

# New Psychotherapist

ISSUE 70 / SPRING 2019

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**Plus**  
MP Norman Lamb  
ON CHANGING  
MENTAL HEALTH  
POLICY – AND  
ATTITUDES

ADDICTION  
ADDICTION  
ADDICTION  
ADDICTION  
ADDICTION

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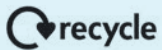
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# Welcome

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ANNA SCOTT

Anna Scott has been a journalist and editor for 20 years, writing about health, education and management issues. She also works part time with primary school-aged children, and has a keen interest in psychotherapy, along with psychology, completing a Bachelor of Science in Psychology in her spare time

**M**ember of Parliament, chair of the Science and Technology Committee and former minister of state in the Department of Health, Norman Lamb is well equipped to understand the importance of talking therapies and early intervention in mental health.

His personal experience of poor mental health within his family has informed his policy decisions in government, advocacy and support of campaigns for the British public to have better access to psychotherapies. That's why we were delighted to speak to him about the state of mental health provision in Britain (p42).

Given his day job, Norman Lamb is also well able to understand the rapid political, environmental and technological change to which we're all subject. Even though the

world of 2019 is one of less violence and poverty, with better access to clean water and electricity than ever before, it's also a world with uncertainties that often leave us anxious. Psychotherapists have the perfect skills and experience to guide people through the complex challenges that arise from these pressures that we all face. In particular, systemic thinking and systemic therapy can help patients and therapists understand the way issues are interrelated and offer different ways of being and seeing, as our feature outlines (p32).

Systemic therapy also provides a way for individuals and families to navigate their way through issues that affect their relationships, as a systemic family psychotherapist, Dr Reenee Singh, explains (p40).

Penny Moon is well used to dealing with families as part of her work with children experiencing emotional difficulties which are not addressed adequately in the education system (p52). And a programme for children and their mothers with substance abuse problems at charity the Brighton Oasis Project has combined psychotherapy with poetry, theatre and filming (p22).

Addiction is the subject of the Big Report, with a focus on the little-understood and growing dependence that some individuals have on online porn and compulsive sexual behaviour (p16), and an interview with Pamela Gawler-Wright, who uses hypno-psychotherapy to help people with addiction problems (p28).

It's not surprising that psychotherapists must engage in self-care, and therapist Kate Graham explains how she ensures her wellbeing is taken care of (p50).

*New Psychotherapist* welcomes your feedback and ideas. Please do get in touch, and enjoy the issue.

Anna

ANNA SCOTT  
Editor

#### Get in contact

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

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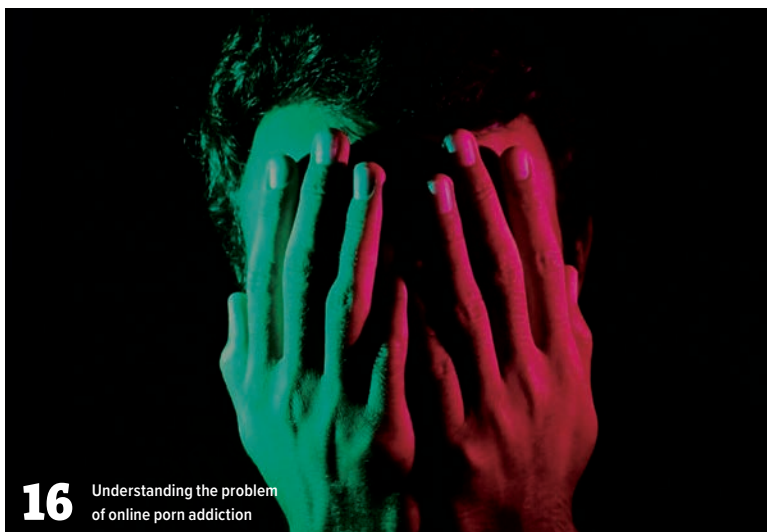
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The role of psychotherapy in helping people with addiction

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## Join today!

UKCP membership is a recognised quality standard – being able to use the UKCP members' logo will demonstrate the calibre of your training and practice to potential clients and employers and among colleagues within the profession.

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# Bulletin

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



**LEFT:** The study revealed the wage benefits of men who had undergone psychotherapy

**13%**

increase in income for men after undergoing psychotherapy

**8%**

of respondents work in multiple settings

**23%**

of women and 8% of men went into psychotherapy during the same 13-year period

6

## RESEARCH

### Gender imbalance?

Psychotherapy has been directly linked to an increase in income for male patients, a joint academic study has found

**E**conomists from Bangor University in Wales and the University of St Gallen in Switzerland studied data from 2,943 men and 5,064 women between 1995 and 2008 in the British Household Panel Survey to establish the effect of psychotherapy on mental health and income.

Men who consulted a psychotherapist for stress and mental health problems found their income increase by 13% the following year. Women undergoing psychotherapy also experienced 8% greater earnings the year after treatment.

The study's authors filtered out the effect of other factors affecting income – such as education, age and type of occupation – to establish an association between psychotherapy and increased productivity.

They also made allowances for a gender wage gap to explain the earnings differences, calculating that different income returns from psychotherapy account for 2% of the overall difference in earnings between men and women in the UK.

This difference persists even though women were more likely

than men to seek psychotherapy treatment, with 23% going into therapy at some point during the 13 years of data examined, compared with 15% of men.

Women were also more likely to benefit from treatment, scoring 1.2 points on the 36-point general health questionnaire scale – 0.7 points more than their male counterparts.

'The findings suggest that an increase in free or affordable psychotherapy is not only important for society, but also for productivity and economic growth,' says Dr Noemi Mantovan, senior lecturer in economics at Bangor University and co-author of the study.

'From a purely economic perspective, investment in cheaper mental health care brings about very high returns.'

#### Get in contact

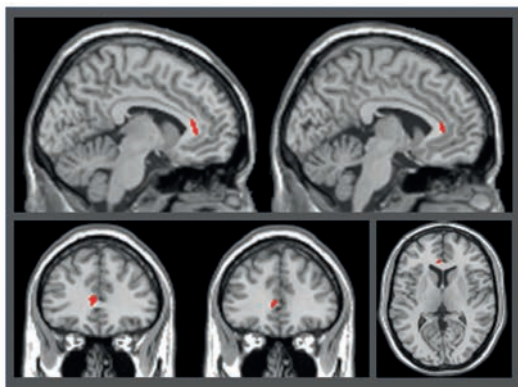
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### Behind the screens

Understanding compulsions: a look at porn, drug and gambling addiction  
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LEFT: Scans taken before and after treatment illustrated the positive effects of psychotherapy

## RESEARCH

# Brain scans show effects of psychotherapy

**E**vidence that psychotherapy causes neural changes in people with major depression has been shown by a meta-analysis of brain-imaging literature.

Seventeen longitudinal psychotherapy treatment studies measuring neural function and metabolism using fMRI, PET, SPECT and MRS scanning technology of 200 people looking at emotional imagery were reviewed by an international team of researchers at the Institute of Psychiatry, Psychology and Neuroscience and the University of East London.

Major depression sufferers who were free of medication were shown to have abnormalities in the several brain regions comprising the cortico-limbic system, compared to those without the illness.

**‘Depressed patients demonstrated increased activities in the cortex with an important role in people’s ability to control and manage uncomfortable emotions’**

Following treatment – which included 11 weeks of behavioural activation therapy and up to 15 months of psychodynamic psychotherapy – before and after brain scans showed the abnormalities were modulated.

In particular, depressed patients demonstrated increased activities in the left rostral anterior cingulate, the cortex with an important role in people’s ability to control and manage uncomfortable emotions. Healthy patients appeared to show decreased activity in the same cortex following treatment.

Reduced activity in the left precentral gyrus (the area involved in thinking and reflective processes) was also apparent in the brains of depressed people.

‘Findings could be indicative of improvements in emotion

responsivity that may be achieved following psychotherapy,’ according to the study published in the journal *Psychiatry Research: Neuroimaging*.

## CULTURE

### ART IMITATING LIFE

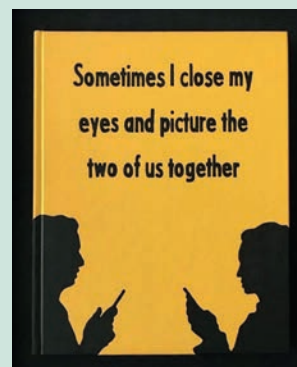
‘My inspiration has different sources. I am, of course, very inspired by my patients, though I never use specific cases, but I am just as inspired by human behaviour.’

So says Johan Deckmann, practising psychotherapist and artist whose work was exhibited in New York, Copenhagen and Remagen in Germany in 2018, and who has further exhibitions planned in 2019.

Using old second-hand books, Copenhagen-based Deckmann creates fictional ‘self-help’ book titles in satirical works aimed at ‘tackling life’s biggest questions, fears and absurdities’.

‘When I observe the world through the media as well as in my personal sphere I often wonder about the way people sabotage themselves. They end up feeling bad and treating others badly,’ he says.

‘However, I know that many do this without awareness. Through my works I try to highlight this mechanism by inspiring and encouraging people to take personal responsibility.’



# Events

## Courses, conferences and annual meetings

### UKCP SCOTTISH PUBLIC POLICY FORUM: GLASGOW, SCOTLAND

## The impact of emotions on staff

**M**ore than 30 UKCP members and students attended the Scottish Public Policy Forum in Glasgow, *Eric Medcalf writes.*

My presentation outlined how supervision aids staff to work with unconscious processes that may have their origins in client distress and organisational function, and examined how conflicting value systems and 'organisational pathogens' arising from risk aversion, blame cultures and cost-cutting, have a big impact on staff.

I drew from my report aimed at practitioners, policymakers and organisations to highlight issues for staff and organisations working with high degrees of expressed emotions.

Fellow SPPF member Susie Lendrum



LEFT: SPPF members demonstrating the 'Clinical Rhombus' with string

looked at the 'Clinical Rhombus' as a way of understanding the complexities for therapists and other workers in their relationships with clients, supervisors and organisations. SPPF members Eileen MacAlister and Theo Dijkman then demonstrated the Clinical Rhombus using real scenarios and string.

A copy of *Holding and Distress: considerations for the community's response to severely distressed people* is available on the UKCP website at [psychotherapy.org.uk/news/the-impact-of-emotions-on-staff](http://psychotherapy.org.uk/news/the-impact-of-emotions-on-staff)

*Eric Medcalf is a psychotherapist and counsellor in private practice*

### FORTHCOMING EVENTS

#### 13 MARCH 2019

Memories of a psychotherapist, with Jane Haynes, 6.45-8pm, London, UK. [howtoacademy.com/courses/memories-of-a-psychotherapist-jane-haynes](http://howtoacademy.com/courses/memories-of-a-psychotherapist-jane-haynes)

#### 3-6 JULY 2019

SPR Annual Meeting, Buenos Aires, Argentina. [psychotherapyresearch.org/events/EventDetails.aspx?id=1106663](http://psychotherapyresearch.org/events/EventDetails.aspx?id=1106663)

### SPR INTERNATIONAL ANNUAL MEETING: AMSTERDAM, NETHERLANDS

## AN IDEAL ENVIRONMENT TO REFLECT ON PRACTICE

Valuable learning opportunities and a unique chance to showcase work were provided by the Society for Psychotherapy Research's four-day annual meeting, *write Louise Knowles and Emma Broglio.*

The conference had 40 panels each day incorporating different nationalities and modalities. Our own panel included Stefan Westermann, psychotherapist at the University of Bern, presenting on internet-based self-help for people with psychosis, and the results of a randomised, controlled trial.

Lara Bucker, research psychologist at the University of Hamberg, outlined internet and app-based interventions for patients with pathological gambling.

I spelled out the main challenges of managing a service in the UK higher education sector and Emma Broglio explained the use of apps alongside counselling for anxiety and depression in a feasibility trial on which we collaborated.

A number of fascinating panels on rupture and repair and therapist match created a valuable space to learn and grow. We were struck by similarities

in our relationship, as researcher and practitioner, to that of therapist and client. It helped us to identify when ruptures occurred and needed repair during our research projects.

*Louise Knowles is a UKCP-registered psychotherapist and head of Counselling and Psychological Well Being Service, University of Sheffield; Emma Broglio is senior research fellow at the British Association for Counselling and Psychotherapy*



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# Member News

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*UKCP members share their news and updates. Let us know yours – email [editor@ukcp.org.uk](mailto:editor@ukcp.org.uk)*

## OBITUARY

### Rosemary Assunta Campher (1962-2018)

Much-admired and much-loved psychotherapist and UKCP member **Rosemary Campher** has died, writes *Brett Kahr*



LEFT: Rosemary Campher

**B**orn in South Africa, Rose came to London to train as a psychotherapist at the then School of Psychotherapy and Counselling at Regent's College. From the outset, she distinguished herself as a woman of great intelligence, extreme curiosity and unique compassion. Upon graduation, Rose became a registered practitioner with UKCP, and acquired a teaching post at the British American College.

Rose gravitated towards clinical work with children in distress, many of whom had suffered tremendous

trauma and, in consequence, became violent. She sought specialist supervision from some very senior child mental health professionals, all of whom held her in high esteem.

Hearing of Rose's moving and often chilling clinical encounters with her aggressive young patients, I commissioned her to edit a book for the 'Forensic Psychotherapy Monograph Series'. Rose invited a stellar group of colleagues to contribute chapters, and she edited the book with enthusiasm and alacrity.

As Rose's former teacher and mentor, I took great delight in the publication of *Violence in Children: Understanding and Helping Those Who Harm*, which appeared in 2008 and which contained Rose's own moving chapter on 'Neutralising Terror'.

With her qualification and her teaching post in place, and with her

first book under her belt, Rose had established a solid, secure base from which to enjoy a truly flourishing career. While still in her forties, she was diagnosed with cancer and spent virtually the whole of the next decade battling this cruel disease while caring for her much-cherished son, Lucas, born in 2005.

