

Transcript Talking Therapies Episode 37:

Finding healing after oppression

Suzy:

Hello and welcome to Talking Therapies, a podcast made together with Psychologies magazine and the UK Council for Psychotherapy, or UKCP for short. I am Suzie Walker, and I'm the Editor-in-Chief at Psychologies. Each month at Talking Therapies, we will be talking to a UKCP therapist about a range of topics. Oppression, and the psychological damage it can have on someone can be long lasting. Sometimes it's so subtle that even we begin to question ourselves. So how can we recognise when oppression is really happening? And how can we find healing?

Eugene:

Now more than ever, I think people are really feeling challenged around the oppression that's happening around them and challenge to sort of see it in a slightly different way. Challenged to think about it, challenged to speak about it, and if you're oppressed yourself, to find some way through.

Suzy:

That was UKCP psychotherapist Eugene Ellis. Trained as an integrative arts psychotherapist, Eugene has worked for many years with traumatised children and their families, as well as in private practice. He is the founder and director of the Black, African and Asian Therapy Network, an organisation which aims to encourage people of African, South Asian and Caribbean heritages to proactively engage with psychological support, and inspire this group is a therapy profession, where they are underrepresented. In this episode, UKCP CEO Sarah Niblock talks to UKCP psychotherapist Eugene Ellis about oppression and the psychological impact it can have on us.

Sarah:

What is your working definition of oppression, Eugene, as a psychotherapist?

Eugene:

Yeah, that's a good question. We are rarely aware actually, that we're being oppressed. You know, when people come in for psychotherapy, they often feel a sense of, a kind of alienation I suppose is the word, they feel alienated from themselves, from parts of themselves, and maybe even alienated from others. Children are influenced by the quality of their family dynamics, as well as their social and cultural circumstances. But you know, wherever there's alienation, in my mind, there's oppression. There's something about power being exerted, in whatever context, onto an individual and particularly children, where that power and that oppression becomes sort of internalized. And of course, there are some added complexities, for instance, you experience particular social constructs of oppression, for instance, racism, or sexism, or homophobia, to name a few. But, you know, oppression can happen in the home or outside. I mean, one of the things about oppression is that it's not really meant to be noticed, it's not really meant to be seen, or even known or even responded to, it's meant to be unconscious. It's an unconscious process that is experienced as if it was just you, or if it's part of a social group, just us. And so that's kind of how we define oppression.

Sarah:

That's so interesting, Eugene, because you're saying that we may not necessarily be consciously aware that we are being oppressed. Is that the case? We may not even realise, or be able to put that word on it, we may just think 'it's just us'.

Eugene:

I think when people are coming in into therapy, I think that's kind of where they are. I mean, the process of oppression is kind of unconscious in so much as there's a sense of, like a deception. There are particular groups of people who might call it sort of mystification, whereby there's a kind of a lie being told about you. So, you're sort of being projected on. When I say projected on, I mean, you're being seen in a sort of one-dimensional way. Especially as children, you then try to arrange yourself around your situation, so that you can survive, so that you can actually get something out of the situation for you. In terms of safety, you do need to deny the parts of yourself that other people don't see. And then you almost like become just that one-dimensional person, that one-dimensional thing. So, denial functions quite strongly in order to survive. And of course, if you are going to be aware of what you've denied in yourself, it's quite a painful process, even if what you've denied is quite powerful, potentially quite powerful. There's quite a lot of pain associated with making contact with what's denied. Because of that pain, we tend to avoid looking at our oppression. So, it sort of remains largely unconscious for many people. And actually, becoming conscious of it actually brings quite a lot of feeling, quite a lot of anger sometimes. Which again, most people just want to live stable lives, they just want to live, you know, a kind of regulated lives. And to sort of get on with things, they don't want to feel angry, they don't want to feel intense feelings.

Sarah:

I was going to say to you, in the context of the pandemic, which of course we're recording in, I can well imagine that people might seek to bury feelings about themselves. I think one of the interesting things is how people are much more focused on caring for others. In your experiences as a therapist, working with a wide range of clients, in what contexts have you found that we might typically experience oppression?

Eugene:

Typically, within families I guess, maybe where a witness, perhaps, to domestic violence, perhaps through being sexually abused, there may be extreme fear-based types of parenting. Those are typically the ways that people sort of feel that sense of oppression. And of course, if you're part of particular groups, as well, there's an extra added dimension of those kind of social oppressions. That's kind of how people tend to experience it.

Sarah:

And you've mentioned, children.

Eugene:

Yeah.

Sarah:

People are holding on to this for a very long time, by the sound of it. Is it that clients will come to you at much later stages in their life to actually start to process these feelings?

Eugene:

Yeah, I mean, you know, people can live with these denied parts of themselves all their lives and kind of get on and find their way through. And for others, situations arise, where that denied part of the self is really challenged to come out or to be heard and be seen.

