

# NEW

## NEARING BURNOUT?

Is burnout political as well as psychological?

## THE INDEPENDENT DELUSION

What happens to us when feelings of dependency are exiled

## OUR AGEING POPULATION

Andrew Balfour on creating better lives for everyone

ISSN 2516-7154 (PRINT)

# PSYCHOTHERAPIST

THE MAGAZINE FOR MEMBERS OF THE UK COUNCIL FOR PSYCHOTHERAPY

All the details of UKCP's Conference 2026 in London this spring

WINTER 2026 ISSUE 91

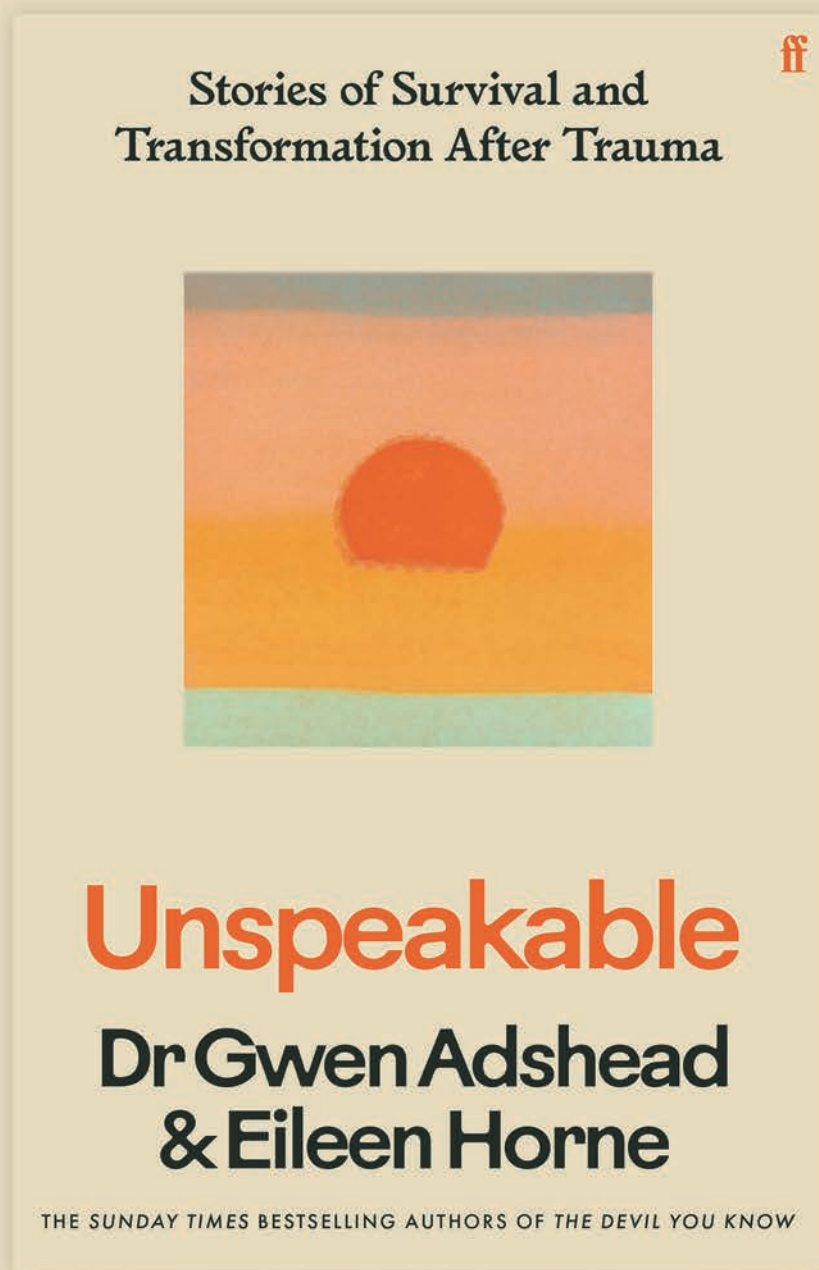
# DOES AGE MATTER?

Older, wiser... exhausted?  
Therapists discuss ageing, retirement and working with older clients



There is no manual for how to live after trauma,  
but language is a vital part of recovery.

This is a book about finding those words.



'Infused with Gwen Adshead's trademark compassion and radical empathy, this book is thoughtful, important and a reminder that hope belongs to everyone.'

CHRISTIE WATSON

'I was gripped by *Unspeakable*. These patient stories take the reader right into the consulting room and show how psychotherapy has the potential to transform the lives of those who have encountered unimaginable trauma.'

CAROLINE ELTON

**ff**

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[psychotherapy.org.uk/new-psychotherapist](http://psychotherapy.org.uk/new-psychotherapist)

ISSUE 91 | WINTER 2026

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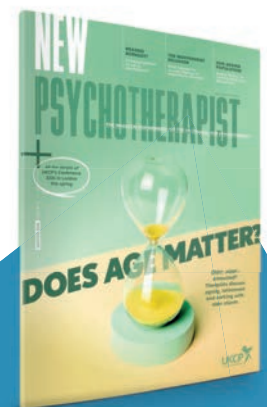
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# NEW PSYCHOTHERAPIST

THE MAGAZINE FOR MEMBERS OF  
THE UK COUNCIL FOR PSYCHOTHERAPY

## CONTACTS

**Editorial address:** UK Council for Psychotherapy,  
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**Editor:** Emma Ledger [editor@ukcp.org.uk](mailto:editor@ukcp.org.uk)

**Issue consulting editor:** Emily Bridges

**Editorial Board:** Rachel Baird, Julia Bueno, Ann  
Froshaug, Sunita Rani, Jane Read, Alasdair Stokell

**Design:** Craig Bowyer

**Production:** Jane Easterman  
[jane.easterman@redactive.co.uk](mailto:jane.easterman@redactive.co.uk)

**Advertising:** [ukcp@redactive.co.uk](mailto:ukcp@redactive.co.uk), 020 7880 7631

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## DIVERSITY AND EQUALITIES STATEMENT

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

## EDITORIAL POLICY

*New Psychotherapist* is published for UKCP members, to keep them informed of developments likely to impact on their practice and to provide an opportunity to share information and views on professional practice and topical issues. The contents of *New Psychotherapist* are provided for general information purposes and do not constitute professional advice of any nature. While every effort is made to ensure the content in *New Psychotherapist* is accurate and true, on occasion there may be mistakes and readers are advised not to rely on its content. The editor and UKCP accept no responsibility or liability for any loss which may arise from reliance on the information contained in *New Psychotherapist*. From time to time, *New Psychotherapist* may publish articles of a controversial nature. The views expressed are those of the author and not of the editor or of UKCP.

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## Emma Ledger

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



# Welcome

How can psychotherapy better meet the needs of the UK's ageing population? Despite the rise of 'biohacking' and other measures to pursue longevity, we live in a society where ageism thrives and which fails to support older people through events common in later life.

This issue considers the emotive and complex issues around ageing. It features an interview with Andrew Balfour on page 42, which delves into the human capacity to live in touch with our mortality and how society has neglected to support people into late life.

Our beliefs about getting older can shape the way we live, the way we work, and how we see ourselves. Unspoken fears about loss of capacity and the emotional challenges of later life can negatively affect how people respond to elders. Psychotherapy is one of the few professions that values the wisdom and experience of older age, but thinking about

when to retire – and how to plan for it – is far from straightforward for many. On page 22, we hear from different clinicians about working with older clients and their personal experiences of ageing – for some, the issue of retirement has been a surprising one.

On page 38, UKCP therapist

Joe Pawson shares his experience of writing about dependency and denial, and the connection with self and with others; arguing that it is interdependency that lies at the heart of our existence. Given that we will all be old one day (if

we're lucky), perhaps it's high time we thought afresh to create better lives for everyone in later life. Let us know your thoughts about this, and about anything else you read in the magazine, by emailing [editor@ukcp.org.uk](mailto:editor@ukcp.org.uk).

We hope you enjoy the issue.

Emma

**EMMA LEDGER**  
EDITOR



020 4511 3079  
info@thegrovepractice.com  
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# the grove

## Mindset and ADHD with Dr James Kustow and Robert Rees



Every ADHD presentation has a unique "signature", shaping attention, emotion, motivation and self-belief.

In this one-hour session, Dr James Kustow and Robert Rees explore how mindset can amplify or soften ADHD challenges, and how to move clients from self-criticism to self-understanding.

Expect practical, compassionate tools to loosen limiting beliefs and build flexibility, resilience and agency.

### Mindset & ADHD

Date: 11 March 2026  
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## ADHD events in 2026

More ADHD events are coming this year, including ADHD Medication Unpacked and The ADHD Signature Toolkit. Expand your toolkit with specialist sessions designed to empower your practice and support clients with confidence.



## 2026 CPD course programme

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NEWS, CPD, REVIEWS AND MEMBER UPDATES –  
HERE'S WHAT'S HAPPENING IN THE PROFESSION NOW

# Bulletin



BULLETIN  
NEWS

## EVENT

# UKCP Conference 2026

**Save the date for our conference  
held in London and online**

UKCP Conference 2026 will be held on Friday 19 and Saturday 20 June at Mary Ward House in London. The theme of this hybrid event is 'threads across the divide: weaving connections in a fragmented world'. In a time when social, political and personal divides feel increasingly entrenched, how do we continue to build connection? How do we hold space for the complex tensions of fragmentation while still nurturing the threads that bind us?

Our two-day gathering invites practitioners, trainees and thinkers from across the field to explore connection in all its nuance – its challenges, its possibilities and its profound relevance to therapeutic practice. Booking is now open, and UKCP members can find out more about the programme and secure their in-person and online tickets at [psychotherapy.org.uk/threads](https://psychotherapy.org.uk/threads)

The conference will be held at the historic Mary Ward House in central London, with the main room also live-streamed to an online audience. The main room will also be filmed, with the video available for purchase after the event.

Across the two days, UKCP will welcome both leading and emerging voices in psychotherapy. Through a blend of keynote talks and collaborative sessions, attendees will be invited to examine how therapeutic relationships can bridge divides – whether interpersonal, cultural, political or systemic.

UKCP is offering a range of exhibition and sponsorship packages for organisations wishing to engage with the psychotherapy community. To find out more, contact [events@ukcp.org.uk](mailto:events@ukcp.org.uk). Delegates can access a dedicated accommodation partner portal offering a range of competitively priced hotels within easy reach of the venue here: [delegatehotels.com/e/UKCP](https://delegatehotels.com/e/UKCP)



## PROFESSION

# Commission for the Future of Counselling and Psychotherapy

Two evidence sessions have taken place, with more to come

The independent Commission for the Future of Counselling and Psychotherapy, launched in October 2025 by the Partnership of Counselling and Psychotherapy Bodies (PCPB), has now held its first two evidence sessions, marking an important early phase in its work to examine how the profession should develop in the years ahead.

