationship between the mother or father and their infant.

Touch is the first important area of communication between a mother and her new infant. Mothers respond to upset babies by containing them, shutting down on their disturbing motor activity by touching or holding them. By contrast, fathers are more likely to jiggle or rock babies in a playful, rhythmic fashion (Dixon et al). Touch is a message system between the caregiver and the infant – both for quietening and for alerting and arousing.

The Sterns have described the exquisite touching that the mother does as she gets to know her newborn on the outside for the first time. And when the baby is feeding at the breast, the mother (or perhaps the baby) orchestrates a shifting back and forth between them to maintain the right level of arousal for the feeding to continue ‘at a reasonable clip’. Touching, gazing and listening are integral to the dance between them. And the ‘highest point of feeling secure, where one experiences a safe haven’ comes from a chest-to-chest embrace.

‘A baby held in that way faces the world without fear’ (Stern and Stern, 1998: 162).

Touch remains a major part of adult communications. Indeed, at times, touch says more than words can convey. Giving a warm embrace conveys love and companionship to the bereaved. It says, ‘I am with you’, when that is all that can be offered. And in intimate relationships touch speaks to the other of our deepest feelings.

However, many adults have difficulties expressing themselves through touch, although they may not seek psychotherapy. The robust looking person with the limp, clammy handshake is a clichéd example. Deficits, invasions and traumas in early life can impact on the capacity to express emotions through touch and to receive tactile communications.

**Touch in psychotherapy**

Prior to the development of psychiatry and psychoanalysis, touch and massage were part of the cures offered to the insane and those suffering from ‘nerves’ (Shorter, 1997). The forefathers of body psychotherapy such as Janet, Ferenczi and Reich used touch in therapy. And it is well known that Freud in his cathartic phase used touch to elicit memories. Reich spent time in Norway, and while he was there the training psychoanalyst, Braatøy (1954), attended Reich’s seminars. Braatøy collaborated with the renowned physiotherapist Aadel Bülow-Hansen, and although he recognised the benefits of abstinence with certain hysterical patients, he also wrote about instances where he hid behind the abstinence rule because of his own fears and was aware of the message this conveyed to the patient. Indirectly, Braatøy has influenced all of UKCP’s body psychotherapy organisational members.

**Touch is integral to body psychotherapy**

Body psychotherapy has retained touch as part of psychotherapy and accordingly has developed considerable expertise in this area. Communicating through touch is a core competency learned by body psychotherapists during training, particularly if they have trained at the London School of Biodynamic Psychotherapy, the Chiron Centre for Body Psychotherapy or the Cambridge Body Psychotherapy Centre. This training is experiential and sits alongside theoretical and ethical considerations. The main vehicles for the exploration of touch are biodynamic massage and vegetotherapy, a ‘free association of the body’, developed by Reich in the 1920s. This form of touching is more than transferring social modes of touching such as hugs and handshakes to the consulting room. Trainee body psychotherapists also experience touch in their individual psychotherapy. This gives them an in-depth knowledge of their own issues relating to touching and being touched. It also gives confidence in relating through touch and provides the foundations for thinking about and exploring touch
in clinical work. Supervisory relationships support this and deepen understanding.

**Clients seeking out body psychotherapy**

Many individuals seek out body psychotherapy specifically because it may include touch. These clients know that they have impairments around touch that they want to explore literally, not symbolically. Intuitively, they know that verbal language alone will not resolve the issues encoded bodily. The clinical vignettes given later in this article are composites illustrating touch in body psychotherapy.

In the contractual phase of body psychotherapy, touch is discussed explicitly and agreements made about its use (or not). Touch is multilayered and complex in its meanings and the psychotherapist keeps these in mind, even if they are not always discussed. This way of beginning a psychotherapy relationship is different from other modalities of psychotherapy where touch is for exceptional circumstances or might be used cautiously and ‘sparingly’. This understanding of touch opens up a range of therapeutic possibilities not available or indeed hard to imagine in other psychotherapeutic modalities (Westland, 2009a, 2010, forthcoming).

**Touch as contact**

Therapeutic touch is a learned skill, which becomes embedded over time in the being of the psychotherapist and a major mode of communication. Body psychotherapists consider touch as ‘contact’ and are taught to use ‘contactful touch’ (Westland, 2009a).

Jenny’s psychotherapist, Elaine, held her hand as she described her painful feelings. They had agreed to help Jenny to stay present to her experience. However, Jenny felt the ‘absence’ of Elaine in her touch and knew that she, too, was terrified, and had ‘gone’.

This snippet of interaction invites further exploration and is the stuff of body psychotherapy. Was Jenny misreading the touch? Was Elaine out of contact? Did she know it? Could they talk about it? Could Elaine find her way back and become present in her touch? Could Jenny express her feelings? Was Elaine becoming merged with the Jenny’s experiences? What happened next?

**Contactful touch is a complex, intersubjective interaction. It involves**

"This training is experiential and sits alongside theoretical and ethical considerations"

moment-by-moment, here-and-now awareness (mindfulness of sensations, thoughts, images, feelings), accompanied by curiosity to be brought to what is happening in the relationship between client and psychotherapist. The relationship flows back and forth, co-arises in a joint endeavour and, as it unfolds, depends on the presence and intention of the psychotherapist. Contactful touch requires technical skills, expertise in timing, assessing the ambience around the transferences and having some idea of what might be forthcoming on touching or being touched by a client. It is always exploratory and unpredictable, although a skilled therapist may have some inkling of what might arise. The psychotherapist should know how to explore what arises either non-verbally or using a combination of words, touch and perhaps gaze.

**Touch is a direct communication**

Touch is a direct communication between the client and the psychotherapist. It goes both ways – the client knows the psychotherapist and the psychotherapist knows the client. This direct communication is not always possible to translate into words: touch and verbal language are different forms of communication. Indeed, words cannot express the subtleties of experience, including emotion, and moving to verbal communication can prematurely cut off further exploration of experience. Touch shows the defence system of both client and therapist and the availability for intimacy and contact. It is potent and reveals the relationship in stark concreteness.

For this reason, touch, as a form of communication, is threatening to some as it fails to leave enough privacy for client and psychotherapist alike.

I felt safe with my psychotherapist as she was holding me, and told her something that I had not mentioned before. Her words suggested that she was receptive, but I felt her hand startle almost imperceptibly with my revelation.

Body psychotherapy tends to relate more from a ‘bottom up’ sensorimotor, emotional, experiencing process than from a ‘top down’ cognitive process. However, in practice, both modes of access to experience occur. Similarly, contemporary body psychotherapy shifts between more intrapsychic focus and more interpersonal relating and attention to emergent intersubjectivities. Sometimes the ‘conversation’ in body psychotherapy will be directly via touch with little verbal back up.

**Relating through touch**

Touch is the choice of interaction with some clients as it creates space away from the intensity of the interpersonal relationship. It can give a way of being in contact with another without the pressure to fend off a supposedly hostile world, which has to be defended against.

As Martha (psychotherapist) speaks, Susan (client) reacts by speaking more rapidly and justifying herself in well-trodden explanations. Susan is hyper-aroused, has quickened chest breathing, and a heightened awareness of every nuance of Martha’s being. Martha could sit silently and hold the client energetically and listen until the ‘emergency’ passes. However, touch is possible with Susan, and Martha decides on this way of going on. The predictable structures of biodynamic massage enable Susan to have brief moments of being with Martha and feeling the human-to-human contact in a low-key way. Her system calms, her breathing deepens, and gentle tears spill and trickle down her cheeks. There is no need for either to say anything.

Susan’s mother had apparently been inconsistent, sometimes invasive, sometimes distant, and not able to ‘be’ with her infant. Intellectual understandings had substituted for authentic emotional meetings between them. Sometimes Martha felt compelled to talk and to comment on the process, but it only interfered and took Susan back to the cognitive level. What was needed was just to be in the immediacy of the moment tracking feelings, thoughts, images and somatic responses.

Touch can also connect emotion and inner sensation to language.

Alex speaks in a monotone about her son. She says something about his dark, unreachable despair. She continues to speak of not cleaning the house, a problem at work, a visit from a friend. Life is a list of problems to deal with. Her sentences seem coherent, but are unintelligible, despite her considerable vocabulary. There are also no
changes in tone or intensity or emphasis as she speaks. Conveying her inner life with its body sensations, emotions or images is a mystery to her and questions or comments about it produce blankness.

Alex continues in the same tone of voice. Paul (psychotherapist) instinctively reaches out and takes her hand. It is icy cold and in that moment he recognises Alex’s almost frozen terror. Alex takes a breath, and Paul says, ‘You are terrified about what your son might do to himself. You think that he might take his own life.’ Alex silently nods. This is another small step towards recognising internal sensations and feelings and translating them into word language.

Sometimes touch opens up to spiritual experience.

All artistic and spiritual experience – perhaps everything truly important – can be implicit only: language, in making things explicit, reduces everything to the same worn coinage, and as Nietzsche said, ‘makes the uncommon common’.

(Jgilchrist, 2009)

Jane recounts her experience after receiving biodynamic massage:

I was vaguely aware of you, but more with myself. I became suffused with feelings of utter peace and joy – I was me, and I knew that you were you – and we were all one with everything – I was in the world – and the world pulsed in all my cells.

Conclusions

Touch is such a central part of communication at all stages of life that the possibility of its inclusion in psychotherapy is vital. However, touch is powerful and should not be undertaken lightly in the therapeutic endeavour. Caution should be exercised with including touch with borderline, traumatised and potentially psychotic clients. Nevertheless, each psychotherapy relationship has its own unique potential and for a trained psychotherapist who is adequately supervised it may be possible to include touch. For some clients it is the main way to relate.

References

Please contact the author for a full list of references

Michael Soth suggests that therapists who are keen to include the body in their practice should absorb the lessons learned in the development of body psychotherapy over the past 20 years

As valid and urgent the impulse is becoming to (re-)include the body into the predominantly verbal practice of psychotherapy, there is increasing evidence that this project can backfire. Frequently, I am hearing stories about breakdowns in therapeutic relationships following attempts by the therapist to ‘work with the body’ (Soth, 2002).

The return of the excluded and repressed can never be a smooth affair, and that seems to be true also for the body after 100 years of disembodied ‘talking therapies’ is a question of just a few new techniques?

Those modern approaches that would simply have us graft the body back onto established therapeutic practice tend to overlook the long-standing and ingrained conflicts that resulted in it being excluded and repressed in the first place (Soth, 2006a).

A whole paradigm shift is involved. When neuroscience encountered the same questions in the 1990s, such a shift shook the discipline right down to its foundations and basic principles.

What can we learn from neuroscience?

The three sibling disciplines of neuroscience, genetics and psychoanalysis were all born within the zeitgeist of the late nineteenth century. Whereas our practice is still deeply embedded in what I call the ‘birth trauma’ of our profession (Soth, 2006b), neuroscience and genetics have at least partly managed to extricate themselves from the positivist and dualistic assumptions of their origins. Consequently, there is a lot we can learn from how neuroscience has re-envisioned the body–mind relationship.

Body and mind as parallel and mutually correlated processes

Take, for example, this quote from Damasio (2004: 217): ‘What is Spinoza’s insight then? That mind and body are parallel and mutually correlated processes, mimicking each other at every crossroad, as two faces of the same thing.’

This is a long way away from how psychotherapy is being practised. To this day,
most of our theories and techniques give primacy to the reflective mind and verbal interaction. As a profession, we do not work as if spontaneous somatic and feeling processes are mutually constitutive with thoughts, beliefs, insights and decisions. We may pay lip-service to Damasio’s idea, but when it comes to the nitty-gritty of clients’ painful patterns, most therapeutic practice relies on finding solutions, meaning and identity in symbolisation, words and conscious choice over and against supposedly pathological impulses, urges and internal states. Addiction is fought by insight and will. Panic is reflected upon in terms of its traumatic sources. Compulsion is interpreted for its unconscious drivers. Negative self-images are corrected by rational thought. Uncomfortable feeling states are counteracted or overridden by conscious strategies. Self-destructive patterns are overcome by healthy new choices. Across the modalities, whatever the psychological problem, the answer is sought in mental understanding, left-brain strategies and verbally communicated content. The implicit assumption is that the avenue towards psychological health leads via the consciousness of the reflective mind, and pathology resides in the irrationality of physical and emotional impulses.

**Therapy as right-brain-to-right-brain interaction**

The spontaneous, pre-reflexive, non-verbal dance between client and therapist – communicated via the bodies and mediated via the right brains – is going on all along, right under our unsuspecting noses, sometimes supporting, sometimes scuppering our left-brain efforts and intentions. It’s just that for a century we have trained ourselves to override the significance of that dance and ignore the overwhelming multitude of non-verbal messages as irrelevant data. In the context of neuroscience’s abstract insights (Schore, 2009), it seems profoundly last millennium to continue with this. And so the urgent question arises: how – in actual moment-to-moment psychological practice – do we include the bodies and awareness of the bodies? How do we do justice to the quickfire reciprocity of spontaneous and reflective processes – sensations, feelings, images, thoughts – and the parallel process feedback loops ricocheting throughout the complex body–mind system? How are psychological conflicts embodied, and how does somatic experience structure and shape mental processes?

**Common pitfalls in attempts to re-include the body**

Unfortunately, alongside much-needed interest, research and contemplation, these questions have also quickly generated a host of new techniques and simplistic answers, which short-circuit the subjective complexity and conflictedness of the body–mind relationship. Importing neuroscience wholesale One tendency, for example, in recognition of neuroscience’s groundbreaking input, is to import its objectifying, scientific paradigm wholesale. We then easily end up confusing our clients by incongruously oscillating between contradictory stances of therapist and neuroscientific expert, between relating and instructing, typically switching into ‘medical model’ interventions in moments of hyperarousal. Often, clients will unconsciously interpret this as the therapist’s anxiety, abandoning the pain by taking refuge in practical strategies and manoeuvres.

**‘Using’ the body**

Another tendency is to use the body as an alternative avenue or therapeutic vehicle in moments of stuckness or impasse, for example, to circumvent an otherwise insurmountable resistance, as a gratifying shortcut towards reparative nurturing, as a route for accessing primal catharsis, or for somatic psycho-education.

But in all these procedures, what part of me is using what other part of me? Is my body an object? Or is my body me as the subject? Are my body and mind one or two?

You see, both sides are partly true, and partly untrue; partly healthy, partly unhealthy; partly wise, partly unwise.

I can ride roughshod over these apparently abstract subtleties, but using the body – for whatever purposes, including therapeutic ones – is liable to exacerbate the ways in which clients use their already objectified bodies, out of a fundamental condition of disembodiment (Soth, 2006a).

In this condition, an identity – presumed to be originating in the mind – then decides to use the body for its purposes much in the same way that a man might use a horse.

Ken Wilber puts it neatly: ‘I beat it or praise it, I feed it and clean and nurse it when necessary. I urge it on without consulting it and hold it back against its will. When my body-horse is well-behaved I generally ignore it, but when it gets unruly – which is all too often – I pull out the whip to beat it back into reasonable submission.’

There are many disciplines, including bodywork and other complementary and holistic therapies, which helpfully educate the body in terms of posture, breath or movement. While their theories recognise the interplay between body and psyche, they are not necessarily capable nor designed to address disembodiment: they do not work psychologically from the client’s experience of their body as the potential ground for embodied and relational subjectivity – what Winnicott calls ‘indwelling of the psyche in the soma’.

**Mindfulness**

Another example is the inclusion of the body in mindfulness practices for therapeutic purposes. While undoubtedly based on precious principles, too often this ends up with therapists instructing a disembodied and defensive ego in the kind of mindfulness which – in the territory of the wounding – the ego is precisely incapable of. Mindfulness – starting from the Buddha’s first noble truth of suffering – requires an embracing of the wounding. However, we could argue that, at least unconsciously, clients come to therapy because their ego is chronically and systematically at war with the wounding.

**What kind of relationship facilitates ‘bodymind integration’?**

Both in infant development and in therapy, the ‘indwelling of the psyche in the soma’ or ‘bodymind integration’ is a function of intersubjective, emotional relating. This requires a delicate dance between mental
and physical awareness, between body and mind as two and as one, between merging and mirroring versus recognition of difference and separateness, between the body as object and the 'felt sense' of emergent subjectivity.

