UKCP
UK Council for Psychotherapy

New Psychotherapist

ISSUE 85 / SPRING 2024
ISSN 2516-7162 (ONLINE)

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New Psychotherapist

The magazine of the UK Council for Psychotherapy

Editorial address: UK Council for Psychotherapy, America House, 2 America Square, London EC3N 2LU

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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**

PEFC/16-33-447

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

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Welcome

ISSUE 85 / SPRING 2024

EMMA LEDGER

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

A very warm welcome to the spring 2024 issue of *New Psychotherapist*.

The transition into darker and colder months can bring with it a shift in mood and energy levels. While the end of one year and the start of another offers a chance to look back – as well as forward.

In psychotherapy, timing is all, and looking at what has been and gone can bring up feelings of hope and regret, accomplishment and disappointment, loss and gain.

This issue explores the myriad endings that are recognised in therapeutic work, and their impact. Writer Flic Everett explores what makes a 'good' ending, and speaks to experts about managing an unexpected or abrupt stop of client work, and how to move on positively.

We also hear from UKCP members in Bristol working therapeutically with refugees – displaced people who have to confront the ending of their entire former way of life, amid the losses of home, family, identity, career, language and culture.

This special report highlights the importance of clinicians practising self-care to cope with the challenges of demanding work. It's something we should all be mindful of, especially during the 'winter blues' or seasonal affective disorder (SAD), which affects millions of people in the UK. Take a moment to think about how you look after yourself and, if you can, try to make time to do one thing to take care of yourself today.

An ending has brought with it the opportunity for a new beginning for me, as I take over as editor of *New Psychotherapist*. I'm thrilled to be joining the team that brings you your membership magazine.

In this issue, we reveal the results of our latest reader survey. You spoke and we listened, and there is more change on the horizon, with a new-look-and-feel magazine coming in the summer.

We want *New Psychotherapist* to reflect, inspire and inform, while always keeping our members at the forefront. If you have an idea for an issue you'd like us to explore in the magazine, or if you would like to contribute, please drop us a line at editor@ukcp.org.uk. We'd love to hear from you.

Thanks to everyone who has written for this issue. We hope you enjoy it.

Emma

EMMA LEDGER
Editor

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

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Events Calendar
Webinars

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The intergenerational experience of antisemitism and how it presents clinically, with **Chana Hughes** and **Conny Kerman**
Thursday 22 February at 6pm

Supporting healing in families living with stroke and acquired brain injury, through systemic and narrative practices, with **Dr. Freddie Byrne**
Thursday 7 March at 11am

How many?! Working with non-monogamy in clinical settings, with **Daniel Stillwell**
Tuesday 26 March at 6pm

Last chance couple therapy: working with couples and infidelity, with **Peter Fraenkel**
Wednesday 24 April at 6pm

"Good Relations": Can we really "skill up" our clients (and ourselves) to have them?, with **Dr. Janet Reibstein**
Wednesday 22nd May at 6pm

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Working towards a satisfying end for a therapeutic relationship

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Bulletin

ISSUE 85 / SPRING 24

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

'This really is an opportunity for members to tell us what they would like to see from UKCP over the next three years'

CONSULTATION

Creating our collective three-year vision

UKCP is asking for input into a new three-year strategy for the organisation, which will be published in autumn 2024

To set the groundwork for the new strategy, the Board of Trustees and UKCP CEO Jon Levett sat down last year and mapped out the breadth of the organisational activities UKCP carries out, revealing a structure where all the activity fits into one of four 'pillars' – quality, voice, membership and organisation.

Taking these pillars, a set of tentative ideas for how UKCP might grow under each one into the future has been developed to act as a starting point for members to feed back on.

Levett said: 'Since becoming the CEO at UKCP in April last year, one of my biggest goals has been to develop a robust organisational strategy. Yet, I firmly believe that the development of this shouldn't be a unilateral decision by the senior management and trustees. Instead, it should embody our membership, ensuring we create a strategy that resonates with the heart of our professional community.

'Although we have thought about some of the things we may want to do as an organisation, none of this is set in stone and this is why I'm inviting all members to engage with us and be active participants in shaping our future vision and trajectory.'

Engagement with members on the new strategy will continue throughout the spring, with a series of different activities planned to help UKCP understand what is important to members.

At the end of the process, all the feedback will be collated, shared back and used to help shape the final strategy. 'This really is an opportunity for members to tell us what they would like to see from UKCP over the next three years and beyond, and I promise that we will listen,' Levett said. 'This isn't a mere box-ticking exercise – this is a collective endeavour undertaken by us all.'

To find out how to get involved, visit psychotherapy.org.uk/strategy

OUR FOUR PILLARS

1) **Quality** – being an effective regulator and adhering to high standards
2) **Voice** – acting as the voice of the psychotherapy professions
3) **Membership** – offering and maintaining a compelling membership proposition
4) **Organisation** – being a sustainable, expert and inclusive organisation

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A good ending
How can we end therapeutic relationships well?
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MEMBERSHIP
BURSARIES 2024

Last year, UKCP supported a record number of applicants. Now we're looking to do even more to help those who want to train

Training to be a psychotherapist is expensive, and cost can be a barrier to joining the profession. Our bursaries help people who need support to train because of their personal circumstances, or because they come from under-represented groups.

In 2023, we received 164 applications – 30 more than the previous year – and awarded 49 bursaries. Applications for UKCP's 2024 Bursary will open in the summer, and all eligible UKCP members will be notified before applications open.

For more information, visit psychotherapy.org.uk/join-us/ukcp-bursary

RESOURCES
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New offers and research access to help kick start your new year

UKCP members can save 20% on Routledge books and get free shipping. Head to the members' area of the UKCP website, where you will find a link to Routledge in the resources section.

We have also partnered with the *European Journal of Psychotherapy & Counselling* to offer free access for members.

The journal, which aims to stimulate debate on developments in psychotherapy and counselling, is creating opportunities for UKCP members to disseminate their research in a special issue of the EJPC, as well as calling for abstracts for a UKCP research event in 2024.

For more information, please visit your members area of the UKCP website at psychotherapy.org.uk/ukcp-members

RESEARCH
Lucid dreaming impact on PTSD

Study reveals acceleration in the reduction of symptoms during a trial combined with psychotherapy

Lucid dreaming provides a powerful tool

The results of a recently published study into treating post-traumatic stress disorder with lucid dreaming and psychotherapy saw an 85% reduction in participants' experience of PTSD. By the end of the week-long trial, more than 76% of participants had had at least one lucid dream, and 85% of those were no longer classified as having PTSD.

UKCP member James Scurry, the study's lead psychotherapist, said: 'Participants were able to integrate trauma in a matter of days – some from the experience of having a lucid dream but others simply from being empowered by the process of learning how to lucid dream.'

Melinda Powell, UKCP member and author, lectures on the therapeutic applications of lucid dreaming for dealing with fear and trauma. Commenting on the study to *New Psychotherapist*, Powell said: 'As it stands, the integration of lucid dreaming training with the elements of group psychotherapy prevents any conclusions being drawn that are specific to dreaming alone.

'The researchers noted they "were not able to tease out the therapeutic elements specific to lucid dreaming", primarily because the six-day lucid dreaming workshop included therapeutic dream-sharing circles and support, meaning that there was no control group.

'Based on current and past research, what can be stated is that lucid dreaming provides a powerful tool in the therapeutic toolkit and, as such, psychotherapists should be aware of its benefits, especially regarding the acceleration of therapeutic benefit. Certainly, more research on the subject should follow, and it's important that this work is underway.'

Tales of survival
Learning from survivors of child sexual abuse
Page 26

REACTION

Suppressing negative thoughts may be good for you

New findings appear to contradict the commonly held belief that ignoring worries is detrimental to mental health

The suppressing of negative thoughts can help wellbeing

A widely reported Cambridge University study suggests that suppressing negative thoughts might actually have positive effects on mental health.

Researchers at the Medical Research Council Cognition and Brain Sciences Unit trained 120 volunteers to block thoughts about negative events that worried them. They found that not only did these thoughts become less vivid, but that the mental health of those in the study also improved. This contradicts the belief that ignoring such thoughts means they stay in our unconscious mind and negatively influence our wellbeing.

Zulkayda Mamat, who co-led the study, said that most participants were very surprised by how quickly and effectively they could suppress particular ideas and memories by consciously shutting them out of their mind.

Mamat said the research should not undermine the field of psychotherapy but 'offer an alternative for people, when expressing their thoughts in talking therapies is not working', adding: 'Honestly, some things are meant to be forgotten.'

'The key to this debate is the distinction between healthy suppression and unhealthy avoidance'

Noel Bell, a London-based UKCP psychotherapist, commented on the findings, writing: 'The key to this debate is the distinction between healthy suppression and unhealthy avoidance. Thought suppression can be considered an effective intervention, but only with certain non-intrusive thoughts and non-self-applied thoughts.

'For me, effective therapy means actively addressing one's difficult thoughts and feelings so as to break free from negative thought patterns. This is a process and comes about not by thought suppression but from proactive dialogue with parts of self.'

What do you think about the study's results? Have your say by emailing editor@ukcp.org.uk

References

- Mamat Z and Anderson MC (2023). Improving Mental Health by Training the Suppression of Unwanted Thoughts. *Science Advances*, 9(38). DOI: 10.1126/sciadv.adh5292

TR Together

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Research is central to the psychotherapy profession, and UKCP's online noticeboard aims to help psychotherapists and psychotherapeutic counsellors by giving them a space to recruit participants for a study, notify members of ongoing research projects and find collaborators. Please visit bit.ly/3sqqzpw or search 'research' on UKCP's website, psychotherapy.org.uk

DIARY DATE

RESEARCH CONFERENCE 2024

Submit your abstract for consideration

UKCP's annual research conference will be held on Friday, 7 June and Saturday, 8 June 2024 online. Along with presentations and workshops by key figures in psychotherapy, it will showcase some of the excellent research being conducted by UKCP members. If you are interested in presenting a research paper, doing a workshop, or hosting a panel discussion, please consider submitting an abstract by visiting bit.ly/3QBpl2v.

We are especially interested in submissions on the following four themes, however if your research topic doesn't fit within them you are still welcome to submit an abstract:

- Theme 1: Identity: psychotherapy with and by under-represented people.
- Theme 2: Bridging theory and practice.
- Theme 3: Current issues in psychotherapy.
- Theme 4: Research: methods, methodologies and ethics.

Abstracts must be received by Friday, 1 March 2024.

RESEARCH

Positive feedback on NHS Pathways Research Project

The latest on the groundbreaking training pathway to expand psychotherapy in the NHS

Early feedback from participants on the NHS Pathways pilot programme has been largely positive. The project is accredited by the SCoPEd partners, with UKCP as the lead accrediting body on behalf of the partners. It creates a new training pathway to expand the mental health workforce and the types of therapeutic modalities in the NHS.

The research team is tracking the experiences of participants on three courses that began in September 2022 delivering postgraduate level training in person-centred experiential counselling for depression, dynamic interpersonal therapy and couples therapy for depression.