The first session, held in London last October, focused on the current state of the counselling and psychotherapy sector across the UK. Commissioners and invited experts explored key challenges including limitations in the current model of provision, weaknesses in commissioning decisions, gaps in cultural competency, inconsistent evidence gathering and a widespread public misunderstanding of the profession. Despite these issues, participants emphasised the opportunity to rethink long-held assumptions about what therapies are offered, how services are

organised and whose experiences are prioritised.

The second evidence session, held online in December 2025, explored whether there is a case for statutory regulation. UKCP CEO Dr Jon Levett presented evidence highlighting gaps in the current voluntary register system, including that practitioners struck off a PSA-accredited register can legally continue practising using unprotected titles. He outlined UKCP's draft principles for statutory regulation, emphasising the need to protect the public while safeguarding the profession's diversity and identity. He also spoke about some suggested enhancements to the current voluntary regulatory system operated by the Professional Standards Authority.

Further UK-wide and nation-specific evidence sessions will follow in early 2026. A public call for evidence opens in January, with the commission's final report and recommendations due in summer 2026. Find out more about the commission at [pcpb.org.uk](https://www.pcpb.org.uk)

## MENTAL HEALTH

# NICE anxiety guideline campaign

UKCP urges a comprehensive update

UKCP is leading a campaign calling for an urgent and comprehensive update to the NICE anxiety guideline, which hasn't been meaningfully updated in over a decade. We are calling for NICE to update the guideline so that it:

- is compatible with other revised guidelines and uses the most up-to-date diagnostic criteria
- includes guidance for addressing barriers to access for marginalised and hard-to-reach populations
- increases the number of therapies approved to treat anxiety to facilitate patient choice
- considers a broader range of high-quality evidence available on treating anxiety, such as service user experience, long-term and follow-up studies.

Over 30 organisations have signed up to the campaign's joint position statement, and we are asking parliamentarians to sign a cross-party letter in support of the campaign. To find out more, please go to [psychotherapy.org.uk/anxiety-campaign](https://psychotherapy.org.uk/anxiety-campaign)





## Have you read the research noticeboard?

This is a free space for you to recruit participants for a study, notify members of research projects and find collaborators. Visit [psychotherapy.org.uk/noticeboard](https://psychotherapy.org.uk/noticeboard)



### MEMBERS

# Professor Divine Charura receives MBE

UKCP member honoured in 2026's New Year Honours List

Professor Divine Charura (pictured above), UKCP member and professor of counselling psychology at York St John University, has been awarded an MBE (Member of the Order of the British Empire) for services to inclusion and to the advancement of counselling and psychotherapy in research and practice in His Majesty The King's 2026 New Year Honours list.

Professor Charura said the award reflected the collective efforts of colleagues, collaborators and services who champion mental health, counselling psychology and psychotherapy across research and inclusive practice.

'I want to express my heartfelt thanks to my colleagues at York St John University, and to those across

the UK and internationally who collaborate with me in advancing trauma-informed research, practice and inclusion. This award also underscores the vital role of practitioner psychologists in shaping accessible, evidence-informed care and driving innovation that meets the needs of diverse communities.

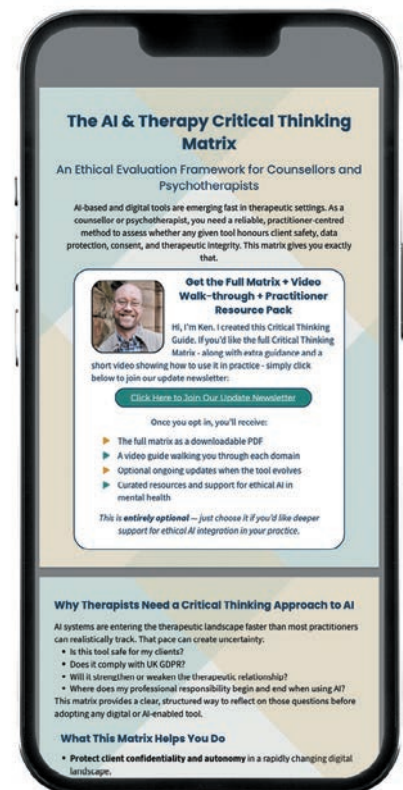
'My motivation as a psychologist has always been rooted in the belief that every person deserves dignity, understanding and access to psychological care. This recognition reinforces our shared commitment to breaking down and dismantling systemic barriers, challenging stigma and advocating for trauma-informed research, mental health and social justice – especially for the most marginalised.'

### RESOURCE

# AI toolkit for practitioners

Resource to navigate ethical issues

An AI toolkit for practitioners has been created by a member of the AI Expert Reference Group, which UKCP is a part of. The toolkit is a useful way for practitioners to consider how to navigate the difficult ethical space of AI in therapy. You can find the toolkit and links to further resources at [tinyurl.com/2w3e39vs](https://tinyurl.com/2w3e39vs)





## MEMBERSHIP

# New Emerging Researcher Network

Next session will be on 18 February

UKCP has started a new Emerging Researcher Network, which will be a quarterly series of talks on different research topics and skills. The sessions include the opportunity to ask research experts questions about their fields of expertise, as well as to network with other researchers. The next session will be held online on 18 February on the theme of reflexivity and the importance of a researcher's own voice in health research. After each event you will receive a certificate of attendance which you can submit for consideration towards your CPD hours. You can find out more about this new network on [psychotherapy.org.uk/ern](https://psychotherapy.org.uk/ern)

## EVENT

# Annual research conference 2026

A one-day research event exploring the evolving psychotherapy profession

UKCP's annual research conference is being held this spring on the theme 'the evolving psychotherapy profession: practice, ethos and community'. This event will showcase emerging research on this topic and is a great opportunity to engage in a rich exploration of how practice, ethos and community intersect.

Do you want to learn more about the role of training or supervision in psychotherapeutic practice? Would you like to deepen your knowledge of important themes in psychotherapy, such as the medical model debate or anti-oppressive practice?

We encourage anyone interested to submit an abstract to present their research at this event. The theme can be interpreted in a variety of ways, including but not limited to:

- psychotherapy supervision
- psychotherapy training
- the medical model debate
- interactions between modalities
- inclusivity and anti-oppressive practice.

Submit your abstracts by Monday 23 February 2026 here: [tinyurl.com/4w636ndc](https://tinyurl.com/4w636ndc)

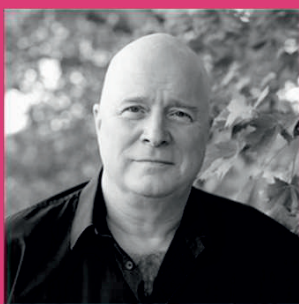
More information about the one-day online event, including how to buy tickets, can be found on UKCP's website.





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# Letters

## The future is tech

I commend you on issue 90 of *New Psychotherapist's* content on mental health and technology. It excites me to know I am in alignment with my psychotherapy professional body. If only you knew how many disagreements I've had with therapists who think I'm misleading clients by exploring their ChatGPT prompts and responses in their therapy sessions.

I think psychotherapy training should now include more reflective discussions about mental health and technology. It's clear that whether a psychotherapist chooses to embrace technology or not is often dependent on the confidence they have using technology in the therapy space. Psychotherapists tend to be more fearful of technology when it is not fully understood – or misunderstood.

I remember the outrage of concerns when Google first arrived in 1995 and how much fear there was surrounding its capability and now we are facing similar scaremongering with AI.

I've been judged for sharing my professional views. This won't stop me from practising the way I do, in accordance with the UKCP Code of Ethics and Professional Practice, while using AI in therapy with my clients.

**TINA CHUMMUN, PERSON-CENTRED TRAUMA SPECIALIST PSYCHOTHERAPIST, WELLNESS COACH, DOCTORAL RESEARCHER AND DIGITAL MARKETING CONSULTANT**



## That sinking feeling

I enjoyed reading about how technology is impacting the psychotherapy profession in the last issue (issue 90) but admit to a sinking feeling which was approaching despair. Our society seems to be hurtling towards a future that feels hastily conceived and shruggingly accepted. I've read so many

think pieces with titles such as 'Welcome to the ChatGPT generation' or 'A new era for humanity', alongside more and more terrible news stories about vulnerable people getting coerced, confused – or falling in love with a flirty AI chatbot.

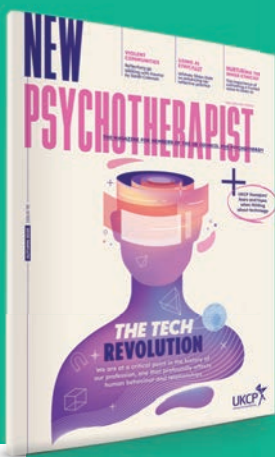
Am I the only one who thinks it's causing more problems than it solves and who increasingly wishes we could stop AI in its tracks? Who thought this was a good idea? The answer is those profiting from it.

**PAUL MANSFIELD, HUMANISTIC PSYCHOTHERAPIST**

GET IN TOUCH  
WITH US...

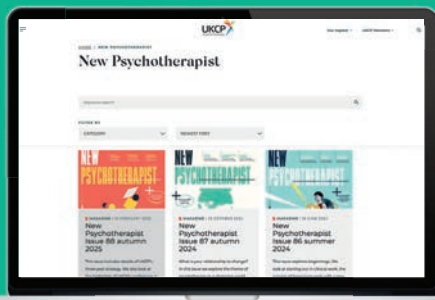


Have your say on this issue's letters, tell us what's on your mind or write to us with feedback on this issue by emailing [editor@ukcp.org.uk](mailto:editor@ukcp.org.uk)



## Get involved in the next issue

What do you think about compassion fatigue? How do you rate the importance of self-care? Tell us what's on your mind or write to us with feedback on this issue by emailing [editor@ukcp.org.uk](mailto:editor@ukcp.org.uk)



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

SIMPLY LOG IN AND CLICK ON 'MAILING PREFERENCES'.

# The age of overwhelm

Being already concerned about the implications of AI in a world where we are far too wired in and fired up, I was prepared to be disturbed when I picked up the last edition of *New Psychotherapist* (issue 90). There were certainly things in the features that worried me and merit serious debate. But what also disturbed me were the graphics. I felt overwhelmed by the use of colour and fragmented shapes and the juxtaposition of adverts and sound-bite items. How has a psychotherapy magazine morphed into a cross between a comic with high-impact imagery and a computer screen with icons at the top of each page? When I do turn on my computer, I get infuriated by the way more and more unwanted messages and icons pop up. This includes AI. I don't want a summary of something. I don't want to be suddenly told 'this is a man with his arms crossed' when reading an article that includes a picture of Rudolf Steiner (this did happen!). I want to read things slowly and think. This, I believe, goes to the heart of what psychotherapy is about.

I wish I'd kept my past editions of UKCP's magazine (then *The Psychotherapist*) from 20 years ago. It would be interesting to study the changing style and thematic trends. It used to be visually simpler and with more uninterrupted text in the key features. Does this matter? I believe it does. These days we are bombarded with so much sensory 'noise'. We live in what I've termed the Age of Overwhelm and our ability to process incoming information is jeopardised by its speed and dramatic visual and auditory presentation. Our brains have an amazing capacity for rapid

attention shifting; we could not survive without this. However, the higher the level of stimulation, the more our threat and dopamine systems are ramped up and this leaves us hyperaroused for much of the time (until we crash into hypoarousal).

