

UK Council for Psychotherapy  
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# the psychotherapist

Positive psychology  
and the  
psychotherapist

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### Cover photo:

Professor Martin Seligman  
 Positive Psychology Center  
 University of Pennsylvania

the psychotherapist **feature: positive psychology**

Guest Editor: **Yasmin Headley**

**Positive Psychology is the scientific study of the strengths and virtues that enable individuals and communities to thrive.** This field is founded on the belief that people want to lead meaningful and fulfilling lives, to cultivate what is best within themselves, and to enhance their experiences of love, work, and play (see online reference).

### The Positive

There are many positives in psychotherapy. Contrary to the popular press, it is not all about the pain, misery and the upsetting things in life. Many psychotherapists do also help their clients to grow and develop. Those who are psychotherapists also know of the humour, the off-beat moments and the tender connections which often occur in the therapeutic space.

The articles that follow present the positive in psychotherapy. This is not to say there are no negatives in psychotherapy ~ ever. Often we reframe areas (Bandler, 1983) for our clients to work with and Freud himself was known to have quite a sense of humour (Oring, 1984. Klopfer, 1984).

The series of articles that follow clarify some of the material from an approach called positive psychology. Positive psychology is not just happiology or Pollyanna fantasy. This approach focuses on the positive and the emphasis it places on scientific research has given more credence to the notion that the positive has a large part to play in our work with clients. The negativity bias (Cacioppo, 2002) that naturally occurs within us has to be attended to and worked on constantly. To be happy and effectively happy requires constant attention and work (Lyubomirsky, 2008).

# Guest editorial: Positive psychology

### The Contributors

The first seven people listed are well known in the field of positive psychology; Chris Peterson, Nansook Park, Alex Linley, Ilona Boniwell, Stephen Joseph, James Pawelski and Tayyab Rashid. Areas covered in the articles listed in this issue are positive psychotherapy, post-traumatic growth, strength-spotting, time, philosophy and William James.

I have also added the work of Jane Bird because of her work in autogenic training (AT). AT is a systematic and scientific method of relaxation which has been found to be an extremely effective way of managing stress. Meditative techniques have been found to work well with positive psychology (Shapiro et al, 2005).

I would like to express my sincere appreciation to all the contributors, who responded to my request for articles with enthusiasm and energy, and have produced articles that are engaging, thoughtful and creative.

Due to the constraints of space and time some of the articles had to be edited, but it is hoped that the essence of the material has been left intact for you to enjoy. You will also see that interesting books by four of the contributors are available for review for the next issue of *The Psychotherapist*, if you would like to read further on these subjects.

**Yasmin Headley** BA, Dip HG, MA, CUG, AdDip, MAPP  
UKCP Registrant

**Yasmin Headley** is an Integrative Psychotherapist living and working in London. She has been coaching and counselling people extensively by phone and in person since the 1990s.

Her particular interests are in taking the positives more seriously particularly with regards to cultural change, aging, spirituality and money. ([www.integrative.com](http://www.integrative.com))

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### Write for The Psychotherapist

Would you like to respond to something you have seen in this issue? Or to something in the outside world that is affecting you as a psychotherapist?

Do you, or your MO, have a particular group of clients that you specialise in working with? Or are you involved in a particular project you think innovative or unusual?

Have you attended a workshop or seminar that has influenced your personal practice, that you would like to share with or recommend to other psychotherapists?

Or would you like to guest edit an issue of *The Psychotherapist*?

Write with your suggestion(s) to the Editor, Jude Cohen-Phillips: [jude.cohen@ukcp.org.uk](mailto:jude.cohen@ukcp.org.uk)



the psychotherapist **feature: positive psychology**

# Positive psychology and strengths-based clinical work

Christopher Peterson & Nansook Park



Christopher Peterson

**When positive psychology was first described, its stated goal was not to move people from -5 to zero ~ the presumed goal of business-as-usual psychology ~ but rather from +2 to +5 (Seligman, 2002).** This emphasis on promotion as opposed to remediation was useful in highlighting what was novel about positive psychology, but did not do justice to what this new field might help people to achieve.

“positive psychology can do more than help people doing well in life do even better”

Interventions based on positive psychology can do more than help people doing well in life do even better. These interventions may also help people with problems lead a fulfilling life, moving them from -5 to +2 or beyond. Whatever the presenting complaints, people also bring into therapy assets and strengths that can be used to resolve their problems. A crucial task of any treatment is therefore to identify clients resources and encourage their use.



Nansook Park

If one can extrapolate from the sorts of topics that have been studied, positive psychology assumes that people are doing well when they experience more positive feelings than negative feelings, are satisfied with their lives as they have been lived, have identified what they do well and use these talents and strengths on an ongoing basis; are highly engaged in what they do, are contributing members of a social community, and have a sense of meaning and purpose in their lives (Peterson, 2006). Health and safety provide an important context for psychological well-being. It is difficult to imagine a cultural group in which these components of the good life are not valued.

Here we have a vision of mental health that can be used to make sense of psychological problems that people might have. Problems (from a positive psychology perspective) represent shortcomings with respect to one or more of the components of the psychological good life. For example, people may experience more negative affect than positive affect; they may be dissatisfied with their lives; they may be socially estranged; they may be bored, alienated, or nihilistic; and so on.

Besides providing a vantage on what is considered a psychological disorder, positive psychology also speaks to other aspects of therapy. Even if therapeutic concern is with traditional diagnostic categories, the goals of therapy can be fleshed out with a positive psychology perspective, keeping in mind the vision of psychological health already discussed and more generally by taking DSM Axis V (global assessment of functioning) as seriously as diagnosis on Axis I and Axis II.

“Low life satisfaction can occur in the absence of psychopathology”

Assessment has long been a staple of psychology, and much of it has been tilted ~ understandably ~ toward identifying weaknesses, deficiencies, and problems. The positive psychology perspective is that business-as-usual assessment should be expanded by attention to areas of strength and competence. Low life satisfaction can occur in the absence of psychopathology, and it is nonetheless related to psychological and social problems. Conversely, high life satisfaction is linked to good functioning even in the presence of symptoms.

Positive psychologists have already developed an impressive set of measurement instruments that allow someone doing assessment to break through the zero point of deficiency measures. For example, the healthiest that one can score on a typical measure of depression is zero, but this lumps together people who are blasé with those who are filled with zest and joy. The distinction seems well worth

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making, and the self-report surveys and interviews developed by positive psychologists allow it.

Many of the popular positive psychology self-report surveys are available free of charge at [www.authentichappiness.org](http://www.authentichappiness.org). Upon completion of a survey, individual feedback is provided, which means clients can be directed to the site and asked to keep a record of their scores.

Positive psychologists have demonstrated that brief interventions in the short term boost happiness, satisfaction, and fulfillment. From rigorous studies using randomisation and a placebo control, there is evidence that positive psychology based interventions increase well-being as well as alleviate depression (Seligman, Steen, Park, and Peterson, 2005). For example, clients can be asked to count their blessings or to use their character strengths in novel ways.

Beginning to appear are so-called positive therapies: interventions linked to positive psychology. What distinguishes these therapies from business-as-usual treatments is their stated goal is not symptom reduction or relief but rather enhanced happiness, life satisfaction fulfillment, productivity, and the like ~ one or more components of positive psychology's vision of the good life. These therapies target people with psychological problems as well as those without.

In our opinion, the term positive therapy is misleading if it implies that these approaches are wholly new. All positive therapies are derived from well-established conventional approaches, usually from the cognitive-behavioral arena. What is novel about them are their expanded goals and their deliberate incorporation of positive psychology interventions to achieve these goals. Perhaps it is better to describe these approaches more precisely as therapies informed by positive psychology.

Therapies informed by positive psychology take issue with assumptions of the medical model that people in treatment are ill and that their problems are best described as discrete (present-or-absent) entities à la DSM. According to positive psychology, people's weaknesses and strengths exist in degrees.

Research support is accumulating. Enough outcome studies have been conducted to conclude that these therapies are more than just promising, with effect sizes in the small to moderate range typical of psychological interventions. Not known in most cases is how these expanded therapies fare in direct comparison to business-as-usual treatments for anxiety or depression. The boundary conditions of effective therapies informed by positive psychology are completely unknown.