Our hearts go out to 13-year-old Lucas, and to her partner, Rich Cushing, as we join them in mourning the huge loss of such a loving, gracious and warm-hearted person.

*Rosemary Assunta Campher, 1 September 1962 to 28 April 2018.*

*Professor Brett Kahr is a UKCP-registered psychotherapist, lecturer, author and senior fellow at the Tavistock Institute of Medical Psychology and the Centre for Child Mental Health*

### 'Rose gravitated towards clinical work with children in distress'

#### Get in contact

Let us know your news, views and updates

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BELOW: Weaver  
in the recording  
studio



## SURVEY

# Working with Parliament on guidance for therapists

At the end of last year, we asked members to tell us about their experience of working with clients taking psychiatric drugs (you may remember seeing the survey in our email bulletin). We wanted to know if you felt more guidance was needed in this area. An overwhelming majority of survey respondents said yes.

With over seven million adults in England prescribed an antidepressant last year, therapists are finding that a growing number of clients have either taken, are taking, or are withdrawing from psychiatric drugs.

This is why we're working alongside partner organisations to support the All-Party Parliamentary Group (APPG) on Prescribed Drug Dependence (PDD) in producing a guidance document for therapists working with clients taking psychiatric drugs. It's an important opportunity for us to ensure that this work best meets therapists' needs.

Of the 1,200 therapists who responded to the survey, 93 per cent said they wanted to have professional guidance to help them work competently with people either taking or

withdrawing from psychiatric drugs. More than 50 per cent of respondents said that at least half of their clients were taking psychiatric drugs such as antidepressants, anxiolytics or antipsychotics.

Furthermore, while nine out of 10 respondents said it would be helpful to discuss issues around taking or withdrawing from psychiatric drugs with clients, fewer than one in ten (seven per cent) felt their training equipped them to respond to questions very well. They felt their ability to provide effective therapeutic help to people on such drugs was hampered because of a lack of knowledge about their effects.

Dr Anne Guy, coordinator for the APPG on PDD, said: 'The survey confirms the lack of knowledge and training in this complex area and, as the world has changed since many of us completed our training, a real need for professional guidance. The very clear message from therapists is that they want access to guidance to help them respond confidently to questions from clients.'

The materials are due to be published in the summer, and will be freely available to members online.

**'The survey confirms the lack of knowledge and training in this complex area and a real need for professional guidance'**

## Music

### LAYING DOWN TRACKS

An album of meditations has been released by UKCP member Martin Weaver. A London-based NLP psychotherapist, supervisor and trainer, Weaver has collaborated with musician Lotte Mullan on the album, which features 11 tracks lasting between three and five minutes and is called *Mindful Happiness*.

The relaxation and trance suggestions are designed to build happiness and have been released on the Decca label. 'It is intended that the meditations will enable the listener to identify positive thoughts, sensations, feelings and emotions and in some cases the meditations will suggest new perspectives and behaviours,' Weaver says.



### Have your say

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

# Reviews

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

## How to Flourish as a Psychotherapist

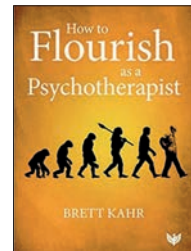
**I**t was after reading this book that I invited author Brett Kahr to join us as a seconded UKCP trustee. I already have four of his 12 publications and each one is dedicated to furthering the education of therapists. That is what he is about.

This is an impressive and easy read (because it is well written and interesting) – a cradle-to-grave guide to building a successful practice – about not just surviving but ‘flourishing’.

The book tackles all the stages of a career in psychotherapy, from choosing the most suitable course to what to do when you’re approaching retirement, and deals with real-life issues such as the envy of colleagues and back pain (Brett’s physiotherapist revealed that two-thirds of his North London clients are therapists).

Not only did I invite Brett to join us, I bought a second copy of his book for a friend who is considering following this career path.

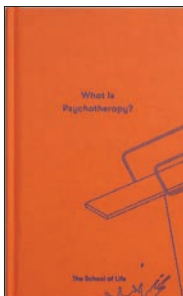
So, think on this – greater love hath no man for a book he is reviewing than to buy two copies using money from his own pocket.



### Details

- **Reviewed by:** Martin Pollecoff, psychotherapist and UKCP chair
- **Author:** Brett Kahr
- **Publisher:** Phoenix, Oxford
- **Price:** £24.99
- **ISBN:** 978-1912691036

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### Details

- **Reviewed by:** Sandra Scott, UKCP internal communications manager
- **Author:** School of Life
- **Publisher:** The School of Life Press
- **Price:** £10
- **ISBN:** 978-1999747176

## What is Psychotherapy?

**T**he School of Life is an organisation co-founded by philosopher and author Alain de Botton, which aims to help people develop emotional intelligence. It offers workshops, classes and therapy sessions, and produces books and films on topics such as finding fulfilling work, mastering relationships and achieving calm. In this short hardback, the School attempts to explain, and make the case for, psychotherapy.

The book is divided into three main sections. The first explains that we need therapy because we all carry a ‘primal wound’ – an inevitable psychological injury caused by the long

period of nurturing that children need, when they are at the mercy of caregivers who have emotional imbalances resulting from their own primal wounds.

The middle section sets out how psychotherapy works by considering eight distinct attributes – the nuts and bolts of the therapeutic relationship. These include witnessing, worldliness, interpretation and listening. Together, these attributes enable us to reveal the structure of our troubles.

The third section comprises four case studies illustrating the therapeutic process – the problems people came with, the discussions that

were had and how things changed as a result. I found this section the most engaging and enjoyable, illuminating and bringing to life what went before.

As a non-psychotherapist, it’s hard to find an introduction to psychotherapy that isn’t a text book or a self-help book. This guide demystifies therapy and demonstrates, not just in what it says but in the way that it is written, in clear, accessible language, that psychotherapy is for everyone. As someone who consumes most of my reading matter in a spoken word format, I would love to see this available as an audiobook.

## The Rough Beast: Psychoanalysis in Everyday Life

**A** defence of Freud and Klein, in particular against contemporary condescension or belittlement, this book advocates the usefulness of psychoanalytic ideas. The author claims these ideas make sense of the impulses and feelings that are most shameful or terrifying – hence her title – and that we would rather disavow.

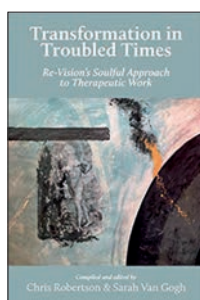
Psychoanalysis promises to name these forces, these feelings, and give them history; to let them loose in transference enactments in the consulting room where they can be safely experienced again, and then understood.

Tactfully, Cullington does not insist on unqualified acceptance of Freud's and Klein's interpretations. Instead, she suggests that what psychoanalysis provides so richly is respect for the symbolic and metaphorical. Psychoanalytic work needs faith and time – unpopular currencies in the current 'psy' climate. Cullington, an analyst herself, is a clear, persuasive advocate for its value and vitality. She does address the question of cost, though glancingly.



### Details

- **Reviewed by:** Jim Pye, UKCP-accredited integrative psychotherapist
- **Author:** Denise Cullington
- **Publisher:** Routledge
- **Price:** £22.49
- **ISBN:** 978-1782203674



### Details

- **Reviewed by:** Dr Graham Music, consultant psychotherapist, Tavistock and Portman NHS Trust
- **Edited by:** Chris Robertson and Sarah Van Gogh
- **Publisher:** TransPersonal Press
- **Price:** £22.50
- **ISBN:** 978-1912698028

## Transformation in Troubled Times: Re-Vision's Soulful Approach to Therapeutic Work

**T**his book celebrates 30 years of an organisation that filled a gaping gap in the psychotherapy world: Re-Vision. Founded by Chris and Ewa Robertson – who have recently retired – the organisation has delivered a model deeply infused with transpersonal principles and spiritual ideas, yet remaining unsentimental, rigorous, with a careful eye on the inner world, on the subtle nuances of clinical technique, unwilling to shirk the 'shadows' of our darkest sides, while also emphasising important socio-political and environmental issues and the real world.

Such preoccupations all come across clearly in the book's nine chapters, written by a range of senior therapists from the Re-Vision stable. We hear about in-depth clinical work, some informed by myth, some by developmental understanding, some by Jungian ideas and archetypes, such as Chiron, the wounded healer.

Highlights are Ewa Robertson's neuroscience, relationally and trauma-informed chapter, and Van Gogh's courageous clinical account, with 'love' at its centre, as well as Chris Robertson's meditation on Jungian depth-psychological themes.

The peppering of poetry throughout the volume underlines the spirit with which the book was written, with its respect for the liminal, symbolic and mythopoetic.

Those immersed in the transpersonal and Jungian traditions will be drawn to and 'affected' by the book's philosophy and language, and it will be of especial interest to anyone who has been part of Re-Vision's journey so far.

It's not for everyone, however. Some might find the language somewhat alien, possibly baulking at the spirituality and concepts such as 'soulmaking', and the mythical references.



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## PODCASTS WE'RE LISTENING TO

### GRIEFCAST WITH CARIAD LLOYD

The British comedian, actor and writer talks to others (often fellow comedians) about their feelings about the death of someone they love. Episode 15 features a conversation with UKCP member Julia Samuel.

### THE RICHARD NICHOLLS PODCAST

A popular motivational podcast, offering bite-sized episodes, by UKCP member Richard Nicholls.

### MENTALLY YOURS

Candid discussions on a range of topics as Yvette Caster and Ellen Scott of newspaper *Metro* chat to guests who've dealt with mental health issues.

### WHERE SHOULD WE BEGIN?

A podcast on relationships with Esther Perel, a psychotherapist from Belgium who has given TedTalks and written a best-selling book. Each episode is a recording of a therapy session with an anonymous couple, combined with reflections on what she heard, and the techniques she tried.

### THE NAKED PROFESSORS

TV presenter Matt Johnson teams up with writer and life coach Ben Bidwell to discuss mental health issues with the aim of creating more conversations around wellbeing. They both talk openly about their own challenges and invite high-profile guests to join them. The podcast appeals to young people and hopes, in particular, to reach young men. In the first episode, Davina McCall talks candidly about her past addiction problems and her relationship with her mother.

**What are you listening to? If you have any recommendations to share, email [editor@ukcp.org.uk](mailto:editor@ukcp.org.uk)**

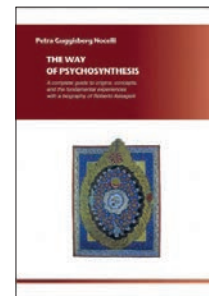
## The Way of Psychosynthesis

Until recently, there was a dearth of books on psychosynthesis but in the past few years several new titles have been released. This book stands head and shoulders above the rest, being well written, interesting and engaging.

It includes a biography of the founder of psychosynthesis, Roberto Assagioli, which revealed fascinating insights into both his life and the development of psychosynthesis, and describes the five

forces of psychology – behaviourism, psychoanalysis, existential-humanistic psychology, transpersonal psychology and psychoenergetics – always comparing and contrasting these different approaches with psychosynthesis in a meaningful and non-judgmental way.

The only limitation is that because the book is a translation from Italian, sometimes the language can be a little quirky, but this is a minor issue.



### Details

■ **Reviewed by:** Will Parfitt, a UKCP-registered psychotherapist from 1993 until his recent retirement and author of several books, including *Psychosynthesis: The Elements and Beyond* (PS Avalon, 2003)

■ **Author:** Petra Guggisberg Noelli

■ **Publisher:** Petra Guggisberg Noelli

■ **Price:** £20.15

■ **ISBN:** 979-1220033336

## Feedback

### Changing times

Having dedicated my professional life to setting up and supporting projects for a variety of groups within charitable organisations for many years, I have always felt that I belong to a community that takes pride in being fully committed to its worthy cause, whilst working beyond the call of duty.

With the recent media coverage on increased budgets in mental health services, I climb the stairs of a community house in north London, saddened by the reduction of services delivered in the building, and by the low morale of those who are just about managing to cope with limited funds. A place, which for the last 20 years has been to be buzzing with people working hard towards being helpful to others with a strong community spirit.

This community spirit is not only compromised by financial restrictions. The referendum on Brexit



has ignited nationalist sentiments and caused doubt about the country's future. Britain's exit from the EU could also cause the exit of British citizens who voted to remain and have found themselves disheartened, despondent and disenfranchised from the UK.

No doubt change is inevitable at times, but let us indeed hope that any real change coming will prove right for our futures.

**Antony Sigalas**

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# SHAME AND ISOLATION

## THE PROBLEM OF PORN ADDICTION

16

DEFINING AND UNDERSTANDING THE PREVALENCE OF PORN ADDICTION IS THE SUBJECT OF COMPLEX AND CONTROVERSIAL DEBATE. **HAZEL DAVIS** CONSIDERS THE ISSUES AND LINKS TO ILLEGAL SEXUAL BEHAVIOUR



**B**

ack in July 2018 the World Health Organisation (WHO) added compulsive sexual behaviour disorder (CSBD) to its list of recognised mental conditions.

CSBD is characterised as 'a persistent pattern of failure to control intense, repetitive sexual impulses or urges resulting in repetitive sexual behaviour... manifested over an extended period of time (six months or more) and causing marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning<sup>1</sup>.'

'Distress that is entirely related to moral judgments and disapproval about sexual impulses, urges, or behaviours is not sufficient to meet this requirement,' the definition concludes<sup>2</sup>.

But the WHO's definition doesn't link CSBD with other addictive behaviours, such as drug or alcohol addiction. Instead, it suggests more research is needed before accurately describing CSBD as an addiction.

#### **A WIDESPREAD PROBLEM**

Experts in the UK disagree over whether it's possible to become addicted to sex, with NHS practitioners referring patients to a range of voluntary organisations for further help<sup>3</sup>.



Nonetheless, private clinics claim thousands of people are approaching them every year for help.

