

# New Psychotherapist

ISSUE 72 / AUTUMN 2019

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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

**I**t may be called 'Sleepwalking into the Anthropocene - the New Age of Anxiety', but this year's UKCP conference is focused on hope and resilience for very good reason. A shift has occurred within debate about the climate, away from the notion that change is needed at some point in the future towards the idea that climate change is an emergency that must be dealt with now. Despite this, we should be hopeful.

Psychotherapists have a crucial role in helping people move away from dread, helplessness and fear about climate change to resilience, action and hope. UKCP members are seeing an increase of anxiety about what is happening to the planet within their consulting rooms, but are also able to

help clients face difficult truths about how they live their lives.

As therapists, you are able to help people work through processes of despair, grief and guilt. You are able to offer solutions - both practical and philosophical - to managing these emotions and doing something about what is happening to the planet. You are able to demonstrate the impact of the environment and nature on our mental wellbeing.

This issue of *New Psychotherapist* brings together many experts to consider what impact climate change has on our mental health, how everyone can act to change things, and the role psychotherapy plays in all of this. Environmental writer Emma Marris explains that focusing on guilt and anxiety is not necessarily a solution (page 32). Green MEP Molly Scott Cato highlights how our relationship with nature has a big impact on mental health (page 36). Psychotherapists Tree Staunton and Caroline Hickman describe the journey therapists must go through themselves in order to come to terms with climate change (page 22). We also consider the role psychotherapy should play in how we plan the environment within our cities (page 27).

Elsewhere in the magazine, we see what our members are doing to help PTSD patients in the NHS (page 42), those visiting foodbanks (page 46) and people struggling to come to terms with their mortality (page 48).

We hope you enjoy it.

ANNA SCOTT  
Editor

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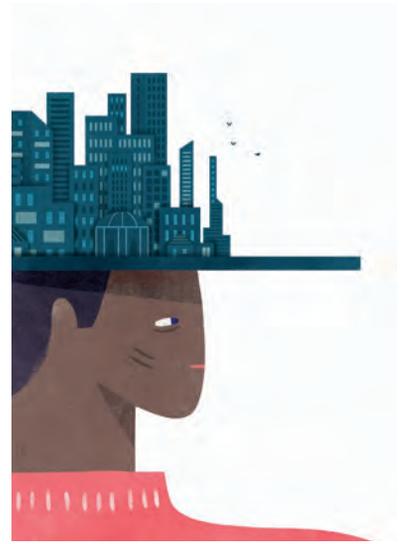
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This issue, we explore the role of psychotherapists in helping clients deal with climate change



## 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. [psychotherapy.org.uk/join](https://psychotherapy.org.uk/join)

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# Bulletin

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



The switch in status from child to adult can create difficulty for patients



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## RESEARCH

# Adolescent care a 'weak link'

Long-term study finds gaps in mental health care for children when they become adults

**A**cross Europe, young people with mental health problems are experiencing a discontinuity of care as they become adults, a five-year study of Child and Adolescent Mental Health Services (CAMHS) has found.

The Milestone study found that the period between childhood and adulthood is one of the 'weakest

links' in the provision of care via CAMHS in 28 EU countries. The findings indicate that while a number of young people move on to adult mental health services with minimal disruption, a large proportion are discharged without guidance on continuing support.

The research also found that despite having the largest number of services in the EU dedicated to child and adolescent mental health (939), the UK comes 18th out of 28 countries for the availability of inpatient beds. For every 100,000 young people, just 9.4 beds are available.

Stephen Blunden, Chair of UKCP's College of Child and Adolescent Psychotherapies, said that the medical model is failing. 'Many children who are presenting the most extreme emotional and behavioural states simply need (and desperately want) a

period in a locked, secure setting, to avoid them harming themselves and others, where they can stabilise safely, and everyone gets a chance to think about what they need longer term to become safe and well.

'There is currently a double whammy in the loss of secure beds – both a shortage of acute mental health beds and the continued loss of beds in the Local Authority Secure Estate.'

Jocelyne Quennell, Director of the Wellbeing Faculty at the Institute for Arts in Therapy and Education, added that child mental health and wellbeing are not being taken seriously enough. 'We also need therapeutic community resilience models to be embedded within schools and local communities. Addressing the causes of mental health problems, as well as delivering creative and therapeutic responses to human suffering, is vital,' she said.

### Get in contact

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

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**Psychotherapy and the city**

Exploring the relationship between mental health and life in the urban jungle

Pages 27-31

**RIGHT:** Spending time in nature seems to encourage good moods



**MENTAL WELLBEING**

**NATURE BENEFITS PSYCHOLOGICAL WELLBEING**

People who spend at least two hours a week in nature are more likely to report higher psychological wellbeing than those who don't.

Research led by the University of Exeter's European Centre for Environment and Human Health also found that people who visited town or country parks, woodlands and beaches for less than two hours a week experienced no such benefits.

The study, 'Spending at least 120 minutes a week in nature is associated with good health and wellbeing', used data from nearly 20,000 people in England and found that it didn't matter whether the 120 minutes was achieved in a single visit or over several shorter visits.

It also found that the two-hour threshold applied to men and women, irrespective of age, socio-economic or occupational

background, and also to people suffering from long-term illnesses or living with disabilities.

'The majority of nature visits in this research took place within two miles of home, so even visiting local urban green spaces seems to be a good thing,' said Dr Mathew White, Environmental Psychologist at the University of Exeter Medical School, who led the study. 'Two hours a week is hopefully a realistic target for many people, especially given that it can be spread over an entire week to get the benefit.'

UKCP-registered psychotherapist Hayley Marshall, who specialises in outdoor therapy, said that the research 'provides part of a solid therapeutic rationale for the growing tribe of outdoor practitioners already drawing on these benefits in their work'.

'It is true that a clearer understanding of how much we benefit from contact with nature also prompts us to protect and care for it. We then take our place in a true cycle of reciprocal healing.'

**'Two hours a week [in nature] is hopefully a realistic target for many people'**

**PARTNERSHIP**

**NEW PSYCHOTHERAPY COURSE ANNOUNCED BY UKCP AND IMPERIAL COLLEGE**

The UKCP has teamed up with Imperial College London to offer a new course, Understanding Psychotherapy: A Social History of the Mind.

Starting in October 2019, the nine-week course will explore the history of psychotherapy, stretching back to Hippocrates in the third century BC, through to the late 1800s work of Chalcot, and concluding with the post-Freudian understandings of the mind and therapies used today.

Professor Sarah Niblock, UKCP Chief Executive, Martin Pollecoff, UKCP Chair, and leading psychotherapists Professor Brett Kahr, Dr Divine Charura and Dr Reenee Singh are among the tutors on the course, which will take place at the South Kensington Campus of Imperial College London.

Dr Roberto Trotta, Imperial's Director of the Centre for Languages, Culture and Communication, said: 'This exciting course, which is open to all, will broaden our offer of courses for the general public, and will bring to Imperial the expertise of some of the best people working in psychotherapy today ... We very much hope it will be the first step towards further collaboration and partnership between Imperial and UKCP.'

► **For further information, visit [bit.ly/2YVq8hY](http://bit.ly/2YVq8hY)**



# 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)*

## NORTHERN IRELAND INSTITUTE OF HUMAN RELATIONS

### Institute celebrates 30 years with art installation

A dance piece aims to highlight the nature of the therapy relationship

The Northern Ireland Institute of Human Relations (NIIHR) is using an art installation to commemorate its 30th anniversary, which takes place in 2020, writes *Honorary Secretary and Associate Member Rhoda Dorndorf*.

The installation is a dance piece that aims 'to give the public a glimpse of what goes on within the therapy relationship,' said Vice-Chair Cheryl Bleakley, a psychoanalytic psychotherapist and artist who facilitated the installation.

David Smith, Chair of NIIHR, added: 'The installation has been over two years in the making and is the product of a creative engagement with Donald Kalsched's beautifully vivid Jungian redescription of Donald Winnicott's concept of the false self.'

The NIIHR has 46 members from all over Northern Ireland, and offers a programme of CPD events, including a clinical and theoretical reading group, a film club, a social concern group, a book club, a group analytic section, clinical seminars and conferences. It has recently become the 30th organisation to join the UKCP's Council for Psychoanalysis and Jungian Analysis.

A long-valued core member organisation of the psychoanalytic section of the Dublin-based Irish Council for Psychotherapy, NIIHR members continue to enjoy the fruits of close cross-border collaboration, regularly attending events in Dublin and welcoming friends and colleagues from the Republic of Ireland to Belfast events.

'Now, at this deeply divisive moment in time, characterised by wall-building and talk of hard borders, it's more important than ever to maintain and deepen healthy connections – both within the island of Ireland, and between Great Britain and Ireland,' Smith said.

'The Institute is a welcoming, supportive, playful and facilitating community of therapists. It is outward-facing and aims, through its



Cheryl Bleakley and David Smith

engagement with popular culture and with social issues, to make psychoanalytic thinking accessible to both the wider mental health community and the general public. In keeping with the Winnicottian tradition, we want to make ourselves available in a way that allows people to find their own creative ways of making use of us.'

#### FORTHCOMING UKCP EVENTS

**19 OCTOBER 2019**

Sleepwalking into the Anthropocene – the new age of anxiety. **London**

**23 NOVEMBER 2019**

The elephant in the room: what is going on in the supervisory relationship? **Edinburgh Zoo**

#### Get in contact

Let us know your news, views and updates:

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#### Diary dates

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# Reviews

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

## Mind Kind: Your Child's Mental Health

Joanna North is both a UKCP Psychotherapist and Chair of the BPS Psychotherapy Section – she was the 2017 winner of the BPS award for Distinguished Contribution to Psychology in Practice. Her book, *Mind Kind*, comes out of her 30 years of working with children and parents, both in the NHS and private practice, and was inspired by a year spent in Child and Adolescent Mental Health Services, where anxious parents had the same questions and concerns about their child's mental health.

There are many books that give advice on childrearing, but what's so refreshing here is that rather than proffering advice it offers both parents and therapists a set of coherent values – a simple philosophy of parenting.

The book addresses the basis of anxiety, explaining that it is not wrong to have anxiety – after all, we have evolved to be

anxious about our environment to make sure it is safe for us – it's getting anxious about the anxiety that causes the problem.

She suggests that talking about the small things helps children to talk about the big things, too. We cannot suddenly expect children to start talking about how they feel if they have never learned to do this.

She also clearly states what she perceives to be parenting errors, such as physical interventions, over-critical and harsh parenting with poor use of language.

There is a chapter on self-harm and suicidal ideation. Another looks at divorce and separation, and one covers eating and self-worth. The final chapter of the book covers the journey of development.

All told, *Mind Kind* is an informative read that puts parents back into the driving seat of guiding their children to be emotionally resilient.



### Details

- **Reviewed by:** Martin Pollecoff, Psychotherapist and UKCP Chair
- **Author:** Dr Joanna North
- **Publisher:** Exisle Publishing
- **Price:** £12.99
- **ISBN:** 978-1925335941

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### PODCASTS WE'RE LISTENING TO

#### GRIEFCAST

Comedian Cariad Lloyd has won awards for her podcast in which she talks to a different comedian in each episode about someone close to them who has died. Lloyd lost her father aged 15 and says that, for many years, she struggled to come to terms with her grief. The intention behind her podcast: to provide a space where people can 'talk, share and laugh'.

One of the strangest things about grief, something we will all experience, is the feeling of being alone. The sense of isolation and abandonment can be profoundly painful, sometimes

even more than the loss of the person we grieve. But hearing the different voices and perspectives in each episode of Griefcast provides reassuring proof that grief is something we share. There's a kicker, however: almost everyone being interviewed is a comedian, such as Robert Webb, who discusses his mother's death from cancer when he was 17, and Sara Pascoe, who talks about her grandfather's death when she was a child.

Being a writer, I appreciate a decent paradox and since death is not the

most popular topic of conversation (mostly due to the idea that it should be broached with humourless solemnity), why not get funny people to discuss how they feel about it? Genius. It is for that reason Griefcast has received widespread acclaim. But is there a pressure to be mirthful? And is some of the pathos lost in the laughter? In the genre of dramedy, what is alluded to is done so with a subtle hand. Griefcast may not be as deep, or as raw or existential as some would like, but these stories could be exactly what you need.

### Details

- **Reviewed by** Anoushka Beazley, Student Psychotherapist
- **Creator:** Cariad Lloyd
- **Address:** [play.acast.com/s/griefcast](https://play.acast.com/s/griefcast)

We would like to publish more podcast reviews in future issues. If you are interested in reviewing a podcast, please email: [editor@ukcp.org.uk](mailto:editor@ukcp.org.uk)

## Psychology and the City: The Hidden Dimension

**I** have heard of the greatness of Liverpool, but the reality far surpasses the expectation.’ (Prince Albert, 1846)

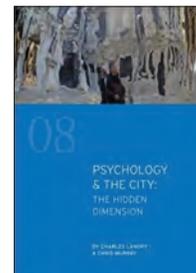
I became fascinated with the psyche of the city as a local news journalist reporting on Merseyside, but have never really put my finger on why Liverpool is always in my heart. Landry and Murray articulate the way in which the city impacts upon our mind and how, in turn, our mental and emotional state impacts upon the city.

Their application of the term ‘psychology’ is consciously catch-all, citing Jungian and humanistic approaches through to neuroscience and psychogeography in their close analysis of cities from Antwerp to Minneapolis. The energy of cities needs identifying and harnessing as a force for good, they urge, if we are to realise the basic human desire to connect. In

fact, they have created a city personality test, with seven scales of measurement, to assess introversion vs extroversion and other human traits.