Any approach that takes a fixed therapeutic stance, exclusively identifying with one or the other side of these tensions and failing to stretch across these contradictions and paradoxes, cannot hope to address the wounds and bodymind incongruities at the root of disembodiment. The development or recovery of an organismic or embodied self depends on room for spontaneity as well as mental impositions. Most important, it needs a space and a relationship in which the inherent, pre-existing conflicts can be experienced, felt and addressed.

A prolegomenon to including the body in psychotherapy
As you can gather from the above examples, in my view, we are not quite ready to re-include the body in psychotherapy. Some paradigm-shifting recognitions need to be embraced first.

The client's existing matrix of bodymind relationships
We cannot work with the body and embodiment unless we take as our starting point the client's existing bodymind relationship with its characterological patterns of conflict, disembodiment and dissociation. Without recognising the psychological significance of these habitual bodymind patterns (the tensions, 'ripeness' and robustness of the system, its tendencies for defensiveness, hyper-arousal or splitting off), making body-oriented interventions is like giving driving instructions without knowing whether we're driving on a motorway or on hairpin bends in the mountains. It is the psychosomatic landscape of the client's identity, their incarnated life story as present in front of us here and now, which constitutes the context for engaging with the current bodymind state and its charge and relational implications.

Such an understanding would not be difficult to establish throughout the profession, as it can be derived, with some adjustments, from existing theories in body psychotherapy, neuropsychoanalysis, process-oriented psychology and others (Johnson, 1994).

Working with the body – a question of techniques?
As psychotherapy has taken decades to recognise, it's not the technique that in and of itself does the work. However, when it comes to including the body, we jettison that precious recognition, and revert to body-based techniques. But it's just as true in relation to the bodymind as it is in relation to the psyche or the client's subjectivity, that 'it is the relationship that matters'.

When it comes to doing justice to the person in front of us, all techniques, general external guidelines and standards become secondary. It does not matter what is true, what is healthy, what is a good idea in principle. What matters is how it is received by the client's idiosyncratic being; how our input and response are refracted through the lens of their particular woundedness; how general truths operate within their individual psychology. It does not matter so much what I do, as the therapist. What matters is how it arrives inside the client.

The bodymind sense of the working alliance
To deepen our sense of how it arrives, how the therapist's contribution is received, processed and apprehended, to monitor the state of the relationship beyond the ego-ego left-brain-left-brain alliance, our perception of the bodies – the client's and the therapist's – is essential. The non-verbal and pre-verbal working alliance is a bodymind process, which for most therapists is largely subliminal and unconscious. However, this is not simply a human given; it is a culturally constructed function of the profession's traditional disembodiment. A therapist's own lack of embodiment within the therapeutic position far outweighs in its effect any positive benefits that derive from the use of body-oriented therapeutic techniques.

The more we are attuned to the client's and our own non-verbal, spontaneous reactions and the corresponding ebbs and tides of the working alliance, the more it becomes apparent that there is no therapeutic approach or technique which is immune against feeding into countertherapeutic dynamics and exacerbating the pre-established psychological conflicts in the client's bodymind system. It is in providing avenues into recognising the phenomenon of enactment as central to the therapeutic relationship that a bodymind perspective can make its greatest contribution to the field (Soth, 2008a).

Learning from 80 years of body psychotherapy
Body psychotherapy has been trying to include the body for the past 80 years, going back to Wilhelm Reich's work in the 1930s. At the Chiron Centre in London we have been struggling with the profound potential as well as the pitfalls and fallacies of that tradition for the past three decades.

Having been part of this coming-of-age process, I have attempted elsewhere (Soth, 2008b) to describe recent developments by distinguishing four phases. However, most readily available published material on body psychotherapy belongs to the first two phases, before the integration of other approaches and what I call the 'relational turn'.

To therapists who are keen to include the body in their practice, I suggest to not simply refer back to the days when body psychotherapy was a young and idealistic discipline but to avail themselves of the often painful and difficult, but ultimately rewarding, learning that has occurred in body psychotherapy in the past 20 years (Soth, 2002, 2005, 2007; Totton 1998).

References
References for this article are available at www.soth.co.uk

CAMBRIDGE
body psychology CENTRE

Somatic Trauma Therapy Training with Babette Rothschild
Author of The Body Remembers (Norton)
12 days in 3 blocks of 4 days May 2011 – 2012
£1200.00

Diploma in Body Psychotherapy
Applications are invited for the next training starting in September 2010. Based in Cambridge on a weekend modular structure.
01223 214658/416166 www.cbpc.org.uk

GillWestland@cbpc.org.uk

CBPC is a full member of UKCP
Spinning coins, jumping sticks and weaving the web

Carmen Joanne Ablack explores creative process work in integrative body psychotherapy using polarities, conflict and dialogue

‘Ah, well it’s like spinning coins or jumping sticks,’ she said. ‘You just don’t know where you will land or how things will play out.’

She first appeared in a dream when I was about eight or nine years old. For many years I had dreams of her that, as an adult, I was to recognise were shamanic in content. Jumping sticks involves two broomsticks being moved back and forth across the ground; the jumper tries to step in and out without getting hit on the ankle!

Exploring polarities

My heritage includes shamanic and spiritual practices, from Brahmin through to Carib, with slices of French Creole, Bolivian Indian, Celt and African in between. My journey has been steeped in exploring polarities, addressing my conflicted self, engaging in internal and external relational dialogues, and attending to my transpersonal awareness throughout, including training in shamanic and other spiritually based practices.

In Fiction’s Madness (2009), Liam Clarke explores, through specific texts, links between madness and literature: ‘Why tell of mental distress through fiction? … literary narratives might augment psychological knowledge and, consistent with current service user involvement, validate the unorthodox against professional ownership of ideas, thus establishing a more democratic, reflective, psychiatry.’

As a client, psychotherapy teacher, trainer, supervisor and practitioner, I draw on literature and other art forms to help me process and understand, and also as tools in the work itself. Embodied experience using art forms, extracts from literature and creating with the client in a shared exploration of the material is important to my work.

Body psychotherapy lends itself well to this. The unspoken invitation of the approach – in your body, with your body, beside your body looking in – gives a validation of unorthodox and professional ownership that extends beyond ideas to a consciously and unconsciously shared energetic and visceral experience of experimentation and knowing. It seems that the combination of embodied attunement and creative awareness, when it works best, allows client and therapist to discover more about being and the human condition and to understand further both our individual and our co-relational space in this (van Deurzen and Young, 2009). Such understanding leads to identification of polarities, paradoxes, conflicts and a fuller, more meaningful dialogue that supports. I often work with clients in borderline states, post-traumatically stressed and with multiple identity issues. From these states of being and non-being something important can emerge: a kind of knowing through body awareness-based imagining, metaphors and wonderings. It comes before thinking or deliberation; it just is.

The violinist

Anton (not his real name), a concert violinist, came for brief therapy. He felt that his career was based on technical skill and ability only. He finally admitted having never felt the connection to music he first experienced as a child: ‘It’s as if something fled the more I practised and perfected my craft.’ Tears welled in his eyes and he tried to snuff them away. ‘I’m not really there when I play. I haven’t been there for a long time … I miss me, Carmen. I just miss me.’ He cried like a ‘banshee’, howling, and finally threw his head back and allowed a full-throated sound to emerge. He literally made the windows of my clinical room rattle.

For a few weeks before this, we had worked on and off with his awareness of his spine and spinal column, an area of the body he used particularly when playing. He mimicked playing Schubert for me, to show me how his body moved; the flexibility and range of spinal movement was phenomenal. When he admitted often having no sense of what he did with his body, it was a surprise. We explored why this might be a good thing in his playing, and why it might not.

Holding polarities

When working with performers, I almost always start at a position that there is a reason they perform the way they do, that it contains something that matters and holds important information for them, holding the polarity of it is against the polarity of does it need to be this way? to see what really needs to emerge.

Anton liked a passage we read together in Job’s Body by Deane Juhan (1987). He had come across the book on my shelves and asked to look at it. Almost immediately he turned to the end of chapter one, where Juhan writes:

[Working with the body] generating the streams of full and precise sensory information which compose the largest and most concrete part of this self-awareness … we can facilitate the mending not only of our own bodies, but also of those gaps in our objectified world view – a world view which has led us dangerously far away from our sense of this vital participation in our fates. (page 19)
'That’s it,’ he shouted. ‘That’s it … oh god, yes … I’m too far away from, um, what did he say? Yes, from my, my own participation, and not just in the music either!’

He started to laugh and then blew me away with his next words: ‘It’s like I’ve been a … a … a coin … spinning and spinning and spinning … And, you know, not coming to rest long enough to see myself.’

‘And now?’

‘Well, now, I am slowly stopping and feeling, umh …’

‘You’re biting your lip, and I notice I tense my belly as you do this.’

‘Yeah, I’m not sure, Carmen.’ He bit his lip again. ‘I suddenly feel like if I don’t spin then I have to deal with, um, with not being in constant motion … I didn’t know I was in constant motion!’

‘How’s your back, your spine as you say this?’ Mine was suddenly killing me in my chair; I could feel every vertebrae.

‘Funny you ask. I can feel every bit of my spine, it’s like it’s waking up and yet telling me its been working too hard. Odd, huh?’

‘Is it really odd?’

‘Um, more like I’m having to notice how much it hurts. I do the right things for my body but I don’t participate fully with it … That’s it, isn’t it?’

‘What’s it Anton?’

‘I don’t fully participate with my spine, with other things, like the book says?’

‘You feel the spinning, the slowing down and the tension in your spine … some of this is new and some is known?’

I consciously breathed into the different vertebrae of my spine, aware of holding my breath slightly. I lost a sense of exactly where my feet were in the space. I reconnected my own sense of self and allowed this to inform my attention to Anton.

Anton took a huge breath and let it out. He then breathed more deeply than before: ‘I’m scared to stop spinning, and I’m excited to stop spinning, and I don’t know what it means if I just stop, or do I slow down, or do I stop and start, or …’

‘Ok Anton. I have to tell you my head is beginning to spin with the possibilities, like a constant motion.’ Anton nodded and smiled his agreement. ‘Given there are all these possibilities, how do you want to explore them with me?’

‘I think … no, I sense (he smiled again), I want to just be with each one for a while. If I let myself feel my spine, I can feel how much, um, energy there is with all this.’

‘Yes, I sense energy here with you.’

‘Yeah, my potential to participate!’ He smiled shyly, and then grinned like a schoolboy. ‘Be nice to get to choose for a change, eh, Carmen?’

‘I believe so, Anton, it has real possibilities.’

‘Yeah … yeah …’

Clients will often choose books from my shelves to read bits of, look at in sessions or to take away for a while. I have always allowed them to borrow books. One client decided my books, by title alone, were just perfect to represent his family. He explored imagining the text that the title implied for each family member. He sculpted with his body illustrations to go with the text. Greatly freed by this work, he made some vital connections to his own conflicted feelings for each family member.

I am Yalom’s book

I really enjoyed the moment a client with multiple identities decided that The Theory and Practice of Group Psychotherapy by Yalom (1985) was the book to hold all her complexity:

‘I’m like a whole group, aren’t I, Carmen? … Guess it’s a good thing my really grown up bit remembers to pay you ‘cos my other bits don’t even always know that they are here in a group with you.’

Well, that was an interesting discussion topic with one of my peer supervisors later. The client brought the comment back, making a drawing in another session of her ‘group and me’. The drawing was important to her understanding of her own disparateness. Being in the room was extremely oppressive at times; she literally vomited at the impact of being in the space. We had worked in one other room and she had a similar response.

We imagined and then in reality walked outside on the pavement a few times, while she spoke about being in the room and not being in the room. This intolerance for the enclosed space was shared across a couple of her ‘aspected’ selves. The conflict of being contained and being able to challenge the containment was one she needed to explore in each aspect of self, occasionally realising that her experience changed when through her body awareness she felt a sense of change.

The drawing became the symbolic object that allowed her to believe it was possible for all of her to be in one space with me.

I have done a lot of work with art over the years, clients choosing to bring it into the space or not as they need. With this client the art itself became another figure in our relationship. Sometimes she needed me to hold it safely out of sight, sometimes to bring it to the centre of the room and simply to reflect that she had experienced a sense of being fully present (with all her selves present). This was long, glorious, painstaking, challenging work and her courage and self-compassion even in her harshest moments was deeply touching.

A moving countertransference moment happened as she looked up one day from the drawing and said: ‘I guess it’s a bit like you, Carmen? You must have so many aspects of your own self to hold? I knew right away from your room that you have a lot of cultures.’ (My room has books, images on cards, paintings, objects, drums and art materials.)

It was a complex comment with many layers, but in the moment I could feel my heart moved by her recognition, I looked at her and simply said, ‘Yes.’ She looked gravely into my eyes and said, ‘That’s what makes you safe for me; you don’t run from them, you show them to me and to anyone who comes, don’t you?’

‘Well, sometimes more, sometimes less, but yes, I do …’

‘Good,’ she said, ‘then I can meet them and perhaps you’ll have enough of them to let my parts be with your parts, ‘cos your parts talk to each other … don’t they?’ (said with a long pause and holding of breath).

‘And that matters to you?’ I’ll not go there, I thought. From my experience, my ‘parts’ sometimes talk to each other and sometimes they take split second holidays from each other.

‘Ah,’ she said, nodding her head sagely, ‘guess I’m client again,’ and then she grinned at me.

I loved working with her – she was so darn smart.

References


Creating more attractive opportunities for interaction
As UKCP moved from being a professional umbrella organisation with less than a hundred organisational members to one with around 7,000 individual members, the nature of the relationship with members has become a serious challenge. It is clear that the old model of relationship needs to change. While in the old model members used to meet twice a year to discuss and decide policies during the day and socialise after hours, maintaining the same level of intimacy with thousands of members is practically impossible.

The UKCP management and the Board of Trustees launched a number of new ways to develop and improve relationships with the members: a regular bulletin from the Chair and the CEO to members; appointment of Directors representing the individual members on the Board; employing a Communications Officer; creating a number of new conferences, including members’ day, and more.

In my view this is not enough because it is mostly one-sided. I believe the one-sidedness can be reduced by creating many more attractive opportunities for members to interact with the organisation, such as seminars, guest speakers, social events, CPD opportunities, joint professional and social events with other organisations – home and away. It will also be helpful to learn from the experiences of other organisations in the UK and abroad.

Ofran Anker
UKCP Trustee representing organisational members

Engagement and power sharing – democracy is not just for elections
I have not yet come to terms with the idea that UKCP has no formal AGM as this has been the backbone, heart and soul of UKCP for as long as I can recall.

The UKCP shape change was, I thought, intended to open
discussion

collective ownership of policies and practice to a wider democratic process whereby every member could debate ideas and participate in decision making. It has always been my strongly held opinion that collective ownership is the best way to promote engagement in a professional association. Not only has restructuring not delivered what I thought it was destined to, but it has centralised the power base further to a Board of Trustees and Psychotherapy Council.

In my view, voting cannot just be limited to choosing a Chair from the few who would want to accept this responsibility once every four years. It needs to be extended to members to participate in all aspects of decision making about organisational policy, practice and development. Without this, registrant stakeholders will potentially feel disenfranchised, powerless and impotent at a time when we most need them to feel empowered to engage.

Committee reports and questions to committee members can be interesting at conferences but this is no substitute for ongoing participation, in-depth relational exchange which supported our organisational development for 20 years through open AGMs and EGMs. While the arts therapies’ professional associations have thousands of members, there are usually only a few hundred at any AGM and these are generally representative. Motions are put forward in advance and people can vote by proxy. This works. The right decisions get made because different views have been properly debated in public before live and confidential votes are taken. Conflicts can be resolved through the living relational experience and the process of democracy can authoritatively navigate developments.

My advice is to bring back the AGM and give every member voting rights on every issue.

Jo Quennell
Former UKCP member

Fighting shadows?

‘Power’ is a measure of our ability to influence our environment and the behaviour of others. There is something intriguing about our perceptions and projections of power, and specifically our individual experience of holding or lacking power within UKCP. Since our constitutional change last year, I have heard from both organisational and individual members how they feel disempowered by the new shape of UKCP. So where has the power gone?

Stepping back in time, policy in the old UKCP was first of all created by those UKCP delegates who participated in and contributed to committees or working groups. They developed and shaped the policy drafts and the motions the Board or the general meeting later voted on. This did not change on 5 December 2009. The constitutional change merely allowed all members of UKCP to participate in committees and contribute actively to the work of the organisation.

