NEW PSYCHOTHERAPIST

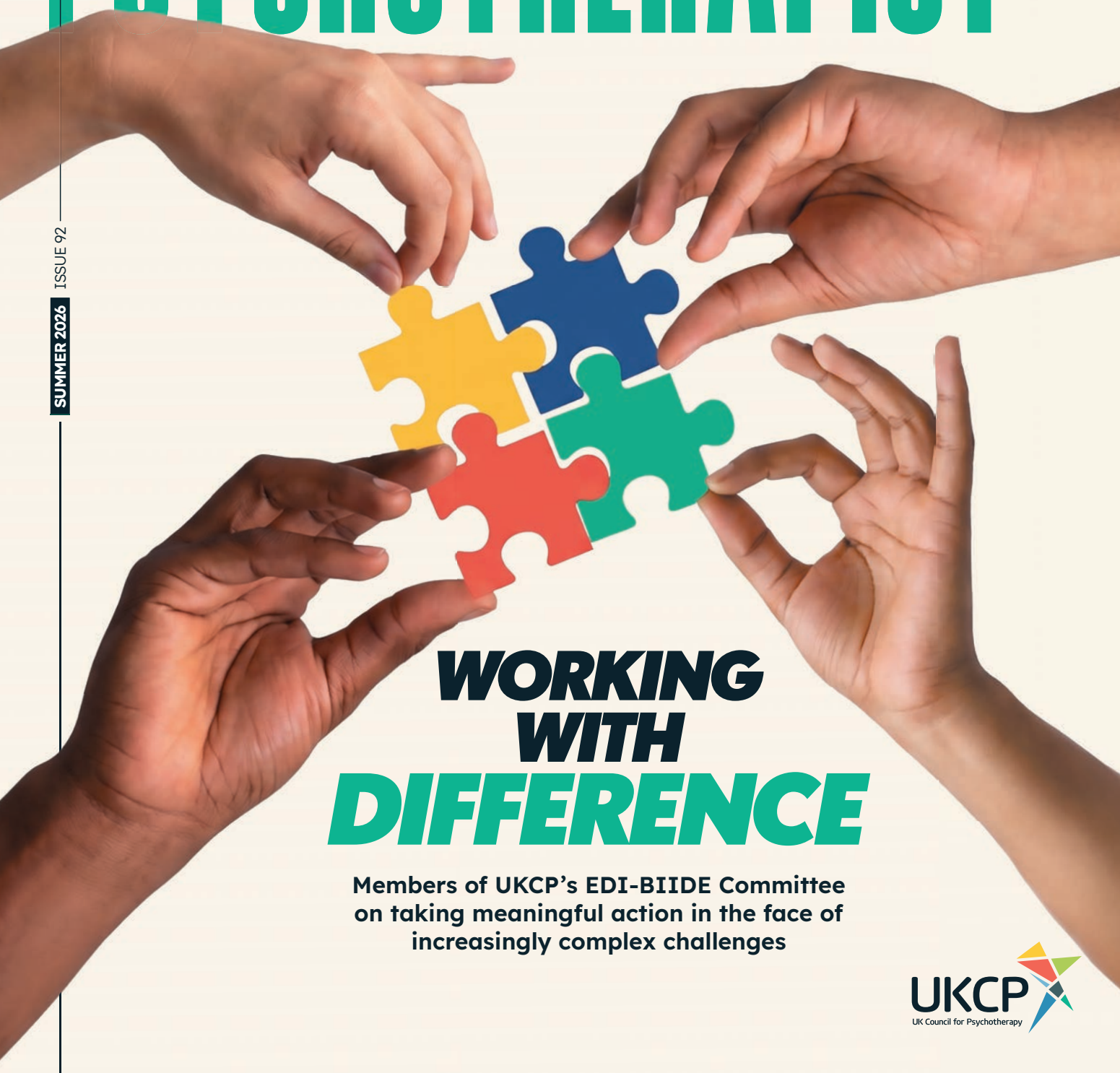
ISSN 2516-7154 (PRINT)

THE MAGAZINE FOR MEMBERS OF THE UK COUNCIL FOR PSYCHOTHERAPY

FAITH IN THE THERAPY ROOM
Allowing mystery and magic

THE ETHICS OF SILENCE
When power protects power

CLIENT NEEDS OVER POLITICS
By Dr Andrew Smith, UKCP psychotherapist



SUMMER 2026 ISSUE 92

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Members of UKCP's EDI-BIIDE Committee on taking meaningful action in the face of increasingly complex challenges

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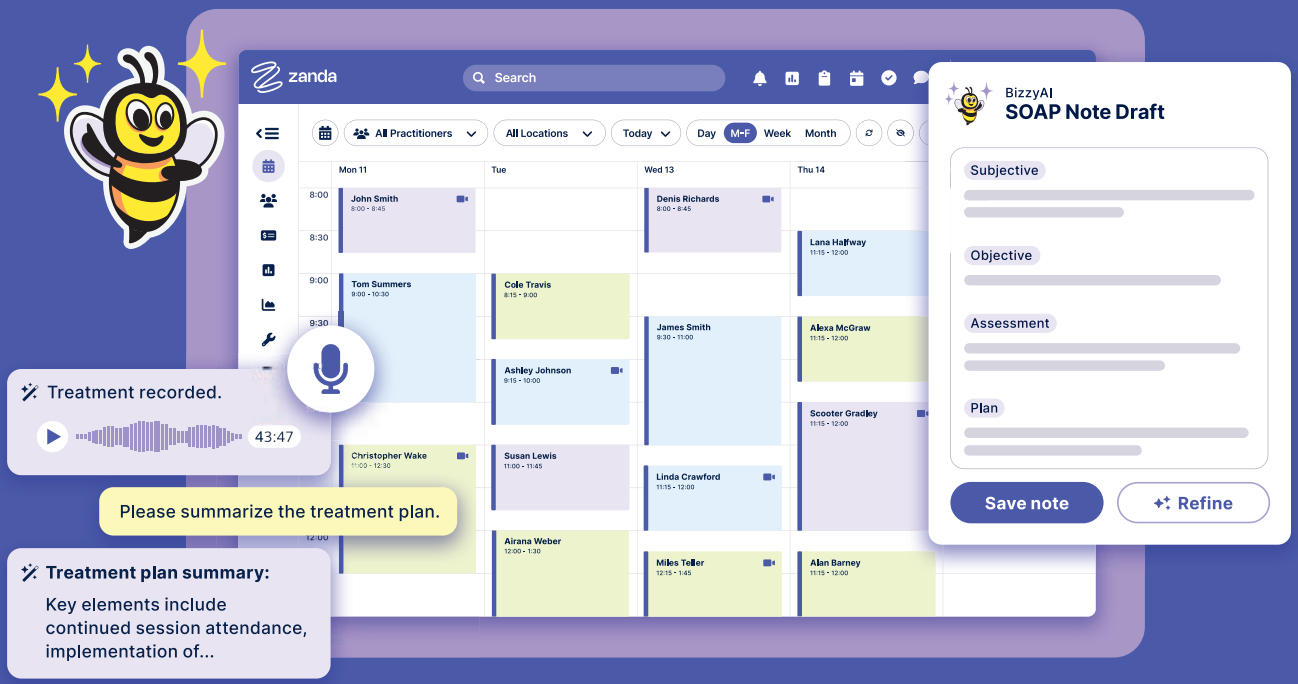

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ISSUE 92 | SUMMER 2026

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psychotherapy.org.uk/new-psychotherapist

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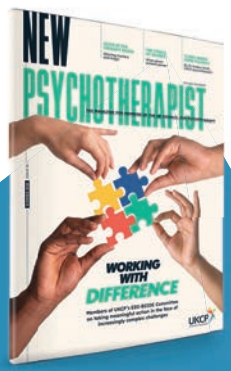

On the cover
We must all embody the same commitment to inclusion

Red Kite
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NEW PSYCHOTHERAPIST

THE MAGAZINE FOR MEMBERS OF THE UK COUNCIL FOR PSYCHOTHERAPY

CONTACTS

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Subscriptions: *New Psychotherapist* is free to members of UKCP. Non members can view the magazine at psychotherapy.org.uk/new-psychotherapist

Emma Ledger
Emma is a former journalist, who specialises in writing about wellbeing and mental health. She is now a trainee integrative counsellor.

Welcome

Our increasingly polarised social landscape must sharpen our focus on equality, diversity and inclusion. Discrimination against marginalised individuals and communities – including racism, antisemitism, Islamophobia, homophobia, ableism, misogyny and transphobia – demands a continued and honest response.

In this issue, we put the lens on how to successfully work with difference while maintaining ethical integrity and professional credibility. On page 22, members of UKCP's Equity, Diversity and Inclusion – Belonging, Intersectionality, Inclusion, Diversity and Equity (EDI-BIIDE) Committee discuss their vital work.

In our reviews section, UKCP member and rabbi Howard Cooper explores his new book *How do we even talk about Palestine and Israel?* On page 38, UKCP therapist Kate Graham shares her experience of writing about the role of faith in therapy, and on page 44, Professor Alessandra Lemma explores how we form our body image, body modification and working with transgender people. She says 'There are always differences, and the understanding always emerges in that gap between what I have experienced and what I need to learn that a client has experienced.'

> 'DISCRIMINATION DEMANDS A CONTINUED AND HONEST RESPONSE'

Self-awareness and self-examination are our social responsibility. That's not just a therapist's truth, but a human truth. Let us know your thoughts about this, and about anything else you read in the magazine, by emailing **editor@ukcp.org.uk**.

We hope you enjoy the issue.

Emma

EMMA LEDGER
EDITOR

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Bulletin

IMAGE: ISTOCK

MEMBERSHIP

Membership renewals: what you need to know

Our renewals season will soon be upon us, and we very much hope you'll choose to continue your UKCP membership.

To help ensure a smooth and seamless renewal, please take a few moments to check the following:

Check your contact details

Are your contact details up to date? If you need to make any changes, please log in to your UKCP members' area and go to *My membership details* to make any changes: psychotherapy.my.site.com

Confirm your bank details

If you pay by Direct Debit, please ensure the bank details we hold for you are correct. You can update these by logging in to your UKCP members' area, selecting *My membership details* and making any necessary changes.

Complete your membership declaration

Your online renewal declaration will be sent to your email inbox in mid-July and takes no more than five minutes to complete. Please note that submitting this is essential if you wish to renew your membership for another year.

Registrants only: check your reaccreditation details

If you are a full clinical, preretirement or direct member, please ensure you have liaised with your training body to confirm that your five-year reaccreditation is up to date, as this may affect your renewal.

Registrants only: flexible payment options

You may choose to split your UKCP membership fee into four quarterly payments. For further information, please contact us at registration@ukcp.org.uk

Changes to your membership

If you are considering changing your membership grade or retiring, please contact the registration team so we can advise you on the next steps.

If you have any questions, please don't hesitate to get in touch. Our registration team will be happy to help at registration@ukcp.org.uk

ORGANISATION

Statutory regulation and voluntary enhancements

UKCP has completed a year-long project to clarify the organisation's position on statutory regulation for the psychotherapy profession. Over the past year, members were invited to share their views through surveys, webinars, discussions, think pieces and targeted engagement sessions. All feedback was carefully considered and directly informed the final outcome.

Drawing on this input, UKCP has adopted a set of principles describing what safe, fair and proportionate statutory regulation would need to look like – reflecting both professional values and public protection priorities – alongside a clearer organisational position. UKCP will support statutory regulation where it demonstrably meets these principles. This gives UKCP a clear and confident basis if there are discussions to introduce statutory regulation in the future, while recognising that views within the profession differ and that only government can introduce statutory regulation.

Alongside this, UKCP has agreed a programme of voluntary enhancements that can be taken forward now. These improvements aim to make the current voluntary system that UKCP operates within more consistent, transparent and protective – strengthening standards, improving public understanding and supporting safer practice across the profession.