“attention to both  
strengths and weaknesses  
is critical... no useful  
purpose is served by  
regarding them as  
mutually exclusive”

Many positive psychologists would like to believe that a strengths-based approach to change is superior to one that focuses on the remediation of deficiencies, but this hypothesis has yet to be put to serious testing. Our even-handed suspicion is that attention to both strengths and weaknesses is critical and that no useful purpose is served by regarding these as mutually exclusive therapeutic goals.

In the past, some of us thought that positive psychology interventions were inherently light-handed, meaning that they are met with little resistance and that they are self-sustaining. Why would someone not want to be happier and more fulfilled, especially given the additional ~ presumably rewarding ~ benefits of so being?

Our current thinking is that positive interventions can challenge both the client and the therapist. People do not always do the right or good or happy thing, even when they know perfectly well what is to be done. So why do we live as we do? This question is among the most crucial for positive psychologists to answer, especially as we develop and deploy interventions. The not-so-good life has considerable inertia.

In conclusion, positive psychology provides a valuable perspective on the human condition as well as strategies

for assessment, treatment, and promotion. Positive psychology expands our view of psychological health beyond the absence of symptoms and disorders and provides hope that a healthy, fulfilled, and productive life is possible for all.

## Christopher Peterson

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## Biography

**Dr. Peterson** is Professor of Psychology and Organizational Studies at the University of Michigan, Ann Arbor, USA.

He is the research director of the Values in Action (VIA) Project and has created a classification of human strengths and virtues and strategies for assessing them.

In 2003 Dr Peterson was named by the Institute for Scientific Information (ISI) as among the world's 100 most widely-cited psychologists over the past twenty years.

He is well-known for his pioneering studies on optimism and health; is an author of more than 300 scholarly publications including a recent book *A Primer in Positive Psychology* (2006) and is a recipient of the Rackham Distinguished Faculty Achievement Award at University of Michigan.

**Dr. Park** is Associate Professor of Psychology at University of Rhode Island, USA. She did her graduate work both in Korea and the USA. Dr. Park took the lead in developing ways to assess character strengths for children and youth. She has over 70 publications.

Her main interest is the promotion of positive development and well-being across life span in different culture settings and strength-based practice at school, work and mental health services.

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## the psychotherapist feature: positive psychology

# Psychotherapy as strength-spotting

P. Alex Linley



P. Alex Linley

Is psychotherapy a place where you would go to talk about your strengths? And yet, with positive psychology applied to psychotherapy, the focus on strengths in psychotherapy is growing rapidly as a therapeutic approach. These are early days, but we may be taking bold and important steps towards realising the aspiration that psychotherapy is a place where you go to talk about your strengths.

This being so, what might psychotherapists need to know about strengths, how might they go about spotting strengths in the therapeutic session, and what can they do with those strengths once they have been spotted? And, perhaps most important of all, is there any evidence that it is worth them doing this in the first place?

As I have defined, a strength is a pre-existing capacity for a particular way of behaving, thinking, or feeling that is authentic and energising to the user, and enables optimal functioning, development and performance<sup>f</sup> (Linley, 2008, p. 9). Simply put, strengths are natural propensities that each of us have (I argue that they are evolved adaptations), and when we are using our strengths, we are feeling in touch with our true selves and that we are doing the things that are right for us to do and from which we derive a sense of energy as a result. When these two coincide, as they do in strengths use, optimal functioning is enabled. Given that psychotherapy is often focused on

undoing dysfunction and enabling more optimal functioning, helping clients to identify and use their strengths more would seem to be indicated.

In a study with 214 university students, Reena Govindji and I were interested in the question of whether strengths use was associated with greater levels of well-being, self-esteem, and self-efficacy. We found that it was: people who used their strengths more reported higher levels of self-esteem, self-efficacy, subjective well-being, psychological well-being, and vitality. Further, they reported higher levels of organismic valuing, the Rogerian concept of being in touch with one's inner nature and organismic valuing process (see Joseph and Linley, 2006).

When we statistically controlled for self-esteem and self-efficacy, strengths use was still a significant predictor of psychological well-being and subjective well-being, indicating that the effect of using one's strengths on well-being went over and above existing levels of self-esteem and self-efficacy. This is good news for psychotherapists, since it suggests that whatever a client's current level of self-esteem and self-efficacy, strengths use is likely to lead to increased levels of well-being.

*“whatever a client's current level of self-esteem and self-efficacy, strengths use is likely to lead to increased levels of well-being”*

Further, in a study of positive psychotherapy with a clinically depressed population, Seligman, Rashid, and Parks (2006) found that identifying one's signature strengths and finding ways to use them more led to clinically significant and sustained decreases in depression. And in my own (as yet

unpublished) research, I have been able to demonstrate that people achieve their goals more effectively when they are using their strengths. While, of course, these are still early days, the emerging evidence suggests that strengths may well have a place to take in the therapy room.

*“the emerging evidence suggests that strengths may well have a place in the therapy room”*

This being so, how might psychotherapists go about spotting strengths in their clients? What are the telltale signs of a strength? Over the last number of years, a lot of my time has been spent strength-spotting, as I describe in my latest book, *Average to A+: Realising Strengths in Yourself and Others* (CAPP Press, 2008).

Strength-spotting is about looking for the telltale signs of a strength in someone. These telltale signs are not necessarily always found together, at least at any given moment in time. Over time, however, it is likely that patterns will emerge. Thus, throughout the course of a series of psychotherapy sessions with a client, as therapists we have ample opportunities to become strength-spotters. As I have described elsewhere (Linley, 2008, pp. 74-75), these telltale signs of a strength include the following:

- a real sense of energy and engagement when using the strength;
- losing a sense of time because you are so engrossed and engaged in the activity;
- very rapidly learning new information, activities, or approaches associated with the strength;



# the psychotherapist feature: positive psychology

- a repeated pattern of successful performance when using the strength;
- exemplary levels of performance when using the strength, especially performance that evokes the respect and admiration of others;
- always seeming to get the tasks done that require using the strength;
- prioritising tasks that require using the strength over tasks that do not
- feeling a yearning to use the strength, while also feeling drained if you have not had the opportunity to use it for a time;
- being irrevocably drawn to do things that play to the strength ~ even when you feel tired, stressed, or disengaged.

Of course, depending on the nature of the strengths that we ourselves may have as psychotherapists, strength-spotting may come more or less naturally to us. For example, one of the 100+ strengths we have identified in our work is that of Esteem Builder.

“one of the 100+ strengths we have identified in our work is that of Esteem Builder”

If you are an esteem builder, once you have spotted a glimmer of positivity in somebody, you won't let it go. Instead, it will be held up to the light, brought to their attention, and explored and developed with them until they cannot help but agree that there is something that they are good at, something that they have done well, some talent that they had somehow lost in the fog of their life circumstances. And with this realisation, they start to feel better about themselves. They start to sense that they do have something to offer the world. Suddenly, life is not as bad; buds of hope and optimism for the future start to sprout. And when the client has achieved something of which they didn't at first believe themselves capable, the esteem builder's catchphrase comes back loud and clear in validation to them: I knew you had it in you.

Esteem builders have the potential to be wonderful psychotherapists ~ but let's be clear that there are also many other strengths ~ for example, empathic listening, enabler, nurturer, talent-spotter ~ that would make for great psychotherapists too, and I focus on esteem builder merely as an example to illustrate my point. Whatever your strengths as a psychotherapist, spotting strengths in your clients provides a powerful and empowering means of helping them to climb back onto the ladder of optimal human functioning.

As well as watching out for the telltale signs of a strength as I described above, there are also tips and techniques that you can employ to shift the therapeutic dialogue to have more of a strengths focus. Here are some of the questions that we have used to elicit strengths with people in challenging life circumstances:

- What are you good at?
- What do you enjoy doing?
- Tell me about the best experience you have had.
- What do you admire about other people? Do you see any of that in yourself?
- When do you think you have been at your best? What enabled that to happen?
- What are your aspirations for the future? What can you do to make them happen?

In each case, the therapist's ear is attuned for any response that offers a glimpse into another, more positive side of the client than that which brought them into therapy in the first place. And further, while we know that negative mood primes negative memories, shifting our focus onto strengths and success helps engender more positive emotions, which in their own turn prime more positive memories and more positive aspirations for the future.

