

# New Psychotherapist

ISSUE 77 / SUMMER 2021

ISSN 25167162 (ONLINE)



## LISTENING AND LEARNING

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DIVERSITY IN THE PROFESSION

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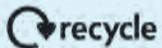
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- **Subscriptions:** *New Psychotherapist* is free to members of the UKCP. Non members can view the magazine at [psychotherapy.org.uk/join/the-psychotherapist](http://psychotherapy.org.uk/join/the-psychotherapist)



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#### DIVERSITY AND EQUALITIES STATEMENT

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

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# Welcome

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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

**H**ow can the psychotherapy profession address the reasons why people of colour experience disproportionate levels of poor mental health and poorer outcomes from any treatment that they do receive? How can the psychotherapy community address the reasons why there are fewer Black and brown psychotherapists than white, and why many people of colour drop out of their training?

Accessing psychotherapy and counselling is an issue of privilege, not least because the shortage of NHS provision and subsequent long waiting lists force people to pay for a choice of talking therapies. As professions, psychotherapy and counselling predominantly represent white people, Eugene Ellis, psychotherapist and founder of the Black, African and Asian Therapy Network, points out in this issue (*page 16*).

Structural inequalities, discrimination and racism within society experienced on many levels by people of colour must be considered, understood and held by psychotherapists who have not had these experiences themselves. Equally, a client who has experienced racism and discrimination may wish to work with a therapist more likely to empathise with their experiences, even a therapist who 'looks like them'. But this is not without issue and preconception, as psychotherapist Annis Booker recounts (*page 43*).

Whatever an individual's preference, UKCP and the psychotherapy training community must empower psychotherapists of all backgrounds to feel confident working with clients with different experiences of structural barriers. Decolonising the curriculum, and embedding best practice for working with difference in all parts of psychotherapy training, are good places to start.

As white people begin to understand in greater depth their own privilege, frank and often painful conversations are needed to address how we can make psychotherapy truly inclusive. UKCP understands that the amount of work, education and self-reflection needed at every level of the profession to achieve this cannot be overstated. The Equality Diversity and Inclusion Taskforce UKCP has created is tackling these issues within the organisation and will report its recommendations in the autumn.

As a white journalist, I found editing this issue of *New Psychotherapist* extremely confronting and deeply thought-provoking.

ANNA SCOTT

Editor

#### References

- (1) Fernando, Suman, *Institutional Racism in Psychiatry and Clinical Psychology*, Palgrave Macmillan, 2017.

#### Get in contact

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

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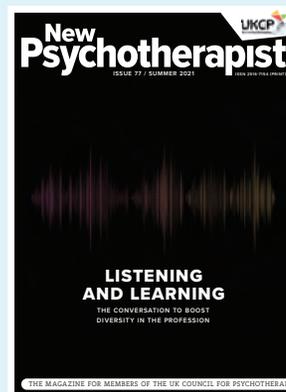
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## On the cover

This issue, we focus on boosting diversity in the profession



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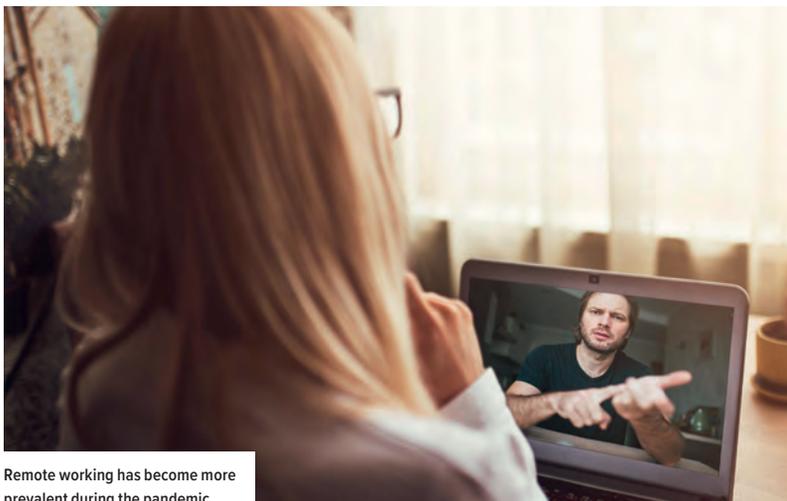
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# Bulletin

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



Remote working has become more prevalent during the pandemic

45%

describe using technology to deliver therapy as 'somewhat challenging'

32%

say it has been 'challenging'

3%

declare remote therapy as 'extremely challenging'

6

## SURVEY

# Majority of psychotherapists have found remote working 'challenging'

Fewer interpersonal cues among reasons cited in research

A clearer picture of the impact of the COVID-19 pandemic and lockdown on the work of psychotherapists and psychotherapeutic counsellors is emerging with the publication of two research articles.

UKCP surveyed its members at three different stages of 2020, eliciting nearly

1,300 responses, in order to understand how coronavirus had an impact on the therapeutic experience and the experience of delivering therapy.

The research collaboration was led by Dr Gabriel Davies, former research lead at UKCP, and included Dr Sarah Niblock, CEO; Ellen Dunn, policy and research officer at UKCP; and Dr Divine Charura, professor of counselling psychology at York St John University, and chair of UKCP's Research Working Group. The mixed method qualitative and quantitative analysis will be submitted to a peer-reviewed journal.

'We are very grateful that so many members took the time to respond to our surveys,' said Dunn. 'The research will give a clear picture of how the pandemic has affected practice. With the effects of the

pandemic likely to be felt for many years to come, these insights will be invaluable.'

Meanwhile, UKCP organisational member the Metanoia Institute conducted its own survey of psychotherapists. The majority of respondents said that remote working has been a challenge for them, with 45% describing using technology to deliver therapy as 'somewhat challenging', 32% saying it has been 'challenging' and 3% declaring remote therapy as 'extremely challenging'.

Reduced interpersonal cues, feelings of isolation and fatigue and technical issues were frequently cited concerns that result from remote working among the 335 UK psychotherapists surveyed for the research, which appears in *Counselling and Psychotherapy Research*<sup>1</sup>.

### Get in contact

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

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### Unfolding answers

How can training help boost diversity in psychotherapy?

Page 22



Dorries will hear from organisations, including UKCP

#### POLICY

## Mental health minister to meet UKCP

**N**adine Dorries, minister for patient safety, suicide prevention and mental health, has agreed to meet with UKCP, BACP and BPC, to discuss the mental health response to COVID-19.

Along with BACP, BPC and 27 supporting organisations, UKCP wrote to the Department of Health and Social Care in 2020, calling on the government to partner with psychotherapy organisations to tackle the mental health crisis resulting from the pandemic. The letter highlighted how psychotherapists and counsellors have played a vital role in supporting vulnerable people, including medical staff and other key workers, during the pandemic.

UKCP's policy work has focused in particular on expanding the provision of psychotherapy in the NHS, which will be a vital component of the government's response to growing need. The government is currently falling short of recruitment targets within NHS talking therapy services, while the psychotherapy and counselling workforce remains significantly underused in this context.

Representatives from UKCP, BACP and BPC will discuss with Dorries how the government can make greater use of the psychotherapy and counselling workforces in the longer term to 'rebuild social fabric, help to repair shattered communities and lives, and help the nation return to normality'.

#### EQUALITY

## Mental Health Act reform can 'tackle historic inequality'

Plans to introduce a competency framework for trusts to improve mental health outcomes for people of colour

**P**lanned reforms of the Mental Health Act provide an opportunity to tackle historical inequalities in how the act is used, including the disproportionate detention of people from Black communities, according to UKCP.

Among the proposals in the *Reforming the Mental Health Act* white paper is a scheme to pilot culturally appropriate advocates so patients of colour are better supported to voice their individual needs.

There are also plans to introduce a national organisational competency framework for NHS mental health trusts. The Patients and Care Race Equality Framework (PCREF) aims to help trusts understand what steps they need to take to improve the mental health outcomes of people of colour.

Black people are more than four times as likely as white people to be detained under the act, according to the latest available

figures, and Black Caribbean people had the highest rate of detention out of all ethnic groups. In addition, Black or Black British people are more than ten times as likely as white people to be subject to Community Treatment Orders.

One person was cited in Sir Simon Wessley's 2018 independent review of the legislation as saying: 'For a Black person, a psychiatric hospital is seen as the place where they drug you up and, at worst, even kill you'?

'Reform of the Mental Health Act is long overdue,' said Adam Jones, UKCP policy and public affairs manager. 'We strongly support the ambition to tackle its disproportionate impact on disadvantaged groups, particularly Black men, as well as to provide a more compassionate system of care for people at risk of sectioning.'

'However, there is still much work to do to ensure these reforms have the desired effect in the months and years to come. A major culture change is needed to ensure the care for people with complex need is trauma-informed, including far greater provision of trauma-informed psychotherapies,' he added.

**'There is still much work to do to ensure these reforms have the desired effect'**

**References** ● (1) McBeath, AG, du Plock, S and Bager-Charleson, S (2020). The challenges and experiences of psychotherapists working remotely during the coronavirus pandemic. *Counselling and Psychotherapy Research*, 20(3), 394–405 ● (2) assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/778897/Modernising\_the\_Mental\_Health\_Act\_-\_increasing\_choice\_\_reducing\_compulsion.pdf



### In the spotlight

Dr Divine Charura's career journey in psychotherapy  
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## ACCREDITATION

# Accredited Registers programme 'must be more visible to the public'

More clarity needed on what roles are accredited

**U**KCP has called on the Professional Standards Authority to ensure its Accredited Registers programme does more to protect the public from unscrupulous practitioners.

In its response to the first comprehensive review of the programme, UKCP stated: 'Since the pandemic, new waves of unregulated and sometimes untrained online practitioners are emerging from other international jurisdictions.'

'Without tighter rules this means that effectively anyone from anywhere can now work legitimately in the UK. While regulatory bodies such as ours can strike off practitioners from our registers, unregulated therapists can never lose their title,' the consultation response stated.

The programme, which oversees and provides assurance for healthcare roles in the UK not regulated by law, covers 26 voluntary registers of approximately 60 different types of occupation - including psychotherapy. Of two million roles unregulated by statute in health and social care, 90,000

practitioners are covered by the programme.

'We believe a system of voluntary registration can be effective as long as the public are aware of it and fully understand its scope and limits,' UKCP stated. According to PSA research of patient and public perceptions undertaken in March 2020, people choose professionals because they have been recommended by family and friends, rather than because they are accredited by the programme.

The consultation also addresses the financing of the programme, which is due to become self-funded by April 2021. 'The timeline proposed gives no indication of what additional value we would receive for an immediate almost 400% increase in fees,' UKCP stated. 'Given that any PSA public information programme would benefit all PSA registers equally, it is hard to see why some bodies should pay considerably more for that benefit than others.'

**'Unregulated therapists can never lose their title'**



A new wave of online practitioners has emerged

## RESEARCH

### TAKE THE TIME TO DISCUSS RACISM, TRAINING ORGANISATIONS TOLD

Individuals and organisations at all levels of the profession should 'shift the narrative away from the notion that "more time is needed to embed the values of inclusivity" in psychotherapy training', according to speakers at a virtual event hosted by the Diversity and Inclusion Coalition.

UKCP is one of ten organisations that make up the Coalition, which was set up to address the major inequalities in training and provision of counselling and psychotherapy.

*Exploring barriers to inclusion in counselling and psychotherapy training*, held in February, featured the views of educational institutions, trainers, programme leaders and psychotherapists in discussion about diversity and inclusion needs in training.

Accrediting bodies and training organisations have the institutional power 'to carve out time, space and resources to discuss racism, exclusion and oppression, and examine curriculums and training structures', the audience heard.

The importance of best practice within individual behaviour change of trainers was also considered at the event - including the need to embrace challenging conversations, and to understand the trauma that comes with experience of oppression and the defensiveness of people who are exposed to privilege they have experienced.

The event was held as part of the Coalition's work to produce shared standards for diversity and inclusion within counselling and psychotherapy trainings.

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### Delving deeper

Recommended resources to educate on racism, diversity and inclusion

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The study used imaging scans of the brain

## RESEARCH

# Study profiles student mental health across universities

Pooled data needed to understand effectiveness of university counselling, authors say

**A** group of psychotherapists and researchers is calling for the development of a national dataset of university counselling data to understand both the therapy outcomes of students and the complex mental health difficulties they are facing.

The call follows the findings of a UKCP and BACP-funded study that sought to determine the current problems experienced by students accessing university counselling and establish the effectiveness of those in-house services.

Conducted on behalf of the Student Counselling Outcomes Research and Evaluation (SCORE) consortium prior to the lockdown beginning in March 2020, the study pooled data from four universities (representing small and large city, town and rural campuses) covering 5,568 students, with an average age of 25.

Between 8% and 10% of the student population attended the counselling, which was delivered by accredited professionals. Students who received a minimum of two counselling sessions were included in the data.

Data from the four counselling services found that students came to counselling with low levels of wellbeing and functioning, and high levels of depression, anxiety, academic distress and trauma.

Following counselling – and using the Clinical Outcomes in Routine Evaluation–Outcome Measure (CORE-OM) and the Counseling

Center Assessment of Psychological Symptoms (CCAPS) – levels of severe and moderately severe distress decreased. The researchers grouped ‘severe’ and ‘moderately severe’ distress together so the combined rate for these two levels of distress fell from 60% at pre-counselling to 27% post counselling. These levels of distress were also combined for those clients for whom the end of counselling was planned – in this case their rates of distress fell from 52% pre-counselling to 15% post counselling.

‘It is heartening to see evidence of the effectiveness of our in-house counselling and psychological therapy services and the positive impact they can have on students’ overall experience of university life,’ said Louise Knowles, psychotherapist and head of Mental Health and Psychological Therapy Services at the University of Sheffield.

Afra Turner, cognitive behaviour and psychodynamic psychotherapist and chair of the Score group, added: ‘The research shows the key role trained professionals play in helping students experiencing mental health issues and the need for a coordinated approach towards university in-house support services.’

► *The study can be found in the British Journal of Guidance & Counselling. [tandfonline.com/doi/full/10.1080/03069885.2020.1860191](https://doi.org/10.1080/03069885.2020.1860191)*

## RESEARCH

### RESEARCH SUGGESTS TRAUMA-FOCUSED PSYCHOTHERAPY ‘CHANGES BRAIN COMMUNICATION’

US researchers have used neuroimaging to examine how psychotherapy changes the brain areas responsible for generating emotional responses.

Functional magnetic resonance imaging scans were used to measure the degree of functional connectivity – communication or ‘traffic’ – between the areas of the brain responsible for emotion and logic and thinking (the amygdala and insula) in a group of people having trauma-focused psychotherapy for PTSD.

‘We know psychotherapy works,’ said Dr Greg Fonzo, lead author of the study and an assistant professor in the Department of Psychiatry and Behavioral Sciences at Dell Medical School at The University of Texas at Austin. ‘But we don’t have a lot of good data to explain how the brain is changed by this process. That’s what we sought to find out.’

‘We discovered a reduction in traffic between these brain regions among patients who had undergone trauma-focused psychotherapy,’ he added. ‘Greater connectivity changes were associated with bigger symptom reductions. This restructuring of brain communication may be a unique signature of PTSD recovery.’

Fonzo added that the findings could change the way doctors treat people who suffer from PTSD.

► *The study is published in Biological Psychiatry. <https://linkinghub.elsevier.com/retrieve/pii/S0006322320321077>*

52%

levels of severe and moderately severe distress before counselling

15%

levels of severe and moderately severe distress after counselling

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The person in this role will provide Professional leadership to the organisation to ensure the flourishing and development of BCPC. The Deputy Director will work alongside the current Director, to ensure professional development in line with the regulatory bodies and compliance with the University. They will also work closely with the Finance Manager and Office Manager to ensure the smooth operations of the day to day functioning of the organisation. The role will be part time and mainly office based, averaging out at 20-25 hours per week.

The post will be for one year initially, and with a six-month probationary period. The role carries an entitlement of 25 paid days holiday plus statutory bank holidays, pro rata. Holidays are to be taken outside term time.

The role will be accountable to and monitored by the Director. This role description does not intend to provide a prescriptive list but provides what is hoped will be useful guidance in terms of indicative responsibilities.