In The Allegory of the Cave, Plato observes how ‘men fight with one another about shadows only and are distracted in the struggle for power’. If we were to follow Plato’s example and stepped outside our proverbial cave, would we see that the power to influence UKCP policies is actually still in the hands of those who participate actively in its organisation?

Tom Warnecke
Vice Chair, Information and Membership Services

An interaction renaissance

I have been involved in UKCP as a section delegate, Chair of section, Chair of an organisational member and, of course, as an individual psychotherapist since 1996. I have felt over the past year that UKCP is enjoying a renaissance in how it interacts with its membership, both organisational and individual.

One aspect that I feel encourages engagement is a google group for Chairs of organisational members. I feel that I have a far better understanding of where other organisations are coming from and it is a comfort to know that some of the anxieties I have are shared by others. The group allows for engagement on the spot rather than waiting for general meetings. This can only be a good thing for organisations and UKCP as a whole.

Additionally, the advent of email bulletins gives me as an individual member a far better grasp of the work that is being done on our behalf. What would give me a greater feeling of engagement would be more events like the Chairs’ Day and Members’ Forum, held on 6 November. Though we did not all agree with each other at the meeting, there was a real sense of mutual respect which is the cornerstone of any successful professional organisation.

Shaun Brookhouse MA, ECP
Chair, NCHP

We welcome your feedback

Do you have any thoughts or suggestions on improving engagement and communications between UKCP and members?

Please write to communications@ukcp.org.uk.
Psyche and world: ecopsychology and psychotherapy

Chris Robertson looks at the value of integrating an ecopsychology perspective into psychotherapy, achieving a balance between our interspecies relating and our wider relating to the more-than-human.

Ecopsychology widens the context of psychological inquiry in locating pathology not solely in human relationships but also with the other-than-human world. It sees our human roots in the earth and not just our mothers – even if, like the trees above, we have been uprooted. Such wider inquiry reaches out through the windows of individual clients’ stories to the ‘earth stories’ that are simultaneously coming in through the window. It recognises our collective alienation and split from nature as a major source of suffering. Roszak, one of the originators of the term ‘ecopsychology’, describes this repression of the ecological unconscious as ‘the deepest root of collusive madness in industrial society’ (Kanner, Roszak and Gomes, 1995).

Collective grief

The tears above could express kinship with the fallen trees but they could also represent the grief of our own alienation triggered by destruction. An ecological awareness may bring an overwhelming grief for what has been lost, potentially followed by a resurgence of ancient longing for reconnection. This is not solely a personal or family grief but collective grief. Roszak suggests that this collective grief can awaken the inherent sense of environmental reciprocity that lies within the ecological unconscious. Perhaps climate change is not so much a technical crisis, nor even an ecological crisis, but a crisis of consciousness. Our consciousness is caught in a dualistic paradigm of heroic achievement – a story of overcoming the dark with light, of domesticating nature, of colonising the unconscious, of human dominance.

Jerome Bernstein, a Jungian analyst, writes in Living in the Borderland (2005) of many moving client experiences of the ‘reciprocal affinity’ between humans and animals. It took him a while to understand that their stories were not about their internal world. The dualism between our inner world and the earth outside makes it difficult to see through a client’s narrative to the earth story. Perhaps our psychological emphasis on the ‘inner reality’ has become dysfunctional itself. Maybe the split we seek to heal within the individual is part of the fabric of our culture.

Addressing the split

The question is whether psychotherapy can address this split, as it may itself be part of it. While, in Freud’s Vienna, this emphasis on the internal world was both radical and liberating from a repressive social norm, it may now be part of the problem. Even the present concerns with psychotherapy legislation could be a misconstrued attempt to rebalance this overemphasis on the individual’s internal world with social values. The issue is not so much with the short-termism of some present therapeutic approaches, even if it parallels the extravagant use of fossil fuels as if there were no tomorrow, but with the focus psychotherapy training brings to how we hear and respond to clients.

Working with a group of psychotherapists training to be supervisors on a sunny day, we decided to work outside. Even though the garden was fenced off, we all initially became aware of the possibility of being overheard and the consequent issues of confidentiality. In discussing this sensitivity, it seemed to us a conditioned response to being out of the box. Were we allowed to discuss clients in the open air rather than closeted in our secret consulting rooms? As we stayed outside, this somewhat paranoid reaction subsided and we all began to feel held by our surroundings and sensitive to various synchronistic phenomena (a scream, a bird call) the outside offers.

Mirroring consuming culture

Our clients carry something of the collective distress,
which does not belong just with them. I have noticed a pattern with some of my male clients who have suffered early abandonment. To psychologically survive they split off their hopes from reality testing, keeping them ‘unspoilt’, while simultaneously developing a negative expectation towards their environment. This may have been a useful survival strategy but it is one that made it very difficult for them to bring their creative endeavours out into the world. This seems to me to be a mirror of our consuming culture in which we are fed idealised celebrity fantasies of what we could be and pathologise the consequent depression. Such clients become depressed not solely due to their early history – they carry something of a collective depression.

In this context, personal wounding is a gateway to Earth wounding. Grieving the loss of a mother is also grieving the loss of Mother Earth. The desire to consume, to fill up the hollowness is both inner and outer, personal and collective. Ecopsychologist Mary-Jayne Rust (2008) writes:

Recovery from consuming involves coming back into our bodies, and realising the earth is also our collective body; recovery is also making a shift from a relationship with ‘things’ to a relationship with inner and outer nature; respecting and living according to the Natural Law; experiencing relationship with all around us as nourishing as well as challenging in growth.

Jared Diamond, scientist and historian, in his cautious but gripping book, Collapse: How Societies Choose to Fail or Survive, surveys historical environmental crises across the planet, such as the deforestation of Easter Island, providing evidence of our civilisation’s collective denial. Many societies before us have assumed a continuity despite changing conditions. The failure to understand longer-term consequences or read the trends in environmental degradation is one explanation he offers for apparent blindness to ecological crisis. It is the clash between short-term gratification and ‘intergenerational justice’ that speaks most clearly of systemic denial.

Threshold moments

We may have experienced those excruciating times when defences dissolve, shadow is confronted and we are faced with the pain we have been denying. These threshold moments are both awful and potentially transformative. They require facing into, not turning away from, human destructiveness, cruelty and abuse. Facing into denial is what our egos fear but it might be the tool of redemption. Death is the precursor of rebirth, and the collapse phase of an adaptive cycle can lead to renewal. Such thresholds for humans are initiatory in that they break open our hearts to a sacred dimension.

Therapists could be the catalysts of such transformation in having practice with facing their own personal darkness and that of their clients. They may have learnt how to manage the anxiety generated by such crises of identity. Left uncontained, the anxiety leads to blame, denial and escapism. When things fall apart, being a container is a vital social function. This holding function could lead to distinguishing between genuine hope and what TS Eliot entitled hope for the wrong thing – hope to be rescued from having to face into the painful consequences of our actions.

Orestes, caught in the dilemma of whether to avenge his father by killing his mother, says:

Nothing forces us to know
What we do not want to know
Except pain.
And this is how the gods declare their love
Truth comes with pain.

Changing the frame

So the gods are declaring their love for us through the planetary crisis we are facing! That’s a radically different frame. It’s not so much a disaster scenario as a challenge to face into what we do not want to know. And to paraphrase Hillman and Ventura’s book, we’ve had a hundred years of ecological warnings and the world is getting worse. Clearly we need to change the frame, including our approach to climate change. Here is a story Jung told about a ‘rainmaker’: one of the first climate change interventions:

A certain province in China was suffering a terrible drought. They had tried all the usual magical charms and rites to produce rain but to no avail. Then someone said there was a rainmaker in a distant province who had a good reputation. The local dignitaries invited him and sent a carriage to bring him to the drought area. In time the rainmaker arrived and on alighting from the carriage was greeted by the local officials who beseeched him to produce rain. The rainmaker sniffed the air, looked around and pointed to a small cottage on a hill just outside the village. He asked if he could reside there for three days and see if he could do anything. The officials all agreed and he went up and locked himself into the cottage.

Three days later storm clouds gathered and there was a torrential downpour of rain. The villagers were jubilant and a delegation, led by the officials, went up to the cottage to thank the rainmaker. But the rainmaker shook his head and replied ‘But I didn’t make it rain.’ The officials said he must have done as three days had passed and rain had been produced. The rainmaker replied, ‘No, you don’t understand. When I alighted from the carriage in your province I recognised at once that you are all out of harmony and so it was no wonder it did not rain when it is supposed to. Being here myself I became infected by your disharmony and I became out of sorts. I knew if anything could be done then I would have to put my own house in order first. And that is all I have been doing for the past three days!’

In the story the rainmaker is clear that there is no causal link between what he did and the rain coming. He did not claim to make the rain come. He did recognise that he had been infected by the disorder of the parched society he had entered and that he needed to rebalance or re-attune himself. The rain came by itself. For the rainmaker, there was no dualistic distinction between inner and outer – both were contained within the same wholeness.

Interdependence

We belong in this world. The soul and the world are interdependent; my soul and the world’s are co-created. The
The ecological unconscious is operating through us. The world knows me – even if I have forgotten it. David Abram, author of *The Spell of the Sensuous* (1997), reminds us:

*We’re immersed in the mystery … our body is continuous with Earth’s body and our psyche is continuous with the larger collective Psyche which includes the more-than-human as well as the human. We live within the Psyche of the world.*

The psyche of the world is also the psyche of our consulting room. There is a reciprocal affinity between inner and outer. We may sense that the local field constellated within the consulting room is interconnected with the collective field. We are infected by the turmoil in the world, however insulated our walls. Bernstein’s environmental sensitivity allowed him to recognise that the animal of which the client spoke was the actual creature not an internal symbol. Just as the local field alerts us to what may be emerging within the client, we can learn to read the disturbance as also related to the collective. We could attune to a Gaian frequency rather than the egoic frame of personal history. A client’s misattunement or insecure attachment may be as much to do with alienation from the Earth’s body as from their mother. In this way we can work more with the ‘ecological unconscious’ as our guide to a re-attunement or a re-enchantment. To start to do this we can, like the rainmaker, put our own house in order.

**Putting our own house in order**

Putting our own house in order may be the greatest challenge for those of us wanting to include ecopsychology in our work. What would this mean? We could take it quite literally to give attention to the green aspects of everyday living, recognising the extent to which we are in thrall to the gods of consumerism – even green consumerism – and practising living within limits. Good enough could be the new plenty. But this translation, putting our house in order, into idiomatic English is suspect and the original rainmaker would have spoken more about coming into balance with the Tao.

And professionally, what might this balance mean? It could mean:

- Looking at our therapy organisations and practices. To what extent is psychotherapy colluding with a dualistic fault line and the illusion of independence? Are we propping up a dysfunctional system while thinking that we are healing? Are we, as Hillman and Ventura (1993) have suggested, collaborators with an ideology of individualism that focuses the wide needs of the soul into the impossible expectation of a significant other?
- Bringing a green eye to bear on our therapeutic practice. Are we infected by the cultural obsession with growth? Can we recognise collapse as part of an ecopsychological cycle? Might scarcity and sacrifice be values we support? What would interventions aimed at sustainability look like?
- Looking more carefully at our claims to be doing relationship therapy when this is understood as only human relationships. Getting a balance with our interspecies relating and our wider relating to the more-than-human would become integral.
- Following Jung’s visionary perspective on recognising dreams as harbingers of possible collective futures. The powerful process afforded by dream matrices that shift dreaming communities into altered states of imaginal perception that give access to the ecological unconscious.

If psychotherapy were to integrate an ecopsychology perspective, what might the consequences be? It could mean recovering a radical edge challenging the unsustainability of present society and exploring how they can live within the ‘psyche of the world’.

**Bibliography**


Hillman and Ventura (1993). *We’ve had a hundred years of psychotherapy and the world is getting worse*. Harper.


---

**UKCP news**

**Congratulations to our new Honorary Fellows**

Congratulations to Carmen Joanne Ablack, Jochen Lude and Katherine Murphy who were awarded UKCP Honorary Fellowships at the end of last year.

Established in 2006, UKCP’s Honorary Fellow awards are presented to individuals who have made a distinguished contribution to the profession of psychotherapy.
Democracy and UKCP

Sally Forster and David Pink reflect on how the new democratic processes within UKCP are shaping up

Our much celebrated new shape was intended to transform UKCP into a membership organisation – one representing individual psychotherapists as well as our training and accrediting organisations.

The constitutional changes which came into effect towards the end of 2009 were but the first step. Members cast a healthy number of votes in the election. At the same time, individual members were for the first time represented on the Board of Trustees and on the Psychotherapy Council.

A vision to cherish diversity

The vision was to create a consultative organisation, one where the diversity of views would be cherished, where the voice of the majority would not drown out the voices of the minorities (one of the guiding principles behind the original design of modality sections). What are we if we cannot continue to hold and represent all the mainstream voices of psychotherapy? Before 2010, organisational members ran the sections, and the sections were represented on all the policy-making committees of UKCP, including the Board of Trustees. Once a year, representatives of the organisational members would gather at the AGM to consider the year gone, to struggle over differences and to thrash out policy that all could, more or less, stand behind.

The challenge was to streamline the Board of Trustees, maintain the level of participation by organisational members and volunteers, include individual members and reinforce the collective sense of ownership of policy.

An evolving structure

This was no small task and was inevitably going to take several years to complete with several transitional phases. Inevitably refinements and barnacles will develop with time, not to mention the impact of a new Chair, Chief Executive and senior staff team.

Many of the key elements to support the new structure are either still evolving or struggling. The formal consultative process in particular is a long way from operational. But informal consultation has evolved using the internet: for example, open conversation between Chairs of some organisational members, organisational representatives on the Board of Trustees and the UKCP Chair through a google group; and individual email conversations between the Chair, Chief Executive and individual members stimulated by the email bulletin.

Information sharing

Membership forums embedded in events such as the Cambridge and York conferences which were to have provided something of the feel of the AGM were undersubscribed. The Health Professions Council (HPC) day, organised for organisational members to have a conversation with the HPC was interesting and successful, though not as widely representative as an AGM. The chairs’ and delegates’ morning and the open afternoon for all members on 6 November was well attended and lively. A great opportunity for members to share information and feedback, more of those are planned.

However, informal conversation is no replacement for formal consultation. It isn’t inclusive and transparent. It can become defensive rather than creative. And there is a danger that it creates an illusion that consultation has taken place.

New processes and procedures for individual membership have been slow to take shape. Evolving a new system for reaccreditation of direct individual members, one that is standardised yet diverse, and fully supported by each college, was always going to take time. The added difficulties with the relatively simple annual reregistration process were less inevitable.

The Psychotherapy Council

The Psychotherapy Council, conceived as the heart of the organisation, has had a difficult first year – perhaps acting as a lightning conductor for the struggles elsewhere in the organisation, it is fulfilling its function as the heart of the
One year on, the dust has settled and the process is entering its second phase.

organisation perfectly! But we do need to take care that it is not destroyed in the process. One particular element of the Council that has not worked well is the impact of the voice of individual members on debate. The designers of the Council were clear that it was to be a place where the individual member would have a voice, and that these would be fresh voices from the frontline, not traditional UKCP committee voices. The diminishing impact of these new voices as the year has progressed may have been as a result of the way Council business has been conducted, or of the way the representatives were chosen. We don’t know. Whatever the cause, the Council has recommended to the Board of Trustees that the number of individual members from each region should double from one to two. It is hoped that pairs of representatives will give each other a sounding board, moral support and cover for absence, and that, as the Council settles in to its second year, it will benefit more from the input of individual, jobbing psychotherapists. If you would like to consider volunteering for this interesting and vital role, please visit the website for more information; the only qualification required is to be a UKCP member.

Forthcoming elections
The coming year brings new elections for representatives on the Board of Trustees. The timeline to the election is shown in the panel below and up-to-date information on the election can be found on the website.

I have struggled to think of a suitable metaphor to describe UKCP’s decision-making processes. The old metaphor of trying to herd cats is tempting but doesn’t quite fit. Perhaps negotiating with a hydra is closer. However, negotiate we must if we are to collectively own our policies. December 2009 initiated a fundamental change, creating individual membership and the potential for fuller participation. One year on, the dust has settled and the process is entering its second phase.