There is a wealth of theory about trauma and the developing brain that tells us that what we and the people we work with need most are things that down-regulate us. With a calmer body, we are less reactive, better able to think clearly and ultimately kinder to ourselves and to others.

One of the books I often revisit is Robert Hobson's *Forms of feeling: the heart of psychotherapy* (1985). It is not a quick read nor easy to summarise. One chapter begins: 'The aim, or rather hope, of a psychotherapist, is to share with his [sic] patient in the creation of a language – a language spoken with a true voice of feeling'.

This is why I don't like tech-mediated communication. Psychotherapy is about having conversations with people, thinking together, creating a shared feeling language and thoughtfully navigating edgy moments. It is a reflective space. May our professional publications stay true to that ethos.

**SUE WRIGHT, INTEGRATIVE PSYCHOTHERAPIST AND SUPERVISOR**

## In response

*Thank you for your comments on the design of New Psychotherapist. We will feedback to our editorial board and to our design team.*

# Reviews

## Linking objects and linking phenomena: a study of the forms, symptoms, metapsychology and therapy of complicated mourning

By **Vamik D Volkan**



This book is required reading for those embarking on bereavement counselling,

while experienced therapists will find many insights into collective and individual

bereavement as well as intergenerational trauma. First published in 1981 and now reissued with a new preface, *Linking objects and linking phenomena* is a classic of the

clinical psychoanalytic literature on pathological mourning. Built on 15 years of clinical research, it encompasses theory and case studies which show how bereaved people who are unable to process their loss can be helped in treatment.

Dr Volkan's work with patients suffering from pathological mourning includes concepts such as 'linking

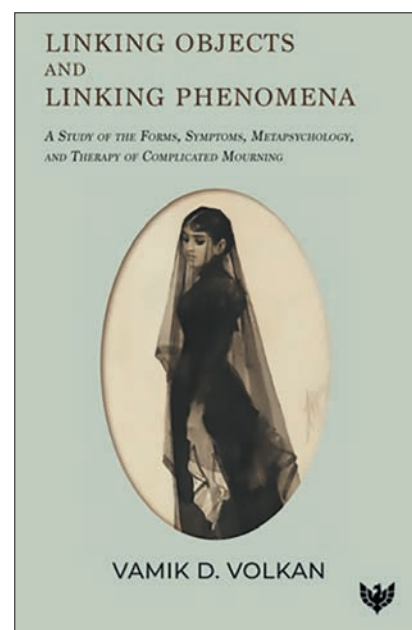
objects', which unconsciously keeps the mental representation of the lost person alive, or the notion of 'perennial mourners', who are unable to resolve their ambivalence

to the lost person. Both concepts are important for the understanding and treatment of complicated mourning. Dr Volkan's later work encompassed groups in conflict and the concept of 'chosen trauma', the way that historical

trauma can shape large-group identity towards future disorder.

At a time when the world is riven by war and global conflict, *Linking objects and linking phenomena* is more relevant than ever, as so many of us encounter collective as well as individual bereavement. Dr Volkan, who lost his best friend to the Cyprus conflict of the 1960s, understands

**'MOURNING IS  
A PERSISTENT  
PSYCHOLOGICAL  
CONDITION'**



first-hand the impact of bereavement.

'As human beings we constantly face the loss of loved ones and other significant losses,' Dr Volkan says. 'Mourning is a persistent psychological condition in our lives. Throughout human history we have also shared collective losses, particularly after wars.'

### + Details

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**ISBN:** 9781800134096

**Reviewed by** Catharine Arnold, author of *The psychotherapy century*, Nottinghamshire



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# Searching for normal: a new approach to understanding mental health, distress and neurodiversity

By Sami Timimi



Part of this inspiring, timely book is an attack on common assumptions about mental illness and how to 'treat' it. Part is a deeply hopeful vision about how humans can better support and tolerate each other. Timimi, a veteran NHS consultant psychiatrist and psychotherapist, argues that concepts including ADHD, autism and depression have been created to describe and classify what patients bring. But unlike physiological problems, such as bacterial infections, there are no objective tests for them.

'Psychiatric diagnoses are not diagnoses – they are marketable brands used to sell drugs and other "treatments",' Timimi says. Furthermore, he writes that the growing tendency to diagnose (and self-diagnose) is harming people, not least by making them feel worse about themselves. Timimi asks one patient: 'What if the problem is that you believe the problem is in you?'

Timimi argues the effectiveness of both talking treatments and psychiatric drugs is 'disappointingly small', and includes research to support this stance. He believes that drugs and psychotherapy may also

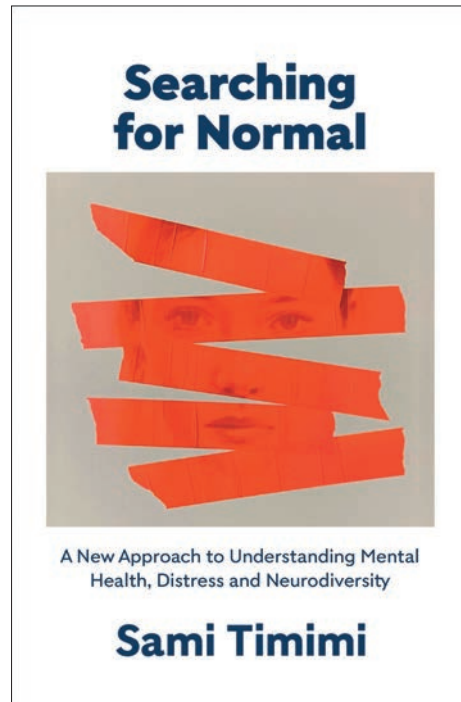
harm people, through drugs' side-effects or withdrawal symptoms and therapy's potential to disempower.

Using fictionalised case studies based on real clinical practice, Timimi proposes a different approach which recognises that the experiences and behaviours that some would diagnose are instead understandable human responses to difficult life events

**'PSYCHIATRIC  
DIAGNOSES ARE NOT  
DIAGNOSES – THEY ARE  
MARKETABLE BRANDS'**

and pressures. Therapists are at most 'philosophical guides', says Timimi, and they should promote an acceptance of painful emotions as a normal part of the flux of life, while recognising the healing effects of bearing witness to suffering and acknowledging that 'everyone has natural resilience, usually discovered through facing adversity and surviving'.

This book raises fundamental questions for psychotherapists, psychologists, psychiatrists and pharmaceutical companies, who are urged to dramatically decrease



the diagnosing and drugging of people, and instead start promoting the idea that emotions are ordinary and understandable. It struck me as rather rosy-eyed about some 'collectivist' societies – especially those linked with the former Soviet Union – but overall I found this a hugely stimulating, encouraging and helpful read.

## + Details

**Publisher:** Penguin

**Price:** £14.99

**ISBN:** 9781911717126

**Reviewed by:** Rachel Baird, psychotherapist, London

## Cognitive behaviour therapy: your route out of perfectionism, self-sabotage and other everyday habits with CBT

By Avy Joseph



In this fourth edition, cognitive behavioural therapist Avy Joseph guides us through therapeutic strategies to redirect thinking and help eliminate destructive behaviours.

This is a self-help book, written in a way that provides readers with practical tools to utilise some CBT techniques. In order to be accessible to all, the writing can feel pedestrian and lacking in depth, but if it wasn't, the writing itself could prove another obstacle for people wanting help.

Working through the book, readers can feel they are having their hand held as they explore the sections: setting personal goals, using imagination and visualisation, building resilience and accepting

failure. Joseph explains how to challenge negative thoughts and unhealthy beliefs to improve your outlook and mood at home and at work. People may not use all of the book, as it's likely that some content won't relate to them. But there is real value in the clear explanations and the exercises to be worked through. Many of the latter really push the reader (for example, 'come up with 20 positive benefits') to create meaningful change.

I found some of the wording unclear and some sections I had to re-read several times. There is a reliance on the phrasing 'what's in it for me'. For example, 'what would be in it for you in believing your healthy belief?', which I feel would have benefited from a tighter edit. But overall, this is a great collection designed to empower the reader to improve their own life.

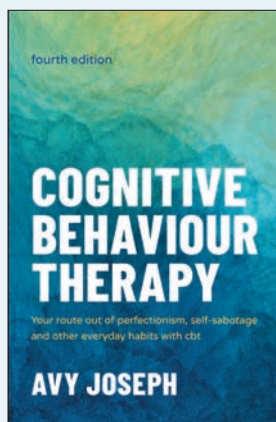
### ⊕ Details

**Publisher:** Capstone, A Wiley Brand

**Price:** £14.99

**ISBN:** 9781907312861

**Reviewed by** Louise Reader, trainee psychotherapist, Bristol



## The way home

By Trudy Meehan



This gentle children's picture book was born out of love, pain and a mother's desire to scaffold her child's understanding after she experienced the death of her father by suicide. Dr Meehan, a clinical psychologist, was unable to find any books that reflected her daughter's experience, so she decided to create her own to allow any child affected by suicide or traumatic loss to see similar experiences in its pages.

*The way home* tells the story of a spaceman on a mission when his equipment breaks and he loses contact and all hope of survival. Unaware that help is on the way, his hopelessness causes him to give up and cut his safety line. Told in a kind, loving way with engaging illustrations, this story supports a

child's experience and provides a framework that gives voice to the power of hope and how its absence can be devastating, even when there are strong love connections.

Professional and personal knowledge – and a mother's love – shine through in this book. Dr Meehan leaves the ending for the child reading it to decide, creating an opportunity for agency in this story, and also to revisit the book as their understanding grows.

In a TED Talk, Dr Meehan talked about her biggest fear being that her daughter would one day ask 'If he loved me so much, why did he leave?' – a question she has heard teenagers bereaved by suicide ask. The question may still come, but I believe this book will help her daughter and others by offering them a way to put into language some of the difficulties after loss. It is through stories that we make sense of experiences, connect with others and make ourselves visible. This book may provide a valuable tool for a parent or any grown-up supporting a child in navigating loss.

### ⊕ Details

**Publisher:** Heart Ears Press

**Price:** £5.90

**ISBN:** 9781068258619

**Reviewed by** Keith Oulton, psychotherapist and supervisor, Brampton, Cumbria



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● 17 April – 26 June 2026 / 6 Fridays, 10am–5pm  
Exploring sexuality, identity and uniqueness, this course examines different ways of loving and relating, supporting practitioners to understand how individuals and couples can function and flourish in relationships.

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## The forgotten analyst, Hermine Hug-Hellmuth

By *Prophecy Coles*



Hermine Hug-Hellmuth, the first child psychoanalyst, was murdered by her nephew in 1924. Subsequently, Hug-Hellmuth's reputation slipped into oblivion, while her achievements were overshadowed by Anna Freud and Melanie Klein. Now, retired psychoanalytic psychotherapist Prophecy Coles has re-evaluated Hug-Hellmuth's important contribution, particularly her observations on play as a way into the mind of a child.