### Key responsibilities

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- To oversee the enrolment process and course development
- To manage the University regulations and procedures
- To manage regulation tasks and liaison with the regulatory bodies
- To manage complaints
- To oversee building management
- To oversee management of staff teams and staff development
- To ensure all aspects of the administration and support functions are carried out efficiently
- To develop and execute policies which will ensure a thriving membership of the charity and excellence in the provision of training in counselling and psychotherapy as well as services to the public.
- To oversee recruitment and selection of staff for the organisation
- To look for opportunities to promote BCPC within the field
- To liaise with all relevant committees to ensure adequate fulfilment of their functions
- To manage post holders and carry out appraisals where relevant

### The candidate must:

- be strongly aligned to the core values and culture of BCPC
- have experience in collaborative ways of working with staff management
- have a counselling or psychotherapy qualification
- be BACP accredited or UKCP registered
- have significant experience as trainer/ lecturer
- be familiar with recent developments in the profession
- have significant experience of curriculum development
- have an understanding of qualitative and quantitative research methodologies and competence-based assessment

### The candidate would ideally:

- have a Masters degree
- have a knowledge of the regulatory requirements of PRBs
- have a strong working knowledge of the core theoretical models of the current training
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## SCHOOL SCHEDULE

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**Gulya Diyarova, UKCP, COSRT**

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**EFT therapist and supervisor**

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

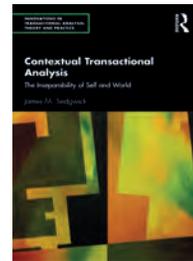
## Contextual Transactional Analysis: The Inseparability of Self and World

I'm a psychodynamic counsellor and psychotherapist, and came to this book with a sketchy understanding of the underlying theory of transactional analysis. Sedgewick provides a comprehensive assessment of this, so that even those of us trained in different modalities can have a coherent view.

At the book's heart is the premise that people are situated and socialised; what's going on around us constrains and enables thoughts and actions. But Sedgewick, an academic and practitioner of transactional analysis, and psychodynamic and person-centred therapy, sees a disconnect between certain theoretical constructs and clinical need, leading to this reworking of transactional analysis' key concepts.

His concept of 'self-and-world' requires us to acknowledge more fully the outside as part of the inner world. We must also recognise that therapists' views of what is right and possible may have no meaning for those raised in circumstances foreign to many of us. But that does not mean that there aren't other meanings that make a better life possible for clients.

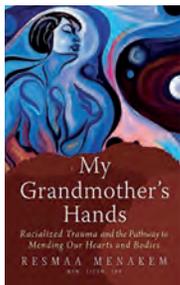
Sedgewick continues to practise in the NHS and I imagine that an impetus for this book comes from those he sees in his practice, challenged not only by the pandemic, but also by a recent history of industrial decay, demographic change and shrinking resources for care. His clinical examples are, for me, the liveliest parts of this work.



### Details

- **Reviewed by:** Anne Foster, psychodynamic psychotherapist
- **Author:** James M Sedgewick
- **Publisher:** Routledge
- **Price:** £23.19
- **ISBN:** 9780367192884

12



### Details

- **Reviewed by:** Reena Shah, psychotherapist and trainer
- **Author:** Resmaa Menakem
- **Publisher:** Penguin Group
- **Price:** £9.99
- **ISBN:** 9781942094470

## My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies

I read this book in the summer of 2019, before the pandemic and the killing of George Floyd. I found it resonant, not only in thinking and making sense of racism in the UK and the way it manifests as trauma, but also as a trainer who includes embodied practice within my teaching.

Resmaa Menakem is an African-American psychotherapist specialising in somatic processing of trauma. In his book he sets out to support white bodies, Black bodies and separates out police bodies as a third group. While the book is geared towards the experience of a US citizen, it spoke to me as a British citizen (of Indian heritage) in a country which carries the

legacies of slavery and colonialism, and the traumas inherent in both.

In each chapter, Menakem invites the reader to engage with their racialised trauma through their body. He accentuates the reality that we all carry trauma, whether our ancestors were in the oppressed or oppressor communities.

The book invites us to find a way to work with *clean pain* – felt when something hurtful happens – as a way of healing the trauma, articulating how racialised trauma is perpetuated through choosing *dirty pain* – painful thoughts as a result of the hurtful incident.

This book is a must-read as we work to undo the transgenerational legacy of racism in ourselves and our clients.

## Midlife: Problems and Solutions: A Jungian Perspective on the Midlife Crisis

**A** Jungian psychotherapist, Renata Symonds served as a consultant, supervisor, group leader and lecturer at the Highgate Counselling Centre in London for more than 40 years. She died in 2007, 12 years before the publication of this book, which provides a Jungian analysis of midlife crises.

Edited with a foreword by her son Gabriel, the book is a warm and engaging overview of the obstacles and opportunities that arise at the threshold of the second half of life. She draws upon a great deal of experience to explore the roots of a sense of unfulfillment and restlessness that can appear for a person confronting challenges associated with later life, whether finding meaning in one's existence, dealing with loneliness or a fear of death.

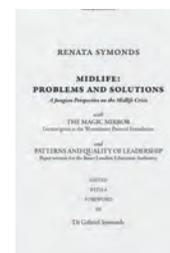
She outlines her work with clients at this stage in life, emphasising the importance of seeking answers in the more unconscious aspects of these difficulties, especially

through dream therapy. Many clients resolve their difficulties without resorting to medical drugs to suppress symptoms that arise during this stage of their lives.

In particular, the potential for midlife to bring about meaning in one's life and play a part in Jung's concept of individuation is emphasised in the book.

The writing is punctuated with interesting clinical examples as well as references to literature, art and mythology. At times, however, I felt that the clinical material was lacking in some areas, for example there is a focus on heteronormative relationships.

I would have also been interested in further, deeper exploration of the author's insights, as the book feels like a rapid tour of the subject. But it is a good introduction to the problems that could arise at midlife and is written in a comprehensive way that would be of interest to both therapists and the general reader.



### Details

- **Reviewed by:** Rebecca Neale, psychodynamic psychotherapist
- **Author:** Renata Symonds
- **Publisher:** YouCaxton Publications
- **Price:** £20
- **ISBN:** 9781912419432



### PODCASTS WE'RE LISTENING TO

#### THE TRAUMA THERAPIST

Guy Macpherson is over 500 episodes into his podcast *The Trauma Therapist*, in which he speaks to therapists and other professionals specialising in trauma about 'what it takes and what it means to sit with those who've been impacted by trauma'.

In episode 438 he speaks to Peter Levine who, during his 35-year study of stress and PTSD, has worked as a stress consultant for NASA and is currently senior fellow at The Meadows Trauma and Addiction Treatment Center in the US.

Levine founded Somatic Experiencing therapy – a short-term, naturalistic approach to the resolution and healing of trauma. Such embodied approaches to trauma have informed a good deal of my work with children and adolescents, and Levine proves to be an insightful guest, especially as Macpherson's tack is one of stepping back and allowing the guest to shine.

This particular episode was released on 23 March 2020; a date that will live on in infamy for so many of us. It was fascinating to hear Macpherson and Levine discuss the significance of self-regulating as lockdown was first

imposed, and the dilemma of doing so while wishing to stay informed.

Keeping abreast of developments is important, but tuning into a news cycle with its Ouroboros scrolling text and blistering infographics can often threaten the nervous system. Levine advocates dance.

Psychiatrist Bruce Perry, addictions expert Gabor Maté and psychotherapist Janina Fisher are just a few of the luminaries of the trauma field that Macpherson attracts to the podcast. This guarantees expertise that will benefit not only those with a trauma specialism, but all of us enduring the collective trauma of COVID-19.

### Details

- **Reviewed by:** Mark Hammond, psychotherapeutic counsellor
- **Creator:** Guy Macpherson
- **Available:** [thetraumatheapistproject.com/podcasts/](http://thetraumatheapistproject.com/podcasts/)



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

## Finding a Balanced Connection: Build Well-being From Within, Take Back Your Life and Permanently Change It for the Better

**J**ohn-Paul Davies has distilled his extensive clinical experience into this accessible guide for anyone who is motivated to help themselves with common issues such as anxiety, depression, addictive behaviour or chronic anger. It would suit readers who are drawn to logical, left brain ways of thinking and applying information.

I found Davies' simplified description of the three aspects of the human brain helpful: the book's premise is that because our brain prioritises survival, we are easily dominated by the subjective experience of threat and desire for reward at the expense of connection with self and others, which leads us to unhelpful behaviour and unhealthy or unsatisfying relationships. He offers multitude ways for the reader to become aware of, and to understand, this unconscious dynamic and then take

steps towards change, while encouraging self-kindness.

Davies' empathy and compassion vividly come through the pages, which I imagine will support many readers as they endeavour to feel more connected with themselves and others.

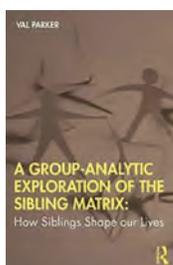
The book is interspersed with graphics and summary lists as well as interactive tables inviting readers to reflect on their personal material, which keeps the information in the book engaging, while helping readers remember key points.

For me, this book would have benefited from more robust editing to reduce repetition and over-complicated descriptions, thereby offering a more concise self-help guide. Even so, I definitely gained valuable insights through my reading, which I can apply to my clinical practice as an integrative arts therapist as well as my personal life.



### Details

- **Reviewed by:** Marybeth Haas, integrative arts psychotherapist
- **Author & Publisher:** John-Paul Davies
- **Price:** £9.99
- **ISBN:** 9781707569373



### Details

- **Reviewed by:** Nic Bayley, psychotherapist and course leader of psychodynamic studies
- **Author:** Val Parker
- **Publisher:** Routledge
- **Price:** £27.99
- **ISBN:** 9780367375843 (pbk)

## A Group-Analytic Exploration of the Sibling Matrix: How Siblings Shape our Lives

**I** find this an inspiring and readable book. It approaches the topic of siblings in fresh and contemporary ways.

Despite the reference to group analysis in the title, it will grip readers interested in any sort of psychotherapy. As Parker says, we are all in sibling matrices in all areas of our lives. Her book explores what they mean.

Central to Parker's writing is the lived experience of being a sibling, with many stories and vignettes from her own and others' experiences in daily life, as well as from the consulting room. Both psychodynamic and group analytic ideas underpin the book, but Parker's aim is to restore the complexity and dynamism of being a peer at work or in families.

Keen to communicate to readers outside her own trainings, Parker explains concepts clearly. For instance, she uses 'matrix' for 'the shared links that are created within specific groups'.

The passion of this book is palpable throughout, but becomes explicit in the final part, where Parker makes a clear call to move on from the simplistic idea of sibling rivalry in a world too dominated by rivalry and competitiveness. She urges us to achieve a 'deeper regard for the unconscious impact of sibling issues'. A return to the co-operation between humans, which allowed civilisations to form, may help us combat the political and ecological dangers of today's world.

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# CREATING AN ONGOING DIALOGUE

KNOWING THERE ARE DISPARITIES IN THE INCIDENCE OF POOR MENTAL HEALTH, ACCESS TO TREATMENT AND LIKELIHOOD OF GOOD OUTCOMES DEPENDING ON ETHNICITY IS JUST A STARTING POINT. BETTER FUNDING FOR NHS PSYCHOTHERAPY ROLES IS NEEDED, WRITES **HANNAH AJALA**



**HANNAH AJALA**  
is a journalist and mentor working in  
broadcasting and print media, and creator  
of We Are Black Journos, a networking  
organisation for Black journalists.

**I**n several communities where many of us have a Black or minority ethnic background, experiencing and even talking about mental health has been taboo. Many seem to be unsure and confused about how they're feeling. In predominantly Black and Asian communities like mine, I noticed mental health becoming a wider conversation through the fast-growing presence of social media, where discussions about mental health and where to receive help have eventually become a resourceful norm.

It's been a blessing to see, as it has potentially saved so many lives. A lot of my Black friends go for therapy, and seeing the growth in them to work on their mental health has been very warming to experience. Of course, we say this from a place of privilege; knowing that therapy is not cheap. It's crucial that mental health services are accessible to all.

We're increasingly familiar with the disparities in the incidence of poor mental health, access to treatment and likelihood of good mental health outcomes between white, Black, Asian and other ethnic minorities. In 2019/20, there were 321 detentions per 100,000 population for people who were Black or Black British under the Mental Health Act 1983 - while there were 73 detentions per 100,000 for white people<sup>1</sup>.

We're also increasingly familiar with structural inequalities within society - wealth, poverty and living standards, discrimination and racism, mental health stigma - that have been exacerbated by the COVID-19 pandemic, and highlighted by the protests in response to police brutality of people of colour.

'We all have to do some work,' says systemic and family therapist Maria Takaendisa. 'How do we understand the communities we are working with? So that when they come in, we can then give them the service that they deserve?'

### FIGHTING DEEP-SEATED SYSTEMIC CHALLENGES

In June 2020 in the wake of the Black Lives Matter protests, UKCP stated that it is striving continuously to create a safe and inclusive environment for all members who are people of colour, students, clients and wider society, and is 'watching and listening ... and committed to fighting against racism and discrimination wherever and however it exists'<sup>2</sup>. The organisation has committed to using its platform and resources to play a role in fighting deep-seated systemic challenges and it aims to amplify its campaign to highlight racial disparities in experience of mental health services and outcomes.

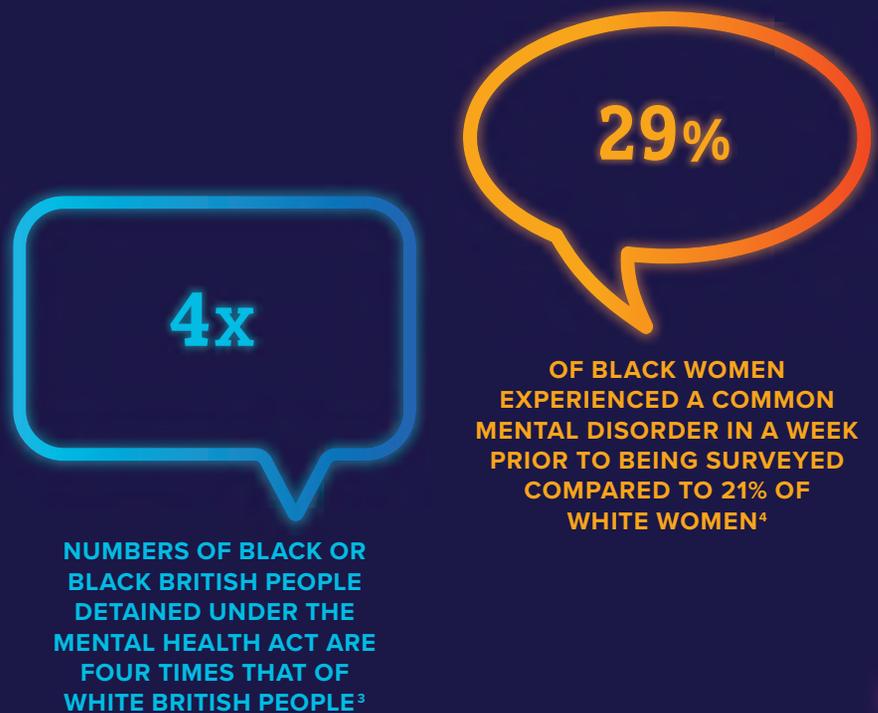
Among UKCP's campaigns to make the profession more diverse and inclusive is the call to make psychotherapy services address the needs of all people and communities, including those disproportionately affected by structural inequalities. 'We're working to make the psychological professions more reflective

of the world of clients and service users,' CEO Sarah Niblock states.

Eugene Ellis, psychotherapist and founder of the Black, African and Asian Therapy Network, says psychotherapy and counselling predominantly represent heterosexual, cis-gendered, white, middle-class men and women. 'This means that critical thinking around systemic oppression and discrimination and the complexities of social inequalities are not acknowledged as being significant, or sometimes more significant, than oppression and abuse within the home,' explains Ellis.

'There are the seeds of change, however, which have been hastened by the impact of George Floyd's killing and the subsequent Black Lives Matter marches. I have certainly been having more conversations around inclusion and diversity with more psychotherapy training more recently.'