UKCP elections

In December UKCP called an election for five positions on our Board of Trustees seeking:

- Two trustees representing individual members
- One trustee (non-specified position)
- Two trustees representing organisational members

Information on the nomination process along with the job description for these roles is available on the website.

As part of our aim of increasing diversity and improving equality and diversity practice within the profession, UKCP is seeking to increase the diversity of its board members. We therefore sought to encourage nominations of members from under-represented and disadvantaged groups including Black and minority ethnic members, disabled members and lesbian, gay, bisexual and transgender members.

Key election dates:
15 December 2010 The election is called and nominations are sought
26 January 2011 Nominations close
25 February 2011 Candidates are announced and campaigning begins
14 April 2011 Campaigning closes
15 April 2011 Voting opens
6 May 2011 Voting closes
13 May 2011 Election results are publicly announced

You will find up-to-date information on the UKCP elections on our website www.psychotherapy.org.uk/ukcp_elections.html. We will update this section of our site throughout the election.

Ever since the publication of the government’s 2007 white paper, the spectre of independent statutory regulation for psychotherapists and counsellors has been looming. The impassioned debates it sparked continue, but as UKCP chair Andrew Samuels noted when welcoming some 60 delegates to the HPC Day at Sadler’s Wells on 24 September, it is UKCP policy to support regulation, whether by the Health Professions Council (HPC), another statutory body or other means, including by UKCP ourselves. This event had been organised by UKCP to provide a crucial opportunity for organisational members (OMs) to learn more about HPC’s standards and processes, to put their questions to a panel of HPC and UKCP representatives and to air their concerns.

Setting the stage for the HPC presentation, Andrew explained how he’d used his empathy, imagination and knowledge of the field to formulate the kind of general questions that a typical member of the Board, Council, Executive Committee, or training committees of one of our OMs might have in their mind, and to ask the questions that he sensed intuitively our individual members, the rank and file psychotherapists, might have. He proposed eight questions:

The panel on the day

Carmen Joanne Ablack, Chair, UKCP
Psychotherapy in the Workplace Committee; UKCP representative on the PLG; panel chair

Michael Guthrie, Director of Policy and Development, HPC

Diane Waller, Chair of PLG for HPC and UKCP member

Osama Ammar, Acting Director, Education, HPC

David Pink, Chief Executive, UKCP

Alan McConnon, Quality Assurance and Regulation Manager, UKCP
Health Professions Council under the spotlight

Carolyn Townsend reports on a special one-day conference exploring what registration with the Health Professions Council would mean for UKCP training and accrediting organisations, and the consequent implications for practitioners

1. **Do we actually have to do anything at all about this HPC business?** What would happen if we did nothing? Would our new graduates still be ok? Would our organisation still be ok?

2. **What, if anything, will they make us change in our training?** How hard will that be? Is it just a paper exercise? Or will we have to rethink our approach to training, what we teach, and how we teach it? Will there be yet more sets of standards?

3. **If we do have to change, who will decide what we have to change?** What leverage will our little organisation have if big changes that we don’t like are required? Who represents us? Is it UKCP?

4. **Will HPC understand the special needs of my modality of psychotherapy or psychotherapeutic counselling?** Will they know anything about modalities at all? And if they do know about them, who has told them, and what has been said about mine?

5. **What about those of us who don’t train but only accredit?** Does HPC understand what that means? Will we have to change anything?

6. **Will people not personally registered with HPC be able to teach and do other work on HPC recognised trainings?** (function as training therapists and supervisors, serve on training committees and direct such trainings)?

7. **What will be the impact of HPC on our organisation’s diversity and equality policies and requirements, if any?**

8. **In general, what is UKCP’s role here?** Can we rely on UKCP to protect our interests?

**Reassurances … and more questions**

Many of these points were addressed as Michael Guthrie and Osama Ammar presented a coherent overview of HPC’s underlying principles, standards and sphere of work. They detailed how the Council is involved in approving and monitoring education programmes that lead to HPC registration and what that might mean for UKCP member organisations and training providers. From the presentation, it was clear that HPC has already accrued a fair amount of knowledge through the recent and ongoing liaison with Carmen Joanne Ablack and others at UKCP participating in the Professional Liaison Group (PLG) preparatory meetings, and that they are keen to consolidate this knowledge.

Michael began by explaining the four key HPC processes that underlie professional regulation:

- Setting standards
- Approving courses that meet these standards
- Holding a register of people who pass those courses
- Ensuring that registrants continue to meet these standards.

‘Although our terminology might differ,’ he reassured the conference that this approach ‘is really common amongst most regulators in our field and also voluntary organisations who hold a register, such as UKCP. Our requirements for continuing professional development are often very similar to those held by other professional bodies.’

**Who makes the decisions?**

The conference generally welcomed the information that representatives from the various modalities represented by UKCP will be involved in every stage of each decision-making process. They will join the HPC pool of around 500 to 600 advisers (called ‘partners’) made up of professionals, HPC registered therapists, and lay members of the public, who advise on approval for education and training programmes, registration and fitness to practise decisions. It was stressed that psychotherapists will also be represented on the HPC Education and Training Committee, although some disquiet was expressed at the news that the profession would not necessarily be represented on the HPC Council Committee.
Uncertain timescales
Osama Ammar explained that the route to compulsory regulation is ‘quite a long and arduous process for everybody’, involving PLG meetings, consultation on draft legislation, approval in both English and Scottish parliaments and reconsultation on HPC standards. This process can take up to two years, and sometimes longer, and this has been compounded by the outcome of the general election. ‘At the moment we’re working on the 2007 white paper, which made a very clear decision to regulate psychotherapists and counsellors. We have to acknowledge that we have a new government and we don’t know what their policy might be. In the meantime we’re still building on the work we’ve done on how regulation might work from the outset.’

The HPC register of psychotherapists and counsellors will therefore not open until 2012 or 2013 at the earliest. When the register does open there will be a transfer of voluntary registers to the HPC register, and HPC will automatically ‘approve’ all programmes that led in the past, or currently lead, to voluntary registration. This is known as the ‘UK approved course’ route, and is the process that last year saw seven different kinds of psychologists become registered. While a firm decision is yet to be made, it is ‘very likely that the UKCP register will move across to the HPC register’.

Implications of social workers’ regulation
Further delays on the road to regulation for psychotherapists may occur due to the more recent decision to progress statutory HPC regulation for social workers: because of financial implications (the government stands to save money here; a persuasive reason to fast-track the process in the current climate), this work will probably take precedence. However, this could have the welcome (to some) side-effect of prompting a change of name for the HPC to accommodate their regulatory role in social work, which would mean that someone using those words in their professional title would need to be HPC registered. For example, someone who was a ‘psychoanalytic psychotherapist’ or a ‘humanistic psychotherapist’ would need to be registered.

More good news for UKCP OMs was the explanation that the organisations will not have to pay for their HPC regulation. HPC generally receives no government funding (except in exceptional cases such as regulating new professions, where government covers the costs of bringing the new profession into regulation) and is entirely funded by its registrants. It was explained that as the HPC is a multi-professional regulator the cost of regulation is lower than for some other regulators which only regulate one profession. The HPC registration fee is currently £76 per year whereas other professions, such as chiropractors, pay up to £1,000 per year.

The ethical elephant in the room
Many questions and concerns that were raised both in the general debate and the facilitated smaller group sessions touched on issues relating to ‘ethics’, ‘fitness to practise’, and the minefield of who deals with complaints and how these complaints are handled. While there was blanket reassurance that decisions in these areas, as with everything else in the regulatory process, would involve representatives of the relevant specific professional discipline, it was clear that there remains much to sort out and discuss. ‘These will need another day like this,’ Andrew concluded. The HPC PowerPoint presentation for this day is available to download from the UKCP website.

Welcome reassurances
During the Panel Q&A session, much emphasis was laid on HPC’s reassurances that they are aware of and understand the complexities of diversity between the various psychotherapy and counselling modalities. They reiterated that this understanding would be accommodated in the regulation process which, they stressed, is far from a ‘tick box’ exercise. Panel member Diane Waller – HPC Council member, PLG Chair, UKCP member and practising arts psychotherapist – was able to add her personal experience to the weight of assurances, while Michael and Osama both cited their recent experiences negotiating regulation for seven different kinds of psychologists as evidence of their ability to understand and accommodate diversity within a profession.

Delegates also welcomed HPC’s intention to minimise the burden of monitoring visits by synchronising timing and evidence requirements with reviews by other regulatory bodies where possible. But there were mixed reactions to the response to a question about ‘protected titles’. At the moment it has been assumed that there will be two protected titles: ‘psychotherapist’ and ‘counsellor’. This would mean that someone using those words in their professional title would need to be HPC registered. For example, someone who was a ‘psychoanalytic psychotherapist’ or a ‘humanistic psychotherapist’ would need to be registered.

Vox Pop

‘What’s reassuring is that our standards are already way above what they would ask, so it’s going to be a simple procedure in some respects.’

‘What’s concerning is that it is more or less giving away control of ourselves: in what way is that in the public interest – or in the interests of psychotherapists?’

‘What I’ve heard confirmed that things are pretty much how I thought they probably were, and a lot of the scare stories were politically useful.’

‘What concerned me is that they seem to be intent on monopolising the whole training market by making it impossible for students to chose to become HPC registered if they go through a non HPC registered training.’

‘I was very reassured that it seems it is over to us to maintain our own standards; it worried me all along that these ineffables would not be allowed to take precedence over the ticking of boxes.’

‘I was relieved to hear that they are still going to be happy with MA level equivalents and are not going to force us down the MA academic route.’

‘There’s something about psychotherapy and counselling which is quite resistant to definition: I think there are places that HPC can’t go to which is its essence.’

‘I don’t reject HPC but I’ve got a never-ending question mark about what HPC might give us and what it might distort in the process of doing a bit of the job.’

‘My worry is timescales: it’s been a sword of Damocles for so long and it’s been there for people to manipulate because it’s FEAR. I just wish they’d get it over and done with.’
A UKCP framework for psychological therapies

Following a day of intense deliberations, UKCP is significantly closer to defining its position on psychotherapy provision in the NHS, writes Antonia Murphy

On Saturday 9 October, we held a workshop day with the aim of defining UKCP’s position on psychological therapy provision in the NHS. The event followed an enthusiastic response to David Pink’s request in April’s email Bulletin for input to UKCP’s contribution to the Department of Health’s Improving Access to Psychological Therapies approach. We intend to use the collective thinking resulting from the day to inform our position on NHS policy, for lobbying and for media information.

Maximising input
The event was invitation-only to maximise the input of those members and guests with NHS expertise and involvement. Delegates came from primary, secondary and tertiary psychological therapy services and from third sector organisations, and represented clinical and service management roles. CPC, the Association of Counsellors and Psychotherapists in Primary Care, facilitated the day, provided speakers and gave specialist input.

The event began with expert briefings from service managers, commissioners, clinical leads and GPs, followed by a Q&A session with an expert panel and group work on specific questions. The programme was intense and demanding, and produced a wealth of relevant opinion, which was informed, refreshingly realistic, and contained a great deal of agreement.

Position and policy
Antonia Murphy, CPC Director of Professional Standards and Co-chair of the day, opened by introducing David Pink and Andrew Samuels, who both emphasised the importance of UKCP having a position and a policy with respect to NHS psychological therapy services. How different this is from a simply reactive and sometimes defensive position on DH directives.

Andrew spoke of the need for UKCP to engage in national policy formation, stating that a wide range of free psychotherapy services should be our ideological target. He went on to pose the question of what political style UKCP should use to critique existing NHS psychological therapies. He emphasised the importance of referring to wider research parameters that examine the ‘knowns and unknowns’ of psychological therapy. David Pink expressed his desire and vision for UKCP to have a coherent voice on NHS policy. He stressed that UKCP should recommend how services should be run and what they should comprise rather than complain about existing services.

Antonia went on to summarise the main aims of the day:

• To introduce participants to current NHS structure and policy on psychological therapy commissioning and provision

• To deliberate on the NHS context for psychological therapy provision, including consideration of: access; referral and care pathways; clinical assessment; stepped care; and multi-modality provision (the provision of therapies from a range of psychotherapeutic models as represented within UKCP)

• To understand and define the nature and range of patient needs and the range and type of psychological therapy provision that is possible, desirable and deliverable within the NHS, and what part UKCP membership may contribute to this

• To understand, identify and define the nature and range of therapists (psychotherapists, psychotherapeutic counsellors, counsellors, clinical psychologists, high-intensity therapists and psychological wellbeing practitioners) to deliver the range of therapies identified

• To establish a best practice service model for stepped care/patient pathways, collaboration and access to therapy to suit patient need in relation to psychotherapeutic work

• To identify best outcome measures to demonstrate effectiveness and efficacy.
Morning presentations
The morning presentations were substantial and gave a very thorough overview of how things stand currently in different areas of the country. Sara Pickford, Head of Service Development and Performance, West Sussex PCT, gave an exceptionally clear history and overview of how psychological therapy provision is configured in her service in an integrated IAPT service. She described current commissioning/provider structures and perspectives as well as service levels and recruitment and implementation challenges.

Sara was followed by Jane Rosoman, Primary Care MH and Wellbeing Clinical Lead, Ealing and Harrow Community Services, who presented a description of her local primary care psychological service and the referral pathways into secondary and third sector services.

After coffee, Suzy Jackson, a Primary Care MH Locality Manager in Sussex, gave an in-depth view of how an IAPT and stepped care model of psychological therapy provision can work in practice and how the shape of a service integrating new CBT trained therapists with a pre-existing counselling service is configured.

The final speaker of the morning was Dr Tim Bayley, a GP from East Sussex, who brought the much-needed perspective of the patient arriving in the surgery and the referring GP. Tim began by outlining the historical context to the development of GP awareness of the treatment of psychological distress. He went on to speak about the need for simple lines of contact and communication, something emphasised by all speakers, and of the importance of having an expert in the surgery team whom GPs could rely on for accessible psychological referrals, collaboration and consultation.

All of the speakers asserted that commissioning and provision would change with the advent of new GP commissioning models set out in the government white paper, but that the form of these new commissioning groups had yet to be fleshed out. Tim emphasised how this might vary depending on how large the GP groups were and which GPs took on an authoritative voice in the groups.

Common themes emerging
Delegates had food for thought as well as lunch to digest as we went into the afternoon session. During the Q&A, participants asked more specific questions of the speakers and brought examples of their own service/clinical experience. Common themes were emerging.

Following the Q&A session, the whole group, including speakers, divided into four workgroups to consider tasked questions. The aim was to focus thinking on the specifics of NHS service design and delivery. The questions were:

1. Given the limited nature of NHS resources, what is the optimum psychological therapy provision for a PCT locality in terms of types of therapy, range of therapy, depth of therapy?
2. How should services be configured to allow for effective triage, clinical assessment and best practice referral pathways? How do patients get to the therapy/therapist that will suit them best? How, and by whom, are they identified and how do they get to the therapeutic service they need? What is the place and requirement for:
   a) specialist generic therapy
   b) specialist modality therapy
3. How do we promote a better understanding of the therapeutic frame – for example, the patient’s own role in ‘successful’ therapy (eg DNAs as part of ongoing therapy)? How do we promote an understanding of the therapist’s role, training and skills and differentiate between useful and unnecessary mandatory training? What might be the minimum requirements of the patient and of the therapy and the setting for therapy being effectively undertaken in the NHS?
4. How should services be set up to maximise interprofessional collaboration? What are the clinical lead, management structures, service structures and job specifications, roles that will foster greatest clinical effectiveness, professional equity and flexibility of pathways?

Main themes
The main themes and ideas to emerge for recommendation were:

- **The starting point is primary care.**
- **Assessment and formulation is crucial for appropriate referring – all psychological therapists and clinicians need to be skilled in thorough assessment: correct identification of difficulties, depth, complexity, history and psychological mindedness and patient choice must all be identified.** Recruitment of therapists to fit whole role.
- **Consultation, communication and collaboration – this is not private practice. Doctors and other HPs need to collaborate with therapists too. Mutual professional respect.**
- **Much less handing on of patients and more inclusion within a team. Avoid bouncing and duplication.**
- **Need for co-training – GPs as to the nature of psychological therapy and therapists as to nature of primary care/NHS setting.**
- **Range of therapy – short, medium and longer term needed. Gaps are best identified by primary care not being a catch all for everything.**
- **Need for specialist generalists as well as specialist modality or specialist condition therapists.**
- **Move to a much less hierarchical structure (within organisations but also within therapy world).**

These are just some of the important ideas and suggestions that emerged from the day’s intense deliberations. The results of the detailed consideration of these questions is now being collated by the CPC team and will be written up in the form of a report which will inform the content of a UKCP policy statement on NHS psychological therapy.