And because of the discomfort, I guess, of having that challenged in some ways. And I think, certainly you talk about the pandemic, I mean, there's been a few things that happened within the pandemic. There's social things that are happening around Brexit, for instance, or Black Lives Matter. In a way, they're all kind of challenging people to look at the ways that people are oppressed. Now, more than ever, I think people are really feeling challenged around the oppression that's happening around them, and challenged to sort of see it in a slightly different way. Challenged to think about it, challenge to speak about it. And if you're oppressed yourself, to find some way through. So yeah, right now, oppression seems to be really on the agenda as a topic of conversation.

Sarah:

It's interesting to have this much more nuanced conversation about what the pandemic period has thrown up.

Eugene:

For men, for instance, being the main protagonists of war, you know, and coming back from war to their families, and, you know, the impact that this has, on not just their sons, but also their daughters as well. There's a huge impact on society, the sort of men's oppression, I guess, you know, men are made to be tough, they need not to be weak. So, men are sort of forced to almost alienate, you know, the more tender part of themselves, the more loving parts of themselves. And if they come out, there's a sort of a pressure almost to put them back in, where they came from. The same for women as well growing up in families where they're forced to accept that the role of the caretaker and caring for children, being subservient to men. Again, it forces an alienation of the part of the self that's more powerful, you know, that's more getting out there and doing stuff.

Sarah:

You mentioned there about family disharmony and gender issues. Unfortunately, we've seen the escalation in calls to domestic violence...

Eugene:

Yes.

Sarah:

Helplines. And also, the growing narrative about gender divisions of work in the home, in the context of homeschooling and things like this. It's very interesting how there's a sense of being taken backwards, in a way, in time. And that must be hugely, hugely destabilising and troubling, and as you say to children. And a lot of your work is with children, isn't it, Eugene? You do work with children and young people?

Eugene:

Yeah, it's kind of family work, for the most part. And yeah, working with children and parents. Normally in the field of adoption.

Sarah:

Yeah. And presumably protecting and making sure that those relationships are as stable as possible over time. You've mentioned the fact that people can hold on to this oppression and maybe not necessarily recognise or articulate it until a moment where perhaps something conjures up and start to open up those thoughts. If unaddressed, what impact can oppression have upon our health?

Eugene:

I mean, it can have a huge impact on all aspects of the self really. It can result in quite negative thoughts about the self, it has an impact on your emotional life.

Emotions that maybe other people might be able to contain, and hold on to, and not feel too threatened by, someone who's really oppressed really struggles to keep regulated, and to keep their sort of regulation going, so they can feel like they're in control of their emotional life. And perhaps more subtly, it sort of impacts on the body. So, it could have an impact on your health, back problems, it could have an impact on how you walk, how you speak, you know, general health. So yes, it can have a really big impact on people.

Sarah:

Yeah, the kind of self-soothing strategies, as well as holding it just somewhere in the body.

Eugene:

Often, there's some kind of object which is used to sooth. So, it could be computer games, or drink, or some other substance, some other thing. Having access or being able to access the resources that are all around us, sometimes is a challenge, because the resources themselves can feel as if they are the enemy, in some cases.

Sarah:

In terms of your practice, you use creative techniques in your therapeutic work. How do you find that art helps people experiencing oppression?

Eugene:

Yeah, I mean, art in itself, even if you just sort of take the therapy part out of it, the visual arts, for instance, they bring together space and colour and texture, which can communicate and express, beyond words. And music is the same, you know, it can sort of bring all of those things, but through the world of sound. So, art is healing and communication and bringing people together, it's really as old as time, isn't it? But there's something about the non-verbal part of all of that, because words can be quite limiting, I guess, sometimes, quite often, in fact. And art can be a way of bringing something together in just one thing, that can then just be unpacked and explored. But in terms of, you know, using it in therapy, I'm an integrative art psychotherapist and so, we bring the arts in, generally speaking, when words begin to fail us. You know, there's a limit to what words can express. And sometimes, especially if someone's really oppressed and alienated from a part of themselves, sometimes the thinking can actually be the problem, it can sort of take you into quite negative spirals of thinking. So, putting the problem, whatever it might be, into some kind of art – so it could be art could be poetry, could be music, it could be stick people on paper – there's an invitation really to remain connected to the issues, but sort of step back a little bit from it. And what begins to be revealed is that actually, those compromised relationships from the past, sort of begin to reveal themselves. So, it's not just about you, it's you in relation to something else and sometimes art images bring that out. As well as the art, there's always this, in every therapeutic relationship, this sense of the therapist needing to sort of build a relationship with the client. The big focus on trust and safety, so that when things do get revealed, there's a sort of sense that they can be held in a space that's not going to be oppressive. So that's sort of generally how it works.

Sarah:

And I know there's no typical format in psychotherapy because obviously every client-therapist relationship is going to be absolutely unique. And that material that the client brings into the therapeutic space will be very much held by them. Is the art practice, the creative practices, is that very much driven by the client? Or might you, for instance, suggest that a particularly difficult to articulate piece of thought is perhaps opened up through creativity?