On a more systematic level, the government, adds Ellis, must



commit to long-term and properly funded mental health services for diverse and oppressed communities, which will financially impact the decisions that psychotherapy training institutions make in regard to achieving diversity and inclusion.

### LIMITED FUNDING

But because psychotherapy is massively underresourced for ordinary, everyday provision for being anxious, depressed or even having breakdowns, any free services are few and far between. 'The waiting lists for counselling and psychotherapy with the NHS for example, are massively long too,' says UKCP psychotherapist and trainer Karen Minikin.

'If people from a Black and minority ethnic background are unable to receive these free services considering the systemic challenges that are already in place, their only alternative would be a charity, or, of course, a private practice, which can be costly. And if one can afford a private practice, then there's the challenge of matching them with a psychotherapist who can understand them a little better due to their background. Sometimes it can be a bit of a lottery really.'

Psychosynthesis psychotherapist Nila Yasmin worked for five years on an Adult Mental Health Information Service, where part of her role was to signpost people to relevant services. 'There was never enough "supply" for the demand, but in my five years in that post I saw both statutory and voluntary sector services being depleted and disappearing.

'I would love to see more provision for those who are economically disadvantaged to be able to receive the services that they need and to benefit from the profound change and healing that depth work can bring. Beyond that, I wonder what would be possible if white privilege was fully recognised by individuals and society as a whole,' she adds.

UKCP is a member of the Coalition for Diversity and Inclusion, along with seven other psychotherapy and counselling organisations, including BACP and BPC, which aims to increase awareness of counselling, particularly among communities of people of colour, and increase the number of psychotherapists of colour.

This is particularly important given the numerous mental health services across the UK, that simply were not built

for those from a Black or minority ethnic background. With growing numbers of psychotherapists who have been working in the field for years, and also happen to be from a diverse background, it has been very insightful to learn and hear more about their experiences and thoughts on how mental health services can further begin working towards becoming more inclusive.

Most of the people who trained with Karen Minikin have been white. 'You can just about imagine how difficult it must be gaining different perspectives in these settings,' she says, adding, 'it has only been a recent shift, but we've had more Black and Asian therapists who have written, become role models, and leaders in the profession.' Minikin also credits UKCP's new criteria for training standards that are much more aware of systemic power dynamics (*see feature, page 22*).

I can imagine resources like these can play a helpful part of study and further research for aspiring psychotherapists and students. But what else can be done to ensure that students from a Black and minority ethnic background get the most out of their experiences, even with knowledge of knowing they are working in a system not originally built for them?

'This part can be a tough one for students,' Minikin says. 'They can often feel quite isolated and alienated through training. The Black, African and Asian Therapy Network is doing amazing work. One of its projects is a mentoring scheme for students from Black and Asian backgrounds. I myself have been a mentor for about a decade, where each year I mentor one or two students. This really helps them to get through their course, whilst encountering one or many issues; whether that is feeling singled out, or encountering microaggressions and white fragility. It can be so tough for them, but they must not give up. We're here for them.'

Integrative arts psychotherapist Roshmi Lovatt says her clients and clients of her supervisees benefit from being seen in an authentic way with all their diversities. 'Being equipped to work with the politics

**3 OUT  
OF 100**

**OF THOSE REFERRED TO  
PSYCHOLOGICAL THERAPIES  
IN ONE YEAR, WHITE MEN AND  
WOMEN WERE MORE LIKELY  
TO SEE A RECOVERY AND  
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BANGLADESHI, PAKISTANI, OR  
IDENTIFIED AS 'OTHER ASIAN' OR  
THE 'OTHER ETHNIC GROUP'<sup>6</sup>**

**BLACK MEN SUFFERED A  
PSYCHOTIC DISORDER OVER  
THE PAST YEAR, AN ESTIMATED  
10 TIMES THE PREVALENCE  
AMONG WHITE MEN<sup>5</sup>**

and dynamics of racialised process means that clients do not have to “adapt to fit” – as marginalised groups and individuals so often do – into an ethnocentric and white therapy space,’ she says.

Lovatt says that the answers to reaching inclusivity in the profession are not just in the material used or models taught to trainees, but in the interactions – the intersubjective space between brown, Black and white bodies in the learning environment. She adds: ‘We need to each take responsibility for our racialised transference and countertransference dynamics and, if we have the courage to do so, we can begin the painful journey of offering a profession which includes professionals and clients of colour in an authentic way.’

### SUPPORT FOR PSYCHOTHERAPISTS

UKCP psychotherapeutic counsellor Caroline Charles agrees that there is now much more of an awareness of difference, and a wider conversation when it comes to discussing working with people from a different background.

‘The systems are changing, however. The money I had inherited to use for training gave me a huge confidence boost and helped further my career path, but this isn’t the case for many people from a Black and minority ethnic background, especially when exploring the socio-economic factors, and realising just how much the system doesn’t look like them.’

UKCP is also campaigning for the NHS to provide a fully funded training route to becoming a psychotherapist in order to ‘remove the massive financial barriers to the profession, which disproportionately affect aspiring therapists of colour’.

‘Our response to the “Vision for the psychological professions” consultation in early 2020 called on the NHS to give much higher priority to recruiting a more diverse psychological workforce,’ says Adam Jones, UKCP’s policy and public affairs manager.

‘The disproportionate whiteness of the professions currently can only be addressed with firm commitment and

action. The NHS, with its huge training resources, is uniquely placed to make an impact. More recently, we have started to see the NHS more visibly prioritise this issue, but we will continue to push for this change of emphasis, including as part of the wider coalition for diversity and inclusion in the psychotherapy and counselling professions.’

This affects the confidence of candidates, too. ‘Before working professionally, I didn’t think I would actually get any clients,’ Charles adds. ‘What I’ve certainly noticed over the years is that there are lots of different reasons why people pick counsellors. Some clients might choose a counsellor based on the fact that they are not from any similar background to them, and are therefore more removed and can form a completely different perspective. I’ve even had people say to me that they like my smile, and I look warm and inviting. Sometimes, it could actually be really useful for some people to not have a counsellor who is from the same culture.’

Adam Jones explains that clients or service users who have experienced racism, discrimination or structural inequality may often seek a therapist who is more likely to empathise with their experience. ‘But others may not be able to find this or may not prioritise it. We must do all we can to enable therapists of all backgrounds to feel confident working with clients who have different backgrounds and/or have faced different structural barriers to them. But the amount of work, education, and self-reflection needed at every level of the profession to achieve this cannot be overestimated.’

How else can those in the working field get support? Charles touches on the great impact she has seen through peer-to-peer mentoring and pairing: ‘In my private practice where there are people from an Afro-Caribbean background, which I am also from, there are conversations we have had about racism that they would only really discuss with me. I hope this is the start of more discussions with people



### Client experiences

One UKCP member told us, ‘Black people are the folks that are usually the most affected.’ The second client she ever had as a psychotherapist in the 1990s was a Jamaican woman, who had been depressed. ‘She had gone to a woman’s charity first, then came to me via The Race Project which was set up in Brighton. She would tell me that the recent place she went to had nice women, but they just never understood her,’ says the psychotherapist. ‘There are a lot of white, middle-class women in this industry, which can make it difficult when having clients from a diverse background, urban area, or who are vocal about political areas in their lives. Many of these psychotherapists will naturally come from a white frame of reference, focusing more on autonomy and humanistic values, which isn’t always helpful.’\*

A client told us: ‘It has been really useful working with a psychotherapist with a similar background, especially as she completely understands the cultural background I was talking to her from. It was as if I finally found someone who truly understood what I was going through without having to explain everything in minute detail. There is a specific lens and perspective to understanding what the Asian culture is like, and it is difficult to be understood unless you’ve really experienced it. My therapy sessions meant I could work on my trauma, without having to explain everything to do with my culture first.’\*



## References and reading

- (1) [digital.nhs.uk/data-and-information/publications/statistical/mental-health-act-statistics-annual-figures/2019-20-annual-figures](https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-act-statistics-annual-figures/2019-20-annual-figures)
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be had? It seems as though these issues point towards something we all need to do more of in order to address them – communicate, educate ourselves and one another, and truly begin to understand the importance of and need for allyship. The small progress being made is still progress; but we must not see diversity and inclusion as a seasonal practice, but rather a lifelong commitment. Society can't be reflected in these spaces if psychotherapists offering mental health services are not reflective of what our entire society should actually look like. ●



### What do you think?

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

from all backgrounds, to eventually bridge the gap.'

### CONCEPTUALISING CHALLENGES

Bridging the gap is a conscious effort that comes from all corners, departments, and sides. The first step leading to this can be recognising the issues at hand, identifying the most helpful resources, initiatives and individuals actively working towards improvements, and ensuring that the work continues, to gradually working towards seeing more improvements.

Maria Takaendis's journey towards becoming a mental health nurse came with understanding the challenges those from a Black and minority ethnic background go through. 'Back then there was a belief that there weren't many options for us outside nursing. Being African and the last born in my family meant that I was often told what to do, and never really had a voice,' she says. 'I was told I needed to do nursing first, get my papers then branch out and do something else.'

'Many years later, I've found that I do have options and a voice in helping others. My voice is in helping others find their voice. The voice can come in a way whereby I can support our (Black) communities to navigate the hierarchies not only in our communities but the systems around us. But little did I know before my psychotherapy training that a different set of barriers would still await me. Systemic barriers. Institutional barriers. Moving to practice, I had to learn that when touching on the challenges that we go through, it's really important to understand that the way we conceptualise our challenges is not going to be the same way that it is written in the mental health categories. Anxiety and depression manifest in so many different ways and our different cultures conceptualise them differently. There is a negative connotation around talking. So first, we need to give ourselves permission to express how we feel without feeling like we are "airing out dirty laundry", which can be a common mindset in many African communities.'

'When someone from a Black or minority ethnic background meets me in person, there is almost a pleasant look of surprise mixed with paranoia on their face. The surprise is that they did not expect to see someone of colour and the paranoia is around my identity. Am I a part of the system? At times you spend a lot of time defending yourself and alienating yourself from the system that they think you represent. It's also worth looking into how our white counterparts understand us as Black psychotherapists, and their effort in learning to understand some of the challenges we experience in the treatment room so that they can learn what to do if, for example, a Black or Asian client was to come into their practice. There needs to be more curiosity and self reflexivity to make the connection around how our experiences and those of our clients at times mirror each other. Sadly, knowing something doesn't always lead to action; further adding to the reasons of why structural racism still exists.'

Is there a disconnect? Do more of these 'uncomfortable' conversations need to

4,800

**ABOUT 4,800 IN EVERY 100,000 BLACK BRITISH OR BLACK CARIBBEAN ADULTS WERE IN CONTACT WITH NHS-FUNDED ADULT SECONDARY MENTAL HEALTH AND LEARNING DISABILITY SERVICES IN A YEAR, COMPARED WITH AROUND 3,600 IN EVERY 100,000 ADULTS OVERALL<sup>7</sup>**

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# RECOGNITION AND DISCUSSION

HOW CAN WE ENSURE PSYCHOTHERAPY TRAINING IS INCLUSIVE AND DIVERSE? JOY PERSAUD FINDS OUT WHAT ORGANISATIONS, INCLUDING UKCP, ARE DOING

22

**Inclusion and diversity have shot to the top of organisational agendas as the issues around the killing of George Floyd and the impact of COVID-19 on people of colour are addressed. Psychotherapy, too, has pledged to delve into what must be done to reflect the communities it serves, by helping the profession to become inclusive. Indeed, UKCP believes the NHS must prioritise the recruitment of people of colour as part of its Mental Health Implementation Plan.**

Aside from focusing on racial heritage and culture, it is vital that all psychotherapy training is not limited to those who can afford it, stresses UKCP, which wants to ensure that no assumptions and

prejudices influence who joins, or uses, the profession. It also believes all training for psychological professions should integrate a gold standard of cultural competence that makes no assumptions about the identity of the trainee or a service user in order to increase diversity among trainees. 'How we prepare the current and next generation of psychotherapists to recognise discrimination, harmful norms and stereotypes, and prejudice is a high priority for UKCP,' says CEO Dr Sarah Niblock.

Dr Faisal Mahmood, UKCP individual and group Gestalt psychotherapist and senior lecturer in counselling and psychotherapy at Newman University, says most theories and modalities are developed by those who hold an individualistic and middle-class point of view, with white American or European male influences 'taking centre stage'.

'When people talk about differences,' says Mahmood, 'they very quickly move to the concept of celebration of differences - something like, "I've been to an Indian wedding and I love the colours, I love the food". That is rather fine if you are making some kind of romantic comedy movie but in real life, in South Asian communities, if you look into the systems within India, Pakistan and Bangladesh and other

countries, it's not just about colours, it's not just about the delicious food. In a counselling and psychotherapy context it needs to go much deeper and much beyond that point.'

He says differences tend to be seen only from the white person's point of view and that where there is a white therapist and Black client in a therapy room, the word 'difference' is automatically associated with the person of colour. 'The majority decides that if you are Black or Asian, you are different because I am still holding the central and main stage as a white, middle-class, able-bodied therapist. Over the years, I have worked with a majority of white counsellors or supervisors and even the most informed would ask me, "So what is it like working with a white therapist?"

'Why is it just for me as a client to respond to that difficult question? This question should belong to both parties. The therapist must bring themselves in fully to engage in this discussion as to what it's like for them to work with an Asian or a Black person.'

## RECOGNISING OPPRESSION

This theme of power resonates with Anthea Benjamin, psychotherapist, adolescent therapeutic counsellor, group







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### Case study

## Increasing representation in psychotherapy

In 2015, psychotherapy training organisation the Minster Centre established a bursary scheme to support 'admittedly a small number' of students each year to train to be counsellors and psychotherapists, says director Lissie Wright. 'We are proud of that – it has supported trainees from marginalised and underrepresented groups.

'But it was also naïve – we have come to understand we need to do much more to address the systemic factors that keep some groups underrepresented and marginalised and others (predominantly white, mostly middle class, very much able-bodied) in the majority and in positions of power and influence – in trainings, the profession and society.

'We also have to examine how well we are preparing our trainees, of all backgrounds, to work with diverse clients. Both of those mean addressing the curriculum, the experience of students and staff of colour and from other marginalised groups, and the dynamics of trauma as they play out within their institutions.

'And that is uncomfortable and challenging, but essential.'

analyst and supervisor. She says most training does not fully equip trainees to address issues of power, privilege and positioning throughout society – key markers for people experiencing a range of oppressive forces.

Both she and Mahmood condemn the assertion that having empathy is enough to address the latter. Benjamin notes that people from marginalised groups need 'much more than empathy' to address the multiple barriers they encounter in their lives to avoid re-traumatisation. 'Since the BLM movement,' she says, 'I have had a number of white practitioners reaching out to me unsure about what they could do in their practice to best meet the needs of their non-white clients. Many have [said] they had nothing in their training to support them in addressing these issues.

'In light of COVID-19 impacting particular communities who are affected by structural and institutional racism, we need training to integrate social justice and intersectional theories throughout to best meet the multicultural needs of client groups they will be working with.'

Benjamin concurs with Mahmood's stance that a Eurocentric worldview and its associated racial hierarchies – often rooted in colonialism – and therapists' limited awareness of the trauma caused by a lack of

representation of different cultural values, means trainees are essentially educated to work with white, middle-class clients.

'This leads to a numbing out and amnesia about power differentials which run throughout society,' says Benjamin. 'Most members who want to work with clients outside of this will have to do additional training such as African-centred training or other training in social justice, feminism, or intersectionality. As these are key models of understanding power, privilege and position, these should be integrated within all training but are often siloed off into two days' training.'

In 2020, UKCP updated its Standards of Education and Training for Family and Systemic Psychotherapy, which cover what should form the basis of training. Courses must recognise the 'value of different perspectives whilst exploring and attending to dominant and subjugated discourses, hierarchies, and cultural influences', and be based on the underlying principle that 'social difference, power and diversity are important components of relationship and wider system functioning'.

Students must develop a 'critical understanding of cultural, racial, socio-economic, gendered, heteronormative and dis/ability bias in the theory and culture of psychotherapeutic counselling and when it is necessary to challenge these biases'.