UKCP and CPC’s thanks go to all those who took the time to contribute to the day’s proceedings. Members will be informed of the way forward, in terms of final content, lobbying and media input, via the usual UKCP Bulletin and email channels.
The Cost of Not Caring: responding to the psychological needs of children

Second annual conference of the UKCP Faculty for the Psychological Health of Children, 5 – 6 March 2011, London

This conference will highlight the issues and challenges facing psychotherapists working with children and young people today, and will celebrate the strength, diversity and passion devoted to this worthwhile task. The sobering title reflects the commitment of those reaching out to children and their families and emphasises their need for personal and professional support and succour.

The Cost of Not Caring is for all those whose mind, body and spirit is moved to respond. We aim to deliver it in a spirit of celebration, valuing diversity, alive in heart, mind, body and spirit. Please feel our welcome and join us. BOOK EARLY to ensure your place.

The impact of modern living
Many people experience modern life as stressful and increasingly demanding. This has an impact on parents, children and those who work with them. Most of us are aware of the long-term results of individuals not having the time, money, thinking space or emotional energy to care for children or, worse, of simply not caring – leading to neglect, harm or abuse.

How do the challenges of current policies and practice impact on practitioners working therapeutically with children? Do these factors encourage or threaten individual styles of practice? Do they honour or erode personal and professional integrity? Do they enhance or diminish job satisfaction? Without encouragement and support, it is easy to find ourselves reduced to negative impotence, unable to access our natural potency.

A professional home for practitioners working with children
Last year’s conference served as a springboard from which a creative process was launched through the new Faculty for the Psychological Health of Children (see ‘A new beginning’, summer issue). The Faculty offers a professional, supportive home for individual and systemic psychotherapists, counsellors, psychologists, teachers and other practitioners working with children. We seek to increase professional contact and sharing, to support innovation and diversity, to increase the evidence and research base to support best practice, and to reinforce our professional integrity and energy for the work. These are innovative and exciting times, so watch this space for further developments!

Inspiration!
The Faculty aims to build on the huge success of last year’s conference by offering a further opportunity for practitioners working with children and families to connect with compassionate colleagues who share their commitment and enthusiasm for the work. Keynote speakers at The Cost of Not Caring, Robin Balbernie and Jim Wilson, have much to offer, and we expect their ideas and belief in their work to set the tone. Both are inspiring and informative speakers who share our passion for work with children and families.

The conference will be a stimulating two days of workshops, lectures and discussion groups, delivered by innovative practitioners from a range of modalities and therapeutic contexts. There will be a wide-ranging menu of choices, enabling each delegate to tailor their weekend to meet their requirements, maximising sharing, learning and satisfaction. Faculty members will provide information on how UKCP is developing the parameters for validating practitioners who work with children, young people and families.

The Cost of Not Caring will encourage us to think about how we respond to our own needs, how we develop support structures, and how we stoke our creative fires and keep ourselves steady.

Making sure we get fed and nurtured too
There is a huge cost in not caring – for children and professionals alike. We are responding to our needs, as practitioners working therapeutically with children, in order to help reduce the cost of not caring for children. However, we can’t survive if we, like children, aren’t fed and nurtured within our profession. So check out our March 2011 conference details, BOOK EARLY, and we’ll see you there!

The UKCP Faculty for the Psychological Health of Children exists to support and promote effective and accessible therapeutic work with children. Please contact UKCP for information on our vision, mission and values and our education and training standards for work with children and young people.
‘Little high, little low’ – personal reflections on the first year

Andrew Samuels, UKCP Chair, reflects on his first year in office

It took me some time to understand how UKCP has changed since I was last active in the mid-1990s. I date back to Rugby Conference days. True, I had given talks at conferences, notably the ethics–diversity conference in 2004, and I was elected one of UKCP’s first Honorary Fellows in 2006. But I would have become Chair as an outsider even if there hadn’t been such a stormy election.

I freely admit that there was a serious trust issue. Maybe there still is, to a degree. I saw this the most clearly when, at one of the Psychotherapy Council meetings, a senior and respected member revealed that she thought the new Board policy on regulation was to make it impossible for UKCP members to register with HPC. I realised then the need for degrees of reassurance to be embedded in our policies and statements.

The fractious and seemingly un governable nature of UKCP is well known and I have developed a few thoughts about this. Therapists are passionate people, and trained to pay attention to everything in the clinical situation, no matter how small it might initially seem. This means that we are sometimes not all that good at determining which situations are worth laying down one’s life for. What ‘the narcissism of small differences’ means is that we can’t discern which is a small and which is a big matter. I’m learning to triage what comes my way, and what I am obsessing about, as well as I can.

So – what would I lay down my life for? To begin with, the whole diversity, equalities and social responsibility agenda seems of supreme importance – for everyone, not just for our minorities. I think we are making some progress in the construction of a more inclusive profession.

In terms of regulation, I’ve found myself increasingly thinking and committing myself to the ethos of ‘responsible choice’. UKCP can’t avoid regulation. It is in our DNA. But we can manage – have managed – to give everyone a choice in what they do about regulation. My profound worry is that people will not think it through and decide for themselves. Apathy is a huge and ongoing problem.

A final, critical issue for me, then, is that we really do become more of an active members’ organisation, for both individual and organisational members. And across the organisation, let there be active, informed respect (not just blah tolerance in public and contempt in private) for other ways of working than our own.

Psychotherapy outside UKCP

It is so wasteful that there are all these competing umbrella professional organisations. It’s hard to make cooperation work but I think that there is a lack of vision here. I would want UKCP to seek a close concordat of a federal kind with (at the very least) BACP and BPC. We are not protecting our interests at a time of government cuts. And, if we believe in what we do, we are not making sure that the case for its wider availability is heard. We need to thunder about the inequities of IAPT and NICE.

We also need to ensure that the psychotherapy voice is heard in public conversations – about education, asylum, assisted suicide and so forth. As we all know, there is a radical heritage to most schools of psychotherapy that is perhaps muted if not lost altogether. More psychotherapists and psychotherapeutic counsellors than ever want to realise the social and political potential that our founders perceived. But there is a large gap between wish and actuality, between wanting to play our role in social and political life and actually playing that role and getting results.

We need to acknowledge that anybody, not just a therapist, who seeks to improve anything is up against massive impersonal forces that do not want change: the economic system, the workings and institutions of global capitalism, patriarchy and heteronormativity.

The soul – paradoxes

There is another, more paradoxical problem: the human soul is the source of imagination, creativity, hope and love. But it is also the source of many of our problems. In its cruel and negative guise, the human soul resists improvement and change, contributing to the difficulties human beings on a dying planet face.

Yes, I am thinking about UKCP and, yes, I realise that all of this is heady and dangerous stuff. That is why I want to end these personal reflections on a year in office with WB Yeats’s comment on politics in his cautionary apolitical poem, ‘The great day’, about the Irish scene in the 1920s.

_Hurrah for revolution and more cannon shot!_

_A beggar upon horseback lashes a beggar on foot._

_Hurrah for revolution and cannon come again!_

_The beggars have changed places, but the lash goes on._
The main provisions of the Equality Act 2010 came into force on 1 October. The new law brings together and expands on previous legislation covering age, disability, gender, religion and sexual orientation.

What areas are covered by the act?
All the areas covered by the new act were covered in some way by previous legislation. However, the new act defines these areas as nine ‘protected characteristics’:
1. Age
2. Disability
3. Gender reassignment
4. Marriage and civil partnership
5. Maternity and pregnancy
6. Race
7. Religion or belief
8. Sex
9. Sexual orientation

How does the act affect UKCP members?
Organisational members may have responsibilities under the act as providers of further and higher education, goods and services, or as employers.

Individual members have rights under the act as employees and as service users (for example, when enrolled on a training course).

Individual members have responsibilities if they are employers and/or providers of goods and services (to their clients, for example). However, due to a lack of guidance or relevant case law, this article does not feature examples of these responsibilities.

Please note: the examples given here are based on guidance given on the new act and previous legislation. They are illustrations of how it may be applied and do not constitute legal advice.

What is outlawed under the new act?

Direct discrimination
This means treating someone less favourably because of one of the protected characteristics above. Example: An organisational member rejects an individual’s application to their course because they view being transgender as a form of mental instability.

Indirect discrimination
This applies when a rule or policy applies to everyone in the same way but disadvantages those with a protected characteristic. Applying such a rule is only justified if it is a ‘proportionate (fair) means to achieving a legitimate aim’. In the example below, the fact that the organisational member did not intend to discriminate when it introduced these rules is not relevant.

Example: When she applies for a course, a trainee, who is a Seventh Day Adventist, explains that she cannot attend on a Saturday. She checks that the course does not run on a Saturday. However, after the course starts, she finds that one of the days has been changed to a Saturday and she asks for a refund. The organisational member tells her that the terms of the student agreement state that the organisation has the right to change dates and times and to refuse to give a refund once the course has started.

Discrimination arising from a disability
This means treating a disabled person unfavourably because of something connected to their disability. Example: A student who has Tourette syndrome shouts out during tutorials. This is distracting and disruptive for other students. The student is asked not to attend group tutorials.

“ It is not against the law to treat a disabled person more favourably than other people.”

Discrimination by association or perception
Example: A course administrator has to take time off because his father is seriously ill. The organisational member says that, while they sympathise, they are a small organisation and cannot afford to ‘carry’ them. The administrator is asked to resign.

Example: A supervisor is told by the organisational member that they will no longer be offered work because they have been seen coming out of a gay pub, and they are now thought to be gay. The organisation tells them that, while they find it acceptable, some of their students, who come from diverse religious and cultural backgrounds, do not.

Harassment
This means unwanted conduct, with the effect of creating a hostile, offensive, intimidating or degrading environment. Example: During a group supervision session, a white trainee frequently uses the term ‘Paki’ when talking about her childhood. The one Asian student in the group tells the facilitator that he finds the term offensive. The facilitator takes the issue to the group, who challenge the Asian student to silence his colleague. The facilitator takes no further action and the offending term continues to be used.

Victimisation
This means treating someone unfavourably because they make a complaint about discrimination or harassment, or they help someone else to do so.
Case study

Making reasonable adjustments for deaf students

A deaf person is accepted onto the MA course run by an organisational member. Staff at the training organisation are keen to make sure that the student is treated equally. They are also aware that the law requires them to make reasonable adjustments so that they can participate fully in the course.

The course organiser contacts the student before the course starts to find out what support they will need. The student is profoundly deaf, uses British Sign Language (BSL) as their first language and also lip reads. They will need a sign language interpreter. They might also need a note-taker, as it is difficult to take notes in lectures while watching the lecturer and interpreter.

The course organiser contacts the lecturers on the course to let them know about the student and to offer tips on how to make their lectures accessible and work with a sign language interpreter.

The course organisers and teaching staff also consider what adjustments they could make in terms of supervision, tutorials, work placements, residential assignments, examinations and vivas. They ask the student about arrangements made on other courses and seek advice from organisations such as the RNID.

A course lecturer, who has never had a deaf student before, recognises this as an opportunity to expand his knowledge about deaf issues and culture. He discovers that 40 per cent of deaf people have mental health issues (compared with 25 per cent of the general population). He realises that learning about these issues will be useful for other students who may work with deaf clients in the future.

The course organiser works with the student on obtaining funding to pay for the sign language interpreter and note-taker and any other support they might need.

The MA course requires students to undertake psychotherapy and directs them to listings such as Find a Therapist. The course organiser checks that these listings include therapists who sign or have experience working with deaf clients.

Once a sign language interpreter has been identified, the course organiser sends them information about the course so they can familiarise themselves with the concepts and vocabulary they will be signing.

The lecturer meets the student and interpreter for a few minutes before the start of the first lecture to ensure that arrangements such as lighting and the position of the student and interpreter are satisfactory.

The student’s supervisor wants to ensure that they can provide an equal service to the student. They investigate deaf issues and culture, so they are able to differentiate between issues that are part of deaf culture and individual issues for the student and their deaf clients.

Example: A former student asks for a reference from her training organisation. Although her academic record is very good, an unflattering reference is written because of her claim that she has been sexually harassed by a visiting lecturer, who is a senior member of the profession. This caused a huge row and embarrassment for the organisation.

What is permitted or encouraged? Positive action

The law permits employers to take positive action to address under-representation. It also allows education providers to take positive action to address disadvantages faced by particular groups of students.

Example: Staff at a training organisation are aware that Black and Asian students are under-represented on all of their courses. They decide to take positive action by making links with local colleges, which have good minority ethnic representation, to advertise their courses, open days and taster sessions, open to all. Black and Asian students have reported feeling isolated on the courses in the past, so a Black and Minority Ethnic Forum is set up for students.

Legal and Equality:

The law permits employers to take positive action to address under-representation and staff to ensure that students know about initiatives such as the Black and Asian Therapists Network’s mentoring scheme.

Reasonable adjustments

The law requires employers and service providers to make reasonable adjustments for disabled people. Note: It is not against the law to treat a disabled person more favourably than other people.

References

Equality Act 2010 (legislation.gov.uk)
www.baatn.org.uk
www.equalityhumanrights.com/advice-and-guidance
www.communityid.co.uk
www.rnid.org.uk
Working as a psychotherapist in Europe

While challenges remain, Tom Warnecke explains that it is becoming easier for UK psychotherapists to work in Europe

A n increasing number of psychotherapists migrate between European countries, but getting to grips with variations in psychotherapy regulation across Europe can be confusing. So far, ten countries out of 27 have established some form of statutory regulation for psychotherapy. Some of them (Germany, Italy, Sweden, Netherlands) have restricted the practice of psychotherapy to psychologists and medical doctors. Others (Austria, Finland, Romania) have established legal frameworks that recognise psychotherapy as an independent profession. And efforts are being made to make it easier for psychotherapists to migrate or work temporarily in other EU countries.

A legal framework for professional migration

Freedom of movement and the right to work anywhere in Europe is a key EU objective. If you move to another EU country or work there temporarily the European Commission’s (EC) Professional Qualifications Directive 2005/36 will apply. This directive consolidated and modernised the rules for recognition of professional qualifications in EU countries and introduced rules that allow you to practise your profession on a temporary basis in another EU country.

The directive created the ‘general system’, a legal framework that permits unrestricted professional movement for some 800 regulated professions in Europe. It also requires EU countries to provide procedures to facilitate this.

The general system

How does the general system work? Your application for recognition will be examined by the relevant national authority. Usually, if you are qualified to practise a profession in your home country and apply to have your qualifications recognised in order to practise in the host country, your qualifications will be recognised as they stand. Only when there are substantial differences between the training undertaken by the migrant and that required by the host country can the host country demand that the practitioner compensates for these differences by undertaking a test or an adaptation period of supervised practice.

There is one exception. The general system does not apply if the country you wish to work in does not recognise psychotherapy or psychotherapeutic counselling as an independent profession but restricts its clinical practice to another profession, such as psychiatry. In such circumstances, the European Certificate for Psychotherapy (ECP) is your best hope of establishing your right to practise. More on the ECP later.

Psychotherapeutic counsellors can utilise the European Certificate in Counselling awarded by the European Association for Counselling (http://www.eac.eu.com).

I want to practise in another EU country – what do I do?

Psychotherapy and psychotherapeutic counselling come under the general system. Whether you are considering moving abroad or working there temporarily, your first point of call should be the EC contact point in your host country, which gives up-to-date information about a country’s procedures. Contact points are listed at http://ec.europa.eu/internal_market/qualifications/contactpoints. The EU’s Citizens’ Signpost Service (http://ec.europa.eu/citizens-rights/front_end/index_en.htm) may also be able to advise.

The general system is applicable to EU countries where psychotherapy is regulated. There is no requirement to apply for recognition of your professional qualifications if psychotherapy is not regulated in the country you wish to work in. You can practise there subject to the same conditions as native practitioners and apply for recognition by the national professional body (such as UKCP).