These decisions ensure UKCP is taking practical steps now while positioning the profession for whatever may come next.

For full details of the organisational position, principles and voluntary enhancements please go to **psychotherapy.org.uk/policy-and-research/public-policy/statutory-regulation**

POLICY

NICE anxiety guideline campaign

The National Institute for Health and Care Excellence (NICE) creates recommendations for care in the NHS. The NICE guideline for generalised anxiety disorder and panic disorder in adults was initially published in 2011 and has not been meaningfully updated since.

UKCP has coordinated a campaign calling on NICE to conduct an urgent and comprehensive update to the anxiety guideline to ensure that it is compatible with other revised guidelines, and so that it uses the most up-to-date diagnostic criteria and includes guidance for addressing barriers to accessing treatment for marginalised and hard-to-reach populations. We also want the guideline to increase the number of therapies approved to treat anxiety so that patients have a choice in their care.

UKCP sent two letters to NICE in March, signed by over 75 organisations, individuals and policymakers. Signatories included Mind, the Centre for Mental Health, and Dr Danny Chambers MP. Following a parliamentary question asked by Lord Kamall on our behalf, the government confirmed that NICE had received our letters and is considering how to proceed with the guideline.

Our letters also received attention from the press, with opinion pieces published in both Leading Britain's Conversation (LBC) and the *Health Service Journal* (*HSJ*).

We will continue to campaign vocally on this issue and urge NICE to update its long-outdated guideline. To find out more about our campaign, please go to: **psychotherapy.org.uk/policy-and-research/public-policy/nice-anxiety-guideline-campaign**

Have you read the research noticeboard?
This is a free space for you to recruit participants for a study, notify members of research projects and find collaborators. Visit psychotherapy.org.uk/noticeboard

PROFESSION

EJPC trainee essay award

The *European Journal of Psychotherapy and Counselling* (*EJPC*) is currently conducting its annual European psychotherapy trainee essay prize. This competition offers an exceptional opportunity for trainees and students to have their dissertations, coursework or essays published in a respected peer-reviewed journal. The prize is open to anyone from a psychotherapy, psychotherapeutic counselling, counselling or psychoanalytic training organisation/professional body based primarily in Europe. More information about this can be found in the research section at: psychotherapy.org.uk/policy-and-research/research/european-journal-of-psychotherapy-and-counselling

POLICY

Children and young people's mental health

This spring, UKCP's policy team responded to the government's new inquiry into children and young people's mental health. In response to its call for evidence, we highlighted the underfunding and inconsistency of community and early intervention services; the need for shorter waiting lists and availability of a broader range of therapies; and socioeconomic inequality as a driver of poor children's mental health.

The policy team submitted a letter to the independent review into mental health conditions, ADHD and autism. They also submitted responses to the Children and Young People's Mental Health Framework and the Severe Mental Illness Modern Service Framework consultations, highlighting the importance of access to a choice of therapies.

In addition, the final sessions of the Partnership of Counselling and Psychotherapy Bodies (PCPB) Commission on the Future of Counselling and Psychotherapy have recently been held. UKCP provided evidence on the future of the psychotherapy profession, including issues impacting training and practice. The final report will be produced over the summer.

IMAGES: ISTOCK

RESEARCH

UKCP research conference

In May, we held our annual research conference: *The evolving psychotherapy profession: practice, ethos and community.* The conference featured two engaging workshops – one by Dr Panagiota Tragantzopoulou on *The power of supervision: building resilience and reducing burnout in psychotherapy*. The other workshop was presented by Rebecca Rooney on her research entitled *Hidden in plain sight: camouflaging among autistic women in higher education*. Paper presentations on the topics of training, practice and impact were also held. We sincerely thank the presenters and all attendees for a successful conference. For those unable to attend the research conference, a recording of the event will be made available for purchase via the PESI UK website. Further information on access and purchasing will be shared with members in due course.

ORGANISATION

UKCP governance review

You may be aware through ongoing member updates that UKCP is reviewing its governance. This is an opportunity to ensure that UKCP's governance enables it to work effectively towards its charitable and strategic objectives now and in the future, and that members' voices are heard throughout the organisation.

We would like to thank all members who responded to the governance review survey in October 2025. There was a considerable response to the survey, which will be invaluable in helping to ensure that any recommendations are informed by member views and experiences.

Please go to **psychotherapy.org.uk/governance-review** for useful information and updates. Keep your eye out for the *Pathway to excellence: foundations and priorities for change* document setting out what we have identified as the key drivers, internal and external, behind governance change at UKCP and what should be preserved as essential to the identity and unique nature of UKCP.

PROFESSION

PCPB chair announcement

The Partnership of Counselling and Psychotherapy Bodies (PCPB), which UKCP is a member of, has appointed Professor Adam Boddison OBE as its new independent chair. Adam brings extensive experience from across education, regulation and professional practice, including serving as chief executive of the National Association for Special Educational Needs and currently at the Association for Project Management.

Adam succeeds Paul Buckley, who served as independent chair for five years. You can read more about the appointment on the PCPB website: **pcpb.org.uk/new-independent-chair-of-pcpb-appointed**

MEMBERSHIP

UKCP's Scotland Group

Representatives for UKCP's Scotland Group, Margot Kirkland and Mary MacCallum Sullivan, are inviting anyone who may be interested in finding out more about the group to get in touch. Margot says, 'The idea is that UKCP should be informed by the reports from reps, and that members are active in policy and other developments.

'We spend a lot of time talking about the context of the Scotland membership,' she adds. 'For example, working out how, as members, we can influence policy within UKCP and the Scottish Parliament in relation to psychotherapy. We are also planning Scotland-specific events. My experience of such meetings in the past is that they're good fun and invaluable in meeting colleagues and for networking.'

Mary says, 'Margot and I share the belief that UKCP needs a community of members in Scotland. We're not a naturally gregarious species perhaps, but we do value networking and sharing CPD-related activities, particularly those that take into account the particular conditions we face here in Scotland. It is, after all, a devolved administration (and a different country!), with some key differences in our conditions of practice. I have been delighted to meet the current group of enthusiastic and determined UKCP folk who want to build support for psychotherapy in Scotland.'

The UKCP Scotland group is open to all members in Scotland. For more information, email **membersforumrep.scotland@ukcp.org.uk**

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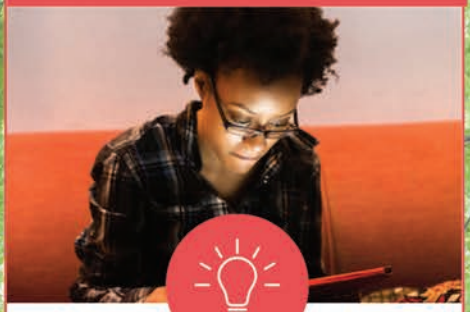

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Letters

A welcome reminder

I thought the latest issue of *New Psychotherapist* (issue 90) the best in a while, especially the article on burnout. Thank you. Honestly, the magazine often is forgotten in my to-do/CPD/self-care/keeping up pile … taking time to reflect on how relevant the topic of burnout is – as a 44-year-old therapist with a family, seemingly ever-changing personal/professional life and the temptation to be always 'on', to remember to breathe, rest, pray and consider based on real values, grounding and community was very welcome. More of this, and chances to discuss are always welcome. Thank you again.

Sandy Leslie, child and adolescent psychotherapist, Abingdon, Oxfordshire

Wise words

We shall not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time.

From *Little Gidding* by TS Eliot

Boosting legibility

In reading the last issue, I was aware of one letter that raised the issue of how accessible was the *New Psychotherapist* to its audience. I realise this is a complicated issue. The magazine is trying to achieve different goals with different audiences. As a result of some of the fonts and colours, I find some of the pages difficult to follow. My question is, to what extent is the font size and colour matched to an ageing readership? I find I am having to adapt to each page, rather than viewing it as a continuous whole. Issue 90, page 37 introduces a yellow page background with blue and black fonts and, either side, black and white with some bold. The sad point is that the good quality content is submerged, rather than highlighted.

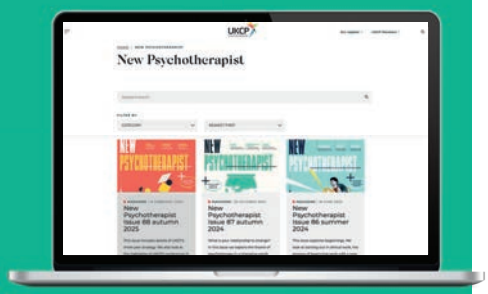
Would it be useful to explore the use of colours, font sizes and advertising content and set out options for the readership? Would it be useful to ensure that font sizes and colour combinations meet the legibility needs of diverse others and ageing readers?

Rory Worthington, psychotherapist, Buckhurst Hill, Essex

***New Psychotherapist* in response:**
Thank you for your comments on the design of New Psychotherapist and suggestions – we have given feedback to our publishers' design team.

Get involved in the next issue

What do you wish had been different about your experience as a trainee psychotherapist? Let us know your feedback by emailing editor@ukcp.org.uk



This issue is also available digitally – you can find it at **psychotherapy.org.uk/new-psychotherapist**. If you'd like to stop receiving the print version, you can do so in your member area of the UKCP website.

SIMPLY LOG IN AND CLICK ON 'MAILING PREFERENCES'.

ILLUSTRATION: ISTOCK

GET IN TOUCH WITH US...

Have your say on this issue's letters, tell us what's on your mind or write to us with feedback on this issue by emailing editor@ukcp.org.uk

AI: Time to speak out

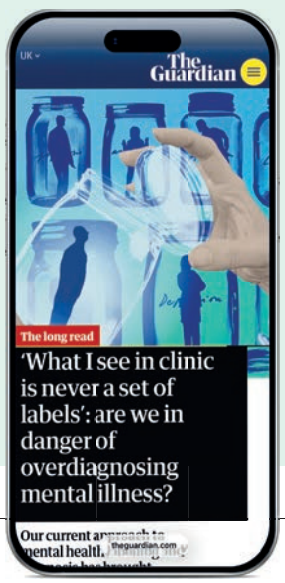
I am writing to express my disappointment and concern at the edition of *New Psychotherapist* (issue 90) which took as a main theme the place of AI in psychotherapy. I found the tone of the issue alarming – with the implicit and sometimes explicit suggestion that AI be incorporated into the therapeutic process.

In my opinion, the therapeutic process is a conversation between an 'I' and a 'thou' as Robert Hobson writes in *Forms of feeling: the heart of psychotherapy*, drawing upon the work of philosopher Martin Buber. It is a meeting during the course of which a shared language of the heart emerges between two people. This is not an experience that AI in any form can even come close to replicating.

I believe that the time has come for therapists who truly care about the relational core of the therapeutic process to speak out.

Graham Morgan, Jungian analyst, by email

Media talking point



In *The Guardian*, Gavin Francis voiced concerns that the current approaches to labelling and diagnosis may be doing more harm than good. Professor Andrew Samuels, former chair of UKCP and Jungian psychoanalyst, wrote, 'Francis's insightful article should be required reading for all health professionals. He is evolving a hybrid of medicine and psychotherapy. But it should not be a case of therapy good/medicine bad.' Read the article here: **theguardian.com/news/2026/feb/10/what-i-see-in-clinic-is-never-a-set-of-labels-are-we-in-danger-of-overdiagnosing-mental-illness**

Reviews

How do we even talk about Palestine and Israel? One group's experience in unspoken territory

Edited by Nadia Dabbagh, Mona Freeman, Kathryn Hollins and Cathy Troupp

Faced with the need to respond to the devastating conflict in the Middle East, a dozen Tavistock Group practitioners found themselves hard-pressed to adequately contain, process and speak about the plethora of powerful emotions and discordant thoughts that it was evoking.

In 2024, they set up a working group which met fortnightly with 'no pre-ordained objectives, but rather a sense that we should come together as a work-discussion group, having in common that we are all child mental health professionals ... but also bringing different backgrounds and perspectives and a willingness to tolerate and work at what divides us, even when ambushed by painful feelings'.