### DECOLONISING THE CURRICULUM

What does inclusion mean in practice? Divine Charura, psychotherapist and professor of counselling psychology at York St John University, explores the Eurocentricity of the psychology and psychotherapy curriculum with students. 'I would engage students in a 10-minute activity to explore the theoretical knowledge of writers and theorists from perspectives other than the ones we focused on. Then I would open up the class >

**'We need training to be integrating social justice and intersectional theories to best meet the multicultural needs of client groups'**

for discussion.' He says the results have consistently shown a need for 're-mapping the territory in the area of psychology'.

In a chapter of the forthcoming book, *Black Identities + White Therapies: Race, respect + diversity*<sup>3</sup>, Charura and Colin Lago address decolonising the research curriculum.

They state: 'In our experience, the whole subject of decolonising the curriculum and counselling, psychotherapy and practitioner psychology research is often misinterpreted. In dialogue with colleagues, we have witnessed decolonising the curriculum being interpreted to mean including a few Black/

non-white authors [on] reading lists or including a group of Black and ethnic minority participants to research.

'Some have gone as far as stating to us, "We have a diversity weekend on our programme", or "We have the following reading list which includes many writers of colour". However, decolonising knowledge is much more than this.' They explain that decolonisation must involve breaking down structures that support the status quo of power inequalities, discrimination and racism within the profession. 'It is essentially about critiquing psychotherapy/counselling theories, Western psychology perspectives and its research evidence base being [seen] as the gold standard ... even in circumstances that are incongruent or culturally misfitting to certain populations.'

### INCREASING ACCESS

Another issue crucial to enabling inclusive training is the question of how to make the profession open to people who may find costs prohibitive, an issue that disproportionately affects people from Black, Asian and or other minority ethnic backgrounds due to the intersectional nature of structural inequalities. Dr Sarah Niblock says access to funding is crucial: 'We must diversify the profession because the public need to be assured that their chosen therapist will be fully attuned to their culture, life experiences and values, and meet them where they are. It is expensive to train and since the demise of career development loans it has been much harder for students to afford courses that are outside the university sector, as many of our specialist centres are.'



### Case study

#### How another sector is addressing inclusivity

Journalism is another profession striving for inclusivity. A 2017 report, *Diversity in Journalism*, commissioned by the National Council for the Training of Journalists (NCTJ) revealed that journalists are less ethnically diverse than the workforce as a whole.

Joanne Butcher, chief executive, NCTJ, says: 'It's a sad fact that, like most professions, journalists don't truly reflect their communities and audiences. For the media, this isn't just morally unacceptable; it's a commercial issue and therefore a business imperative to strive to make journalism an open and receptive profession.'

'The cost of training for entry can be expensive and employers have tended to recruit graduates from higher social classes, who are more likely to be privately educated and from wealthier

neighbourhoods. Potential new entrants from diverse backgrounds may not be attracted to becoming journalists and, even if they are, may not have the networks and work experience that has become the norm.'

To combat this, the NCTJ is examining how and why people enter journalism, and is implementing initiatives to make it more accessible. It has invested in research to obtain robust labour market and employment data, to inform a comprehensive strategy for equality, diversity and inclusion in journalism.

'This spans a wide range of our work, including expanding our careers information service and communications, making our qualifications more accessible, developing apprenticeships that include professional qualifications, providing funding

for training and living expenses to study on NCTJ-accredited courses and running schemes to increase the diversity of new entrants to journalism,' says Butcher.

NCTJ's Journalism Diversity Fund has helped more than 400 people from diverse backgrounds become professionally trained, qualified journalists<sup>1</sup>. It is funded by the top 15 broadcast and publishing businesses operating across the media. Two years ago, NCTJ launched the Community News Project in partnership with nine publishers, with a \$6m donation from Facebook; the project is being extended for another year with a further \$3m of Facebook funding<sup>2</sup>.

Butcher surmises: 'We want journalists to come from all walks of life, our qualifications must be open, progressive, flexible and inclusive, the courses we kitemark

must be committed to diversity and inclusion and equality of opportunity, and have to provide a range of entry options based on the same exacting standards.'

'It's why we have fought against a two-tier system and for our professional qualifications to be equally relevant to school leaver apprentices and those on graduate training schemes.' She acknowledges that small-scale standalone initiatives make little difference in the long term – or can reinforce the barriers to open access.

'Unpaid work experience is a classic example,' she says. 'Charitable initiatives that pay people to do unpaid placements perpetuate rather than solve the problem. The NCTJ's view is that it's far better to commit to ending all unpaid work experience apart from short training placements.'



### References and reading

- (1) [nctj.com/Journalism-Diversity-Fund](https://nctj.com/Journalism-Diversity-Fund)
- (2) [nctj.com/want-to-be-a-journalist/community-news-project](https://nctj.com/want-to-be-a-journalist/community-news-project)
- (3) Lago, C and Charura, D (Ed) (Forthcoming) *Black Identities + White Therapies: Race, respect + diversity*. PCCS Books.

practice must not be an afterthought, nor done for virtue signalling. Rather, she says it is vital as diversity could make the profession 'even greater'. She adds: 'I am of mixed heritage and I do not often find spaces within which I feel a sense of belonging. I found that my cohort of students were amazing, we were able to be extremely open in training about our experiences. Being part of a marginalised community, you enter a room and immediately risk assess how safe you are in a space and code switch if you need to. I found I did not do this and was completely authentic with my fellow students.'

'The issues began to arise when I became aware of how the profession sometimes sees difference and instead of celebrating and exploring the unknown, can be fearful and therefore not totally understanding. I learnt that people don't always feel that to challenge oneself and become comfortable with the uncomfortable, is to grow towards congruence.'

Psychotherapists are highly skilled in addressing complex, difficult and painful issues and engaging in self-reflection. As a profession, psychotherapy is equipped to ensure that training and education in psychotherapy reflects the communities it should serve, and recognises the diversity of trainees both within its curriculum and its efforts to be made more accessible. As an organisation, UKCP is listening, learning and working with its members to ensure greater diversity. There is a great deal of work to be done. ●

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## 'We must diversify the profession because the public need to be assured that their therapist will be attuned to their culture, experiences and values'

She acknowledges that the longstanding culture of the profession means people of colour 'who would make excellent psychotherapists' could be deterred by the image of the profession as predominantly white, middle aged and middle class. And, she adds, UKCP wants to see more men training, noting that a barrier to this may be a systemic issue around how caring professions are generally represented and viewed.

'We are campaigning for funding for training, and we have written to the universities minister asking for student loans to be extended to specialist colleges that sit outside the university sector,' she says. 'It's clear that a diverse and highly qualified workforce is needed to address the mental health repercussions of COVID-19.'

Accredited counsellor and trainee psychotherapist, Richard Stephenson's experience tallies with Niblock's concerns. None of the training he has attended, he says, has included papers or research from people with ethnic backgrounds similar to his – and the matter was not discussed or explored. 'I myself located and learnt from Black therapists about research papers from America where Black therapists have created theories and conducted research, to enhance my personal learning and gain insight,' says Stephenson.

'Being the only Black male in the groups was difficult as at times I felt used to

enhance others' awareness about difference and [I] felt the natural urge to help other students gain understanding of what it was like to be a Black male and the problems we face in society with unconscious bias and in our attempts to be taken seriously in certain roles – such as a psychotherapist.'

UKCP trainee Marsha Oza agrees. She wants fully funded training places made available and trainees paid while in clinical placement to boost inclusion. 'It's a long, time-consuming, expensive training, designed, it seems to me, for people who have considerable privilege and resource at their disposal,' says Oza. 'We had a module in our first year, led by a white, heterosexual, middle-class, female tutor, who, I would say, had a textbook understanding of diversity and inclusion, but very little lived experience of what it is to be on the receiving end of prejudice.'

'I'm not sure how I feel about being "taught" about diversity and inclusion in that way. Of course, it's not true to say you can't understand things if you haven't experienced them, but there is something about being taught about prejudice by someone who ticks almost every box for "privileged" that seems like it is perpetuating the issue.'

Similarly, UKCP trainee Zayna Ratty, who specialises in race, ethnicity and Gender, Sex and Relationship Diversity (GSRD) communities, says culturally inclusive

# SETTING A PRECEDENT

UKCP'S NEW EQUALITY DIVERSITY AND INCLUSION TASKFORCE AIMS TO MAKE THE ORGANISATION MORE INCLUSIVE.  
**RADHIKA HOLMSTRÖM TALKS TO ITS MEMBERS**

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Elizabeth Oni-Iyiola, Inclusive Board's Executive Director, is the Independent Chair of the Taskforce

**I**n the wake of the killing of George Floyd in May 2020 and three weeks of international protests that followed, UKCP released a statement expressing solidarity against racial injustice, and acknowledging the pain of Black and other minority ethnic members, colleagues, clients and service users.

'We strive continuously to create as safe and inclusive an environment as we can for all. We are watching and listening and we are committed to fighting against racism and discrimination wherever and however it exists,' UKCP stated. This means using its platform and resources to play a role in overcoming deep-seated systemic challenges, and amplifying its campaign to highlight racial disparities in

the experience of mental health services and outcomes.

It means campaigning vigorously for funding for training, breaking down barriers to accessing and completing training, and doing more to reflect the communities that UKCP serves.

Ensuring the operations, governance and culture of both UKCP as an organisation and psychotherapy in the UK more widely is more inclusive for people of colour and other minorities, is a continual journey. With this in mind, in autumn 2020, UKCP's Board of Trustees enlisted the help of Inclusive Boards, a consulting organisation committed to enabling individuals, organisations and sectors to become more diverse.

Inclusive Boards has undertaken the development of an Equality Diversity and Inclusion Taskforce, which will make recommendations to UKCP's Board of Trustees on inclusion within the organisation, advising on future practice from July 2021.

Elizabeth Oni-Iyiola, Inclusive Board's Executive Director, is the Independent Chair of the Taskforce. With a background in business administration and management and having worked with organisations to support the development and implementation of their diversity strategies, she supported the recruitment of 12 members from the world of psychotherapy to join the Taskforce.

## CLEAR COMMITMENTS

'The Taskforce has a huge responsibility to put together a Diversity, Equality and

Inclusion (DEI) Action Plan for UKCP,' she says. 'It has independence in deciding what priorities it will focus on in the development of the plan. This is very important as it means the breadth of what can be tackled is not restrictive, and that is how it should be.'

Oni-Iyiola explains that the action plan will make big, clear commitments to challenge the lack of diversity that exists and to support the people from a different background who are already part of UKCP but do not feel heard and/or psychologically safe in the organisation. 'It will address all these, and we'll also keep challenging ourselves with the questions, "who/what are we missing out on?" and "who have we unintentionally excluded?'. UKCP needs to be an organisation that represents the entire UK population.

'The profession has only started scratching the surface of diversity and inclusion, and this piece of work is evidence that this is only the beginning,' she adds. 'Regardless, the beginning must be effective, one that will set the precedence for how the profession will be in the future. This does not mean just talking about diversity and inclusion, but making it a core part of every function of the organisation. There's no point bringing in diversity if the environment that practitioners find themselves in is not inclusive. This is the beginning of a very long journey and it is vital it is not rushed; but no matter how hard the journey is, it needs to start.'



**1. Monica Zenonos**

Monica Zenonos is a psychosynthesis psychotherapist, supervisor and trainer with experience in an occupational health trauma service. She worked with refugees and asylum seekers for 17 years before training as a psychotherapist.

'I do feel the wind of change sweeping through UKCP and I am proud to be a part of it. I think perhaps part of the solution is that the membership organisations of UKCP are very diverse and have their own histories, trainings and ways of doing things. This means they are able to come up with a multi-faceted approach that addresses the issues from various angles. I am hopeful that there is a process of change happening within psychotherapy as a whole. A truly diverse psychotherapy profession will be more inclusive and respectful of difference in race, ethnicity, religion, sexuality, gender, age and disability and be more aware and able to discuss the intersectional dynamics that play out in their clients' lives and in the therapy room. I believe that the EDI agenda needs to be threaded through every aspect of the training so that it is embedded rather than an add on.'

**2. Charles Brown**

Charles Brown is a psychoanalytic psychotherapist, supervisor and specialist addictions therapist. He teaches at several psychoanalytic training organisations and is a visiting lecturer at East London University. He works in private practice.

The therapy profession has remained stubbornly isolated from the environment in which it is located. It is a process that



will take some time, but it is important to note that this state of affairs has been in existence since Freud – whose observations and interpretations reflect the time and place in which he lived and not the timeless properties that he sought to describe.

'I think that potential new therapists who are Black or brown are wary of the emphasis on the treatment of mind, given the historical mental and psychological abuse perpetrated upon them by the medical profession. The perspective from psychoanalysis has been that we are all the same and theory applies universally. When psychoanalysis was developed it was for a particular group of people. When/if this changes ... then that is what it will look like.

'I would like there to be more incorporation of a wider range of racialised minority psychoanalytic writers on curriculums. More financial support could be given to those who want to train and volunteer/honorary placements abolished. I would like UKCP to set up a lasting instrument that has power to address the issues for which it was created.'

**3. Jessie Emilion**

Counsellor, psychotherapist, supervisor and trainer, currently employed as cognitive analytic psychotherapy lead at Southwark IPTT, South London and Maudsley NHS Foundation Trust, Jessie Emilion has extensive experience of working with refugee communities as a clinician and interpreter since the early 1990s. She is the co-chair of UKCP HIPC EDI committee.

'Personally, as a woman of colour, I can confidently say that issues around



equality, diversity and intersectionality are not adequately addressed across the profession. The imbalance of power and privilege should be addressed at the core of our professions and at all levels: Systemic, organisational, training, and clinical practice.

'Access to and support during the psychotherapy training has always been a challenge for trainees from marginalised communities. Issues around shame, stigma and fear still pose a barrier when it comes to access to psychotherapy for the global majority populations. The lack of culturally appropriate interventions that address inherent systemic power and privilege within the work has often resulted in poorer outcomes for our clients. We are caught up in a systemic, cyclical loop between training organisations churning out therapists who are unaware of their own unconscious biases leading to poorer outcomes, disengagement, and avoidance of the psychotherapy services.

'These systemic procedures can only be addressed by true collaboration across training organisations, communities we serve and service providers. As an international trainer I strongly recognise the need for decolonising the literature, therapy models and clinical practice, keeping ethics and clients at centre stage.

'I would welcome the idea of UKCP making a financial commitment to implement the action plan, develop a bursary system for students from marginalised communities and take on the equality, diversity inclusion agenda head on as an ethical issue, rather than a political gesture.'





**4. Patrick Hamilton**

Registered as a trainee within the College of Outcome Oriented and Hypno-Psychotherapies, Patrick Hamilton has worked with clients referred to the IAPT programme and at a category C prison in London. He also works with sex offenders, their victims and families.

'We need to get the membership involved – all 11,000 of them. If they are involved and have a working understanding of the issues, they can make choices about their personal attitudes and behaviour towards their colleagues and clients. Personal involvement is personal investment.'

Patrick suggests that the membership should be asked to respond to the Taskforce's findings before they are implemented, and once the outcomes are agreed, that membership of UKCP becomes contingent on explicit acceptance of the agreed DEI policies. 'In this way, UKCP will have a complete understanding of attitudes



**5. Sharon Beirne**

towards proposed changes, and each member will have a full understanding of their individual obligations. At this point some members may choose to leave UKCP, but new members may also choose to join.'

Public perception of the profession has a knock-on effect for potential clients (quite apart from the cost of private therapy). 'When I worked as a therapist at a men's prison in London, a Black client was very surprised to see me. He told me he'd been expecting a young white woman.' Patrick has also crunched the numbers in his own practice, noting that by far the greatest number of sessions have been with white men and women.

**6. Ben Scanlan**

A Gestalt psychotherapist and supervisor, Sharon Beirne has worked in a variety of clinical settings within the NHS, such as the drug and alcohol service, adult psychiatric wards, children's mental health units and in a psychotherapy department. She now works in full-time private practice in Liverpool.

I qualified as a psychotherapist in 2004. I enjoyed many aspects of my training, but I was disheartened by the lack of focus around issues related to diversity and inclusion in my years of training prior to qualification and UKCP registration. I didn't feel equipped, when I completed my initial training, to work effectively in these areas. And I'm not alone in this, many of my colleagues and peers are also expressing that training didn't equip them for working with issues of racism and issues related to cultural differences that service users bring.