Eugene:

I mean, some clients come in and they know what I do, and this is what they want, and they sort of lead the process.

That's quite rare. I think most people, when you mentioned art to them, they kind of think, oh, they go back to school, when they're at school and doing art at school, and how terribly it was and whatever. And they have these kinds of images of what it would be like. So, you I might say, 'look, you know, we've been talking about this thing for a while. Why don't we just try another way of approaching this?' So, I'm gonna suggest we do this, and I suggest we do that. And just explore and see what happens. Sometimes it can be easier to get to where we want to get to. Sometimes it's more direct, but often it's an invitation.

Sarah:

And it makes so much sense when you think about how these feelings can be so embodied and so difficult to articulate. And probably because there isn't a vocabulary in existence in many situations to be able to speak of these things. It's not something that's widely discussed in popular culture.

Eugene:

And if it is put into words, it's sort of put into the oppressors' words, in some ways. So, the non-verbal experience of oppression is really important. And if we stick on the level of the verbal, we'll be missing all of that vital stuff, which gets lost, I guess. Certainly, with the body as well, the way that the body moves, the way that the body communicates, you know, the trembling arm, you know, those kinds of things, communicate quite a lot about people's experiences. And quite often they go unnoticed, but when they're brought to someone's attention it becomes really meaningful.

Sarah:

Yes, yes, I can imagine it's absolutely fascinating. Working remotely, whether that's online, or whether you work by telephone even, does that present many barriers? Can the work still continue?

Eugene

It is more of a challenge. But it can still continue. Sometimes it can even be more intense, because certainly, if you're doing it via Skype, or Zoom, and the clients looking at your face, the face is very expressive. And normally, it's not quite focused on in that kind of intense way. If both the client and you are in agreement that we're working with the body a lot, then, you know, we can organise how the video takes us, the little picture we see of each other. So, it can still work.

Sarah:

Yeah, I've heard so many fascinating stories about the incredible creativity, actually of psychotherapists of all modalities, working with clients, and how they've managed to work together to adapt the situation and adapt the format to fit their particular working relationship, which is so positive. No one should have to suffer or miss out because they aren't able to physically be in the room. No doubt somebody will be listening to this, and hearing you, and starting to question whether they themselves are being oppressed. What advice would you give to them?

Eugene:

Well, I would say, if they feel disconnected from themselves, there will probably be some level of oppression that's happening. And it sort of depends, I suppose, on how much it affects your life. And sometimes, certainly, in the period of time that we're living in right now, what might have seemed as tolerable maybe a couple of years ago, certainly in the current landscape where we're having to stay indoors and more stressed, it might feel less so. Not being alone and being connected to is really the antidote to that feeling of oppression and alienation. So that sense of, you know, 'it's just me,' you know, it's very strong and it can be very liberating to be with other people who have this 'it's just me' narrative. It can be challenging, but it can also be challenging in a good way, that you're all of a sudden seeing the pattern that you're going through, reflected back in some way.

Now, the network and I run there's this experience of not being alone, as people of colour, is often the defining experience of people when they come together, in that particular oppressive group. And when people become aware of the connections that they make in those kinds of spaces, they often get angry. And I think that's one of the things just to be mindful of, that when you start to connect with that experience of oppression, anger is often the defining kind of feeling. If you're having those experiences that I'm describing, I mean, you know, the first thing would be actually it's okay, to get support, it's okay to get help and there are resources out there.

Sarah:

That's a very powerful and moving statement that, for me, really sums up the power of, I want to say the power of psychotherapy, but certainly a psychotherapeutic approach to oppression. You've articulated so well that this is not about you. And the first point and benefit of sharing that whether it's with a psychotherapist or if you look at the power of the Me Too movement or Black Lives Matter, it's that sense that, it's not you, there is nothing wrong with you. And I think many people listening to this will think probably, possibly for decades that something has been wrong with them. And the lifting of that and saying 'no, actually this is a systemic issue, and you're not alone,' must be very, very powerful. And you know, thank you for articulating that in such a positive way. And I think you've also just shown that you don't have to live with that, that help is available. The support comes in many different shapes and forms. But as you said, whilst human relationships can be at the root of all the ills in the world, of the problems in our lives, they can also be the solution. It's very encouraging what you've had to say about that. So, thank you, Eugene.

Suzy:

That was UKCP psychotherapist Eugene Ellis, speaking to Sarah Niblock, the CEO of the UK Council for Psychotherapy. If after listening to that, you feel you could benefit from some talking time with a psychotherapist, then go to the Find a Therapist section of the UKCP website and have a look through. The website address is www.psychotherapy.org.uk and look for the Find a Therapist tab. We'll also be seeking to understand the impact of oppression in Psychologies magazine this month. You can find us online at psychologies.co.uk. We'll be doing a podcast each month with some of the UKCP psychotherapists, so remember to like and subscribe to our channel to hear it first. It also helps others to find us too. So, join us again next month. Till then thank you for listening and take good care of yourselves.