The first annual survey of participants was sent out last November, and full analysis of the results will begin in February. Early signs show that responders are enthusiastic about working in the NHS, while finding adapting to its service delivery expectations a little challenging.

Amongst the positive themes mentioned were: excitement over being able to offer therapy that is free at the point of access; high levels of support and collegiality from their peers and supervisors; and a clearly mapped career trajectory within the NHS with the opportunity for further training.

Some participants were nonetheless concerned about the time-limited nature of the NHS Talking Therapies programme, with its emphasis on outcome tracking, which sits uncomfortably with the open-ended and flexible approach that is more typical of long-term psychotherapy and counselling.

The research team is also currently writing up the results from our analysis of two focus groups that were held last year, and will track how these early impressions change through the course of the programme with the hope of publishing the findings in an academic journal.

Facing the past
Mandy Gosling on helping adults with unresolved childhood grief
Page 44

YOUR FEEDBACK

Responses to survivors of cults and COVID articles

Dear Editor
I am pleased that you have included an article on cults in the last *New Psychotherapist* [Autumn 2023, right]. I believe it is vital to raise awareness on how cults work and to provide resources for therapists working with post-cult recovery, which requires specialist training and experience.

As a psychotherapist and as someone who grew up in a cult, I have given interviews on and written about this topic from a professional and personal perspective. This is an area that it is vital to educate members in, as some of us will invariably encounter clients who have had such experiences.

Sam Jahara, psychotherapist and supervisor, East Sussex

THE BIG REPORT CULTS

Feature / Cults

Mistaken Identity

WHAT HAPPENS WHEN AN INDIVIDUAL MANAGES TO EXTRICATE THEMSELVES FROM A CULT? KEVIN BRADDOCK LOOKS AT A COMPLEX AREA OF PSYCHOTHERAPY THAT AIMS TO HELP FORMER CULT MEMBERS MEND

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Who are you? Surely all therapists and clients have encountered this question. But for those assisting clients navigating terrifying exits from abusive cultic situations, helping them to find their authentic identity is a central need – in other words, the identity that was buried beneath the 'cultic pseudo-identity' as UKCP psychotherapist Gillie Jenkinson refers to it, introjected by an individual through coercion, brainwashing and, in some cases, sexual and physical abuse in both group and one-to-one situations.

'Clients need first to understand what happened to them in the cult,' says Jenkinson, who now specialises in this emerging field, and trains other therapists in the work. 'A cultic pseudo-identity is something that sits in your system; you haven't chosen it ever. It overlays the authentic identity. Part of the work for the client is to understand what happened, which helps to release the authentic identity. This is done first through "psychoeducation".'

ELEMENTS OF RECOVERY

This is important, according to UKCP therapist Sarah Nicholson, who also specialises in post-cult counselling, because individuals can 'continue to respond to themselves in the way the cult or leader/leadership did. This is often a blind spot for clients. Throughout the process of helping a person understand what has happened to them, it is a vital part of recovery to continue to help a person notice and be curious about their responses to themselves, thinking about where these came from and whether or not they are helpful.'

Jenkinson's work is deeply informed by her doctoral research and her own experiences of cultic abuse. She joined a charismatic church in her late teens, but it was only later she realised how abusive the situation had become. It took another 14 years for her to exit and come to terms with her experiences.

'My situation was complex, and I left in stages,' she says. 'I was in a group that I call "the community" in my book. When the challenges started to come from within the group, my husband and I went to a different church, which offered counselling. At this church, they said they knew what a cult was, but

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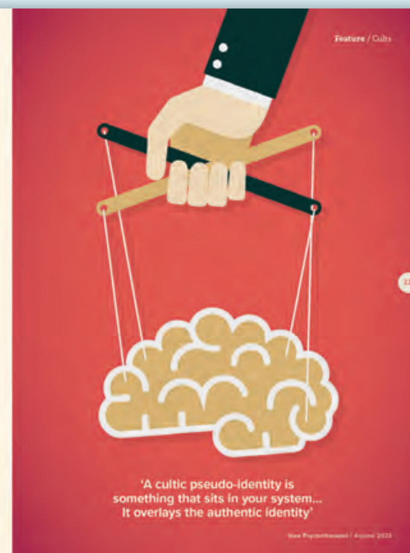

Feature / Cults

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'A cultic pseudo-identity is something that sits in your system... It overlays the authentic identity'

New Psychotherapist / Autumn 2023

See also a review of Gillie Jenkinson's book Walking free from the Trauma of Coercive, Cultic and Spiritual Abuse *on page 16.*

Dear Editor,
I am writing to voice my concern about contentious and misleading views put forward as facts by the UKCP chair, in an article in the last issue of *New Psychotherapist* [Autumn 2023], 'Children's emotional development suffered as result of COVID restrictions, research shows'.

Obviously, it is hugely important to address the impact on children's mental health of the COVID pandemic and policy responses to it, and I am sure many UKCP members are doing so. However, the chair's statement that 'more and more evidence is emerging that these restrictions [such as lockdown and mask wearing] made no difference,' and 'that we sacrificed our children's emotional and physical wellbeing for no good reason', does not feel helpful, or appropriate for UKCP. This view (citing the *Scottish Daily Express*'s reporting on a piece of research) is at least lacking impartiality and, at worst, a potentially triggering untruth. There is much scientific evidence suggesting the opposite of Christian Buckland's conclusion.

I do not feel it is the role of UKCP to publish divisive, poorly evidenced and one-sided views, nor to imply without explanation that policymaking was 'fear-based'. As a UKCP member I feel misrepresented by this article. It feels important to reflect on whether promulgating unsubstantiated and controversial opinions on such a sensitive issue is in accordance with point 32 of the UKCP code of ethics: 'Act in a way which upholds the profession's reputation and promotes public confidence in the profession and its members, including outside of your professional life as a UKCP practitioner.'

Name withheld

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Are you feeling fired up about an issue? Has a feature in this magazine got you thinking? Have your say, tell us what's on your mind or write to us with feedback on this issue by emailing **editor@ukcp.org.uk**.

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Reviews

Recommended reading and essential additions to your bookshelves

Turning Over the Pebbles: A Life in Cricket and in the Mind

When I entered the mental health profession in the late 1970s, the vast majority of psychotherapeutic training programmes encouraged – indeed required – applicants to be qualified in what used to be described as the 'core professions' of psychiatry, psychology and social work.

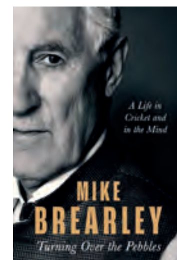
Institutions do now accept candidates who have distinguished themselves in other professional fields. However, I doubt anyone has joined our community from a more unique background than Michael Brearley, who, prior to his training at the Institute of Psycho-Analysis in London, had proved himself as one of the world's most talented sportsmen, having served as captain of the English cricket team.

Brearley also worked as a lecturer in philosophy at the University of Newcastle-upon-Tyne, and with much candour he has published his extraordinary memoir, *Turning Over the Pebbles: A Life in Cricket and in the Mind*. In the space of a brief review, I cannot do justice to the richness of Brearley's autobiography, but I can report that he encapsulates his entire history in the most gracious and compelling of fashions. I was impressed he could distinguish himself not only as an academic and an athlete, but, ultimately, as a psychoanalyst, having studied clinically while working as a sportsman.

Had I not known of Brearley's training in cricket and in psychoanalysis, I would have presumed he had devoted his entire career to philosophy, based on his impressive erudition. And, had I not appreciated his many years as a university scholar, I would have assumed he had dedicated his entire life to mental health, based upon his tremendous knowledge of such iconic heroes as Dr Wilfred Bion. Combining all of these skills and areas of expertise serves as a great reminder that we, as psychotherapeutic practitioners, possess the opportunity to incorporate many passions into our work.

I found myself particularly moved by the great honesty with which Brearley has written about the art of ageing and the preparation for dying. He has even offered us a very touching chapter about his struggle with lymphoma and how he soldiered through the painful treatment, embracing the fact that we all must confront mortality. I learned much from this very important section of the book.

Whether serving as an internationally renowned batsman or toiling in his psychoanalytical office in North West London, Brearley – who ultimately became President of the British Psychoanalytical Society – has made massive contributions to our community, and I recommend this memoir as a wonderful template on how we might enjoy our lives more richly.



Details

- **Reviewed by:** Professor Brett Kahr, Senior Fellow at the Tavistock Institute of Medical Psychology
- **Author:** Mike Brearley
- **Publisher:** Constable / Little, Brown Book Group
- **Price:** £22
- **ISBN:** 9781408715963

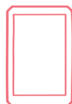
PODCASTS WE'RE LISTENING TO

SHRINK THE BOX

Psychotherapist Sasha Bates and actor–comedian Ben Bailey Smith (AKA Doc Brown) put TV characters on the couch. Episodes explore whether Homer Simpson is abusive, why Fleabag is obsessed with sex, and why Ross from *Friends* causes himself so much drama. Sasha and Ben's lighthearted chats are peppered with insights into the human psyche and what we might learn from these fictional favourites.

Details

- **Creator:** Sasha Bates and Ben Bailey Smith
- **Available:** Apple or Spotify



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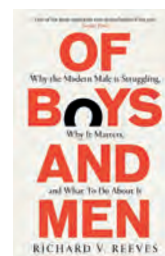
Of Boys and Men: Why the Modern Male is Struggling, Why It Matters, and What To Do About It

'A man,' wrote Simone de Beauvoir, 'would never get the notion of writing a book on the peculiar situation of the human male.' But with boys now behind in education, and men struggling both at work and at home, 'the peculiar situation of the human male' is precisely where Richard Reeves wants to direct our attention.

Some may feel that men have had enough attention. Especially from professions like ours, which have spent much of their history treating the (white) male mind as the norm. Yet there is a growing awareness that a gender-informed approach to men and boys has been lacking in the therapy professions. (Though the American Psychological Association and British Psychological Society have divisions dedicated to male psychology.) For those of us seeking to grow our awareness in this area, this is a useful starting point.

An academic and political adviser – and father to three grown-up boys – Reeves' voice is both reasonable and impassioned. His prose, which ripples with findings from the latest scholarly research, weaves a pragmatic course between the culture wars' opposing factions. It critiques progressives for ignoring biological differences and pathologising masculinity, but gives no ground to conservatives who would use those to undermine women's progress.

This is an important and balanced book, well-grounded in anthropology, biology and socio-cultural analysis.



Details

- **Reviewed by:** Tom Secretan, trainee psychotherapist
- **Author:** Richard Reeves
- **Publisher:** Swift Press
- **Price:** £12.99
- **ISBN:** 9781800751033

Details

- **Reviewed by:** Catharine Arnold, author of *The Psychotherapy Century*
- **Author:** Tasha Bailey
- **Publisher:** Radar
- **Price:** £18.99
- **ISBN:** 1804190918

Real Talk: Lessons from Therapy on Healing & Self Love

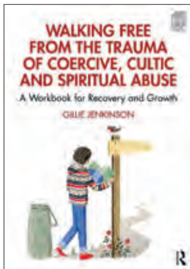
'There is treasure under your feet if you're willing to dig. It's time to give yourself the love you've always deserved.' That's Tasha Bailey's mission statement as she encourages readers to take the journey towards self-healing. A UKCP-registered intersectional psychotherapist, Bailey works from a perspective of people born since the early 1980s, making psycho-education available in the wider world via social media. As a Black British, second-generation woman in the therapeutic field, Bailey has a rare and important perspective to offer for systemic change.