“Through spotting... psychotherapists have another powerful approach in their repertoire”

Through spotting, enabling and developing clients' strengths, psychotherapists have another powerful approach in their repertoire to help them to help their clients improve their functioning and achieve their life goals. It is for these reasons that one of the many contributions of positive psychology to psychotherapy could be through re-envisioning psychotherapy as strength-spotting. In time, psychotherapy may really become somewhere that you go to talk about your strengths.

## Alex Linley

Centre for Applied Positive Psychology  
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## Biography

**Alex Linley** is a psychologist and social entrepreneur. Alex founded the Centre for Applied Positive Psychology (CAPP), where he is now Director. CAPP is a social business, registered as a not-for-profit company limited by guarantee, and is focused on the applications of strengths in organisations and schools. [www.cappeu.org](http://www.cappeu.org)

Alex holds the position of Visiting Professor in Psychology at the University of Leicester, and has delivered keynote presentations on strengths and positive psychology worldwide.

He has written, co-written, or edited four books, more than 80 research papers, and book chapters. His latest book is *Average to A+: Realising Strengths in Yourself and Others* CAPP Press, (2008).

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# Through the lenses of time:

 in search of balance and well-being

Ilona Boniwell



Ilona Boniwell

**Time is an important issue for most of us, especially in the West. We save it, spend it, waste it, we never have enough of it. The concept of time famine has become a familiar slogan in both academic literature and popular media. 34% of people feel rushed all the time, with 61% never having any excess time and 40% saying that time is a bigger problem for them than money (Robinson and Godbey, 1997).**

“34% of people feel rushed all the time, 61% never having any excess time and 40% saying that time is a bigger problem than money”

Not that we are working more: research demonstrates that our working hours have gone down since the 1960s (Pentland et al, 1999), but we tend to cram so many activities into an hour, that we are often left feeling exhausted, completely out of balance and unhappy.

## Time Perspective

The subjective conception of focusing on the temporal categories of past, present or future when making decisions and taking action is one's time perspective (TP). Put simply, TP is the type of spectacles one puts on when looking at the world around and themselves in it. The TP construct has been found to be related to many attitudes and values, including educational achievement, health, sleep and dreaming patterns, romantic partner choices, risk taking, delinquency, sexual behaviours, as well as alcohol and drug abuse and using time during periods of homelessness (Zimbardo, Keough, and Boyd, 1997; Keough, Zimbardo, and Boyd, 1999; Epel, Bandura, and Zimbardo, 1999).

The Zimbardo Time Perspective Inventory (ZTPI) is a single, integrated scale for measuring TP with suitable psychometric properties. Five main factors underlie ZTPI – past-negative, past-positive, present-hedonistic, present-fatalistic and future factors. These were derived from the series of exploratory studies and have been continuously empirically refined (Zimbardo and Boyd, 1999).

Past TP is associated with focus on family, tradition and history. This can be either negative or positive. The past-negative TP is associated with focusing on personal experiences that were aversive or noxious, while the past-positive TP reflects a warm, pleasurable, often sentimental and nostalgic view of one's past with emphasis on maintaining relationships with family and friends. This type of TP is associated with a higher life satisfaction and positive affect.

The present-hedonistic TP relates to the enjoyment of momentary activities and little concern with consequences of behaviour. This kind of person is

essentially a biological creature, determined by stimuli, situational emotions, spontaneity, oriented towards sensation and pleasure seeking.

The present-fatalistic TP, on the other hand, is associated with hopelessness and immutable beliefs that outside forces control one's life.

A person with future TP is concerned with working for future goals and rewards. Future-oriented people are very good at saying no to temptations; they floss their teeth more often, eat healthy foods, and get medical check-ups. Because they work hard, they also tend to be more successful than others. Saying that, they are also very good at being workaholics, forgetting about their families, not taking time for themselves or hobbies (Boniwell and Zimbardo, 2004).

Focusing predominantly on the future may bring success, or reminiscing may increase one's happiness, yet if any TP starts dominating to the extent that it excludes or minimises the others, it becomes dysfunctional. Here is where the ideal of a balanced time perspective comes into play. People with a balanced time perspective can adopt a temporal perspective appropriate to the situation they find themselves in.

“people with the balanced (time perspective) are likely to be happier than the rest.”

There are early indications that people with the balanced TP are likely to be happier than the rest. A recent study by Boniwell, Osin and Linley (in preparation) has operationalised balanced TP as scoring in the top 50% on all three positive TPs, and in the bottom 50% on the past



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negative and present fatalistic orientations. Good size relationships were observed between the balanced TP and several measures of well-being, most of which were higher than the relationships found for individual TP types.

## Time Use

Another line of research that can shed some light on the notions of balance and satisfaction is the area of time use. Although time-management programmes are widespread and popular, the evaluation of them has been limited and the outcomes of such training is rarely examined (Claessens, 2004). Research that does exist demonstrates that, contrary to popular beliefs, time management training has very little effect on our time use and performance (Macan, 1994). Participants tend to revert to their usual ways of organising time within weeks of attending such training.

“contribute to feeling satisfied with our time and, furthermore, to the sense of well-being”

Recent research into the psychology of time use has identified a number of factors that contribute to feeling satisfied with our time and, furthermore, to the sense of well-being. These include: liking what one does and perceiving it as worthwhile; subjective balance; responsibility and achievement; sense of control (Boniwell, 2005). Liking what one does and/or perceiving it as worthwhile relies on intrinsic and integrated types of motivation that are more conducive for goal achievement and perseverance (Ryan and Deci, 2000).

## Implications for one-to-one work

Implicitly and explicitly, time is already an important factor in one-to-one talking practices. Some examples are potential differences in the subjective sense of time of the client and the therapist, as well as temporal processes at the points of encounter and ending. In terms of practical applications, there are several ways in which the construct of TP can be consciously and usefully applied in the consulting room. These include: raising awareness of unproductive responses associated with

habitual temporal orientations; devising strategies to develop underused temporal zones; finding the links and connections between past and present events and future aspirations in order to develop continuity; questioning the dominance of the future TP in Western societies and evaluating an impact that this social belief has on individual lives (Boniwell, 2005).

A balanced use of time does not mean an equal allocation of time to work and leisure, it does not even necessarily mean investing more time into leisure. The sense of balance is subjective and varies greatly between people. For one person, spending an hour a week on their favourite hobby is sufficient, while for another an hour a day is not enough. What is important to emphasise is finding some time for oneself on a frequent if not daily basis, as well being comfortable with work-leisure boundaries.

It might be difficult for clients to have a sense of achievement, especially when they are working on a long-term project. To compensate, it is advisable to complete something every day ~ it may be something very simple like tidying up a room, or doing homework with a child. Feeling that time is slipping through one's fingers and time anxiety can be counteracted by developing internal locus of control (e.g. through visualisation and other techniques).

As discussed above, the dominant focus on time management and its associated behaviours may be misguided. Black and Bailey (2006) write: What is worth seeking when it comes to time, is satisfaction. Or even better, time that delights (p.2).

## Ilona Boniwell, Ph.D.

### Biography

Ilona Boniwell is a senior lecturer in positive psychology at the University of East London, and is Programme Leader for the Masters Degree in Applied Positive Psychology (MAPP) in Europe.

Recently, Ilona was a consultant for and appeared in the BBC2 series The Happiness Formula. In addition to her academic work, Ilona is also interested in practical applications of positive psychology to education, business and one-to-one helping-by-talking practices.

Her most notable book is *Positive Psychology in a Nutshell: A Balanced Introduction to the Science of Optimal Functioning* (PWBC, 2006)

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the psychotherapist **feature: positive psychology****Growth following adversity:**

## a new paradigm for the study of post-traumatic stress and its treatment

Stephen Joseph



Stephen Joseph

**The positive psychology of post-traumatic stress**

Since the introduction of the diagnostic criteria for post-traumatic stress disorder (PTSD) in 1980 in the *Diagnostic and Statistical Manual* (American Psychiatric Association, 1980), and through subsequent revisions to the criteria in 1987 and 1994 (Joseph, Williams, and Yule, 1997), PTSD has become a major focus for research. In recent years, however, an alternative paradigm has begun to emerge for understanding how people respond to trauma. The most widely used term for this new field of study is post-traumatic growth.