Although the aim of the Tavistock Group is traditionally focused on sustained conversations – metabolising complex emotions through self-exploration and dialogue rather than taking action outside the group – after three months, a decision was made to write about what could not be put into words in the group. This resulting set of personal reflections, poems, mini-essays and historical vignettes brings to the fore the ways in which those 'different backgrounds' made honest, open-hearted (and open-minded) sharing so difficult to manage. The group includes participants with Palestinian, Jewish, Irish and Asian backgrounds and histories. This meant that the benign intentions of the working group were sorely tested. Perhaps the rather despairing title of the book is unwitting testimony to this struggle.

Nevertheless, what emerges – and makes this book a valuable insight into ways in which dialogue around conflict involves intractably dissonant perspectives – is how collective traumas are carried in individual psyches. Although the focus of this collection is ostensibly the suffering of children, some of its essays open up the larger moral, historical and political questions that are embedded in death-dealing conflict.

The writers of the Tavistock Group know that, tragically, the ongoing unprocessed trauma of children will be storing up a cocktail of toxic feelings and physical or mental wounds for decades to come. As one contributor reminds us, in the words of James Baldwin – who knew something about historic and seemingly intractable conflict – 'Not everything that is faced can be changed, but nothing can be changed until it is faced'. This heartfelt, soul-wrenching book is a small step in that direction. It makes no claims other than to offer an honest record of one group of professionals, of mixed backgrounds and allegiances, attempting to face an unfolding – but deeply rooted – tragedy.

Details

Publisher: TWIG
Price: £8.99
ISBN: 9781036924119
Reviewed by: Howard Cooper, psychoanalytic psychotherapist, rabbi and author, Finchley Reform Synagogue

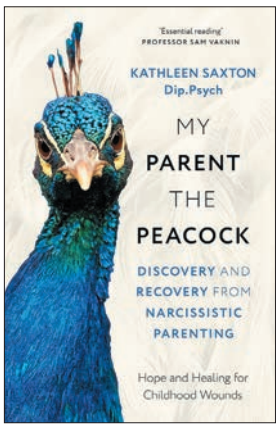
My parent the peacock: discovery and recovery from narcissistic parenting

By Kathleen Saxton

This very readable book by psychotherapist Saxton focuses on the narcissist's impact. It is practical and detailed but arguably tries to touch on too much. Saxton begins by exploring the profile and historical context of a narcissist, highlighting a potential lack of parental attunement. Different types of narcissism are described, beyond the oft-discussed grandiose presentation. Communal narcissism, for example, disguises self-promotion as altruistic behaviour.

Saxton explores the narcissist in-relation; their need for others' attention as a supply for their own ego. She details the narcissist parent's resistance to boundaries asserted by their relatives. Saxton offers a family case study to depict key relational dynamics. This includes a central figure of a 'covert narcissist', self-portraying as a victim, and the impact on their children.

Saxton offers advice for those who've suffered narcissistic abuse, including suggestions to share their story with trusted people and keep a journal. The book's lists of bullet



points throughout allows it to touch on a lot, but it consistently lacks depth. References to core psychotherapeutic concepts are made, but I found it lacks robust theoretical grounding.

The ending stresses the freedom felt by stepping away from a narcissist. The rediscovery of one's agency and the letting go of responsibility for someone else's wellbeing. Here, I felt the advice was empowering, such as finding humour in the absurdity of apparent situations posited by the narcissist, while staying true to one's own experience.

Details

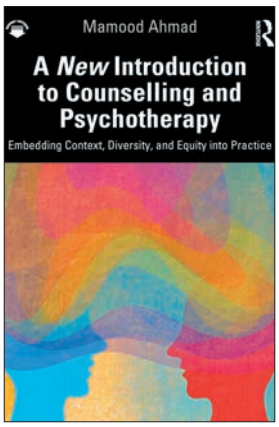
Publisher: Sheldon Press
Price: £14
ISBN: 978-1399822596
Reviewed by: Rupert Eyles, psychotherapist, London

A *new* introduction to counselling and psychotherapy: embedding context, diversity and equity into practice

By Mamood Ahmad

All educators and trainees should get a copy of this book. It fills a sizeable gap in the literature of how to integrate diversity and equity into one's practice in a way that's accessible, well written and grounded in the latest research from experienced UKCP registrant Mamood Ahmad. While the main focus is on diversity and equity, the importance of understanding thinking around the context of the client and the work is also brought to the fore, and all the while there is no let-up in explaining and exploring the basics of psychotherapy and counselling.

As an existential phenomenological psychotherapist, I'd suggest that the principal theories of psychotherapy should be expanded as they're currently too reductively grouped into three 'main' groups. I liked the use of other practitioners to offer short case studies and examples and would have loved to see this expanded, even if just to honour the UKCP colleges and the diverse range of voices. While this would add a sizeable amount of material, this is already a large and comprehensive text.



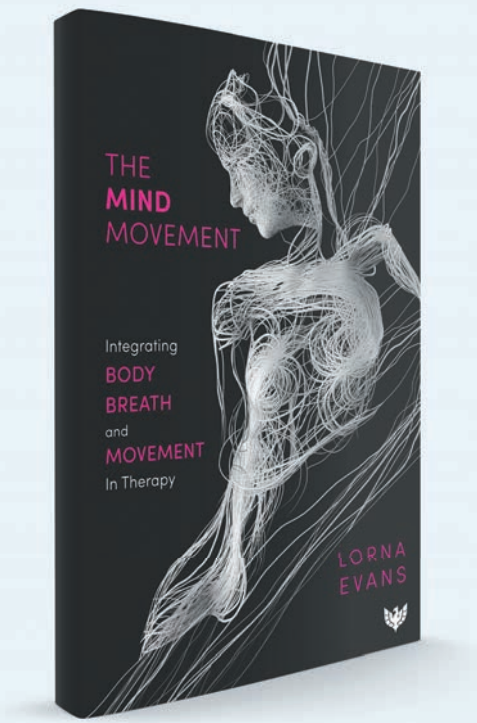
This is not a short book, but I found it very relatable and pitched nicely. I found myself wishing that it had been around a decade ago when I was first training as the more trainees that get exposed to a different way of being in terms of diversity and equity, the better. This is an exceptional vehicle for that and should be appearing on the mandatory reading lists of trainings across the country before long.

Details

Publisher: Routledge
Price: £34.58
ISBN: 9781032805931
Reviewed by: Ben Scanlan, existential phenomenological psychotherapist and supervisor, London

The mind movement: integrating body, breath and movement in therapy

By Lorna Evans



In this illuminating read, Evans talks us through the process of working with the body, breath and movement in therapy. The author combines psychoanalytic theory with practical tools for clinicians, equips practitioners with the knowledge to explain and apply somatic approaches, and stimulates new conversations around mental health and movement.

The book offers both a rich historical understanding of psychotherapy's disembodied legacy and the practical means to repair it. With careful attention to clinical, spiritual and cultural factors, it brings the body home to the therapeutic encounter.

The mind movement grew from a social movement with two main areas of social change. First, for individuals to talk about and learn to take accountability for their mental health. Second, for people to know that moving their body and exercising improves their mental health and wellness; the motivation to move comes from wanting to be well and to care for themselves, mentally and physically.

Evans' work bridges psychoanalytic theory with practical tools for clinicians, equipping practitioners with the knowledge to explain and apply somatic approaches, and stimulating new conversations around mental health and movement. Reading

'THE BOOK OFFERS A RICH HISTORICAL UNDERSTANDING OF PSYCHOTHERAPY'S DISEMBODIED LEGACY'

The mind movement gave me the confidence to integrate some of these tools creatively into my own clinical practice. It also reiterates the deep connection between mind and body, and shares the wisdom of neuroscience, the autonomic nervous system and the vagus nerve – all of which will benefit clinicians working either in person or online.

Details

Publisher: Karnac
Price: £18.99
ISBN: 9781912691128
Reviewed by: Louise Reader, trainee psychotherapist, Bristol

UPCOMING LIVE EVENTS...

Skin and Psychoanalysis

Friday, June 19, 2026

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Tuesday, July 21, 2026 - Friday, July 24, 2026

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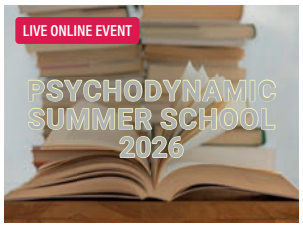

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Monday, August 3, 2026 - Wednesday, August 5, 2026

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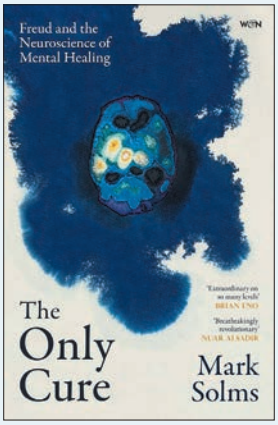
The only cure: Freud and the neuroscience of mental healing

By Mark Solms

Despite being dismissed as 'unscientific,' 'the talking cure' that evolved from psychoanalytic theory is proving to be the most effective treatment for psychological problems. So why has the talking cure gained new currency, its outcomes outperforming medication?

According to author Solms, the talking cure works because its originator, Sigmund Freud, was right all along. Although Freud was deeply unpopular for decades, derided as 'the disreputable old man of popular stereotype', he was a dedicated scientist as well as being a trained neurologist who understood through experience that his approach worked on a neurological as well as a psychological level.

Solms, a neuroscientist who retrained as a psychoanalyst and the editor of *The revised standard edition of the complete psychological works of Sigmund Freud* (2024), confirms much of what Freud once conjectured over a century ago, namely that our deepest struggles stem not from chemical imbalances, but from buried memories and unconscious conflicts



which no medication can cure. Solms argues that psychoanalysis should resume its role as the pre-eminent form of treatment, offering a science of healing based on the radical idea that suffering arises from the truths we have not yet faced and real healing begins with insight into our earliest emotional patterns. Erudite and compelling, with intriguing case histories, *The only cure* will appeal to members of the psychoanalytical modality as well as the wider readership of trainees and lay readers.

Details

Publisher: Weidenfeld & Nicolson
Price: £14
ISBN: 9781399623377
Reviewed by: Catharine Arnold, author of *The psychotherapy century*, Nottinghamshire

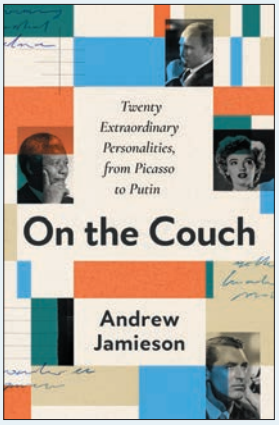
On the couch: twenty extraordinary personalities, from Picasso to Putin

By Andrew Jamieson

Psychotherapist Jamieson's book takes a fantastic idea – taking psychoanalytic ideas and exploring them in relation to 20 well-known people – and executes it with aplomb. For example, he looks at Pablo Picasso's chaotic life through the lens of Freud's concept of the unconscious; explores John Bowlby's attachment theory as seen through the life of Virginia Woolf; and thinks on the relationship between love and hate, as revealed through the experiences of Cary Grant.

Other lives examined include Josephine Baker, Nicolaus Copernicus, Charles Darwin, Viktor Frankl, Ernest Hemingway, Bert Hellinger, Emma Jung, Angela Merkel, Marilyn Monroe, Vladimir Putin, Ludwig Wittgenstein and WB Yeats. It's a varied and enticing list of names and by using short biographical case studies (which are largely based on facts, but in some cases artistic licence is employed), Jamieson helps to illuminate the key principles of psychoanalysis in a contemporary way.

By removing psychoanalysis from its theoretical framework, he creates an impressively accessible introduction that opens it up to a much wider audience. Does 'using' the lives of famous people as a kind of bait to make a book more mainstream devalue it? Some may argue yes, but our society is saturated in celebrity – so why not use that star power to encourage people to think more deeply? By throwing light on the motivations and desires of some of our most memorable personalities, Jamieson encourages us all to think more deeply about the complexities that we face ourselves, and about human behaviour more generally.