Real Talk opens with Bailey's recollection of telling her own therapist that she hopes 'once I've worked through all my past stuff, I can just sit back and live my best life', only to learn that the healing doesn't stop. 'It's a lifelong journey for all of us.'

Armed with this knowledge, Bailey sets out to accompany her readers on this journey, enabling them to hold up a mirror to their present situation and make sense of their past. In an admirably clear, structured layout, Bailey presents familiar psychotherapeutic concepts such as inter-generational trauma, self-esteem, sex, and identity, along with activities and exercises to help us understand these.

While all therapists would agree that a book about therapy can never be a substitute for the therapeutic process, *Real Talk* is an excellent introduction.

Would you like to review a book or podcast for New Psychotherapist? Get in touch by emailing **editor@ukcp.org.uk.**



Walking Free from the Trauma of Coercive, Cultic and Spiritual Abuse

Details

- **Reviewed by:** Melissa Cliffe, gestalt psychotherapist, London
- **Author:** Gillie Jenkinson
- **Publisher:** Routledge
- **Price:** £26.99
- **ISBN:** 9781032305875

The cover illustration depicts an individual standing with their map and rucksack, ready to embark on a journey. This very map, which is central to the workbook, is brought to life as a detailed illustration with four clearly identified regions to navigate: leaving physically, leaving psychologically, healing emotionally and walking free.

Within each region are critical milestones such as 'face your doubts', 'healthy self-love' and 'unmasking the leader'. What Jenkinson has succeeded in doing masterfully is to distil the frequently complex and confusing process of recovering from the trauma of cultic experiences into simple steps, sequenced in such a way that each step helps to prepare for the next.

The book includes exercises and reflection points couched within digestible excerpts of psycho-education and real-life accounts. Jenkinson describes her own experience in a cult, normalising the resultant feelings and struggles, thus rendering the experience more relatable.

Attention is given to self-care and the first section focuses on helping the reader prepare for the journey ahead. This includes reflecting on what to do if they become distressed or need to pause. Readers can visit 'oasis lake' as often as they need to. Emphasis is placed on the reader choosing for themselves – an essential step when learning to 'walk free'.

By following the map, the reader is helped to understand their unique experience of coercive, cultic or spiritual abuse. Learning about cult dynamics, such as thought reform and gaslighting, helps people to understand various mechanisms of control. Jenkinson also explores traumatic stress and offers ways to manage symptoms, encouraging readers to reflect on the pseudo-identity they developed in response to their experiences and giving exercises to help them discover their authentic self.

The book is informed by Jenkinson's decades of experience. In addition to healing from her own cult experience, she has worked as a counsellor and psychotherapist, developed a post-cult counselling model and her doctoral research involved interviewing former cult members to learn 'what helps' them to recover. She discovered that many of those who sought counselling or psychotherapy found it at best lacking and at worst harmful, due to a deficit of specialist knowledge.

This workbook offers a way of bridging the knowledge gap and offers a valuable foundation for therapeutic work. Written in a warm, encouraging tone, with a balance between psycho-education, real life examples, exercises and illustrations, I felt as if I was on a journey with a wise friend gently encouraging me to learn more. Jenkinson has made a significant contribution to the field.

PODCASTS WE'RE LISTENING TO

GRIEFCAST

This hugely popular podcast examines the human experience of grief and death, but with comedians (usually), so there are laughs among the sadness. Founded and hosted by comedian Cariad Lloyd, who lost her father when she was a child, it is varied, cathartic and revealing. Grief is an unusual lens to use to learn more about others, but is also poignant and truthful. A unique pod that will leave you feeling lighter.

Details

- **Creator:** Cariad Lloyd
- **Available:** Cariadlloyd.com/griefcast, Apple, Android or Spotify

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The Grove Certified

Joylette Hudson

Has a Postgraduate Diploma in Person Centred Counselling, and is a registered member of the BACP and the ACC. Joylette ran an alternative provision for young people ages 14-16 who are disengaged and have experienced adverse childhood experiences. She works with a range of issues at her private practice, Renew Me Therapy.
Trauma course , 2022 intake

the grove

Why I chose to train with The Grove

I did a lot of research into finding the right training provider and I liked what I read about the Grove and the training on offer and was reassured by the testimonials that The Grove was the right provider for me. I also wanted to access training that fit with my life circumstances, and during this season of my life, online was the best option.

What I enjoyed about the course

I enjoyed the depth of knowledge that I was exposed to via the tutors. I felt the course material was rich and provided the right frame of reference for me to connect fully with what was delivered each weekend. I enjoyed meeting new people and borrowing lots of benefits from my colleagues from the course.

How this learning enhanced my practice

Immensely. I did this course to increase my knowledge and feel confident working with people presenting with trauma. Having the knowledge learned in the course has filled me with confidence to work in a more structured way with clients, moving appropriately through the stages of trauma work. I now use assessment tools, something I felt was completely out of my knowledge base and comfort zone.

I also use EFT a lot with my clients, but most of all I think understanding the importance of the phase of stabilisation has equipped me to provide a safe and brave space for recovery and growth for my clients.

The course has helped me to grow out of the imposter syndrome I had when working with clients that present with trauma.

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Is It Ever Just Sex?

Quietly challenging convention, this book is a largely academic tome with a jacket design straight out of the mainstream. It contains scores of references but no in-text citations; it has no chapters, headings or sub-headings but weaves together an incredible range of disparate themes; the print is large and generously spaced, making it a thicker book than its 50,000 words need – but leaving plenty of room for your marginalia.

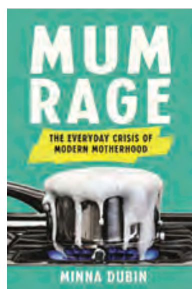
It is also compelling. The author takes psychoanalytic ideas and runs with them – sometimes very far. He is in no rush to reach definitive conclusions, preferring to study issues from many perspectives and never settling for a single narrative – a reflection perhaps of the way every sexual encounter, like every therapeutic relationship, is its own unique story full of infinite permutations and motivations.

Sometimes when reaching for ideas, he overstretches and we find ourselves in the realms of anecdote and supposition, while at other times he disappears on long journeys into esoterica. But then there are instances where there is so much wisdom packed into a few lines, it made me want to show it to every therapist I know.

Of course, sex is never just sex and this book uses case studies, psychoanalytic theory, research, science and the arts to explore why this is the case. I defy anyone to read this and not to learn something extraordinary about the history of sexual practices and to have their minds opened to the intriguing meanings behind our sexual encounters.

Details

- **Reviewed by:** Nick Campion, integrative psychotherapist
- **Author:** Darian Leader
- **Publisher:** Hamish Hamilton
- **Price:** £18.99
- **ISBN:** 9780241624012



Details

- **Reviewed by:** Emma Ledger, trainee counsellor
- **Author:** Minna Dubin
- **Publisher:** Basic Books
- **Price:** £22
- **ISBN:** 978154160131

Mum Rage: The Everyday Crisis of Modern Motherhood

Despite societal progress, motherhood remains central to gendered expectations for women. Defining what a 'good mother' is remains a pervasive subject, and one that would never include 'angry'. In this book, American writer and educator Minna Dubin explores an unspoken crisis of anger affecting mothers in the developed world. She mixes accounts of her own experience as a 'furious mum' with case studies that unpick what society expects of women who have children, from career shifts to emotional reserves, and how these expectations can breed a unique type of not only rage, but loneliness too.

For Dubin, the thankless work of full-time parenting, coupled with seeing her career slip away, led her to scream at her child or 'explode in fury' at her husband. When she moved past her shame and talked with others about how she was feeling, she realised she was far from alone. Dubin includes accounts from mothers across the spectrum of race, sexual orientation and class, drawing on insights from mums who go to great lengths to hide their rage, only to find it manifesting in feelings of depression or anxiety, as well as those who release their rage only to feel shame and regret for their 'ugly' outbursts.

The 'naturalness' of women enjoying motherhood has been challenged by several scholars, such as Ulrich and Weatherall (2000). Dubin believes that the cultural expectation to be fulfilled while rearing children is so strong that the smiling parenthood archetype appears normative, and negative feelings are therefore deviant. She argues that the roots of this anger run deep, from the unequal burden of childcare on mums to the flattening of women's identities once they have kids. There are take-homes too, with Dubin offering practical tools to help disarm rage in the moment, while never losing sight of the broader social change needed to help stop women from feeling such desperation.

This is an aspect of motherhood which may be shrouded in shame, and for that reason this groundbreaking book may be revealing for psychotherapists and trainees working with mothers – and indeed all parents.

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Our training/qualifications are suitable for those with no previous training/experience in Psychotherapy and Counselling and those who are already qualified and want to develop an ecological practice.

We are living in urgent times with the ecological crisis threatening all of life on Earth and the rising complexity of the existential, social, political, economic and cultural realities in our wider world. This has awakened us at to ask searching questions about the role of psychotherapy in meeting these challenges.

The alchemists, the mystics, shamanism, writers from all religious/spiritual traditions have long understood that the human individual is a microcosm of the whole.

Ecopsychology and environmentalism have also long invited us to re-examine the human psyche as an integral part of the web of nature. They have contended that it is not possible to heal our own human psyche and promote a sense of well-being without restoring our connection with the Earth.

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A GOOD ENDING

WE OFTEN TALK ABOUT BEGINNINGS – BUT HOW SHOULD WE END THE THERAPEUTIC ASSOCIATION? FLIC EVERETT EXPLORES WHAT MAKES A GOOD ENDING, FOR BOTH CLIENT AND THERAPIST

Discourse around the therapeutic relationship tends to focus on the beginning, and the ongoing connection. Rarely do we talk about endings, whether long-planned or sudden. Yet the conclusion of a therapeutic journey can mean radical shock for both client and therapist, or a gentle steer into safe harbour before parting.

Fear of change, loss and abandonment might all be triggered by the looming awareness of an imminent ending, particularly for clients who already struggle with those issues, while a sudden, unexpected ending can prove traumatic. 'Bad' endings can result in resentment, guilt and feelings of rejection on both sides. Good endings, however, can free both client and therapist, bringing a specific period of exploration to a natural end and, often, offering the possibility of a future return.

Creating a 'good' ending is the aim of almost all therapy, says Anne Power, UKCP therapist and author of *Forced Endings in Psychotherapy and Psychoanalysis*. 'I have often heard that in therapy, "the end is in the beginning",' she observes. Power remains cognisant of therapy's finite nature throughout the process.

'At the initial meeting, I suggest that we review after six weeks. I usually offer open-ended therapy,' she adds, 'but of course, some therapists use specific time frames such as 24 weeks, which has its own benefits.'

THINKING OF THE FUTURE

Being mindful of the future ending is vital to the success of the process, Power believes. Rather than allowing the client to see the relationship as indefinite, she says: 'Now and again, I will bring that awareness to the client.