“...need not only be concerned with helping to alleviate distress but also to facilitate more positive functioning”

Research in positive psychology is now beginning to focus on its applications and the study of benefit finding

promises to have important applications for counsellors and psychotherapists, who when working with clients who have experienced stressful and traumatic events need not only be concerned with helping to alleviate distress but also to facilitate more positive functioning. The aim of this article is to provide a brief overview of development in this new field of study.

**Post-traumatic growth**

Post-traumatic growth refers to the constellation of positive changes that people may experience following exposure to psychological trauma, and consists of three broad dimensions. First, people may report that their relationships are enhanced in some way, for example that they now value their friends and family more, and feel an increased compassion and altruism toward others. Second, survivors may develop improved views of themselves in some way. For example, they may report having a greater sense of personal resiliency and strength, which may be coupled with a greater acceptance of their vulnerabilities and limitations.

Third, survivors may report positive changes in life philosophy, such as finding a fresh appreciation for each new day, or renegotiating what really matters to them in the full realisation that their life is finite (Tedeschi and Calhoun, 2004). Post-traumatic growth is the most widely used label for describing such adaptations to traumatic stressors, but other terms are also used including stress-related growth, adversarial growth, positive adaptation, positive changes, positive by-products, benefit finding, perceived benefits, thriving, flourishing, and growth following adversity.

The events for which post-traumatic growth outcomes have been reported include transportation accidents, (shipping disasters, plane crashes, car accidents), natural disasters, (hurricanes, earthquakes), interpersonal experiences, (combat, rape, sexual assault, child abuse), medical problems, (cancer, heart attack, brain injury, spinal cord injury, HIV / AIDS, leukemia, rheumatoid arthritis, multiple sclerosis, illness) and more normative life experiences, (relationship breakdown, parental divorce, bereavement, immigration).

Further, vicarious experiences of post-traumatic growth have been shown in a variety of populations not directly suffering themselves, but exposed to the suffering of others, including counsellors, therapists, clinical psychologists, funeral directors, disaster workers, spouses and parents of people with cancer (see, Linley and Joseph, 2004; Joseph and Linley, 2008).

**Theory and practice**

In the social cognitive theory my colleague Alex Linley and I developed (Joseph and Linley, 2005), we attempted to integrate what is known about post-traumatic stress with what is known about post-traumatic growth.

Traumatic events have a shattering effect on people's assumptions about themselves and the world, resulting in the so called symptoms of PTSD, which are indicative of the need for emotional processing of the new trauma-related information. What we suggested is that people are intrinsically motivated to emotionally process the new trauma-related information in such a way as to lead to cognitive accommodation.

# the psychotherapist feature: positive psychology

Recognising how the social environment shapes the direction of processing led us to distinguish between the two ways in which people can cognitively accommodate the new trauma-related information, so that changes people report may be positive or negative. For example, threats to sense of safety in the world can be accommodated in a way that is considered positive, e.g. learning to live more in the present and value the moment, or negatively, e.g. becoming more anxious and fearful of danger. Successful emotional processing of trauma ultimately requires the rebuilding of an assumptive world which is consistent with the new trauma-related information.

Research into the clinical facilitation of positive change among survivors of a variety of events is beginning to flourish, with reports of interventions with war veterans, cancer patients, survivors of sexual abuse, and terrorism, for example, reporting positive results (see Joseph and Linley, 2008).

Although I would argue that the facilitation of growth is an important goal in its own right, the clinical implications of growth is illustrated in the seminal study by Affleck et al (1987), who found that perceived benefits at seven weeks following a heart attack significantly predicted less heart attack recurrence and lower general health morbidity at an eight-year follow up. In a more recent study, reports of positive change were able to predict lower levels of depression, anxiety, and post-traumatic stress six months later (Linley, Joseph, and Goodfellow, in press).

**"We need to establish the evidence base for therapeutic methods that are able to facilitate growth"**

We now need to establish the evidence base for therapeutic methods that are able to facilitate growth. Several psychometric instruments have been developed with which we can assess pre and post scores. Two such instruments are the Post-traumatic Growth Inventory (Tedeschi and Calhoun, 1996) and the Changes in Outlook Questionnaire (Joseph,

Williams, and Yule, 1993). Using such measures in a pilot study of group therapy for survivors, it was found that those who experienced the groups as empathic, positively regarding and genuine, reported an increase in positive changes and a decrease in negative changes (Payne et al, 2007).

Experimental studies to test whether the principles of growth might somehow be introduced as part of a clinical intervention are encouraging. For example, Stanton et al (2002) randomly assigned breast cancer patients to one of two groups, either to write about the facts of the cancer experience or to write about their positive thoughts and feelings regarding the experience. It was found that those assigned to write about positive experiences had significantly fewer medical appointments for cancer-related morbidities three months later. Thus, we are beginning to unravel the ways in which growth may be facilitated.

Therapists should be aware of the potential for positive change in their clients following adversity. But, importantly, we need to be careful not to inadvertently imply that there is anything inherently positive in trauma. In discussing the clinical implications, Tedeschi and Calhoun (2004) make it clear that personal growth after trauma should be viewed as originating not from the event, but from within the person themselves through the process of their struggle with the event and its aftermath.

People cannot go back in time to undo what has happened to them, and we cannot dismiss the pain and suffering experienced, but we can help our clients to live more meaningfully despite their experiences.

## Stephen Joseph

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## Biography

**Stephen Joseph** is Professor of Psychology, Health and Social Care at the University of Nottingham where he is Co-Director of the Centre for Trauma, Resilience, and Growth and an Honorary Consultant Psychologist in Nottinghamshire NHS Healthcare Trust. He is also a senior practitioner of the British Psychological Society Register of Psychologists specialising in Psychotherapy.

He has published over 100 articles and is co-editor of *Trauma, Recovery, and Growth* (Wiley, 2008).

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the psychotherapist **feature: positive psychology****William James:** Psychological Energy and  
Optimal Human Functioning James O. Pawelski

James O. Pawelski

**In December of 1906, the American Philosophical Association gathered on the campus of Columbia University in New York City for its annual meeting. Its president that year was William James.** At 64 years of age, James had accomplished much in his illustrious academic career. He had been a professor at Harvard University for nearly 35 years, teaching courses in physiology, psychology, and philosophy.

One of the founders of the field of psychology, he had recently served as president of the American Psychological Association. Earlier in his career, he had authored a major work in two volumes – a work which, in its abridged form, served as the standard text for psychology classes in the United States for almost half a century.

For all his accomplishments, though, James had had his share of personal struggles. His family was gifted, (one of his brothers was the novelist Henry James), but quite troubled. James's father was intolerably overbearing, and James suffered from neurasthenia and depression. This, in fact, was the topic of the presidential address James delivered to the American Philosophical Association, an address he titled, *The Energies of Men*.

He was fascinated by optimal human functioning and by the various means of achieving it. He called for the founding of a new branch of psychology that would study human strength and how to cultivate it. He emphasized that this would need to be a rigorous, empirical, scientific study of real human experience, and he noted the ethical, educational, and economic benefits such a study could yield (James, 1907/1982; Rathunde, 2001).

If we look to the books and essays James had already published, we can identify a number of important principles such a science would need to follow. First, this new science would have to value individual human experience. For James, each of us has the right – and even the duty – to take our own experience seriously (James, 1902/1985). It is easy to get caught up in ideologies and abstractions and allow others to define who we are. James argued that we also have the moral obligation to respect the experiences of others. Because we do not have direct access to another's internal experience, we can be quite blind to it – particularly if that experience differs significantly from our own (James, 1897/1983).

**“each of us has the right – and even the duty – to take our own experience seriously”**

So, for James, a science of optimal human experience would need to be rigorously empirical. It would need to study the actual experiences of real human beings to determine what unlocks psychological energies and strengths in different people (James, 1907/1982).

A second important Jamesian principle this new science would have to follow is to recognize human beings as agents. We are not just observers of our experience. We also influence that experience in powerful ways, and we can be more or less skillful at exerting this influence. For James, the key to human agency is free will, which he defines as the effort of attention. Wise control of our attention results in wise habits, making its positive effects automatic (James, 1890/1981).