Details

Publisher: Notting Hill Editions
Price: £13.99
ISBN: 9781912559817
Reviewed by Emma Ledger, editor of *New Psychotherapist*

Have your say: Tell us what you think of this issue. Email editor@ukcp.org.uk

Art cure: the science of how the arts transform our health

By Daisy Fancourt

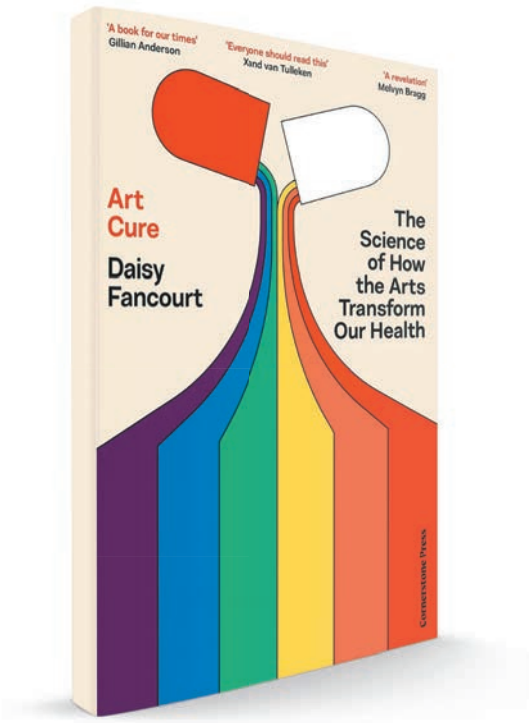
The Brian Eno fans I asked didn't know that his iconic ambient music came about while he lay recovering from a head injury in hospital. Unable to move, his visiting friend left him listening to a record of an 18th-century harp that he could barely hear. Inspired by this first 'soundscape', he later combined new ones with digital images. Years later, an off-work surgeon noticed how relaxed he became absorbing one of these artworks at a festival, and so Eno's work became a source of research into the management of pre-operative anxiety in hospital settings.

Eno's positive contribution to easing surgical experiences is one of the 'dizzying array of benefits the arts can have for our health' that Fancourt – a professor of psychobiology and epidemiology – assembles in her compelling polemic, *Art cure*. Her data-backed benefits include, 'increasing happiness, fulfilling our fundamental human needs, giving us peak moments of joy and euphoria …' and, unsurprisingly for readers, 'preventing and managing symptoms of depression and anxiety'.

What counts as 'the arts'? Fancourt says plentiful evidence shows how a whole range of familiar activities can help us thrive and improve (or even remove) mental and physical symptoms – such as magic tricks learned by brain-injured people, art courses on 'prescription' for depressed patients and classical music played to neonates.

> 'FANCOURT SAYS PLENTIFUL EVIDENCE SHOWS HOW A WHOLE RANGE OF FAMILIAR ACTIVITIES CAN HELP US THRIVE AND IMPROVE MENTAL AND PHYSICAL SYMPTOMS'

The chapters are wisely marshalled into cross-pollinating themes of wellbeing, mental health, brain health, movement, stress and pain, health behaviours and longevity, capped with helpful suggestions as to how we – and our clients – can easily take the 'art cure' each day. Here's hoping this invigorating read lands in the laps of policymakers.



Details

Publisher: Cornerstone Press
Price: £22
ISBN: 9781529935530
Reviewed by: Julia Bueno, psychotherapist and author, London

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IMAGE: ISTOCK

WORKING WITH DIFFERENCE

UKCP's EDI-BIIDE committee on helping therapists integrate difference, diversity and inclusion within self and practice

The Equity, Diversity and Inclusion – Belonging, Intersectionality, Inclusion, Diversity and Equity (EDI-BIIDE) Committee plays a vital role within UKCP governance, driving the strategic management of equity and inclusion initiatives across our organisation.

Global and national events have sharpened the focus on equity, diversity and inclusion. The EDI-BIIDE committee meets every other month and oversees delivery of the EDI-BIIDE action plan. It reports directly to UKCP's Board of Trustees, ensuring accountability and alignment with UKCP's strategy, mission and values. Here, some members of the committee talk about taking meaningful action in the face of increasingly complex challenges. ›

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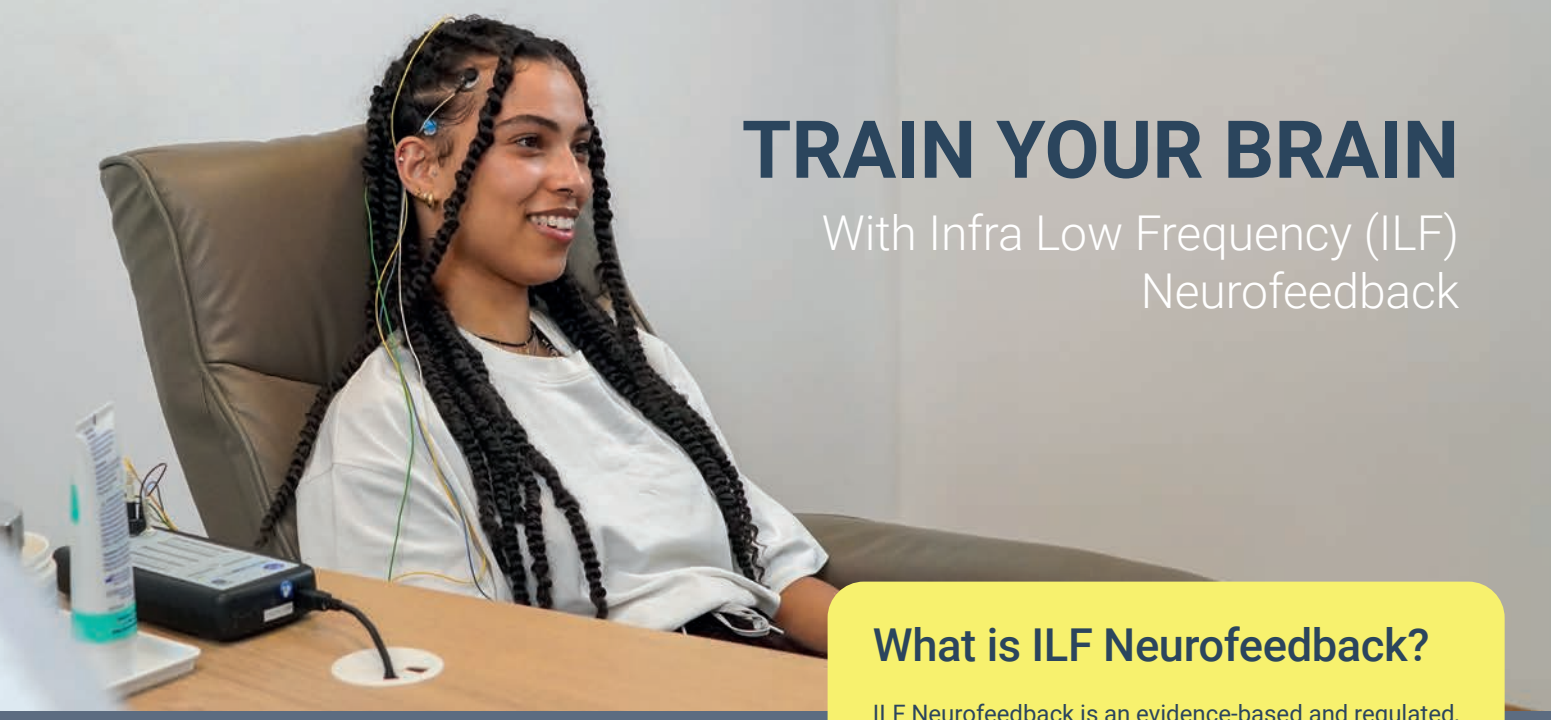

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Dr Bernhard Wandernoth (PhD), co-founder of BEE Medic, began his career in electrical engineering, spending more than two decades developing advanced satellite technologies before shifting his focus to mental health. Together with pioneers Sue and Siegfried Othmer, he dedicated himself to developing practical, clinically effective technologies.

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‘I know how powerful it is to feel seen’

Dr Netalie Shloim

Psychologist and psychotherapist Dr Netalie Shloim is an associate professor in counselling and psychotherapy who has worked with adults, couples, children and families for over 25 years. She is both a clinician and an academic, working at the University of Leeds training students to become counsellors and psychotherapists.

Having lived and worked across countries and cultures, I know how powerful it is to feel ‘seen’ in your complexity; not reduced to one identity, but not asked to hide it.

I’m an Israeli Jewish woman with British citizenship, and my identity is shaped by movement between belonging and otherness. Growing up in Israel, being Jewish was the air I breathed – the language, the faith, the social norms around me. I moved through life largely unaware of the privilege that comes with being part of the majority. When I moved to the UK over 16 years ago, the ground shifted; I was a minority. For the first time, I had to articulate who I was. Questions such as ‘but where are you really from?’ became part of daily life, stirring a quiet sense of exposure and not fully belonging.

These experiences have made me sensitive to what inclusion – and exclusion – feel like and are part of why I wanted to be part of the EDI-BIIDE Committee. For me, EDI-BIIDE is not an ‘add-on’ to therapy; it is part of how I think, listen and position myself in the room. I work relationally and psychodynamically, so I’m always aware that identity, culture, power and difference are present in the therapeutic relationship, whether we name them or not.

I once worked with a client from a minority ethnic background who repeatedly described feeling ‘too sensitive’ in professional settings. Initially, this sounded intrapsychic; related to shame, self-criticism, early family dynamics. But when we slowed down, we began to explore how subtle racism in her workplace shaped her experience. She had internalised microaggressions as personal inadequacy.

Naming the social context did not remove her personal work but it shifted something fundamental. Instead of ‘what is wrong with me?’, we were able to explore ‘what has happened around me?’ That shift reduced shame and opened space for agency.

In psychotherapy training, I think EDI-BIIDE should be embedded across case discussions, assessment criteria, reflective journals and supervision conversations. When students submit clinical essays, they could be asked to reflect on social context, power and identity dynamics within the therapeutic relationship, not as an optional add-on, but as core clinical thinking.

We also need experiential spaces. In my teaching, I use reflective group work and psychodramatic exercises to connect to how we feel, not just think about,

difference. Embodied learning often brings deeper awareness.

Finally, training institutions need to look structurally at accessibility. Who can afford training? Who is represented in faculty? Inclusion cannot only exist in theory.

I remember a supervisee who grew up in a working-class family and felt out of place. When we acknowledged the class dynamics in the profession, the unspoken expectations around language, confidence and cultural capital, she visibly relaxed.

When someone realises their struggle is not a personal defect but linked to context, something softens. There is often grief, but also relief. I have worked with clients from minority backgrounds who have experienced deep emotional shifts when aspects of racism, migration or intergenerational trauma are recognised rather than minimised. It allows integration rather than fragmentation.

In training settings, I see how students sometimes feel anxious, unsure whether to explore difference openly. My concern is that fear can replace curiosity. Structural inequality is deeply embedded. Access to therapy, representation in training, financial barriers are not abstract issues. They shape who becomes a therapist and who feels welcome.

My wider academic work also informs this. My research in maternal wellbeing and body image across cultures has repeatedly shown me that psychological distress is never separate from social and cultural context.

Being part of the committee feels like a continuation of my commitment to hold space for complexity, encourage thoughtful dialogue and support the profession to grow – not through division, but through reflective engagement. ›

Forging inclusive cultures in training and supervision

Friday 23 October, 10am to 3pm. Register your interest in attending using the QR code.