'If the client is using the therapist, in a temporary way, as their attachment figure, then I try to be particularly mindful that this will have to end one day – I don't encourage the fantasy that it can go on forever.'

UKCP psychotherapist, trainer and supervisor Bob Cooke agrees that

A GOOD GOODBYE
UKCP's complaints team has compiled a guide to avoiding the situations that lead to complaints, based on learnings from cases. Visit **Bit.ly/3MI11eg**

working towards a satisfactory ending forms part of the therapeutic process. There are boundaries to all relationships, including therapy, he says. 'Crossing this boundary, of "end" or "completion", can feel very different for each of you – it needs to be explored, discussed and, hopefully, agreed between you. This process of ending is a measure of the trust in the relationship.'

SETTING BOUNDARIES

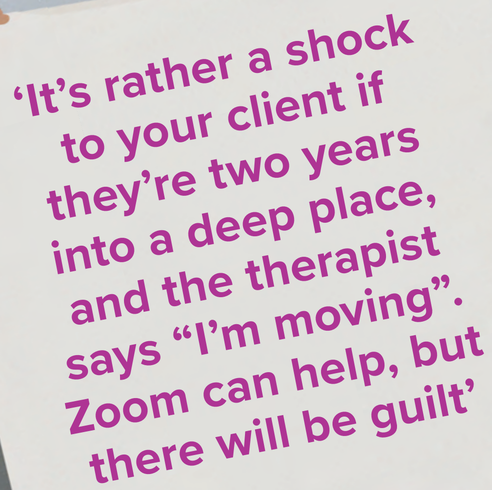
Every therapist has different beliefs regarding a suitable length for therapy. While some assess after six weeks, others plan longer-term.

'One of my first supervisors told me to allow up to seven years for working with a patient,' says UKCP psychotherapist Juliet Rosenfeld. 'I remember thinking that was a long time, but I have learnt it is about right. Of course, not all patients stay that long, but as a therapist you need to allow for that commitment.'

Understanding when to end is essential, she adds – and when a therapist feels unsure, taking the issue to supervision is key. 'Alone and in supervision I would be focusing deeply on what was going on if a patient didn't want to end, and yet I felt I couldn't help.'

Sometimes it is clinically right to end the work, but the patient doesn't feel that, she points out. 'It can be hard to end, and the feelings of rejection that it inevitably brings about must be worked through within the therapeutic >

'Crossing this boundary, of "end" or "completion", can feel very different for each of you. This process of ending is a measure of the trust in the relationship'



alliance – that is very much the job of the therapist.'

One of the great difficulties of endings, she adds, is the nature of therapy itself. 'As with all patients, broken relationships of one kind or another are what tend to bring clients to the work. You have to be very careful and sensitive not to worsen that, and to distinguish between this ending and others,' she warns. 'A therapist may also have to give up hope of a happy ending and tolerate a lot of anger and rejection.'

SUDDEN ENDINGS

A client may ask to end therapy due to finances, a geographical move, dissatisfaction – or more positively, a sense that the work, for now, has been completed. A planned ending can be gradual – but an unexpected and abrupt ending can threaten to damage the delicate balance of trust between client and therapist. Especially if someone just stops turning up for appointments without explanation.

A client who leaves in rage or disappointment can be deeply uncomfortable. Anne Power says: 'You can't go chasing the client – but in a sudden rupture, I would want to send some kind of a warm message – perhaps with the bill. I might want to indicate that having flounced out, they were welcome to come back and talk about it at any time.

'There can be regret, we're not going to feel good about that – the best thing is that we learn from it. That client may have been very challenging and difficult, but we clearly would have liked to have handled it better.'

When a therapist has no choice about being the one to instigate an unexpected ending, however, a different process begins. There is often a reasonable client expectation, Power thinks, that the work will go on as long as necessary.

'It's rather a shock to your client if they're two years into a deep place, and the therapist says "I'm moving". Zoom can help, nowadays,' says Power, 'But there will be guilt and the therapist will have to look at that in supervision so they're freed up to help the client with their process.'

WHEN TO HOLD BACK

If the therapist becomes ill, however, is it wise to share that news with the client? 'I don't think it's helpful to clients for their therapist to say, "I've been diagnosed with depression, I need to take time off…" That level of authenticity may not be beneficial,' says Power. 'Giving a limited amount of information is sensible.'

Lesley Murdin, author of *Managing Difficult Endings in Psychotherapy: It's Time*, adds: 'A plain statement of the situation is desirable so that the patient does not think that they are too much for the therapist. And the therapist's courage in being able to say what is wrong will in itself be therapeutic,' she goes on, 'but there will be grieving to do, which may need a clinical executor if the therapist isn't strong enough to do it.'

Rosenfeld says: 'Therapists do become ill, of course, and indeed they die, so these are all aspects of the work to be thought about at the beginning and throughout one's career. Patients and therapists are all human and prone to serious illness and profound loss and it is dangerous to think otherwise.'

The UKCP code of ethics states that registrants should 'make considered and timely arrangements for the termination of a therapeutic relationship', and if they are unable to continue to practise, ensure 'that clients are informed and alternative practitioners are identified where possible'. They should also 'have arrangements in place for informing

clients and, where appropriate, providing them with support in the event of … illness or death'. Should the worst happen, Cooke advises that a living will, 'will clarify who takes over their clients, who's responsible for the practice, who takes over the process the clients are working on. It's part of the ethics of being a good therapist to have this in place.'

Less dramatically, moving to a new area can also mean an ending. 'When I moved, I opened the probability that the client would be sad, angry – we had time to see how they presented difficulties,' says Murdin. 'If I ended for other reasons, I would just say honestly what my reasons were. But usually, I think we have to continue with whatever difficulties the person presents to us,' she says. 'We sign up to difficult transference and counter transference when we take people on.'

Power recommends keeping the client's attachment strategy very much in mind. 'Quite a lot will have an avoidant attachment strategy, they tend to minimise their feelings, and underplay how much it means,' she says. 'It's difficult for them to admit, so be aware – is there an implicit message of protest from the client? If so, welcome it, because it's beneficial that it's heard.'

For clients with a more preoccupied attachment strategy, she adds, the focus is different. 'Their panic that they won't cope alone is more likely to billow out of control. Ideally, we can link it up with previous work to help them understand something about themselves.'

THE 'GOOD ENOUGH' ENDING

Sometimes, despite the therapist's best efforts to manage their own emotions around loss and the client's need for stability, an ending will be sub-optimal. 'There is often regret,' says Power. 'I certainly have had occasions where I would have liked to have done better, but subsequent clients benefited from what I learned.'

Murdin adds: 'Endings are sad and painful in many ways, but also a cause for celebration – both poles need to be held.' They can also inform the process of learning about oneself – no matter how painful they are for those involved to navigate.

'I would say endings can be useful,' she says. 'So that ending and death are no longer part of a paranoid structure of life and the world.' ●

Learning from complaints

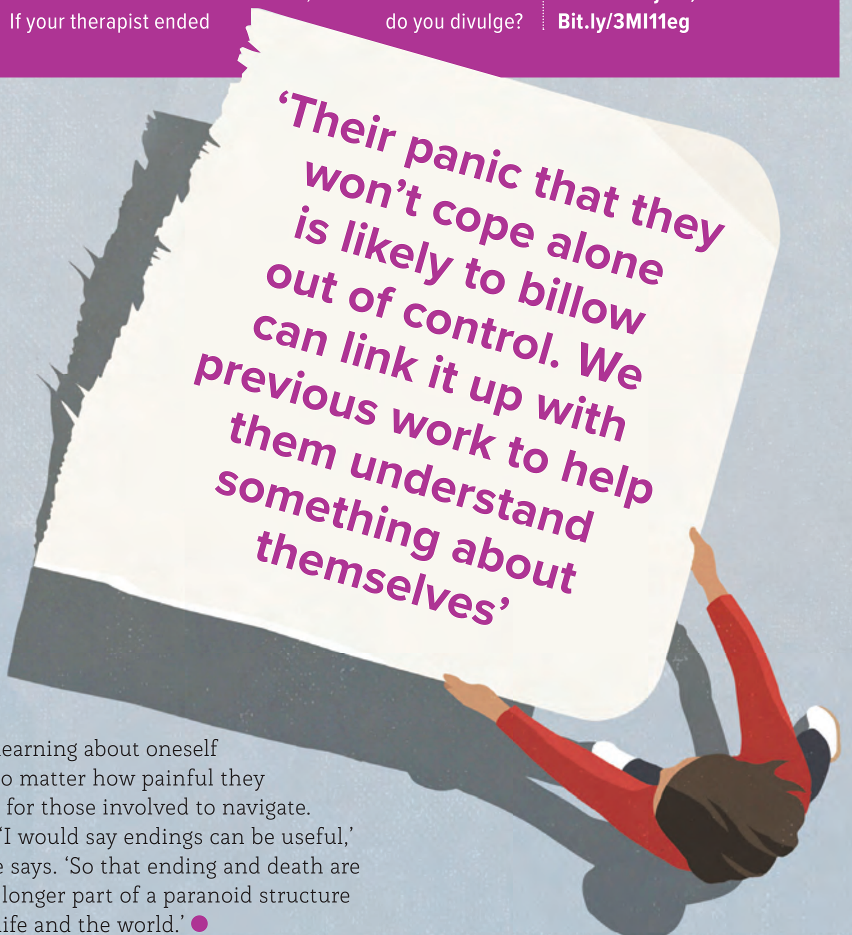
Endings is an area that frequently leads to complaints, with clients (or potential clients) expressing dissatisfaction about the manner in which their therapy ended

It can be hard to tell a potential client that you can't help them. They may have put off coming to therapy until they have reached a point when they are very vulnerable. Telling them that you can't proceed is a rejection. But it is unethical to attempt therapy with someone when it is outside your expertise, techniques and scope of practice. How can you soften the blow?

- Try to put yourself into the client's shoes. If your therapist ended the therapy, how would you want them to handle it? How would you like to be treated? It may be appropriate to offer an alternative therapist.
- Have a contract in place making your termination process clear. This could cover how long therapy should be for, if appropriate, and what happens to any documents you hold. Generally, the longer the therapy, the longer the notice period.
- Do you tell your client that you are unwell? If you do, how much information do you divulge? What role can your supervisor play in helping you tell your clients? What support do you have in place to manage the informing of your clients?

There are no hard-and-fast answers. Our best advice is to think of your client and always ask your supervisor and organisational member or college for support.

For more information about areas that may lead to complaints and other useful details on the subject, visit Bit.ly/3MI11eg



YOU SPOKE, WE LISTENED

MAGAZINE READER SURVEY RESULTS

Changes are coming to *New Psychotherapist* thanks to your feedback

In early 2023, we conducted an online survey asking members for feedback on *New Psychotherapist*. The survey is part of our mission to continually improve the magazine in order to ensure it represents and reflects psychotherapy as fully as it possibly can.

Member responses reveal a very high level of readership of *New Psychotherapist*, with 81% of respondents saying that they read the magazine at least sometimes. While 42% read every issue, and 41% read most issues.