**“people find deep meaning and joy in different ways... There will be no ‘one-size-fits-all’ formula”**

A third important Jamesian principle is that, given individual differences, we must pay attention to fit. In the religious realm, for example, James argues that the existence of a variety of religions is a good thing, because different religions appeal to different human temperaments (James, 1902/1985). More broadly, James observes that people find deep meaning and joy in different ways (James, 1897/1983). There will be no one-size-fits-all formula for unlocking the psychological energies of human beings. There must be a variety of approaches, and we must study which approaches work best for which temperaments (James, 1907/1982).

Almost one hundred years after James's presidential address to the American Philosophical Association calling for a new branch of psychology to study human powers, Martin Seligman gave a presidential address to the American Psychological Association, announcing a new branch of psychology focused on

# the psychotherapist feature: positive psychology

studying what is right with human beings and how to cultivate it (Seligman, 1999). This new branch of psychology, which Seligman called positive psychology, has not only provided a powerful answer to James's call, but has also followed the Jamesian principles for such a science.

Positive psychology takes seriously individual human experience. Its studies involve hundreds and thousands of participants, asking them directly about their individual experience. Positive psychology is careful not to make assumptions about what people experience and value, and seeks to identify the correlates and causes of human flourishing by using the most rigorous empirical methods available.

Positive psychology also takes human agency seriously. Arguing that as much as 40% of our enduring happiness is a function of our volitional decisions, positive psychologists are acutely interested in finding out how we can make those decisions most wisely (Lyubomirsky, Sheldon, & Schkade, 2005). Studies of attention, positive affect, self-efficacy, self-regulation, motivation, goal-setting, meditation, and exercise are a few of the ways positive psychologists seek to determine the best methods for focusing volitional energies. Positive interventions are active interventions. They require our active participation and effort. No one else can do the work for us.

“we may be better off working, not just on human strengths in general, but on those we ourselves are especially good at”

inally, positive psychologists understand the importance of fit. Martin Seligman hypothesizes that we may be better off working, not just on human strengths in general, but on those particular strengths that we ourselves are especially good at ~ what he calls our signature strengths (Seligman, 2002). Peterson and Seligman's VIA Signature Strengths Questionnaire ~ designed to help people identify their top five signature strengths ~ can help us do just that (and is available free of charge at [www.authentichappiness.org](http://www.authentichappiness.org)).

More broadly, Sonja Lyubomirsky emphasizes the importance of fit in her excellent new book *The How of Happiness* (Lyubomirsky, 2007). In this book, Lyubomirsky describes at length 12 different positive interventions that have been carefully studied and shown to be effective for raising levels of enduring happiness. But she does not simply encourage readers to put all 12 interventions into practice. Rather, understanding the importance of fit, she provides the Person-Activity Fit Diagnostic so that readers can determine which of the interventions might work best for them. In this way, they can be most efficient in investing their volitional efforts.

It is not just researchers, of course, who take seriously these three Jamesian principles. Practitioners, too, are careful to follow them. Psychotherapists who put positive psychology into practice take seriously the experience of their patients, encourage them to exercise their volitional powers, and look for approaches that will be a particularly good fit for them.

“Positive psychology seeks to expand our resources for helping people strengthen what is best in them”

I would like to close with a challenging question regarding the practice of positive psychology: What is the proper role of positive psychology in psychotherapy? Psychotherapy involves both healing and strengthening processes. While these processes are related, they are not identical. Positive psychology seeks to expand our resources for helping people strengthen what is best in them. How can these new tools be used most effectively in psychotherapy? Should the more traditional healing approaches be used first, clearing the way for the strengthening approaches? (Fava, et al., 2005) Should strengthening approaches be used to help bring about healing in the first place? (Seligman, Rashid, & Parks, 2006) Or should healing and strengthening approaches be integrated in some new way?

These are questions that neither William James nor positive psychology researchers have yet been able to resolve. Perhaps psychotherapists will help us find our way toward the answers.

James O. Pawelski, Ph.D

## Biography

James Pawelski is Director of Education and Senior Scholar in the Positive Psychology Center at the University of Pennsylvania where he directs the Master of Applied Positive Psychology (MAPP) Program and is a Special Advisor to the Positive Psychology Steering Committee.

He is one of the principal faculty in the MAPP program, (teaching courses on positive interventions), a key figure in the application of positive psychology and philosophy to life coaching, and a sought-after international lecturer and workshop leader.

His latest book is *The Dynamic Individualism of William James*, in which he presents a new interpretation and application of the work of this seminal philosopher and psychologist.

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the psychotherapist **feature: positive psychology**

# Positive Psychotherapy

## (PPT) Tayyab Rashid



Tayyab Rashid

Positive psychotherapy is positive psychology's move to broaden the scope of traditional psychotherapy. It rests on the central hypothesis that in addition to targeting symptoms, the building of positive emotions, strengths and meaning are efficacious in treating psychopathology. Positive emotions, strengths and meaning serve us best not when life is easy, but when life is difficult. For a depressed client, having and using such strengths as optimism, hope, zest and social intelligence become more urgent in bad times than in good times.

PPT is based on three basic assumptions. First, psychopathology results when the inherent capacity for growth, fulfilment and happiness is blocked. Traditional psychotherapies assume that psychopathology results; when symptoms leak from the unconscious, maladaptive behaviours are strengthened by conditioning or environmental reinforcement, irrational and faulty thinking effects behaviour and feeling, or possibly when troubled relationship patterns yields resentment. PPT, however, assumes that a client has good and bad states and traits, which influence each other and the culture and environment in which clients live. Clients have an inherent capacity for happiness despite any genetic influences,

it is when the capacity for happiness, growth, fulfilment and flourishing is thwarted that psychopathology results.

Second, positive emotions and strengths are as authentic and real as symptoms. These are not defences, Pollyanna-ish illusions, rose-tinted eye-glasses or the clinical by-products of symptom relief. PPT regards positive emotions and strengths of clients as authentic and values them in their own right. PPT asks, if positive emotions and strengths are mere defences, then are Mother Theresa's compassion for poor, Gandhi and Martin Luther King Jr's struggle for civil rights, Eleanor Roosevelt's altruism, Aung San Suu Kyi and Shareen Abadi's political and social courage mere attempts to deal with anxiety, anger and inferior complexes? Human strengths are as old as time and as real as weaknesses, and should therefore command equal attention in therapy.

**"Human strengths are  
as old as time and  
as real as weaknesses"**

Thirdly, the portrayal of psychotherapy in popular films and on television has socialized clients into believing that therapy entails only talking about our troubles, the ventilation of the inner child, bottled up emotions and on recovering our injured self-esteem. There is a natural negativity bias where most clients come to therapy viewing themselves as deeply flawed, fragile and a victim of cruel environmental or genetic causalities. It is a cathartic experience to be able to talk about our troubles with an empathic, warm and genuine therapist. The therapeutic relationship would be deeply undermined by our failure to take into account the troubles and issues of our clients.

PPT assumes that therapy is not a place where only resentment, frustration, jealousy, anxiety and competition are discussed and treated but also a venue where active doses of hope, optimism,

gratitude, compassion, contentment, modesty, emotional and social intelligence are delivered. PPT assumes that it is not an absolute sine quo non that only discussion of troubles builds a strong therapeutic relationship and is essential for cure.

The same therapeutic basics such as warmth, unconditional positive regard, empathic listening, gently and gradually drawing the clients' attention to positive emotions and strengths in their lives are important. There is a natural tendency towards remembering the negative, attending to the negative, and expecting the worst. Riding on this negative bias, if the therapist is an authority in eliciting and interpreting negatives only, the strengths of clients will be likely to receive less attention and assume less importance. A PPT therapist may ask 'what strengths do you bring to deal with your troubles?'

PPT actively elicits positive emotions and memories. It approaches transgressions as well as acts of kindness; insults as well as compliments, selfishness as well as compassion and kindness; hubris as well as humility; disruptions as well as harmony; hate as well as love; pain of trauma as well as potential gains from it. PPT purports that to create peaceful, fulfilling and flourishing selves, families and societies, we have to understand both the causes of anger and aggression and the determinants of empathy, kindness and love. PPT believes in discussing weaknesses and strengths equally and explicitly, where a strong therapeutic relationship is established where the therapist no longer remains an authority with expertise in diagnosing the ills of their clients. Rather they become a witness of client's deepest and authentic psychological assets.