Their book is a call for close working ties between psychologists and urban decision-makers. By creating zones of encounter with opportunities for citizens of all ages and backgrounds to mix, planners can harness what unites rather than divides communities.

The next step, they say, might be a psychoanalysis of a city, looking at what its history and major events might reveal about its present and future potentials. Perhaps my enduring attachment to Liverpool is because it’s a city that, no matter what befalls it, continues to look outward, not inward, with a human wit as warm as the sandstone bedrock upon which the region is built.



### Details

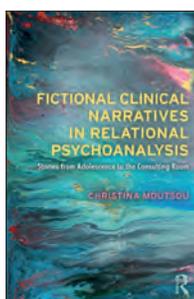
**Reviewed by:** Professor Sarah Niblock, UKCP Chief Executive

**Authors:** Charles Landry and Chris Murray

**Publisher:** Comedia

**Price:** £6.88

**ISBN:** 1908777079



### Details

**Reviewed by:** Lakis Georghiou, Psychoanalytic Psychotherapist

**Author:** Christina Moutsou

**Publisher:** Taylor & Francis Group

**Price:** £15.99

**ISBN:** 9781138315495

## Fictional Clinical Narratives in Relational Psychoanalysis

**T**he praxis of therapy and our desire to connect to it is underpinned by both our own complex histories and the training journeys that follow. This is by far the most important part of what we use in the consulting room.

Moutsou’s writing has the flavour of the autobiographical, playfully blended with similes and characterisations. She sometimes includes too much narrative detail, though, which can be distracting. However, she has the ability to capture subtle yet deeply moving alienating experiences, such as that of teenage Natalie in the first story, ‘On the Beach’. She also highlights important examples of the need of therapists to self-reflect,

such as in ‘The Crumpled Coat’.

Her ability to convey the context of our work means this book would clearly benefit those thinking of embarking on training, as well as being a resonating read to those already practising. What we hear in our client sessions is an honour and a privilege – this book helps frame this experience. Moutsou’s stories skilfully infuse the complexities of ordinary life with sensitivity and fearlessness. Her writing succeeds in breaking the spell of how this work can be written about.

# Feedback

We want to hear your stories, news and views, so please get in touch

## Report's simplistic analysis misses the bigger picture

I am the manager of one of the staff counselling services that contributed data to the report that was featured in your article, 'Poor mental health "epidemic" among academics' (issue 71, page 8). I read both the report and your article with interest.

The report argued that data, collected through a Freedom of Information request, showing an increase in staff accessing counselling was 'firm evidence that university staff are experiencing poor mental health at a greater rate than several years ago'.

I value the analyses of the nature and sources of stress on people working in higher education and the report nods to limitations of the evidence. But the simplistic interpretation of data weakens the report's assertions and portrays a very limited view of the role and use of such services.

For example, the report speaks of 'referrals' to counselling, suggesting that people are referred by managers. This is not the case – most staff self-refer. High demand for services may also relate to poor NHS provision. When GPs know there is a service they push clients toward it.

Also, staff may be more willing to seek help now due to better mental health awareness. National policy and initiatives place more expectations on the workplace as a setting in which good mental health can be supported and difficulties addressed.

We see much more proactive use of consultation counselling and coaching,

perhaps due to the nature of the service we offer. In the past nine years we have built a level of trust in our in-house service from staff members and our colleagues in HR and other services, and a 2016 review highlighted this.

We see the service as contributing to a culture of effective help-seeking, and enhancing individual and organisational health in the challenging socio-economic and structural conditions elucidated in the report.

So, while increased utilisation of staff counselling may well reflect the increased stressors and demands on staff in higher education, it may also indicate that leaders and managers are more responsive and that universities increasingly recognise the positive role counsellors and therapists have in bringing psychological perspectives to the world of work.

The report pushes us to reflect on the interaction between the socio-cultural environment and our clients' inner worlds. The report states that intrinsically motivated staff are prone to the 'do more for less' messages promulgated through neo-liberal ideology and new-managerialism. As feminist therapists did for women's psychology, work-based therapists can add psychological perspectives to how and why particular individuals may identify with, adopt and enact such values. My experience is that we are all influenced by these values and that their impact comes not just from the top-down, but from many levels. Indeed, it may be HR professionals who soften the effects of unrealistically demanding managers rather than the other way around.

*Sally Rose, Manager, Staff Counselling and Psychological Support Service, University of Leeds*

**'The simplistic interpretation of data weakens the report's assertions'**



**Louise Knowles, Steering Group member of UKCP Higher Education Special Interest Group (HESIG) writes:**

*Thank you for giving us your perspective on the report, 'Pressure Vessels: the epidemic of poor mental health in higher education staff'. It is clear that more debate is needed. I am particularly interested in seeing the patterns and similarities between the push for change in student mental health services and those aimed at staff. You suggest that what we are seeing may not be so much to do with the increased levels of mental ill health, but improved service access and a de-stigmatisation of mental ill health. Interestingly, increased demand, for whatever reason, can result in innovation, challenging long-held beliefs about how services should be provided and even challenging our role as counsellors and psychotherapists. Some of the best-performing services have developed from this type of push.*

*I want to continue this debate with people with experience of the HE sector. That is why UKCP has launched HESIG – offering a voice to UKCP members working in higher education. For more information visit [bit.ly/33mluNB](http://bit.ly/33mluNB)*



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of this issue. Email  
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## Addressing challenges and issues

**I** felt compelled to write in and thank you for the summer edition of *New Psychotherapist*.

From its provocative and brave cover to its range of content, *New Psychotherapist* intelligently addresses the contemporary issues that challenge, and are challenged by, psychotherapy. It is the first publication that I've felt I wanted to set aside time to read, and re-read, cover to cover. I've also noticed how much more time our psychotherapy trainees are giving to the copies we have around the school.

The summer edition balanced the pulls of the issues and obstacles that trouble us as a profession, and professionals, with an energising expression of our real mission to stretch and connect to the societies we serve.

There was also inclusion of newsworthy and uplifting items regarding UKCP's genuine structural growth, such as the new appointments to the Board and the range of work that UKCP members bring to, and from, their world of activity. It's such a relief that our rich breadth of work

**'The work you have done really matters to folk like me'**

is finally getting a look-in and that 'our' publication is giving a platform to its diverse members.

The work you have done really matters to folk like me who, for years, have felt that we had to succeed despite the UKCP rather than as part of it.

*Pamela Gawler-Wright  
Director of Training  
BeeLeaf Institute  
for Contemporary  
Psychotherapy*

## Dealing with hatred



**J**ust writing to say that, as a member of UKCP since its inception, I find the cover of the summer issue of *New Psychotherapist* deeply offensive. I do not deal in hatred (with it, yes, of course). I cannot understand the thinking behind it – if there was any – and feel that, in case I'm not the only one taking exception, it may well warrant an apology.

**Gottfried Heuer  
Analytical Psychotherapist**

**UKCP replies:** *We are aware that the cover has been a talking point. We apologise for any offence caused, this was not our intention. Our intention was to encourage readers to open the magazine and explore how the psychotherapy profession can help people work through issues of hate and division in a troubled society.*

## Sustainability

**I** welcome your move away from an oil-derived plastic mailing wrap. However, I question whether the new vegetable-based one is as compostable as a shredded paper envelope, or as recyclable as no envelope at all – just a name and address printed on the back cover.

As you say, it is intended to be fully compostable but, as yet, the research is not fully conclusive as to whether vegetable-based plastic does completely biodegrade. UCL is currently researching this, and readers can find more information at [plasticwastehub.org.uk](http://plasticwastehub.org.uk)

I think readers should be aware that, unless thrown away, your greener mailing wrap can only be composted. It is not suitable for plastic recycling, because it is not compatible with other oil-derived plastics.

I couldn't see any information on this, either on the wrap or inside the magazine, and I feel it's important to point out, otherwise your very laudable effort to be sustainable may prove counterproductive.

**Lal Hitchcock  
Integrative Psychotherapist**

**UKCP replies:** *Thank you for highlighting this – you are right, the magazine wrap is made from potato starch. We were keen to find an alternative to the previous plastic wrap but still ensure the magazine is protected in the postal system. After research, we found this to be the best solution that's currently available. We will keep an eye on developments and are also looking at how we can make the magazine electronically available for those who do not wish to receive a physical copy.*



# A CRUCIAL ROLE

UNDERSTANDING OF THE PSYCHOLOGICAL IMPACT OF CLIMATE CHANGE IS GROWING. ENVIRONMENTALIST AND JOURNALIST **ROS COWARD** EXPLAINS HOW PSYCHOTHERAPY CAN BE A SOLUTION TO DEALING WITH CLIMATE ANXIETY

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## ROS COWARD

is a journalist, author and academic, with a special interest in the environment. She regularly writes for *Ecologist* and *Resurgence* magazine and between 2004 and 2012 was on the board of directors of Greenpeace

**T**he latest data on climate change is both irrefutable and alarming. According to a new, authoritative report from the American Meteorological Society, all major indicators of climate change – namely record temperatures, increased sea levels, sea ice at a record low, coral reefs dying and extreme weather events – ‘reflect trends consistent with a warming planet’<sup>1</sup>. Meanwhile, there’s been no reduction in the greenhouse gases responsible for global warming: indeed, in 2018, carbon dioxide emissions were at the highest level since records began.

Earlier this year the Intergovernmental Panel on Climate Change spelled out the implications of this for life on earth<sup>2</sup>. The current temperature rises of 1.5 degrees higher than pre-industrial levels are already creating dangerous changes to the planet’s ecology. However, the report continues, these temperature rises are likely to go higher than this within as little as 12 years. This is because of the ‘runaway effects’ of global warming caused by the melting ice cap. Without the ice cap, the effect of greenhouse gases is amplified. The implications are scary. Unless rises can be kept to under 1.5 degrees, we are ‘dicing with the planet’s liveability’.

### HUMAN INTERFERENCE

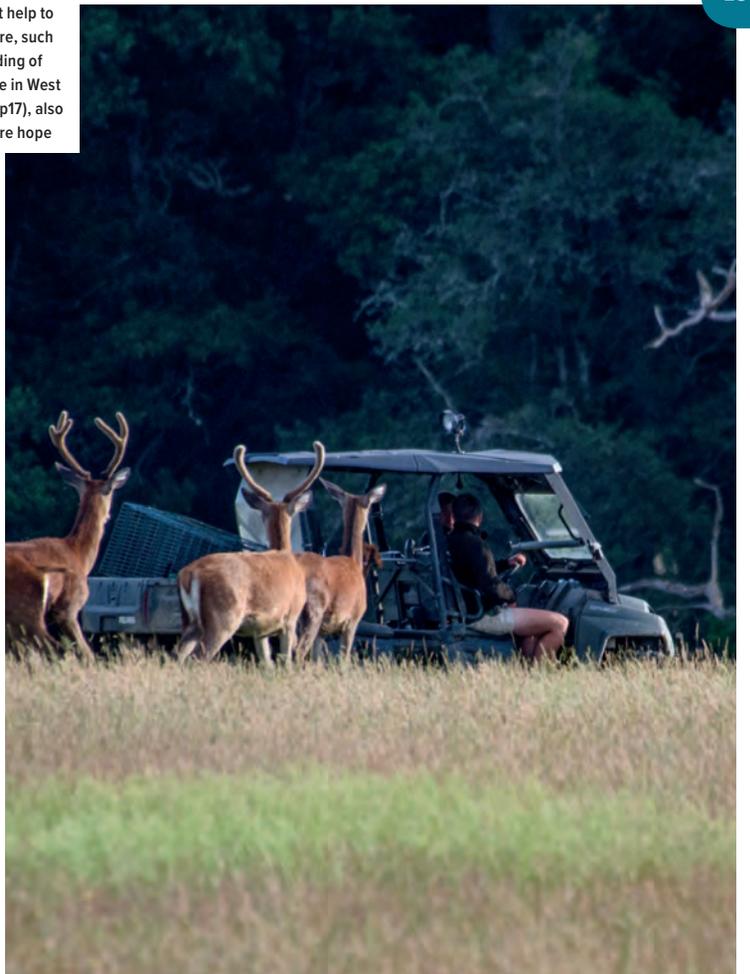
Meanwhile ‘nature’ is disappearing before our eyes, such as the pressures on biodiversity on land and sea. The World Wide Fund for

Nature’s Living Planet Index reveals humanity has wiped out 60% of mammals, birds, fish and reptiles since 1970<sup>3</sup>. This is partly caused by climate change, partly by human destruction of habitat and methods of food production that have wiped out functioning ecologies. Many species, on whose existence we directly depend, have declined drastically. Moths, bees and butterflies, the pollinators of our plants as well as food for other species, are for the most part in catastrophic decline. The widely accepted term is Anthropocene, describing the geological era where human activity is the dominant influence over climate and now shapes the environment and the fate of other species.

Climate warnings in the past felt abstract, and environmentalists like me struggled to get media coverage. Now the threat posed by humans to their own planet is staring us in the face. There are powerful documentaries on plastic pollution of the ocean or the burning of the Amazon rainforest. Rarely a day goes by without news of some climate-related traumatic events like flooding, drought, extreme storms and wildfires. We can see it with our own eyes too. This year I visited a glacier in Norway 28 years after my first visit there. It had receded a full 300 metres, leaving bare rocks where before we had been awed by groaning turquoise ice looming over us. Closer to home, I’m painfully aware of how depleted nature is compared with what it was like when I was a child.