But despite this, there is clear scope for improvements to our editorial focus. Only 11% of respondents said that the balance of content in *New Psychotherapist* should stay as it is, with 83% saying that the magazine should focus more on psychotherapeutic ideas and practice. Over two thirds of members wanted to read more about the application of psychotherapy in society.

The most popular reason to read *New Psychotherapist* was to find out about news relevant to the profession (74%), while 58% said that they read the magazine because the subject matter interests them, 57% for professional development and 55% to keep up to date with UKCP news.

There were calls for more news, research, reviews and big report feature articles. You told us this is what you most want to read, and we have listened.

In the upcoming issues of the magazine you will begin to find changes to our content. There will be more member-led content, debates and deep-dive research content, plus a new design of the magazine to reflect our new beginning and direction.

Psychotherapy is replete with change and new beginnings. *New Psychotherapist* is committed to listening and innovating to ensure it continues to be a valuable and useful resource for all our members. Please do get in touch with thoughts, ideas or feedback via **editor@ukcp.org.uk**

There were calls for more news, research, reviews and big report feature articles

IN NUMBERS

90%
the majority – 90% – of members only read the printed magazine

544
members responded to our survey

2018
the year *New Psychotherapist* was first published

12%
of readers share their copy of the magazine with others

42%
of respondents said the magazine helps build a positive reputation for UKCP

BE PART OF CHANGE

We want to recruit an editorial panel to help drive the direction of the magazine, facilitate discussion between different parts of UKCP, and ensure all of our membership is represented. We'd love to hear from you if you'd like to be part of this, please email **editor@ukcp.org.uk** with 'Editorial panel' as the subject line.

WE ARE LOOKING INTO WAYS TO MAKE OUR ONLINE VERSION EASIER TO READ. WATCH THIS SPACE!

Working with and learning from survivors of child sexual abuse as part of the Independent Inquiry into Child Sexual Abuse

BY **DIANA BROMBOSZCZ**, UKCP INTEGRATIVE PSYCHOTHERAPIST, AND **DANNY TAGGART**, CLINICAL LEAD AT THE INDEPENDENT INQUIRY INTO CHILD SEXUAL ABUSE AND PRINCIPAL PSYCHOLOGIST FOR THE TRUTH PROJECT

Reagan* became severely depressed following an experience of child sexual abuse. She was given medication and counselling, but she did not find this helpful as she "felt forced to talk" when she was not ready to. When she was a teenager, she took an overdose and was placed on a psychiatric ward. She missed a lot of college because of this. Later, she had psychotherapy, which she did find beneficial, and was able to return to college and find work.

Many psychotherapists will recognise Reagan's story from their own practice; experiences of sexual violence, followed by intermittent attempts at accessing help that are misaligned and exacerbate the person's struggle, leading to in time a safe space to talk, some healing and the recovery of meaning and purpose in life.

Reagan's story is one of over 1,100 accounts of child sexual abuse (CSA) and its impacts published by the Independent Inquiry into Child Sexual Abuse (IICSA) as part of the Truth Project.[1] The Truth Project heard directly from more than 6,000 adults in England and Wales who had been sexually abused in childhood and chose to share their experiences with IICSA to help us understand the impacts of CSA and to prevent it from happening to future generations of children. IICSA was established in 2015 by the then Home Secretary to investigate institutional failings in the prevention and response to CSA in a range of areas of public life, including religious organisations, residential schools and children's homes.

SURVIVORS' INSIGHTS

Following the conclusion of IICSA and the publication of its final report in October 2022, we wanted to reflect on what insights survivors have to offer psychotherapists working in the difficult arena of non-recent child sexual abuse, and also to describe the contributions that psychotherapists and psychotherapeutic theory made to the inquiry's work. As a practising psychotherapist who supported survivors engaging with IICSA (Diana), and a clinical psychologist who oversaw the inquiry's commissioning of therapeutic support services and the psychological consultation service (Danny), we offer personal reflections on our work alongside insights based on IICSA outputs.

IICSA has published three types of report: summaries of survivor testimony from the Truth Project, externally commissioned research reports, and evidence provided during public hearings. All three provide potential insights into the therapeutic needs of CSA survivors and how best to provide this support, but we wanted to focus on a couple of examples that are relevant to psychotherapy.

A research report commissioned into support needs discovered that only a minority of the sample consulted (22%) had ever accessed support of any form.[2] For those who did access support, the average time lapse between the abuse and seeking support was 19 years, and the support was rated as mediocre. Those surveyed reported that they valued specialist forms of therapeutic provision more highly. This specialist training was perceived as making more of a difference for CSA survivors than more general support. As one respondent put it: 'I accessed private therapy and it was the best thing I've ever done. The lady I ended up seeing actually had quite a lot of experience of talking to people that had been abused as children.'

> **There were reports from survivors who had attempted to disclose, only to find professionals unable to respond appropriately**

For the majority of survivors surveyed (85%), there were barriers to accessing support, which included people feeling as if they should 'get on with it', and that the abuse did not warrant external help even though the impacts on mental health and social functioning were profound and wide ranging.

The level of internalised stigma and shame reported by survivors in the Truth Project's *Experiences Shared* report emphasises the way in which the powerful silencing effects of abuse can prevent people seeking help.

There were myriad reports from survivors who had attempted to disclose, only to find professionals unable to respond appropriately. Juan* described feeling 'he had been shut down and prevented from telling his story. He tried to access counselling for the abuse, but was directed to an anger management course, which upset him'.[3]

SUPPORTING SURVIVORS

However, it was not only through research and the Truth Project that IICSA learnt about the impacts of CSA and how best to support survivors, but also through the work conducted within the inquiry itself. IICSA developed a Trauma Informed Approach (TIA) to support survivors engaging with the inquiry.

While TIAs have become ubiquitous over recent years, the inquiry's approach included a therapeutic support offer to all Truth Project participants and public hearing participants. The inquiry employed a multi-disciplinary clinical team and also commissioned specialist sexual violence services to provide therapeutic support to the large numbers of survivors engaged with the inquiry. The duration of support varied

significantly from a few sessions for Truth Project participants to several years of support for some public hearing core participants. While the therapeutic support offered was not formal therapy, it did glean insights into themes relevant to psychotherapeutic practice.

One key area that required therapeutic attention was the risks of retraumatisation through engagement with IICSA. Linking to Sandra Bloom's (2010) conceptualisation of the 'parallel process' of the original abuse dynamic being recreated in the survivor's engagement with the inquiry,[4] we found a psychotherapeutic sensibility to be invaluable in attending to unconscious dynamics between IICSA and survivors.

GAINING TRUST

For example, many survivors understandably approached IICSA with considerable suspicion and mistrust given their previous experiences with abusive and neglectful institutions. The therapeutic task was often about enabling survivors to have the space to articulate these concerns, while attempting to help ground them in a present reality where IICSA could be experienced as a benign, if imperfect institution in its own right.

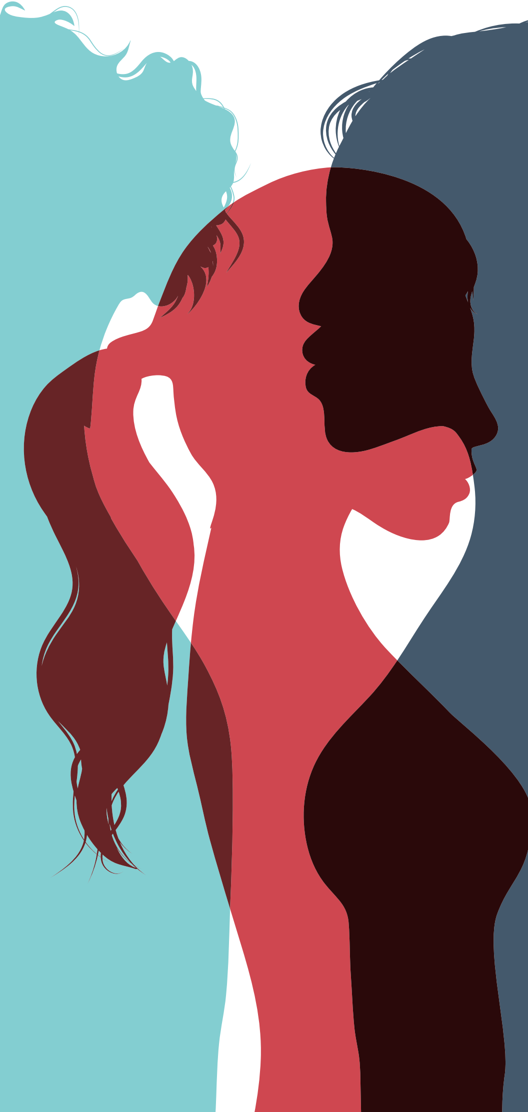
In a similar fashion, in working with non-therapeutically trained inquiry staff, our consultation service was often required to translate unreasonable or even abusive communications from survivors into a form that made them understandable in light of their past experiences. In this sense psychotherapists operated on the boundary between survivors and the inquiry, mediating between the two parties and attempting to establish shared meanings whereby one could better understand the other. This intermediary function was a complex task requiring significant reflexivity and the ability to tolerate overwhelming unconscious projective processes that often manifested in the form of victim, perpetrator, rescuer dynamics.

The very 'public' nature of the inquiry intensified the inherent anxiety of everyone involved

The very 'public' nature of the inquiry intensified the inherent anxiety of everyone involved, and therapists were often unconsciously cast as the 'moral' enablers who provided the care the survivors felt they needed and deserved. This demanded some careful management of boundaries from the therapists and a high level of supervision and support for the staff delivering this work.

While these examples pertain to the unusual working environment of a public inquiry, which has particular working practices, organisational culture and proscribed roles, we feel there are themes applicable to all professionals working with CSA survivors in other settings:

- The complex relationship to care experienced by many survivors as a result of their experiences, and how this can impede well-intentioned but naïve attempts to 'help'.
- The lack of understanding of unconscious abuse dynamics,



IICSA and other investigations into non-recent child abuse have become a feature of high-income countries over the past 30 years and are necessary because of the legacy of the silence that pervades these crimes and institutional responses

and the importance of bringing these into awareness in both the therapeutic relationship and wider organisational system.

- The importance of carefully managed therapeutic boundaries and support systems to enable therapists to engage in the types of radical empathy with abuse survivors that can be such an important part of the healing process, and yet demands so much of all parties.

All of these, it seems to us, have been crucial points of learning in our own work at IICSA, and we have appreciated the psychotherapeutic models available to help us think and work with them in mind.

However, the most profound implication for therapeutic practice in this area comes not from inquiry reports or the direct work we undertook, but by the very existence of the inquiry and its success in engaging survivors. IICSA and other investigations into non-recent child abuse have become a feature of high-income countries over the past 30 years and are necessary because of the legacy of the silence that pervades these crimes and institutional responses.

This silencing of survivors is not a natural by-product of child sexual abuse per se. It is a result of the reluctance of individual perpetrators, families, professions, institutions, communities and societies to find the language to bring these hidden harms into the light. The resulting stigma and shame survivors internalise due to collective failures can lead to the most pernicious impacts of abuse, including acting as a barrier to survivors seeking help.