**"the therapist no longer  
remains an authority ...  
diagnosing the ills of their  
clients"**



# the psychotherapist feature: positive psychology

PPT conducted in randomised clinical trials (Seligman, Rashid, Parks, 2006; Seligman et al., 2005) followed happiness exercises devised from Seligman's three-tiered theory of happiness (Seligman, 2002). According to this theory authentic happiness is tiered into scientifically manageable lives; the pleasant life, the engaged life and the meaningful life. These exercises are described in the *PPT Manual* (Rashid & Seligman, in press).

A typical individual PPT follows a 12-14 session protocol and includes exercises such as a positive introduction, identification and building of signature strengths, good versus bad memories, forgiveness letter, gratitude visits, three nightly blessings, satisficing plan, three doors that closed and three doors that opened, active-constructive responding, family trees of strengths, savouring activity and gift of time. As an outcome measure, the Positive Psychotherapy Inventory (PPTI) has been devised and validated to evaluate the effectiveness of PPT (Rashid, 2005).

Intentional behavioural activities, such as signature strengths designed to create engagement and flow, are vital in PPT for long term growth and development. Intentional activities offer numerous creative avenues for growth, flourishing and the pursuit of meaning. These behavioural activities are everyday, ordinary, normative, human experiences and do not require complicated and expensive electronic and digital gadgets. These are activities such as painting, pottery, baking, reading, writing, socializing, helping others, savouring natural or artistic beauty, rock climbing etc. These are not mere doings, rather they bring clients focus to the process rather than to the product itself.

## "How positive states and traits interact within a client may differ markedly"

Like any therapy, PPT is sensitive to and appreciative of the complexities of human beings. How positive states and traits interact within a client may differ markedly from one client to another. Clients may also differ in their motivational orientation to change long-standing behavioural patterns. For example, an introvert client may readily engage in activities which do not require much socialisation yet provide

deep satisfaction. The therapist in PPT is therefore encouraged to refrain from adopting a one size fits all approach as it may not work with all clients. Additionally, the structure and sequence of exercises is kept flexible to accommodate and adapt to the uniqueness of each client.

Another daunting task for the PPT therapist is to ensure that what is purported as positive is not perceived by clients as prescriptive. Medical research shows that eating vegetables and exercising is good for us, PPT in the same way is presented with a clear explanation of the documented benefits of positive emotions, strengths and meaning.

Perhaps most importantly, negatives are never dismissed nor artificially replaced by rather shallow positives in PPT. Instead, when clients bring them, they are empathetically attended to and alleviated by using time-proven traditional interventions. In time attention is drawn to the positive emotions, strengths and meaning to widen the perspective about negatives. Thus, PPT never competes with but complements traditional therapy.

**Tayyab Rashid, Ph.D.**

### Biography

**Dr Rashid** is Postdoctoral Fellow in Psychology at the University of Pennsylvania and a member of the Positive Psychology Center.

Dr. Rashid works closely with Dr. Martin Seligman and leads clinical science programs in Positive Psychology. His recent work is in Positive Psychotherapy and has jointly co-authored a book with Martin Seligman, *Positive Psychotherapy*, which will be published later this year.

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### Books for review:

Four authors of feature articles in this edition of *The Psychotherapist* have offered copies of their books for review.

If you would like to write a review for one of these books please contact [matthew.gentle@ukcp.org.uk](mailto:matthew.gentle@ukcp.org.uk) 020 7014 9965. (The deadline for the reviews will be 3rd November).

### Positive Psychology books for review

*Autogenic Therapy* by Jane Bird and Christine Pinch (2003) Newleaf

"This book describes the techniques of AT and explains the role of the therapist and the trainee. It is not a teach-yourself manual but an introduction to the theories and techniques, and a supportive companion when learning AT and when using it later on."

*Average to A+: Realising strengths in yourself and others* by Alex Linley (2008) CAPP Press

"Average to A+ presents the state of the art understanding of strengths, including their evolutionary origins and what this means for us in modern times."

*The Dynamic Individualism of William James* by James O. Pawelski (2007) State University of New York Press

"A central theme of James's writings, individualism underlies his basic views on freedom, society, government, psychology, education, religion, pragmatism and metaphysics - yet, until now, no one has undertaken a careful study of this important aspect of James's thought."

*Positive Psychology in a Nutshell* by Ilona Boniwell (2006) PWBC

"Discover the latest research findings and thinking on the topics of happiness, flow, optimism, motivation character strengths, love and more."

### Other books available for review

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the psychotherapist **feature: positive psychology**

# Autogenic Therapy and Positive Psychology

Jane Bird



Jane Bird

“Only he who lets himself  
be, can be himself”

Dr Johannes Schultz; from  
Professor Wallnöfer, 2000

**Autogenic Therapy (AT) is a self-applied mind-body method affecting the mind-body system. It is allied to meditative techniques**, but its components are based on profound relaxation which is taught in a structured format, and therefore easily learned. Autogenic exercises imply a direct involvement of left-brain activity at the start, which soon develops to an automatic ability to switch off the stress response (fight-flight-freeze) for a few minutes at a time.

The word autogenic means self-generating, and describes the basic premise of the method: self-care, self-healing ~ perhaps summed up as rebalancing according to individual need.

AT holds up to the premise of positive psychology as defined by Seligman<sup>a</sup> that positive health and well-being is more than the absence of disorder (Huppert, 2005). It is client-centred, self-

empowering, brief in methodology and lasting in effect. AT is a valid and effective way of helping people help themselves to reach a plateau of positive maintenance of their emotional well-being. Many psychological symptoms may be reduced or eliminated: anxiety and panic, sleep disorder, unresolved grief.

Greene (2004) quoted the following from Professor Heinrich Wallnöfer:

A very important effect of deep autogenic relaxation is that, not only does it make one feel well, but it also leads to psychological recovery with the strengthening of the ego.<sup>f</sup>

An Italian study (Farné, 2000) found that AT may induce psychotherapeutic personality changes<sup>f</sup>, and the results indicate a significant decrease in emotional distress signs and significant increase in the traits attenuating the stress response<sup>f</sup>. Somehow a change in attitude and outlook is enough to keep mind, and consequently body, in optimum good health.

## Origins of AT

Dr Johannes Schultz, a German neuropsychiatrist influenced by Forel and Brodmann, worked alongside Oscar Vogt observing the subjective reports of people undergoing hypnosis; or who described the physical feelings of sleep onset: both these scenarios dependent on relaxation.

From this Schultz developed AT in the early years of the 20th century, creating mental exercises centred on sensations of heaviness in the limbs (affecting the musculoskeletal system); warmth in limbs and abdomen (circulatory system); slowed breathing and regulation of heartbeat; cool forehead.

These concepts were organised into specific phrases which are silently repeated in mantra-style. As the physical body sits or lies in a symmetrical yet supported posture, and the mind adopts a state of passive concentration, the scene is set for autogenic practice.

We know the body heals itself, or we would never recover from flu; and thousands of fractured femurs would need multiple steel pins to keep their owners upright. But this fanciful image carries a very important and encouraging message. Recovery in both the above examples could take place only in the right environment, and in both these, rest was the natural agent. Bad influenza decrees bed rest for several days; a broken bone is immobilised in a plaster cast for several weeks. Why should not the psyche use these principles of rest periods to bring about its own healing? And in addition, keep itself in a state of optimum emotional and physical well-being? Can positive psychology be used in preventative terms?

Schultz's pioneering subjects using AT reported many interesting phenomena, often attached to memory concerning physical pain (illness or accident) or psychological / emotional turmoil during their autogenic practice. These were later termed the autogenic discharge as Schultz recognised their importance in an unfolding autogenic process (Luthe & Schultz 1969). Crucial to this is the attitude of the therapist, who develops a standing-back approach, acknowledging, encouraging and facilitating the client's process. The client will do their own analysis ~ taking responsibility for themselves through this (self-generated / autogenic) feedback.

“The key is to be  
unconcerned with results,  
and this is akin to many  
meditative techniques”

The key is to be unconcerned with results, and this is akin to many meditative techniques. However, the recognition and expectation that an infinite homeostatic process is underway, and that the client alone holds the key to it, may well be unique in therapeutic terms. The words infinite homeostatic are used advisedly, as the human condition is one of constant instability.