If your host country has established some form of statutory regulation for psychotherapy or psychotherapeutic counselling, you will need to apply to the relevant authority there to recognise your qualifications. They will compare the professional training you have received with that required by them. If they find that there are significant differences in terms of either length or content they may make recognition conditional on your fulfilment of additional requirements.

Training and experience

When making the comparison, the national authority must also take into account periods of training and/or professional
experience completed after you obtained your initial qualification. They may regard that training and/or experience as making up, in full or in part, for what they consider to be deficiencies in your initial training. If they establish that there are major differences between the professional qualifications you have obtained and those they require, you may be asked to provide proof of practising psychotherapy in your home country, to complete an adaptation period (practice under supervision, usually for six months) or to take an aptitude test for the specific issues where a training disparity has been identified.

Only one of these requirements may be imposed. Normally, proof of additional professional experience would be required if your professional training was at least one year shorter than that required by the host country. You may be required to complete an adaptation period or an aptitude test if there are significant differences in the content of your training and that required in the host country or in the range of activities covered by the profession.

The national authority must reach a decision about your eligibility within four months of receiving your application. They must state reasons for their decision and you have right of appeal. The EC provides detailed guidance at http://ec.europa.eu/internal_market/qualifications/general-system_guides_en.htm, also available from the UKCP office.

Once your application is approved, you will have the same rights, opportunities and obligations as psychotherapists or psychotherapeutic counsellors in your host country.

**Temporary and occasional work**

The directive also introduced rules that permit members of regulated professions in one EU country to provide services in another without being subject to a procedure for recognising their qualifications. However, the host country may impose certain formalities, such as annual renewal with a national authority, provision of documents supporting the initial declaration or automatic temporary registration to a professional body.

For professions with public health or safety implications, host countries may retain the right to request verification of qualifications before the initial provision of services. They may also require practitioners to be subject to a national code of conduct. This covers matters such as the definition of the profession, use of titles and disciplinary provisions. They may also check with the native country that the practitioner has not been subject to disciplinary or penal sanctions. The EC’s contact points can provide you with up-to-date information.

**European Certificate of Psychotherapy (ECP)**

The Strasbourg Declaration, signed initially by representatives from 14 countries in 1990, gave birth to the European Association for Psychotherapy (EAP) and led to the creation of the ECP and a European register for certified practitioners (www.europsych.org).

EAP, founded in 1991 by several national European psychotherapy organisations, brings together nearly 200 organisations from 40 European countries and represents over 120,000 psychotherapists. The ECP was created as a pan-European qualification for psychotherapy that would enable mobility across Europe for psychotherapists.

The ECP is awarded to practitioners who complete accredited training and who are committed to professional and ethical standards consistent with those of EAP. UKCP is the national awarding organisation in the UK and facilitates the ECP application process for UK residents (application forms are available from our website or from the office).

**Professional mobility and the ECP**

The ECP supports psychotherapists in countries where psychotherapy is not recognised as an independent profession and where the practice of psychotherapy is restricted. It is recognised by all national professional bodies in EAP. While still quite a ‘young’ qualification, the ECP continues to develop its influence.

The ECP won its first landmark legal battle with the Lanthaler case in Italy. Heinrich Lanthaler trained and registered as a psychotherapist in Austria and was awarded the ECP there. In 2002, he moved to Italy and applied for registration as a psychotherapist. Psychotherapy in Italy is provided by psychiatrists and psychologists. Psychotherapy is regulated by the Ministry of Justice and registers are maintained by national and regional chambers of Italian psychologists. Lanthaler’s application was refused and he decided to take his case to the courts. In 2008, after six years and numerous court verdicts in his favour, Lanthaler made legal history. The Italian government was forced to scrap a national law that contravened European legislation and the chambers of Italian psychologists were told to register Lanthaler as a psychotherapist in Italy. Two more psychotherapists have since followed Lanthaler’s lead and achieved registration in Italy. The success in Italy has been replicated in Germany. In September 2010, another registered psychotherapist and holder of the ECP from Austria was accepted onto the notoriously restrictive German psychotherapy register to practise in Berlin.

It is hoped that the common standard created by the ECP will influence future psychotherapy legislation. This is already the case in Romania, which created psychotherapy legislation based on the Strasbourg Declaration and the ECP standard.

UKCP organisational members also have the option to apply to EAP to join the growing list of European Accredited Psychotherapy Training Institutes (EAPTI). All students of the institute who complete the accredited training course automatically become eligible for the ECP when they graduate.

Professional migration poses many challenges for practitioners but in most cases the EC directive and the ECP will continue to make this easier.
ukcp members

UKCP-Karnac book series

Books in the UKCP-Karnac series – a partnership between UKCP and a specialist in psychotherapy and mental health publishing

**Attachment and new beginnings: reflections on psychoanalytic therapy**
Jonathan Pedder (2010)
£20.99
ISBN 9781855756328
This collection of written pieces plots the work of an NHS psychotherapist, Jonathan Pedder, turning the science of psychiatry into human encounters.

**The 3-point therapist**
Hilary A Davies (2009)
£9.99
ISBN 9781855757462
The 3-point therapist is the charming story of one trainee’s journey in search of professional success and recognition. What she learns is unexpected and changes her predicted path.

**Therapy with children: an existential perspective**
Chris Scalzo (2010)
£18.99
ISBN 9781855757301
This book explores the existential themes and challenges present in all therapeutic relationships when working with children.

**Why therapists choose to become therapists: a practice-based enquiry**
Sofie Bager-Charleson (2010)
£20.99
ISBN 9781855758261
At the heart of this book lie six separate accounts as told by counsellors and psychotherapists in a reflective writing and peer support group, each representing a different modality and all coming with very different backgrounds.

**The role of brief therapy in attachment disorders**
Lisa Wake (2010)
£20.99
ISBN 9781855756977
A comprehensive summary of the range of approaches that exist within the brief therapy world, including cognitive analytic therapy, cognitive behavioural therapy, eye movement desensitisation and reprocessing, Ericksonian therapy, neurolinguistic psychotherapy, provocative therapy, rational emotive behaviour therapy, and self relations therapy.

**The use of psychoanalytic concepts in therapy with families: for all professionals working with families**
Hilary A Davies (2010)
£16.99
ISBN 9781855755154
This book begins with a readable practitioner’s guide to psychoanalytic theory and concepts. It moves on to give a number of detailed practice-based examples of the application of this theoretical model in the therapy room with the families of children seeking help with a variety of difficulties.

**The emergent self: an existential-gestalt approach**
Peter Philippson (2009)
£16.99
ISBN 9781855755253
This book tracks a particular understanding of self as emergent from the relational field: philosophically, from research evidence and in its implications for psychotherapy.

**Revolutionary connections: psychotherapy and neuroscience**
£22.99
ISBN 9781855759411
This collection of papers is the result of the extensive and fruitful discussion that was generated at a 2001 UKCP conference which provided a forum to explore the field of neuroscience, in particular the branch called ‘affective neuroscience’.

**Love: bondage or liberation? A psycholological exploration of the meaning, values and dangers of falling in love**
Deirdre Johnson (2010)
£19.99
ISBN 9781855755109
This interdisciplinary approach cuts across the different modalities and will appeal to a good cross-section of psychotherapists and counsellors, while being accessible to anyone interested in the meaning of falling in love.

**Shakespeare on the couch**
Michael Jacobs (2008)
£16.99 ISBN 9781855754546
A discussion of eight of Shakespeare’s plays and the relationships between the main characters in them.

**Hidden twins: what adult opposite sex twins have to teach us**
Olivia Lousada (2009)
£20.99 ISBN 9781855757417
An insightful look into the lives of three opposite-sex twin pairs. Candid, informative and rich in psychological detail.

**Psychosis in the family: a personal and transpersonal journey**
Janet Love (2009)
This is in the main a personal and moving narrative of a mother looking to help her son avoid a lifelong sentence of medication while trying to research holistic resources and alternative approaches for treatment at the same time as negotiating the vagaries of the current mental health system.

**Our desire of unrest: thinking about therapy**
Michael Jacobs (2009)
£20.99 ISBN 9781855754898
The author shows his own thinking
at work as he challenges himself to look deeper at some important aspects of his discipline – principally psychodynamic psychotherapy, although always with reference to other forms of discourse such as literature and theology.

*Not just talking: conversational analysis, Harvey Sacks’ gift to therapy*
Jean Pain (2009)
£19.99
ISBN 9781855756892
Good relationships depend, above all, on our skills in conversation. Harvey Sacks’ method, conversational analysis, was the springboard for Jean Pain’s research into psychotherapy as a social activity that depends for its success on the quality of the therapeutic dialogue.

*Dialogue and desire: Mikhail Bakhtin and the linguistic turn in psychotherapy*
Rachel Pollard (2008)
£20.99
ISBN 9781855754492
Mikhail Bakhtin, the Russian philosopher and cultural critic, was one of the pioneers of the ‘linguistic turn’ in philosophy and is now widely associated with the concept of the dialogical self and dialogical psychotherapy.

*The muse as therapist: a new poetic paradigm for psychotherapy*
Heward Wilkinson (2008)
£20.99
ISBN 9781855755956
In recent years there has been a cautious movement towards seeing psychotherapy and counselling as arts not as sciences.

*Child-centred attachment therapy: the CcAT programme*
Alexandra Maeja Raicar with contributions from Pauline Sear and Maggie Gall (2009)
£20.99
ISBN 9781855755055
This book describes the development of the Child-Centred Attachment Therapy (CcAT) model of working with children with attachment difficulties.

*Diversity, discipline and devotion in psychoanalytic psychotherapy: clinical, training and supervisory perspectives*
Gertrud Mander (2007)
£18.99
ISBN 9781855754737
A selection of papers reflecting a preoccupation with the growth and diversification of counselling and psychotherapy; the imperatives of training, supervision and regulation; and the significant changes in the profession due to the invention of brief, time-limited, intermittent and recurrent psychotherapy.

*What is psychotherapeutic research?*
Del Loewenthal and David Winter (2006)
£24.99 ISBN 9781855753013
Examples of how psychotherapeutic research and the abilities to carry it out can help the practising psychotherapist.
ukcp members

Book reviews

Do you realize? A story of love and grief and the colours of existence
By Marion Steele (2010)
ISBN 978-1-84694-330-0
£9.99
Published by O Books

From its beautiful front cover to the notes at the end I was engrossed by this book. I found it to be a refreshingly honest comment on the emotional, physical and spiritual impact of working as a therapist in end of life care. I have myself experienced the impact that working in this area can have – bringing an intensity of contact that is almost addictive followed by a grief that refuses to be contained in supervision and has a mercurial character, taking it to parts of your life that normally remain quite distant from your client work.

The unusual layout of some of the writing reflects the pithy yet powerful style of the author. The range of material used in referencing quotations also shows a breadth of knowledge. However, without taking refuge in theory, Marion Steele has managed to express the power of the most important aspect of therapy in my opinion-the relationship. Indeed her honesty takes us further, to explore not only the relationship with her clients but also the relationship with self. This book is a readable, real account by a therapist, of being human and mortal.

Tina K Williams
UKCP-registered psychotherapist and Chief Executive of the Laura Centre

Love: Bondage or Liberation?
A psychological exploration of the meaning, values and dangers of falling in love
By Deirdre Johnson
£19.99
Published by UKCP-Karnac

In the introduction to her book Deirdre Johnson asks, ‘What is this thing: to fall in love?’ She has many questions in relation to passionate love: what value or meaning does it have, does it enlarge or diminish our personalities, does it lead to bondage or liberation? If passionate love truly is love, then why can it lead to intense feelings of hate, jealousy, possessiveness and other dark emotions?

Johnson divides her book into two parts. Part one examines her questions from different discourses: psychoanalytic, relational psychologies, scientific, teleological, religious. Part two draws together these strands in order to reach some conclusions.

Johnson has a lucid style, and an ability to describe complex concepts in simple language. Her book is ideal for the interested layperson or student, as well as professional therapists who will find material they know placed in new and surprising contexts.

In the psychoanalytic discourse, Johnson looks to Freud’s and Klein’s developmental theories to explain some of love’s dilemmas. She describes the love triangles people find themselves in, often as a result of unresolved oedipal complexes. She shows how the rawness of the feelings evoked by love may be connected to early infantile experiences of greed and envy as described by Klein. How lovers may be disappointed by misattunement: longing for the unconscious communion which they may never have experienced with mother.

In the relational discourse she studies Winnicott and Bowlby. The clinical examples are useful though I would have liked greater detail, to bring them more to life.

Johnson considers gender stereotyping from a Western patriarchal viewpoint which depicts the male as superior, female as inferior. She could have quoted anthropological work where this stereotyping is reversed, for example in some African cultures, or in Tibetan cultures where genders are equal.

The neuroscientific discourse is well considered, though sometimes, despite her stated awareness of it, Johnson can lose sight of the provisional nature of scientific studies in this area (among psychotherapy authors she is in good company here).

The vexed issue of animus/ anima is usefully recontextualised as a non-gender specific Inner Partner: this is inclusive of passionate love that is not exclusively heterosexual. When considering Jung’s concept of individuation, Johnson makes the important point that a love relationship, whether successful

Books for review

Spiritual crisis: varieties and perspectives of a transpersonal phenomenon
By Fransje de Waard
Explores experiences of existential voids, heights and depths, freezing wastes and silences, of pure energy, love and fear, oneness and chaos

Trauma, tragedy, therapy: the arts and human suffering
by Stephen Levine
Explores the nature of traumatic experience and the therapeutic role of the arts and arts therapies in responding to it

Sex, sexuality and therapeutic practice: a manual for therapists and trainers
Edited by Catherine Butler, Amanda O’Donovan and Elizabeth Shaw
Examines issues of sexuality and considers how sexuality-related issues can be introduced into therapy and training.

Psychotherapy and the highly sensitive person: improving outcomes for that minority of people who are the majority of clients
By Elaine N Aron
Redefined the term ‘highly sensitive’ for the professional researcher and and practitioner and dispels common misconceptions about the relationship between sensitivity and other personality traits.

For a full list of books currently available for review, along with reviewer’s guidelines, visit: www.thepsychotherapy.org.uk/book_reviews.html
or not, may contribute to the lover’s individuation process. This turns around conventional theorising which expects the individuation process to result in ‘better’ choices of lover. In fact therapists may be guilty of wishing their client would leave an unsatisfactory relationship, rather than considering with the client how this relationship may further their growth. Discovering shadow and Self projections onto the lover is part of this work. Conversely, it may be destructive to help a client de-idealise their lover.

The religious discourse considers literary and mythic tales of love and lovers, contrasting CS Lewis’s account of Eros with those of British, Arabic and Greek lovers. Johnson asks whether there could be a ‘worshipful’ love which she calls ‘devotion’, warning against uncritical acceptance of what the ‘God’ of love may move us towards, reminding us we need to keep our faculty of discrimination.

In part two Johnson points to dangers when theorising about love: since so many elements make up the phenomenon of passionate love, concentrating on only one or two discourses is mistaken. Therapists may fall prey to a ‘nothing but’ attitude to love: love is nothing but a projection of the inner partner; or for spiritual advisers love is only a lower form of divine love. Johnson discusses the dangers of polar opposites when considering love: living in the tension between the opposites is where real growth occurs.

Finally, Johnson reminds us love as Eros binds us together: in the inner world of the psyche, in the outer world with our lover, Eros binds us to our community, to the universe we all inhabit as human beings.

I feel the importance and creativity of this book is in the inclusion of many varied discourses, not merely the different varieties of therapeutic discourse. I hope this may result in an opening out of the concepts and a dialogue amongst different disciplines.

Dr Carola Mathers
Professional member and supervisor for the Association of Jungian Analysts, training therapist and supervisor for Revision and the Psychosynthesis and Education Trust. In private practice in London.

www.carolamatherspsychotherapy.co.uk

Assessors needed
We are currently looking for people with teaching, training and writing experience for occasional book assessments. If interested, please send a short CV to Pippa Weitz at philippa.weitz@ukcp.org.uk together with a short outline of your specialist interests, practitioner and dispels common misconceptions about the relationship between sensitivity and other personality traits.