‘We must all embody the same commitment to inclusion’

Mamood Ahmad

With nearly 20 years of experience in private practice and specialisms in trauma, multicultural competence and social change, Mamood Ahmad’s focus is now on driving professional standards. Founder of The Anti Discrimination Focus (tadf.co.uk), he is also a tutor, speaker and author of *A new introduction to counselling and psychotherapy: embedding context, diversity and EDI*.

Therapists recognise the profound impact of being heard, accepted and understood. I apply EDI-BIIDE principles to everyone. We can all experience internal and external barriers to opportunity, inclusion and belonging, although the risk of exclusion is higher for people who are vulnerable or multiply marginalised.

I apply EDI-BIIDE principles by staying curious about how it might feel for someone who is adjusting to, or participating in, any space. This could include a client who is not used to sharing personal experiences or anyone encountering a social or new professional setting or is struggling to adjust. I approach these situations with openness and attentiveness so everyone feels seen and supported.

During my training, a fellow student from an ethnically diverse background, with English as a second language, said she did not feel understood by the group and was met with silence. I intervened and asked, ‘I notice there has been silence when this has been raised. I am wondering what was happening for people in those moments?’

Such interventions can create space for reflection and dialogue, including exploring why it seemed acceptable to remain silent. Consciously applying inclusion principles in practice can make a difference, helping people feel heard, understood and supported.

Socio-political and cultural factors have made EDI a polarised topic. A challenge is to bring people together to understand that considering EDI and social context benefits everyone. This includes supporting male-inclusive representation while recognising that anyone can experience difference or have adjustment needs. I use the term ‘wholeness’ to frame this reparative approach, emphasising how it enriches our lives and opportunities rather than taking anything away.

To embed EDI, we need to consider what we already embed when understanding a person’s experience. Much of our focus centres on the individual psychological experience, with contextual and EDI factors not always explicitly visible. Elements such as identity, personal culture and access or accessibility barriers may remain outside the frame.

A key step is to bring into view contextual aspects that are fragmented or out of awareness, such as social context, culture, identity, embodiment, language, mind-body difference, knowledge, world views, power dynamics and intersectionality. My simple, practice-based solution that could embed EDI throughout training curricula is called the ‘Wholeness Solution’. It is straightforward, low cost and adaptable across a range of therapeutic modalities; I explore it in my book *A new introduction to counselling and psychotherapy: embedding context, diversity and EDI*.

Being on the EDI-BIIDE Committee is an organic and natural response to my interest in improving professional culture to meet the whole population’s needs. I am motivated by the idea that our field can be even stronger and more expansive, and better serve clients through EDI that is embedded by design rather than as an add-on. This includes reducing barriers that limit accessibility, representation and the quality of people’s experiences, including students, organisational staff, practising therapists and clients.

Whether services are offered by individuals, training providers or larger organisations, they can only be designed and delivered well if those responsible for them embody the same commitment to inclusion, accessibility and excellence.

‘When a client feels understood they feel accepted’

Charlotte Chiu

Charlotte Chiu is a family and systemic psychotherapist, supervisor and elected member of the College of Family, Couple and Systemic Psychotherapy. She is part of UKCP’s Education Training and Practice Committee, as well as vice-chair of the EDI-BIIDE Committee.

As a family and systemic psychotherapist, my theories and practices are embedded in exploring relationships with selves, with others, with family scripts, values and beliefs, with their culture and wider contexts. The approach is ‘with’ the client, not just ‘about’ the client, hence involving reflection on my assumptions, prejudices and experiences. I automatically consider how differences, similarities and power are influencing encounters even before we meet and right throughout the therapeutic process. When a client feels understood, they feel accepted and validated, and this is essential for any helpful and supportive therapeutic process. Life may not change, but their resilience comes forth and puts them in a better position to deal with challenges.

I’m a cisgender Chinese woman who emigrated from Hong Kong in the 1980s to work as a mental health nurse in the UK. This experience ‘minoritised’ me and gave me different identities, privileges and disadvantages. I became aware of how Britain’s social and class structure assigns or diminishes one into certain boxes.

During my time working at an NHS service, I remember a white English mother asked me where I come from and what I knew about English culture at the start of our session. Her gaze into me and my body left me feeling ‘too fat’ and not able to understand the anorexia nervosa from which her daughter suffered. I became aware of the mother’s doubt of my culture, which was different to theirs, and of my ability to understand. I answered her questions calmly and confidently invited her to talk about how it felt to talk to me, a Chinese woman, speaking with an accent. This transparency enabled us to have a frank conversation about the barrier we were experiencing. She began to talk about her experience of being judged by her friends and relatives, and her lack of experience of other cultures. This would have been a barrier to our work if it hadn’t been explored.

Training as a systemic psychotherapist involved many obstacles, but I was lucky to be at a training institution that is appreciative of, and sensitive to, trainees’ needs. This is not necessarily a norm, and my passion is to have more training institutions that support trainees by inviting a sense of belonging, equitableness and inclusivity.

Our existing training usually addresses EDI as a topic and lecture, and this stand-alone ‘add-on’ approach does not work because EDI requires us to examine ourselves. In systemic practice, we start from the beginning, examining and reflecting on ourselves, naming the differences, how visible and invisible difference shape us and our client and what we create together, and how that affects the therapeutic process.

Reflexivity on EDI is paramount, and I am aware that other modalities share a similar emphasis. The challenge is how it can be integrated into the existing teaching approach.

On a macro level, the influence of organisational culture and structural and institutional discourses around EDI-BIIDE within UKCP is improving. The support of the Board, translating into UKCP strategies and action plans with support from the executive team, is very encouraging. Members need to make sense of this move collaboratively to create and shape a UKCP that is EDI-sensitive in action. Otherwise we will mirror the failure of other institutions, paying lip service and leading to disillusion and fragmentation.

We need to have members from all backgrounds to address equity, equality, diversity, intersectionality and inclusion for a better social world, so we all are accepted and feel that we belong to our registration body. I believe we must integrate EDI into our reflexive and ethical practice as though it is a vital ingredient, rather than the icing on the cake.

Find out more at psychotherapy.org.uk/edi

BELONGING BEYOND THE BINARY

Psychotherapist **Steffie Myall** on understanding relational diversity, mental health and consensual non-monogamy

In a world polarised by systemic issues across our culture, politics and communities, there has never been a more critical time to seek connection; to reacquaint ourselves with our evolved need to feel valued, witnessed and seen by other human beings; to belong.

The cruciality of belonging has been discussed at length by seminal theorists in the psychotherapy field. Adler's emphasis on our sense of 'belonging to humanity' viewed it as a cornerstone of mental health,[1] and the term 'Gemeinschaftsgefühl' (social interest/community feeling) defines our innate potential for social connectedness as we strive towards emotional wellbeing within our shared fate.[2]

Maslow's hierarchy of needs reminds us that love and belonging are foundational psychological necessities, resting just above survival and safety.[3] Rogers, meanwhile, repeatedly drew our attention to how a sense of relational belonging provides the safety we require to self-actualise and move towards a more creative and trusting way of being.[4]

'ARE WE READY TO EMBRACE A BROADER LANDSCAPE OF INTIMACY?'

Belonging is not merely a desire, but a universal, intrinsic motivation to form lasting, secure relationships – a lack of which can lead to significant psychological and physical health issues.[5] If belonging is a fundamental human need, are we satisfied with the idea that meaningful connection should be fostered within certain relational parameters, or are we ready to embrace a broader landscape of intimacy and relational possibility?

While the universal need for connection and belonging spans friendships, families, communities, kinship networks and beyond, intimate and romantic relationships occupy a central space in how adult fulfilment and psychological health are culturally understood. When we can unmask and reveal our true selves to a partner, we find healing; Welwood describes 'an important discovery – that intimate

relationship can provide a sanctuary from the world of facades'.[6]

In a climate of divisiveness, threat, fear of difference and shifting levels of emotional and physical safety, it is natural and essential that we reach for intimacy and connection wherever possible. However, the way we connect intimately with other humans is a spectrum that surpasses binary distinctions of monogamy versus non-monogamy, encompassing an expansive range of relational difference and diversity.

As therapists invited into our clients' lives in moments of vulnerability and growth, we owe it to them to engage deeply with the nuances of difference and to broaden our relational lens in considering the diverse ways that people are learning to seek connection and belonging within intimate relationship structures.

Understanding monogamy, consensual non-monogamy and beyond

Monogamy can represent a profound symbol of commitment, stability and meaning for many people. A common perception is that exclusivity offers more stability, safety and relational protection. It can also embody a moral or religious choice. Across recent Western history, monogamy has functioned as the primary social ideal and, in the UK, it is often positioned as the 'default' or 'healthy' relational model in society and therapeutic discourse. For those of us raised with the implicit narrative that monogamy is the standard benchmark of relational maturity and wellbeing, it is no surprise that people choosing an alternative relationship structure represent a small minority. Around 7% of UK adults surveyed in 2019 had experienced a consensual non-monogamous relationship.[7]

However, alternatives exist and relational diversity is on the rise. Consensual non-monogamy (CNM) is an umbrella term that encompasses a variety of relational and sexual dynamics involving more than one partner, with the explicit knowledge and consent of all involved. These include some of the more familiar forms of CNM, such as swinging, polyamory and relationship anarchy – the openness and ethical grounding of which distinguishes it from infidelity.

ILLUSTRATION: JEDI NOORDEGRAAF/IKON IMAGES

Beyond this lies a wider landscape of relationship configurations that do not fit neatly inside a label – an ever-evolving, fluid expanse of relational forms such as queer platonic partnerships that prioritise emotional intimacy outside of romantic or sexual scripts and hierarchical and non-hierarchical relationship models; open relationships with negotiated boundaries; asexual relationships; kink and power exchange dynamics; and the chosen-family constellations often found in LGBTQ+ communities.

In fact, there is a distinct overlap between relational diversity and the experiences of many LGBTQ+ people, who have long questioned heteronormative scripts about how commitment, intimacy and belonging should be structured. In times of social unrest, political instability and uncertainty about the future, many of us begin asking existential questions about the meaning of life, our individual purpose and how we move through the world. The relationships we cultivate with others are fundamental parts of that human experience, which may explain why we are seeing a significant rise in people practising CNM in the UK since a decade ago.[7]

CNM is becoming a topic of increasing interest in mainstream media and cultural conversation, and it follows that there will have been a rise in those seeking therapy to navigate the complexities and nuances of something that resides outside the status quo. So, what are our clients experiencing in this realm, and how can therapists connect with it effectively and ethically? Relational diversity is deeper than the number of partners a person has, and more complicated than sex and fidelity. It encompasses identity, culture, power, values and the intensely personal ways that we all seek attachment, belonging and meaning in our intimate lives.

As an integrative therapist specialising in CNM/polyamory and

LGBTQ+ issues, I often see clients who arrive in a cloud of guilt and shame – internalised stigma – just for choosing to live outside the traditionally accepted parameters of exclusive dyadic monogamy. They experience challenges and fears such as social and familial exclusion, community ostracisation, child custody implications, legal protection issues, workplace discrimination, judgemental healthcare providers, stereotypes, and assumptions of cheating, hypersexuality, commitment issues or sexual health status. Many will have attempted to avoid these possibilities by shrouding their lifestyles in secrecy, which can lead to feelings of isolation, loneliness, inauthenticity and erasure. We must also consider the extent to which relational stigma can intersect with other historically marginalised communities (such as LGBTQ+ people), who may already experience other factors such as homophobia, transphobia and/or racism.[8]

Worryingly, many clients have previously experienced erroneous speculations, assumptions and implicit biases in their therapy sessions, too. This invites important reflection points for all mental health practitioners who strive to offer educated, ethical and affirming care. How often might clients in diverse relationship structures encounter not only social marginalisation, but also subtle assumptions, biases or pathologising narratives in the therapy room? And how can we shape more inclusive and effective clinical formulations, interpretations and interventions?