ATSAC (the Association for the Treatment of Sexual Addiction and Compulsivity) is a not-for-profit providing information and support on sex addiction and compulsivity. It defines sex addiction (also sexual compulsion or sexual dependency) as any sexual activity that feels ‘out of control’<sup>4</sup>.

Porn addiction falls within this category and is much more prevalent than people might expect, says Juliet Grayson, UKCP-registered psychosexual therapist, accredited with College of Sexual and Relationship Therapists (COSRT) and co-founder and chair of StopSO, a UK-wide charity offering therapy to anyone concerned about their sexual thinking or behaviour. ‘Therapists who deal with addictions would definitely say it is a significant problem,’ she adds.

Though there is plenty of research on the subject, UK statistics on porn addiction are hard to come by. The US Center For Net Addiction suggests that one in eight Americans suffer from ‘problematic’ internet use<sup>5</sup>.

### LINKS WITH OTHER ADDICTIONS

‘Many people who have an addictive personality move from one addiction to another,’ says Grayson. ‘So they may get their addiction to gambling under control, to then find themselves starting to act out sexually in an inappropriate way.’

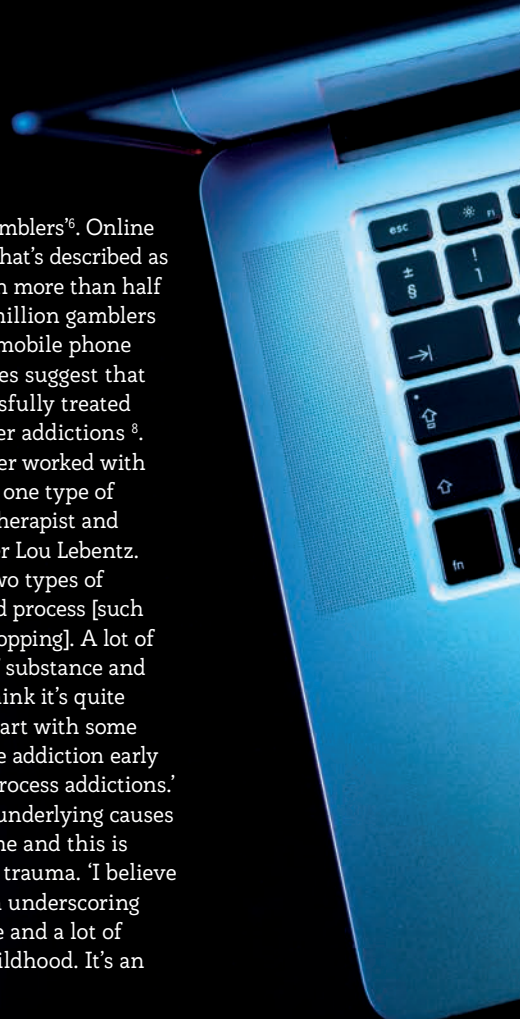
And addiction to gambling – both offline and online – is a growing problem. In 2018, 1% of 16-to-24 year olds and 1.4% of 25-to-34 year olds in the UK were

classified as ‘problem gamblers’<sup>6</sup>. Online gambling is becoming what’s described as a ‘hidden epidemic’, with more than half of the estimated nine million gamblers in the UK doing so via mobile phone or tablet<sup>7</sup>. NHS guidelines suggest that gambling can be successfully treated in the same way as other addictions<sup>8</sup>.

‘Very rarely have I ever worked with somebody who displays one type of addiction,’ says psychotherapist and sexual abuse campaigner Lou Lebentz.

‘There are basically two types of addiction: substance and process [such as gambling, work or shopping]. A lot of people have a myriad of substance and process addictions – I think it’s quite usual that people will start with some sort of food or substance addiction early on and lead into more process addictions.’

Lebentz believes the underlying causes are more or less the same and this is usually early childhood trauma. ‘I believe that a lot of what’s even underscoring porn addiction is shame and a lot of that shame exists in childhood. It’s an



### Case study

#### James’ Story

‘For a long time, I was your typical porn addict. I got my first PC when I was 16 and started collecting porn, categorising it like some kind of immoral stamp collection.

‘I understand today partly why I found porn comforting. I was sexually abused as a child by an older friend. He was also the first person to show me hardcore porn. When I told my mother she said: “Don’t be so silly.” I left it at that and kept it secret for many years.

‘When I was at uni I was able to download longer videos and more of

them. I started to become interested in different fetishes.

‘When my mother passed away from breast cancer I got involved in class A drugs and started experimenting with cocaine and porn together. I went from daily viewing of porn to weekly binges on coke and porn. Then I moved on to some of the darker material online. The bad stuff became “just another category” and pleasure started to look a lot like fear, anxiety and shame.

‘Some of the “teen” porn I viewed did have child themes – although the models were supposed to be over 18, they were dressed to look much younger and the narratives on those sites are quite disturbing. This kind of

content only opened up more doors. It got to the point where there actually wasn’t any type of porn I hadn’t seen, legal or illegal, and my moral compass was shot to pieces. Eventually I was arrested. I joined a 12-step programme for my drug addiction, the single most important thing I could ever have done. After two suicide attempts, I stayed sober because of the support of my fellow recovering addicts.

‘I had to attend a treatment course with other online offenders; we all have one thing in common – porn and addiction or compulsive behaviour. I’ve been free from porn, drugs and alcohol for over three years now. It’s safe to say that porn has lost all of its allure for me.’

(1) [icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/1630268048](http://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/1630268048)

(2) [icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/1630268048](http://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/1630268048)

(3) [nhs.uk/common-health-questions/sexual-health/can-you-become-addicted-to-sex/](https://www.nhs.uk/common-health-questions/sexual-health/can-you-become-addicted-to-sex/)

(4) [atsac.co.uk/nature-of-sexual-addiction](https://www.atsac.co.uk/nature-of-sexual-addiction)

(5) [netaddiction.com/faqs/](https://www.netaddiction.com/faqs/)

(6) [statista.com/statistics/543465/problem-gamblers-united-kingdom-uk/](https://www.statista.com/statistics/543465/problem-gamblers-united-kingdom-uk/)

(7) [ft.com/content/7044b142-7313-11e8-aa31-31da4279a601](https://www.ft.com/content/7044b142-7313-11e8-aa31-31da4279a601)

(8) [nhs.uk/conditions/cognitive-behavioural-therapy-cbt/](https://www.nhs.uk/conditions/cognitive-behavioural-therapy-cbt/)

attempt to repair or subdue feelings that become intolerable either to the self or about the self,' she says.

However, access to pornography has never been so easy. 'I remember in my training we always knew that porn and sex addiction were going to be the "growth" addiction market. Younger people's brains are being more and more tuned to seeing it and so much more is accessible early on for the developing brain. The experience of "normal" is being skewed and, as with any substance and behaviour, you need more and more of the same to have the same effect.'

#### CHILDHOOD ORIGINS

Grayson believes that the problem is escalating, partly because of how we're treating children. She says, 'Children do not have to learn how to handle difficult

**'There are basically two types of addiction - substance and process - a lot of people have a myriad of substance and process addictions.**

**As with any substance and behaviour, you need more and more of the same to have the same effect'** *Lou Lebentz*

feelings such as dissatisfaction or boredom. They are given what they want and given it now. They have not learned to tolerate discomfort. This leads to people trying to soothe themselves through inappropriate methods, such as alcohol, drugs, or porn.' Moreover, she adds, 'Online illegal behaviours are made easier by anonymity, affordability and availability.'

Psychotherapists can play a crucial role in helping someone with a porn addiction by guiding the client to explore the triggers that might be affecting their behaviours. These, says Grayson, 'can be chronic feelings caused by a poor marriage, loneliness, or

**What do you think?**

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poor social skills, or sudden, such as illness or debt. Through habit the client may seek comfort by following an old routine of going online to seek solace in pornography.’

Grayson suggests looking at the underlying patterns that may be contributing to the likelihood of using porn, such as difficulty staying with

needs to engage in material that is more and more graphic or extreme to achieve the same response.’

This, says Avery, can take them into territory of viewing material that may be illegal. ‘It can also lead to a sense of shame that further enhances isolation and low self-esteem, which are known risk factors for people engaging in child pornography,’

**‘The idea that people are either predisposed to child pornography or not is not accurate. In my research I certainly heard a lot of cases of people who had no previous interest in this area finding themselves appalled at having somehow found their way into it through compulsive porn addiction’** *Stuart Avery*

uncomfortable feelings. Helping the client connect to the negative consequences as a way to self-moderate, dealing with any early neglect that might be predisposing the person to act out, will also help.

‘By dealing with the early neglect – I do this using Pesso Boyden System of psychotherapy, which literally “fills in” the gaps of history using ideal figures, or healing the trauma – the underlying triggers lessen and it becomes easier to give up the habit,’ she explains.

**ACTING AS A GATEWAY**

A 2014 University of Cambridge study found evidence that pornography triggers brain activity in sex addicts in the same way drugs trigger drug addicts<sup>9</sup>. Of the 19 men who underwent brain scans, four said that porn was a gateway drug to escort agencies and fetishes<sup>10</sup>.

Porn itself isn’t illegal, of course, and, says trauma-informed therapist Stuart Avery, from Survivors Manchester<sup>11</sup>, which supports male survivors of sexual abuse and rape: ‘I think it would be inaccurate – and maybe a bit dangerous – to suggest that porn addiction always leads to illegal activity. However, it is widely agreed that repeated and chronic engagement with porn means the person

he adds. ‘But it is a complicated landscape and a complex combination of factors will usually lead to the eventual engagement in illegal material.’

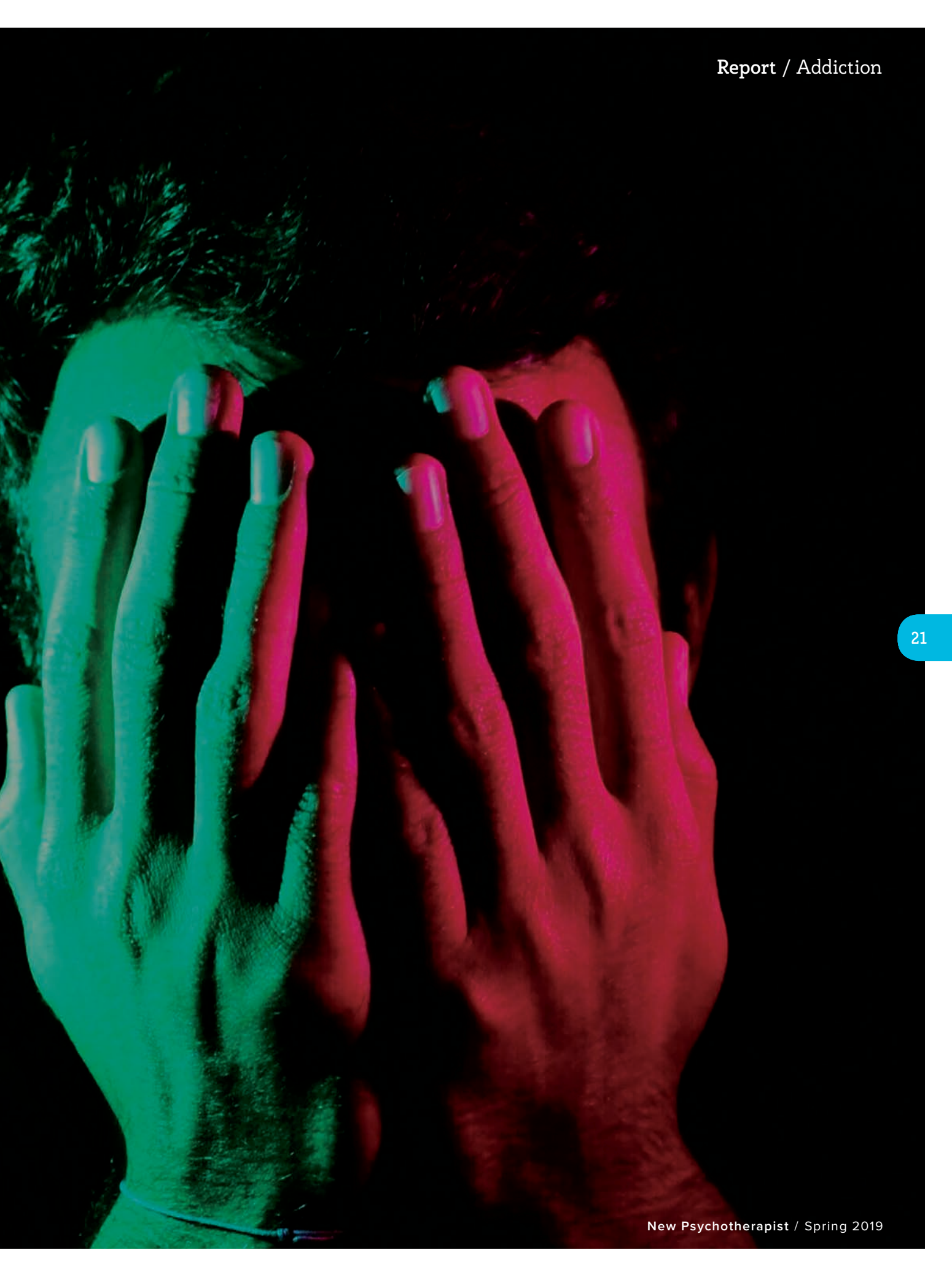
There is a theory that the isolated and solitary engagement with porn over excessive amounts of time, and the lack of a ‘witness’ or social presence, can erode the normal psychological barriers that prevent people from engaging in antisocial and immoral behaviour. ‘I think the idea that people are either predisposed to child pornography or not is not accurate,’ Avery says. ‘In my research I certainly heard a lot of cases of people who had no previous interest in this area finding themselves appalled at having somehow found their way into it through compulsive porn addiction.’

**REPORTING RESPONSIBILITIES**

So what do therapists do when they find themselves dealing with someone who is engaging in illegal porn viewing? For therapists in private practice there is an ethical duty to report but no legal duty. StopSO teaches therapists to have, what Grayson calls, ‘a proportionate response to reporting’.