Projects that help to restore nature, such as the rewilding of Knepp Castle in West Sussex (see p17), also help to inspire hope



## 'But does this concern about the environment really have a place in therapy?'

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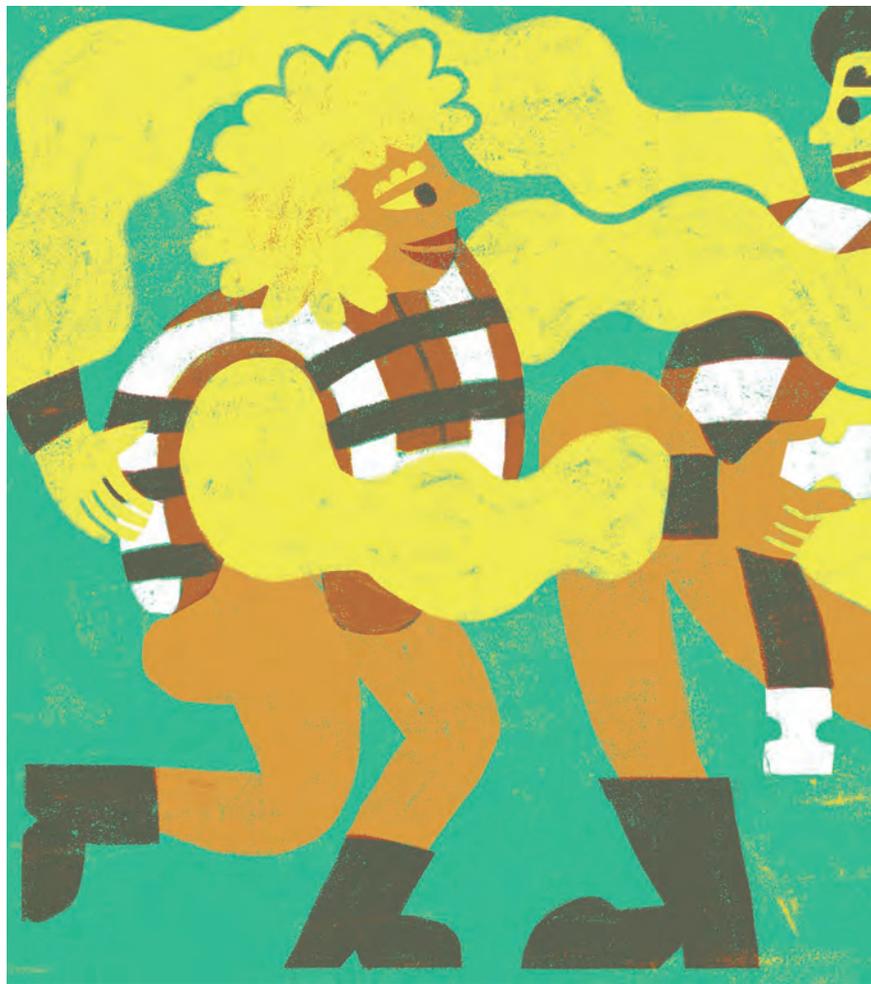
Distressingly, governments don't seem to take this seriously, prioritising support for economic development over environmental protection. But in the wider culture, alarm bells are well and truly ringing. The language is of urgency and imminent extinction: 'extinction rebellion', 'species extinction', 'climate emergency', 'climate crisis', 'climate catastrophe'. Far from offering consolation, new activists fan the flames. 'Adults keep saying, we owe it to the young people to give them hope,' says Greta Thunberg, founder of the school strike for climate movement in 2018, 'but I don't want your hope, I want you to panic.'

As this urgency intensifies, so has individual anxiety. Psychotherapists are encountering a new phenomenon in their consulting rooms, anxiety about the planet (see panel, page 19). They are meeting guilt at the consumerism that has gobbled up the earth, despair at the lost richness of nature, anger at fellow citizens who do nothing, impotence in the face of governments' failure to take it seriously, and often, a background fear that an environmentally triggered disaster could strike. Conflict is in-built, too – between nations where the 'developed' world is seen as hypocritical in criticising developing nations for their treatment of nature, and between generations where parents are seen as handing the next generation a trashed planet.

But does this concern about the environment really have a place in therapy? Does therapy have anything to offer a global problem? Are therapists equipped to cope with the issue?

### CHANGING PRACTICE

It's striking talking to psychotherapists concerned with the issue of climate anxiety, how all of them emphasise the need for psychotherapy and



psychotherapists to change. Psychotherapist Tree Staunton says: 'While psychotherapists are trained to help their clients face difficult truths in their own lives, they have not previously had to face global situations which place them in the same situation as their clients: they too face an uncertain future for their children and grandchildren and must find ways to manage their own responses, as well as helping their clients. This is a new situation for all of us – we are "all in the same boat". My current focus as a counselling and psychotherapy training provider is to ensure that the therapists of tomorrow are adequately prepared – in terms of having managed their own feeling responses – to assist their future clients.'

Psychotherapist, eco-psychologist and author of *Climate on the Couch*, Mary Jayne Rust, argues that the challenge of climate change and the destruction of nature requires 'a sea change' in psychotherapy's, and psychotherapists', whole relation to nature. There needs to be a shift, she says, from a utilitarian idea of what we can use nature for, to how can we give back to nature, an approach she thinks that challenges the whole basis of what therapeutic knowledge is.

For example, she now accepts that humans can and do have as deep attachments to the natural world and other species as they do to humans. If this comes up in the consulting room, instead of approaching these attachments as metaphorical, she allows them their full



Illustration: Dave Bain

place and meaning. 'What,' she asks, 'of the grief for places, animals, trees that you may have lost? These are stories about love, awe and beauty, as well as grief, rage and pain for the losses in the wider world now.'

The therapists interviewed for this article are all members of the Climate Psychology Alliance, part of a growing movement of therapists foregrounding the implications of climate change for their profession. In 2008, the American Psychological Association established a climate change task force. In the UK, the Climate Psychology Alliance came into being between 2009 and 2012, developing out of a conference held at the University of the West of England in 2009 called 'Facing Climate Change'.

'It was initially an informal group of psychotherapists from a variety of therapeutic modalities who came together to discuss the possibility of forming an organisation to promote a deeper understanding of the psychological issues connected to climate change,' says Chris Robertson, psychotherapist, trainer and chair of the Climate Psychology Alliance.

Since then it has provided a network and workshops for psychotherapists who want to take on board the 'existential' implications of climate change in their practice. Although the numbers are growing, those involved feel it's been hard work getting to this point. 'It's been slow to catch on. I'm so embarrassed by my profession,' says Mary Jayne Rust. 'It feels like

it's one of the last sets to face the reality of what's happening.'

According to Chris Robertson, there are a number of key psychological issues which eco-psychology is addressing both in relation to clients' and to psychotherapists' own responses. At the forefront are denial and rationalisation. These are 'the defences that we use to avoid facing these difficult feelings and which have become integral to sustaining our exploitative relations with both the non-human and human worlds'. In contrast, eco-psychology allows the client to connect with feelings of depression and despair about the state of the environment. Interpersonal psychotherapist, Hilda Burke, explains: 'I want people to feel depressed about climate change. This is about getting away from the heroic "Let's all save the planet", and a call to look under the surface, to go within, to be reflective, to feel sadness and loss and despair and grief, because these feelings hold transformational possibilities for us.' Along with facing depression is accepting the conflicts, dilemmas and paradoxes that individuals and groups meet with in negotiating change with family, friends, neighbours and colleagues.

### CHALLENGING ASSUMPTIONS

Another area requiring psychotherapists to take a different approach is towards the cultural assumptions and practices 'which have driven us to the climate crisis: the sense of privilege and entitlement, materialism and consumerism, and the faith in progress,' says Mary Jayne Rust. Effecting change at the level of values has form in psychotherapy. She points to the way in which critiques of racism and gender stereotypes were illuminated by – and illuminated – psychotherapy's exploration of the inner world. Therapy could now use those insights in the service of changing attitudes towards the environment. She also points to the way in which it was psychotherapy which 'helped find a language about the inner world; we now need to find a language about the relationship with the non-human world'.

Finally, says Chris Robertson, an eco-psychological approach is about helping put people in touch with 'the psychological

## CASE STUDIES

### RESTORATION PROJECTS

Successful programmes that inspire hope

Small-scale restoration of peat bogs in the UK

The reforestation of the Scottish Highlands

Restoration of Patagonian wetlands

Reintroduction of keystone species like beavers and wolves

Rewilding project in Oostvaardersplassen, Holland

Recovery project of Knepp Castle in West Sussex, UK

These projects powerfully send the message that nature can recover. Importantly, studies connected with these projects also show that nature's recovery provides at least a partial solution to climate change. Wetlands, forests and even soil sequester carbon and lower temperatures, so to restore full biodiversity is also to help slow down runaway rising temperatures.

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resources – resilience, courage, radical hope, new forms of imagination – that support change’. No one would disagree, and all the therapists I spoke to for this article raised the issue of helping clients – and themselves – find hope.

### GIVING HOPE IN A WORLD OF DESPAIR

The straightforward part of this is offering practical help and many of the Climate Psychological Alliance specifically offer their services to environmental activists, such as those involved in Extinction Rebellion, recognising burn-out and the pressure to be cheerleaders leaving them unable to deal with their own inner doubts and anxieties. Some therapists also encourage clients ‘to use anxiety for good’, says Hilda Burke. ‘It’s about helping clients understand that although they are one individual there are others concerned – that individual action can affect change.

It’s not a matter of giving false hope, but of showing how once engaged, anxiety goes down. When they take the first step, by taking up volunteering or joining Greenpeace, the client typically feels better.’

Much more complex are the underlying philosophical issues of how to hold onto hope when the vision, accepted by ecologically aware psychotherapists, is so dark. This is particularly problematic when eco-psychology adopts a more hard-core deep-green agenda. At its most intense, this agenda argues that the planet’s liveability is already compromised, that difficult social change and chaos are inevitable. It emphasises grief and mourning as a route to deep personal adaptation.

Long-established NGOs and environmentalists that focus as much on influencing governments and business as influencing individual behaviour are suspicious of the somewhat millenarian nature



### Climate anxiety

Worry about climate change has now reached ‘record levels’, with 85% of Britons surveyed by Ipsos MORI in July 2019 ‘concerned’ and 52% ‘very concerned’ about rising temperatures<sup>5</sup>. These are the highest levels since the survey began in 2005, and the last time Britons were asked about climate anxiety, in 2014, just 18% were very concerned about climate change.

Hilda Burke is one of many British psychotherapists who thinks this anxiety can no longer be avoided in consulting rooms. ‘I have noticed an increasing number of clients expressing anxiety over the state of the planet, and indeed its survival,’ she says. ‘Recently one of my clients

was extremely distressed about the level of waste at her workplace: her colleagues didn’t seem to care and she was distressed that her own efforts felt pointless in this context.’

Psychotherapist Caroline Hickman reports similar experiences. ‘I am aware of dozens of people – almost everyone who is engaged in any activist work – all feeling it acutely. People have huge fears of impending environmental disaster and social collapse. These fears can feel overwhelming. All made worse by mainstream (seeming) inaction, apathy, indifference and what seems to be a lack of taking these real threats seriously. I think this anxiety is massively increasing.’

Other major mental health issues arise from the direct impact of

climate change, about which the psychiatric community has been aware for some time, says Jungian psychotherapist Judith Anderson. She points to three main ways climate change is having an impact on mental health: catastrophe, or imminent catastrophe,

like that recently averted collapsing dam in Whaley Bridge in Derbyshire; repeated trauma such as farmers struggling with the erosion of livelihood due to rising temperatures; and the direct consequence of temperatures going above what we are acclimatised to. Far from being a western millennials’ malaise, the people affected by direct impact she says are ‘usually the most vulnerable in society’.

Evidence of this is emerging from many communities on the frontline. A funeral was held this year to mourn the disappearance of the Okjökull glacier in western Iceland, a ceremony which acknowledged the grief caused by the transformation of the landscape. In Greenland, temperature rises have transformed the familiar geography and lifestyles that depend upon it, and 76% of people studied in a recent report have experienced negative effects of increased temperature, ‘from coping with dangerous sea ice journeys to having sled dogs euthanised for economic reasons tied to shorter winters’.

‘There is no question Arctic people are now showing symptoms of anxiety, “ecological grief” and even post-traumatic stress related to the effects of climate change,’

says Dr Courtney Howard, the board president of the Canadian Association of Physicians for the Environment. ‘We are searching for terms to capture this deep feeling of pain in Arctic nations – words like “ecological grief” – but for me, something called “solastalgia” perfectly sums up how people living on the frontline of climate change feel.’ The term is related to an Inuit word that refers to a friend behaving in an unfamiliar way. ‘It means feeling homesick when you are home,’ says Howard.

Anxiety about the planet is quite unlike other anxieties, says Hilda Burke. ‘Psychotherapy traditionally has confronted most anxieties by helping dismantle the client’s fear and helping them understand where these fears come from. But anxiety about climate change is a qualitatively different worry in that the state of the environment has to be tackled in a different way because there’s no refuting it. The climate crisis is real and unavoidable, concern about it is substantiated by scientific data.’ For the psychologists and psychotherapists facing climate anxiety, the evidence points in one direction: to change their practice, to understand the wider context.



Climate anxiety is felt acutely by those whose landscape and culture are directly affected by climate change



Illustration: Dave Bain

of this language. When it comes to the science, there's not much between the two approaches, but what's really at the heart of this disagreement is whether foregrounding and endorsing anxiety about extreme climate change and potential social collapse – the end of the world as we know it – spurs action or hopelessness. Environmentalists are more inclined to emphasise the possibility of solutions, however difficult, and therefore caution against the despair that follows any approach that does not appear to offer technical and political solutions.

It may be that developments within environmental thought and activism are recalibrating the balance between hope and despair, through a new emphasis on the restoration of nature (p17). I have been involved in environmental politics and journalism for a long time, but a few years ago I began to notice signs of burn-out and distress about what was happening to nature, not just the immediate threat

to places I loved but also the sense of how depleted nature had become. Having taken voluntary redundancy, I joined a small group of conservation volunteers working on restoring the landscape and ecology of the River Stour in Kent.