'A crucial part of this issue is the way that training is delivered in many training



centres, with a very Eurocentric focus. A training curriculum might well include the word "diversity" but this is meaningless, and worse still misleading, if it is not delivered upon. I know, from what has frequently been voiced by people of colour training in psychotherapy, including in the statement that Professor Divine Charura wrote on racial injustice, that there is a high drop-out rate of these trainees.'

Beirne recommends many concrete measures, including rigorous assessment of EDI delivery in training at quinquennial reviews of training centres, by assessors that reflect the diversity of UKCP members. She adds further that we (members of UKCP) could be creative in how we share resources and high-quality EDI training, as part of continuing professional development, particularly for trainers and supervisors.

**7. Ben Scanlan**

Ben Scanlan is an existential phenomenological psychotherapist in private practice, as well as being an integrative supervisor.

'Making training more accessible and the sense of it leading somewhere feels important. To ask people to spend £50,000 on the possibility of making a living feels like it sways only recruits who have the means, or are convinced it's right for them. The latter is great, but it also misses the potential that it's difficult to know how one will feel being a therapist until one is a therapist.'

'Psychotherapy needs to be seen as a career with clear outcomes, and a profession that can be progressive. Training, and indeed therapy, needs to be





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totally integrated when it comes to equality, diversity and inclusion, but this will take time and is limited by societal change at large.'

**7. Anthea Benjamin**

A therapist trained in a number of modalities including integrative arts psychotherapy, play therapy and group analysis, Anthea works with a wide range of clients and has developed specialisms in adoption, especially intercountry and transracial, personality disorder, sexual abuse, and racial trauma, among other areas.

'There has been some forward movement to work toward inclusion but as a profession we have skipped some fundamental steps in moving too quickly into "celebrating diversity". The failure to do the painful work of acknowledging and reflecting on structural and institutional racism and other power relations within counselling and psychotherapy trainings has left people ill equipped to address these themes in meaningful depth.

'The ongoing reality of oppressions and structural racism profoundly impact a range of communities and therapists need to have done their own reflective work on addressing power to be skilled to address these society issues in therapy. The issue of racial trauma keeps cropping up for many communities affected by these themes and skilled and culturally- and trauma-informed approaches need to be utilised to support the unpacking of these deep and painful wounds.

'Counselling and psychotherapy continue to be predominantly white, female and cis-gendered professions. This means more work is needed to ensure practitioners are able to work within diverse communities, and ongoing exploration is needed about the existing barriers that replicate the dominance of these groups in the profession.' ●



**References and reading**

● (1) [psychotherapy.org.uk/news/racial-injustice-where-is-the-love/](https://www.psychotherapy.org.uk/news/racial-injustice-where-is-the-love/)

**Meet the members**

**Equality Diversity and Inclusion Taskforce board members**



**1. Sharon Beirne**  
Gestalt psychotherapist



**2. Anthea Benjamin**  
integrative arts psychotherapist, adolescent therapeutic counsellor, group analyst and supervisor



**3. Charles Brown**  
psychoanalytic psychotherapist, supervisor and specialist addictions therapist



**4. Jessie Emilion**  
cognitive analytic psychotherapist and supervisor



**5. Patrick Hamilton**  
UKCP trainee with the College of Outcome Oriented and Hypno-Psychotherapies



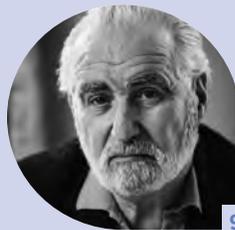
**6. Dr Manshant Rani Kaur**  
psychoanalytic psychotherapist, supervisor, clinical lead & specialty doctor in psychiatry of addictions



**7. Sarah Niblock**  
CEO, UKCP



**8. Elizabeth Oni-Iyiola**  
independent chair and executive director of Inclusive Boards



**9. Martin Pollecoff**  
psychotherapist, supervisor and chair of UKCP



**10. Ben Scanlan**  
existential phenomenological psychotherapist and supervisor



**11. Cath White**  
head of operations and regulation, UKCP



**12. Monica Zenonos**  
psychosynthesis psychotherapist, supervisor, trainer and EMDR practitioner

# FURTHERING UNDERSTANDING

HOW CAN WE EDUCATE OURSELVES ABOUT RACISM,  
INCLUSION AND DIVERSITY? MEMBERS RECOMMEND THE BOOKS,  
SHORTER READS, PODCASTS AND BROADCASTS TO START WITH

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**O**ne way to be anti-racist is to, 'educate yourself and others.

This could be with a book, a film or a podcast', actor and writer Obioma Ugoala explained in the four-minute video he created on 3 June 2020 in the midst of the anti-racism protests taking place worldwide.

Here, psychotherapists Anthea Benjamin, Jocelyne Quennell, Joel Simpson and Dwight Turner have outlined their recommended reading, listening and viewing on racism, diversity and inclusion.

## What to read

There is a growing range of books, articles and research papers that psychotherapists

can delve into to get a wider understanding of anti-racism.

### ***Anti-Discriminatory Practice in Counselling and Psychotherapy***

This groundbreaking text, written by Colin Lago and Barbara Smith in 2010, highlights how psychotherapists and others in helping professions must be aware of and engage with their own social, political and cultural attitudes.

### ***Archetypal Grief: Slavery's Legacy of Intergenerational Child Loss***

Fanny Brewster's 2018 book explores the psychological effects of child loss experienced by women held in slavery in the Americas

and the ongoing impact on contemporary society.

### ***Between the World and Me***

This 2015 book is written in the form of a letter from Ta-Nehisi Coates to his adolescent son about what it means to be a Black man in America.

### ***Black and British: A Forgotten History***

The historian David Olusoga tells the story of the long relationship between the British Isles and the people of Africa and the Caribbean in his 2017 book.

### ***Black Issues in the Therapeutic Process***

Inspired by Isha McKenzie-Mavinga's research, this

2009 book explores how the therapeutic relationship with people of African or Caribbean heritage can better take account of deep-seated intercultural issues.

### ***Black Skin, White Mask***

Psychiatrist Franz Fanon's 1952 seminal text (first published in English in 1968) identifies the denial of difference within Western culture that still persists to this day.

### ***Brit(ish): On Race, Identity and Belonging***

'You're British. Your parents are British. Your partner, your children and most of your friends are British. So why do people keep asking where you're from?' Afua Hirsch's

2018 book calls for change in modern Britain.

### **How To Be an Antiracist**

We are all complicit in racist incidents and we need to be assertively anti-racist, writes Ibram X Kendi in his 'stirring and provocative' 2019 book.

### **Intersections of Privilege and Otherness in Counselling and Psychotherapy**

Psychotherapist Dwight Turner's 2021 book presents an in-depth understanding of the role of privilege, and of the unconscious experience of privilege and difference in counselling and psychotherapy.

### **Me and White Supremacy: How to Recognise Your Privilege, Combat Racism and Change the World**

In 2018, Layla Saad started an Instagram trend #MeandWhiteSupremacy to encourage people to consider their relationship to white supremacy for 28 days. Following this, the 2020 book guides people to transform the discourse surrounding systemic racism.

### **Meeting the Needs of Ethnic Minority Children Including Refugee, Black and Mixed Parentage Children: A Handbook for Professionals**

Kedar Nath Dwivedi curates this 2000 book which provides guidance relating to, among other areas, identity work, refugee children and the importance for professionals of the Lawrence Inquiry.

### **Notes of a Native Son**

A 1955 collection of 10 essays written by James Baldwin that had been published in various

magazines, examining the issues of race in Europe and America.

### **Overcoming Everyday Racism: Building Resilience and Wellbeing in the Face of Discrimination and Microaggressions**

Counsellor Susan Cousins examines the psychological impact of racism and discrimination on people of colour and offers steps to improve wellbeing in this 2019 book.

### **Research Ethics in the Real World: Euro-Western and Indigenous Perspectives**

Helen Kara's 2018 book is the first to highlight links between research ethics and individual, social, professional, institutional and political ethics.

### **The Healing Wisdom of Africa: Finding Life Purpose Through Nature, Ritual and Community**

This 1993 book, written by Malidoma Patrice Somé, examines the role ritual plays in the lives of African people and the role it can play in the West.

### **The International Handbook of Black Community Mental Health**

Edited by Richard Majors, Karen Carberry and Theodore Ransaw, this 2020 book focuses on issues including stereotypes in mental health, misdiagnoses and inequalities and discrimination around access, services and provisions.

### **The Race Conversation: An Essential Guide to Creating Life-Changing Dialogue**

Eugene Ellis's 2021 book

focuses on non-verbal communication of race as a means of social control and part of navigating oppression, and takes a trauma-informed and neurophysiological approach to dialogue that emphasises mindfulness and healing.

### **Thinking Space: Promoting Thinking About Race, Culture and Diversity in Psychotherapy and Beyond**

In this 2013 book, Frank Lowe shares the thinking, experience and learning of staff at the Tavistock Clinic in relation to inclusion.

### **White Fragility: Why It's So Hard for White People to Talk About Racism**

White people often react with anger, fear, guilt, denial and silence when it is pointed out to them that they have unintentionally caused racial offence. But these reactions only serve to silence people of colour, writes Robin DiAngelo in her 2019 book.

### **White Privilege Unmasked: How to Be Part of the Solution**

Psychotherapist and co-founder of The Bath Centre for Psychotherapy and Counselling, Judy Ryde explains in her 2019 book how all white people understand cultural differences from a platform of relative privilege, affecting their personal and professional interactions.

### **Your Silence Will Not Protect You**

Essays and poems written by writer and civil rights activist Audre Lorde are brought together for the first time in one volume by a British publisher in this 2017 book.

## Research articles and shorter reads

### **Guess who's coming to therapy? Getting comfortable with conversations about race and ethnicity in psychotherapy**

Cardemil, EV & Battle, CL (2003). *Professional Psychology: Research and Practice*, 34(3), 278-286

### **Making cross-racial therapy work: A phenomenological study of clients' experiences of cross-racial therapy**

Chang, DF & Berk, A (2009). *Journal of Counseling Psychology*, 56(4), 521-536

### **More than skin deep: stress neurobiology and mental health consequences of racial discrimination**

Berger, M & Sarnyai, Z (2015). *NCIB*, 2015 Jan, 18(1), 1-10. doi: 10.3109/10253890.2014.989204. Epub 2014 Dec 29

### **Perceived parental acceptance-rejection and psychological adjustment: A meta-analysis of cross-cultural and intracultural studies.**

Khaleque, A & Rohner, RP (2002). *Journal of Marriage and Family*, 64, 54-64

### **The therapy community must commit to anti-racism practice**

Benjamin, A (2020). [psychology.org.uk/news/the-therapy-community-must-commit-to-anti-racist-practice/](https://www.psychology.org.uk/news/the-therapy-community-must-commit-to-anti-racist-practice/)

### **To be Black. To be a woman. Can dramatherapy help Black women to discover their true self despite racial and gender oppression?**

Maynard, K (2018).  
*Dramatherapy* 2018,  
39(1), 31-48

**You Shall Not Replace Us!: White supremacy, psychotherapy and decolonisation**

Turner, DDL (2018). *Journal of Critical Psychology Counselling and Psychotherapy*, 18(1), 1-12.

**What to watch and listen to**

Podcasts and broadcasts on YouTube offer an accessible way to understand more about anti-racism

**About race: With Reni Eddo-Lodge**

[aboutracepodcast.com/](http://aboutracepodcast.com/)  
The author's podcast series takes a theme each episode to discuss with a number of key figures, including politician Diane Abbott, actor and rapper Riz Ahmed, singer songwriter Billy Bragg, and actor and writer Meera Syal. Episodes have examined the idea of 'political blackness', the shifting political landscape in the 1990s and 2000s, and what can be done to tackle racial inequality.

**Akala at the Edinburgh International Book Festival 2018**

[youtu.be/U0iibe5-nA](http://youtu.be/U0iibe5-nA)  
The MOBO award-winning British hip-hop artist, poet and political commentator Akala reads from *Natives: Race and Class in the Ruins of Empire*, his bestselling book on race in the UK, and discusses his experiences as a child and adult and how they connect to the social, political context.

**Challenges for white therapists and counsellors when working in a multicultural context?**

[youtu.be/tBQU4E8U1-8](http://youtu.be/tBQU4E8U1-8)  
Dr Judy Ryde spoke at the 7th Healing Our Broken Village Conference 2017 about her work with people of colour and research into the under-representation of people of colour in the mental health professions.

**The Launch of The International Handbook of Black Community Mental Health July 2020**

[youtube.com/watch?v=RMBU7a-8I8o&feature=youtu.be](http://youtube.com/watch?v=RMBU7a-8I8o&feature=youtu.be)  
The International Handbook of Black Community Mental Health brings together the global work of mental health researchers and practitioners to focus on the experiences and provision of services to Black, Asian and ethnic minority communities.

**The rise of Black Lives Matter 2016**

[youtu.be/tgFIOphqRIY](http://youtu.be/tgFIOphqRIY)  
An interview with the co-founder of the Black Lives Matter movement, Patrisse Cullors, about the various forms of violence against Black citizens, and why resistance is essential.

**What issues do you face if you're young, Black and British?**

[youtu.be/HpsHGMXYNrM](http://youtu.be/HpsHGMXYNrM)  
A discussion on BBC Radio 1XTRA Talk of the issues facing young Black Britons, from 10 November 2016. Among the matters discussed include anglicising names on CVs, being the



**What do you think?**

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

only Black professional working in a particular sector and the impact of police stop-and-search policies on Black people.

**Resources**

The range of online resource dedicated to educating ourselves about racism, diversity and inclusion is vast, and growing.

**Anti-Racism Resources by GoodGoodGood**

[goodgoodgood.co/anti-racism-resources](http://goodgoodgood.co/anti-racism-resources)  
The website 'focused on the good in the world' offers a wide range of reading, listening and viewing resources and tools to tackle systemic racism.

**Black Minds Matter**

[Blackmindsmatteruk.com](http://Blackmindsmatteruk.com)  
This organisation connects Black individuals and their families with free mental health services.

**Black Thrive**

[Blackthrive.org.uk](http://Blackthrive.org.uk)  
A partnership in Lambeth between communities, statutory organisations, voluntary and private sector working together to reduce the inequality

and injustices experienced by Black people in mental health services.