NHS therapists have a duty to report under their contract of employment. This, says Grayson, can present a challenge. The 200 or so therapists who work with StopSO have access to specialist supervision and support to help them make these difficult decisions. However, she says, ‘Society needs to think about what will bring more people forward to access help, to stop them from crossing the line into illegal behaviour.’ ●

(9) [journals.plos.org/plosone/article?id=10.1371/journal.pone.0102419](https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0102419)  
 (10) [bbc.co.uk/news/health-28252612](http://bbc.co.uk/news/health-28252612)  
 (11) [survivorsmanchester.org.uk/](http://survivorsmanchester.org.uk/)





22

# THERAPIST IN RESIDENCE

POET LEMN SISSAY AND CHOREOGRAPHER CHARLOTTE VINCENT WERE LEAD ARTISTS ON AN INITIATIVE FROM THE BRIGHTON OASIS PROJECT TO ENGAGE WOMEN WITH SUBSTANCE PROBLEMS AND THEIR CHILDREN IN ART AND PSYCHOTHERAPY. **JO PARKER** EXPLAINS WHAT HAPPENED

Photo: Bosie Vincent

**ABOVE:** Six performers sat at a table, starkly staged in the style of the Last Supper, each with a microphone, during a rehearsal



**JO PARKER** is a UKCP-registered integrative arts psychotherapist and qualified supervisor.

Until recently, she was Young Oasis Lead at Brighton Oasis Project. She is now a child and family therapist at PAC-UK in London, working in private practice in London and Brighton, and is a member of the Wellbeing Faculty at the Institute of Arts in Therapy and Education (IATE)

[jo.parkerartspsychotherapy@gmail.com](mailto:jo.parkerartspsychotherapy@gmail.com)

**P**arental substance misuse can and does cause immediate and long-term harm to children from conception to adolescence.

Throughout all areas of its operation, charity Brighton Oasis Project (BOP) witnesses the impact trauma has on children. Starting out in 1995 as a support group for women with drug and alcohol dependency issues, it now has a multi-disciplinary team working with 500 women and 175 children every year across East Sussex, and Young Oasis delivers therapeutic services to children, young people, parents and carers affected by substance misuse.

Integral to this are arts-based projects and creative therapies, such as the Art of Attachment project, conceived as a way of exploring the nature of people’s experiences of forming emotional and physical relationships with others that characterise stable and secure attachment.

**ART AND ATTACHMENT**

With its focus on the human need for connection and the parent-infant bond, attachment theory<sup>1</sup> is of increasing importance in the fields of substance misuse, mental health and children’s services. Mother-child interactions have particular significance in treatment – if women have experienced much higher rates of repeated trauma and abuse

than women in the general population, that can and does affect their ability to safely parent their children.

Funded by the Wellcome Trust and Arts Council England, the project comprised a programme of workshops, exhibitions and seminars delivered by the artists, BOP staff and members of the project advisory group (PAG) that took place over 18 months, from 2017 to 2018. It engaged adults in treatment services and their children in an exploration of substance misuse, parenting and attachment issues, which culminated in a performance at Sussex University in October 2018.

Lemn Sissay MBE, poet, author, broadcaster and self-proclaimed ‘child of the state’, and Charlotte Vincent, choreographer and director of Vincent Dance Theatre, were lead artists, alongside filmmaker Becky Edmunds, painter Oscar Romp and illustrator Laura Bissonet. As clinical lead on the ground or ‘therapist in residence’, I observed, tracked, and fed back on the process, while providing a psychological holding function. Part of the role was to offer containment for the many projections that came into play.

Dr Carl Jung talked of attending to ‘the shadow’ and this project illuminated many dark recesses. It also brought into play some disowned positive parts that had long lain neglected. With the support of the PAG and through clinical supervision I was able to provide a form of therapeutic management; there was feedback, debriefs, meetings, check ins and check outs and when there

were safeguarding concerns, the process was halted. Clinical supervision was accessed by some of the artists. I worked closely with Alison Cotton, inclusive arts practitioner and the programme manager, who had the difficult task of making everything happen.

I was also a member of the PAG, which was inter-disciplinary and formed of professionals from across the fields of the arts, science and health, and facilitated access to networks. It was vital in guiding the project and offering intellectual, bio-medical and psychological integrity. In my usual role as Young Oasis Lead, I was responsible for managing the crèche, as well as a team of therapists and carrying my own caseload. Safeguarding children at risk and working with trauma is core to this work, so this project offered an unusual challenge.

### A SECURE BASE

The work at BOP is demanding for service users and practitioners and is not typically in the securely attached world. More often than not it involves working with trauma, chaos, pain and loss. At times this can be messy work, concerned with themes such as neglect, violation and violence. Bringing the arts into this arena can be complicated, difficult and multi-dimensional, but also extremely rewarding.

Mary Ainsworth's principle that the caregiver provides a child with a 'secure base from which to explore'<sup>2</sup> was present throughout the project. Confidentiality was adhered to from the start and referred to continuously. At every step consent was sought and concerns were addressed. Where participants chose not to remain anonymous, the consequences were carefully discussed.

Working safely and without compromising the participants or the art was a source of constructive tension. Attachment behaviours are activated in times of stress, danger, fear and excitement; working with the unknown during the project involved taking risks for and with the participants, as well as the artists. Establishing a strong working alliance to build a 'secure base' was essential. At times it felt appropriately dangerous.

### THE WORKSHOPS

*'Where children cannot fully articulate the pain, terror, hurt and insecurity they feel, these emotions fill up in them until they are overflowing – so they have to be either repressed (internalising) or spilt out over others (externalising).'*<sup>3</sup>

**'Nothing will match the experience of hearing two women talk about their experience as participants. They said it was transformational. What more could anyone want?'**

**Bobbie Farisides, professor of Clinical and Biomedical Ethics and PAG member**



RIGHT: Visual art documenting a workshop with Sissay, drawn by Oscar Romp

Photo: Alison Cotton

Sissay understands 'pain, terror, hurt and insecurity', together with being a formidable wordsmith. All participants of his four 90-minute workshops – which were sharp and went deep – were alert to this. The first workshop offered containment from the beginning, providing a space that felt safe enough for the children, not just to sit, but to go deep into their imaginations. The strip lighting was turned off and low lighting introduced. The room changed from 'institution' to 'home'. Children were welcomed individually and by name.

At the start Sissay told them: 'I will be with you and not leave you for the next hour and a half.' His presence demanded their full attention. The further a child drifted, the closer he kept them by his side. He invited the children to think of someone significant to them, without disclosing who this was. He encouraged them to think of an image and then to 'go wild' with the words, but within four lines, all beginning with, 'You're the...', which grew into four verses as the workshop progressed.

I felt moved as I watched some of the most dysregulated children I have worked with write with intensity and focus. Sissay was uncompromising in helping the children to find their own words. There was an immediacy to the process and the children articulated extraordinary poems, including lines such as:

*'You're the cold that makes me solid'*

*'You're the bloody baseball bat to the killer clown'*

*'You're the blustering breeze brushing through untamed hair'*

Charlotte Vincent's nine months of workshops and research took a different approach, involving a slow building of trust and culminating in a powerful public performance. She worked with a group of four women in workshops which required stamina, commitment and grit. I was present for check ins, check outs, crises and struggled when it felt like the boundaries were being pushed in what felt like counter-therapeutic directions.

This group experience invited people to share the raw material of their lives. Working alongside professional dancers and through Charlotte's direction, this material was translated into movement. By working with the body and breath the group developed a strong bond, and the workshops helped provide a rhythm and structure in their lives.





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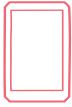
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29 <sup>th</sup> /30 <sup>th</sup> June	Creative Imagination	
21 <sup>st</sup> /22 <sup>nd</sup> September	Life Crisis	<b>Times:</b>
19 <sup>th</sup> /20 <sup>th</sup> October	Facilitating Spiritual Growth	Sat / Sun 10am – 5pm
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**THE PERFORMANCE**

*'The performance you see tonight is the result of many hours of talking, sharing, writing, recording, questioning, listening, moving, crying, retracting, redacting, translating, thinking, improvising, trying out, walking out and walking back in again in order to carry on.'* Charlotte Vincent, lead artist.

The six performers sat at a table, starkly staged in the style of the Last Supper, each with a microphone. With deliberation, poise, timing and breath, one woman spoke: 'I want to talk about the difficult. It's difficult. I am difficult. I was difficult, but words get in the way. Words like, birth, reject, birth, reject. Repeat. Birth, reject...'

The looping, repeating voice samples, interrupted and overlapped, stopping and then returning, like broken thoughts. Sound was a constant: heartbeats, breathing, testimonies, screaming, shouting and lullabies, a recurring theme.

It was beautifully executed with shocking content based on hard-hitting, indigestible truth. The impact of performing this by the women themselves alongside the dancers to a sell-out audience was transformative. One performer wrote: 'This has been the best therapy I ever had and I will be eternally grateful.'

**WHAT WORKED**

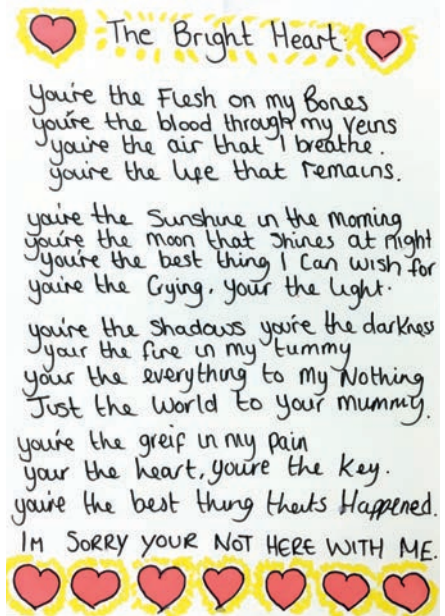
There were visible outputs, as well as a huge amount of invisible activity behind the scenes, which involved complex programming. Engagement is so often a challenge in this cohort and there are a number of barriers in getting people through the door.

Despite this, the output was prolific: 70 workshops, 24 poems, ten public presentations, four films, three exhibitions, two panel discussions, two recorded artist conversations, one digital capture live production, one live performance and one original poem by Sissay (yet to be permanently installed in Brighton). People were engaged, work was produced, audiences witnessed and lives were changed. Working alongside the artists has enabled not only the participants' voices to be heard, but for them to be seen under the spotlight.

The Art of Attachment was expansive in its ambition and approach. The participants were no longer reduced to a report or a referral, their experiences were relayed as deeply human; with the performance they were applauded with a standing ovation. Everyone involved in the project came out changed.

**References and reading**

- (1) Bowlby J. (1969). *Attachment and loss: Vol. 1*. New York: Basic Books.
- (2) Alvarez A. (2006). *The Writer's Voice*. London: Bloomsbury Publishing
- (3) Lefevre M. (2010). *Communicating with Children and Young People: Making a Difference (Social Work in Practice)*. Bristol: The Policy Press



**RIGHT:** Participants worked with Sissay to write poems about their experiences

Photo: Alison Cotton

**WHAT DIDN'T WORK**

Fear, anxiety and distrust were alive and kicking at the start of the project and these feelings were activated throughout. We were experiencing 'attachment in action'. Each individual was focussed on how to survive in this new environment, as well as work together effectively. Being called the Art of Attachment didn't mean that we had mastered it.

What became clear was that the attention frequently got drawn to where the most noise was coming from. What concerned me were the non-engagers and the dis-engagers. In the field of substance misuse most people don't even pick up the phone, let alone ask for help. These are the ones most in need of help. In relation to attachment, the non-attenders are as important as the attenders. So many women and children attending the project did not engage with the Art of Attachment. What can we do to comply with their vulnerability?

**KEY LEARNING POINTS**

The Art of Attachment has been a complex project that produced a wealth of data over 18 months. There was also a huge amount of activity and a high level of intensity. Somehow, this project has created, through its action, a still point – something of a rarity in busy frontline work. Now the project has ended, there is time for essential reflection. This, at times, messy process has delivered clean outcomes. It has given us valuable insight into what attachment looks and feels like.

BOP took a risk in doing this, which feels rare in our cautious world. This project shows what is possible when artists are invited to lead processes of social research and innovation. The permanent installation of Sissay's poem in a prominent Brighton location will ensure the impact of this project continues to be felt. ●

► **For more on the project see:**

- [vimeo.com/289455758](https://vimeo.com/289455758) ■ [oasisproject.org.uk](http://oasisproject.org.uk)
- [vincentdt.com/project/art-of-attachment-live](http://vincentdt.com/project/art-of-attachment-live)



### Have your say

Share your thoughts and opinions by emailing: [editor@ukcp.org.uk](mailto:editor@ukcp.org.uk)

## Timeline

### PAMELA GAWLER-WRIGHT'S CAREER

1993

Joins UKCP as a registered and accredited psychotherapist. From 2007 to 2013 is a member of the Ethics Committee.

1994

Completes an Advanced Diploma in Ericksonian Psychotherapy and Hypno-psychotherapy.

1994

Starts a four-year role as clinical trainer at the National School of Hypnosis and Psychotherapy.

1997

Qualifies as a certified trainer in Ericksonian Psychotherapy and Neuro-Linguistics.

1998

Spends four years as an external examiner and therapist supervisor at the National School of Hypnosis and Psychotherapy.

1999

Becomes director of training at the Beeleaf Institute for Contemporary Psychotherapy, a role she still holds.

2000

Begins role as clinical supervisor at Barking and Dagenham Alcohol and Drug Advisory Service. Stays until 2006.

2011

Becomes external moderator for the UK Association for Transactional Analysis.