This was an important move for me. On the one hand, I found a group of like-minded people, all, like myself, saddened by the loss of nature. On the other, I began to understand how it was possible to repair nature, and by doing so, repair ourselves. Of course this intimate connection with the river meant coming up against the scale of the problem first hand – the loss of habitat, ecosystem collapse, pollution, neglect. But it also meant experiencing, through small tasks in and around the river, glimmers of hope that nature wasn't beyond repair, indeed occasionally, a sense that the damage could be reversed. This project, and others, send the message that nature can recover, and nature's recovery provides at least a partial solution to climate change.



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Climate change and the destruction of nature are the most pressing issues of our times. There's no easy winner between hope and despair. But therapists who have been thinking about these issues are united on one aspect of why they can allow themselves some hope: they feel hopeful that finally their profession is prepared to open up to the reality of climate change. And this means that recognising and preparing for the scale of the impact of climate change on mental wellbeing is crucial, and sufficient funding must be directed to services to ensure everyone can access therapeutic support no matter their background. ●



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# ‘We are all fully vulnerable to the climate emergency’

HOW IS THE CLIMATE EMERGENCY IMPACTING THE CONSULTING ROOM?  
**RADHIKA HOLMSTRÖM** TALKS TO TWO PSYCHOTHERAPISTS WHO  
SPECIALISE IN THIS AREA

**I**t's taken me 10 years to really come to be effective about climate change - I had to go through my own process of despair and grief and the other things you go through when you realise what we've done.'

So says Tree Staunton, UKCP-accredited psychotherapist and Director of Training at the Bath Centre for Psychotherapy & Counselling, who has a long-standing involvement in climate change activism. She lives in Stroud, the home of Extinction Rebellion.

Caroline Hickman, Staunton's co-speaker at UKCP's conference 'Sleepwalking into the Anthropocene - the new age of anxiety', is a psychotherapist and teaching fellow at the University of Bath and part of the Climate Psychology Alliance. She claims that the UK parliament's declaration of a climate emergency, plus the fact that professional bodies and others are starting to make that definition, has also shifted an awareness of the issue in the public's consciousness.

'Changing the language to "emergency" shifts the emotional engagement with it,' Hickman says.

'When you think about change, it's something we project into the future that we can deal with later, whereas, an "emergency" reframes it in the language used by the 16-year-old Swedish environmental activist, Greta Thunberg: "Your house is on fire; why aren't you reacting?"'

Both Staunton and Hickman understand that therapists need to work through their own responses, so that they can be there for their clients, 'in the same way we expect them to work on their psychotherapy process when they are training, in order to understand their own issues that might get in the way and influence the nature of their relationship with clients,' Staunton says.

**‘Changing the language to “emergency” shifts the emotional engagement with it’**

The new age of anxiety: therapists must first understand their own anxiety over climate change to help clients



**BELOW:** Media coverage of retreating glaciers is raising public awareness of climate change

'We are talking about mapping the process that people need to go through in order to come to an acceptance and resolution of the facts as we know them, and then be able to come through to some kind of action in themselves,' she adds. 'But the big difference is that with climate change, we are all in the same boat. It affects us all.'

Hickman and Staunton need no telling how the 'climate emergency' has become undeniable. However, it has only just started becoming an issue for the field of psychotherapy.

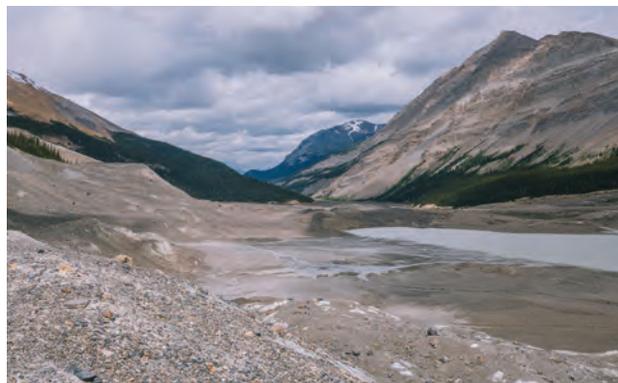
'Last October I invited Caroline to come and speak at my conference on Being a Psychotherapist in a Time of Climate Catastrophe, and very few people attended. People said they wanted something more clinically focused,' says Staunton. 'Now, less than a year on, I would expect the outcome to be very different.' Hickman adds, 'For many, it's a new thing to engage with.'

#### **VISIONS OF APOCALYPSE**

It's new – and certainly for the individuals who are presenting in the therapeutic space, it is literally too large to imagine, Hickman explains. 'How is a human supposed to cope with seeing images of the Arctic on fire? What they are talking about is fear of annihilation – and that is something that we're not necessarily collectively familiar with in the West, where we don't face naturally occurring events like that. This is taking us psychologically into a new place in our psyche. We are moving into an era that we have no blueprint for; many of us have only just started to believe it is happening at all.' Unsurprisingly, some people reach the point where they cannot go to work or function competently.

'There may be very different aspects that people latch onto as the worst possible thing for them,' Staunton points out. 'We all have very different fears and fantasies. For some it could be the fear of the displaced hordes banging on their door. For others it might be being drowned in storms and hurricanes or for others it might be being hungry. There are different things that are more or less frightening on a fantasy level.' It is a mix of 'vicarious trauma' – empathising with others already experiencing the trauma that the emergency is inflicting – and fantasies of what may (or will) happen. 'That is happening to all of us at the moment, being exposed to visual reports of extreme trauma in the rest of the world,' says Staunton.

It's also not surprising, Hickman adds, that young people are finding it particularly difficult, because this is the only world they have ever known; the



### **'Dealing with clients presenting with climate anxiety – as a mix of different traumas – is a huge challenge'**

comfortable falling back on 'how things have always been' is not available to them. 'Parents say their children are full of rage and despair and grief. Young people are angry because their parents don't feel the same way. Young women are wondering whether it is ethical to bring children into this world. There is a huge generational divide.'

#### **RISING TO THE PROFESSIONAL CHALLENGE**

For psychotherapists who may be in the midst of working through their own responses to climate emergency, dealing with clients presenting with climate anxiety is a huge challenge: a mix of projected trauma, fantasy trauma and actual trauma. To that end, Staunton is working on a continuing professional development (CPD) programme for therapists, and the Climate Psychology Alliance is developing workshops as well.

Both Staunton and Hickman point out that it is a situation that is quite unique for practitioners. 'If someone was coming to me with a marriage problem, it would be unlikely for me 100% to connect empathetically with what they are describing. This is different. We are fully vulnerable to the climate emergency,' says Hickman. 'I've noticed all the classic defences of denial and disavowal, both within oneself and in the other person.' She adds, 'The first thing to notice is your own feelings of anxiety. Then, rather than defend against it, make use of that feeling of

anxiety within the relationship to inform both of you about what is going on.'

At the moment, there is still a widespread tendency to pathologise that anxiety, especially for children. Hickman hears a lot of stories from children and young people about how they have been given medication rather than having their feelings recognised and validated. 'We are used, in the western medical model, to the idea that adults know best and there is a solution to distress and we particularly apply that to children. Instead, we should be empowering them to find some solutions to that distress.'

And how can psychotherapists be part of that solution? When it comes to dealing with vicarious trauma, 'Therapists clearly know quite a lot about bringing people back into experiencing themselves,' says Staunton. 'Some of what we will be doing is noticing when people are going into a trauma space and bringing them back. I think this is very important. The skills of coping with "not knowing" can also come into play. In the same way that we don't know what will happen with someone in a crisis, none of us know how it is going to play out. When clients come with extreme fantasies, we need to be able to sit with them and not immediately find an answer.'

### FROM EGO TO ECO

The 'not knowing', however, does not mean that they feel the climate emergency can be averted. 'It's already too late,' Hickman says forcefully. 'Millions of species and hundreds of thousands of people have already died. Just because it's not happening to you, doesn't mean it's not happening. Instead of creating false hope we need to stay with the pain and deepen psychologically, grow down into a kind of deeper capacity to engage with painful things.'



**RIGHT:**  
Swedish student Greta Thunberg leads the 'School strike for climate' movement

It is similar to the process of accepting a life-threatening illness. 'At the moment there is a lot about blame. We feel devastated and also that it's our fault,' Staunton says. 'We have to move beyond that blame to a kind of acceptance. With illness, we realise that the end point of that bereavement process is deep gratitude for and appreciation of this life – an appreciation of now – and you do see this here too, hanging on to an appreciation of this world.'

However, this also demands a considerable shift for practitioners too, because it's a move, as Hickman puts it, 'from ego to eco' – from the conventional perspective to eco-psychology. 'In some ways psychotherapy focuses on "me" without the wider concern about the bigger "we". That's why we are in this situation in the first place,' Staunton points out. And indeed, both of them advocate (and take part in) climate emergency action that goes far beyond the therapist's consulting room. 'We are used to having our quite protected environment and can "hold" things because of that frame, but we need to be going out into the community and making it possible to have those conversations,' Staunton adds. 'We need to use what we know and work with about safe space – and that is very challenging for psychotherapists.'

And there is, Hickman argues, something that we can gain from the climate emergency, in all its destructiveness. 'It doesn't have to be all doom and gloom and loss. There is the transformational possibility if we move to a place of reconnection with the natural world, with family and children, the possibility that we can deepen and grow and re-engage with things we have lost. In these instances, it's the "other" inside ourselves that connects with this ecological consciousness, not seeing nature as "out there", but recognising that we are part of nature and engaging with our dependence on nature.' ●



### PODCASTING

Hickman and Staunton have made Climate Crisis Conversations 'Catastrophe or Transformation', a series hosted by Verity Sharp, for the Climate Psychology Alliance, produced by Parity Audio. The series aims to develop talks that mirror and build on the kinds of conversations they have with clients.

'We find it a useful way to explore these difficult issues, using a conversation style familiar to us as therapists,' says Hickman. 'We wanted to have a whole range of conversations between therapists that the



Tree Staunton and Caroline Hickman

public and psychotherapists can take part in too. My hope is that people can find one aspect there which is useful.' Hickman and Staunton will be making a podcast from their presentation at the UKCP conference. [climatepsychology.podbean.com/](http://climatepsychology.podbean.com/)



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# THE SOLUTION

## NOT THE PROBLEM

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VERY LITTLE IS KNOWN ABOUT OUR PSYCHOLOGICAL RELATIONSHIP WITH CITIES. **HAZEL DAVIS** EXPLAINS WHY PSYCHOTHERAPISTS ARE KEY TO UNCOVERING AND SHAPING IT

**T**he city is not a safe space and does not give room gladly,' artist Jane Samuels writes in *Psychogeography and Psychotherapy*<sup>1</sup>. 'There is no active listening to be found from stone and steel and, often, very little offered by the councils and corporations that construct the streets and squares.' Yet, more and more of us are heading into them. In fact, UN figures show that 55% of the world's population currently live in urban areas and this figure is expected to increase to 68% by 2050<sup>2</sup>.

Illustration: ikon images

We are now a predominantly urban species, yet we know very little about the >

**‘We must now accept a simple fact: the future success of our species is intimately linked to that of our cities’**

impacts of urban life on the existential, emotional and psychological make-up of city residents. What we do know is that cities are often associated with higher rates of most mental health issues compared with rural areas – an almost 40% higher risk of depression and a 20% greater risk of anxiety.

‘While cities can serve as citadels of freedom, tolerance and creativity, arguably, the social determinants of poor mental health are today coalescing in especially intense ways in urban centres, placing unique strains on the psychological vitality of urban citizens,’ says Professor Mark Boyle, Director of the Heseltine Institute for Public Policy, Practice and Place at the University of Liverpool.

‘Economic risk, precarity and vulnerability are being felt deeply by many as the defining existential challenges of today. These threats combine uniquely in cities, jeopardising the wellbeing of communities dwelling in disempowered, disadvantaged, “left-behind” and discontented cities, towns and neighbourhoods. And this is to say nothing of the psychological wounds that result from eking out a life in the slums that scar mega-cities in the Global South and ever-growing refugee city-camps,’ he adds.

Or perhaps we are too quick to point the finger at city life. Research has also shown that lonely young people perceive their neighbourhoods as lacking in cohesion, suggesting that feeling lonely can put a negative bias on people’s subjective perceptions of their area<sup>4</sup>. Is it how we use cities, rather than cities themselves, that is the problem?

‘The global rise in urban living is so staggering that we must now accept a simple fact: the future success of our species is intimately linked

to that of our cities,’ says Chris Murray, Director of Core Cities UK, an advocacy group with an aim to ‘unlock the full potential of our great cities to create a stronger, fairer economy and society.’ But, he adds, ‘as Danish architect Jan Gehl said, “We know more about what makes a



good habitat for mountain gorillas than we do about living in our own cities”. This is particularly the case for the emotional and mental health impacts of city living.’

**NEW COLLABORATION**

‘The figures show that we like cities,’ Murray says. ‘But we know far too little about their emotional impact. It is astonishing then that disciplines that are most concerned with emotional and mental wellbeing, such as psychotherapy, are virtually unused as a tool in making and managing cities.’

There is a growing appreciation that environments that nurture wellbeing are good for social cohesion as well as economic productivity and growth, reflected in the emergence of a new movement: urban psychology. This collaboration between planners and developers, the NHS, mental health experts and academics is focused on how to create healthy cities.

In June 2019, academic, policy and therapy experts came together at the Urban Psychology Summit, to explore these issues, such as how psychotherapeutically informed design can strengthen a city population’s mental health resilience for prevention and recovery, and what can be done to achieve this.