**Scaffolded Anti-Racist Resources**

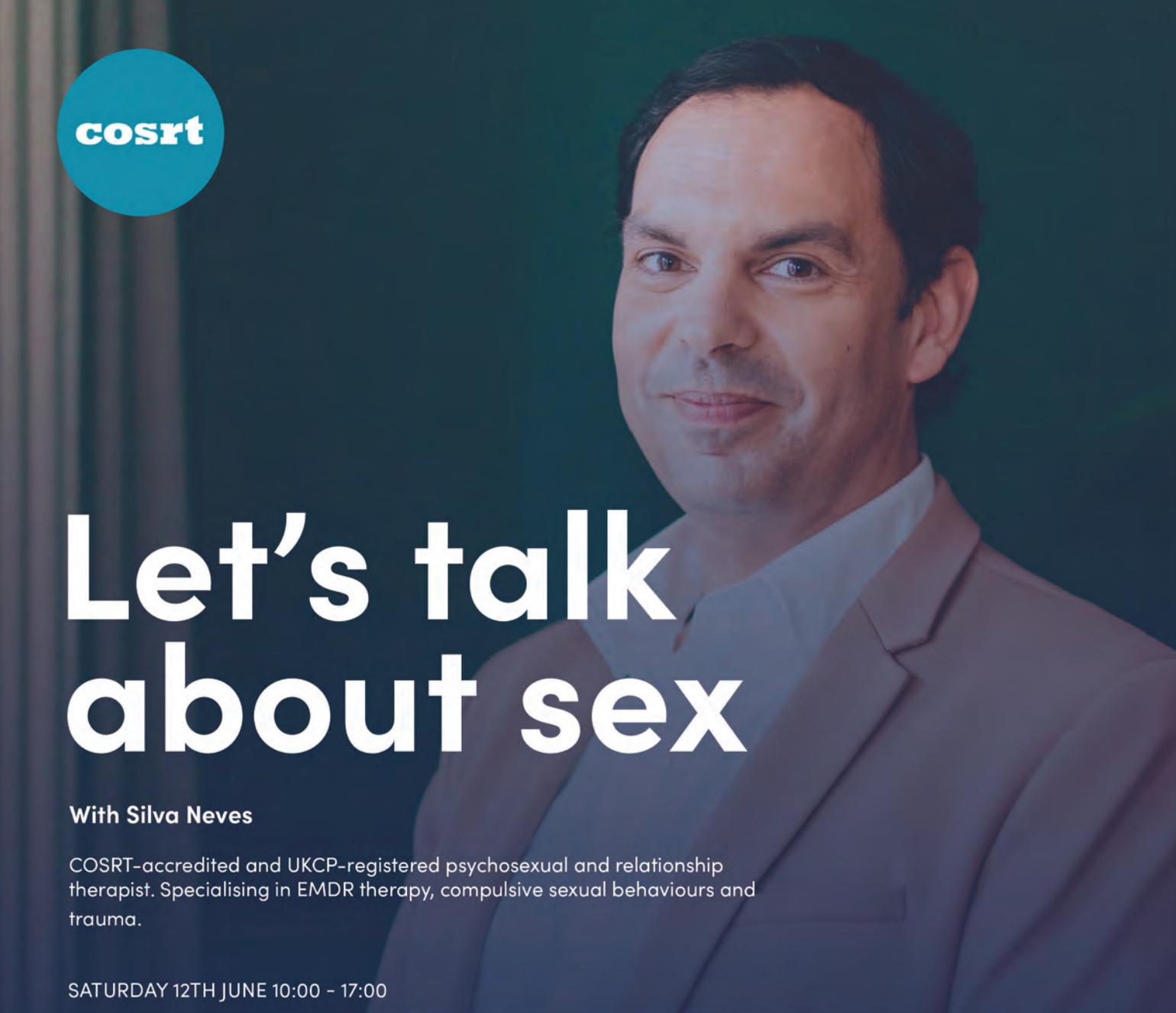
<https://drive.google.com/file/d/18QONIKQtqrptTUdqGxjOjbrMXRIzb4e/view?usp=sharing>  
This is a working document continuously updated with resources aimed at white people actively seeking to be anti-racist. There are recommendations for podcasts, novels, resources aimed at those working in education and people in the Christian Church, among many other resources.

**Stories that Stick**

[Blackticutate.com/podcast/stories-that-stick/](http://Blackticutate.com/podcast/stories-that-stick/)  
Blackticutate creates podcasts and facilitates workshops that tell positive stories about underrepresented groups.

**The Black Curriculum**

[theblackcurriculum.com](http://theblackcurriculum.com)  
This social enterprise founded by young people to address the lack of Black British history in the UK curriculum has, among its aims, to improve social cohesion between young people. ●



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## ‘Ideas like the importance of context and patterns have really caught my imagination’

**DR SHARON BOND IS A CONSULTANT SYSTEMIC AND FAMILY THERAPIST, DIRECTOR OF CHIRON CONSULTATION & THERAPY LTD**

I qualified as a social worker in the 1980s and worked as an educational social worker with families where children were experiencing difficulties in the school system. I often referred children and their families to the local Child and Adolescent Mental Health Service. Many Black parents saw a referral to CAMHS as undesirable, feeling it put a label on their child which might follow them into adult life. They often failed to turn up for the appointments.

My experience played a huge part in me taking up a post in CAMHS and training to become a systemic family psychotherapist, qualifying in the early 1990s. Now on the ‘inside’, I noticed the high numbers of Black families referred and the low take-up rate of appointments.

I thought there must be a less stigmatising way of delivering our service, so I identified schools with high referral rates and got in touch with their headteachers. I proposed that, together with the team of social workers I managed (who were also qualified psychotherapists), we set up ‘surgeries’ in schools where we



could offer consultation to parents with their children and to teachers.

The model meant that we would be in school for half a day every fortnight to meet families. Each family was offered two appointments. If they or we thought more was needed they could either choose to go to CAMHS or we could offer them a further four sessions in school.

The school managed the bookings and we were able to provide three one-hour sessions, which meant each time we were in school we were able to see three different families. Parents felt able to use it without feeling they were being singled out. The feedback from schools was positive – one told us that it helped to change relationships between parents and school as parents construed the school as being supportive.

Ideas like the importance of context and looking at patterns of relationships have really caught my imagination. I have learned ‘the discipline of curiosity’ so that I can be curious about other people’s beliefs, and also my own and how they inform my listening and influence my decision-making. I have learned to listen to families’

stories about their lived experience and ask questions that enable them to talk about untold and untellable stories that might explain why they did things in certain ways.

This pointed me towards teaching, and I trained for two years at the Kensington Consultation Centre, getting my first post teaching on the Tavistock and Portman NHS Foundation Trust’s foundation level course. I began to notice that, for some of my Black students, producing written assignments was the most challenging aspect of the course. This puzzled me – these were articulate men and women.

In our tutorial sessions I heard stories of experiences in school and how they had contributed to their difficulties with writing. The effects of these experiences included not wanting to put their thoughts on paper for fear they would be judged negatively.

Following a conversation with Eugene Ellis, founder member of BAATN (Black, African and Asian Therapy Network), who had noticed the same, we began running a dissertation writing workshop for Black counsellors and psychotherapists. Each year it attracts more students. ●

**‘I have learned to ask questions that enable families to talk about untold and untellable stories’**

## 'The behaviours displayed by children and young people of colour are frequently misinterpreted'

**MICHELLE WATSON**  
WORKS IN SCHOOLS  
PROVIDING ONE-TO-ONE  
THERAPY AND ALSO HAS  
A PRIVATE PRACTICE

In my previous career as a primary school teacher I worked with many children who displayed challenging behaviours that were often the result of trauma. I was curious about what was going on for these young people and their families, not only externally, but internally.

The behaviours displayed by children of colour, particularly Black children, are frequently misinterpreted in school settings. They are often feared, experienced as aggressive, disrespectful, and viewed as adults rather than the children that they are.

Sometimes it can be hard for some adults in these settings to attribute such behaviours to an unsettled and traumatised internal world that may need therapeutic attention. Children and young people are always telling a story about what is going on for them through their behaviour. They need adults who can recognise their distress, hold their story, and support them and their families.

This level of empathy for children and young people of colour can be missing. The 'support' when stories



are misinterpreted can often look like alternative provisions, permanent exclusions, managed moves and social care referrals. Depending on whether the adult witnessing the child or young person's story (especially if from a different cultural background to them) has educated themselves in relation to unconscious bias, the adult's narrative of that child can already have a beginning, middle and end, regardless of whether it fits or not.

Sadly, the power of racism, in whatever form it takes, can allow the adult's narrative to become a self-fulfilling prophecy for those children and young people of colour who have had their developing sense of self slowly but surely chipped away at. This is easily reinforced by living in a society where these narratives are, and continue to be, imagined based on untruths, harmful archetypes and stereotypes, all stemming from well-established ideas and systems rooted in oppression. If this continues, many children and young people of colour will miss opportunities to access therapy. It is vital that they are seen through a less-distorted lens, so they

can have the opportunity to safely share their real stories.

Children and young people of colour are pretty open with exploring issues surrounding race and identity with me in a therapeutic setting. When they see me, they sense there will be a shared experience, and that I will 'get it'. I wonder about the potential sense of safety surrounding bringing how it truly feels to be in their skin, as they may fantasise about the untold stories of my own skin. This work is important for people and society because everyone is deserving of empathy and compassion. We all feel.

I often feel so grateful to be in a position where I am able to work alongside individuals who engage in exploring difficulties they may be experiencing. As therapists, we see the huge benefits that can come from this for the individual and their relationships outside the therapeutic space. Our society as a whole would benefit greatly from healthier relationships, not only at home, but in educational establishments, workplaces, healthcare, and throughout our communities. ●

**'Racism can allow the adult's narrative to become a self-fulfilling prophecy for young people of colour'**

## ‘My work as a psychotherapist is about helping people to have self-awareness and achieve their identity’

OVER HER LONG CAREER, INTEGRATIVE PSYCHOTHERAPIST **PAULINE SAGOE** HAS DELIVERED TRAINING ON UNDERSTANDING DIFFERENCE



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**A**longside my clinical practice, mentoring and supervision, I have spent the last 30 years developing and delivering programmes to train people in understanding difference, diversity and inclusion. This work has taken me to local government organisations, universities, counselling and psychotherapy services, government departments, NHS trusts and international organisations.

I have collected all these little stories over the course of my career – not just from the ambassador or the ministerial appointee but, for example, from the cleaner on the NATO complex who asked me: ‘Why do I become invisible when I have got a broom in my hand?’ Working in different countries with different people and different organisations means I’m always reminded that people are people, despite our differences.

When I start a workshop, we have rules. Keep yourself safe and if you don’t want to share anything just say ‘pass’. I don’t ask people about their prejudices cold. If I am doing a full day’s

workshop, after lunch I might I ask people about where their prejudices came from, what they’re based in. I think we all work on stereotypes, let’s face it. And it’s surprising what people say.

Once, when I delivered mandatory training to a central government department, the trainees were so angry with me because they had to spend a day doing the training. I was upfront and open – ‘I’m here all day, I’ll get paid at the end of the day. If you want to leave I will have to report that because this is mandatory.’ They sat there, they tested me on my knowledge of English literature to start with. But if something is going on in the room, I surface it.

The same applied when I started out as a psychotherapist. Some clients would do a double take when they saw me. I would always address it – ‘I can

see we’re different, is that going to create a problem for you?’

What is really lucky being a person of colour is that I can actually bring up stuff that other psychotherapists may not want to for fear of hurting people’s feelings – for example, I can talk to a Black client about things like straightened hair, or I can talk to people who have experienced difficulties because they have a dark skin.

My work as a psychotherapist is about helping people to have self-awareness and achieve their identity. It’s not about forgetting, or not suffering, or wiping it out. It’s about providing a safe, structured environment where people feel held and where they can be challenged. For the client, it’s about knowing who they are – the good, the bad, the indifferent. ●

**‘I can bring up stuff that other psychotherapists may not want to for fear of hurting feelings’**



## PSYCHOTHERAPY TRAINER/COURSE TUTOR

The Manchester Institute for Psychotherapy is looking to recruit a Trainer in Transactional Analysis Psychotherapy. The post is from mid-October and it will be a Course Tutor role within the area of Transactional Analysis Psychotherapy from an Integrative Perspective. For anyone interested in the position it would be for training on the First Year of a 4 year Transactional Analysis training programme which comprises at least 8 training weekends, usually one training weekend per month between October 2021 and July 2022. The training would be face to face at the Manchester Institute venue which is in Chorlton-cum-Hardy, Manchester, M21 0BQ. **See our website [www.mcpt.co.uk](http://www.mcpt.co.uk)**

Anybody applying for this position will need to have had experience in psychotherapy training in respect of transactional analysis.

We would be looking to recruit someone who would then go on to then teach for the next 3 years as the training is part of a 4 year diploma course in transactional analysis (UKCP).

Fees: £1,000 per weekend

The role would also include marking of essays, and necessary admin plus regular attendance at Trainers Meetings throughout the year.

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or by email to [bob@mcpt.co.uk](mailto:bob@mcpt.co.uk)

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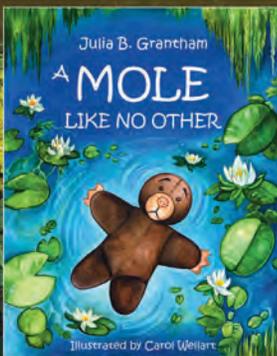
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★★★★★ Mental health difficulties are becoming increasingly widespread amongst children and there should be more books for kids mentioning our profession!

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★★★★★ I would like to see the book in GP surgeries and within CAMHS.  
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## ‘Having a therapist means you are a strong person’

**TINA CHUMMUN** WORKS WITH CLIENTS WITH SEVERE COMPLEX TRAUMAS, SPECIFICALLY THOSE IN BAME COMMUNITIES



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I specialise in helping people who have experienced domestic violence, sexual abuse and PTSD. As a person-centred psychotherapist, I emotionally support my clients by offering them a space with empathy and unconditional positive regard and non-judgement, and staying alongside their emotional process.

Because I am British Indian Mauritian, I acknowledge that I chose to train for a profession that has been predominantly recognised for white middle-class people, and being a person-centred psychotherapist is synonymous with being different for me.

During my training at the Metanoia Institute, I was able to use my voice and power to explore my difference as well as helping and shaping others on my course to learn from me. I did not experience any difficulty from learning by being Asian – everyone was very receptive to my cultural difference and there were spaces provided for my cohort to learn and process this.

Conversations about race and culture are difficult for many to have, but they

need to happen to allow for changes to occur. I'm aware that BAME trainee therapists at other academic institutions have faced difficulties. So as long as there are safe, open and honest dialogues taking place, whilst being respectful to all parties, there is hope that there will be change.

Within the Asian community it seems perfectly acceptable to access help and support from a GP, where you'd receive scientific biological facts and medications to help you and your body. However, it is not one and the same for getting mental health support. There is an expectation that most things should be left down to an individual to sort out for themselves.

The culture is about operating as 'we' versus the western culture where its focus is mainly on 'I'. This means that anything an Asian person does will affect the perception of the collective, because it's 'we' that will be judged upon and not 'I' that is asking for help.

I am working to change this way of thinking. In the same way that as babies we are unable to do anything for

ourselves and need caregivers to provide us with everything, as adults we continue to need support from others. Where did we learn as adults we could do everything by ourselves when we started off being reliant on everyone? I use these analogies with my clients, often saying 'having a therapist means you are a strong person'.

We first need to deal with the presenting traumas before we can even begin to attempt to help and heal the underlying layers of what difference and diversity has meant for people from BAME communities. The prevalence of structural and systemic obstacles/racism within political organisations that allow access to mental health services needs to change. ●

**‘Conversations about race and culture are difficult, but they need to happen’**



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**Autumn Conference  
Using the Relationship to Heal Trauma:  
Rupture, Repair, and Relational Work  
with Clients and Supervisees**

**12.30pm to 5pm Robert T. Muller, PhD  
Online via Zoom – Saturday 9th October 2021**

This practical online workshop, led by Dr. Robert T. Muller, a leading expert on trauma therapy, and globally acclaimed author of the psychotherapy bestseller, 'Trauma & the Avoidant Client', aims at building our understanding of the therapeutic relationship in trauma treatment and supervision.

As clinicians, we try to maintain a strong therapeutic relationship, but this can be easier said than done. Trauma clients struggle to trust the

therapist. This can be mirrored in the supervisory relationship.

Drawing on attachment theory, relational psychodynamic perspectives, and a wealth of clinical experience, Dr Muller's workshop complements theory with case examples and practical exercises focusing on clinical skills directly applicable in our work as therapists and supervisors, addressing strategies for navigating the ups and down of the therapeutic relationship.

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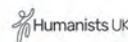
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## ‘This work is often about empowering clients to trust their own voice’

PROBLEMS LOCATED ONLY AT THE INDIVIDUAL LEVEL ERASE THE SOCIETAL CONTRIBUTIONS TO OPPRESSION, PSYCHOTHERAPIST **ANTHEA BENJAMIN** WRITES

**Y**ou’re never really a whole person if you remain silent, because there’s always that one little piece inside you that wants to be spoken out, and if you keep ignoring it, it gets madder and hotter and hotter, and if you don’t speak it out one day it will just up and punch you in the mouth from the inside.<sup>1</sup>

I often tell people I fell into psychotherapy. I started as a youth worker working with people often at risk of being pulled up by the police or being harassed for no reason other than ‘looking suspicious’. In many cases this just meant being Black.

I progressed to working with families in marginalised communities, who often faced many barriers to accessing services and my role was to bridge this gap. I would often hear stories of systemic racism which led to a deep distrust of professionals, which I would need to work hard to overcome.

Over time a pattern emerged of who more easily accessed support or was treated with more compassion and care. I became more frustrated over time with these invisible societal patterns which perpetuate a social order that continued to contribute to disparities.

Working with families I became a collector of stories and historical pain, and this fuelled my interest in trauma and the intergenerational transmission of trauma. My curiosity about creating change for people locked in intergenerational patterns often linked to positioning within society’s structures, drove me to become a therapist.