# ‘We greet symptoms as communications from a system that is trying to rebalance itself’

By Radhika Holmström

A RANGE OF PSYCHOTHERAPEUTIC METHODS ARE USED TO TREAT ADDICTIONS, INCLUDING – INCREASINGLY – HYPNO-PSYCHOTHERAPY. **PAMELA GAWLER-WRIGHT** EXPLAINS

**T**he first point Pamela Gawler-Wright, chair of the UKCP College of Outcome Oriented and Hypno-Psychotherapy, wants to stress is that hypno-psychotherapy is nothing like the popular idea of ‘hypnosis’. ‘A therapist does not “hypnotise” a client,’ she says. ‘It’s not being done to anyone. Human beings have naturally occurring cycles of inner reflection that have a different neurology than other states of awareness. So the state that gets called “hypnosis” is really an altered state of relational awareness with oneself.’

The second point is that we need to move away from Freudian ideas of hypnosis too – that suggestibility to hypnosis is a symptom of hysteria. ‘The therapist doesn’t change the client. They are creating the conditions that

allow the client to access the resources for the change to unfold positively.’

## ALTERED STATES

In fact, Gawler-Wright explains, she and her colleagues consider hypno-psychotherapy a practice which predates Freud and his contemporaries completely. ‘We like to think of it as the oldest of the psychotherapies. We pride ourselves that we’re really reaching into the age-old skills of using altered states of awareness, and using metaphor, myth and ritual to help people find an intimate connection with all that they are and the world that they inhabit.’

To some extent, this knits in with Jungian principles, drawing on the tropes of human creativity and the collective unconscious – but there’s a very different concept of



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**LEFT:** Gawler-Wright with Labradoodle Dibley, her canine therapy-registered assistant

and relationship with the unconscious mind. 'We see the unconscious mind as wise, functional and working for us not against us. So we greet symptoms as communications from a system that is trying to rebalance itself when our cognitive understanding, or our narrative, has lost alignment with our authentic experience of who we are. Our goal is a better self-relation between the two.'

### FEWER SESSIONS, MORE TIME

Because hypno-psychotherapy works with those 'natural cycles', a session will typically take 75 to 90 minutes, in order to reach that point where conscious and unconscious are considered to be working together. As a result, a person may need fewer sessions overall (though as with other forms of therapy, they may also decide to pursue this form long term).

During a session, the hypno-psychotherapist's questioning aims to help make the client more aware of what happens to them internally in relation to a problematic habit or belief. 'What are the exact things their body begins to do? What thoughts accompany that? What beliefs and values are evoked? What else is this revealing? The stories that make up the wider identity are revealed and in that deeper relationship with self, the altered state naturally develops.'

Hypno-psychotherapy, like other forms of therapy, shouldn't be seen as a quick fix, Gawler-Wright stresses: it's not 'hypnotise me to make me feel better'. 'Working with altered states really does increase a person's access to all emotions, including the really good stuff we all want, but we don't heal by simply replacing uncomfortable feelings with the comfortable ones.'

### APPLICATION FOR ADDICTION

While this approach is useful for behaviour modification, Gawler-Wright warns that it's not a quick fix for addiction. 'If people expect hypno-psychotherapy to do the work for them rather than

to facilitate them to do the work, then they're still continuing in the pattern that makes addiction take hold. Recovery from addiction requires us to learn a new relationship with our pain, so that instead of seeking to anaesthetise uncomfortable emotion we learn to embrace our experience.'

Instead, tackling addiction is a long, and usually tough, process that starts even before the client's begun to engage with their problem. 'The therapist uses techniques such as motivational interviewing to help the client regain insight into their behaviour and its consequences, and then begin to construct a sense of the future beyond the next cycle of use. After that, it's a process of working together to pre-empt that person's challenges to recovery and preparing them for this by building on resources that they have lost through the addictive process. They need to identify relationships and support as well as relapse triggers, but above all experience who it is they could become. And they need to envisage

that physically. Otherwise it's not something they can believe.'

Gawler-Wright cites the example of a man whose alcohol addiction had resisted many years of psychotherapy. He had been told that he had survivor's guilt over the death of his younger brother when he was six, but as the hypno-psychotherapy advanced it became apparent that this was not in fact the defining factor in his addiction. 'He kept coming to a sad reverie: "I don't know how to be happy." One day as we worked together, finding pictures in his mind of his younger self, he brought forward one of himself in his Confirmation suit, a week after the funeral. He knew from family stories that his parents had decided he must go ahead with his Confirmation so that he wouldn't be left out of all the other children in his class, but he had no memory of it. He suddenly burst into tears. "They really loved me," he said. "They wanted me to have my happy day. I didn't know how to be happy on that day. It was the day I was meant to be happiest." He then recommitted to his little brother to live his life with as much joy as he could, playfully, so that he could have a childhood for the two of them. After that we didn't have to work too much longer, because so much fell into place and, in fact, most unusually, he was able to resume social drinking rather than the usual period of complete abstinence. Hypno-psychotherapy had uncovered his unique story.'

'The "unconscious" is an infinite world of wisdom and knowledge, and many practitioners now refer to it as "wider mind" because "unconscious" is a misnomer,' she concludes. 'And, in fact, we are all addicted to very narrow shapes that our conscious mind habitually covers over and over again, till we've limited what we believe is possible and what can be real for us. Drawing our conscious attention to our relationship with the more imaginative expansive mind begins to write a new story.'

► [Find out about training to integrate clinical hypnosis into your practice: beeleaf.com/course/hypnosis/](http://beeleaf.com/course/hypnosis/)



# HEALING THE SYSTEM

AS WE CONFRONT RAPID TECHNOLOGICAL, ENVIRONMENTAL AND POLITICAL CHANGE, SYSTEMIC THINKING COULD HELP US TO NAVIGATE OUR HIGHLY COMPLEX WORLD. TEREZA PULTAROVA EXPLAINS

**T**here is a clear sense that the world we live in is changing both immensely and rapidly and no one is certain whether that change is for the better.

'Life is uncertain,' says psychotherapist, supervisor and elected chair of the UKCP, Martin Pollecoff. 'We have no idea where we come from or where we go. That creates anxious creatures.'

From lowered wages that damage middle-class identities and multicultural identities which create confusion, to a loss of any thrill about the future and insecurity about what will happen with Brexit and potential economic instability, the issues we face span a huge range.

Alongside this remains the very human struggle to adjust to the fast pace of technological developments and the omnipresent sense of impending environmental catastrophe. It's no surprise that even the most resilient among us find ourselves confused and struggling at times.

Pollecoff says: 'The world is a much better place now that it was 20 years ago, on every single level.'

There is less violence and poverty globally, clean water and electricity are more widely available, there is less growth in pollution and more democracy, he says.

The problem is that there is no optimism left: 'Everywhere we look there is evidence that we are out of control,' Pollecoff says. 'That may be the relationship between the military superpowers or long-term erosion of faith in politicians and leaders. It could be the environment or education and it is certainly mental health. There is a feeling that sciences and technology are being used against us to enslave us rather than serve us.'

## THE IMPACT OF ECONOMICS

These kinds of systemic issues have significant effects on us as individuals, as couples and as families. For example, financial issues together with isolation affect many families in London, according to Steve Mulley, who runs the Parents as Partners Programme at London-based Tavistock Relationships. Redundancies, the high cost of living and welfare cuts all put extra pressure on families that have already been under duress.

'A lot of the couples and families that we work with are very isolated,' he says. 'In London in particular people often don't have extended family. We see it a lot at the moment and parents often find themselves feeling alone.'

These feelings of isolation can worsen if people within the family don't communicate properly and are unable to openly share their feelings.

Family and couples systemic therapist Dr Reenee Singh agrees that these societal pressures, or as she calls them '21st century contexts', increasingly

**'There is a feeling that sciences and technology are being used against us to enslave us rather than to serve us'**





bring clients into therapists' consulting rooms and contribute to their struggles. Many of these pressures may not have existed only 20 years ago and therapists frequently need to think outside the box to help their clients cope.

'Ninety per cent of the families that I work with are affected by societal and social pressures,' says Dr Singh, Director of the London Intercultural Couples Centre, which she founded, coincidentally, at around the time of the Brexit referendum, only to see the UK's decision to leave the European Union become a frequent source of distress for her clients.

'People don't only argue over Brexit at the dinner table, many families no longer know where they belong, what their identities comprise of, and where they are going to be living,' she adds. 'In addition to the relational problems that they might be dealing with, we have to think about the impact of these issues.'

Different kinds of relationships are affected by systemic pressures, and people can get fixated on issues. 'People take their anxiety and pour it into Trump or Brexit,' says Pollecoff. 'On both sides of the Brexit argument, people think that they are right and they cannot see any value in the other side.'

One of the major problems is that we are no longer part of communities. 'People are individuals and have a private individuality, but that is it,' Pollecoff says. 'In order to have a community you need a homogeneity of people who feel they are part of something. There is a lack of understanding of what the purposes of our lives are. So we need to explore different ways of being and seeing. Systemic thinking is one of those ways.'

### FAMILY PRESSURES

Systemic therapy could also enable people to better help their loved ones who are struggling (*see Opinion, p40*). A healthy family dynamic, where communication flows and respect is abundant, makes matters better. Unhealthy patterns of communication and behaviour – frequently passed on from previous generations – can further exacerbate the problem.



'Every member of a family impacts on the other and that creates a response from the other person. It's a recursive loop,' explains Singh, adding that the goal of the systemic therapist is to increase the resiliency of the family system by correcting its dysfunctions.

'For example, when one of the couple loses a job, that can create a lot of pressure. Not just economic pressure. We are frequently seeing gender reversals, where the woman has a high-flying career and the man is at home and might feel quite powerless, especially if he is perhaps treated with some level of disrespect, even by the children.'

The therapist then can help clients discern the extent to which the systemic pressure (such as redundancy) is causing tensions within the family and how much family members are themselves contributing to the situation with their behaviour and attitudes.

Steve Mulley's Parents as Partners programme offers 16 free weekly sessions where a facilitator helps a group of four to six couples to discuss their problems.

'We are trying to help the couple to use each other as a source of strength and as a resource rather than fighting against each other because of isolation or stress,' says Mulley. 'Problems like this can drive a wedge between the couple and groups like the Parents as Partners programme help them to get back to using each other as a resource.'

Tavistock Relationships, which adapted the programme from a model developed in the US, has been able to offer the training for free, thanks to funding

**'There is a lack of understanding of our purpose, so we need to explore different ways of being. Systemic thinking is one of those ways'**



from the Department of Work and Pensions (DWP).

This ability to offer basic support for free is crucial, according to Mulley. With finances being one of the major systemic pressures, those families that would need support the most frequently can't afford it, especially in London, where cost of private therapy is high.

The programme, says Mulley, delivers consistent results, which Tavistock Relationships measures through a series of questionnaires administered at the beginning of the programme, at the end and after six months from the final session.

'The results are consistently good,' says Mulley. 'We have completed a big analysis of all our work and found that the programme reduces conflict, reduces violence where there has been violence and improves mental health and children's behaviour. We see benefits across the board.'

But the future of the successful programme is now uncertain, after

the DWP stopped funding in late 2018. Mulley says the centre is looking into new sources of funding but the issue highlights the general problem that psychotherapy suffers from – the lack of funding for help for those in need.

### OTHER SYSTEMS

This approach can also be used by organisations at all levels, according to Dr Chris MacGregor, psychiatrist, psychotherapist and training supervisor at Group Analysis North. She says that organisations find themselves under very similar pressures as families and, as a result, put pressure, such as unreasonable demands, on their employees.

MacGregor and her colleague Gerry McColl have studied bullying in the NHS and found that the inability of people in different positions to talk effectively about the challenges and demands they face frequently propels the organisation towards failure.

'The external pressures and expectations put on these organisations frequently result in people being forced to work many hours over what they are supposed to be working,' MacGregor says. 'They are afraid that they will lose their jobs if they don't do that. They find it difficult to talk about it when, in fact, it puts their health, as well as their performance, at risk.'

Bringing therapy, for example, in the form of reflective practice groups, into organisations and



### In focus

## What is systemic family therapy?

Unlike classical science, which looks at reducing things to a common denominator, systemic family therapy looks at the everything as being interrelated. It was developed in the 1950s by a number of therapists including Virginia Satir who Martin Pollecoff suggests is worth looking up: 'There are some great short films of her work online [see further info, p36]. I urge people to watch them because sometimes this work seems like magic.'

Pollecoff explains: 'If we are all "interdependent parts" of a wider system then if we change any part of the system, everyone within that system is affected. So systemic thought concentrates on looking at how changes in any system will affect "the players". You concentrate not so much on the individuals but the links or the space between them.'

In practice, Pollecoff has worked with ex-servicemen who came back to their families after being in Iraq for periods of six or nine months and found they then had problems with their family. 'While they were away the family had adapted to compensate for the missing father – whatever was lacking, someone else in the family had to make up. So when they returned their role in the family had changed. The ex-serviceman had to work to find a new place in the family.' That, says Pollecoff, is a perfect case for systemic family therapy.

creating a dialogue could help to create constructive solutions and lower stress levels for everybody. If problems are being ignored, they almost certainly grow out of control, says McColl. Malfunctioning organisations struggle to maintain personnel and see frequent absenteeism, which results in financial losses.

In McColl's practice, he sees organisations reaching out to a therapist or facilitator usually only when they reach breaking point. 'I am always suspicious when I get a phone call asking whether I can help because I know something has gone terribly wrong. That's when they come to us - when there has been a failure,' he says. 'People should come to a therapist before they reach breaking point.'

According to MacGregor, the problem is that organisations frequently resist the therapeutic process and refuse to look at their own practices from a fresh perspective. 'Some of it is learned helplessness,' she adds. 'They don't believe that anything is going to change. Especially people who have very practical skills - they don't think talking is going to help.'

### FAULTY SYSTEMS

Just as poorly functioning organisations create systemic pressures for their employees, many of the grand societal challenges that we face today are, in fact, a product of poorly functioning systems on the larger scale, according to Kent-based family therapist Dr Nigel Jacobs.