Coles contextualises Hug-Hellmuth's life against the turbulent backdrop of fin de siècle Vienna, the impact of WWI and the rise of the Nazis. Hug-Hellmuth's childhood began with a lie, when her army officer father brought his illegitimate daughter, Antonia, into the family and faked her birth date to avoid a scandal. Despite losing her mother when young, Hug-Hellmuth became one of the first women to attend the University of Vienna, trained as a teacher and joined the Vienna

Psychoanalytical Society in 1913 after analysis with Isidor Sadger, Freud's most unpopular acolyte.

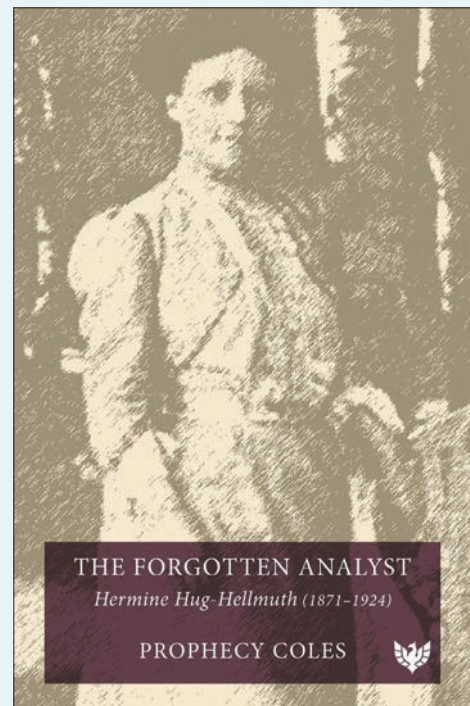
When Antonia died in 1915, she left strict instructions that Hug-Hellmuth was not to adopt her illegitimate son, Rolf, aged nine. Hug-Hellmuth had already published studies of Rolf's development and Antonia

### 'A LIFE AGAINST THE TURBULENT BACKDROP OF FIN DE SIÈCLE VIENNA AND THE RISE OF THE NAZIS'

seemed concerned about the effect on him. Rolf, disturbed after a childhood spent shuttling between family and boarding schools, hated Hug-Hellmuth. In 1924, Hug-Hellmuth woke up while Rolf was robbing her apartment, and he strangled her.

Coles' meticulous analysis of the tragedy does not exonerate Rolf but reveals that he was neglected,

sexually abused by his nanny and driven into prostitution by poverty, while Hug-Hellmuth struggled with empathy. This is a fascinating book and recommended reading for everyone interested in the history of psychoanalysis.



#### + Details

**Publisher:** Karnac

**Price:** £27.99

**ISBN:** 9781800132849

**Reviewed by:** Catharine Arnold, author of *The psychotherapy century*, Nottinghamshire



Is there a classic book that you'd like to review? Send your 250-word review to [editor@ukcp.org.uk](mailto:editor@ukcp.org.uk)

## CLASSIC BOOK REVIEW

### Fat is a feminist issue

By Susie Orbach



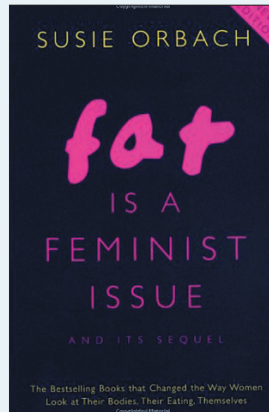
Susie Orbach's classic text remains strikingly relevant to a contemporary audience.

Orbach was the first contemporary psychoanalyst to explore the relationship between food and women's repudiation of their own need within the existential nature of being human.

I read the 1998 publication which is divided into two parts: part one, 'The anti-diet guide to permanent weight loss', and part two, 'A program to conquer compulsive eating'.

Orbach's pioneering focus in exploring eating as a contextualised – rather than merely pathological – form of expression has an enduring significance to contemporary psychotherapy through understanding relationships with food. Her work invites reflection upon how food becomes used, including how, in contemporary society, women's bodies have become a form of production in response to increasing demands.

Orbach reminds us of the role of the environment in shaping personal experience. In 2022, I was fortunate to see Orbach present when she referred to Simone de Beauvoir's comment of



#### + Details

**Publisher:** Arrow Books

**Price:** £5.99

**ISBN:** 9780099271543

**Reviewed by** Claire Spiller, psychotherapist, Penarth, South Wales

how bodies are 'made not born' and how the term overweight assumes a norm.

*Fat is a feminist issue* explores food as an embodied language whilst bringing our curiosity about relational experience in the therapeutic endeavour to support agency. This is a text that holds a vital place in modern psychotherapy and remains a cornerstone of our profession, distinguished by its focus on embodied experience and the exploration of eating as a form of contextualised expression. I believe it is an essential read for psychotherapists of all orientations.

## PODCAST

### Complex with Kimberley Wilson



The BBC has a whole raft of podcasts in what could be called the 'accessible mental health conversation' category, such as *All in the mind* and *It can't just be me*, and this latest offering sets out to debunk myths about mental health. It is hosted by Kimberley Wilson, a chartered psychologist, who is joined by expert guests – psychologists, psychiatrists and psychotherapists – to make sense of the information (and misinformation) out there about mental wellbeing.

While not explicitly dumbed-down, it often feels pitched at GCSE psychology level. In one episode, Kimberley explores empathy and asks 'what does the right amount of empathy look like?', without ever getting close to any sort of answer. For the lay person, this podcast might act as a starting point for deeper research, and it might encourage some listeners to explore topics for greater self-awareness – but this is 'psychology lite', presumably to reach as many listeners as possible, which is a noble mission.

#### + Details

**Available free** on BBC Sounds

**Reviewed by:** Louise Reader, trainee psychotherapist, Bristol



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COVER FEATURE

# THE AGE-OLD QUESTION

As an ageing population turns to psychotherapy in increasing numbers, how do issues related to growing older affect clinical work – and at what age should therapists themselves retire?



**F**ranz Kafka said that the meaning of life is that it stops. We all live with limited time, and as we age, the issues related to getting older will affect us all. For psychotherapists, there are unique emotional challenges when working to improve mental health support for older clients who face the many losses of growing older and the reality of

death's approach. Yet when clinicians themselves reach this demographic, at what age do they decide to slow down and stop working? And how do they take steps towards this decision, given that the number of working people who believe they will never be able to afford to retire is on the rise?\*

Here, six psychotherapists talk about working with older clients, their own personal experiences of ageing and their thoughts of retirement. >

FEATURE  
RETIREMENT

ILLUSTRATION: MARIE MONTOCCHIONI

\*Research by WEALTH at work



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## Janet Aldridge

79, psychotherapist

I retrained in my 40s, first working in a further education college and then a university counselling service for students. After 23 years there I began planning my exit. For two years I worked a four-day week, and for the next year, a three-day week, while building up a private practice alongside.

Now at the age of 79, I still enjoy practising as a psychotherapist and feel committed, although there are fewer years ahead than behind. I'm not taking on clients who I believe will need lengthy therapy, as I see myself finishing clinical work in the next five years or so, depending on my health. At the moment I have a balance between supervision and therapy, working about 12 hours a week.

Looking toward an end to work is necessary, but I still look forward to client work, even though it can be draining. I take more time between clients and do not see more than four in a day, husbanding that precious energy.

More and more, I value time in solitude, just to be. Up to 75, my

body was holding its own. Now there are signs of slowing and frailty in a number of areas: I am aware of times when I must lie down, as though the tank of energy has emptied. Is there any compensation? Most certainly. Not rushing so much allows me to sit and savour the day, taking in the state of the air, clouds, birdsong and garden. A summary of life might be: hold on, hold on hard, and then let go. Discerning at each stage of life which of those applies is the wisdom I am now seeking in life and work.

## Martin Weaver

65, psychotherapist and supervisor

This year I completed yet another five-year accreditation process, and then UKCP reminded me that my next accreditation will be in 2030

– and it hit me, by that time I'll be 70. How on earth did that happen?

Our training gives us an almost unique set of skills from which to examine and engage in the world, however young or old we are. However, what matters most is experience and not just training. As I've got older, I've accepted my place as a therapist and noticed when I've learned from my clients, both younger and older, who have greater and more varied experiences than me.

I started working with clients when I was 37. I feel I brought a fresh new perspective to older clients, which they appreciated. I also learned from them how culture changes and how our own perspectives on life and death develop. Now as I get older, I can offer younger clients experiences and perspectives that are not available to them.

This year I worked with a supervisee for some six months to reach the point where their decision to retire was finally taken and a date set, and that was after they had thought about retiring for a long time. We devised plans for them to bring their work with clients and supervisees to a managed end. And what about us, myself and my supervisee? Having worked together for 10 years, we agreed on a plan to bring our working relationship to a close – yet the relationship doesn't simply end there. I'm still in contact >

**'A SUMMARY OF LIFE MIGHT BE: HOLD ON, HOLD ON HARD, AND THEN LET GO'**

# 'AS WOMEN AGE, WE'RE TOLD ... THAT WE'RE PAST OUR PRIME'

with them as they face new and more challenging issues.

All of which has led me to think about my future. Do I really want to keep working at 70? Given my recent experience with cancer treatment, I know that the decision to stop work could be forced on a therapist.

I believe that it would be useful and informative to speak to recent retirees to explore what went well and what has not gone so well for them, and maybe what they wish they had known – that they know now – before they retired. Now I need to re-focus that energy much more on my future. I need to plan for a managed exit and create a pathway, a future, in which I can meet the next stage whenever it comes and greet death as an old friend.

## Holly Lynn

44, integrative psychotherapist

I find it very rewarding to support clients who are approaching the transition from working life into retirement. For many, retirement is something they have long planned for and look forward to. For others, the transition is forced (often due to ill health) and may not be the ending they envisioned.

A significant challenge for some clients is the loss of identity. There is often grief involved: grief over losing their professional identity, changes in physical health, and the life they are leaving behind.

But I also enjoy helping clients explore what they want their retirement to look like;

making meaning, redefining purpose and imagining a future beyond their professional role.

## Julia Samuel

66, psychotherapist and author

So many people who grow very old – 80 and beyond – come face to face with regrets, unfinished business and loneliness. Through my work with clients (and from watching my friends care for their ageing parents), I've seen a pattern: the pain of very old age often isn't about the mistakes themselves, but about the words unspoken, the risks not taken and the love left unsaid.

People talk about the 100-year life as though it's the new normal – yet when someone says, 'I feel 100 today', they don't mean they feel wise or full of stories. They mean they feel done. That contradiction really interests me. We're living longer than ever before but still using the language of decline to describe it. So, what does it actually mean to grow older now? Society still clings to outdated narratives that equate a woman's value with youth, beauty and fertility. As men age, they're seen as distinguished and wise. As women age, we're told – sometimes subtly, sometimes blatantly – that we're past our prime. It's not just personal. It's cultural. And it hits us at a time when so many other transitions are converging: menopause, children leaving home, ageing parents, shifting roles at work.