DISSIPATING TRAUMA

A therapeutic dialogue is one way a previously hidden trauma can be shared, processed, and partially dissipated through making it expressible, shareable and bearable. An inquiry such as IICSA provides another method of enabling this on a societal scale. In this sense, IICSA can challenge the prevailing orthodoxy in mainstream services, which suggests that survivors of CSA cannot safely talk about their experiences without opening a 'can of worms'. The Truth Project facilitating over 6,000 adult survivors to share their experiences is evidence of that. This offers validation for psychotherapy, illustrating that these conversations can happen if they are carefully managed and have healing potential.

Let's finish with these words from a survivor. Corrine* was in her 60s when she shared with the Truth Project, and this was the first time she had ever spoken about her experiences of CSA. She said that, while she wishes she could have done it 50 years ago, after sharing with the Truth Project, 'I feel like a big weight has been lifted off my shoulders', and that she can 'let it go'.[5]

Names have been changed. Experiences shared with permission.

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Working therapeutically with survivors of child sexual abuse

Tavistock Trauma Service's Dr Joanne Stubley looks at the clinician's role, from enabling disclosure to working with the experience of trauma

Whatever your setting, it is likely that you will encounter survivors of CSA in your practice. While statistics are always likely to be an underestimate, figures from the Office for National Statistics suggest that one in 13 adults reported experiencing CSA, indicating 3.1 million adults in the UK have been affected.[1] In adulthood, survivors are at increased risk of physical, psychological and social complications due to these experiences.[2]

Memory and trust

From false memory syndrome in psychology, to Freud moving away from the seduction theory to focus on patient internal phantasy, to the backgrounding of traumatic injury in psychiatry, the therapeutic professions have a long and complex history with CSA survivors, reflecting broader societal swings between acknowledgement and denial. This dynamic can also enter the therapeutic space, linked to Freud's description of the repetition compulsion. Essentially, what cannot be remembered is destined to be repeated, or even acted out. This is a dyadic, intersubjective experience in which both therapist and survivor are implicated.

Remembering in trauma, holding a narrative and allowing the associated emotional responses, is inevitably problematic. Trauma impacts the capacity for symbolic thought so that words are not possible. It can be unthinkable, unbearable and overwhelming.

When words are not possible, the experience may be held instead in the body in the form of flashbacks – intrusive images, bodily sensations, fight or flight responses – or bodily symptoms perhaps best described by Bollas[3] as the 'unthought known'.

The unbearable experience of trauma may also lead to a dissociative response – the escape when there is no escape that occurs in the freeze response. Dissociation allows for detachment from the experience, and then compartmentalisation, so that it may no longer be available for conscious recall or thought. It is inferred only through its absence, the rippling after-effects from the moment of psychic annihilation.

Encouraging disclosure

When the capacity to remember is impaired, unconscious dynamics as part of the repetition may be enacted. These can take the form of the original trauma with the roles of victim, perpetrator, rescuer and bystander (who is usually the unseeing other) brought into play.

There is empirical evidence[4] that suggests that some mental health professionals struggle to ask about CSA when taking client history, and that their reluctance can stem from concern that they may harm the person by saying the wrong thing. The potential to avoid the disclosure of CSA may have many causes, and may be a repetition of earlier experiences where the bystander has turned a blind eye.

To take an active stance in recognising this potential requires active, compassionate listening to facilitate a space in which disclosure may unfold.

Professionals may, and often do, shift between different roles that are a part of the dynamics that can occur when working with survivors of CSA. In the health professions we are often doing the job because of our own complex reasons, our history, personality or personal issues. We want to help people, but professionals may recognise the propensity to turn to the rescuer role that may be a part of what has led to their choice of profession. Rescuing needs to be acknowledged as a form of disempowerment, preventing the survivor from finding their own strengths, taking agency away and even pushing them into actions that ultimately may not be helpful.

For other professionals, wishing to turn away from the reality of abuse may be the primary issue. Research by Glen Gabbard[5] found that boundary violations in clinical practice occur more frequently with survivors of CSA.

In considering these inevitable pulls to unconscious enactment of traumatic experience, it becomes clear how vital it is for us all to have spaces for reflection – therapy, supervision, reflective practice groups, good team structures – which allow for a recognition of the emotional impact of acknowledging the unbearable atrocities inflicted on children.

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THE RISE OF NARCISSISM

THE TERM 'NARCISSIST' SATURATES EVERYDAY LEXICON, BUT IT IS OFTEN MISUSED, MISUNDERSTOOD – AND CAN EVEN PUT CLIENTS AT RISK, SAYS EMMA LEDGER

You hear the word narcissist a lot these days. It has become a popular shorthand for anyone expressing 'bad' behaviour; whether that's acting with an inflated sense of self-importance, or lacking empathy and self-awareness.

The term has become a buzzword on social media, where it's frequently attached to high-profile names including Donald Trump and Russell Brand. TikTok videos including the word 'narcissism' have clocked up over 4.3 billion views, and there's a growing number of users on the platform who openly call themselves narcissists under the hashtag #NarcTok.

IS NARCISSISM ON THE RISE?

Cultural overuse of the term narcissist in recent years has led to an anecdotal rise in clients bringing the term into psychotherapeutic work.

Clinicians are increasingly finding that this is happening with younger clients, especially those aged 18–34, who will confidently use the term in relation to someone they may be struggling with (such as a difficult boss) or even label themselves as being narcissistic.

Psychotherapist Susan Harrison MA has experienced a sharp increase in how often the term crops up in client work. 'Narcissism is a term now in general use,' says Harrison, who is currently researching the rise in narcissism. 'People often mean someone they find egotistical or very extrovert and attention seeking. But the general use can distract from the clinical seriousness of the condition, much like the use of 'paranoid'.'

Along with terms such as triggering and gaslighting, narcissism forms part of a phenomenon known as 'therapy speak', in which psychological terminology has entered everyday parlance.

In a recent *Guardian* newspaper feature on 'therapy speak', secondary school teacher Kate (a pseudonym) from Manchester described how the conversations among the teenagers who she teaches have changed over the past few years. 'I hear words like narcissist so often now,' she said. 'Young people are using it to describe their fellow pupils and other teachers.'

While it might be argued that the increased awareness of such terms can provide new opportunities for the general public to understand elements of mental health and help reduce the stigma surrounding them, some experts are concerned that it is actively unhelpful.

Dr Aaron Balick, author of *The Psychodynamics of Social Networking*, says: 'The problem with the adoption of therapy speak is that terms like narcissist become reductive explanations of perceived presentations, rather than sophisticated concepts that are used to better understand ourselves and others.

'It's a great example of the maxim that a little

knowledge is a dangerous thing, because if you stop at the level of explanation or label, you completely miss the point. This is why actual mental health clinicians do not get their licenses to practise from TikTok.'

Moreover, casually labelling someone a narcissist – or self-diagnosing as one – could even be damaging to clinical work. It may obscure, confuse and complicate, which would do the very opposite of helping someone to get to the truth of their situation.

WIDESPREAD MISUSE

Mark Vahrmeyer is an integrative psychotherapist and a co-founder of Brighton and Hove Psychotherapy and has written extensively about narcissism. 'The term is used in my experience most commonly with younger generations, but has since spread to become universally (mis)used.

'I have even encountered mental health professionals referring to 'narcs', which I find extraordinary, and simply serves to perpetuate the misconception around the clinical meaning.

'When clients use the term in my practice, it is one I will generally steer them away from, instead focusing on their experience rather than the pathologising.'

These insights beg an obvious question: is the populace becoming more narcissistic, or is there simply greater awareness of narcissistic traits, along with a readiness to call them out?

'Clinical research would suggest that we are not becoming more narcissistic in terms of personality style,' says Vahrmeyer. 'However, what has exponentially changed are two major factors: the world is changing too fast for us to cultivate meaning, and secondly, technology is playing an all-encompassing role in dehumanising us.

'My view is that, as a result of a combination of a loss of collective meaning and the ease of online interactions, we become more narcissistic. However, unlike those with true narcissistic personalities, it is reversible and as a clinician I know only too well the power of change that comes from a therapeutic relationship.'

'Using the term narcissism as a label is utterly unempathic'

For Balick, social media is a large part of the reason we hear about narcissism so much these days. He says: 'Social media is constructed in a way that enhances self-involvement [a term he uses that is distinct from narcissism] because it is essentially a public presentation of the false-self [see Winnicott].

'It's not really a problem if there's a healthy relationship with that part of the self and it's seen for what it is. The problem is when someone identifies with that presentation, or identifies others as their presentation.

'In psychoanalysis, we understand the inflation of self-love as a defence against its very opposite, which arises from a lack of appropriate recognition in childhood. When one misunderstands the underlying causes, it can lead to a lack of empathy. Narcissism simply becomes a description of someone's presentation rather than a deeper understanding of that person.'

Vahrmeyer agrees: 'Using the term as a slur or label is utterly unempathic. Someone with a personality style that is both rigid and narcissistically dominant has a difficult time in terms of their relationship to themselves and others. They are developmentally arrested and spend their life shoring up their felt deficiencies and hiding from being known by others. These individuals have significant limits when it comes to the ability to be in intimate relationships.

'Contrary to popular opinion, having a narcissistic personality does not make a person a winner – it is a deficit.'

The proliferation in the use of terms such as narcissism can dilute the meaning of the words themselves, and we know that words have great power. The freedom to speak plainly is a gift that our clients should be encouraged to use. ●

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FROM LOSS TO HOPE

KATIE HOPE, DIRECTOR OF OPERATIONS, AND **KATHERINE COX**, CLINICAL DIRECTOR AT THE CHARITY TRAUMA FOUNDATION SOUTH WEST, EXPLORE THE CHALLENGES, DANGERS AND LIFE-ALTERING POSITIVES THAT CAN ARISE WHEN WORKING THERAPEUTICALLY WITH REFUGEES TO HELP THEM JOURNEY TOWARDS A BETTER FUTURE

Can you imagine living on less than a tenner a week? That's the reality for many of the 175,457* asylum seekers currently waiting for the UK government to process their claims. Prohibited from working, they are given a weekly allowance of £9.10 and housed in hotels – run by large profit-making companies – described as 'de facto detention' by the charity Refugee Action.

The dire state of the UK asylum system can leave refugees isolated from communities, forced to endure poor conditions and limited food, lacking privacy and freedom of movement. This further dehumanisation compounds the struggles they may already be experiencing as they try to cope in the face of multiple losses – of home, family, identity, status, career, language and culture.

Trauma Foundation South West [TFSW] is a charity that was set up in 2002 to meet

*Current at the time of writing.

'The dehumanisation of refugees compounds the struggles they may already be experiencing'

Asylum seekers face poor living conditions, a well-known example being the Bibby Stockholm barge

the needs of traumatised asylum seekers, refugees and victims of trafficking living in Bristol.

Founded by UKCP psychotherapist Dr Judy Ryde, it offers free long-term therapy to those fleeing torture, oppression and war, as well as training and supervision for those working with traumatised asylum seekers within other agencies.

REMOVING BARRIERS

TFSW's sessional psychotherapists, counsellors and interpreters have thus far provided support to more than 980 clients, mostly in person. Since the COVID-19 pandemic, the charity has expanded to work online and by phone, helping to further remove barriers to those who need help.