Social inequality and resulting financial pressures, as well as the environmental crisis and accelerating climate change, are products of the disconnect of the global system of human society, he says. 'Communities are set within their own social systems that have their own stresses and then the human system is set within the natural world of which we are a part,' he adds. 'What we have to do is to encourage our clients to think about the context of their world a bit more. That includes how they treat their relationships. The person who throws their rubbish out of their car window is just as likely to treat their relationships with other people with disrespect.'

**'The person who throws their rubbish out of their car window is just as likely to treat their relationships with other people with disrespect'**



Poorly functioning behaviours frequently arise in what are described as 'dysfunctional' contexts, when they are, in fact, functional, he adds. It is the function not the behaviour that we need to understand. 'If you grow up in an area where there are gangs, the functional thing is to become a part of the gang. Otherwise you would be targeted. It's the context that we need to change.'

Singh says that to truly deal with systemic pressures, therapists need to adjust their approach and reach out, especially to the vulnerable groups in the population that are unlikely to seek help on their own. 'I think that the way to do that is to actually work in the community,' she says. 'Work in GP surgeries and community centres; find ways to approach minority ethnic communities where talking about problems might not be acceptable.'

Psychotherapists should also be providing an emotional education in relationships rather than assisting policymakers, Pollecoff says. 'We're good at sitting in a room with a family and helping them to release emotions in private.'

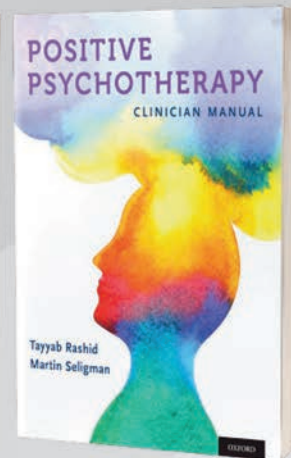
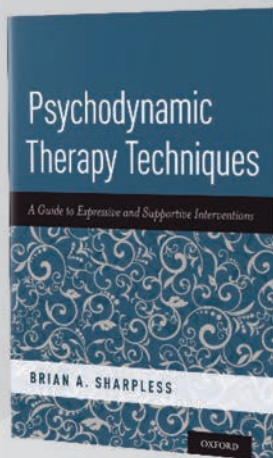
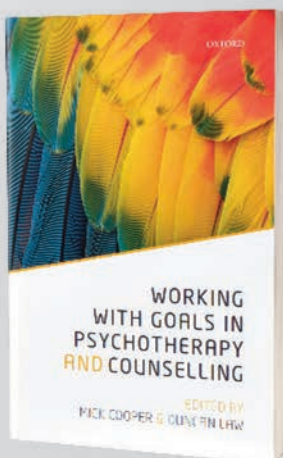
'I see our future as teaching, not necessarily advising people. We can help people hone their own visions and allow dreams and imagination to come through. And once individuals have a clear sense of purpose and vision of their own goals, everyone will be able to better navigate the systemic changes.' ●

► Watch short films of Virginia Satir's work:

- [youtube.com/watch?v=Fd5bAb4dXHs](https://www.youtube.com/watch?v=Fd5bAb4dXHs)
- [youtube.com/watch?v=hLfaNQF7trs](https://www.youtube.com/watch?v=hLfaNQF7trs)

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# AGE OF ANXIETY

THE INTER-RELATED STRUCTURE OF REALITY, DESCRIBED BY MARTIN LUTHER KING JR, MEANS THAT OUR ANXIETIES AND FEARS FOR THE FUTURE CAN BE AMPLIFIED BY ONE ANOTHER

**'My mother was religious but I am not sure if I have faith in anything'**

'I have yet to find 'my tribe'

**'So many marriages end in failure'**

*'I regret having children. What sort of world are we leaving the next generation?'*

**'Who are the political leaders I can trust?'**

*'Last Christmas two of my colleagues were made redundant, that's the third round of cuts in two years'*

**'I am smoking again'**

'Does "not being happy" mean that I am mentally ill?'

**'**In a real sense all life is inter-related. All men are caught in an inescapable network of mutuality, tied in a single garment of destiny. **Whatever affects one directly, affects all indirectly.** I can never be what I ought to be until you are what you ought to be, and you can never be what you ought to be until I am what I ought to be... This is the inter-related structure of reality. **'**

Martin Luther King Jr,  
*Letter from a jail in  
Birmingham, Alabama*

**'I have 1,200 followers on Instagram but I only have two real friends - one's in Boston now'**

*'The babysitter's boyfriend had a crash on his scooter; she's at the hospital and I can't go out'*

**'I used to enjoy sports and music but who has time?'**

*'My degree has become meaningless and I can't afford to retrain'*

**'My sister is not talking to me'**

**'I know I am better off than some 90% of the world but why don't I feel good?'**

**'Since I left uni I don't meet people in the same way'**

**'They talk about "community" but I don't experience being part of any community'**

*'Am I the only person not having "great sex"?'*

**'How much can I believe what I read in the papers and online?'**

*'The only place I can afford to buy a home is 200 miles from my work'*

**'If I said what I really thought and felt people would hate me'**

**'Is breathing the air actually harming me?'**

**'Is my money safe from hackers?'**

**'Am I being fed a line?'**

*'Our nearest supermarket is closing'*

**'Are we heading towards a world war?'**

**'I can't talk to my boss - only to HR'**

*'I must pretend to her to be enthusiastic at work'*

**'I can't bear to think about the plastics in the oceans'**

*'My nephew's best friend was killed in that concert bombing'*

**'I must save for my pension'**

*'My ex was on Facebook today - he has met someone "wonderful"'*

**'Are the oceans rising?'**

*'I used to laugh a lot'*



# ‘All of the patient’s family members are affected, too’

QUANTITATIVE EVIDENCE FOR THE SUCCESS OF SYSTEMIC FAMILY THERAPY IS ABUNDANT, WRITES DR REENEE SINGH



## DR REENEE SINGH

is a systemic family psychotherapist at the Child and Family Practice in London.

She is CEO of the Association of Family Therapy and Systemic Practice, co-director of the Tavistock Family Therapy and Systemic Research Centre and Founding Director of the London Intercultural Couples Centre.

[Find out more at reeneesingh.com](http://reeneesingh.com)

**W**hen the government announced in early 2018 that mental health services would receive a £2 billion funding boost to redress historical inequities within health funding<sup>6</sup>, there was a range of responses among mental health professionals.

Which psychological treatments would be funded? What age groups and what kinds of presenting problems would receive funding? Would it be used to address underfunding of mental health services for children?<sup>7</sup>

Yet, when a child, young person or adult has a mental illness, all of their family members are affected, too, pointing to the need to give funding to treatment informed by a relational perspective and including the entire family system.

Systemic psychotherapy, a treatment modality that works not only with individuals (children, adolescents and adults), but also with couples and families, as part of an interconnected system, should be the treatment of choice for a range of mental health issues, such as depression, anxiety and conduct disorders.

## DEFINITIONS

With roots in general systems theory and cybernetics, systemic family psychotherapy has its origins in the 1950s, partly as a reaction to psychoanalytic and behavioural theories.

It's a relatively brief intervention, typically comprising six to 10 sessions over a six-month period, as the focus of change is the relationships between family members rather than the relationship between therapist and client.

Drawing on creative interventions based on understanding people within their relational contexts, it enables family members and others in close relationships to understand and support each other, and encourages change and development using existing strengths and resilience and facilitates communication and interaction that support health and wellbeing.

Family therapy also respects each individual's different perspectives, beliefs and views and considers the wider context such as social, political, economic, ethnic, cultural and spiritual influences.

## EFFICACY

There is a robust evidence base to support the effectiveness of family therapy for a range of child- and adult-focused problems across the developmental life cycle. Systemic family therapy is also proven to offset medical costs – particularly for psychosis and eating disorders – because it can prevent hospitalisation and expensive inpatient medical costs<sup>5</sup>.

This demonstrable success of systemic family therapy should translate into government funding, for posts not only in Child and Adolescent Mental Health Services (CAMHS), but in adult services, domestic violence, addiction and social care.

As systemic psychotherapists, we are finely attuned to contexts. Rapidly evolving technology, social and digital media, climate change and wider





environmental issues, migration, displacement, and fears about international security are just a few aspects of the changing landscape that we find ourselves embedded in. Systemic psychotherapy can offer a way of understanding how, during political debates, people can get into oppositional and polarised positions and help them to shift or take on a different position.

From a dialogical systemic perspective we can help professional teams and organisations communicate in open and respectful ways. Thus, we work not only with couples and families but with individuals, teams and organisations in our changing society.

On the whole, the evidence base for the success of systemic family therapy is strong (see references and reading), and it has much to offer society. ●



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Case study

Systemic interventions with children

Involving a child's extended family in therapy can transform relationships

Rihana, nine, was referred to CAMHS because she was soiling herself. Medical tests had not found any organic reasons for this.

Her mother Rotna (of Bangladeshi, Muslim origin) and her father Mike (white, British) had married against opposition from her maternal grandparents, who had only accepted the marriage after Rihana's younger brother Ahmed was born.

We started by seeing the whole family. We tried to understand what the soiling meant to each of them.

I asked if there were times when Rihana got the better of 'yucky poo', as she called it. She said this was possible when her mum put a timer on for her and reminded her to go to the toilet. We suggested that she keep a diary of the times she'd been able to defeat it and asked her parents record each instance and praise Rihana for it. Ahmed wanted to be involved so I asked if he could help to remind Rihana. A fortnight later, the family reported no accidents at home and only one at school.

We asked what Rotna's parents had noticed about the changes in her, which elicited a story about complex

relationships with the extended family. Rihana was lighter skinned than Ahmed so viewed by her grandparents as being more 'English'. Because the grandparents had not accepted her parents' union until Ahmed's birth, Rihana felt rejected by them.

In our reflecting conversation, my colleague and I wondered if Rihana's symptoms were her way of distracting her parents from the conflict between them and Rotna's parents.

Following six sessions – including two with Rotna's parents – Rihana's symptoms had disappeared and family relationships were transformed.

\*This case example is inspired by an actual case but is a composite rather than an exact description. Though the dynamics described are close to the original situations, the details of the cases have been altered significantly to protect confidentiality and meet ethical guidelines.



**NORMAN LAMB**  
is a Liberal Democrat and  
MP for North Norfolk.

Previously Minister of State for Care and Support in the Department of Health, he is now chair of the Science and Technology Committee and uses his place in Parliament to drive forward the mental health agenda



# ‘I helped to build a momentum for treating mental health equally to physical health’

By Radhika Holmström

WE TALK TO FORMER GOVERNMENT MINISTER **NORMAN LAMB** ABOUT CAMPAIGNING FOR BETTER MENTAL HEALTH SERVICES

**P**erhaps more than anything else, Norman Lamb's career in Westminster has been characterised by his unwavering resolve to campaign for better mental health.

A Liberal Democrat who has held his seat of North Norfolk since 2001, Lamb has combined personal experience, knowledge and political influence – both inside and outside of government – to bring change to the lives of people with mental health issues. Now chair of the Science and Technology Select Committee, he is still a key player in driving forward the mental health agenda. And he remains one of the most supportive allies in Parliament in the fight for better access to psychotherapy.

## **A PERSONAL COMMITMENT**

Lamb's political interest in mental health emerged from his 2006 appointment as Shadow Secretary of State for Health, when he began to see the ways in which mental health was neglected in the NHS. Then it became personal: 'Our 16-year-old son was hit with a diagnosis of obsessive-compulsive disorder. We went through years of turmoil. At a moment of crisis, we were told we would have to wait up to six months for treatment in Norfolk. We tried to get a referral to the Maudsley but were told that "the right of choice" of where to get treated did not apply to mental health.

Thankfully, we had the money to pay for treatment. But most people don't.'

And then, 'very fortuitously', Lamb was appointed minister. 'Here I was in a job where I had a strong passion and also the chance to do something. The frustration was that the money had dried up and, because of structural disadvantages within the NHS, when the money became tight, mental health lost out.'

Despite those constraints, reflecting on his time as minister, he is justifiably proud of his track record (see box, p44). 'I think I helped to build a momentum for treating mental health equally to physical health. I'm proud of introducing the first access standards, particularly the one for early intervention in psychosis because it was evidence-based, a full treatment package. I'm proud of the Crisis Care Concordat, which set standards for the first time of what should happen in a mental health crisis. And I was proud of Future in Mind – though distressed that the Conservatives failed to implement it. I feel there was quite a lot we achieved. My frustration was that I didn't have the time to complete the job.'

## **PUSHING THE AGENDA FORWARD**

With a sense of unfinished business, Lamb remains as active as ever on mental health issues, and is working closely with UKCP on a number

## ‘There is a ludicrously high threshold for access to secondary care. There can be a role for drugs, but they should not be the default’

of campaigns, including the coalition of groups opposed to the draft NICE Guideline for Depression in Adults. The stakeholder group has serious methodological concerns about the Guideline’s development. A meeting with NICE resulted in an unprecedented second consultation on the Guideline, but methodological concerns have remained after revisions were made. Further campaigning followed. UKCP played a crucial role in getting 32 parliamentarians to sign a letter to NICE with Lamb as lead signatory. His support was instrumental in securing a third revision of the Guideline.

‘The number of bodies calling for a revision to me seemed to be something you couldn’t ignore and that drove me to intervene. As a country we are rightly proud of NICE, but I find the resistance to re-examining methodology quite disturbing.’ With the third revision under way, it is still not clear if NICE will change their approach, but Lamb is cautiously optimistic about the road ahead: ‘I think eventually we may well get there, but it’s not an easy battle to win and I think we will have to maintain the pressure for NICE to re-examine and be more self-critical.’

The central concern about the Guideline’s flawed methodology is the impact its recommendations will have on the range of treatments available to people experiencing depression. Treatments are limited currently – the number of people prescribed medication for mental health issues vastly outnumber those referred for talking therapies, and there are over 4 million people in England who have been taking antidepressants for two or more years.

‘Drugs are the default,’ Lamb adds. ‘We know in many areas there is a ludicrously high threshold for access to secondary care. There can be a role for drugs, but they should not be the default.’