Growing older with grace doesn't mean disappearing under a cashmere wrap. It means owning who you are with even

## Pre-retirement

Rachel Sawyer, UKCP registration manager, says, 'UKCP encourages its members to think long-term about their clinical practice, ultimately to include retirement planning. Shaping how the end of practice will impact their life, also the practicalities of transitioning their long-term clients to other therapists, will help smoothen this process. As a bridge from full clinical practice to retirement, UKCP offers a pre-retirement add-on to its therapists. This is a maximum two-year membership add-on that offers a 25% discount on the full clinical fee, plus exemption from the UKCP audit for this period.'

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more truth than before. It's about seeing yourself fully and then showing that self to the world.

### **Kiara Naidoo** 30, trainee psychotherapist

Older therapists have more life experience, which is highly valued in our profession – unlike many others – and the nature of our work means that any thought of retirement might come later. I've heard peers say that they think they could go on working longer because of the flexibility available in therapy work, especially in the ability to work independently. One colleague is pursuing further training in his 60s.

I've had clients in their 60s and older with ideas of where they 'should be' at their life stages; sometimes rejecting their feelings as 'immature', as if they should have mastered a wilful processing that rationalises emotion to move on and let go quickly.

I have also heard about the loneliness, illness, losing friends to death, growing apart and the difficulty



of forming new relationships in later life. I've heard about how different life looks from how it was imagined, the realities of being a carer, and experiencing parental relationships differently, sometimes with more tenderness. Some older clients have brought up that I am their children's age, as a point of wondering if they could be understood by me.

### **Coral Harrison** 63, psychotherapist

I am retiring in September, earlier than I expected, at the age of 63. I was given a big push by life in 2024 and I started to listen in a different way.

There are lots of different ways to retire, and a stepped retirement is working for me. I think it's important to prepare, especially by working less. I started this during lockdown by focusing on being rather than doing.

Looking back over my career now, I can see that my life has been a series of different paths. Aged 32, I was juggling full-time work, two children,

a recent separation and divorce, followed by a move to Cumbria, where I trained in counselling, which started a lifelong journey of personal discovery and reflection.

In 2008, aged 46, I qualified as a certified transactional analyst and became UKCP-registered. I had finally made it. I started to diversify in my work, combining my love of horses and the outdoors with psychotherapy. I went on to train in equine-assisted psychotherapy and increased my work with children. I had a varied and successful practice and enjoyed my very full life.

I invite you to expect the unexpected, embrace uncertainty, and see where the flow of life takes you. It has involved many endings, celebrations, letting go of the roles of psychotherapist, supervisor, client, mother, partner and so much more.

I am so grateful for how psychotherapy has changed me. The path I'm now on has reconnected me to my spiritual side, to the land and letting go.

# Psychotherapist **Amy Finn** on how the landscape of contemporary capitalism can contribute to feelings of overwhelm

**B**urnout in the clinic is reflective of a state of overwhelm. As a symptom, at first it may be an attempt to insert intervals and breaks: sick days, missed appointments or lethargy aiming to reinstate the gaps that are missing from everyday life. Its configuration can be an attempt at a break which does not complete.

But can burnout sometimes offer an opportunity? I believe that neurotic burnout presents itself in (at least) two distinct forms: one tends towards emptiness and a withdrawal from engagement with ego ideals, and another threatens to force the subject into an encounter with the Real.

We now think of the term burnout as a non-psychoanalytic one; however, it was first used as a psychological construct by New York psychoanalyst, Herbert Freudenberger, in 1974.<sup>1</sup> Understanding burnout clinically benefits from tracing its roots to Freud's work. Although he never explicitly used the term 'burnout', Freud's foundational work in the formation of psychoanalysis grapples with the inner conflict between personal desire and social or professional duty. It highlights how work or activity can be used as a form of sublimation, redirecting unacceptable desires into socially acceptable goals.<sup>2</sup>

What happens, then, when this act of sublimation fails and we lose our footing and tumble into an all-consuming identification with

a job, role or profession? Nowadays even the painful phenomena that make up burnout are subject to commoditisation. So, when the laptop crashes or the phone screen ends up cracked, is this really the end? Or is it an ending in disguise? An insatiable, resurrecting, modifying continuation of the same – a chance to become a new, better version of yourself, or at least, to buy the latest iPhone.

At Freud's time of writing, what we would now identify as the Big Other was recognisable within both wider civilisation and family units. It was through this lens that Freud explored how civilisation imposes repressive demands on people, the intensification of guilt through the internalisation and over activity of the superego. Today, in contrast, we are faced with a dissolution of the very concept of Otherness. In a world where relations between subjects have been displaced onto 'relations between things',<sup>3</sup> the position of the Big Other, as a clear external authority, is mercurial and the line between external expectation and internal compulsion has become blurred.

We find ourselves driven by injunctions to perform, succeed and enjoy without limit: commands that appear to arise either internally or from a self-contained private space (for example, the vacant isolation of sitting at home scrolling on your phone). Within this chaos, we can lose sight of the fact that these demands are not purely self-generated, but are expressions of the unconscious, structured by the subject's relationship >

OVERWHELM

# BEHIND THE BURNOUT



FEATURE  
BURNOUT

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to the Other, even when that Other has become a confidante and creeps up to whisper echoes in your ear. This move towards self-surveilling subjectivity is especially insidious: there is no clear source to resist, no outside to turn to. We have become obsessed with boundaries precisely because we cannot locate or create them. Existing within a closed loop of demand and compliance, we are endlessly contactable, endlessly 'switched on'.

It's difficult to imagine what Freud, so deeply engaged with the psychic undercurrents of aggression, would make of the diffuse yet omnipresent forms that it takes in society today. Unrestrained brutality, hedonism and boundless expansion of jouissance are seemingly ideologically constrained and then fed back to us within a never-ending loop of lifestyle trends: under-consumption, clean eating, zero-waste living, minimalism. All seem to offer a way to contain the excess, to reduce the impact of limitless consumerism and yet there is a product for each.

Commodification has become the default form of limit. We are pushed to work harder and longer, assured that harm can be mitigated with self-care routines and mental health days. The zombified worker – depleted but still producing – emerges. Yet the commodified 'cure' does not remove the aggression inherent in overproduction; it allows us to burn the candle while keeping the wax, sustaining the system itself. In this light, burnout is not simply a medical or psychological condition; it is a libidinal and political symptom.

One way to understand this is through what Byung-Chul

Han<sup>4</sup> outlined from the obedience to achievement subject. Han illustrates how, in the past, prohibitive law dominated workhouses, factories, religion, madhouses and prisons. This voice of prohibition has now been replaced by what Han calls the achievement society. Now everyone is expected to become an entrepreneur of themselves, with the idea that your life, career and even your hobbies must produce value, constantly branded and optimised for success.

Like the superego, the imperative of the social unconscious has shifted from 'you must not' to 'you can, you should'. With the shift from obedience subject to achievement subject, we each become both master and slave, internalising the imperative to perform, reinvent, hustle. This move away from a clear symbolic external Other or Master gives rise to the displacement of fetishism onto Marx's identification<sup>5</sup> of the 'relation between things' as people look to metrics and commodities for symbolic authority or any semblance of certainty. What is concealed in today's mode of commodity fetishism is not merely the labour behind the object, but the absence of a stable symbolic framework: the lack in the big Other itself. For instance, the online social icon is perceived as containing value not just because labour is obscured, but because the symbolic coordinates we rely on have become unstable. There's something there ... until there's not. But what that 'something' is, remains unclear.



Within an insistent and chaotic landscape, we struggle to pace ourselves or find rhythm

Depression and burnout are painful responses to this wobbling, unsettled layer cake of overlapping demands and possibilities; and if you happen to be the influencer in question, the psychic and relational hidden labour of never really knowing where your value lies.

As a result of this joyless, self-targeting drive, burnout occurs at the point when the subject can seemingly no longer extract surplus value from themselves. Although this may appear as a break or a disruption, we could also consider that perhaps it is a continuation of the same, a last-ditch attempt to produce the level of jouissance demanded in an era that is suffocating in excess.

In relation to excessive tiredness and burnout, Han posits the following: 'The violence of positivity does not presume or require hostility. It unfolds specifically



IMAGE: SHUTTERSTOCK

in a permissive and pacified society ... it inhabits the negativity-free space of the Same, where no polarisation between inside and outside, or proper and foreign, takes place.<sup>4</sup>

Jacques Lacan drew out how surplus jouissance functions analogously to Marx's concept of surplus value. Lacan outlines how the capitalist discourse presupposes a market in the field of the Other; the Other that 'totalises merits and values, that assures the organisation of choices and preferences and that implies an ordinal and even a cardinal structure.'<sup>6</sup> In this way capitalism binds us into a relation to an Other that assures the value of our labour, our identities, our desires. We enter into a contract of capitalism with the Other that, through sacrifice, suggests a capacity to satisfy jouissance and effectively

plaster over the splits, fractures and contradictions that permeate our experience.

Yet, the assumption of this 'market in the Other' has undergone a structural reconfiguration in the current climate. The capitalist market has always perpetuated a loop: by obligating the subject to labour in relation to an S1 – the key idea or identity connecting them to personal investment in a commodity: I am an HR manager, I am successful, I am purposeful. And this loop remains (along with the associated attachment to meritocracy that makes revolutionary action almost inconceivable). What was once a symbolic tether to capitalism, mediated through roles, institutions and physical workplaces, is now increasingly sustained through the imaginary.

As we shift towards the imaginary and the virtual space, our composite personas become even more tenuous. This puts us in a situation that could arguably be quite dangerous. There are increasing situations and professions across all areas of life solely located in the virtual – Zoom meetings, influencing, photo filters – and still more that offer a veneered interface for customers to interact with, the option to ignore the real human worker, such as with the gig economy. Online, the physical body is absent and the imaginary is heavily relied upon to sustain subjectivity through likes, 'engagement' and attention. Here everything can be at stake and if the collective gaze looks elsewhere the subject is threatened with collapse. Collapse does not always come at the moment the gaze turns away, but can also arise through a secondary

## 'THE UNBOUNDED DEMAND TO ENJOY AND TO KEEP PACE GROWS EVER MORE RELENTLESS'

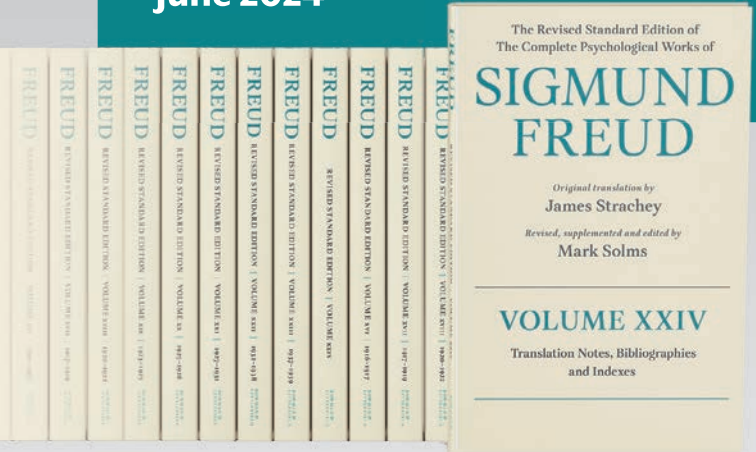
misrecognition, one that intensifies the subject's underlying state of alienation, as the subject merges with the brand they endorse and loses the ground beneath them.