Rethinking the relationship rulebook

Therapists have an incredible opportunity to step up to the plate and champion clients' explorations towards a more authentic life; to facilitate a deeper sense of belonging; to be bridge-builders in a disconnected world. We are best placed to create real safety for our clients where society may not; to explore and reduce shame; to support them in fostering healthier, more intentional bonds; and to seek phenomenological meaning in their connections with others. To recognise that diverse relationship structures can also be legitimate sites of attachment, care and psychological growth.

Regardless of difference, diversity and relationship structure, most people seek the same things: security, purpose, meaning, authenticity, belonging and love. While many experiences and challenges are unique to either monogamous or non-monogamous relationship styles, a significant number of issues overlap, such as managing jealousy, negotiating boundaries, navigating time and power, learning to share our lives, developing autonomy, coping with expectations and finding safety in complexity. Working with these elements in the therapy room requires curiosity, compassion and clinical competence. I like the analogy of the 'diamond approach'. Just as diamonds are naturally occurring, multi-faceted crystals formed under enormous pressure, so too are humans a vast multifarious organisation of organic personhood, shaped by society's pressures. Psychotherapy support should treat each client with the reverence that one might treat a precious stone that changes and reveals itself, exploring every new angle. If we are truly open to collaborating with the client in examining 'the diamond' – working through those parts of humanity that feel dormant, latent or dulled – it is beneficial to explore the ever-shifting and evolving ways that

'REGARDLESS OF DIFFERENCE, MOST PEOPLE SEEK THE SAME THINGS'

they seek to embody connection, belonging and love; a unique excavation of individual values, scripts, desires and needs, outside external expectations.

The greatest gift we can offer our clients is the trust that they remain the expert on their own lives and sense of self,[9] and the willingness to buff away our own assumptive formulations and biases. Something I hear regularly from clients is that therapists have wondered aloud why they continue to work at polyamory or CNM if the emotional labour feels difficult. Language is important and can reveal subconscious beliefs, leaving little space for the client to explore their own.

Instead, we must embody compassion by maintaining a consistent professional stance of openness and respect towards the frameworks of culture, connection, beliefs, values, morality and identity that clients bring, seeking to understand how each person views the world. At the same time, we should be willing to reflect on our own cultural scripts, formative histories and attachments, and the norms that have dominated our lives – all of which affect the way we shape our clinical conceptualisations and

therapeutic approaches. We can then meet our clients in the conversational 'play-space' between us: a place of wondering, exploring, reflecting, connecting, congruence, pattern-recognition and meaning-making, free from the traps of limitation and assumption. Only then do we create conditions where clients can connect with greater freedom and unity.

Healthy attachment to others is a need that is hard-wired into us for survival, beginning in infancy and enduring.[10] Of course, we can also be subject to attachment wounds, often originating in childhood via our primary caregivers, but also occurring in a multitude of contexts, such as environmental instability, poverty, war, illness, social factors and other formative relationships. Importantly, attachment is not static. We are not forever limited by early attachment disruptions and can learn to develop a sense of security in our chosen adult relationships.[11] Therapy helps to heal wounds and support clients in moving towards secure adult attachments by establishing a 'secure base' where the client learns to respond to vulnerability, conflict and trust. This is particularly important with non-monogamous clients because more people are involved.

ILLUSTRATION: MARIE MONTOCCHIO_IKON IMAGES

A useful analogy for CNM clients is that, from an attachment perspective, each partner enters a relationship wheeling a 'suitcase' behind them, bursting with formative histories, cultural narratives, attachment wounds and expectations of care. In CNM dynamics, there may simply be more suitcases requiring mindful, collaborative unpacking to cultivate security and relational coherence.

An attachment-informed lens can offer valuable insight and is central to many therapeutic formulations. However, we should consider that ethical practice resists equating relational diversity or non-monogamous relational structures with attachment insecurity. Attributing relational choices to attachment disturbance without substantial exploration risks pathologising 'difference' rather than understanding the unique ways that clients seek safety, intimacy and meaning in their relationships.

Our profession has the privilege of fostering connections with our fellow humans every day. We have a shared purpose and collective responsibility to support clients with openness and acceptance, to carve a rare space where they are truly free to seek authenticity, safety and relational meaning. I invite you to understand that there is no relational blueprint for humanity itself because love and connection are not confined to a single way of being together. As psychotherapist and author Perel reminds us, 'Love is at once an affirmation and a transcendence of who we are'.[12]

steffiemyalltherapy.co.uk

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TV SERIES

Into the blue

UKCP psychotherapist Karen Doherty on going in front of the camera for new Netflix series *Blue Therapy*

For more information visit netflix.com/gb/title/81996936

New British docuseries *Blue Therapy* sees seven British couples enlist the help of UKCP psychotherapist Karen Doherty to work through their issues on camera. Adapted by Netflix from Andy Amadi's viral 2021 YouTube format of the same name, the content is deeply emotional, sometimes tense and often confrontational.

For Karen – who says 'couples are my thing' – it was a new challenge that piqued her interest. 'The production team approached me and I liked the multicultural history and nature of the show,' she says. 'I met Andy, the writer, at the screen test, and it sounded interesting; a very different approach to therapy on screen.

'Of course I have watched the BBC series *Couples Therapy*. I love that show and would have jumped at the opportunity had it come my way. However, in hindsight, I really like how *Blue Therapy* democratises therapy for populations that would not necessarily consider the process. I've been very involved in working with the neurodivergent community for the past 12 years and this is a continuation of that.'

Filmed in a studio in London rather than a private therapy room, *Blue Therapy* feels real and intimate, yet controlled enough for multiple cameras, sound and lighting. Karen is clear that the process is 'not about quick fixes'. Issues that arise between the couples are wide-ranging; while some partners had to confront past infidelity, others addressed topics such as financial insecurity. The final episode of the series catches up with each couple to find out if the sessions made their relationship stronger, or if they forced them to realise that they were better off apart.

'I was not scripted at all. I felt confident that I could manage any difficult issues if they arose and keep the contributors safe in the event of any issues that they really did not want to come out [on camera],' says Karen. 'But I asked many questions before agreeing to take part in the series, including about the welfare of the contributors. They had all applied for the show, were thoroughly screened both together and individually and were totally supported by the very qualified psych team throughout the entire making of the show.

'Contributors had discussed what topics might be off limits and this was agreed between production and the psych team. Everyone was taken through the final edit to ensure that their stories were sensitively and truly represented.'

Blue Therapy went into the UK Netflix top 10 and has been screened in over 90 territories, proving that psychotherapy has more cultural interest than ever before. 'Only Netflix know if they are going to commission another series, but I so hope so!' says Karen. 'I believe in relationships, I don't think we're autonomous beings.'

'BLUE THERAPY FEELS REAL AND INTIMATE'

IMAGE: NETFLIX

OPINION

CLIENT NEEDS OVER POLITICS

Is your own radicalisation contaminating the therapeutic space? asks UKCP therapist **Dr Andrew Smith**

Psychotherapists, like everyone else, hold political views. That is inevitable. We live in societies shaped by power, inequality and competing ideologies and we cannot help but be influenced by them. Clients bring experiences affected by these realities and psychotherapy must be able to hold them seriously and meaningfully. Yet, I feel a visceral discomfort when psychotherapists begin arguing for the explicit place of politics within psychotherapy itself. The question that arises for me is simple: whose therapy is it? Is it the therapist's space to express their political commitments or is it the client's space to work through their own psychological life?

Psychotherapy is not a political seminar, nor is it a consciousness-raising group organised around a particular ideology. The organising principle of therapeutic work

is the client's psychological needs. When anything begins to displace that central focus, something important has shifted. What may be experienced by the psychotherapist as moral courage or social engagement can easily become, in practice, a loss of clinical focus.

Clients come to therapy with an implicit and appropriate expectation that their experience will be held at the centre of the work. They may want to explore relationships, grief, trauma, identity or existential questions. They may also wish to examine how wider social forces shape their lives, including political realities. That is entirely legitimate. But the crucial point is that such exploration must emerge from the client, not from the therapist's agenda.

The psychotherapist occupies a position of considerable influence

ILLUSTRATION: PPAINT/IKON IMAGES

'PSYCHOTHERAPY REQUIRES A PARTICULAR FORM OF PROFESSIONAL RESTRAINT'

within the consulting room. We control the therapeutic frame, the pace of interpretation and the language through which experience is understood. Clients often assume the therapist carries psychological insight and professional authority, which means our words can carry significant weight.

For that reason, when politics enters the therapeutic space uninvited, it is rarely neutral. It risks becoming influence rather than exploration. Psychotherapists sometimes confuse having political views with having a mandate to express them within the therapy room. The two are not the same. A therapist may hold strong convictions about justice, equality or social change, but the consulting room is not the place where those convictions are enacted through the client. In my view, it is also useful to distinguish between oppression and politics. Oppression concerns lived experience. It involves harm, exclusion, threat and powerlessness. These realities are psychological and phenomenological and they unquestionably belong in therapy. Clients need space to articulate and process the emotional impact of those experiences, not face further misuse of power through therapeutic manipulation.

Politics, by contrast, is an explanatory system that interprets those experiences and proposes particular ideological solutions. Psychotherapy has an obligation to attend carefully to the former. It does not have a professional obligation to privilege the latter. In fact, is it not helpful to have more distance to observe this rather than become embroiled within it?

In a highly polarised cultural environment, this discipline becomes increasingly important. Many of us are immersed daily in information streams that reinforce particular interpretations of the world. Social media, news cycles and increasingly sophisticated AI systems can all subtly shape how we understand events and institutions. Psychotherapists are not immune to these influences.

Psychotherapy, therefore, requires a particular form of professional restraint. Our task is not to soothe our own moral anxieties about the state of the world. It is to provide a space in which the client's inner life can unfold without being colonised by the therapist's worldview.

If a therapist cannot tolerate a client whose political beliefs differ from their own, that discomfort deserves serious reflection. The capacity to sit with difference is not peripheral to psychotherapy. It is central to it. When ideology begins to take precedence over curiosity and containment, the question returns with renewed urgency: whose therapy is it?

POWER DYNAMICS

SEEING WHAT CLIENTS SEE

Reflections on power, patriarchy and the Epstein files in the therapy room

by **Jazz Rehal** and **Laura McCarthy**

What shocked many about the Epstein files was not only the abuse, but also the protection around it – of the wealthy, by institutions, by those with proximity to power – and the length of time that it was allowed to continue.

As UKCP-registered psychotherapists working with domestic and sexual abuse, we sit with survivors of coercive control, financial and psychological domination, grooming networks, trafficking and ritualised abuse. The Epstein files are not abstract news stories for them; they reverberate through the body with force. We have heard rage, dread, numbness and despair in response. 'This is how it works,' one client* said. 'Now everyone can see how power protects power.'

Writer Celeste Davis argues that the Epstein files warrant examination beyond the notion of a lone predator,[1] exposing patriarchy as a system – a network of loyalty, reputational shielding and structural permission that enables exploitation. What happens when clients see systemic power clearly and therapists do not see it, see it differently or hesitate to name it? Our understanding of power directly correlates with our capacity to meet our clients. Across modalities, our theoretical maps shape what we recognise as power, harm and responsibility.

Abuse thrives in silence. Harm escalates when no one names what is happening. As TAFeminist (intersectional feminist psychotherapy) founders, we state that a feminist lens in psychotherapy is essential to recognise that speech is not simply expression. In contexts marked by patriarchy and social conditioning, naming power interrupts silence, exposes harm and shifts what can be seen.

In talking about structural patterns, we refuse to collude with conditions of abuse. If harm is sustained through silence, the ethical question for psychotherapy is not only how we hold individual stories, but also how we position ourselves in relation to public silence.

Staying silent about power abuse is a political act, showing what we are willing to confront. We are not a homogenous profession and do not share identical world views or beliefs about what counts as an abuse of power, where responsibility lies or what ethical duty requires in the face of systemic harm. Yet these questions shape how we show up for clients: what we see, what we minimise, what we name, the narratives we absorb and the theories to which we are drawn.

We have seen and experienced the harm arising from therapeutic 'neutrality'. Refusing to name power imbalances does not create safety; it quietly colludes with the conditions that silence victims.