Lamb is also co-chair of the All-Party Parliamentary Group on Prescribed Drug Dependence, which is working closely with UKCP to bring attention to the challenges associated with such widespread use of psychiatric medication. He would prefer to see much better access to talking therapies for people with complex needs, along with early intervention and support for them in the community, rather than in secondary care. He is therefore a valuable ally to the Talking Therapies Taskforce. Comprised of UKCP and five other organisations – including BACP and RCPsych – the Taskforce aims to create an alternative to IAPT for patients with complex mental health needs. This includes highlighting the cost to the NHS of not having appropriate therapeutic interventions for them. Currently many of these patients end up staying on in-patient wards for weeks or months at a time, at substantial cost to the NHS, and Lamb is clear that this needs to change. ‘There’s a group of people who are unnecessarily ending up in hospital. If we shifted resources, we could have a dramatic impact on their lives.’

And here, again, personal experience has helped to shape his perspective. ‘My oldest sister took her own life in 2015, after a period of deep clinical depression and she had been an in-patient for ten weeks. I am left asking if that really helped her recover. Clearly it was based on a risk assessment, but ultimately when she was discharged she took her own life. Would she have been better off with someone supporting her to reintegrate?’ Lamb feels a fundamental shift in care is required. ‘We have to confront and reduce – I would say eradicate – institutionalised care.’

Many of the people with the most complex mental health needs have been diagnosed with a personality disorder, and this group is central to the Taskforce’s aim of transforming treatment pathways. Lamb is uncomfortable with the semantics of ‘personality disorder’, but he is determined that this group is better served by NHS services. ‘I was heavily involved in the work leading the consensus statement of the “diagnosis of personality disorder”, where we brought a whole lot of people to call for change. This is the group of people most neglected by the NHS, criminal justice and social welfare system. Many people find it an unacceptable and distasteful diagnosis, and we called for a change to move away from it.’

He has carried this perspective into his work as chair of the Science and Technology Committee. With mental health on its agenda for the first time under Lamb’s leadership, it produced a report on adverse childhood experiences that called for a national strategy on early intervention. ‘We know of a close correlation between bad things happening in your life and the emergence of a range of conditions in adulthood. Often the response later is a rational response to trauma; we shouldn’t be calling it a disorder but developing the principle of trauma-informed care, and reconsidering how we phrase it.’

It is this view, alongside Lamb’s unique experience and expertise, that make him one of the most influential voices in Westminster for mental health policy development – and a much-valued ally to UKCP. ●

44



### In focus

#### Lamb’s key achievements in government

- Announces £2 million funding in March 2013 for new handheld computers to boost children’s mental health services.
- Introduces new waiting time and access standards

for mental health services for the first time.

- Launches the Mental Health Crisis Care Concordat in 2014 which committed all localities to bring together their police, mental health, social work and ambulance professionals to review procedures and reduce the number of times police custody is

used for people who are mentally ill.

- In March 2015, helps Deputy Prime Minister Nick Clegg secure £1.25 billion new funding from the Budget to help children and new mothers with mental health issues.
- Helps secure £150 million investment in treatments for eating disorders.

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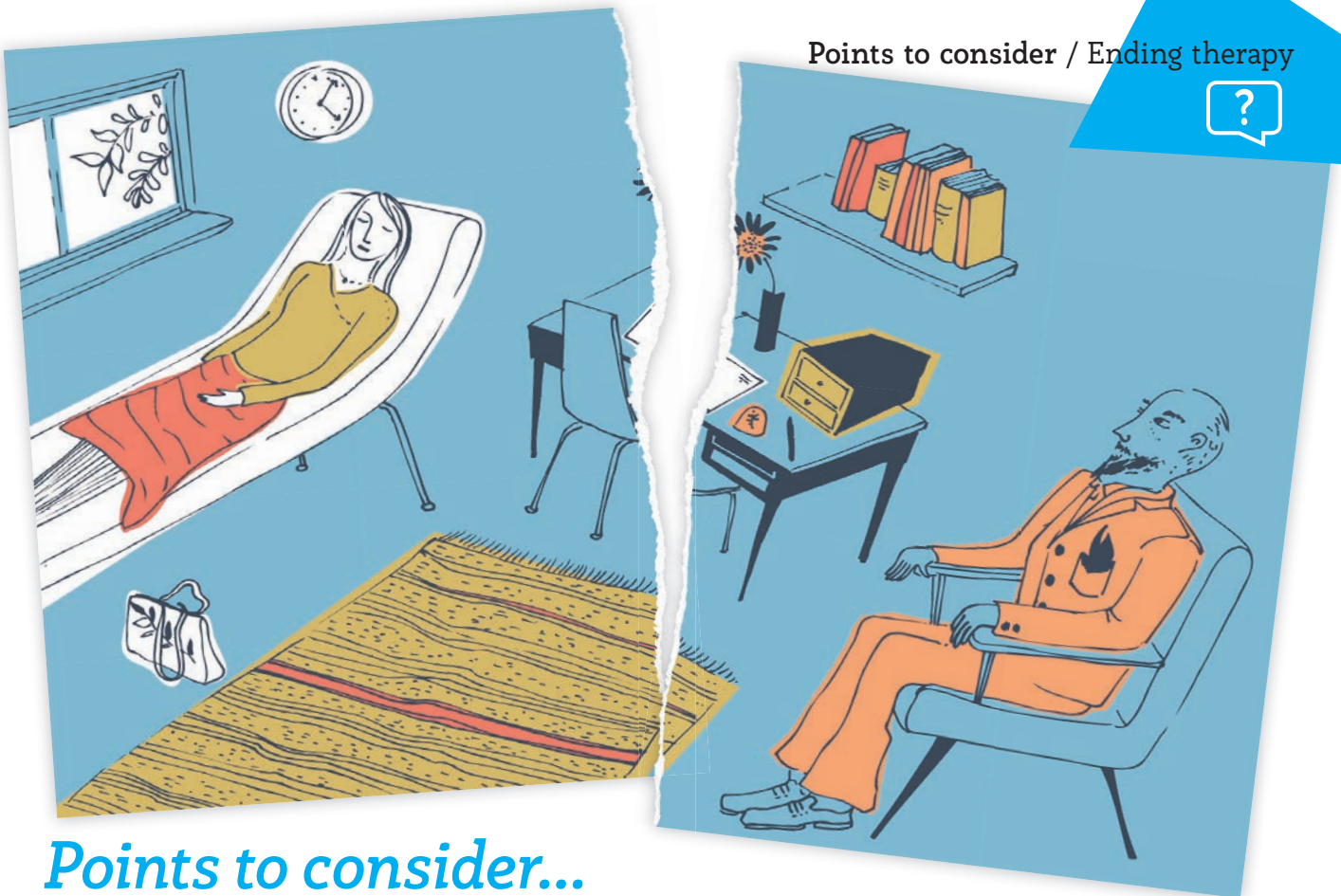
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## Points to consider...

# ENDING THERAPY

FINISHING ANY RELATIONSHIP IS CHALLENGING, NOT LEAST A PSYCHOTHERAPEUTIC ONE. **LESLEY MURDIN** EXPLORES THE ISSUES



**LESLEY MURDIN** is a psychoanalytic psychotherapist and member of the UKCP Council for Psychoanalysis and Jungian Analysis College.

Lesley is the author of *Managing Difficult Endings in Psychotherapy: It's Time*, a publication in the UKCP/Routledge book series

**A** young therapist was seeing a 52-year-old woman who had experienced a series of broken relationships, before living alone, drinking too much and engaging in frequent heated arguments with her colleagues at work.

The patient very soon became impatient with the therapist, whom she accused of being naïve and utterly unable to help her.

The therapist agreed with this and wept copiously in supervision. Her supervisor felt angry that she had not been consulted about the initial meeting and said that she would have recommended some therapy for the patient in the NHS.

In this kind of situation both the supervisor and therapist have to deal with some shame, and be careful not to pass it to the patient who already has experienced too much of it. This kind of situation encapsulates the difficulty of agreeing to bring a problematic therapeutic relationship to an end.

One resolution in this instance would be for the supervisor and therapist to cover the exact words the therapist should use in a conversation with the patient to end the therapy.

For example: 'I have been thinking about what you said and I agree that I am not the best therapist that you could have. I will write a letter which I will send to you, referring you to the group therapy team so that they can meet with you and decide what would be most helpful. I think that this should be our last session.'

### ENDINGS

Most therapists have an idea of what makes a person ready to finish therapy which – while it varies according to the model and technique being used – is most likely to centre on how the therapist-patient relationship reflects the nature of relationships in the outside world.

However, ending the therapy will still be difficult, even if the therapist is convinced the patient is ready, not least because the

## Points to consider / Ending therapy

person's company would have been more enjoyable as a result of therapy.

### DIFFICULT RELATIONSHIPS

In cases of mutual understanding, there can be a valuable discussion about the extent to which the patient can be his or her own therapist in future.

In more difficult cases of anger or despair, few therapists would precipitate an ending but would seek supervision and perhaps more therapy for themselves.

In some situations, the therapist may not be able to manage the degree of rage or erotic attachment that develops within their relationship with a patient. They might realise too late that they are not the best person to work with this patient, and their supervisor may recommend that they refer the patient to a more appropriate place.

If this is the case, it should be done as soon as possible. Such a patient might find a group that would be suitable in the mental health services or an appropriate local voluntary sector organisation and might feel less abandoned if they are referred to a different sort of therapy.

### EXTERNAL FACTORS

Other factors will arise when the therapist is considering ending an arrangement. There may be reasons for the therapist to end the work which are external to the therapy itself. The most usual are illness, old age and cognitive decline, or the wish for an enjoyable retirement while there is still time. More problematic for the patient is the therapist who moves away for a better job or to accompany a partner. The therapist needs to emphasise that it is her ending the work, and is not caused by being tired of the patient.

### WHEN TO END

Most people prefer a natural break, such as the summer holiday, although there is an argument that knowing

**'There is an argument that knowing that the therapist's work continues with other people is helpful in working through the acceptance stage of the experience of termination'**

that the therapist's work continues with other people is helpful in working through the acceptance stage of the experience of termination.

This last point emphasises that clients will need to be helped through the stages of acceptance of death. There may be a period of ambivalence when the ending has not taken on full reality. At this point, there may be all sorts of reasons to delay the ending. The person may become ill, the initial symptoms may return or there may be a loss such as bereavement which makes it seem very hard to insist on ending. The therapist can then continue in the knowledge that a fully experienced and considered ending can help with any of these difficulties.

### POINTS TO CONSIDER

Whatever the reason for ending the therapeutic relationship, there are a number of areas of good practice to consider:

- If the patient is to be independent and self-respecting, the ending must be worked through together at every point, not imposed by the therapist.
- Enough time must be allowed for there to be good and bad times in the process.
- Therapists should discuss what has been achieved and what remains to be done with the emotions that accompany the recognition that the therapy has not been perfect.
- Therapists should be mindful of both ends of the spectrum of celebration and sadness in ending by raising whatever has been neglected during therapy.
- There will often be disappointment over what has not been achieved but the last session must allow for the expression of celebration and gratitude as well as sadness.

This is not a tick-box approach to ending but these are ideas that need to be held in mind. ●

► **The UKCP Complaints Team has written an advice column on its learning from complaints cases involving endings. Read it at [psychotherapy.org.uk/ending-therapy](http://psychotherapy.org.uk/ending-therapy)**



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# ‘I call it the Velcro effect – a myriad of hooks collecting other people’s stuff’

THERAPY CAN TAKE ITS TOLL ON PSYCHOTHERAPISTS’ HEALTH AND WELLBEING. KATE GRAHAM EXPLAINS HOW SHE PRACTISES SELF-CARE

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## KATE GRAHAM

is a UKCP-accredited psychotherapist, qualified master practitioner and certified trainer in NLP operating in private practice across Yorkshire.

She also works with young and adult refugees and asylum seekers for Yorkshire charity Solace Surviving Exile and Persecution

**I** consider myself sensitive, intuitive, reasonably self-aware and empathetic. I often physically feel what a client is feeling, and I use these insights to make me a good therapist. But they also come at a cost.

Sometimes it is obvious, like feeling my brain has fragmented after working with a traumatised client, or feeling starving with someone struggling with their eating habits. Other times it doesn’t seem to have cost me anything, and I go on to the next client, happy that I can cope with this stuff. Then a few days later something comes up out of the blue: paranoia, anger, depression or yet another sore throat.

Ever since I started working one-to-one with other people, I have noticed that I am affected by the other person. My openness and empathy is a great strength and also my weakness. I call it the Velcro effect – a myriad of hooks collecting other people’s stuff. I have worked hard to find ways to create a boundary between my self and the other.

### UNDERSTANDING VULNERABILITIES

*Help for the Helper*<sup>2</sup> outlines a view arguing against the notion of projective identification as the dominant process, instead seeing the therapist’s control of their own empathetic reaction as preserving boundaries and managing the therapeutic relationship.

I use the Neuro Linguistic Programming Logical Levels created by Dilts<sup>1</sup> to identify the Velcro effect:

environmental (where and when things happen, who is there), behavioural (what you do), skills (how well you do it), beliefs and values (that underpin your purpose), and mission (how it fits into your higher purpose).

‘I may find myself hunched over, crying or raging with fury’



### References and reading

- (1) Dilts, R. (2014). *A Brief History of Logical Levels*. [online] Nlpu.com. Available at: [nlpu.com/Articles/LevelsSummary.htm](http://nlpu.com/Articles/LevelsSummary.htm)
- (2) Rothschild, B. and Rand, M. (2006). *Help for the Helper*. New York: Norton

**'My empathy is a great strength and also my weakness'**

I also engage in de-somatising – setting out a number of spaces on the floor, one for each client, and choosing a seat as my starting point (my self). I then sit in each space, and invite my body to show me that client. I may find myself hunched over, crying or raging with suppressed fury, quiet, despairing. As I connect with the feeling it lifts and I can move on to the next one. I complete the process by returning to my seat and checking in. Each time I do this process I feel energised and clear.