**55%**  
of the world’s  
population  
currently live in  
urban areas



City-dwellers are  
**40%**  
more at risk of  
depression compared  
with rural  
counterparts

'We only need to look at split neighbourhoods between the haves and have-nots, engendering feelings of injustice and hopelessness, and experiences of prejudice and discrimination that may affect mental health,' Professor Niblock says. 'This is of particular concern to those working with children who are seeing a higher incidence of mental health issues starting early in areas with more crime and a lack of social cohesion.' With gentrification, people have to leave behind social and familial connections, 'not to mention the sheer impact of overworking to pay extraordinary rents for less-than-ideal living conditions,' she adds.

#### PSYCHOTHERAPY'S ROLE

Up to 75% of mental health problems begin in childhood or adolescence, when the brain is developing rapidly. 'There is an urgent need to create healthy environments for children where they can interact and learn safely through play,' says Professor Niblock. 'People who live in the city experience an increased stimulus level: density, crowding, noise, smells, sights, disarray, pollution and intensity of other inputs. Every part of the urban environment is deliberately designed to assert meanings and messages. Not only does it mean you're always in a state of mental arousal, it also means you want to just shut yourself away. Yet that can lead to social isolation and loneliness, which is very bad for mental wellness.'

So the work of mental health professionals, such as psychotherapists, in working with individual children and adults, and working systemically with groups of people living in urban environments is crucial, and not just as a response to mental ill-health.

'Our therapists hold an incredible repository of knowledge and I would like to see the profession represented on planning committees, boards and governing bodies where they can communicate the human impact and potential to decision-makers,' Professor Niblock says. 'Psychotherapy tends to be thought of as a "treatment" for people in crisis, when it is a great deal more than that.'

The UKCP is holding conversations with academic partners such as the Heseltine Institute, Cities UK and the British Council, as well as planners, developers and the NHS. 'We are all finally talking together in new ways about shaping the future of cities. Our shared vision is that cities become the solution and not the problem,' Professor Niblock says. For example, Murray suggests that we don't see cities through a mechanical lens as 'machines to be fixed.' They

Findings from the event, organised by the University of Liverpool's Heseltine Institute, Core Cities UK and the British Council, proved interesting: 'We need to think about person and place as one thing, not separate,' Murray says, 'because our experience of place determines so much of our wellbeing.' He agrees that the richness of thinking and evidence across different branches of psychology, including psychotherapy, could greatly improve the lives of people in cities, 'but it is largely unknown to those running [cities] or making policy decisions and needs to be brought together and made more accessible.'

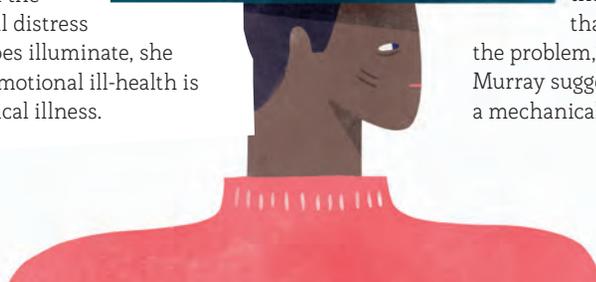
We also need to remember that data don't always tell the full story. 'While the statistics may look stark, the numbers don't reflect the nuances,' says Professor Sarah Niblock, Chief Executive of the UK Council for Psychotherapy, who chaired the summit. 'It isn't the case necessarily that cities are mentally unhealthy places to live. Some people move into cities to be close to mental health support because they have pre-existing experiences of depression or anxiety. Cities can be as much the solution to mental and emotional distress as the cause.' What city-living does illuminate, she adds, is how much mental and emotional ill-health is a social issue, rather than a medical illness.



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**‘When we think about the many challenges of our age – such as inequality – it seems so often that cities are the problem’**

are, he says, ‘living cultural organisms made of people first, structures second – flipping that around will change our understanding.’

Although the evidence base is growing, Murray agrees that more direct research into cities and psychology is urgently needed: ‘This will help cities and those living in them, but it will also, in a way, help psychology by restating its urban credentials and making it more relevant to place-makers and managers, across many disciplines and sectors.’

For example, a study of lottery winners has shown that the effects of winning £500,000 wore off much quicker than the lasting benefits of living close to green space<sup>5</sup>. But, according to the Green Space Index, 2.6 million people in Britain do not live within a ten-minute walk of a park or green space, and across the country there are just 35 square metres of publicly-accessible park and green space provision per person<sup>6</sup>.

‘But greenery and landscaping doesn’t necessary mean it’s an interactive space,’ Professor Niblock warns. ‘Yes, we have social networks, conferences and so on, but they only complement the public space. Public space should connect us all together. The more connections, the more cylinders you are firing on. Excluding parts of the population puts a drag on the whole city.’

This, of course, means psychology and psychotherapy need to engage more with the political sphere to shape and influence future policy. ‘Change in the UK also means empowering cities more,’ says Murray. ‘We live in one of the most centralised states in the developed world



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and in the same way that increased levels of autonomy are good for individual mental health, they are good for the health of cities as a whole.’

## FRESH IDEAS

‘We all have an idea why human-centred cities are important,’ says Professor Niblock, ‘but it’s important to gather the evidence to show to those making decisions.’ And, she adds, ‘the evidence is stronger than we might think. There are many ways cities can promote well-being. When we think about the many challenges of our age – such as inequality – it seems so often that cities are the problem. Seen in another way, cities and towns are the solution – but we need to think about the way we build them. When

they are not fragmented they have a great capacity to improve wellbeing in a cost-effective and ecological way. Cities help us to connect our innovation and creativity that would allow us to thrive and grow.’

The way different people and activities interconnect is important, she explains. ‘Game theory shows how people respond to rules. If you want a different outcome then you need to change the rules. Those conditions are not often the ones that planners think are the good qualities.’

‘Place-making may be a powerful – if hitherto neglected – weapon in the therapeutic arsenal,’ agrees Professor Boyle. ‘It is clear that to become better incubators for human flourishing our cities need a new generation of practitioners with fresh ideas.’

Evolutionary psychology reminds us that poor mental health exists as an intrinsic and perhaps even necessary species condition: ‘It is clear that psychotherapies centred upon building personal resilience, mindfulness, meditation, exercise, diet, abstinence, sleep and medication have a crucial role to play,’ says Professor Boyle. ‘But long-term solutions will require more than self-help techniques and drugs: it may be that nothing less than a shift to a more hospitable social, economic and political milieu will do.’

So this new field of urban psychology and those who practise it must throw a light on the implications of social, economic and political change upon our fragile psyche. Moreover, Professor Boyle believes, ‘it must fuel activism dedicated to building more therapeutic cities through systematic societal change. As such, it is clear that it needs to develop as a politically aware field of enquiry.’ ●



# ‘Shame and guilt over one’s individual contribution to climate change isn’t helpful’

ACCLAIMED ENVIRONMENTAL WRITER AND JOURNALIST **EMMA MARRIS** IS ‘MORE INTERESTED IN FINDING AND DESCRIBING SOLUTIONS’ THAN FOCUSING ON GUILT AND ANXIETY WHEN IT COMES TO CLIMATE CHANGE. **RADHIKA HOLMSTRÖM** TALKS TO HER

**H**ow do we stop climate change? ‘I think many people see it as a situation in which “we must stop emitting and return to an earlier, less technological mode of life”. This framing of the problem can be appealing; it taps into nostalgia for “simpler times” and romanticism about nature.’

Emma Marris believes that the way we frame climate change is very important. ‘The story can’t be about a “return” – it has to be about creating a new future together in which technologies are used to benefit people, not just make profits. This also means that the future doesn’t have to be about giving things up.’

Does this mean we should stop feeling guilty and step away from preparing ourselves for an abstemious future? ‘Reality is more about change – and that does include giving up wasteful use of fossil fuels. But it doesn’t mean some austere frugality and a thin, oppressively overseen life. It’s important to have fully fleshed-out visions of a good future to balance the dystopias we imagine in regards to climate change.’

A speaker at UKCP’s conference, ‘Sleepwalking into the Anthropocene – The New Age of Anxiety’, the writer, journalist and TED-talker – whose works focus on modern environmentalism – is particularly interested in finding out whether psychotherapists’ experiences correspond with what she has seen anecdotally: people becoming paralysed with guilt, anger and anxiety.

‘Climate change is absolutely going to change things a lot, and hurt people. It is appropriate and probably healthy to mourn those changes. It is also appropriate to be angry. However, shame and guilt over one’s individual contribution to the problem is probably less helpful. Focusing exclusively on reducing one’s own impact and achieving eco-sainthood is both practically ineffective and less mentally healthy.’

## FROM PARALYSIS TO ACTION

Getting past the paralysis and guilt is of paramount importance to Marris. ‘I don’t think we can solve this by shaming each other. That’s not going to work. Instead of shaming about flying, it’s much better to join together and demand better alternatives. If I stop flying and never drive again, I could stop my emissions. If we stop the pipeline I’m driving to to protest [Marris is one of many people opposing the proposed 369km Pacific Connector Gas Pipeline that would cross beneath the Klamath River near the city of Klamath Falls, Oregon], we could stop 100 times that every year. So I feel totally fine about driving my petrol car to the capital to protest, because I’m stopping far more emissions than I’m emitting. The only way to effect change is through political action, lawsuits, regulation: all the things that require groups to come together and demand change.’

Marris sees a role for psychotherapists in enabling individuals to negotiate the acute guilt, fear and grief



**EMMA MARRIS**  
Environmentalist  
and journalist

A TED speaker, Marris is a writer who focuses on environmental science and culture. She lives in Klamath Falls, Oregon and has written for *The New York Times*, *Nature* and *Discover*. Her book *Rambunctious Garden: Saving Nature in the Post-Wild World* was published in 2013.

that can paralyse them. 'I do think setting before clients the fact that they are never going to solve climate change themselves, will be helpful. So many people judge themselves constantly for their ecological sins and I think this is extremely counterproductive. Those clients didn't design the system within which they live and they should be able to forgive themselves if they have to live in it to participate in the world.

'Those emotions are also appropriate and therapists can help clients feel them in a healthy way. Sometimes they can make you more likely to engage and act; but sometimes they can make you more likely to disengage, shut down and hide, and that's when they are not serving you. So I don't think people should be trying to eliminate these emotions completely. Rather, they should be experiencing and using them as fuel for their actions. Last summer, we had so many wildfires here that my children weren't able to leave the house for 10 days. I was extremely angry, but I think that anger was justified and acceptable, and I used it to get up in the morning and go fight this pipeline. But if I'd stayed angry and stayed at home, that anger could have grown pretty toxic.'

She adds: 'I'm all about creating a narrative where there is a positive future. This might not be something for every psychotherapist, but it doesn't hurt to create relationships with researchers who are working on how we can get to those good futures. If you've got a client who says "We're totally doomed; I'm miserable", it helps if you have the facts and vision to present another possibility, with options for groups to connect with or futures to envision.'

### IMAGINING THE FUTURE

Marris would also like to engage with psychotherapists in starting to visualise a future that is genuinely new. 'For many of us, our sense of a "healthy" or "good" nature is very much about putting things back to how they used to be: native, pure. Providing alternative models of what could be a successful outcome is really important.' It's ironic, she points out, that people who are very welcoming of human diversity are often the ones who



Emma Marris believes that working together to fight climate change is not only ethical, it's good collective therapy, too

## 'If you have a client who says "We're totally doomed; I'm miserable", it helps to have the facts and vision to present another possibility'

want 'authentic', original flora and fauna around them. Instead, she suggests, a key element of the future we can envisage is one that actively embraces hybridity and new possibilities.

In the same way, Marris's belief in the need to reconnect with the natural world is very different from ideas of 'deep ecology' - an environmental philosophy that regards human life as one of many equal components of a global ecosystem. 'I think deep ecology has specific roots and I'm sceptical about this. There can be a certain machismo and purism, that nature is holy and we're not good enough for it. We need a broad, inclusive movement, not least because it's right.'

### PEOPLE AND PLANET

Inevitably, social and environmental justice are also inextricably linked in her vision. 'The more I research this, the more I see that bringing about climate justice is going to involve addressing the

legacies of colonialism, slavery and so on; they're all part of the same project. In my own area, the local Klamath tribe is firmly against this pipeline and yet the state of Oregon is taking no notice. Giving indigenous people the right to decide over their land is almost a key strategy towards fighting climate change and saving species. Not every indigenous group will make the decisions a green NGO would make, but a lot of the area we still consider biodiverse and worth saving is that way because indigenous people were running the place. It's also a matter of justice. We should take indigenous sovereignty seriously.'

Despite everything, she concludes, a good future is still possible. 'A good 2070 won't look like 1950, but there is no threshold after which it is "too late". We can always make things better by acting now. And the best way to act is together. Happily, becoming part of a group working for a better future is also an excellent form of therapy, providing social connection, community, and building a sense of efficacy and agency. You don't have to be the leader or devote your every spare moment to the cause. Tailor your engagement to your skills, interests and abilities. Forgive yourself, join up with others, and allow yourself to hope for a good, green future.' ●



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South West of England  
and Gibraltar

Scott Cato is an economist and writer and has been a campaigner for green issues throughout her adult life. Before being elected to the European Parliament, she served on Stroud District Council and worked as a professor of economics at the University of Roehampton



# ‘We need to **move away** from the idea that there are people with **mental health issues** and then there is **everyone else**’

GREEN MEP **MOLLY SCOTT CATO** TALKS TO ANNA SCOTT ABOUT MENTAL HEALTH PROVISION AND RESILIENCE IN THE FACE OF CLIMATE CHANGE

**I** have spent a lot of time in counselling during my life. It's been an attempt to make myself a healthier person and achieve self-actualisation. To me that's an incredibly valuable thing.'