The divergence of the profession's response is notable. At the time of writing, no major body has issued a coordinated statement addressing the structural dynamics exposed by the Epstein files. In a profession that positions itself as expert in trauma, coercion and institutional betrayal, silence carries meaning. The question is not only whether silence is justified, but also what it communicates.

Our field is saturated by secondary trauma and cumulative exposure to violence. Therapists hear stories of coercion and institutional failure every day. Because of this, the Epstein revelations can feel heavy or personal.

When one's identity as protector collides with professional norms such as 'stay neutral', it can create moral injury, which often shuts people down. Therapists may feel overwhelmed, confused or stuck. Some may withdraw from public discourse.

Recent pressures in the profession explain why responses diverge, but do not resolve the deeper issue. If anything, they expose it. The varied reactions – silence, avoidance, public statements, activism – are shaped partly by emotional strain and moral injury, but there is a more fundamental problem: we do not share a common understanding of power.

One in four adults in England and Wales have experienced domestic abuse since the age of 16 (ONS).[2] An estimated

IMAGE: GETTY

16% have survived sexual assault and 4% rape or attempted rape (ONS).[3] Many therapists will be working with someone whose experiences echo the dynamics exposed in the Epstein files.

Low reporting rates erode confidence in justice. Only one in seven victims of rape or assault by penetration report the most recent incident (ONS).[3] Rape Crisis England and Wales notes that conviction rates remain low and the criminal justice process itself is often retraumatising.[4] Silence becomes adaptive. Distrust becomes rational.

Naming power is a condition of safety, not a departure from neutrality. Public or professional silence can resemble the betrayal through which survivors have lived. Some psychotherapists see public speech as ethically necessary, others as professional overreach. These positions are both principled, shaped by training, temperament, trauma and socialisation – but these differences enter the room. A client* said, 'This is how powerful men get away with it; systems close ranks and protect them. Survivors are never the priority.'

Hearing this can push therapists to soothe, reframe or return to attachment history – but if they redirect too quickly, the client

'ABUSE THRIVES IN SILENCE'

learns that naming structural power risks relational rupture. The cultural dimension disappears and the client's experience is reabsorbed into individual psychology.

We are not arguing that therapy must become political, but that how we frame power shapes what is spoken. If clients locate their suffering in structural patterns and we confine it to intrapsychic material, we risk minimisation.

Patriarchy is clinically relevant and complicated by gendered countertransference. Male therapists may experience shame or defensiveness. Female therapists may feel pressured to remain composed. All may carry histories that shape how scandals land with them. Silence can be a trauma response as much as a political position. This will shape practice if not examined in supervision.

Difference, particularly in how we understand power, becomes a presence in the room. Patriarchal protection intersects with race, class, disability and migration status. Credibility is unevenly distributed. Economic vulnerability raises exposure to coercion. Immigration insecurity silences disclosure. Racism shapes whose anger is pathologised. Avoiding these dynamics because they feel 'political' risks erasing structural contexts in which harm occurs.

Domestic abuse and sexual violence are not specialist topics but widespread realities. Integrating feminist and power-informed analysis into core training is not ideological drift, but competence and safeguarding. Supervision must be a space to ask: where did I minimise? Where did I retreat into technique? What was I protecting – neutrality or comfort?

We are calling for ethical reflection on how our public and personal positioning shapes client trust. Professional values need articulation when systemic harm is visible. Supervision must explore worldview and personal perspectives.

When we debate whether naming systemic injustice is moral duty or professional overreach, it shapes how we hear anger and formulate harm, and how safe the consulting room feels. What does neutrality mean when harm is patterned and visible? Whom does our silence protect?

Power protects power. The question is whether we will protect professional comfort more than clarity. Survivors recognise silence instantly. If we hesitate to name structural realities, we risk echoing systems they already distrust.

This moment invites us to reflect on our work's ethical foundations. Our task is to become not political actors, but more conscious practitioners.

Follow **tafeminist** on Instagram.

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* DETAILS HAVE BEEN CHANGED TO DISGUISE AND SAFEGUARD CONFIDENTIALITY, PRIVACY AND DATA PROTECTION RIGHTS

‘Examining your belief system makes it easier to work with difference’

Kate Graham explores how we can bridge gaps in understanding with clients who have different beliefs to us

How do you react when someone starts talking about God? What do you do when you feel you can’t agree with a client’s beliefs? Kate Graham’s debut book *Mystery, hope and reason: faith in the therapy room* explores the role of faith in psychotherapy for both therapist and client, and how we talk about the issues that really matter. A UKCP psychotherapist, supervisor and Quaker living in Yorkshire, Kate draws on her own experience and interviews with other therapists and people of faith, as well as stories from the therapeutic space.

How did the book come about?

I responded to a UKCP email invitation for book proposals. Therapy and faith are two things I’m really interested in, so I put a proposal together. My intention – and what originally appealed to me – was making talking about faith more accessible and less scary for everybody, whether client or therapist.

In our increasingly secular society, or our slightly confused society, everyone is worried about something when it comes to talking about subjects that seem deeply personal. Maybe the client fears being judged or the therapist feels inadequate. And faith can be one such subject. I’m a relational therapist and, for me, therapy is all about relationships, which implies vulnerability and risk. Faith can be an edge where we make ourselves vulnerable. I wanted the book to be practical and useful and saw it very much as an entry-level book – for me as much as anyone else. I wanted it to be clear, accessible and open to anyone, whether they have thought about their beliefs or not.

What inspired you to write it?

The thing that really inspired me was that I’ve spent a lot of time working with refugees and realising what a huge resource their faith was to them in such difficult circumstances – and to the therapy.

IMAGE: JEDI NOORDEGRAAF/KON

***Mystery, hope and reason: faith in the therapy room* is out now**
karnacbooks.com

I take quite a broad view of faith and include worldviews such as market capitalism, which some people might find just as challenging. But most of the book is about spirituality and religion, and how they might appear in the room. Central to the book are the characters of mystery, hope and reason, who start off each chapter, guide us through and tussle over their differences and frustrations with each other as they search for understanding. It is their relationship that is gradually worked out through the book. As I wrote it, I started to realise that I was writing about the role of mystery in a profession that is under pressure to be evidence-based. That's important, and it's about allowing the mystery and magic alongside the evidence. I also appreciated even more the essential humanity of therapy, which feels very important now. It is this connection that helps us to cope with the inevitable uncertainty of life.

How difficult was it to write?
At first, it seemed easy to write, but what was hard was putting it in the right order and getting it to flow. The word count was initially intimidating, but then it grew quite naturally. I enjoyed writing and shaping it, and learning from reader feedback. It was hard work, but it became like a friend. I wrote the first draft in about six months and then spent another six months finishing the second draft.

Was it written with clinicians or clients in mind, or both?
It was written with therapists in mind, but so many people are really interested in therapy and reading about therapy is increasingly popular. There's also interest from people in pastoral roles and the clergy.

The book includes several interviewees. How were they chosen?
They are largely interviews with other therapists and some people who have been in therapy. My intention originally was to have a wide range of people from different faiths, but what actually happened was that most people who replied to my request, whether therapist or client, were Christians. They offered a reasonable range of experiences, but I dived into other research to find other voices. I didn't want it to become solely about Christian counselling.

Why did you include examples from your clinical work?
I wanted to bring the ideas to life in a practical way. I've included many fictionalised client stories, together with two where the clients gave me permission to write about our experience together, and there's a lot of me in there, too. People might read it and think 'Well, I wouldn't do that', but I was trying to bring in what can go through the therapist's mind, what might feel risky or vulnerable.

In an increasingly secular world, what would you say to atheist readers?
Our job as therapists is to understand and help others understand their world; I hope this book might help you step into someone's world temporarily. It's about stepping across a bridge and back again. It's up to us to work out where our internal boundaries are and how far we can go. My intention and the core of the book is to find out how we can respectfully join someone who believes in things that are different to what we believe. A client's belief system might be too far away for us to be able to do that, but I'd encourage everyone to examine their own belief system to make it easier to come alongside someone who has a different

One issue the book explores is how ageing affects therapists' and clients' spirituality

view. A supervisor once said to me that if you really listen to someone, you risk being changed – so that risk is there.

Have you had a situation where you've found it difficult because of someone's beliefs?
I haven't, but some of the therapists I interviewed had, and that was something I was keen to include because it's a really important question. I have found people's beliefs about money, misogyny or politics to be challenging, but have usually found a way through to the person eventually. So I was curious whether other therapists had hit a wall with someone's religious or spiritual beliefs. I was also interested in how a religious client might feel when faced with a secular therapist who couldn't accept the centrality of their beliefs to their sense of self. One of the issues that came up for therapists, which I explore in the book, is the relationship between agency and faith, and whether the client is willing to take responsibility for themselves.

One chapter is called *spirituality as we get older* – do you think it can be something that comes in later life?
Yes. When I turned 60, I sent out a questionnaire to find out what people thought about this apparent milestone. I got a lot of responses and it was clearly significant for a range of reasons. There's definitely a sense of mortality, as there is clearly less life ahead than has gone before. Ageing can make people, and certainly me, more interested in the idea of purpose and the meaning of life, thinking about what I really want to do with my life before I die. The physical effects of ageing also require taking a different perspective. We are more likely to lose one or both of our parents by this age. All these things may lead people to find some form of spirituality helpful.

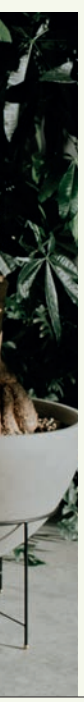


IMAGE: GETTY

'I HOPE THIS BOOK MIGHT HELP YOU TO STEP INTO SOMEONE'S WORLD TEMPORARILY'

How did you become a psychotherapist?
It is something I had wanted to do for a long time. I'd always been interested in how people change internally. I previously had a wide-ranging career incorporating charity fundraising and management, international development, evaluation, policymaking and coaching. I started psychotherapy training about 15 years ago and I'm coming up to my 10-year accreditation. I've enjoyed working with young people in schools and with refugees and asylum seekers, as well as in private practice.

What's next for you?
I'm planning to carry on doing client work – I've reduced it to about 10 hours a week – and I write regularly. I'm studying shamanic practice, which is where my own spiritual journey is taking me currently. I'm curious about how I will integrate therapeutic shamanism into my psychotherapy practice. It is already having a positive influence, but whether I offer two separate approaches or find some integration is an open question at the moment.

Call for proposals – Psychotherapy Matters

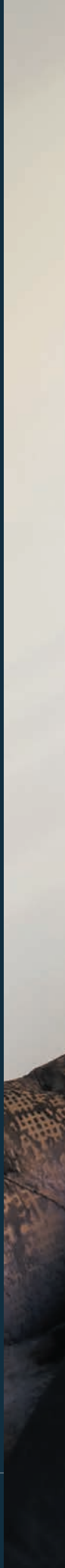
We're inviting expressions of interest from across the UKCP membership for the Psychotherapy Matters book series. We want the series to reflect the full diversity of our community and welcome ideas from members of all modalities and backgrounds.

If you're considering submitting a book proposal – or would simply like to explore an idea – please email the series editor Linda Cundy at lindacundy57@gmail.com

SPOTLIGHT INTERVIEW

‘Understanding emerges in the gaps between our differences’

Psychotherapist **Professor Alessandra Lemma** on the lifelong process of learning from clients



Professor Alessandra Lemma is a chartered clinical and counselling psychologist, psychoanalyst, fellow of the British Psychoanalytical Society, trainer, supervisor and author. She has worked in the NHS and other mental health services for over 40 years, latterly specialising in helping transgender individuals. Her latest book *Psychotechnical becomings: psychoanalysis, identity, desire and mourning in times of AI and digital mediation* is out now.

What led you to become a clinical and counselling psychologist and then a psychoanalyst?