Problems located only at the individual level erase the societal contributions to oppression. As a professional I needed to rethink my practices to include further critical thinking and awareness of collective historical traumas and how this shows up as symptoms, which in my mind are suppressed cultural trauma remembered by the body. Without this lens we can misread traumas that show up in our clinical practices in an array of symptoms and so-called culture. If misunderstood, the client can think this is just about them, rather than their body holding a collective historical context that needs breaking down and making sense of.

An intersectional analysis of race, class, gender, sexuality and disability through self-reflexivity is key in us being able to name and work with oppression clinically and work with the embodiment of lived experiences. For me, this means looking at my own relationship with my



intersectional identities and engaging with this on an ongoing basis.

In my search to make sense of what creates meaningful change I have done several trainings in counselling, integrative arts psychotherapy, group analysis and supervision. In many ways this has been a result of often having to work harder to prove my worth within the therapeutic marketplace, but it has also come from a desire to understand what works best in transforming painful narratives.

The most helpful perspective has been holding the personal, social and political as interconnected. This work is often about empowering clients to trust their own voice and give legitimacy to their own experiences, which often get lost through social conditioning of not being able to trust themselves. ●



### References and reading

- (1) Lorde, A (1978). ‘The transformation of silence into language and action’. First published in Sini. *Her Wisdom 6* (1978) and *The Cancer Journals* (Spinsters, Ink, San Francisco, 1980).

**‘I became a collector of stories and historical pain, and this fuelled my interest in trauma’**

## ‘We need to understand how nuanced racial identity really is’

ANNIS BOOKER OUTLINES HER EXPERIENCES AS A PSYCHOANALYTICAL PSYCHOTHERAPIST

**H**aving lived my own experience as a mixed race person, I keep in mind at all times the idea I do not know anything about a person from their name or appearance. I ‘hold it lightly’ and allow the narrative to unfold without my intrusion, being truly still while I am led into the other’s world, while also remaining open, curious, authentic and honest.

I once worked with a woman of Indian heritage\* who would often make the comment ‘well, you know what I mean’, simply because she presumed I was from the same background. During supervision it was picked up about how many times, when areas seemed painful, she would stop the narrative and say, ‘well I don’t need to explain ... you know what it’s like’.

In doing so it became apparent so much was not being said. We explored this in the room and she had



acknowledged coming to me as she had thought I was Indian. We were able to think about her expectations working with someone of the same background, the commonality, a sense of belonging, the other experiencing the same as them. We also thought about her disappointment that I was not from the same background.

Towards the end of her therapy she spoke about how her reservation at working with someone different from her had not proved true to her experience. She said that she had actually gone into greater detail because there was a difference between us.

She set out with a bias of perceived sameness but, in the end, being able to identify the difference seemed to offer something truly profound. It is true our skin colour was similar, but so much between us was different but taken without knowing as the same. It was through being transparent and authentic we both managed to gain a deeper level of understanding of her experiences.

Since this experience I have wondered about the pros and cons of matching therapist and client on race. I wonder if on occasions, and of course not in every case, the difference can actually create an opportunity which otherwise could be easily missed. Like it or not, regardless of our race we all have biases and beliefs. It is through reflecting and working on our awareness that we are more likely to create the space for the other to be fully seen.

As the mixed race population continues to grow, it seems vital that we cannot view race in a simplistic way. We need to understand how nuanced racial identity really is. It is only when society can accept the difference and variation that we can truly begin to have proper conversations which are inclusive of all races in society, ensuring all identities have a voice and are not left on the periphery. ●

*\*Composite case study*

**‘By reflecting on our awareness we are more likely to create the space for the other to be fully seen’**

## ‘I have to acknowledge the racism within me, alongside the part of me that is anti-racist’



**FRANCES BASSET,**  
PSYCHOTHERAPIST AND  
SUPERVISOR IN BRIGHTON,  
ON OWNING WHITENESS

**A**s a white psychotherapist, I have experienced privileges that for many years were outside my awareness. White skin is the dominant norm in our profession and generally, when white people think about diversity and race, they think about ‘the other’.

In 2020, I asked a white leader of a psychotherapy training organisation how she was responding to Black Lives Matter and she replied: ‘I don’t know what you want me to say’.

Research studies have shown that when white people are asked about their white racial identity they often respond: ‘What do you mean racial identity, I’m me!’ We (white therapists) have got to stop leaving racism to people of colour to sort out!

Some Black therapists have said to me that they are tired of being endlessly asked what needs to change. I feel that white therapists should look at their own cultural heritage. However, do we even have the language by which to speak of white culture? This could be a starting point; simply asking all trainees to begin by

exploring their own name, background and cultural heritage.

COVID-19 and the death of George Floyd brought me face-to-face with the elitism in which I work. As a teacher of anti-oppressive practice in a previous career, I never really explored my own white culture. Definitions of racism have tended to concentrate on the negative effects experienced by those in the minority, leaving the dominant group, which benefits from the oppression, conveniently invisible. Of course, racism doesn’t just occur at individual levels; it exists systemically in our organisations and institutions.

In my current research I am exploring the role of whiteness in anti-racist practice. As much as it is uncomfortable, I have to acknowledge the racism in me; to know that she is part of me, sedimented into my being from birth and I need to own her, not split her off or project her onto ‘others’.

DiAngelo states that when a white person asks her: ‘How do I tell my white friend about her racism?’ she responds, ‘Well, how should I tell you about your racism?’<sup>2</sup> Attempting to deny our racism doesn’t work, it strengthens the polarity of ‘us and them’ both intra-psychically and interpersonally. The Black activist/educationalist Sonya Renee Taylor inspires me when she states, ‘You cannot shame me with that which I am willing to be’<sup>3</sup>.

As a psychosynthesis therapist this fits well with integrating the multiplicity within. Recognising, accepting and integrating our ‘sub-personalities’ is a central tenet of psychosynthesis. It also resonates with Janina Fisher’s parts work<sup>4</sup>. Accepting the ‘both/and’ rather than the ‘either/or’ is easy to write about but profoundly difficult in its paradoxical nature to experience. There is no right way to be anti-racist and political correctness won’t help us here. I believe an ability to be with the good and the bad within us might just help us stay in dialogue. After all, isn’t this what being a therapist is about – sitting with the most difficult emotion and owning our projections? ●



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**‘In my current research I am exploring the role of whiteness in anti-racist practice’**



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## ‘Black clients and families are often portrayed in literature, film and clinical papers with deficit, and as being hard to reach’

CONSULTANT  
FAMILY THERAPIST,  
PSYCHOTHERAPIST AND  
AUTHOR **KAREN CARBERRY**  
OUTLINES HER WORK

**B**lack clients and families are often portrayed in literature, film and clinical papers with deficit, and as being hard to reach. As practitioners, educated through a western lens, we may miss the opportunity to see Black families from a lens of intellect, resilience, wisdom, and lose the opportunity to quickly connect and build hope. My parents would say there is much knowledge, wisdom and positivity to share in that.

During my career, I have been struck by the sheer courage of Black children and families and the overwhelming transformation. As a Black clinician you do not always receive free access into their trust, as you are part of the ‘system’. Even little children test you.

One young child I worked with was experiencing behaviour difficulties and low attendance in school. Mila, an eight-year-old Black African girl from Botswana, arrived in the UK as an unaccompanied minor with significant trauma, reporting the witnessing of the attack on her family, killing some family members. Staying with extended family, she was referred for counselling support at school after a trauma

organisation she had previously been referred to was unable to offer support.

The lead of the school’s counselling team referred Mila to me six months later, following concerns regarding her ability to participate in the counselling sessions. Mila was always late – often between one and two hours – to school, she spent a lot of time under the table at school, and did not interact with many other children, preferring just one girl. Around this period, I would see Black clients privately, who were aware of the stigma of mental health, and would cast an eye over my bookshelf to ascertain whether I had Black books, and materials to which they could feel connected. This was in my mind upon receiving Mila’s referral.

When Mila began work with me, she would come in very shyly, and eventually began to set about making a bird cage over several sessions. This was a very different looking bird cage – it had a bird inside, that we talked animatedly about, including whether it was from her country of origin. Mila concurred, and continued to make adaptations – positioning a piece of silver paper on the roof, and informing me that it was a mirror, for example.

Intrigued, I asked whether the bird liked to look at itself. She very clearly

said that in her country, they would build a cage and put a mirror at the top, and that the bird would step in and think it was looking at another bird like itself, and then it would be captured and the door to the cage would snap shut – demonstrating aptly.

Incredibly I began to wonder whether Mila unconsciously thought the space in which we were speaking was a trap, and that myself, who was a Black woman, was the mirror enticing her to tell her secrets, and those of her family, which would spill out to the wider system and put them at risk or shame.

I admired Mila’s expression of fear of curiosity of being ‘other’ in a therapeutic bird cage, and wondered aloud whether I was in the cage or the mirror. She chuckled softly, before leaving the session looking very satisfied. Sharing her culture and belief system with such sophistication provided an understanding between us – of similar, but different – and opened the door for her to begin to talk of her trauma. ●

• *Case study is a composite*  
• *Karen Carberry is co-editor of The International Handbook of Black Community Mental Health*

**‘We may miss the opportunity to see Black families from a lens of intellect, resilience, wisdom’**



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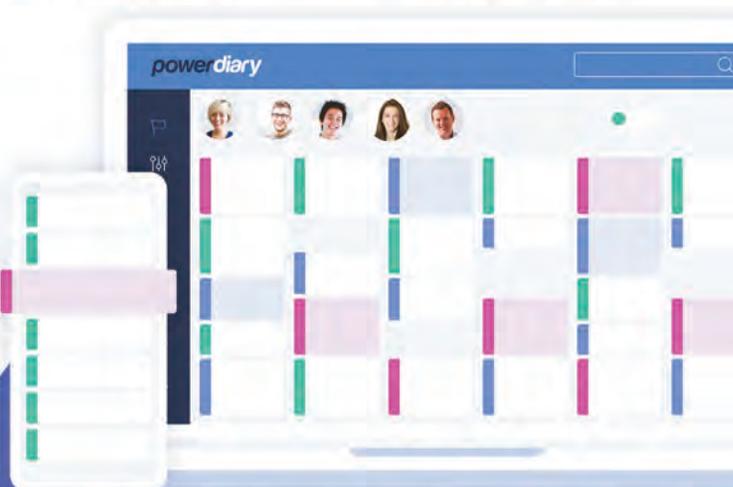
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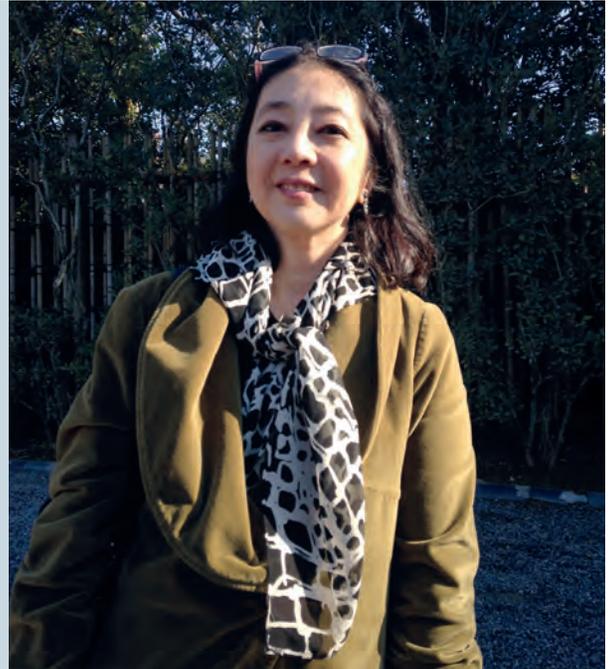
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## ‘We are embedded in a mental health care system where access to psychological therapies struggles to keep pace with growing demand’



GESTALT PSYCHOTHERAPIST  
**NATSU HATTORI** EXPLAINS  
HOW A SOCIETY-WIDE  
SOLUTION IS NEEDED TO  
ALLOW PEOPLE FROM  
DIVERSE BACKGROUNDS TO  
ACCESS PSYCHOTHERAPY

**L**iving and practising psychotherapy is to be immersed and swimming in a stream of multitudinous human life experiences, varied and ever changing. I took my first strokes as a Gestalt-trained psychotherapist in a community counselling and psychotherapy service in south London, in an area with many residents of marginalised backgrounds.

As with many services with a stated mission to provide access to support for local, often very diverse, communities, the directors, supervisors and majority of counsellors were white. I had the privilege to work as a trainee therapist with several clients of colour – an experience which profoundly influenced me and for which I will always be grateful.

In assessment, people of colour can, at times, either minimise their difficulties or not disclose traumatic experiences – an understandable response to the fact that being listened or attended to and taken seriously, cannot be taken for granted by

those in situations of disadvantage.

Fast-forward to the present, where I teach, supervise and practise Gestalt psychotherapy in a virtual space that comprises not just London or the UK, but spans time zones and continents. What I share with my clients right now is not the physical space of the consulting room, but our linked sense of time, of existing in a particular historical moment or era: 2020, 2021, the year(s) of the pandemic; and for myself and many of my clients, a year of racial reckoning, a moment when the issue of race and racism, which has often been figural to some of us, has become, for at least a time, a bit more than background to others.

And the histories of racism, of trauma and violence, resilience and resistance, are now foregrounded in ways that are profoundly painful as well as liberating. I feel more free to speak and write directly on this subject; less bound by habits of trying to get through and get along by overlooking my own experiences.

As do others: sessions with clients of colour can be awash with material related to a field of racialised trauma and everyday insults and injuries, macro and micro aggressions at the hands

of colleagues, friends, employers, trainers, strangers and neighbours; as well as institutional deprivations of the education, criminal justice and health care systems. The statistically greater incidence of COVID-19 infection in the marginalised communities resembles the greater prevalence of physical and mental ill health in the same communities, due to multiple, co-existing, systemic disadvantages and challenges.

As practitioners we are embedded in a mental health care system where access to psychological therapies struggles to keep pace with growing demand, particularly in the wake of a viral pandemic and its attendant epidemic of financial and social hardship and psychological suffering. Private practice forms part of a capitalist marketplace of healing, such as existed for centuries in general medicine before the creation of the NHS. Within this, individual approaches taken by those like myself who offer low-cost work, or fees on a sliding scale – not as a fixed proportion of our practice but in response to the level of need in the community – can only offer partial, ad hoc fixes when a more collective solution is urgently called for. ●

**‘I had the privilege to work as a trainee therapist with several clients of colour’**



# ‘Talking therapies don’t work if they’re not in context’

LONG-TIME CAMPAIGNER, **LORD INDARJIT SINGH** TALKS TO RADHIKA HOLMSTRÖM ABOUT THE NEED FOR CULTURALLY SPECIFIC SUPPORT

**S**ikhism argues very strongly that there is one human race. We think the same things, laugh at the same things and weep at the same things,’ says Lord Indarjit Singh. The sentiment, and the voice that’s expressing it, is one that regular listeners to BBC Radio 4’s *Today* programme will probably recognise. Singh’s regular slot on ‘Thought for the day’ introduced many people to aspects of the Sikh faith with which they were unfamiliar, with an emphasis on interfaith understanding and cooperation.

He left the programme in 2019, but remains extremely busy – not least because he was appointed a crossbench Life Peer in 2011, is director of the Network of Sikh Organisations (UK), patron of the World Congress of Faiths and an executive committee member of the Inter Faith Network for the UK. He’s also been involved in successive bodies aiming to make the UK a more equal society, from the Commission for Racial Equality to his current role on the Joint Select Committee on Human Rights.

## SHARED CULTURAL PERSPECTIVES

The Network of Sikh Organisations is active in prisons and hospitals, and Singh talks passionately about how chaplaincies in prisons can play a crucial role in addressing the underlying issues that bring people into prison in the first

place. ‘People often commit offences because of deprivations and difficulties in life, are released and come back again. If their religion can show that what they are doing is wrong, teaching responsibility to people who’ve never been taught it, that’s a huge role to play.’