Molly Scott Cato believes mental healthcare should be about treating the whole person to enable them to be as fulfilled and successful as they can. The Green MEP for the South West of England and Gibraltar was re-elected in May this year with 18% of the vote, having first been elected in May 2014 with a 7% share.

A member of the Green Party since 1988, Scott Cato has had a long career in politics – standing as the Green Party candidate for the Preseli Pembrokeshire constituency in the 1997 and 2005 General Elections, finishing in third place in the 2017 General Election in the Bristol West constituency, and spending three years representing Valley Ward on Stroud District Council.

'In the Green Party there aren't many elected politicians so I have done a lot of campaigning, standing for elections and not getting elected. But I've always been interested in politics – I studied politics at university,' she says. 'I was, and am, interested in changing the world and I first did that through campaigns and later through political activities.'

The Green Party wants an EU-wide 'Green New Deal' that puts a social agenda at the heart of the fight against climate change – providing new and better jobs, improved welfare and reduced carbon emissions

along with universal high-quality healthcare. This is particularly important given the growing sense of anxiety individuals feel about climate change.

## **A SHARED CONCERN**

'What has been really interesting about the Extinction Rebellion movement is that it has shown how people have been worrying about climate change, but quietly in their own homes, without really sharing it,' she says. 'It's the worst kind of anxiety: when you feel like you are alone with it and that nobody else feels the same way. But Extinction Rebellion has given everybody the chance to say, "no, actually, we all feel that way".'

Extinction Rebellion's first demand is that 'government must tell the truth by declaring a climate and ecological emergency, working with other institutions to communicate the urgency for change'.

'We can see that climate change is happening but people in authority are lying about it. That is bad for mental health,' says Scott Cato. 'The other thing is the cognitive dissonance, where people pass a motion that says we are living in a climate emergency and then decide to expand an airport or build another road. That is also a source of anxiety.'

If governments were honest, consistent in their responses and gave people clear guidance about what to do, 'I think that the anxiety would be turned from something that's destructive into a source of energy for

## ‘Almost everybody suffers from mental health crises in their lives... I think it’s something that happens to everyone’

action,’ she says. ‘That’s what we should focus on doing.’

But a lot of people claiming to be concerned about making life better for others don’t set a good example, Scott Cato points out, including herself. ‘Making sure we rest enough, spend enough time in healthy relationships and in nature – modelling this behaviour is really important.’

‘We evolve in the natural world yet now we spend most of our time in man-made environments where there is lots of light and noise. Overstimulation is clearly not good for mental wellbeing. Whereas sitting under a tree with birdsong provides a much lower level of stimulation that enables relaxation. It’s understandable that we would find a natural environment more therapeutic.’

‘I’m a very sensitive person towards things like light and noise, and for me, peace and quiet are really important,’ she adds. ‘I know that’s what I need because I have experienced it. But some people grow up in an urban environment and don’t have access to nature. It’s particularly sad when you think of children who have never had the opportunity to spend time in nature.’

Scott Cato suggests that if we give more people more access to nature it would make them happier and save the NHS money because individuals have the ability to find their own wellbeing, rather than relying on government intervention.

The psychotherapy profession has a role to play in this, she adds, whether that is holding therapy sessions outdoors, encouraging people to seek situations where they can find solace, or enabling them to be more active. Therapy could also empower someone who is worried about climate change to feel a stronger sense of being able to do things that make



Photo: James Barke

a difference. ‘It’s the sense of impotence that can result in anxiety and depression. But we are not impotent in the case of climate change, there are lots of things we can do,’ she adds.

### CREATING PARITY

But we also need to consider the way that we look at mental health and move away from the idea that there are people with mental health issues and everyone else.

‘I don’t see physical and mental health as separate at all, I think many physical conditions are the result of unaddressed mental conflict,’ Scott Cato says. Similarly, suffering from a physical illness can also lead to depression.

‘Almost everybody suffers from mental health crises in their lives. We know that at times of great stress – whether bereavement or stress at work – we may experience mental health difficulties. I think that it’s something that happens to everybody. We should see ourselves as creative and sensitive human beings who will, at times, struggle to feel happy and well-balanced mentally.’

Among the Green Party’s commitments

to the NHS and public services is the pledge to bring mental healthcare in line with physical healthcare and to ensure that people experiencing mental health crises are supported close to their homes and support networks. Mental health awareness training in the public sector should be introduced to encourage a more open dialogue on the issue within wider society, the party points out<sup>2</sup>.

The party has also supported UKCP’s campaign to make major changes to the NICE guidelines for depression in adults with a wider coalition of mental health stakeholder groups. Green Party MP and former party leader Caroline Lucas signed a cross-party letter to NICE last year that stated ‘the methodology used to develop the new guidelines ... actively discriminates against people with mental ill health’<sup>3</sup>. The parliamentary support for this campaign, which UKCP played an instrumental role in securing, has helped lead to several concessions from NICE and there is hope that the third draft of the guidelines may finally begin to address some of UKCP’s major concerns.

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A long-time resident of south-west England, Molly Scott Cato is now the region's MEP



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### TREATMENTS

Scott Cato is 'concerned' about the prevalence of cognitive behavioural therapy in the NHS, which she feels focuses on getting people to function effectively in situations that, actually, they shouldn't have to accept. 'You're in an impossibly stressful work situation or a relationship that you are encouraged to find a way to reframe for yourself so that it is acceptable.'

Similarly, she is 'very disturbed' by the increasing rate of antidepressant prescriptions, which, she believes, is reaching a level of mass medication. UKCP has been working with the All-Party Parliamentary Group on Prescribed Drug Dependence to raise awareness of these rates, as well as to produce guidance enabling therapists to more comfortably discuss issues around psychiatric medications their clients may be taking.

Scott Cato believes a major change of approach is needed: 'If that many people in our society need to take drugs to get through their ordinary lives then something about our society is wrong. We

**'We should be trying to create an ideal society where people can achieve happiness'**

should be making more situations ideal for human beings to exist in. We should be trying to create the ideal society where people can achieve happiness.'

The Green Party's view is that a capitalist economy creates pressure to sell people products and the companies selling those products have a lot of policy influence, compared to organisations offering human care, Scott Cato says. 'I think you can clearly see that in the NHS. But it's almost certainly cheaper and more effective to encourage people to have a talking therapy, to reduce their need to keep going back to the doctor and getting prescriptions.'

'One of the most frustrating things with mental health is that there's no sense of seeking out the causes, for example, testing children so much in schools. It's very much about managing symptoms. We should focus on how unhealthy our societies are, whether we're talking about how we treat each other or not having enough opportunities to cycle in cities. We should change the structure of society and the economy to one in which people can thrive. That's the major shift that I suggest we make.'

### ENCOURAGING CHANGE

There is obviously a role for psychotherapies, to help people when they are trying to unpick

the problems that have arisen in their lives. 'There is a role for talking therapies to encourage people to say that the lives they are living are not good enough and something needs to change,' Scott Cato says.

Another of Extinction Rebellion's demands that interests her is the idea of a citizens' assembly, which brings people together in a similar way to jury service, to deliberate and make recommendations on issues of public concern<sup>4</sup>. 'I don't see it as an alternative to representative government, but it could be a really useful addition,' she adds. 'Rather than government doing something that is against people's interests and then spinning a line about why it is good for them (something else that creates mental health stress), we should be encouraging people to share views with each other about how to improve society.'

There are days when Molly Scott Cato finds it really hard to deal with what is happening in politics but, at the same time, she sees big opportunities to improve things. 'I am absolutely optimistic that we can turn this around and transform our society. And that's why I do the work that I do.' ●



# APPROACHING HUMAN DISTRESS

**ED FELLOWS** SET UP A GROUP TO TACKLE POST-TRAUMATIC STRESS DISORDER IN THE NHS. HE DESCRIBES HOW HE USES PSYCHOTHERAPY TO TREAT TRAUMA

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**T**he year 1992 marked a revolution in trauma psychotherapy practice with the publication of Judith Herman's book, *Trauma and Recovery*<sup>1</sup>. In the decades since, our understanding of trauma has developed rapidly. We now have clear knowledge of the way the nervous system adjusts to cope with the extreme threats that cause trauma<sup>2</sup>.

In primary care, people with post-traumatic stress disorder (PTSD) present with a wide range of symptoms: anxiety, depression, interpersonal problems, physical pains, digestive problems and cognitive difficulties, all relating to difficulties in autonomic regulation. When the nervous system is stressed, we see all of these expressed as hyper-reactive states (for example, moving erratically, having jumbled thoughts, perhaps being hypervigilant and preoccupied), and also the opposite, as apparently unresponsive and low-affect states (for example, being uncommunicative and feeling numb, and finding questions overwhelming).

Post-traumatic stress is an embodied response where the sense of self is fragmented. Relationship with one's whole self and others is interrupted by impulsive actions driven by fear<sup>3</sup>. These different parts of the self operate independently, only increasing the sense of being out of control,

ashamed, angry and cognitively confused.

In all trauma our older brain systems take over and our rational, present-focused cognitive functioning shuts down. Yet cognitive treatment attempts to approach the client from a rationalistic perspective. Therefore, a purely cognitive approach can't address the fundamental ways that humans respond to trauma: how relationships with others become frightening as trust is lost and the sense of threat becomes overwhelming<sup>4</sup>.

In PTSD with multiple underlying factors, it is mostly the embodied emotional memory that drives behaviour. The emotions are overwhelming and create extreme bodily reactions. In order to get cognition switched back on, we need to prioritise a safe relational context<sup>5</sup>, regulating with bodily awareness, breathing, boundaries, centring and grounding movements.

## A TRAUMA GROUP

To establish a context where this is possible, I set up a trauma group within a London Improving Access to Psychological Therapies (IAPT) service. This is a four-session weekly group attended by up to 15 people of mixed genders, cultures and ages who all share a range of PTSD symptoms.

The experiences that the group shares are interwoven with trauma psycho-education<sup>5</sup>. The key elements of these groups are:



**ED FELLOWS** is a UKCP-registered Gestalt psychotherapist who also trained in sensorimotor psychotherapy, EMDR, yoga, mindfulness-based cognitive therapy and counselling for depression. He began working on inpatient psychiatric wards 20 years ago and continues to work with inpatient groups, as well as primary and secondary care groups.



- **Recognising symptoms as memories: body sensations, thoughts, emotions, movements**
- **Understanding how symptoms have helped survival in the past**
- **Appreciating how members already manage their symptoms**
- **Trying out new trauma-informed ways of relating to symptoms and present experience.**

How the trauma group works is best shown by illustrating a patient's journey through the IAPT service. Tom, for example, is a 54-year-old man who has had several previous treatments with IAPT for anxiety and depression. Tom comes to IAPT for the fourth time asking for help. Despite several previous CBT treatments, he is still struggling with depression and outbursts of anger. In the

screening, Tom offers little information except he seems clear he wants help. Tom had liked his CBT therapist, but was unable to remember details or say what had helped in sessions. Under the spotlight of this cognitive approach, Tom's ability to cognitively process had reduced – a typical consequence of trauma.

In his notes, there is not enough information about Tom. There is no description of his life before his first encounter with the service five years ago, except that he attempted suicide at 15 years old. There are no clues as to why.

## **'I've hardly mentioned symptoms, yet we are working with them, together'**

Tom doesn't have an incident to report, he has a life to report. A life of violence, of failed relationships that remind him of being threatened, beaten and neglected. Tom finds himself retreating from others, sometimes shouting at strangers, because any contact, in shops, on public transport or in the street, is too stressful. As with many trauma survivors, Tom is angry – and he's direct with me; I like him.

Going well over our allocated time, Tom and I agree to do a formal trauma assessment. We both discover he scores high on PTSD symptoms. This helps us identify some of his symptoms and helps me to give him some responses that indicate he's having normal responses to difficult experiences. I mention that I facilitate a PTSD group where we help people to identify and manage their symptoms. He sounds a bit unsure, so I let him know he will not have to talk about the traumatic events. He exhales deeply and decides to give it a try.

At the start of the group Tom sits silent, completely still in his body, only his eyes darting around. His hypervigilance is running overtime. After brief introductions, I say that attending the group today probably contradicts every impulse that goes with the post-traumatic symptoms. How many people thought of not turning up? Several smiles and nods. Who has twitching legs? I show what movements can go with these impulses. More smiles, then the room starts to breathe more freely. I want to appreciate how coming into this room is such an achievement. I pass around stress balls, make suggestions about using them, and invite people to choose an essential oil they find calming. Already, we start to relate to each other. I've hardly mentioned

symptoms, yet we are working with them, together.

Next, the group is invited to share some difficulties they think might

be related to trauma. Tom describes how being physically close to anyone makes him feel uneasy. I say this is a brilliant example of what happens when we've been hurt by others. We don't want to be with them. People around Tom are sympathetic and try to give him more space. I ask how much distance would feel right for Tom. He says he would need the whole room to himself, 'no one else here'. Another great example of how we end up feeling like withdrawing or pushing others away. Most trauma survivors are isolated by self-blame and are terrified of their own symptoms.

If we appreciate how symptoms like Tom's fear of others are reactions to being unsafe in the past, then we can develop a present perspective from which to build a new relationship with our past. People survive because of their symptoms, and when this is appreciated, the person can make more informed choices about how they manage here and now.

What often defines trauma is the absence of cognitive memory. People don't know their story in their thoughts: they live it in their bodies. No wonder the mental health system so often fails to recognise the effects of trauma. With the absence of a clear cause and effect narrative, patients' symptoms are picked up as anxiety, panic attacks, physical health difficulties, depression, personality disorders, psychosis and other 'disorders'.