Transactional analysis
The last edition of The Psychotherapist was devoted to transactional analysis. The editorial included a box giving website addresses of world-wide associations of TA organisations and individuals. We added the address of a single training institute and the guest editor for that issue, Charlotte Sills, has asked us to point out that there are more than 20 official TA training establishments throughout the UK, which offer TA psychotherapy training and supervision to UKCP-registered standard. We are pleased to include the current full list here:

Heart of England
- TA Works
  www.TAworks.co.uk

London
- Metanoia Institute
  www.metanoia.ac.uk

Midlands
- The Berne Institute
  www.theberne.com

North East England
- Ellesmere Centre
  www.ellesmerecentre.co.uk
- Leeds Psychotherapy Training Institute
  www.lpti.org.uk
- Physis Training
  bcclarkson@talktalk.net
- Yorkshire Training Centre
  www.ta-psychotherapy.co.uk

North West England
- The Lakeland Institute
  www.thelakelandinstitute-ta.co.uk
- Elan Training
  www.elantraining.org
- SMCP
  www.smcppsychotherapy.co.uk
- Psycho Institute
  www.psycheinstitute.com
- The Manchester Institute for Psychotherapy
  www.mctp.co.uk

Scotland
- Counselling and Psychotherapy Training Institute CPTI, Edinburgh
  www.cpti.info

South East England
- The Link Centre
  www.thelinkcentre.co.uk

South West England
- Wealden College
  www.wealdeninstitute.co.uk
- Bodmin Psychotherapy and Counselling Centre
  www.counsellingcornwall.co.uk
- Contact Point
  peter_flowerdew@hotmail.com
- The Iron Mill Institute
  www.ironmill.info

Wales
- IMPACT Wales
  www.impact-uk.org
- West Wales Institute for Counselling and Psychotherapy
  www.counsellingwales.com
UKCP events

29 January 2011 – UKCP office, London
Support group for Black and Asian UKCP members
Open to all members including students and trainees

Support group for lesbian, gay, bisexual and transgender-identified UKCP members
Open to all members including students and trainees

26 February – St George’s West Church, Edinburgh
Regional forum
An opportunity to meet some of the UKCP officers, to share experiences of practising in the area, and to contribute to developing UKCP as a professional membership organisation

5-6 March 2011 - Devonport House, London
The cost of not caring - responding to the psychological needs of children
See back page for details

Effectiveness in psychotherapy: exploring the roles of the working alliance and therapeutic presence
The UKCP second annual research conference will include national and international speakers and provide an opportunity to participate in debates about psychotherapy research and to share work being carried out by UKCP members and students. If you are interested in presenting a paper at this conference, please contact Terence Nice at T.A.Nice@kent.ac.uk

9 July 2011 – location to be confirmed
UKCP forum on regulation
This forum on regulation is open to all members, including chairs and delegates of organisational members and Colleges. The meeting will be of huge importance to all members in terms of their intentions concerning registration with the Health Professions Council

UKCP psychotherapy council meetings
These events provide you with opportunities to meet UKCP’s chief executive, elected officers, to observe the meeting of the Psychotherapy Council, and to talk about the current challenges and opportunities that impact our profession.

- March 2011 (date/location to be confirmed)
- June 2011 (date/location to be confirmed)
- September 2011 (date/location to be confirmed)

For further information and booking details please email events@ukcp.org.uk, telephone 020 7014 9955 or visit our website at www.ukcp.org.uk

UK Council for Psychotherapy, 2nd Floor, Edward House, 2 Wakley Street, London EC1V 7LT
Registered Charity No 1058545 • Company No 3258939 • Registered in England
Mindfulness Workshop

This workshop will teach mindfulness and its range of applications. Mindfulness is a type of awareness that entails being fully conscious of present-moment experience. 6 hours CPD. Further information available from Kerry Scrivener.

T: 01892 655195
E: kerry@wealdeninstitute.co.uk
W: www.wealdeninstitute.co.uk

CBT Treatment of Phobias

This workshop will address the profound impact of fear on a person’s life. Participants will learn how to work with fears through assessment, session-by-session treatment options, including exposure and response prevention. 6 hours CPD. For more information contact Kerry Scrivener.

T: 01892 655195
E: kerry@wealdeninstitute.co.uk
W: www.wealdeninstitute.co.uk

Care Index Assessment

This workshop will address the need for meaningful assessment in the context of child protection. It will explore the Care Index Assessment (CIA) which has been developed to assess patterns of interaction of infants and their carers and can be used for infants from 6 weeks to 15 months. The CIA supports practitioners in understanding avoidance and working with beliefs about fears. 6 hours CPD. For more information contact Julie Sadler.

T: 01273 561511
E: julie@emotionaldevelopment.co.uk
W: www.emotionaldevelopment.co.uk

The Somatic. Identity and the Transpersonal: Linked or Separate?

By using our experiences with our clients and our personal reflections this course aims to start the process of exploration to understand the potential for the interweaving of somatic-relational processing. 4 days CPD. For more information contact Tim Bond.

T: 02074032100
E: petrust@btinternet.com
W: www.psychosynthesis.edu

Support group for Black and Asian UKCP members

Open to all members including students and trainees – see page 45 for details.

T: 020 7284 0555
E: training@postadoptioncentre.org.uk
W: www.postadoptioncentre.org.uk

Recovering self esteem - expanding skills programmes

Part of a programme to expand skills, the course aims to give a clear understanding of self-esteem issues and tools for working
with clients - with Rachel Clyne.
T: 02074032100
E: cduggan@pettrust.org.uk
W: www.ppassociation.org.uk

29 January 2011 – London
Development of the Self and the function of the therapeutic alliance
Our sense of self is shaped in a homophonic, gendered culture. This workshop looks at how therapeutic relationships with a secure base facilitate the development of trust and safety, enabling different experiences of ‘self with other’. For more information please contact Olivier:
T: 020 7434 0367
E: olivier@pinktherapy.com
W: www.pinktherapy.com

29-30 January 2011 – London
Acceptance and Commitment Therapy: Group Experiential
29-30 Jan (Group Experiential) and 12-13 Feb (Skills Training). This workshop includes the traditional two day experiential introduction to ACT followed by a two day skills training workshop. The first weekend has an emphasis on applying ACT to oneself in the group, the second weekend focuses on applying ACT to one on one practice, making use of a variety of ACT video demonstrations. For more information contact Akram Khan.
T: 020 7183 2485
E: info@tir.org.uk

29-30 January 2011 – France
Official TA101
This is a 2-day introductory workshop in Transactional Analysis at the Wealden Centre. TA is a theory of personality and a systematic psychotherapy for personal growth and personal change. 12 hours CPD. For more information contact Cathy Todd.
E: ctodd590@tiscali.co.uk

FEBRUARY

4-5 February 2011 – North London
Supporting black and minority ethnic-adopted children: attachment and race
This two-day workshop for parents will use PAC’s innovative resource pack as its basis. Parents will learn how to help black, mixed race or ethnic minority children develop an affirming sense of who they are. For more information contact Birte Leimkuehler.
T: 020 7284 0555
E: training@postadoptioncentre.org.uk
W: www.postadoptioncentre.org.uk

5 February 2011 – Leicester
Being in the Middle
Midlands Area Transactional Analysis Conference: an exciting range of workshops for qualified professionals and trainees to explore new ideas and materials, socialise and network. For more information contact Cathy Todd.
T: 01455 208344
E: ctodd590@tiscali.co.uk

12-13 February 2011 – London
Acceptance and Commitment Therapy: Skills Training
29-30 Jan (Group Experiential) and 12-13 Feb (Skills Training). This workshop includes the traditional two day experiential introduction to ACT followed by a two day skills training workshop. The first weekend has an emphasis on applying ACT to oneself in the group, the second weekend focuses on applying ACT to one on one practice, making use of a variety of ACT video demonstrations. For more information contact Akram Khan.
T: 020 7183 2485
E: info@tir.org.uk

12 February 2011 – London
Bowlby Attachment Theory
Sir Richard Bowlby shares personal insights, offering a broader understanding of his father’s work on Attachment Theory.
T: 02074032100
E: enquiries@pettrust.org.uk
W: www.ppassociation.org.uk

12 February 2011 – London
Public Lecture: Poetry, Spirituality and Individuation
Dariane Pictet, Jungian Analyst will explore how poetry touches us with longing and exposes the trials and tribulations, and the joy that we encounter in our journey through life. For more information contact Hetty Los.
T: 0118 922 2993
E: lectures@gaps.co.uk
W: http://www.gaps.co.uk/

12 February 2011 – London
Domestic Violence in the LGBT communities
This workshop is designed to address the neglected area of intimate partner violence in sexual minority couple relationships. For more information contact Olivier.
T: 020 7434 0367
E: olivier@pinktherapy.com
W: www.pinktherapy.com

14 February 2011 – Crowborough, East Sussex
Spiritual Abuse
Spiritual abuse is rife, and often difficult to look in the face. This workshop will look at the meaning of the term ‘spiritual abuse’. 6 hours CPD. For more information contact Perry Scrivener.
T: 01892 655195
E: perry@wealdeninstitute.co.uk
W: www.wealdeninstitute.co.uk

14-15 February 2011 – Crowborough, East Sussex
Official TA101
2-day introductory workshop to Transactional Analysis. TA is a theory of personality and a systematic psychotherapy for personal growth and personal change. 12 hours CPD. For more information contact Perry Scrivener.
T: 01892 655195
E: perry@wealdeninstitute.co.uk
W: www.wealdeninstitute.co.uk

18-20 February 2011 – London
Mastering AIT Practice (MAP)
Advanced Integrative Therapy is the first complete body-centered, psychodynamic, transpersonal energy psychotherapy. MAP teaches you how to integrate AIT Basics into your practice. For more information contact Cathy Folkers.
E: office@aitherapy.org
W: www.aitherapy.org

Support group for lesbian, gay, bisexual and transgender-identified UKCP members
Open to all members including students and trainees – see page 45 for details.

26 February 2011 – France
Trauma and Recovery
This workshop at the Wealden Institute Centre will introduce participants to the
psychology of shock and trauma, the clinical difficulties that result and the nature of effective treatment. 6 hours CPD. For more information contact Kerry Scrivener.
T: 01892 655195
E: kerry@wealdeninstitute.co.uk
W: www.wealdeninstitute.co.uk

26 February – St George’s West Church, Edinburgh
Regional forum
An opportunity to meet some of the UKCP officers, to share experiences of practising in the area, and to contribute to developing UKCP as a professional membership organisation – see page 45 for details.

27-28 February 2011 – France
Attachment, Attachment Disorder, Trauma & Recovery
This workshop at the Wealden Institute Centre in France will introduce participants to the theory of attachment and attachment disorder, and of shock and trauma, the clinical difficulties that result. 12 hours CPD. For more information contact Kerry Scrivener.
T: 01892 655195
E: kerry@wealdeninstitute.co.uk
W: www.wealdeninstitute.co.uk

28 February 2011 – Crowborough, East Sussex
Spirituality Integration
A day looking at how our spiritual beliefs can influence, impact or hinder our work. 6 hours CPD. For more information contact Kerry Scrivener.
T: 01892 655195
E: kerry@wealdeninstitute.co.uk
W: www.wealdeninstitute.co.uk

MARCH
5-6 March 2011 – Devonport House, London
The cost of not caring - responding to the psychological needs of children
See back page for details

5-6 March 2011 – London W2
Alchemy of Transformation
Experiencing and understanding your own transformational process in life through the stages of alchemy. This 3-day residential workshop offers a deeper exploration of relationship issues. Incorporating story, poetry, exercise and creative ritual. For more information: T:0207 266 3006
E: info@ccpe.org.uk
W: www.ccpe.org.uk/seminars.html

7 March 2011 – Crowborough, East Sussex
Diploma in Counselling Exam Prep Day
This exam prep day is for all students at all stages of training. It is an opportunity to clarify any admin queries around hours. 6 hours CPD. For more information contact Kerry Scrivener.
T: 01892 655195
W: www.wealdeninstitute.co.uk
E: kerry@wealdeninstitute.co.uk

11 March 2011 – Brighthelm Centre, Brighton
Managing the Madness in Organisations 4: A group relations approach
This day event is planned for managers and professionals from a range of disciplines. Participants will have the opportunity to think about their work and develop a better understanding of group and organisational dynamics. For more information contact Kerry Scrivener.
T: 01892 655195
E: kerry@wealdeninstitute.co.uk
W: www.wealdeninstitute.co.uk

11 March 2011 – London
Post-placement blues
This workshop for professionals will help to understand the little-considered phenomenon of the post-placement blues. For more information contact Birte Leimkuhler.
E: training@postadoptioncentre.org.uk
W: www.postadoptioncentre.org.uk

12-13 March 2011 – London
Acceptance and Commitment Therapy: Intermediate Level Skills Training
Learning outcomes:
* Deepen Understanding of ACT Processes
* Develop fluency in applying ACT metaphors and exercises
* Learn how to track on several levels at once (interpersonal and intrapersonal)
* Flexibility in how you apply ACT
T: 02071832485
E: info@tir.org.uk
W: www.tir.org.uk/acceptance-and-commitment-therapy.html

12-13 March 2011 – London
Sexuality and gender identity in social context/Models of sexual minority therapy
In this workshop, binary versus continuum models of sexual and gender diversity will be explored in a social context. There will be a critique of different models of work with sexual and gender minority clients and therapeutic guidelines. For more information please contact Olivier.
T: 020 7434 0367
E: olivier@pinktherapy.com
W: www.pinktherapy.com

14 March 2011 – Crowborough, East Sussex
Shame
This workshop will enable participants to gain further understanding of the sense of utter worthlessness that we call shame. 6 hours CPD. For more information contact Kerry Scrivener.
T: 01892 655195
E: kerry@wealdeninstitute.co.uk
W: www.wealdeninstitute.co.uk

18-20 March 2011 – France
Self Esteem and Self Confidence
This residential seminar at the Wealden Institute Centre in France will enable participants to understand self-esteem and self-confidence and how to help themselves and others to gain more of both. 18 hours CPD. For more information contact Kerry Scrivener.
T: 01892 655195
E: kerry@wealdeninstitute.co.uk
W: www.wealdeninstitute.co.uk

19 March 2011 – London
Death and Dying
Part of a programme to expand skills, this course run by Elisabeth Braun asks about
Continuing professional development

How we handle this last taboo in our lives and in the therapy room.

T: 020 7403 2100
E: enquiries@petrust.org.uk
W: www.ppassociation.org.uk

21 March 2011 – Crowborough, East Sussex
Imagery and Dream Work
In this workshop, we offer an opportunity for you to expand the therapeutic repertoire by using dreams, images and fantasy. 6 hours CPD. For more information contact Kerry Scrivener.
T: 01892 655 195
E: kerry@wealdeninstitute.co.uk
W: www.wealdeninstitute.co.uk

21-24 March 2011 – London
Theraplay for Professionals
This 4-day training workshop is for qualified professionals looking for training in child/family counselling and attachment therapy. For more information contact Birte Leimkuehler.
T: 020 7284 0555
E: training@postadoptioncentre.org.uk
W: www.postadoptioncentre.org.uk

22-24 March 2011 – Brighton
Care Index Assessment by Elaine Thomson
This is a qualitative assessment of risk in relationships. It assesses patterns of interaction of infants and their carers and can be used for infants from 6 weeks to 15 months. For more information contact Julie Sadler.
T: 01273 56 1511
E: info@emotionaldevelopment.co.uk
W: www.emotionaldevelopment.co.uk

25 March 2011 – North London
Introduction to Theraplay
This day is designed for anyone who would like to know more about Theraplay which can help adoptive or fostered children to form secure attachments. For more information contact Birte Leimkuehler.
T: 020 7284 0555
E: training@postadoptioncentre.org.uk
W: www.postadoptioncentre.org.uk

26-27 March 2011 – London
Alchemy and Archetypes
Exploring your inner qualities, what stage you have reached in your inner development and your next step on this journey. Contact CCPE.
T: 020 7266 3006

Advertising with UKCP

There are a number of ways to advertise with UKCP

Display ads
For a current advertising pack and rate card, please contact UKCP on 020 7014 9490 or email advertising@ukcp.org.uk.

Free events listings
Free event ads are available in this magazine or on the UKCP website. To submit an event visit wwwpsychotherapy.org.uk/submit_an_event.html. Limit: approximately 30 words; longer ads will be refused or cut to fit space.