But support needs to be specific to religions and cultures, Singh believes – without that, and the understanding of a shared cultural perspective, people lose out – in prison, in hospital and, indeed, in the mental health system. ‘They’re there because of disadvantage and inability to cope with life, and the fears they’ve been brought up with. That means very tailored treatment.’

The same applies to therapy. ‘You have to talk in a language people understand, and understand the difficulties that beliefs and cultures can impose – including the ways in which cultural practices get into religious texts, and are then seen as unchangeable. I think that for a Sikh, the ideal person to help would be a Sikh. You don’t have to segregate practitioners but a person from the same belief helps enormously.’

‘Talking therapies don’t work if they’re not in context. That is why there is a need to recruit more people from the BAME communities, who understand the ways in which people can be misled and the mental health problems that

result, because we come from the same background. There are cultural fears and superstitions and it’s people from those cultures who can best explain how they can negatively impact on mental health.’

## UNDERSTANDING MARGINALISATION

But it’s the majority community that has the essential role to play in understanding marginalisation. ‘I was in a discussion in which the question was asked about whether COVID-19 had made marginalised communities aware of the discrimination they experience,’ he says. ‘It’s the wrong way around. COVID-19 should make the majority community aware of the marginalisation – they are the ones doing it.’

‘Majority communities need to break down those barriers that lead to marginalisation, and have a much greater appreciation of the cultures and religions of others and get away from this “them and us” approach. We need to tackle the underlying reasons of why people feel marginalised. We need open discussion and involvement on this.’

And this should be the approach taken by mental health professionals and mental health training and education. ‘Professionals shouldn’t come with an approach of “how do we deal with these strange people?”, but they must



**LORD INDARJIT SINGH**  
A crossbench Life Peer for 10 years, Lord Singh sits on the Joint Select Committee on Human Rights.

understand them and help them approach the hang-ups that we all have. Training and education can help in understanding different cultures and religions.'

**EDUCATION**

In fact, xenophobia and racism should be tackled head-on from school onwards, Singh suggests. 'The reality is that we all have our prejudices and fear of difference, and that is what we need to tackle in schools. There is the idea that some of us don't have prejudices or fear of difference, but the reality is that we're all bristling with inherent prejudices which should be addressed in schools.'

This is especially important given that the law - while gradually improving in its recognition of equality - 'tends to draw boundaries to what we consider

acceptable behaviour. Laws don't change behaviour, they just set limits on it.' This is not a failing unique to the UK, Singh - who was born in pre-independence India and came to the UK in 1933 when he was a year old - says. 'I'm often critical of prejudice in the UK but go abroad and you'll see that Britain is far better than most other countries in this respect. I've experienced more serious discrimination in India. Prejudice towards those "not like us", is common to all societies.'

In his 88 years of life, Singh says, there has been progress, but, importantly, it's always 'lagged behind need'. So it's clear that educating people about cultural, racial and religious differences across society and in professional work such as mental health, is crucial in working for a fairer and healthier society. ●

**Timeline**

**LORD INDARJIT SINGH CAREER**

- 1953 Six years studying and working in the mining industry in the West Midlands
- 1959 Spent six years as a manager of mines in West Bengal, India, and obtained first class mine manager's certificate.
- 1967 Worked as a civil engineer for Costain for eight years. Obtained an MBA from University of Birmingham during this time.
- 1975 For 18 years worked as a management consultant in areas of local government in London, until retirement.
- 1984 Started *The Sikh Messenger*, of which he is still editor.
- 1987 Co-founded the Interfaith Network.
- 1989 Became the first non-Christian to receive the Templeton Award for services to spirituality.
- 1991 Awarded Interfaith Medallion for services to religious broadcasting.
- 1995 Became director of the Network of Sikh Organisations.
- 2008 Became the first Sikh to address an audience at the Vatican
- 2011 Made crossbench Life Peer in House of Lords.
- 2019 Became member of the Human Rights (Joint Committee) in Parliament.



# ‘I embrace the privilege I have to contribute and work as a psychotherapist’

PSYCHOTHERAPIST AND PROFESSOR OF COUNSELLING PSYCHOLOGY, DIVINE CHARURA HAS A SPECIAL INTEREST IN TRAUMA ACROSS THE LIFE SPAN. HE WORKS IN RESEARCH, PRACTICE, TEACHING AND SUPERVISION

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**T**wenty years ago, during his lunch break as a mental health worker on a psychiatric ward, Divine Charura attended a seminar in which a therapist gave a ‘convincing and moving’ perspective of how psychological problems can develop and how psychotherapy can provide a deep, meaningful relationship and the conditions for therapeutic change.

When I turned up for my first job interview in an old psychiatric asylum in Yorkshire where my undergraduate placements had been, the clinical lead said: ‘You are a big muscular Black guy; you should be alright on these psychiatric wards. Can you fight?’ I remember muttering, ‘I am not violent, sir’, while trying to discern if it was a trick or real question. I started as a mental health worker on the dormitory-style psychiatric unit a few weeks later, and started to witness practices including restraining patients in florid states of mental ill-health, injecting patients or putting them in a seclusion rubber room.

One day, after escorting a patient to the electroconvulsive suite, a task I hated, I saw an advert for a seminar on psychotherapeutic perspectives. I attended and the rest is history. The

talk drew from psychodynamic and humanistic perspectives of formulating the human person and psyche. I returned to the ward thinking, ‘This is not how I want to be with other human beings. I want to be a therapist.’

**As a Black British man from a large extended family of African heritage, I have synthesised and interweaved through my upbringing aspects of my Afrocentric values, enabling me to value both Afrocentric and Eurocentric perspectives.** These include respect for others, respect for diversity and the importance of co-creation and interdependence.

**I am influenced by the importance of relationship and its centrality to wellbeing, drawn from the African philosophy of Ubuntu, which implies that as human beings, we are unique.** In contrast to the Cartesian dictum ‘I am because I think’, it maintains ‘I am because I belong’<sup>1</sup>. Thus, the bedrock of my motivations, apart from being formed through witnessing dehumanising psychiatric treatment, is this philosophical stance: ‘I am because I belong’.

**In my psychotherapy practice, writing and through my ongoing development,**

**there is a theme of relationship with self and other, community, belonging, and commitment to reducing potentially traumatic experiences that emerge through developmental and relational trauma.** I have been motivated through my own journey, spirituality and life experiences by the question, ‘where is the love?’. There is a long history in our profession of acknowledging love as key to our work.

**My motivations have been the desire to engage in psychotherapeutic professional relationships and practice which offer a space that enables others to reconnect** with their essence of self-and-other by working through whatever they need to work through. I believe in therapy’s capacity to expose intrapersonal qualities, and inter/intra relationships, I appreciate the power of the psychotherapeutic relational dynamic.

**I also deeply value the importance of not-knowing** – I am drawn to theoretical ideas that suggest that we construct our perceptions and experiences in a filtered way, basing this on our experience. Knowledge is fluid, and includes not-knowing. I have learnt to embrace in my own practice the belief that there is no absolute standpoint from which

**LEFT:** Charura: 'My psychotherapy is a vehicle for the political in contributing to the multiplicity of voices that speak for social justice'

## Timeline

### PROFESSOR DIVINE CHARURA'S CAREER JOURNEY

2003

Started an undergraduate programme in mental health at the University of Leeds.

2005

Began BSc (Hons) in Counselling & Therapeutic Studies at then Leeds Metropolitan University.

2006

Beginning of a five-year role as a clinical manager in addictions in voluntary sector services in Leeds.

2007

Undertook MA in Client-Centred Psychotherapy at then Leeds Metropolitan University.

2009

The start of seven years working as a specialist psychotherapist in the voluntary sector.

2010

Started a seven-year role as senior lecturer in counselling and psychotherapy at Leeds Beckett University.

2011

Worked as an adult psychotherapist in various NHS Trusts.

2016

Completed doctorate in counselling psychology at Teesside University.

2017

Spent three years as course director of psychological therapist and mental health postgraduate programmes at Leeds Beckett University.

2019

Worked in Cambodia as visiting professor to the University of Puthisastra. Became the first J-1 international visiting scholar and professor to the Chicago School of Professional Psychology, Washington DC.

2020

Became professor of counselling psychology and programme director of the doctorate in counselling psychology, York St John University.

one can see the universe, but rather a multiplicity of perspectives which mean that no one theory is superior, but rather that the differences are a result of being placed at different perspectives.

**The impact of today's multi-ethnic and multicultural society** means that, more than ever, there are moments in which both therapists and supervisors work with individuals whose cultural and diversity root is different from their own. Consequently, this means that there will be challenges and complexities which arise in these relationships.

**The challenge for me and for the profession is to shift from seeing diversity as something to tag on, to accepting different cultural voices and experiences as worthy, equal knowledge-generation partners,**

in psychotherapy and counselling research, teaching, learning and practice. It is important for me to ask the question of whether our practice in 2021 is fit for purpose in relation to diversity, especially given the challenges and diversity we now face.

**I have contributed to the profession a number of textbooks, for example on the therapeutic relationship, love, diversity, and more.** I embrace the privilege I have to contribute and to work as a psychotherapist and practitioner psychologist with clients and patients. I have received awards for my international work and for my teaching. These achievements enable me to engage in dialogue and offer power to make more difference.

**Psychotherapy is a vehicle for the political in contributing to the multiplicity of voices that speak for social justice.** I want to join with those contributing to making clear the ambition to enhance this work and its impact in the future, to help tackle some of the most significant challenges facing our planet, communities and wider society. It is vital to engage in dialogue and think about what psychotherapy has to offer in the 21<sup>st</sup> century. ●



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# On Screen

*I May Destroy You* highlights the complexity and range of abusive sexual situations, writes psychotherapist **Nicholas Rose**

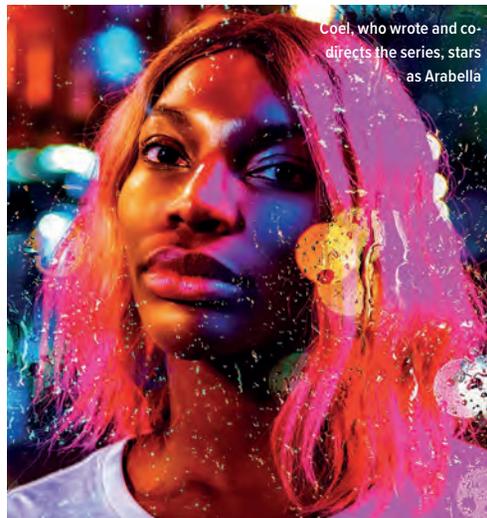
## Arabella Essiedu *I May Destroy You*

**I**n researching how the series came about, it was no surprise to learn that it originates from a personal, real-life experience. Michaela Coel, who stars in, writes and co-directs the series, was herself drugged and assaulted by an unknown assailant in her twenties. She told *The Guardian*: 'If you are alive to reflect on a dark time, and keep returning there, it means you've survived it and you can keep going there until you've got what you need from returning. Well, I think that's what she's [Arabella] doing. And I think that's what I do, too.'

From my work with people who bring sexual assaults to therapy, and my own experiences, I found myself thinking that the series must have moved and resonated with so many people who have experienced sexual assault, while helping people who have not understood its power, hurt, trauma and complexity. I can't imagine that anyone watching would not have found themselves reflecting on their own experiences of sex and thinking about honesty and consent.

The main character's two closest friends also experience assault and abuse. While they do not get to tell their story in the same way as Arabella, the impact is to highlight the complexity and variety of sexual assault situations. Underlying these situations is a depiction of the hurt and trauma a victim can experience when something happens without their consent, while also showing something of the characteristics of perpetrators, whose behaviours range from the dishonest to the directly violent.

While most of the focus is on abuse and assault, a number of sexual encounters also stand out



**'Underlying these situations is a depiction of the trauma a victim can experience'**

because of how the characters successfully navigated consent. I wondered whether Coel wanted to help educate in how to, as well as how not to. However, I was as is usual with watching depictions on screen, left with a number of questions about the way therapy was depicted.

The therapist used words that were not Arabella's. For example, the very first thing that was said was that the record contained DFSA, 'which stands for drug-facilitated sexual assault'. Later the therapist also offers 'it's tough?' and 'flashbacks?' and then a little later, talks about 'rape trauma syndrome'. In the session when Arabella says what she is doing to cope, the therapist points out what she is not doing. Arabella changes subject to ask about how she can continue to work and the therapist offers thoughts of self-care. Of course psycho-education and affirming experience is part of what we may do but I wondered about how this may perpetuate a perception of therapist as giving instruction.

I was also left wondering what Arabella knew about how the therapist worked, whether there had been an assessment and about how Arabella had ended up in the therapy room. It is so important people understand that therapy is a collaboration and not about meeting with an expert with answers. I'm not sure this depiction does that. Nevertheless, I was transfixed by the richness of the way this contemporary drama depicted such a wide range of sexual experiences.

### References

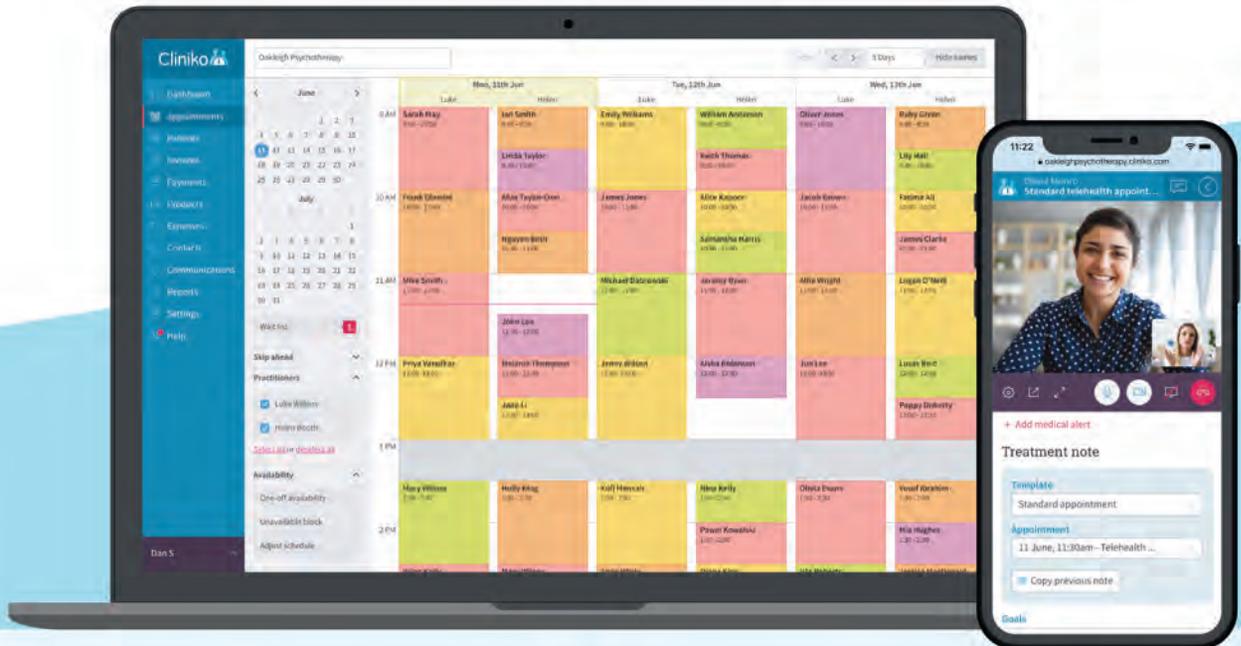
- (1) [theguardian.com/tv-and-radio/2020/jul/10/michaela-coel-i-may-destroy-you-bbc-arabella-assault-racism](https://www.theguardian.com/tv-and-radio/2020/jul/10/michaela-coel-i-may-destroy-you-bbc-arabella-assault-racism)

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

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Individual and community recovery - healing trauma, grief and loss as a result of the pandemic

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This year's Mental Health Awareness Week arrives at a time when the world feels poised between crisis and recovery – between the devastation of the Covid-19 pandemic, and the potential for a reimagined future.

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As schools return, services resume and families and friends reunite, we are starting to appreciate just how huge a toll the last 12 months have had on our mental health. We know that many who had never experienced mental health issues prior to the pandemic are now struggling with their psychological and emotional wellbeing. It is also clear that those who were already most vulnerable and marginalised in society have taken the biggest knocks.

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