#### ROLE OF PSYCHOTHERAPY

To treat trauma effectively it's essential to work relationally. If we're not socially engaged, we are unlikely to have well-regulated nervous systems. If our nervous systems are not well regulated, we are unlikely to be able to think clearly.

Without individual and group psychotherapeutic work there would be

**'With PTSD, the biggest challenge is to stay attuned to the client to avoid harmful re-enactments'**

a significant gap in the system that is ill-equipped to assess and successfully treat people with post-traumatic stress. With only a 40-minute phone call to take patient details, do a risk assessment and work out what treatment they need, few therapists have time to pick up on the complexity of peoples' lives. Many trauma survivors slip through the net.

If the therapist is able to move between cognitive and emotional ways of relating, then they can offer the patient an attuned and healing relationship. When we hold one or the other exclusively, we are likely to be experienced as aggressive, neglectful or abandoning, a process of re-enactment that is re-traumatising for the patient. Either way, as relational psychotherapists and cognitive psychologists, it is easy to impose our own needs on the patient. We become perpetrators. In my experience, the therapist needs to oscillate between different ways of being with each patient. The challenge is to track our own, and the patient's, embodied communication to know how they need us to stay regulating with them.

With PTSD, the biggest challenge is for the therapist to stay attuned to the client, so that they can avoid harmful re-enactments. As psychotherapists we have a vital place in mental health services to work collaboratively, and to communicate with colleagues who may not understand our perspectives. I feel a responsibility to help provide more ethical therapies to the patients that all my colleagues and I care about. If we work together, as whole human beings, with whole human beings, our meetings can be experiences of hope and healing. ●



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# EMOTIONAL SUSTENANCE

VISITORS TO THE HAMMERSMITH AND FULHAM FOODBANK CAN ACCESS FREE PSYCHOTHERAPY FROM UKCP MEMBERS. **JACQUELINE MCCOUAT** EXPLAINS WHAT HER ORGANISATION DOES FOR THOSE IN CRISIS

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**JACQUELINE MCCOUAT**

is a UKCP-registered Gestalt psychotherapist and counsellor, and CEO of Anchor Counselling Services, a counselling and psychotherapy services organisation providing services to those who would not otherwise be able to access support

**A** quiet and leafy road in West London is home to the Hammersmith and Fulham Foodbank, a member of The Trussell Trust. Founded and run by CEO Daphne Aikens and a team of dedicated volunteers, the food bank has been helping local people in crisis since 2010.

Always looking for ways to improve the support available to food bank users, Aikens and one of the volunteers, Rob Howell, came up with the idea of offering free psychological support. They envisioned a quick-to-access therapy service that would complement the other support available to food bank users.

Howell is an artist whose work is born out of his struggles with mental health. Through his charity, Food for Thought, funds were raised to start searching for a suitable partner organisation to provide therapy services.

## A PILOT SERVICE

It proved a challenge to find an organisation that complemented the values and culture of the food bank and could work alongside its volunteers. Psychotherapists Martin Pollecoff and Andy Cottom, Chair and Vice Chair of UKCP respectively, brokered discussions between Aikens and Anchor

Counselling. From the start, Pollecoff and Cottom insisted that although UKCP would help, the therapists delivering the work must be paid, opposing the idea that therapists should work for free.

After initial discussions, things moved very quickly and within a couple of months, Anchor Counselling had set up a therapy service pilot in the Hammersmith and Fulham Foodbank to test the idea of offering psychological services to its users.

Anchor Counselling supplied the therapists and managed the administration. A room was set aside to provide a private space for people to drop in and sign up for six sessions of therapy. Part of the pilot was to understand if six sessions could provide a sufficiently valuable and constructive benefit, rather than having people opening up and then having support withdrawn.

## A REASSURING PRESENCE

People using the food bank's weekly vouchers often don't know if they will be eligible the following week. It can be an uncertain and chaotic way to live, which not only contributes hugely to a general sense of uncertainty and anxiety, but also makes it hard to plan sessions ahead of time.



Photos: Sarah Challacombe

The Hammersmith and Fulham Foodbank now offers psychotherapy support sessions to the people who use it. The sessions have been highly useful to those who take them up, providing insights as to how they can improve their situation generally.



Therapists Giulia Wiseman and Gareth Mason ran the pilot for 12 weeks and the results were overwhelmingly positive. Feedback was gathered from people using the food bank, volunteers and other advisors who provide services, for example Citizens Advice. There was no pressure for anyone using the therapy services to comment on their experience if they didn't want to.

A recurring theme in the feedback was an appreciation that the therapy was provided on-site and flexible to access. People could come to the food bank, have a cup of tea and a snack, get their food parcel and then see a therapist, physical and psychological needs both being met.

Anchor Counselling having a physical presence made a big difference, enabling people to access support and therapy in an ad hoc way – some might only

**‘There was an improvement in the relationship with my family’**

have felt in need of a chat, while others wanted to find out more about what was being offered. This approach fitted well with the culture of the food bank whereby everyone is warmly welcomed. Having visibility and presence rapidly grew trust among food bank users, making the counsellors a reassuring presence for people who, for example, could be put off from ringing for help, or be unable to ring due to lack of funds.

There was always a therapist available at the food bank together with Anchor Counselling's Quality Manager, Sarah Challacombe, answering questions and directing people through to the counsellors without them having to wait. Some of the feedback received also noted that it's usually only the privileged who have access to this kind of support, despite a general view that it should be available to everyone who needs it. 'We all deserve the help,' one user said.

### CONCLUSIVE FEEDBACK

Engagement with the pilot scheme was 'hit and miss' at the start because people using the food bank didn't know whether they would be eligible for food vouchers from week to week, which made planning ahead difficult. But once they got into a rhythm with clients, things improved. Having the option of a drop-in approach and/or six sessions gave food bank users a choice and made the idea of therapy seem more accessible and attainable.

Feedback was 100% positive, with client comments that included: 'I had confidence in my therapist' and 'I hope the service is extended to more people'. Clients said they felt that they had been 'heard' and 'would definitely recommend the service'. Some clients wished that there were more than six sessions, but it was surprising what could be achieved in a short time. One client said: 'I feel an improvement after only a couple of sessions; the drop-in facility is very helpful.'

For some clients the therapy enabled them to realise that there were links between certain areas of their past lives and their current need for help from a food bank. 'Joining the dots helped me understand myself better and what I can do differently about my situation,' one client said. The impact also extended beyond the food bank, with another client saying: 'There was an improvement in the relationship with my family.'

As the pilot continues, it has become clear that adapting to the food bank's daily operations has been the key to success. Aikens has raised further funding from The Worshipful Company of Grocers, so the service will continue through 2019. They are planning to raise further funds to expand the service into the future. ●

### ► Further information

- [anchorcounselling.org](http://anchorcounselling.org)
- [hammersmithfulham.foodbank.org.uk](http://hammersmithfulham.foodbank.org.uk)
- [robhowellart.com](http://robhowellart.com)



# LETTING GO

FACING OUR MORTALITY COULD TRANSFORM SOCIETY, AND PSYCHOTHERAPY HAS A KEY ROLE TO PLAY IN HELPING PEOPLE ACCEPT REALITY, AS ANNA SCOTT DISCOVERS

**M**any individuals do not want to face the emergency of climate change because they fear loss and death, according to psychotherapist Josefine Speyer. 'I think our society has a real problem dealing with the urgent need for change, because it means there are things we need to give up. Change is frightening. We are a consumer society that defends against loss, lack of power and control by shopping,' she adds. 'It is a form of addiction to defend against the reality of death.'

If individuals were able to face their own mortality, society would benefit. 'It would mean open communication and allow people to be depressed without others saying, "What's wrong with you!" It would make people less lonely,' she says. 'We might be able to relate to ourselves and each other better.'

Aviva Barnett, a psychotherapist who specialises in working with people affected by loss, has a similar opinion of the potentially transformational effect of realising that we only have one life, which we should want to live fully. 'People might just be kinder to each other, might be less judgemental and might be able to take more risks in relationships because they're less fearful of what others think about them.'

Facing mortality could also help us with our own processes of grief. 'I would like to think the more prepared you are, the more manageable the process of grief and mourning can be,' says bereavement

expert and psychotherapist Juliet Rosenfeld. 'I found bereavement so utterly shocking and unbearable when I was young and suddenly widowed.'

Unresolved grief is thought to be behind 15% of all psychological

disorders, according to Julia Samuel, a psychotherapist and author of *Grief Works*. If mortality was discussed more openly, 'There would be more knowledge and information for people to know that what they're feeling is normal. And it would mean they would get the right support rather than use maladaptive coping mechanisms.'

## THE CRUCIAL ROLE OF PSYCHOTHERAPY

The problem is that imagining ourselves ceasing to exist is frightening, Barnett says. 'When we consider our mortality we realise the finality of life. We cannot control our demise (apart from suicide - even then not completely) and many people are petrified of pain, which they associate with dying.'

Psychotherapists are no different. 'Death was never hidden away during my upbringing in rural Ireland in the 1960s,' says psychotherapist Neil Jordan. 'Yet none of us would ever mention our own deaths. Bringing it back to my own demise was the biggest challenge of all.' (See 'Life stage', opposite.)

Psychotherapists have an absolutely crucial role in helping individuals face their own mortality, not least by giving clients the space to discuss their fears of mortality and what they can prepare for. Therapy also brings up the fragility of life naturally through the work itself, Barnett says. 'Losses arise in the form of relationships, jobs and pets dying. Therapists can help the client explore how they relate to loss and learn what it means to them.'

She worked with a woman living with breast cancer, who had a double mastectomy and chemotherapy. The woman would come to sessions and talk about her work, saying that she felt like she had a lot to contribute to meetings, but was unable to because she was so shy.

'She simply did not have the self-belief to take risks,' Barnett continues. 'But after going through treatment, she cared less about what others thought of her. She was able to get her voice

**'Therapists can help the client explore how they relate to loss'**

heard and said what she wanted at meetings. She lost parts of her body but she gained parts of her self.'

But psychotherapists raise mortality with clients only where it is appropriate, either when the latter feels it needs to be explored or the former feels it is being avoided. 'Therapy has great value for people who have never been carefully listened to,' says Rosenfeld. 'So I would wait for the patient to raise it, rather than tell them where we need to go. I wait, listen and see what comes up. For some people, at a certain point in their lives, this is a subject they want to think about aloud, with me as their witness.'

### TALKING THERAPIES

'When someone comes to you who has had a bereavement or is terminally ill, you can't just offer them "tea and sympathy",' Speyer says. 'We need to address endings. Therapists can help people put things they want to say into words.'

Psychotherapists can also support clients in reconnecting with their bodies, where many feelings are held, says Jordan. 'Another important

part of the work is in helping clients explore new behaviours, some of which may feel scary,' he adds.

This is particularly important given that many professionals who work with the dying, offering medical care or who work in the funeral industry, don't have any supervision or a space where they can reflect on their work, Speyer says. 'Somehow there is the notion that this is not needed. They just have the medical model which doesn't consider relationships. Given permission to explore and share experiences, people love talking about death. It is very life-affirming, you simply can't stop them, there is so much they want to say.'

This is the philosophy behind death cafés, founded in 2010 by the late Jon Underwood. 'Jon's idea was that people come together to drink tea, eat cake and talk about death,' says Speyer, who has run death cafés since 2012. 'Death Cafe is free and the hosts are fellow mortals who participate in the conversation.'

'We have people sitting around a table and start off the conversation by asking "What brings you to Death Cafe?";' Speyer says. 'The conversation flows from there. People of all ages talk about their experiences, or lack of, of death, bereavement, of caring for the dying, organising funerals, preparing for dying or fears and concerns, etc.'

'A terminally ill woman who regularly attended our monthly death café regularly told us how fellow cancer patients waiting for treatment would not speak to each other in the waiting room. The anxiety was palpable but could not be shared. She felt great benefit from being able to talk about her dying, and living fully in the process of it. The last time she came back was a month before she died. She was literally fading, could hardly breathe, and when she spoke she had to sit back to catch her breath. But her spirit

### Life stage

## 'Facing death sharpens our senses'

What we avoid reduces our capacity to live, writes Neil Jordan. Yet, the fear of dying makes us avoid facing it

The process of opening up to more of who we are fits with Carl Rogers' description of the therapeutic process in which we move from fixed to fluid, from closed to open, from rigid to flowing and from stasis to process<sup>1</sup>. Cut off from death, our lives are smaller.

Irvin Yalom points out that by grasping our human condition, what he describes as 'our brief time in the light – we will come... to savour the preciousness of each moment and the sheer pleasure of being'<sup>2</sup>. Facing death sharpens our senses. And it's a two-way process – if we open up to death we engage more fully with life – yet by living our lives more fully we are also more likely to approach death with greater openness.

Given the importance of mortality in each of our lives, as psychotherapists, if we are to effectively support clients in exploring their mortality, we need to be open to engaging with our own finite nature. Having been in psychotherapy for many years, I've grown my sense of self to include my embodied, ecological and spiritual self, and a wider sense of myself as an emotional man. This integrated sense of self holds so much more than the old self I was years ago. It also holds my fear of death. If I am part of nature, part of life itself, how could it be any other way?



### NEIL JORDAN

is a UKCP-registered psychotherapist who has worked in many settings: a GP surgery, university student services, a hospice and a voluntary organisation.  
natureconnect.org.uk



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- (1) Tudor, K. and Worrall, M. (2006). *Person-Centred Therapy*. East Sussex, England: Routledge.
- (2) Yalom, I. D. (2008) *Staring at the Sun*. London: Piatkus.

was soaring. She was incredible, and I was so moved by her,' Speyer says. 'We can all teach each other about mortality, and we should all be talking about death as easily as we talk about birth,' says Julia Samuel.