Within these hedonistic systems, workers are not only alienated from their products but, paradoxically, compelled to over-identify with them. The influencer becomes indistinguishable from the brand they promote, collapsing the distance between subject and commodity. In this way, alienation intensifies rather than dissolves: the self is consumed as a product. Think of the YouTuber, slaving to meet their self-constructed demands, preoccupied with creating 'content' for subscribers or followers, who constitute a collective gaze that constantly calls for the next reinvention, with the same relentless regularity and urgency of a newborn's cries for milk. Unlike the baby, the gaze doesn't want to be sated but is focused on its enjoyment of the excess in viewing the content creators' compulsory endless becoming.

Capitalist discourse short-circuits the negative. Desire is perpetually displaced, onto the next holiday, the next purchase. The unbounded demand to enjoy and to keep pace grows ever more relentless. Burnout can be read as the subject's collapse

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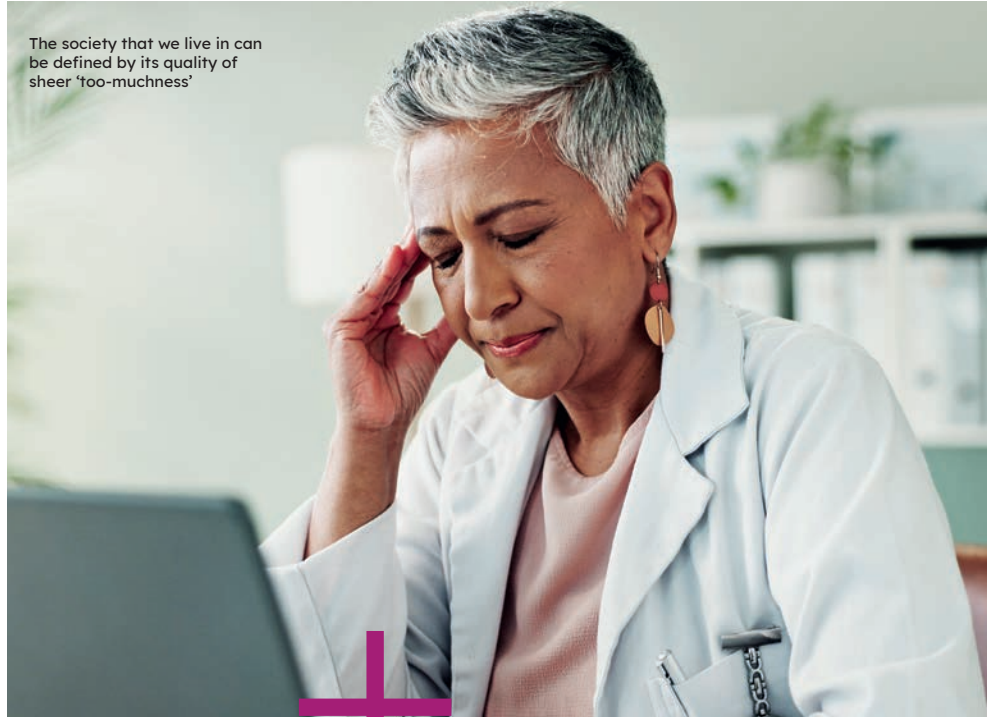
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The society that we live in can be defined by its quality of sheer 'too-muchness'



under this deadlock – where the impossibility of resolving the irreconcilable remainder between demand, fulfilment and satisfaction becomes not just theoretical but is viscerally lived; the frayed edges of life itself, raw and disorienting.

Burnout ostensibly appears to present a refusal, a limit (or at least a pause). Yet it is also a continuation of the same, another mode in which surplus jouissance can be extracted or made into a production (think about the emotional digital-disclosure type posts in which people 'perform' exhaustion, pain and even illness). The proposed answer or remedy also becomes a commodity: 'self-care', skin creams and feel-good reels. Within capitalist discourse, burnout offers a fetishised transference to both suffering itself as well as the objects promising relief.

Franco Berardi highlights breathlessness as a symptom of our times.<sup>7</sup> What we witness now is both a physical and psychological pervasive breathlessness as if we are being smothered – choked by pollution, fear, war, burnout, consumerism, social media; the climate that we live in can be defined by its quality of sheer too-muchness.

Under this weight, it is increasingly difficult to find distance for contemplation. Efficiency and speed are privileged at every turn, and we are constantly flooded with new information, demands and a superfluity of language (such as ChatGPT's eloquent but hollow responses) that undermines and dilutes meaning. Traditional forms of sense-making and order are fracturing and breaking down. This is palpable in the lack of shared structure of syntax and meaning in politics. For example, how the debate about the existence of climate change has moved from being at least somewhat centered around data and risk, to one where communication

## 'TRADITIONAL FORMS OF SENSE-MAKING AND ORDER ARE FRACTURING'

itself becomes panic and widely encompasses all types of denial, projection, fatalism and sensationalism.

Burnout emerges from this saturation. It is anxiety born of an attrition of shared structures that once allowed desire to be deferred, metabolised or expressed. Within an insistent and chaotic landscape, people struggle to pace themselves, place down markers, or find rhythm. Alcoholism and substance addiction exemplify extreme surrender to hedonistic, unrestrained consumption – pure jouissance over, and beyond, the pleasure principle.

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**SELF-CARE**

# BACK FROM THE EDGE

How we can mitigate the risk of empathy burnout by choosing to practise self-care



Working in a profession built on connecting with others means that you can never be separate from the process. However, the immense pressures faced by psychotherapists and psychotherapeutic counsellors, where emotional responsibility, stress, overwork and underfunding collide, means that many will recognise times when they feel exhausted or less emotionally available.

Research shows the health and social care sector is the UK's most stressful industry,<sup>1</sup> especially roles responsible for the wellbeing and development of others. So, what happens if you become seriously disconnected, depleted and at risk of empathy burnout?

Empathy is a core element of every effective therapeutic relationship; people come to therapy for empathy that they don't experience elsewhere, and you have been extensively trained to empathise. Carl Rogers<sup>2</sup> termed empathy as the ability >

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of the clinician to sense someone's private world as if it were their own, without losing the 'as if' hypothetical quality. Empathy burnout can happen when that level of detachment from clients' emotions is lost or, as psychotherapist Phillipa Perry succinctly puts it, 'when a person becomes emotionally drained from consistently providing support'.<sup>3</sup>

It was Professor Christina Maslach who coined the term 'burnout' and co-created the Maslach Burnout Inventory<sup>4</sup> in 1981, which is still used as the gold standard for measuring burnout in empirical research. Maslach shared how she saw feelings of loss of empathy first emerge in her research: 'A pattern emerged – people talked about feeling overwhelmed, emotionally exhausted, and losing their sense of compassion.'

Exactly what burnout looks like or how it manifests is different for different people. In their 2011 study *The resilient practitioner*, Skovholt and Trotter-Mathison<sup>5</sup> list feelings of cynicism, exhaustion, frustration, ineffectiveness, stress, fatigue, disengagement and hopelessness, as well as work overload, lack of community, breakdown of support and lack of control. While the specifics are deeply personal, what it adds up to is a therapist who may have significant difficulty performing the necessary functions of their role.

Left unchecked, burnout can affect the nervous system and can risk developing into secondary trauma. Some therapists exhibit symptoms similar to post-traumatic stress disorder (PTSD) or vicarious trauma through the accumulative effects of

extending empathy to clients who have experienced traumatic life events.

Psychoanalytic psychotherapist Dr Richard Duggins is the author of *Burnout-free working*.<sup>6</sup> 'Burnout doesn't slam into you overnight,' he says. 'It sneaks up over months as a slow build of pressure we dismiss as "just a busy spell" or "normal work stress". But ignore it too long, and you

**'BURNOUT DOESN'T  
SLAM INTO YOU  
OVERNIGHT. IT SNEAKS  
UP OVER MONTHS'**

end up at what I call the burnout cliff. This is where exhaustion, detachment and disillusionment suddenly crash over you like a wave and knock your feet out from under you.

'The good news? Burnout gives you warnings if you know what to look for. You lose the joy, you used to care. Now? You're just getting through the day. You start pulling away emotionally. From your clients or students. From yourself. Bone-deep fatigue that doesn't lift, even after a good night's sleep.'

Integrative psychotherapist Holly Lynn says 'For me, burnout feels like a growing sense of detachment from clients. I start to question whether I want to continue in the job, and I notice my patience and empathy declining. These are clear signals that something needs attention.'

Yet, burnout isn't only a risk for those who are feeling the strain after a long career as a psychotherapist – it can affect anyone at any time. 'Burnout is unpredictable, and you can be at risk

ILLUSTRATION: MARIE MONTCCHIO/KON



# 'A LACK OF SELF-CARE INHIBITS THE ABILITY TO ENGAGE WITH CLIENTS AND SHRINKS YOUR CAPACITY TO TUNE INTO SOMEONE ELSE'

from day one of your practice,' says therapist Sally Brown, on her recent Substack.<sup>7</sup> 'A new client, a shift in an existing client relationship or something happening in your personal life can be the tipping point between feeling okay and struggling. While this may sound alarmist, it's crucial for us to be aware of the risks and take proactive steps to address them.'

Psychotherapist and supervisor Claire Spiller says that working to avoid practitioner burnout is a special interest of hers in supervision sessions – including with newly qualified therapists. 'Finding a balance, especially for new practitioners, to honour both their needs and their clients, needs careful attentiveness in supervision and close attention to boundary setting, including clinical assessment, risk assessment and contracting processes,' says Claire.

'Daniel Stern<sup>8</sup> talks about how we are born with the capacity to tune into the experience of others around us, as we physically sense and feel the embodied other. I believe this also speaks to psychotherapy as a moving, feeling encounter with our clients, held within supervision as a relational and clinical process.

'Incorporating somatic awareness and body-based interventions in the supervisory relationship can help to avoid the risk of overwhelm which

can lead to burnout. As clinical supervisors, we also need support, having good-quality supervised supervision is an ethical imperative and function of primary importance which frames my work and practice.'

As well as regular supervision and personal therapy, self-care is key to preventing feelings of burnout. Your interpretation of self-care will be unique to you but put simply means pursuing hobbies or interests to develop, maintain and improve health and wellbeing away from psychotherapeutic work. But it also means setting clear clinical boundaries and having awareness of them, as well as having guiding principles, recognition of hazards and establishing a robust support system. Maintaining all of these elements of self-care is our responsibility, yet is often overlooked in the busyness of working life.

A lack of self-care inhibits the ability to engage with clients and shrinks your capacity to tune into someone else. Dr Roslyn Law, a consultant clinical psychologist and chair of Interpersonal Psychotherapy UK (IPTUK), recently said: 'Self-care is a choice and there are lots of ways to practise it. We tend to be good at caring for others, but we are often not that good at caring for ourselves. We have ethical responsibilities in therapeutic professions to do so.'