When I was 13, I went to see a clinical psychologist at my school. I found the experience deeply transformative – I was struck by how, through silence and a very gentle invitation to think, I was able to discover things in my mind that I didn't even know I was thinking or feeling. I walked out of her room after that first session and thought: this is what I want to do. I was utterly convinced, and I'm now in my 60s and have never wavered since. It has been a constant. I didn't become a psychoanalyst straight away, of course – I trained first as a clinical psychologist, then as a counselling psychologist, then undertook a psychoanalytic psychotherapy course before finally training as a psychoanalyst. I am grateful for this sequence. Each training honed different capacities and opened different windows on the mind. Each protected me, to some extent, from the illusion that there is only one valid language in which to think about suffering. ›

This has mattered enormously to me. If there is a conviction that has deepened over time, it is that psychoanalysis flourishes best not in purity, but in dialogue: with neighbouring disciplines, with other clinical traditions, and with the realities outside the consulting room that test our assumptions and enlarge our vision because they expose us to difference. There is often a big gap between theory and lived experience, and it's only in the meeting of two minds in the room that the theory actually comes alive and that you see some of its limitations as well as its strengths.

You're so busy with lecturing, writing and other work. Will you ever give up client work?

No, not until I have no choice! Up until 2016, I was primarily in the NHS, and one of the reasons I left was that as you become more senior the roles you take on start to be much more managerial. I felt I was so distanced from seeing patients. I thought, 'why have I done this?' I've always done this work because I wanted to be with another person, helping them make sense of their minds. So I left. I now have a full-time clinical practice – about eight hours a day – and I do a bit of teaching, and a bit of writing. It's pretty full!

Have you had clients who have been so different from you that it has been challenging?

Yes – I think that happens every day, because no two people are the same. Even though you might assume similarity, you quickly discover that this is one of the biggest mistakes a therapist can make. You can think: we seem to come from similar backgrounds, we've had similar experiences. But there are always differences, and understanding always emerges in the gap between what I have experienced and what I need to learn from what my patient has experienced. I feel the work of psychotherapy is to operate at that interface – between my understanding and theirs.

Has there ever been such a large gap that it's been a barrier to your work?

I haven't yet encountered a scenario where that barrier has been insurmountable. But I think that as long as you are aware the gap exists, and remain curious about it, and bring it openly into the room with the patient, then the patient can let you know if they feel your understanding isn't reaching where they need to be reached. Ethical practice requires us to make that conversation explicit, so that the patient can make an informed choice about whether the fit is simply not quite right.

You've had a very varied career. Has there been a time when you thought 'this is the work I got into this profession to do'?

For me, work with adolescents has been the most important through-line. I began my career, before training in psychotherapy, working in prisons with young people. That thread has remained the most constant. At the Tavistock Clinic I worked in the adolescent department for nearly 16 years, and now, back in private practice, around 45% of my caseload is adolescents. There is something about the adolescent state of mind that I find deeply engaging. With younger people, there is also more hope – the intervention is happening early, you feel you ›

PROFESSOR ALESSANDRA LEMMA'S CV

1997
Consultant clinical psychologist, South Kensington and Chelsea Mental Health Centre

2002
Consultant clinical psychologist, psychology assessment and treatment service, Camden and Islington Mental Health and Social Care NHS Trust

2003
Clinical tutor on the UCL doctorate in clinical psychology and the UCL MSc in psychoanalytic studies

2005
Trust-wide head of psychology, Tavistock and Portman NHS Trust

2010
Consultant adult psychotherapist at the Portman Clinic

2010
Professor of psychological therapies, Tavistock and Portman NHS Trust and Essex University; general editor, *New Library of Psychoanalysis*

2016
Consultant at Anna Freud Centre and work at Queen Anne Street Practice

2018
Independent chair of the Expert Reference Group, Scope of Practice and Education for Counselling and Psychotherapy

2021
Published *Transgender identities: a contemporary introduction*

2023
Published *First principles: applied ethics for psychoanalytic practice*

2025
Commissioner, Commission for the Future of Counselling and Psychotherapy

2026
Published *Psychotechnical becomings: psychoanalysis, identity, desire and mourning in times of AI and digital mediation*

can genuinely make a difference, and that sense of hope is very sustaining professionally.

You've specialised in work around the body and identity. Why?

I've always been very interested in the body and body modification. My interest started with working with people who were undergoing cosmetic surgery and then I became interested in the function of tattooing and piercings, partly because I was working in prisons, and lots of people who end up in prisons mark their bodies. So, I became curious about what unconscious function body modifications might serve. The body has always been and is ever more so the place for figurating the self, for finding and substantiating our identity. The unconscious psychic investments that we have in our bodies are key to our understanding of identity.

What led you to work with transgender people?

Whenever I presented work on body modification, people would ask: but what about transgender – that is also a form of body modification – what do you think about that? So, I began pursuing that question, not as a primary interest but as a consequence of my existing work. As I started seeing transgender adults, I became deeply moved by their situation. The question of how we find a hospitable home in our bodies struck me as so profound, something the transgender individual brings into sharp relief, but which ultimately applies to all of us.

The marked increases in referrals from young people identifying as transgender have been widely publicised, and over the last 10 years my consulting room has been filled with those referrals. This work gave me both the perspective of adolescents and the perspective of adults who had already transitioned but were still struggling with something, despite now inhabiting a body that felt more their own. Until recently, I was devoting a whole day a week to seeing young teenagers who wanted to transition. It has been profoundly challenging work – the external climate is very heated, very divisive – but it has been one of those professional experiences that has pushed me hardest to think about difference.

'IDENTITY IS NOW FREQUENTLY ASSEMBLED THROUGH DIGITAL MEANS'

What I have observed in myself and in colleagues is that decisions to change the so-called given body can be profoundly confronting – placing the therapist in a tension between their own values and definition of psychic health and the patient's desires and values. The risk, when that tension is not itself subjected to scrutiny, is that the patient's account of what makes their life go well is not given the same weight as the therapist's theoretical commitments. That risk is not trivial. The more helpful question is not whether the patient's wish to modify their body is symptomatic – it may well be, and the developmental origins remain important to understand. But, for me, the key question is whether the patient has been given the conditions in which they can understand it for themselves, and whether the therapist has been willing to let that understanding lead where it actually leads, rather than where their theoretical commitments suggest it ought to.

Psychoanalysis is not about deciding what constitutes a well-lived life. It is about creating the conditions in therapy to make it more possible for the patient to decide that for themselves – as honestly, and as freely from unconscious influence as is possible. This is what I think we try to offer our patients, at our best.

Do you think life is more challenging than ever for young people?

I do think it has become more challenging for adolescents today. Over 30 years of seeing adolescents, I think the challenges are greater in a significant part due to the impact of technology and social media, certainly when it comes to thinking about body image, but it is not the only reason. I want to resist the temptation to simply demonise technology – that would be too reductive. What I observe clinically is something more complex: that technology is not external to psychic development, it is fundamentally entwined with it. Smartphones, social networks, AI companions – these are not just tools young people use, they have become part of the very conditions in which selfhood forms. That requires us as clinicians to pay sustained attention to what that means.

For some adolescents, containing environments – good relationships, supportive families – help them negotiate the demands of digital life and even make creative use of it. But for more vulnerable young people, ›

where that kind of mediation is absent, digital technologies can become something they use against themselves rather than for themselves. And the well-intentioned efforts around digital literacy, while necessary, tend to reach those already predisposed to engage with help – leaving those most in need largely untouched.

What strikes me most in the consulting room is how identity is now frequently assembled through digital means rather than discovered, such as how psychiatric symptoms are nowadays checked against online lists – each data point seems to promise self-knowledge, yet what it actually delivers is a reflection refracted through an algorithm. These curated reflections feel bespoke, which makes them compelling, and they can provide a temporary sense of anchorage when inner life feels turbulent. But the risk is that identity becomes something you construct from 'knowledge' rather than something you come to know through experience and in relationships.

'THE UNCONSCIOUS PSYCHIC INVESTMENTS THAT WE HAVE IN OUR BODIES ARE KEY TO OUR UNDERSTANDING OF IDENTITY'

How do we form our body image?

It begins in the earliest exchanges with our caregivers – they set the tone for how we feel in our bodies. It is usually the mother, though I use that as shorthand for whoever the primary caregiver is. How the mother responds to the baby through her gaze, her touch, how she tries to make sense of what is happening when the baby cries, whether the baby feels at ease or not – all these experiences contribute to the infant's developing sense of their own body. They are sensory experiences and as they are repeated they become encoded as procedural memory, forming a kind of template for how we understand the world. If there is rejection or no investment in the baby, that can continue to reverberate throughout the person's adult life – a sense that something about me – and very early on 'me' is the body because there is no language yet – is connected to how I appear to others. Later, perhaps during puberty, this can lead someone towards a particular focus – the nose is a very common one, or being thin – and can propel them towards body modification as a way of managing that internal disquiet and the anticipated sense that others won't find them attractive. You begin to pursue modification to secure love and attention.

How does a mother's concept of her body affect her child?

So much of what a baby picks up early on is mediated by how key caregivers feel about their own bodies. Being embodied is a challenge for all of us – and if we recognise that, rather than thinking it is only an issue for a small subset of people, it becomes much easier to approach our own relationship with our bodies and to help our children with theirs. Being able to talk openly with a child about difference – for example, about being very tall or larger – is incredibly valuable. Having that discourse at home matters enormously.

There are two fundamental things we all have to grasp. First, that we are all beings in a body, which means there are limits, because the body imposes them. Second, that because we are embodied, we are the subject of others' gaze. Both of these facts present ongoing challenges throughout life, pressing us to integrate what it means to be in our particular body and to understand who we are. As we age, or face ill health, we discover that however much we wish to control the body, it is ultimately not controllable. That is quite a difficult reality to absorb.

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Do you have thoughts to share on what's coming up in your supervision practice right now? We'd love to hear from you. editor@ukcp.org.uk

SUPERVISION

Bridging the gap with creativity

Psychotherapists and supervisors Céline Butté, Anna Chesner and Bryn Jones on how working creatively can overcome difference

Supervision invites us into an ongoing act of creativity – a living encounter where difference is a driving force for learning and transformation. Drawing on Morenian psychodramatic principles of spontaneity and creativity, and integrating models such as Hawkins and Shohet's Seven-Eyed Model and Williams' Visual and Active Supervision, creative supervision makes difference visible and tangible. Through action, image and embodiment, difference takes form – not as theory, but as experience.

When we enact rather than explain, following the Morenian principle of 'show me, don't tell me', we allow diverse perspectives, identities and emotions to coexist dynamically. In this creative space, difference becomes relational: we meet not only as supervisor and supervisee but as co-explorers of perspective, meaning and response. Creative methods such as movement, drawing, role work or metaphor can awaken the preconscious and intuitive layers of knowing that often reside beneath the more familiar – and sometimes stagnant – verbal conversations.

'CREATIVITY OFFERS REFRESHING PLAYFULNESS THAT COUNTERACTS BURNOUT'

Working creatively nurtures curiosity and compassion. It encourages practitioners to inhabit the unfamiliar, to sense into another's stance and to recognise that growth arises from contact across boundaries. This engagement is also profoundly sustaining; creativity offers refreshing playfulness that counteracts burnout, reanimates reflective work and enlivens our practice.

Supervision extends beyond the consulting room. Its principles speak across professions – wherever people seek to think well together, honour diversity and act ethically in complexity. As co-authors of the recently published *Creative Action Methods in Supervision and Coaching*, we each work as creative supervisors with non-clinicians in third sector, educational, coaching, arts and corporate settings. While psychotherapy may be at the forefront of supervision, the audience or market for it is growing. There is a increasing awareness that safe and effective practice is enhanced by access to reflective practice spaces. Working creatively embraces difference. Thus, supervision becomes a practice of renewal: an artful and humane way of seeing ourselves, each other and our work anew.

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The bursary scheme plays an important role in supporting UKCP's commitment to Equality, Diversity and Inclusion (EDI).

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