#### SKILLS

Awareness is key to therapy, both as a goal and a skill, and our self-awareness is key to keeping ourselves and the client safe. I am increasingly aware of how I use my body, and catch myself automatically mirroring or leaning forward to hear the client. Straining to hear is a particular issue for me, partly remedied by wearing a hearing aid that I can turn up.

#### BELIEFS AND VALUES

Part of my openness and susceptibility to picking up other people's stuff comes from a combination of a deep desire to be accepted, some insecurity that I will be accepted and a belief that I should be open.

I have a childhood script that says 'I have to make everything OK' (especially when in a child ego state). This leads to expectations of myself that can be driven by magical thinking, with its attendant inevitable failure, and a tendency towards isolation.

I am most vulnerable when I feel isolated or feel that I have to 'fix' a person; when I feel I'm their last chance, or when I am afraid I'll get things wrong. Supervision can help to rebalance these beliefs.

There are also surprise scripts that are triggered: for example work with an elderly client was becoming

overwhelming, and through supervision I realised that it had brought up unfinished issues around my grandmother and my father's guilt about the time around her death.

I have to practise and remind myself of clear boundaries and beliefs, such as:

- The boundaries in the room serve us both
- Their pain is theirs and I can use my skills to facilitate their healing. It's not my pain
- Trust the process
- What we do together may not work: I'll do my best and it may not be enough.

#### MISSION AND PURPOSE

The final level is how your work as a therapist fits with your purpose in life. Some people are clear that they are in the right place using their skills and experience. This alignment creates a solid core, strengthened by the beliefs and values that flow from it.

However all the levels are important: my work as a school counsellor felt utterly aligned with my sense of who I am. But I was quite isolated and sometimes poorly supported for the depth of work I was doing. I loved it, but I could feel that it was taking energy and health away from me.

Regularly reflecting on all of these levels is crucial. It is important that we encourage our workplaces to:

- Consider the effect of the environment we work in
- Support constructive behaviours
- Support constructive skills
- Support constructive beliefs.

And discuss this on a regular basis, together. Ultimately it is up to us to decide whether this is really the work we are here for. ●

#### ENVIRONMENTAL

I am more susceptible when I am meeting new clients, when working in rooms outside my home consulting room, when I think I am doing fine and when I am rushing. Proximity to the client can affect me, particularly when using eye movement desensitisation and reprocessing. Having supportive people around and allowing space between sessions helps a great deal.

#### BEHAVIOURAL

I use a number of approaches to self-care, including: grounding exercises before and after clients (such as breathing and body scanning); physical movement and washing hands; experimenting with distance from the client; controlling my tendency to match and mirror, and watching my posture; talking to someone else about how the client has left me feeling; supervision and therapy: the latter to pick up how each particular hook relates to un- or part-processed past personal material. Playing music and being outdoors also helps.



# ‘I approach pupils with a view to optimising their potential’

THE EDUCATION SYSTEM HAS NOT ALWAYS SUPPORTED CHILDREN WITH EMOTIONAL DIFFICULTIES. PENNY MOON’S WORK SEEKS TO GIVE HOPE TO THEM, THEIR FAMILIES AND THEIR TEACHERS

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**P**enny Moon was a teacher in Liverpool before training as a hypno-psychotherapist. Her experience of the education system led her to seek out alternative approaches to meeting the emotional needs of students so they could access the curriculum.

In 1980 I qualified as a yoga teacher, then went on to complete training in psycho-hypnotherapy in 1987. It felt like I had come home; new knowledge was almost familiar and made sense of my meditation practices. Using altered states and guided imagery, stories and myths had been my passion since childhood. Basic counselling skills, neuro-linguistic programming, the impact of food on behaviour – I just couldn’t get enough of it all and how it could be adapted for pupils.

I had previously worked as a special needs teacher in Liverpool, later developing the Early Years Behaviour team for Liverpool City Council. Working in deprived areas, I wanted to enable my pupils to stay in mainstream school and achieve their potential.

**‘I love being a psychotherapist. I feel a little like Sherlock Holmes taking clues from individuals’ stories’**

**Professional services were failing these children by judging them.** Clinical practice, social workers’ procedures and protocol seemed to be forensic; the children were there for pathological reasons. Institutional practices appeared to have grown from a single theory, based on Freud, Jung, Klein and later Bowlby and Ainsworth, and didn’t always take into account modalities derived from later understanding of how the mind, body and spirit and brain function.

**Some programmes were delivered under the heading of nurture groups based on attachment theory,** and suggested that two years are needed for behaviour change. Children often didn’t develop independence and some mothers felt blamed for their children’s behaviour and felt very cross at the suggestion that they hadn’t nurtured their children. Other programmes that used volunteer peripatetic trainee counsellors were judged by the numbers going through the programme, rather than the impact on the child’s performance in school.

**Referrals often included a lengthy wait and procedure.** Many families have literacy issues and a big brown envelope through the door was not helpful. If they managed to get an appointment and didn’t turn up for some reason (chaotic household, no money for bus, domestic violence, agoraphobia), they might be offered two more appointments, and if they didn’t turn up for them it was straight back to the beginning of the process. If they turned up they were

**RIGHT:** Moon's service offers children a safe space to explore issues



often observed through a glass by professionals who use their judgement to assess and decide treatment.

**As a teacher I have a different mindset.** It is teachers' responsibility to deliver education personalised for each pupil. If I said, 'Hey, Jamie, you don't learn in the way I teach so hop it,' I would be rightly sacked. I approach pupils with a view to optimising their potential. I do not look for pathology and the poor outcomes that usually follow diagnosis.

**Recognising that each child is dependent on a complex social network is essential.** When issues arise in school they are often linked with the situation at home. A toxic combination of mental health, addiction, domestic violence, frequently coupled with literacy problems and all underpinned by poverty are not helpful for people to make a change. An effective intervention should consider the whole family's needs.

**This understanding has led me to develop a support service for children with severe emotional difficulties,** which aims to keep their interest, offering practical pointers to give them hope. Children and families are included in all aspects of the programmes and the identification of their unique outcomes is part of the therapeutic approach.

**The service is immediate, inclusive and offered without diagnosis, assessments or judgements being made,** in a safe space and environment the children are already familiar with: school. The choice of therapeutic techniques is designed to retain interest so that short-term gains will be more likely to continue and children can build upon their successes. The service is integrated with the school's organisation.

**Not all families are able to engage,** so I have also developed an in-school programme for children whose parents can't or won't work with us. It aims to bring about change in the shortest time possible – six weeks or half a term – to prevent exclusion from school.

**However, I've learned to never make assumptions that a successful intervention will be welcomed by other services.** The establishment and institutions will do their very best to bounce innovation out. I've also learned that you can't help everyone and small gains may be sufficient, but also that sparkling moments are sometimes enough to make a life shift.

**I love being a psychotherapist.** I feel like Sherlock Holmes taking clues from individuals' stories and developing helpful narratives that talk to the 'unconscious' mind through guided visualisations. I have seen thousands of children and families given hope and moving on in their lives. I feel myself to be one of the luckiest people I know who can apply their knowledge and make their passion into their work. ●

► **Find out more about Penny's work at [aquietplace.co.uk](http://aquietplace.co.uk)**

### Timeline

## PENNY MOON'S CAREER IN PSYCHOTHERAPY



- 1987** Completes diploma in hypnosis and psychotherapy.
- 1992** Begins ten-year role as a co-ordinator at Liverpool Education Authority.
- 1997** Earns diploma as a practitioner in Neuro-Linguistic Programming at Changeworks.
- 2000** Begins five-year role as a consultant at charity the Cheiron Trust.
- 2005** Starts up A Quiet Place in Liverpool.

# On Screen

*Matthew Lee looks at how psychotherapy is portrayed in the media.  
This month it's a complex and imperfect character*

## Dr Paul Weston *In Treatment*

**W**hat has made Golden Globe winner *In Treatment* so unique as a TV programme is its format.

Running five nights a week for its first season in 2008, the HBO show follows psychologist Dr Paul Weston's sessions with his patients week to week. So, Monday nights see Paul's session with anaesthesiologist, Laura; Tuesday nights feature therapy for Navy pilot Alex; teenage gymnast Sophie is the patient on Wednesday; married couple Jake and Amy are the focus on Thursday and the working week culminates in Paul's own therapy session with his supervisor, Gina.

It gives a sense for the viewer of what it's like to be a therapist – hearing parts of one person's story one day, then another's the next.

But across all three series Paul makes mistakes with his clients. Throughout the show's story arc, we see how Paul's own history – his difficult marriage, for example – and his neuroses and self-aggrandising behaviour influence blind spots within his practice.

One such failure of judgement is demonstrated when Paul secretly falls in love with his patient Laura. The impact of events in his personal life impinging to the detriment of his work with patients and vice versa are made clear: another patient, Alex, embarks on a relationship with Laura, and senses Paul's unease.

Alex accuses Paul of sleeping with his patient and reveals his knowledge of difficulties in Paul's personal life in an attempt to goad him. A second professional and legal boundary is firmly crossed when Paul's reaction to this goading is to physically attack Alex.

The importance of self-care, the practitioner's ability to recognise when their capacity to safely and ethically work is compromised, is clear.



**ABOVE:** Dr Paul Weston, played by Gabriel Byrne, seems unable to stop issues in his personal life from affecting his practice

Even though he is in personal therapy, suggesting good intention to practice ethically, Paul flirts with disaster. He attempts to maintain the therapeutic boundary with Laura by saying he's 'not an option for her' when she tries to elicit mutual declarations of love from him. But he is in denial and continues to explain away his feelings for her in his personal therapy as being down to erotic transference.

Yet another cause for professional concern comes when Paul hesitates to take action when one of his patients presents a risk of causing harm to others. All of this is revealed over time in Paul's personal therapy as acts of self-sabotage entwined with his unconscious desires to leave his marriage and profession.

In season three's finale, Paul's psychoanalyst Adele claims he habitually reverses his investment in therapeutic and personal relationships; his patients being a substitute for the lack of contactful relationships he's stopped seeking in his own life.

He decides to end his therapy with Adele and stop seeing patients, disillusioned with the usefulness of the therapeutic process with his patients and in balancing his own needs.

For me, *In Treatment* portrays the uncertainty of psychotherapy the first time we see Paul really make an authentic choice in his own life: he realises the intimacy he seeks with his clients is no longer enough to sustain his own human need for contact.

He is imperfect because he is human, but he is also reckless. He does help some of his patients, but perhaps it is appropriate that Paul decides eventually to step away from therapy entirely to start living instead.

► **Next issue:** *Dr Tyrone C. Berger in Ordinary People*

*What have you seen on screen that has annoyed or inspired you? We'd love to hear your stories.*

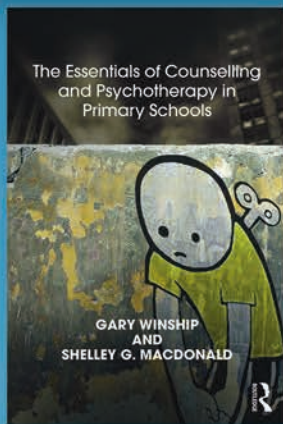
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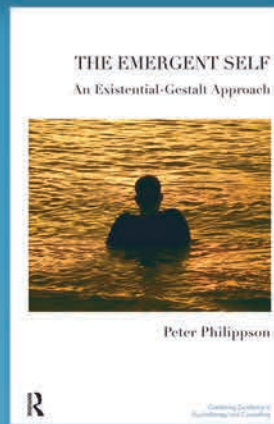
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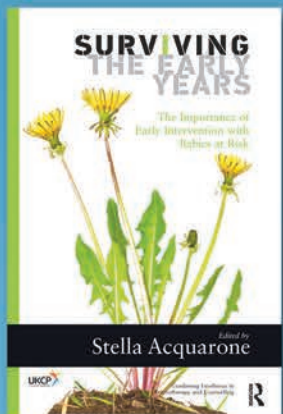
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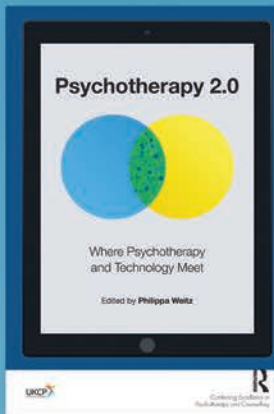
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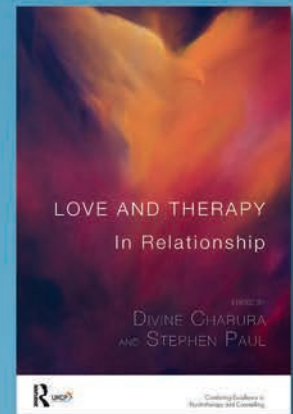
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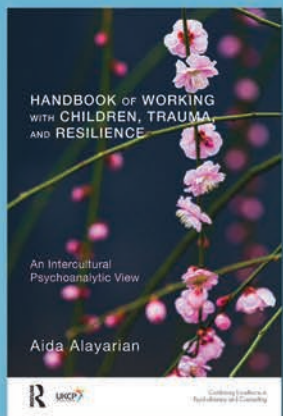
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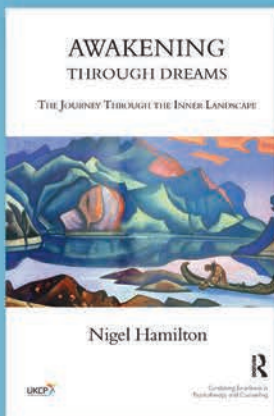
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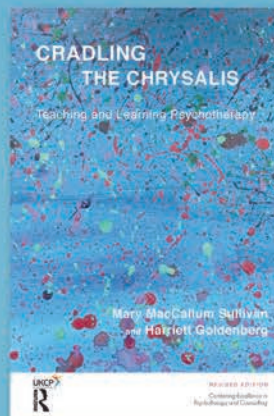
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