Burnout is common and understandable. Therapists work with consistently high levels of stress, pain and emotion – not to mention financial and home-life pressures.

But burnout is also preventable, and with the right support, you can find renewed energy, purpose and joy.

Empathy is a finite resource. By taking the necessary self-care steps to ensure you are emotionally available you set yourself up with the best possible chance to offer that space to others and avoid feelings of burnout.

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JOE PAWSON

# ‘Denial of dependency is fundamental to crises in our relationships and within society at large’

An egocentric culture denies our vulnerability and our reliance on each another, says integrative psychotherapist **Joe Pawson**, but this dependency is our lifeline to the world




Last year UKCP launched a book series in partnership with Karnac Books called Psychotherapy Matters, consisting of accessible books on a range of topical subjects for psychotherapy professionals, with a crossover into a general readership. The series aims to bring diverse subjects into focus and to enliven much-needed conversations around mental health. This spring sees the release of UKCP

integrative psychotherapist Joe Pawson’s book, *Dependency and denial: the stories that divide us*, which explores connection with self, with others and the interdependency that lies at the heart of our existence. Here Joe reflects on writing the book, the impact it has had on his life and the importance of self-care.

#### **Tell us how the book came about.**

I was sitting on an idea about dependency and the environment. I wrote a proposal for that, about how our issues with >



'When we turn  
our backs on  
dependency,' says  
Joe, 'we turn away  
from the heart of  
existence itself'



More books in the Psychotherapy Matters series will be published soon. UKCP members interested in contributing a proposal for the series should email the series editor Linda Cundy at [lindacundy57@gmail.com](mailto:lindacundy57@gmail.com)



dependency underpin our attitudes to nature and the climate crisis. The editor came back and suggested I widen the scope to dependency and denial in general, so I began broadening it out around those themes. I now think that I couldn't have written anything else. The more I wrote, the more the twin ideas of denial and dependency seemed to relate to and touch on everything: society, relational difficulties, existential issues and all of the most personal, primal struggles.

We're split from nature and have a very egocentric culture that denies our reliance on all that we're connected to. Our connection to one another is our lifeline to the world. Yet, it also makes us vulnerable. To manage this, we often end up turning away from our need for each

## 'WHAT HAPPENS WHEN FEELINGS OF DEPENDENCY ARE EXILED FROM OUR AWARENESS?'

other and instead seek security in the fabricated stories of our denial.

### How does the book explore that?

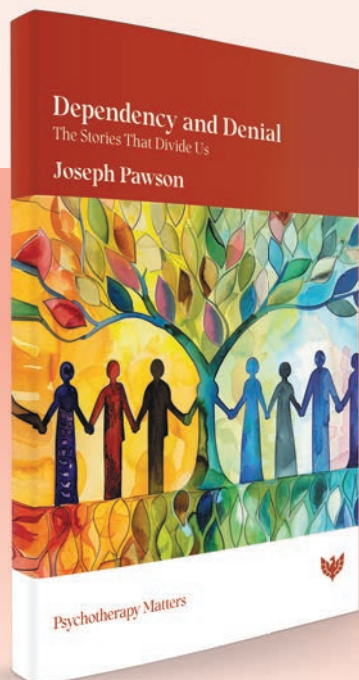
It is an exploration of interdependence, identity and culture, looking at the consequences of what happens when

feelings of dependency are exiled from our awareness and excluded from cultural narratives. And how, as a result of this, we find ourselves behaving in ways that we have little understanding of – such as in our relationships, outbursts of anger, addiction, jealousy and commitment issues. These all signal the presence of hidden feelings of vulnerability that exert their control from outside of our awareness.

A denial of dependency is not only fundamental to crises in our most intimate relationships, but also within society at large, contributing to racism, inequality, misogyny and the destruction of our environment. We are inextricably woven into the fabric of all things and therefore, when we turn our backs on dependency, we turn away from the heart of existence itself.

### Do you use examples from clinical work?

In the book there are stories from the therapy room that have been anonymised and amalgamated to maintain confidentiality and I draw on ideas from developmental, Jungian and Buddhist psychologies to capture the journey of reconnecting with our banished dependency. I always want to integrate the personal and transpersonal, drawing parallels between what happens in the therapy room and the world beyond. Confronting our denial can heal more than just our own interpersonal





**Dependency and denial:  
the stories that divide us is out  
in April [karnacbooks.com](http://karnacbooks.com)**

difficulties. In venturing into the dark places that our need for each other takes us, we can rediscover a profound interconnectedness that surpasses the symptoms that lead us into therapy in the first place.

### **How difficult was it to write?**

I wrote it in a year alongside client work, I had 10 clients at the time. It kind of poured out of me. Some of what I had to say was on the tip of my tongue and some of it was like an archaeological dig. It sounds a bit grandiose to say that I was discovering something, but it was an amazing experience to find that lots of strange, disconnected ideas seemed to fit into this larger narrative.

It's a bit like psychotherapy; you look back on it and think there's no way anyone could have designed it how it happened. It's more than what you were conscious of. I had to trust that it would come together.

### **Will there be another book?**

I've got an idea that I had before this one – it's still undeveloped, but it's there – on a similar theme of nature and interconnection. I feel I have to make sense of what I've been through, that if I don't work with it, the momentum that has gathered will run me over.

### **How did you become a psychotherapist?**

I first became interested in psychotherapy as a teenager exploring psychedelics, then later shamanism, which profoundly changed my world view. When I was 21, I had what could be termed a 'spiritual

emergency', a period of six months of intense psychological opening.

I had to find new ways to make sense of the world and at the same time deal with the psychological processes that were still in motion. I did a degree in herbal medicine that I started when I was 19, but found that it never felt like quite the right fit for me. However, I was inspired by learning about the placebo effect, which when you consider what it is, the body healing itself in response to certain meanings and rituals, is really quite incredible.

Not to say that herbal medicine can be reduced to this alone, but rather that it made clear to me the power of working with meaning itself. I think therapy has that same quality. At 25 I started to train as a psychotherapist, choosing an integrative and relational approach, despite all the transpersonal experiences that I had been going through. I guess I have always been drawn towards integrating both things.

### **Will you carry on doing client work?**

I'm now splitting my time between the UK and abroad, so I'm doing all client work online. At first I was averse to not working face-to-face, but I've really adapted and now enjoy the difference and the possibilities that it can open up.

I'm pretty happy doing it and when I think of the future, I feel like it's something I'll continue to enjoy. The one on one, there's something so special about it – that sense of limitless possibility and potential that comes from just two people in a room. I don't imagine running out of inspiration there.

### **Are you careful to avoid burnout?**

I'm definitely careful with managing my workload. I want to make sure I have plenty of energy for my client work. Small adjustments to client numbers, or even just the timings, can make a huge difference to how the overall balance feels. Some people are so different constitutionally, they seem to have a capacity I lack, and the more they take on and carry, the more momentum they have.

But for me, when I get overloaded, I start to have trouble sleeping and quickly crumble. I don't have the best foundations in terms of stress tolerance. I'm not someone who can steam on, so I try to keep my workload and client numbers at a level that never feels overwhelming and allows space for everything else in my life too, including space for its own sake too.

I've always struggled to feel as if I've done 'enough'. But I've found that I have to trust my own process, working with it rather than pushing against it. Like when I write, I've got at most an hour of good words in me a day, where I can put down on the page what my unconscious has been working on the rest of the time. Sometimes I try and do more, pushed on perhaps by this judgement of not doing enough, and can easily spend another few hours just shuffling words around on the page.

So I keep coming back to the importance of trying to work with the process and with my own constitution, rather than trying to force something different. And when I do find that alignment, it's amazing how easy and efficient it can feel. It's most apparent when writing, but I think it also applies a lot to life in general too.

SPOTLIGHT INTERVIEW

# ‘Society has really neglected psychological support for older people’

Psychotherapist **Andrew Balfour**  
on the challenges of meeting the  
needs of our ageing population

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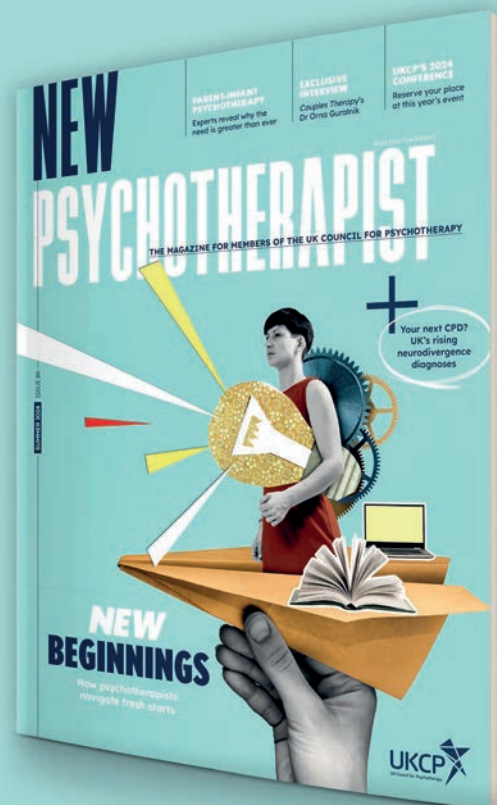
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psychotherapist Andrew Balfour is chief executive of Tavistock Relationships, a UKCP

organisational member. He originally studied English literature before going on to train as a clinical psychologist at University College London, followed by training as an adult psychoanalytic psychotherapist at the Tavistock and Portman NHS Trust, and later as a couple psychotherapist at Tavistock Relationships. Andrew is also the author of three books, the most recent is *Life and death: our relationship with ageing, dementia, and other fates of time*. He is passionate about helping people to continue to live their lives and inhabit relationships, as creatively as possible, into late life.

### Do you think the challenges of later life are increasing?

I don't know about that – maybe it's just more salient. When I started working with older people 35 years ago, I was training as a clinical psychologist and a lot of the things that are now out in the open and in the media all the time were completely invisible, such as dementia. It was thought of very differently back then. The baby boomer generation has got older and there's generally better physical health for longer. More people living longer means that the incidence of dementia and other age-related things has just massively increased. But there's an expectation that life should be 'good enough', which is why there's so much more discussion of dementia and other issues affecting older people. What I call the developmental challenges of later life have always been there, but we're



## ANDREW BALFOUR TIMELINE

**1990**

BSc psychology, University of London

**1993**

MSc clinical psychology, University College London

**1996**

Clinical psychologist in psychotherapy, Tavistock and Portman NHS Trust

**2001**

Senior clinical lecturer and psychotherapist, Tavistock Centre for Couple Relationships/consultant clinical psychologist in psychotherapy, Tavistock and Portman NHS Trust

**2003**

Adult psychoanalytic psychotherapist, Tavistock Clinic (Tavistock qualification in adult psychotherapy – TQAP)

**2004**

Couple psychoanalytic psychotherapist (Dip Cpl Psych), Tavistock Relationships

**2006**

Director of clinical services, Tavistock Relationships

**2007**

Visiting fellow, University of Essex

**2012**

Co-published *How couple relationships shape our world*, Karnac Books

**2016**

Chief executive, Tavistock Relationships

**2018**

Co-published *Engaging couples: new directions in therapeutic work with families*, Routledge

**2025**

Completed a research PhD at University College London on 'Developing a relationship intervention for couples living with dementia', and published *Life and death: our relationship with ageing, dementia, and other fates of time*, Routledge

much more aware of them now, and they're much more widely talked about. It's in the media and the general zeitgeist more than it's ever been.