For one-to-one work, TFSW offers weekly sessions for a year, followed by fortnightly or ad hoc meetings for a year, and then a monthly group. It also runs art therapy groups and other language-based therapy groups.

'Our clients have experienced complex trauma and often become very distressed – even clinically depressed – as the irrevocable nature of their many losses comes home to them,' says Dr Ryde. 'The practical difficulties of staying alive at the bottom of the social hierarchy bites home.

'We must be alive to difference in culture leading to misunderstandings,

Case Study 1

MEMORIES OF FREEDOM

A therapist shares insights into their work with asylum seekers and refugees

As Yusuf* enters the room, I notice his hunched shoulders and painful limp. He avoids eye contact with me and Elif*, the interpreter. She and I look at each other. We know from previous sessions that Yusuf was tortured for political activities, escaped with significant injuries and was trafficked by lorry in conditions that further placed his life at risk.

Yusuf has a wife and children back home but no way of knowing if they are safe or even alive.

'How have you been?' I ask gently and Elif, equally gently, translates. Yusuf's nightmares, flashbacks and hyper-vigilance are the psychological scars he carries alongside his physical injuries. As he speaks his pain, it is a struggle to see any hope in his situation. I glance at Elif, knowing that she, too, has known this path, and I am aware of holding the feelings of all three of us. It would be too easy to fall into a dark despair.

We explore what Yusuf can do to try to steady his system – deep breathing, listening to music, looking out of the window at a tree. There is something about the tree.

As he speaks, Yusuf begins to look up and make eye contact. He tells us about a tree in the garden of his childhood home, how he used to climb its branches and look out over the countryside. We explore those memories of freedom and joy, and Yusuf reminds himself how 'his' tree had survived.

I notice Yusuf's posture straighten and a small smile play on his lips. It is frail hope, but it is hope, and we end the session with a tree meditation, which he will continue back in his sparse room at the hotel on the edge of the city.

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and we must be able to remain thoughtful but emotionally present when clients are telling us stories that are distressing.

'About half our clients need interpretation, and because of the relational nature of our work we do not see interpreters as akin to interpreting machines but always acknowledge their presence as another human being who has significance.

'We also acknowledge that the stories that clients bring are often distressing to interpreters, many of whom have had similar experiences. We give time to the

Case Study 2

DESPERATE TO HELP

Supervision is vital to ensure people working in this space avoid burnout. Here, a supervisor shares their experience with refugee sector worker Josie*

Josie*, a refugee charity coordinator, enters looking stressed. I make her tea and ask what she needs to let go of the outside world. She sighs deeply, 'I need space'.

'I don't know where to start,' she says. 'It's been so busy at the drop-in centre. I haven't had a moment to myself. But clients are going through so much, I feel guilty taking time for me.'

Josie feels desperate for Jabar*, a young Afghan made homeless despite being granted refugee status. He has seven days to leave his hotel and can't get documents, work or accommodation in time.

'None of us knew this policy was changing,' Josie says angrily. 'We have to refer people for sleeping bags and tents; there's no accommodation and as a single man he's not "priority need" at the council.'

We sit together with injustice; acknowledge her powerlessness and anger, and refugees' parallel powerlessness. I ask her about Jabar. She says: 'He reminds me of my younger brother – funny, cheeky and brave.'

'And how are you?' I ask Josie. She's not sleeping well and regularly contemplates work at home. Toxic political rhetoric about asylum 'makes me sick', and a stranger verbally abused Josie about her job. I recognise the pressure from inside and outside work. 'I feel squeezed,' she admits. 'But after three years in this job, I can't imagine not helping.'

I reply: 'You need to put your oxygen mask on first to help others.' We think together how Josie can support her mental health, by taking brief walks or connecting with colleagues.

I focus on how Josie helped Jabar feel less alone; how she motivates and supports volunteers at the drop-in; the organisation's warmth, friendliness, meals and activities. Josie starts to look more relaxed and her shoulders unhunch.

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interpreter to express their distress after the session if necessary.'

For the past ten years, TFSW has also provided supervision and bespoke training for 25 refugee charities, local authorities and other agencies that help to support refugees' self-care.

It recently set up online training around self-care that's open to anyone, helping practitioners avoid vicarious trauma and to work effectively with interpreters. The income from this work supports client therapy costs, but the charity relies heavily on donations to keep going. ●

'We give time to the interpreter to express their distress after the session if necessary'

Support TFSW

TFSW provides high-quality training, bespoke to your organisation or on a rolling programme that you can book onto. For details, visit **tfsw.co.uk/training** or to find out how to donate, go to **tfsw.co.uk/donate**.

Case Study 3

VICARIOUS TRAUMA

There is high potential for vicarious trauma for those who work with refugees, says trainer Katherine Cox

Arriving to deliver the training on preventing vicarious trauma and burnout in a cluttered open-plan office, there is a sense of camaraderie and connection. 'Sorry,' the manager says handing me a chipped mug of tea. 'Since the Home Office opened the new hotel it's been crazy – 80 new people moved here overnight and, of course, no extra resources.'

People gather in the hastily arranged circle of chairs. I can see they are struggling to leave their tasks and I notice stress and fatigue lining the faces of many.

As we start the session, people share their experiences. They speak of their love of the work; the survivorship of their clients; anger at the system, and the sense of futility and hopelessness because things are getting worse; their pain that others don't 'get it' and feeling that – like the clients – they are on the outside of a society that doesn't care.

This team is on the front line, working with people who show extraordinary resilience and a worrying vulnerability – a complex combination lived out in the team in parallel process.

As we talk about what sustains us in life and work, I see the transformative, creative connections of loving compassion, respect, humanity and care that are – for us all – the antidote both to trauma and vicarious trauma.

In a job that demands everything, self-care can feel like just another impossible expectation.

Yet people who forge compassionate connections with those who have experienced deep trauma must stay resourced, and self-care is central to that.

During training, I offer thoughts on thinking about self-care, encouraging people to ask themselves, 'what gives me a sense of fulfilment?', 'what and who do I love?', 'what helps me to grow?', 'when do I laugh and how can I laugh more?'.

The training helps us to discover ways to connect with ourselves, and to one another. We learn, we grow, we share, we weep and we laugh, and we are together, in community.

Let us treat ourselves with the same care and respect as we would expect to be offered to others, and with the same degree of commitment.

*All case studies have been fictionalised to protect the anonymity of those TFSW works with, but are based on real issues.

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‘Loss in childhood is often hidden and shrouded in shame’

UKCP THERAPIST MANDY GOSLING EXPLAINS HOW UNRESOLVED CHILDHOOD GRIEF CAN CAUSE DIFFICULTIES IN ADULT LIFE, AND WHY GREATER AWARENESS IS URGENTLY NEEDED

After a career in medical sales and while raising her family, Mandy Gosling began training in psychotherapy in 2009. Having achieved multiple qualifications, she focused on unresolved childhood grief, which became the subject of her master’s degree. Alongside clinical practice specialising in working with adults who have experienced a parental or sibling death as children, Mandy works to raise awareness of the long-term impact of childhood grief by giving talks, conducting research and lobbying the government.

Why did you become a psychotherapist?
I’ve always been interested in relationships and the complexity of the human psyche, and as a young adult I started reading books to help me understand more about psychology. But life can take you down a different path, and when I had a young family my focus was on them. When I turned 46 I found myself in a job that was unfulfilling, and I asked myself ‘what about the next part of my life?’ I decided to do a one-year foundation course in counselling to see what I thought. I enjoyed it and liked how my teacher taught. She had trained at the Centre for Counselling and Psychotherapy Education [CCPE], so I decided to enrol there for my diploma. I never looked anywhere else, and I never looked back. Now I don’t even think about my life before I became a psychotherapist, it feels so long ago.

Prior to your training, what did you think of psychotherapy?
I’d never experienced it, so I don’t think I valued it. There was an assumption growing up that therapy was for very severe issues. In my 20s I had lots of anxiety and poor self-esteem, I felt worthless and I always struggled in relationships. Now I know much more about why I was in that space. I think that is a common experience; people struggle but they don’t know why. Therapy help gives people the knowledge that there’s nothing wrong with them, it’s what has happened to them.

Tell us about your own personal experience of psychotherapy...
I valued the consistency and it gave me the opportunity to be listened to and heard without judgement. I was bereaved when I was nine years old when my mother died aged 36. Yet in the first four years of therapy, I never mentioned the loss of my mother. Therapy allowed me to find the strength to continue understanding myself, which has led me to where I am today.

What made you decide to focus on unresolved childhood grief and childhood development?
When it came to doing my master’s at CCPE, I was unclear on what to research. I was 51 and the question arose about my own childhood bereavement, however it still felt painful. My tutor encouraged me, and when I began my research I realised how much was missing in that particular area of grief. I wanted to understand the whys and wherefores of the long-term impact of unresolved childhood grief in adults.

In what ways might unresolved grief in childhood manifest in adult life?
This is where the nuances and complexities exist – there isn’t an exact template of how it presents. The factors of pre-bereavement, the type of loss and how it was handled

Photographer: Joseph Branston

When Mandy began to explore her own unresolved grief during training, she realised the subject was under-researched

Mandy says that unresolved childhood grief can present as both physical symptoms and emotional problems

at the time, and post bereavement all impact the outcome. However, some of the common themes present as anxiety and depression, health anxiety, addictions and PTSD symptoms. There can be physical manifestations, as evidenced in many studies from trauma and grief. Clients regularly present with a sense of self that has not received the nourishment it needed. This shows as low self-esteem, difficulties in forming and maintaining relationships, parenting challenges and emotional disregulation. The delayed grief can be recognised in psychiatric diagnosis, presenting as prolonged grief disorder, post-traumatic stress disorder, obsessive-compulsive disorder and personality disorder. While some of these presentations are common for us to see in clinic, the root cause is grief that needs to be understood and worked through.

Where has your focus on grief led you to today?
I work with adults who experienced a parental or sibling death as children and, in the most part, did not receive support at the time. Often my clients are relieved to find someone who understands this phenomenon.
I set up a resource website, abcgrief.co.uk, and today I speak regularly on the topic. I attended the inaugural European Grief Conference in 2022, where I met Professor Dr Geert Smid who specialises in prolonged and traumatic grief, and we are now working together on some research. I continue to find opportunities to collaborate with others in the bereavement sector, charities and the media. This year, I have been offering workshops for individuals, developing training for therapists, alongside running group therapy for a charity. I have also been interviewed on several podcasts, most recently on Conversations with Annalisa Barbieri.

‘Clients are relieved to find someone who understands this phenomenon’

What do you wish people knew about this specialist area?
That it exists. The topic of adults bereaved as children and the impact of unresolved grief is often overlooked. Because it’s historical grief, people don’t necessarily understand the impact it is having many years later. Often I’ll see clients 20, 30, 40 years after their loss, and their unresolved grief is causing great difficulty in adult life.