# the psychotherapist feature: positive psychology

The client learns and accepts the reality that maybe this instability is the only constant in life. From there the paradox makes itself felt: it is possible to let go of the notion of seeking happiness, and thereby be open to receiving it when it arrives.

**“25-30% of general medical patients have coexisting depressive, anxiety or psychosomatic disorders”**

Dr Ann Bowden, Clinical Director of Autogenic Training at the Royal London Homeopathic Hospital writes in the conclusion of her report on introducing AT into a Primary Care Group:

25-30% of general medical patients have coexisting depressive, anxiety or psychosomatic disorders and it is becoming increasingly clear that medical care can be improved by paying more attention to psychological aspects of assessment and treatment.

<sup>a</sup> For some, AT produced the first small step of change <sup>a</sup>(patients) were able to take back responsibility for symptoms and themselves.<sup>f</sup> (Bowden, 2002).

Dr Wolfgang Luthe, a close colleague of Schultz, further developed AT in two ways: the advanced methods of Autogenic Neutralisation (AN); and the emotional off-loading exercises.

In AN, Luthe used autogenic principles to bring about a prolonged state of brain activity which allowed, using an old-fashioned term, abreaction and possible mental re-living of past trauma. Here, the brain is offered carte-blanche opportunity to address whatever arises, adhering to the principle of process being more important than content.

This highly complex ... brain-directed process...<sup>f</sup> aims ... at a reduction and progressive elimination of the functionally disturbing potency of accumulated neuronal material.<sup>f</sup> (Luthe & Schultz, 1969, Vol 1, p. 216).

While there is no doubt that Autogenic Neutralisation has a far-reaching positive effect on the psyche (Luthe & Schultz, 1969, Vol 6), in practical terms this

method is rarely used. Luthe introduced new methods of encouraging good quality management of emotional health. No longer perceiving such emotions as anger, anxiety or grief as negative (Huppert 2005, p. 3) clients can use the intentional off-loading exercises to complement the autogenic process. This helps acceptance and safe expression of anger (the anger spectrum covers many variables from mild irritation, through frustration / jealousy, to fury and outrage); sadness (using I believe a unique exercise of the crying mechanism) and anxiety.

Most clients who have completed an AT course never look back (and drop-out rates are very low indeed). By completing the hospital anxiety and depression scale at various times, clients have found consistent reduction in anxiety scores.

Some clients have experienced various psychological interventions before learning AT: CBT, counselling, psychotherapy, with mixed success rates. Those already undergoing psychotherapy when starting to use autogenic methods find their psychotherapy process either greatly enhanced or made redundant.

In addition to the standard autogenic formulae of Schultz, autogenic clients are encouraged to develop their own Personal and Motivational Formula (PMF). Importantly, this comes at the end of their course, when we might presume that the autogenic process has peaked and resettled.

**“a respectful consideration of the whole person, used in the altered state of consciousness”**

The positive formula is not simply positive thinking, or a denial of so-called negative emotions. It is a respectful consideration of the whole person, used in the altered state of consciousness where it can take root and affect the molecules of positive emotion (Pert, 1997). It is about who the person is, and what they need, in order to maintain their psychological and physiological well-being. The personal formula can do much to engage the positive energy of the

client, giving courage, hope, confidence or any other positive outlook chosen by them. However, its effectiveness is determined by the ability of the client to enter the autogenic state and the regularity of doing so.

In conclusion, autogenic therapy could be described as a good habit. A client told me only this week: AT is a good friend which will never let me down.<sup>f</sup>

The British Autogenic Society (formed 1984): [www.autogenic-therapy.org.uk](http://www.autogenic-therapy.org.uk)

**Jane Bird** SRN; Dip AP  
UKCP Registrant  
Hon Fellow/Tutor British Autogenic Society

## Biography

**Jane Bird** is a founder member of the British Autogenic Society and has been on the Executive Committee for many years.

Jane trained as an autogenic therapist with the late Dr Wolfgang Luthe (a leading researcher of AT) and is in private practice. She has taught AT in various complementary health centres and in industry. She continues to be closely involved in the therapist training course and co-authored *Autogenic Therapy* ~ self-help for mind and body.

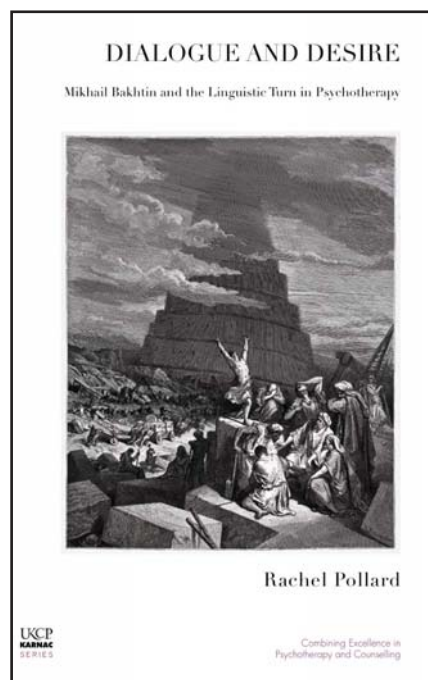
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# the psychotherapist registrants contributions

## Book review:



The Russian thinker and philosopher-critic, Mikhail Bakhtin (1895~1977), is fast becoming one of those legendary figures, in the background of the psychotherapies, whose status is neither that of a pure other discipline influence, nor simply that of a psychotherapy theorist. Less well-known than, say, Martin Buber, or Martin Heidegger, or Paul Tillich, he is nevertheless becoming analogous to them as an icon of the dialogical tendency in psychotherapy.

He has a central influence nowadays within Cognitive-Analytic Therapy discourse, where, with Vigotsky, he is a major index of what makes Cognitive-Analytic Therapy an integrative-humanistic psychotherapy, and not a mere theoretical integration. He also has a more general influence elsewhere in integrative-humanistic circles, and likewise in more radical (including Lacanian) and relational psychoanalytic ones.

His work embodies affirmation of what is urged as the inherent relationality of psychotherapy, and articulates a participatory conception of truth, in ways analogous to those expressed by the thinkers named above. More strongly than them, however, and in a way which is very contemporary, this relational or dialogical element is

## **DIALOGUE AND DESIRE** Mikhail Bakhtin *and the Linguistic Turn in Psychotherapy*

by Rachel Pollard (2008) Pub: UKCP Karnac Series  
ISBN 978-1-85575-449-2 RRP £20.99

couched, post-modernly, in linguistic and literary terms, drawing both upon an analysis of the rootedness of language in the body, and in interactions, which has affinities with the work of the later Wittgenstein, and with that of the deconstructivists, and, secondly, upon the writings of poets and novelists, Dostoevsky in particular, which places it within the increasing literary turn in psychotherapy today (of which Joyce McDougall's work is one instance).

Another such mythic figure is the protagonist of the radical theory of mimetic violence and scapegoating, Rene Girard, whose relevance to psychotherapy and psychoanalysis has been pursued magisterially in the Anglo-American psychotherapy world by James Grotstein in particular (c.f., e.g., Grotstein, 1997, Wilkinson, 2003). At first sight Girard's profound pessimism (he likewise brings his vision to his analysis of Dostoevsky), based in his analysis of the intrinsic self-alienation of desire as mimesis/identification, would seem at odds with the affirmation of the dialogical in the work of Bakhtin.

Rachel Pollard's new, and very rich, book in the Karnac-UKCP series, from which I have learnt most of what I now know about Bakhtin ~ and summarised above and in what follows ~ suggests otherwise. It suggests that, whilst representing different emphases, they can actually complement, correct, and supplement one another, and be mutually harnessed to enrich psychotherapy.

As a member of the UKCP/Karnac Editorial Board responsible for this series, with therefore a vested interest, although I had not been personally involved in its production I hesitated to review it, for obvious reasons. But it fell so centrally to my interests that I am taking the risk, and I am rewarded with the delight of encountering such real, first-hand, philosophically aware thinking going on in psychotherapy writing ~ somewhere it is not common.

And, at the same time ~ in accordance

with the theory of mimesis! ~ whilst admiring, I simultaneously find myself picking the odd nit! For instance I am irritated over the usual misunderstanding of Derrida as reducing world to text, whereas in reality he says world and text are mutually indissoluble but not mutually reducible.