Free consulting room listings
If you have a consulting room for hire, you can advertise it in the consulting rooms for hire section of our website. Visit wwwpsychotherapy.org.uk/consulting_rooms_for_hire.html

Free job ads
We can include job ads relevant to UKCP members on our website, along with application packs and/or links to your own website. Visit wwwpsychotherapy.org.uk/consulting_rooms_for_hire.html

All advertisement bookings and queries to advertising@ukcp.org.uk

University of Essex

Centre for Psychoanalytic Studies

Applications invited for yearly October entry
- MA in Psychoanalytic Studies
- MA in Jungian and Post-Jungian Studies
- MA in Refugee Care
- MA in Management and Organizational Dynamics
- MA in Myth, Literature and the Unconscious
- MA in Philosophy and Psychoanalysis
- PhD by research
- Professional doctorate programmes

For further information, please contact:
T: +44 (0) 1206 879745
E: epsgrad@essex.ac.uk
W: www.essex.ac.uk/centres/psycho
Since 1976 humanistic values have been central to our work with clients and our professional development programme. We are one of the most established psychotherapy centres in the UK.

Spectrum’s Continued Professional Development Programme welcomes graduates from other training organisations who are looking to be part of an on-going professional community. Our professional community offers peer contact and networking, as well as supervision and advice on growing and managing a practice. We also offer the following specialised training modules:

- Working with couples
- Formative psychology
- Family work
- Dreams and the body
- Action techniques in therapy
- Working with anger
- Developing clinical skills
- Process oriented coaching
- Sexuality
- Gestalt therapy

To request a brochure, email jo@spectrumtherapy.co.uk, call 020 8341 2277, or write to us at Spectrum, 7 Endymion Road, London N4 1EE or visit www.spectrumtherapy.co.uk
Volunteers sought

HIP college is looking for volunteers to help the HIPC assessment board to carry out assessment reviews within HIPC organisations.

The role includes:
- An opportunity to join a highly experienced team
- An opportunity to train to be HIPC assessor in the applicant reviews and the quinquennial reviews of the 30 HIPC organisations
- an opportunity to gain a fascinating insight into other organisations
- an opportunity to take on a professional role within HIPC
- earn a small fee for all work undertaken for HIPC.

What it involves
- 4 meetings a year some of which are teleconferences
- Becoming a Second Assessor and taking on two to three assessments in the first year or so which acts as the training for the role of Lead Assessor - taking the lead in the Assessment in Quinquennial Reviews

What we need form you
- You must be a registered member of UKCP/hipc and have some knowledge of the running of an organisational member.

For Information please contact Ofra Anker ofra@btinternet.com or Cynthia Pollard cynthiaaplrd@aol.com

Training programme 2011

Clinical courses to become Couple Psychoanalytic Psychotherapists or Couple Counsellors including Conversion Options for those already trained in another modality

One day workshop: The Angry Couple
Regulation of Affect - Using a Mentalizing Approach
Workshop leader: Susanna Abse

One day workshop: Attachment Theory
The impact of Attachment Security on the Couple Relationship
Workshop leaders: Stella Vaines and Lissy Abrahams

Enid Balint Memorial Lecture
“Self-representing events in psychotherapy.”
Key note speaker: Professor Peter Hobson
Respondent: Andrew Balfour

Spring Conference, in association with ‘Age Matters’
The Couple, Their Relationship and Dementia: New Psychotherapeutic Approaches
Key note speakers: Andrew Balfour, Sebastian Crutch, Dr Sandra Evans, Rachael Davenhill, Fiona Philips, Ruth Sutherland
GOOD PRICES
BETTER COVER

LOOKING FOR A BETTER DEAL ON YOUR PROFESSIONAL LIABILITY INSURANCE?

FOR UKCP REGISTRANTS WHO PRACTISE COUNSELLING, PSYCHOTHERAPY AND HYPNOTHERAPY (INCLUDING TRAINING AND SUPERVISION FOR THOSE QUALIFIED IN THESE ACTIVITIES):

<table>
<thead>
<tr>
<th>LIMIT OF INDEMNITY</th>
<th>£ 1.5m</th>
<th>Students</th>
<th>£ 3m</th>
<th>Students</th>
<th>£ 5m</th>
<th>Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premium (Including Legal Helpline)</td>
<td>51.50</td>
<td>29.00</td>
<td>61.50</td>
<td>34.50</td>
<td>101.50</td>
<td>56.50</td>
</tr>
<tr>
<td>Insurance premium tax *</td>
<td>3.00</td>
<td>1.65</td>
<td>3.60</td>
<td>1.98</td>
<td>6.00</td>
<td>3.30</td>
</tr>
<tr>
<td>Administration Fee</td>
<td>15.50</td>
<td>15.50</td>
<td>15.50</td>
<td>15.50</td>
<td>15.50</td>
<td>15.50</td>
</tr>
<tr>
<td>Total amount payable</td>
<td>£ 70.00</td>
<td>£ 46.15</td>
<td>£ 80.60</td>
<td>£ 51.98</td>
<td>£ 123.00</td>
<td>£ 75.30</td>
</tr>
</tbody>
</table>

* Insurance Premium Tax (IPT) is at the current rate of 6% (There is no IPT on the Legal Helpline element of the premium)

CONDITIONS
You are an individual (or a sole trader Limited Company with a turnover of less than £100,000) practising from a UK base and appropriately qualified to practise (or on an approved training course leading to a recognised relevant qualification). You have not had previous insurance declined, not had any liability claims made against you and are not aware of any circumstances which may give rise to a claim against you. Prices correct at time of publication.

Call us Monday to Friday 8.30am to 6.00pm to arrange cover or just for some friendly advice.
Tel: 0113 251 5011 Email: enquiries@howdenpro.com www.howdenpro.com

A subsidiary of Howden Broking Group Limited, part of the Hyperion Insurance Group, winners of a Queen’s Award For Enterprise: International Trade 2007.
Can you offer help with childhood weight issues?

WeightAwareUK invites professionals to join a register of private practitioners who can offer help with the treatment and ongoing prevention of childhood weight issues and obesity across the UK.

Simply visit our website, call or email us and start enjoying the benefits of belonging to WeightAwareUK.

Web: www.weightawareuk.co.uk
Email: info@weightawareuk.co.uk
Tel: 01823 278204

Doctorate in Psychotherapy by Public Works

A Joint Programme with Middlesex University

This award will appeal to senior and accomplished psychotherapists who wish to gain a doctorate for their existing substantial contribution to the field of psychological therapy. This achievement may be evidenced through a range of publications and/or public works such as:

- the development of innovative therapy services;
- the facilitation of major organisational change;
- the establishment of successful training programmes.

The work will have been pivotal in the field and commended, reviewed and respected by peers.

Candidates create an intensive reflexive 20,000-word audit of their existing achievements which is submitted together with evidence of completed work and its impact in the field. Candidates normally take 12-18 months to complete the programme and are supported by an experienced Academic Adviser for the duration of their study.

For further details about the application process, please contact Mandy Kersey, our Academic Coordinator.

13 North Common Road, Ealing, London, W5 2QB
T: 020 8579 2505 W: www.metanoia.ac.uk E: mandy.kersey@metanoia.ac.uk
Registered Charity No. 1050175
continue professional development

ONE YEAR P/T CONVERSION COURSES

www.artspsychotherapy.org

The conversion courses are designed for registered counsellors and psychotherapists who want to train to work with children or adolescents. The courses offer cutting-edge theory and practice, with particular focus on actual technique. Creative media feature largely as effective intervention to enable and empower children and young people to speak with ease and eloquence about their emotional experience. The courses take into account all completed personal therapy and training hours accrued on previous training courses.

Adult to Child Counselling Conversion Course: Diploma in Child Counselling (open to BACP accredited, UKCP or UKAPC registrants only)

Adult to Child Conversion Course: Diploma in Integrative Child Psychotherapy - Leading to UKCP registration (open to UKCP registrants only)

Adult to Adolescent Conversion Course: Diploma in Therapeutic Counselling with Adolescents (open to UKCP, BACP or UKAPC registrants only)

020 7704 2534
THE INSTITUTE FOR ARTS IN THERAPY AND EDUCATION
2-18 Britannia Row, London N1 8PA

A new book from Free Association Books

Is there a cure for masculinity?
by Adam E Jukes
ISBN 978-1853432095

Barely a day goes by without a story of a man involved in illicit or illegal behaviour – from sex to violence or financial corruption. Regardless of their circumstances, these men all have one thing in common: their masculinity.

In a powerful new book from Free Association Books, Is There A Cure for Masculinity, psychoanalytic psychotherapist Adam Jukes combines theory with compelling case studies to reveal why men behave the way they do.

“When a man recognises that he is the author of his own narrative, and understands why he writes the narrative he is living, he is most of the way to developing an identity which is not governed by the need to get rich, fight or fuck,” explains Jukes. “One thing is clear to me. Every major non-geological disaster in history has been man made, from climate change to credit crunch and from warfare to genocide. Masculinity is not fit for purpose if that purpose is to ensure the survival of the human race.”

Caspari Foundation training

MA in Educational Psychotherapy

Applications are invited for our four-year part-time MA in Educational Psychotherapy (September 2011 intake), validated by Middlesex University.

The course draws on a variety of models from attachment theory child development, psychoanalytic theory and neuroscience.

Come along to one of our Open Days (1.30 - 3.30 pm) on February 12th or May 19th, 2011 to find out more.

For information or discussion about the course please contact our programme leader ingrid.cleaver@caspari.org.uk
Tel: 020 7704 1977

To apply for a place email admin@caspari.org.uk, call us on 020 7704 1977 or visit us at www.caspari.org.uk

1 Easly Wharf Road, London N1 7ER
020 7704 1977 admin@caspari.org.uk
www.caspari.org.uk
Registration charity no. 1033996 Co. Ltd by guarantee no. 2691876

www.ukcp.org.uk
Anger Management: A highly profitable FRANCHISE opportunity

‘If you’re looking for a CAREER opportunity with real strength, genuine client benefits, the power to make a very positive contribution in the community and earn a great income, search no more. The BA-AM Franchise could be the solution you are looking for.’

Inspired? Let’s Talk.
email: enquiries@beatingangerfranchise.co.uk
or get in touch by calling
0845 1300 286
or visit www.beatingangerfranchise.co.uk
Affiliated with

---

Work effectively and safely with children
Additional skills for UKCP Psychotherapists

MA in Practice Based Play Therapy Programme

The only play therapy courses in Europe validated through clinical outcomes research

<table>
<thead>
<tr>
<th>Post Graduate Certificate in Therapeutic Play Skills</th>
<th>Post Graduate Diploma in Play Therapy</th>
<th>MA in Practice Based Play Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study at a therapeutically sensitive venue near - save travel time and costs. See PTUK web site for details and drive times.</td>
<td>Barnsley</td>
<td>Edinburgh</td>
</tr>
<tr>
<td>Huntingdon</td>
<td>Isle of Wight</td>
<td>Manchester</td>
</tr>
<tr>
<td>The programme is also each available as 15-day intensive courses at our Summer School in the South of France Jul/Aug</td>
<td>La Moulene Centre, 26 acres of therapeutic space, heated swimming pool, organic food, 1 hour from Toulouse Airport, budget airline fares, beautiful Tarnaise countryside, English speaking B&amp;B &amp; gites nearby</td>
<td>Tunbridge Wells</td>
</tr>
</tbody>
</table>

Integrative holistic approach based Jung, Winnicott, Rogers, Axline, Oaklander (Gestalt), Barnes and others includes the latest neuroscience findings.

A full ‘tool-kit’ is taught including the therapeutic use of art, clay, creative visualisation, music, movement, puppets, sand and storytelling

Academic validation and awards by Canterbury Christ Church University.
Practice awards by PTUK: www.playtherapy.org.uk

Contact Linda Bradley:
The Academy of Play and Child Psychotherapy (APAC)
The Coach House,
Belmont Road, Uckfield,
TN22 1 BP
Tel: 01825 761143
Email: mok@ep@aol.com

The programme has been running for 7 years - over 1100 university registrants
www.playtherapy.org.uk
Professional Liability Insurance from Oxygen

As standard, a generous £10 million to cover liability for Death, Injury or Property Damage with a choice of 3 limits for other civil liabilities.

The options are:

<table>
<thead>
<tr>
<th>Limit of indemnity</th>
<th>Total annual cost of the insurance*</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1,500,000 (one point five million GBP) any one claim</td>
<td>£61.00</td>
</tr>
<tr>
<td>£3,000,000 (three million GBP) any one claim</td>
<td>£71.00</td>
</tr>
<tr>
<td>£5,000,000 (five million GBP) any one claim</td>
<td>£101.00</td>
</tr>
</tbody>
</table>

*The cost of the insurance includes insurance premium tax at the current rate of 5%

No Administration Charge!

Unlike some providers of Professional Liability Insurance, we do not charge an administration fee in addition to the commission paid to us by the insurance company. So why pay twice? Get great cover at a great price!

Call now for more information and a quote:

Steve Johnson
D 0113 394 2210
M 07776 182 255
steve.johnson@oxygeninsurance.com
oxygeninsurance.com/psychologicalprofessions

Oxygen
City Exchange
Albion Street
Leeds LS1 5ES
T +44 (0)113 394 2200
F +44 (0)113 394 2201

Lloyd’s Brokers. In the UK authorised and regulated by the Financial Services Authority.
Here at Northern Guild, we are deeply committed to career development and support for therapists. We feature a diverse range of training opportunities to suit professionals at all stages of their career from beginner to master practitioner. Please contact us for an informal discussion.

INVEST * ENHANCE * SUCCEED

- POST-QUALIFYING DIPLOMA IN CHILD PSYCHOTHERAPY
  Led by Jennie McNamara. Currently the only UKCP accredited child training outside of London. Individual learning plans designed according to your previous experience
- DIPLOMA IN CHILD PSYCHOTHERAPY
- DIPLOMA IN PSYCHOTHERAPY
- DIPLOMA IN PSYCHOTHERAPEUTIC COUNSELLING - UKCP & BACP accredited
- DIPLOMA IN CREATIVE METHODS - Ongoing modular programme
- MSC PSYCHOTHERAPY - Child/Adult specialism
- CONTINUING PROFESSIONAL DEVELOPMENT - CPD groups and Master Practitioner support groups
- SUPERVISION TRAINING - Workshops & Summer School
- SHORT COURSE PROGRAMME

www.northernguild.org | info@northernguild.org | 0191 209 8383

Established 1983

MA in Psychosynthesis Psychotherapy

With UKCP Professional Accreditation

Starting in February 2011 at the Psychosynthesis & Education Trust

In the developing climate of regulation of the profession, there has never been a better time to become a UKCP accredited psychotherapist.

Our Masters programme will enable you to practice to a depth and degree of clinical expertise and theoretical knowledge that is integrated within the wider field of psychology.

The MA is validated by the University of East London.

The Trust is an accrediting member of the United Kingdom Council for Psychotherapy (UKCP). Graduates of the MA are eligible for registration on the UKCP National Register of Psychotherapists.

For further information on this and all our courses go to www.psychosynthesis.edu
92-94 Tooley Street, London Bridge, London SE1 2TH
email: enquiries@petrust.org.uk telephone: 020 7403 2100
The cost of not caring
Responding to the psychological needs of children

UKCP conference · 5 – 6 March 2011 · Devonport House, London

Children and young people are our future – how can we make a difference?

As surviving the stresses of modern life becomes increasingly demanding, how does this affect our children? What are the long-term results of not having the time, money, head-space or emotional energy to care for children, or worse, of simply not caring – of neglect or even abuse?

This year’s conference seeks to:

• Continue the search for new, innovative and diverse ways of working therapeutically with children
• Outline the latest thinking in child psychotherapy and government initiatives
• Broaden and rejuvenate your existing practice
• Support your current practice with evidence and research

• Provide the opportunity for you to meet with fellow ‘compassionate colleagues’ who share your commitment to responding to the psychological needs of children
• Deliver a broad spectrum of workshops offering an exciting experience of different therapeutic approaches.

We are securing important keynote speakers within the business, to help make this event topical, giving all delegates something new to take home with them.

Confirmed keynote speakers to date:

Robin Balbernie – Consultant Child and Adolescent Psychotherapist, CAMHS: The long-term consequences of maltreatment in the early years

Jim Wilson – Consultant Systemic Psychotherapist and bestselling author of The performance of practice; broadening the repertoire of therapy with children and families

For further information and booking details please contact:

events@ukcp.org.uk · 020 7014 9955
or visit our website: www.ukcp.org.uk