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Spotlight Mandy Gosling

It is estimated that 890 children in the UK are bereaved of a parent each week (from the Childhood Bereavement Network, 2022)

‘Approximately one in 20 children are bereaved in early life’

What are some of the biggest challenges you have faced?
Doing my master’s was a big challenge for me. At the time, I felt I couldn’t achieve that qualification because my education was disrupted as a bereaved child. I was encouraged by a colleague and found it incredibly valuable personally and professionally. I was awarded a distinction, which felt good. My other challenge is trying to get the topic of unresolved childhood grief in adults understood and better known in the wider society.

Have you encountered complexities when working with people who’ve experienced childhood grief, as it’s something you’ve experienced?
There are complexities when working as a therapist with something you have experienced yourself, but that has to be recognised. Working through your own material in our profession is vital, as well as receiving adequate supervision. I regard my experience as a gift, it heightens my empathy with others suffering the same experience. I also know what is possible when you undertake the psychotherapy journey as an adult with unresolved childhood grief. Many of my clients want to work with me because I have experienced the same thing, they often don’t feel understood and I regularly hear from them ‘finally, you get it’. Being an adult who was bereaved as a child can be a lonely place, there is something very special when you can walk alongside another person and watch them grow beyond their suffering.

Are there any mentors who helped you along the way?
My therapist and my tutor. I’ve been with the same therapist since I started out in 2010, and still see her periodically. I’ve also known my tutor since 2010, and she still supports my work. I trust them both completely, and I value their guidance today.

How long have you been a member of the UKCP?
For my whole career. My course was UKCP-accredited, so I began as a trainee member and went on to full membership. This is important to me. The UKCP’s framework of high clinical and ethical requirements means therapists must uphold these standards and this gives the public confidence in what they receive.

For more information visit mandygosling.co.uk, abcgrief.co.uk

Timeline

MANDY GOSLING’S JOURNEY

- **2009** Completed certificate in counselling at the University of Buckingham
- **2010** Began four-year diploma in counselling and psychotherapy at the Centre for Counselling and Psychotherapy Education
- **2014** Started two-year MA research into understanding childhood parental bereavement from a psychological and spiritual perspective
- **2015** Set up in private practice
- **2016** Founded ABC Grief, a resource for those experiencing, or working with, unresolved childhood grief
- **2018** Completed a diploma in couple counselling and psychotherapy
- **2021** Contributing author in the anthology *My Mother’s Story – Gone Too Soon*
- **2022** Delivered a poster presentation at the inaugural European Grief Conference
- **2022** Began research project with Prof Dr Geert Smid at ARQ National Psychotrauma Centre
- **2023** Met with Christine Jardine MP to discuss the No Child Grieves Alone campaign
- **2024** Began running group therapy for charity It’s Time

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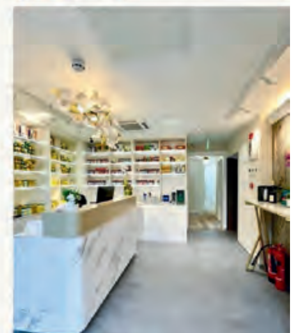

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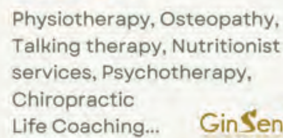

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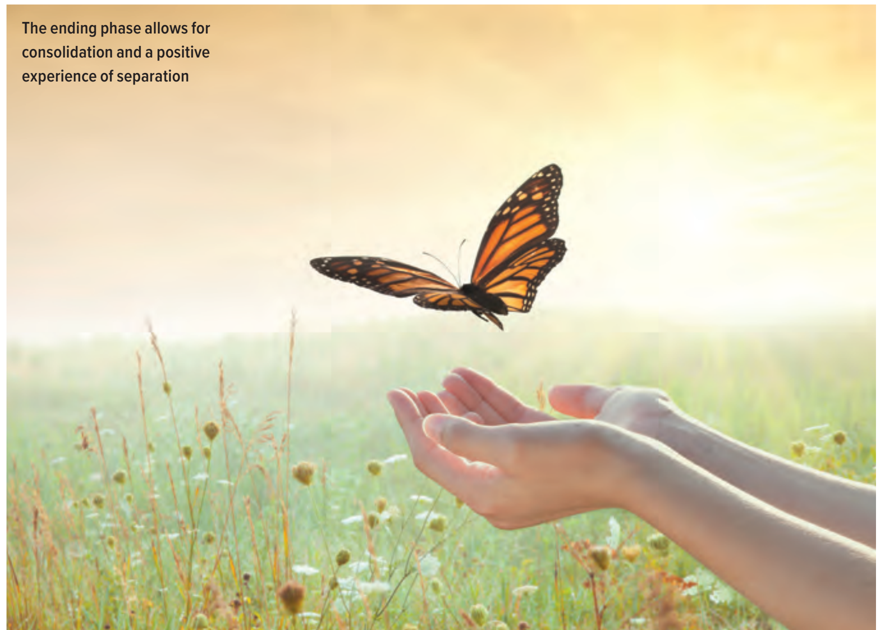
Supervision

*Endings are powerful and poignant, says UKCP psychotherapist and supervisor **Josefine Speyer***

Whenever an ending is brought to supervision, a therapist has the opportunity to learn from the therapeutic relationship and to assess their own professional growth.

The ending phase is critically important, and to some extent it determines the outcome of the therapy.

When long-term, open-ended work comes to a close, therapist and client will have formed a strong attachment. Giving plenty of time to the journey of separation allows both parties to process what is often a time of intense growth and integration. I see it as a kind of harvesting time, working through any issues that are resurfacing, and this can play an important role in the client's future growth.


The ending phase allows for consolidation and a positive experience of separation

DECADE-LONG RELATIONSHIP

One therapist I was supervisor of was considering how to end work with a client she'd seen twice weekly for more than a decade. They set an end date to their work nearly a year in advance. However, during the intervening year the client became depressed.

In supervision, the therapist talked about how much she had learnt from this client, and how grateful she felt for that. We agreed that it would be important for the client to get this feedback. The depression lifted as the client could take ownership and pride in herself and her achievements, both personally and professionally.

Grieving the loss of the relationship with the therapist formed an important part of this work, as this client had experienced many losses in her life, including sudden bereavement. The ending phase allowed for consolidation and for a positive experience of separation. Yet the 'good enough' ending phase is all about accepting difference, gratitude and letting go – both for the therapist and the client.

It is a time for acknowledging the loss of the intimacy of this special relationship, which is like no other relationship. It might also be important to acknowledge the limitations of what it has not been possible to achieve.

Ending is inextricably linked to attachment styles, and it forms part of the work all the way through a therapeutic relationship; from how a client approaches the ending of each session, to planned or unforeseen absences or holiday breaks.

A client suddenly ending work can be an attempt to avoid painful or shameful feelings, based on the belief these cannot be safely shared and overcome together. It can also be a conscious or unconscious acting out of anger or even hate, to dump the therapist in the hope of getting rid of or cutting off uncomfortable feelings.

A SAFE SPACE

Another therapist I supervised felt surprised and rejected when a client abruptly decided to stop. After some consideration we found that a lot of good work had been done and the client had been ready to leave for a while.

The client had found his way back to being productive in his creative work and felt he had achieved enough to continue on his own. It was the therapist who was not ready to let the client go, thinking there was more work to be done. Supervision provided a safe space to explore feelings, including how the desire for more time was linked to the therapist's own story.

Supporting a therapist during the ending phase and after the client has gone is a very significant aspect of supervision because it looks after the wellbeing not only of the therapist and of their client, but future clients by default.

Case studies in this article are composites.

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

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This exciting 3 day psychotherapy conference with over 35 workshops will be of interest to anybody in the Psychotherapy world andworking in the areas of Psychotherapy and Counselling. Keynote Speakers are Dr. Richard Erskine, Dr. Ruth Birkebaek and Sally Openshaw. For more information not only about the conference but also the specific workshops please go to https://manchestertherapyconference.co.uk/

Venue: Holiday Inn Hotel Manchester City Centre, Aytoun Street, Manchester M1 3AE.

Cost: £375 – Early Bird before 1st May £345

Supervision Conference - Saturday 27th April 2024

This One Day Supervision Conference is hosted by the Manchester Institute for Psychotherapy, with a series of morning and afternoon workshops specifically in the area of Supervision. It will be of interest to Supervisors of Psychotherapy and Counselling, as well as supervisees who might be interested in not only becoming a supervisor but the whole world of supervision. The major Keynote speaker is Robin Hobbes, TSTA (UKCP). The conference will be opened and hosted by Bob Cooke TSTA (UKCP). This is MIP's 2nd Annual Supervision Conference bringing together the foremost thinkers & practitioners in the area of supervision and supervision training. To book/register see www.supervisionconferences.co.uk or www.mcpt.co.uk

Cost: £95 per delegate, includes refreshments & lunch. **Time:** 9.00 to 5.00 pm. **Venue:** Life Centre, Sale, Manchester M33 4BP.

Bridging/Conversion Diploma - Working with Children & Young People for Adult Trained Psychotherapists

This conversion course takes place over 1 year. There are 6 weekend modules, 9.30 to 5.30 pm. This diploma maps over to the BACP Childrens SETS and Framework. Starts October 2024. Trainer - Julia Tolley

Cost: £2,750. **Venue:** Manchester Institute for Psychotherapy. See www.mcpt.co.uk for more information

Certificate in Supervision - This 5 day course (30 hours) is spread over a period of 5 modules. We will look at the meaning of Supervision as it applies in your field of work, whether working individually or in a group setting in psychotherapy, counselling, or in the areas of social work, nursing, clinical psychology or indeed any of the caring professions.

Tutor: Bob Cooke TSTA UKCP. **Cost:** £975. **Venue:** Manchester Institute for Psychotherapy (Autumn 2024 will run ONLINE)

Dates: Summer 2024: 24th May, 7th, 14th, 21st and 28th June. **Autumn 2024** - 6th, 13th, 20th 27th September and 4th October 2024. *Note the Autumn course will be run ONLINE.* **Winter 2025** - 10th, 17th, 24th, 31st January 2025 & 7th February 2025

Certificate in Trauma - 5 days

Trainer: Julia Tolley

Dates: Mondays - 4th, 11th, 18th, 25th March and 8th April 2024. 10.00-5.00 pm

Cost: £975 - Venue MIP

For more information on the modules see our website www.mcpt.co.uk

TA101 2 day workshop - Cost: £275 This 2 day workshop is primarily for anyone interested in the world of transactional analysis and getting to know yourself. The workshop will not only teach you about transactional analysis and how you can use it to understand yourself but also it will be useful if you go on to train in transactional analysis in either the organisational, counselling or psychotherapy worlds. It will also be a useful workshop if you are already a counsellor or psychotherapist as it will give you some insight and teaching into how you might incorporate TA concepts within your own work.

Cost: £275. **Dates:** 22nd & 23rd April 2024, 22nd & 23rd July 2024, 2nd & 3rd September 2024

Podcast – Therapy Behind Closed Doors

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Youtube channel **Bob Cooke** and see our new therapy podcasts:

https://podcasts.apple.com/us/podcast/the-therapy-show-behind-closed-doors/id1570789126?uo=4.

Personal website for Bob Cooke: **www.bobcooke.org**

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