For psychotherapists, 'We should include it as part of our clients' overall wellbeing,' she adds. 'In the same way as we may want to discuss their sex life, their relationships – not hammering it home all the time, but using it as part of our holistic response to our clients' mental health.' ●



## Points to consider...

# SHARING CONFIDENTIAL NOTES

BEING ASKED TO BREAK CONFIDENTIALITY CAN POSE SIGNIFICANT DILEMMAS FOR THERAPISTS. OUR COMPLAINTS AND CONDUCT TEAM OFFERS GUIDANCE

**C**lient confidentiality is one of the central tenets of psychotherapy – the trust that is shared between therapist and client is an essential part of the therapeutic relationship. But legislation and good practice mean there are situations where you may have to break this confidentiality.

During the course of client relationships, you will gain knowledge about your clients ranging from the incidental (address and phone number, for example), to the highly confidential, intimate and personal.

Confidentiality is a continuing duty, and keeping client information safely should occur even after the therapeutic relationships have ended, irrespective of whether you saw a client for a few minutes, a single session or several years. Clients' reliance on that confidence is essential in creating a safe space where therapy can take place and breakthroughs can be made.

But what happens when therapists are asked to break client confidentiality? Here are the most common situations in which therapists are asked for confidential information:

**'Clients' reliance on confidence is essential in creating a safe space where therapy can occur'**

- **Receiving a Subject Access Request (SAR)** – a provision under the General Data Protection Regulations (GDPR) that gives clients the right to ask for all information someone holds on them.

- **Receiving a request from police or lawyers** – this will usually be in connection with legal proceedings, whether to see a client's therapy notes or when asking a therapist to provide a report or opinion about the client or someone else.
- **Pre-trial therapy** – when therapy is provided to a witness in a prosecution such as a rape trial, client confidentiality cannot be guaranteed at the outset.

It can be a daunting prospect to be faced with what may feel like an assault on the important information you hold on clients, so it's crucial to understand your obligations, discuss concerns with your supervisor and turn to your indemnity providers for advice.

### SUBJECT ACCESS REQUESTS

Subject Access Requests do not need to reference laws or legislation, nor be in writing, and this can make them difficult to spot. Therapists need to acknowledge and respond to requests (which are for all the information they hold on an individual) within 30 days. If the request comes from the client directly, a therapist may not consider this breach of confidentiality to be an issue, especially if the request comes from a former client. However, if the request is from a current client, you will have to consider what implications, if any, this might have on your therapeutic relationship.

### REQUEST FROM POLICE OR LAWYERS

It can be intimidating being contacted by the police and/or lawyers, especially out of the blue, and therapists should think very carefully about how to respond to requests for notes.



You must get your client's consent (ideally in writing). They may not be aware that you have been approached and may not want you to disclose everything – they may have shared other intimate details that are not related to the request from the police or lawyers.

Think about the impact this might have on your client, your relationship with your client, and why the police or lawyers are asking for information. If you're being asked to write a report, you need to think carefully about whether you're qualified to do so, and whether it will be in the client's best interests. With each decision you make, document why you're making it: any reports or notes you submit may be disclosed to other parties, not just those who requested it.

### SAYING NO

You can say no to requests from police or lawyers unless you are issued with a court order. The duty of confidentiality you owe to your client and your understanding of their situation can give you a gateway to providing a reasoned decision for not supplying information. When declining requests make sure you record why you came to this decision, who you spoke to for advice, and the factors you took into account. Then, if you're asked to justify your decision, you have a record of it.

### THE THERAPEUTIC RELATIONSHIP

Whether you say yes or no is likely to have some impact on the therapist-client relationship, and you will need to think carefully about managing this. Be clear with clients about the limits of your confidentiality at the outset of therapy. This is

not scaremongering: it's a case of being transparent at the beginning of a relationship that you are subject to other pressures. It may help reassure a client that you are being open and clear with them.

### CONSENT

You may need to breach client confidentiality to meet reporting requirements such as safeguarding, publishing material or discussing clients with colleagues. In these cases, you must be familiar with safeguarding requirements and ensure that information you share is limited to that which is strictly necessary.

If you wish to publish information about your clients, they must give their verifiable consent (written), even where you have anonymised their information and they are unable to recognise themselves. If you are discussing a client with other colleagues, you must also anonymise their information.

### PRE-TRIAL THERAPY

In the case of therapy provided to witnesses involved in the prosecution of an alleged offender – pre-trial therapy – client confidentiality cannot be guaranteed at the outset of therapy, according to the Crown Prosecution Service's guidelines.

The need to ensure a fair trial demands that any information that could have an impact on the decision to prosecute, the conduct of the case or the outcome of the trial is made available to the police and CPS. So therapists must make the police and CPS aware that therapy is proposed, is being undertaken or has been undertaken. You must keep records including details of those in the therapy, the content and length of the therapy sessions.

In these circumstances the rules of disclosure place responsibilities on the CPS



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- [gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality](https://gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality)
- [ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/right-of-access/](https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/right-of-access/)
- [psychotherapy.org.uk/registers-standards/complaints/learning-from-complaints](https://psychotherapy.org.uk/registers-standards/complaints/learning-from-complaints)

and therapists, meaning that all relevant information must be preserved. Requests for information are likely to be made by the CPS, the prosecutor, the defence and/or the court. With this knowledge, victims have, unsurprisingly, been reluctant to enter therapy, yet this is a time when they may need it most, as they face the intimidating prospect of seeing the perpetrator and hostile cross-examination.

At the outset of therapy, therapists should reach an understanding with clients of circumstances under which information obtained during therapy may need to be disclosed. Great care should be taken whenever anything is likely to infringe on confidentiality. But for those times where you must breach it (with consent or not), forward planning is key to ensuring minimal impact. Legal advice and a firm understanding of your rights and duties mean you'll be able to respond appropriately or turn down requests. ●



# ‘The arts can vitalise support relationships’

AN ACADEMIC AND THERAPIST RESEARCHING THE BENEFITS OF ARTS PSYCHOTHERAPIES, PROFESSOR VICKY KARKOU OUTLINES THE STEPS ON HER CAREER PATH AND WHAT’S KEPT HER MOTIVATED ALONG THE WAY

**RIGHT:**

‘I thought my visit to the UK was going to be the first stop on my travels around the world. It became a journey into psychotherapy’

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**P**rofessor Vicky Karkou grew up in Greece surrounded by ancient texts. Greek myths were the bedtime stories she play-acted and ancient ruins the playground in which she brought her characters to life. She is now one of the UK’s leading academics examining the use of creative methods in psychotherapy.

I was brought up valuing knowledge and creativity, often debating whether I preferred thinking or doing. I would re-tell Greek myths with full poetic licence, creating new characters and endings. I would enact these stories. I was convinced that I needed to engage with them with full physicality, adding my best moves to the characters in order to bring them to life. In the playground, I was able to transform my knowledge of myths in new creative configurations and integrate thinking with doing.

**I grew up to become an unruly teenager.** Socrates and Plato felt dated and restrictive; as did most things during this transitional period. As a way of processing frustrations, I started painting on anything that I could find. With my parents’ support, I started painting the walls of our summer house. Artistically, the work had varied in quality, but no one seemed to bother. Our walls had colour; they were dark and messy in places, but seemed alive.

**After my undergraduate studies in Greece, I made my way to the UK.** I thought it was going to be the first stop on my travels around the world. It ended up becoming a journey into the use of creative methods in psychotherapy.

**My first stop was a master’s in Dance/Arts Education at the University of Manchester.** My inability to choose between

psychology or the arts found a happy solution. I was introduced to dance movement psychotherapy, a field that supports deep explorations of one’s inner and relational self through body sensations and creative movement, and as such it sits clearly across practices.

**The second stop was a scholarship from the Economic and Social Research Council (ESRC) for doctoral studies, which enabled me to study arts psychotherapies – music, art, drama and dance.** After that I began a research career at the University of Hertfordshire, one of the first universities to offer postgraduate training and a licence to practise arts psychotherapy. While the theoretical and research components continue to grow, my need to understand the process of therapy took over.

**I completed my clinical training as a dance movement psychotherapist at the University of Roehampton while I continued working as a researcher.** Clinical work became an additional component to my research work. This took place in and around London, with people from all kinds of backgrounds and cultures. Creative means and sensitive uses of the arts become an attractive reference point for people whose understanding of mental health and psychological wellbeing is different.

**I moved to Edinburgh to work on developing a new MSc in dance movement psychotherapy while beginning to supervise PhD students.** My research



work in health contexts developed; collaboration with NHS Scotland took place. I began training in group analysis and completed my training in supervision. The cold of Edinburgh was alleviated by the warmth and creativity of my students, colleagues and friends. The sparse population of Scotland was balanced by the sense of community I felt in the group analysis training in Glasgow. Academic demands were balanced by beginning private practice. All of which took place under the frenzy of the annual Edinburgh Festival and regular classes at Dance Base.

**I have now returned to the north west of England.** As a professor at Edge Hill University, I am given space to play with ideas and develop new research. Creativity is valued and psychotherapy is celebrated. Numerous events and masterclasses bring people together from the local, national and international community, while new research projects deepen our understanding of the use of creative media in psychotherapy.

**Since my early explorations of Greek myths in ancient ruins, things appear to have moved on, both for me as a professional as well as for the subject area.** Substantial investment in investigations into the effectiveness of dance movement, music and art psychotherapies with groups of people with mixed mental

health diagnoses has been made by the National Institute for Health Research. And the Liverpool Clinical Commissioning Group is interested in supporting new projects such as the Arts for the Blues, which is developing a new intervention that uses creative methods in psychotherapy as a treatment for depression.

**The European Union is also supporting research into the potential contribution of dance and creative movement in different client populations,** such as those recovering from cancer, demonstrating that there is interest in the use of the arts and creativity in the wellbeing of people with diverse clinical concerns. These kinds of research activities are expected to be taken even further with the development of the new Research Centre in the Arts and Wellbeing at Edge Hill University.

**I am convinced that the arts and creativity, when used appropriately, can vitalise support relationships, offer insights and allow for new and integrated ways of being.** This conviction is not confined to the ancient ruins of Greece anymore and it is not the gut feelings of a child playing. It is met with an increasing interest from wider afield, which, as the research evidence grows, is gaining momentum and expands its potential applications. ●



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### Timeline

## PROFESSOR VICKY KARKOU'S JOURNEY IN PSYCHOTHERAPY

- 1991** Graduated with a Bachelor of Science and Education at the Aristotle University of Thessaloniki in Greece.
- 1994** Finished a master's in Arts Education and Arts Therapies at the University of Manchester.
- 2000** Joined the University of Hertfordshire, UK, as a Postdoctoral Research Fellow in Arts Therapies.
- 2003** Began lecturing in Art Therapy at Queen Margaret University in Scotland.
- 2008** Became Programme Leader of the MSc in Dance Movement Psychotherapy programme at Queen Margaret University.
- 2013** Joined Edge Hill University in the UK as a Professor of Arts and Wellbeing.

# On Screen

*A 16-year-old offers sex and relationship counselling to his peers, but what kind of therapist is his mother? John Taggart considers Sex Education's portrayal of therapy*

## Dr Jean F Milburn *Sex Education*

**S**ex Education is a light-hearted Netflix miniseries about adolescents and their struggles with sex and finding out who they are. Otis starts his own illicit sex therapy counselling business at school. Both his mother, Jean, and estranged dad, Remi, are sex and relationship therapists. Otis finds he has absorbed quite a lot from them. He is rather good at it. But he's not so good at sorting out his own sexual inhibitions.

The comic premise of the series is that Jean, despite her apparent success as a sex therapist, is basically dysfunctional in her private life and unaware of her failings as the mother of an adolescent boy. Who is more psychologically aware and a better therapist: Jean, or her 16-year-old son?

Jean explains that a good therapist listens to people without 'inserting yourself into their reality'. The problem is that her only reality seems to be the life of her son. She is lonely, but doesn't recognise it. She has multiple sexual partners, but, as she says to one of them, 'I have no room in my life for the intimacy you are clearly craving'.

Though she speaks in a calm and authoritative manner that is quite infuriating – 'I want to give you the opportunity to express your feelings' – it is her son who is given the truly insightful lines – 'This is not a safe place, Mum. It's like you want to consume me'.

On the surface, *Sex Education* is a frivolous drama about young people and sex. In fact, it has a lot more to say about adolescents and the hurdles of separation. An important part of this struggle is to separate from their parents. This is particularly true for Otis whose mother seems determined to have nothing in her life



**ABOVE:** Jean's lack of boundaries denies Otis the space and privacy he needs to deal with his own issues

**'She is a therapist without boundaries and an appalling mother'**

but him. Reluctantly, Jean herself can admit that at times she dislikes her son.

But that is a rare moment of reflection for this most unaware of therapists. Otis himself has to put a lock on his door. His mother kicks it in. She follows him on dates and wonders why she is doing it.

By episode six we learn that Otis has deep subconscious blocks to masturbation and to sexual intercourse because as a boy he observed his father

having passionate sex with a client. There seems to be no therapist in the programme, other than Otis, who has firm boundaries.

Some sensible lines are given to Jean – 'middle adolescence is a tumultuous stage of development' – but she is a therapist without boundaries and an appalling mother. She has one book published and has another about to be accepted, but these are at the expense of her son and also, presumably, her clients.

Perhaps it is amusing to see a therapist interpret his client's erotic crush on him as transference and then cast aside the boundaries because she wants 'to have sex right now!'. Perhaps it's amusing to see a psychotherapist dispense wisdom and be blinkered in her own life. But if a 16-year-old can do it better than we can, are we therapists better advised to laugh at ourselves, or be just a little offended?

► **Next issue: Dr Sean Maguire in Good Will Hunting**

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

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



# Are you considering a career in psychotherapy?

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