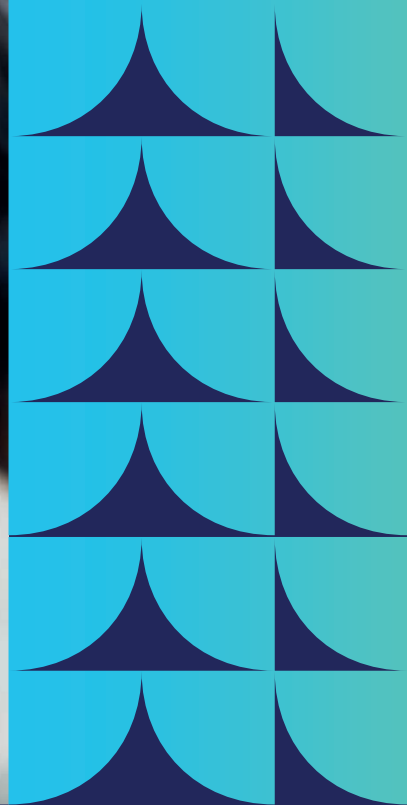
### It must be positive to have more awareness?

Yes, I think it's positive, and it's crucial. At the Tavistock and Portman NHS Trust 25 years ago, a colleague and I set up a course for people who worked with older adults and it ran for a few years. We were trying to give nurses, doctors, psychologists and others working in old age settings a place to think about the meaning of these developmental challenges and the challenges for staff.

The main example of the difference now is society's thinking about dementia – it's in the papers frequently and you hear about it a lot. Back then it was often regarded as just part of getting older. A negative view of ageing was dominant in our culture. So it is positive that there's more awareness, but it brings huge social challenges too; how are we going to meet the needs of an ageing population? The challenges I'm particularly interested in are the emotional and psychological challenges we all face as we get older. Even now, the way many people in institutional settings are treated, or the anxieties that there are for all of us about getting older and what might happen to us, make it very difficult for younger generations to think about it or to bear to engage with it emotionally.

### Would specific training about how to work effectively with older people help therapy trainees?

Yes, and I run training courses, but I really do think we should include >



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an idea of lifespan development in all of our training courses. It's an idea from psychology – and Eric Erikson wrote about this generations ago. The idea that there are developmental issues throughout the lifespan is really crucial. There are some wonderful and important books for helping clinicians on this from Eric Rayner and Margot Waddell. Because it's the understanding that it's not just working with older clients – but all of us all the time. We are facing our own ageing and our relationship to that; we need to be able to think about that and to bear it in order to make emotional contact with our clients. Otherwise we might turn away, or just not go there. It challenges all of us.

One of my patients once said to me that death isn't just turning off the light. You see death in all the little things you can't do any more. That's something that the psychoanalyst Roger Money-Kyrle wrote about. He talked about various facts of life, one of which is the passage of time. He said that it's in the everyday losses we encounter that communicate to us some sense of our own finitude and mortality. So yes, we need help, all of us. Both in terms of our own personal psychotherapy and also to help clients – we need to be able to think about this in our training. Both clinically and theoretically, because there's some great stuff written to help us think about it.

**How can a clinician better prepare themselves personally and professionally for the changes that come with older age?**

It's about the work we do internally, that's the most important thing. In our

## 'PSYCHOTHERAPY HAS A HUGE ROLE TO PLAY THROUGH THE LIFESPAN'

own personal therapy, how we reflect and tolerate engaging in recognising our own mortality. It's everywhere around us, depending on where we are in our lives and our relationships with our parents and families. And this is a very painful, difficult thing to think about – but we need to have the courage to reflect on it. It's a very rewarding area to engage in, too.

**Your latest book *Life and death: our relationship with ageing, dementia, and other fates of time* explores dementia, how did you become interested in it?**

When I was in my mid-20s training as a clinical psychologist working on hospital wards, I'd never heard of

dementia. What was heartbreaking was that a lot of the settings where people with dementia were cared for back then were like environments of lost meaning. Their efforts to communicate were unheard, there was no one available to receive the communication; staff were busy doing practical tasks, or they were understaffed. So people were left without emotional contact, and that felt terrible to see. It was a kind of enactment of what happens at the very end – a loss of meaning, but it was a premature foreclosure of meaning.

It can be challenging to allow yourself to be in contact with people with dementia whose experience may be so fragmented. When I was 25 interviewing people with dementia for some research, I became convinced that I was losing my memory, as if dementia was infectious. Of course, our psychotherapeutic tools allow us to understand this because we have supervision, personal therapy and support to do that kind of work.

It is not easy, but I think there are lots of things that can be done and there's a huge role for psychotherapists. There's a huge unmet need, and we mustn't idealise what can happen, or have too high expectations of people. But for >



**Andrew Balfour's latest book, *Life and death: our relationship with ageing, dementia, and other fates of time, is out now***

example, I devised an intervention between couples living with dementia, to help them express their feelings and to support emotional contact between them. It's about creating conditions for truthful communication in intimate relationships when one partner has dementia. The theory [behind the intervention] was that the more emotional support the 'caring' partner has – to use that awful phrase – the more likely they'll be able to sustain emotional contact with their partner who has dementia. And we certainly find that to be the case. We know from research that the quality of relationships with people with dementia predicts the rate of decline of illness and people going into care. This was not an expensive thing to do.

Our profession has really neglected this area; indeed society has as a whole. It will likely always remain neglected because we're always going to be afraid of losing our capacities and death. It's what we all face.

### **Was it important that your latest book was accessible to the general reader?**

It was absolutely what I wanted to achieve and has been my mission. It has taken 20 years to put this book together. I only got into it by accident and realised just how neglected things had been in relation to older people and the emotional meaning of what was happening to them. Because even when people are very impaired in their functioning, there are still deep anxieties around what they're dealing with, and therefore the quality of psychological care around them really matters. It's about the importance of people's communication and meaning,



## 'DEATH ISN'T JUST TURNING OFF THE LIGHT. YOU SEE DEATH IN ALL THE LITTLE THINGS YOU CAN'T DO ANY MORE'

because we all need to be understood. I've learnt so much from people I've worked with, about the human capacity to stay engaged with their experience; it has been deeply moving.

### **What would you like to see change around the care of older people?**

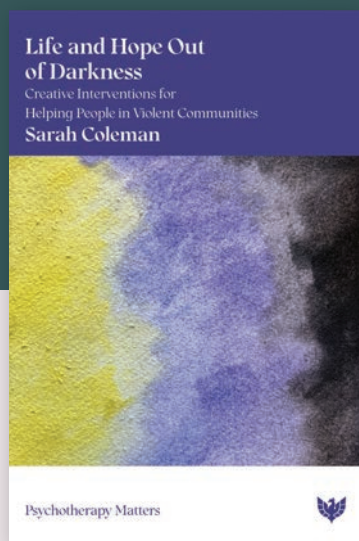
The most pressing thing is resourcing for emotional support for people later in their lives. Obviously, there's a hierarchy of needs, but the area that's neglected is emotional understanding, and this is neglected at our peril. A lot could be done, and it would save money in the long run if we could provide psychological support. If we could devote more of our minds to thinking about the needs of people, for example, caring for a partner with dementia, then more relationships would survive and there would be less

need to spend lots of money when things break down on residential care and other things.

It's about extending our humanity. We live in such a youth culture, but our profession is different – it takes half a life to qualify as a psychotherapist (which in itself is a problem – because when do you stop?). We're lucky we're in a profession where if you have good health, your wisdom and experience is recognised and has a clear value. But we don't translate that into the design of our curricula to include a focus on later life. I do wish it could become a standard part of our thinking in psychotherapy training. We know about the importance of the first 100 days, but it's also true of late life – and throughout our lives, the quality of our relationships is what matters most of all, so that psychotherapy has a huge role to play through the lifespan.

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

## SUPERVISION

# Beginning a new chapter

**Carolynne Murphy, a UKCP psychotherapist and supervisor working in prisons, on the losses that can come with ageing**

AGEING  
SUPERVISION



It is time. I come to my supervisor's study, but it is empty. I step inside and hold my breath.

The only thing there is a sandwich. And it is ready, wrapped up for her retirement. This will be our final session together. My supervisor's dreams have changed, and retirement is now on her mind. News of my supervisor's wish to retire several months ago came as a shocking loss and the strength of my feeling surprised me. I wondered, will I be able to manage the change?

I feared I would never recover once she was gone. I imagined cutting flowers and tending her grave.

In our sessions since my supervisor told me of her plan, she reminded me that we all grow old. She is only doing her job. Have I not expected my supervisor, in that moment of supervision for this patient, to nourish the supervisee within me and trust her to be right on time?

The concept of time is a rich vein that runs through all clinical

work. Each of my older, long-term patients – as well as my potential new referrals – watch the ticking of therapy time and then remind me of the retirement question by asking 'How long have we got left?'

A key concept in prison-based therapy is 'doing time', because the forensic patient is serving a sentence that will end. They are counting down. Even the receipt of a life sentence can be a new chapter in an individual's recovery towards reintegration into the outside community.

I recall visiting my forensic supervisor and being concerned because a patient had been suddenly transferred to another prison. She listened without asking more and then responded, 'Oh, okay. You're both right on schedule and she'll be needing a sandwich for the road.' At the time, I knew, consciously, that she was probably correct, but a narcissistic cry surfaced from deep inside. 'What schedule? Who's on schedule? It is right that you and others may be on a normal schedule, but honestly, not me!'

Erik Erikson described the late-life or older stage as 'generativity', a post-narcissism chapter in which one lets go of a sense of one's specialness, freeing up attention to care for and have concern for new generations. I welcome my responsibility to accept the reality of ageing and to be in rhythm with it. My ambitions as a supervisee and supervisor are changing predictably, in line with the natural cycle of life. I am right on schedule, exactly where I should be.





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The screenshot displays the Zanda software interface. On the left, a calendar view shows appointments for Monday 11th, Tuesday, and Wednesday 13th. Appointments include John Smith (8:00-8:45), Tom Summers (9:00-10:30), Cole Travis (8:15-9:00), Ashley Johnson (9:15-10:00), and Christopher Wake. On the right, a detailed view for Tom Summers shows appointment details, an invoice for 352, and payment information. The invoice lists a Generic Pack and shows a total of 0.00, with an account balance of -190.00.

Hi Mary, Reminder for your appointment with People First Clinic on Tuesday at 10am. Please reply Y to confirm or N to cancel.

Yes, looking forward to it!

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