His position is much closer to Bakhtin's, for instance, in respect of Bakhtin's polyphony (= many voices in the self), and heteroglossia (= many internalisable power discourses in the wider context), than she always seems aware, (c.f., e.g., Derrida, 1967/1978). And I carp at her in taking, like so many in psychotherapy, a standard reflex anti-Cartesian line, whilst nevertheless on page 124 she rightly writes in terms Descartes himself might have been proud of:

<sup>a</sup>.and it seems important to keep in mind Paul Broks (2003) caution that scientific research can neither locate the self in the biological structures of the brain nor explain how consciousness arises from matter<sup>f</sup> (a quotation from Broks follows).

Yet even these oscillations, differences, and wrestlings are indices of her first hand engagement with the material. Her range of knowledge, learning, and reference is impressive; for instance, in discussing the incarnational aspect of Bakhtin's sacredness of the material vision of embodiment, she even manages to include a footnote discussing the fundamental difference between Eastern Orthodox and Roman Catholic positions on the nature of the Procession from the Father to the Son and Holy Ghost, in the context of the danger of tri-Theism, within the Christian doctrine of the Trinity!

The writing is always alive and readable, ~ and yet non-routine. The provenance of Bakhtin's works, difficulties of interpretation, and multiplicity of perspectives, from Westerners and post-Soviet Russians, struggling to make sense of what was clearly, in its own way, a heroic and mythic life under

# the psychotherapist registrants contributions

Stalinism, are done justice to in this book; Bakhtin is not here taken up, as Buber so often is within psychotherapeutic texts, as if the nature of his life and meaning were an established and priorly given thing ~ as if per a Hollywood bio-pic ~ but rather the wrestling which characterised Bakhtin's life is here in this book.

There is even an authorship issue, with the texts published by his associate Voloshinov, and a question whether he might have been a frontman for Bakhtin! Now, where have we English heard of something like that?!

To end on a personal note, so powerfully was Bakhtin, his living yet mythic quality, and the range of issues which emerge from his work (this review is a huge oversimplification!), evoked for me by this book, that it poignantly reminded me of a now forgotten, yet similar once-legendary figure, this time home grown, and as English as Dr Johnson, John Keats, and a Cox's Pippin apple, my old teacher the literary critic ~ both deeply wise and yet inveterately academically quarrelsome! ~ F R Leavis.

Leavis was born just the same year as Bakhtin, and died one year after Bakhtin did. He too articulates a dialogical and participatory conception of understanding, one which is utterly embedded in language, yet in a way, likewise, which is utterly grounded in the pre-linguistic embodiment of us as persons. He too had problems with the mimetic (Girardian) pessimism of Dostoevsky and Proust, and set against them, in particular, the life-affirming, relationship-affirming, genius of DH Lawrence, in whom he finds the dialogical polyphony which Bakhtin attributes to Dostoevsky himself:

And if one asks why every phrase, every touch, in that description ~ in the whole of the quoted passage, in fact ~ seems to tell, so that the whole page wonderfully lives, the life is seen to be very largely a matter of what is revealed in the analysis of the tone (as I have called it): a complexity of total attitude, conveyed in the shifts of expectation and evaluative response ~ the sympathetic, the amused, the impressed, the critical, the wondering and waiting, and so on ~ the reader goes through as his attention is carried forward down the page. (Leavis, 1955/1973, p. 240)

This is a parallel vision which likewise might valuably inform the psychotherapist's attention to the novelistic and dramatic process of psychotherapy work. It is a tribute to Rachel Pollard's work that she convinces me that Bakhtin's work is of a comparable calibre to that I had the privilege to encounter in the legendary, ever-living, figure by whom I was once taught.

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## Titles in the UKCP / Karnac series:

### Grandparented:

*Revolutionary Connections: psychotherapy and neuroscience*, (2003) edited by Jenny Corrigan and Heward Wilkinson

*Research in Psychotherapy* (2006)  
Del Loewenthal and David Winter

### In print:

*Diversity, Discipline and Devotion in Psychoanalytic Psychotherapy: Clinical, Training and Supervisory Perspectives* (2007) Gertrud Mander

*Shakespeare on the Couch* (2008)  
Michael Jacobs

### To be published in 2008:

*The Therapist as Muse: a New Poetic Paradigm for Psychotherapy*  
Heward Wilkinson

*Not Just Talking* Jean Pain

## UKCP / Karnac book series

The purpose of this series is to enable UKCP, in its full breadth, depth and diversity, to reflect on and contribute to the important and emerging psychotherapy themes of the day – clinical, training and research.

UKCP, as a leading umbrella body for psychotherapy and psychotherapeutic counselling, and Karnac Books, a specialist in psychotherapy and mental health publishing, have combined to develop a greater presence in the psychotherapy market.

**Do you want to write a book but need some advice?  
Have you an idea for a book and need help in developing it further?  
Or have you written a dissertation and wonder if it could become a book?**

If so, a UKCP / Karnac workshop is being held on 11<sup>th</sup> October in Central London, from 10 am to 4 pm.

There are a limited number of places and booking is essential. (Cost £50, to include refreshments and light lunch.)

To book a place, or to register for notification of future workshops, contact [anita.saunders@ukcp.org.uk](mailto:anita.saunders@ukcp.org.uk) or 020 7014 9966.

If you would like to submit a book proposal, visit the UKCP website, [www.ukcp.org.uk](http://www.ukcp.org.uk) and follow the links to Publications then karnacbooks.com, where you will find a downloadable proposal form.

Alternatively, if you do not want to write a book but have strong views on books that you would like to see, we would like to know.

Please send any questions or suggestions about the series to Philippa Weitz at [p.weitz@karnacbooks.com](mailto:p.weitz@karnacbooks.com) or contact 01273 422 143.

**"This series provides an excellent forum for UKCP registrants to promote their own work, through a partnership combining the publishing talents of two key organisations with an interest in psychotherapy!"**

Coutenay Young,  
UKCP Vice Chair (Registrants) 2007

# Chair's Report

We are involved in the most challenging times in the history of psychotherapy in the UK. These challenges include, but are not limited to:

- being a voice for psychotherapy focused on a philosophical and pragmatic response to regulation, whatever form this may take;
- the advancement of state determined modes of treatment and trainings on an evidence based (limited to randomised control trials) effectiveness; and
- changing UKCP's shape to meet the needs of psychotherapy and psychotherapists.

When we think of the philosophy and pragmatism of psychotherapy and the psychotherapist in the world, we need to keep in mind the place we as professionals hold for humanness and growth. One of the main concerns of psychotherapy is about relationship; with oneself, groups, and with intimates. Every day we work with the impact of failures and successes of human existence.

The world we live in has economic, political and physical threats that have given governments worldwide the opportunity of using laws based on control and surveillance to give us the illusion that we can be safe. The extremes of this can be seen in the inhuman response to the threats to our security by allowing use of torture as an acceptable form of interrogation.

The consequences of this way of thinking is that prevailing thought has become a belief that we are all intrinsically bad and that we need more laws and regulations to contain this badness. A world has been created in which the notion of rehabilitation is lost. Even police cautions are now a part of our history that can pre-empt employment and opportunities.

The result of this state of affairs is that even the most disinterested of us has to consider how we navigate the demands of creating an environment in which to work, and how we hold on to the notion that there is the potential in humans for good and altruism. This seems rather strange when we are accused of vested

interest when we put forward a view that is incompatible with what is perceived as a current view of regulation.

It is only politicians and the political system that can shift this mindset. The likelihood is that the current political system will dominate perceptions of laws and regulation for the next few years. At a pragmatic level it is bureaucrats who implement government policy. It is within their work that we must negotiate what we believe is needed for the propagation of psychotherapy in the world.

One of the most difficult parts of this work is to have a team of people that can comprehend its complexity and devote the time and energy necessary. UKCP's newly formed Political Action Group is taking on one of the important tasks within this, and welcomes the involvement of more registrants (see page 20 for more details).

We have been very fortunate in building a team approach that is still evolving and will become clearer as we determine the future shape of the UKCP, (see the next article for more on this)

The list of people volunteering, including registrants and non-registrants, is increasing. As we open our systems and make ourselves available we gain energy and support. Following on from the success of the workshops we have had in Scotland, Wales and England, we are increasing their frequency. This gives us the opportunity to hear what our registrants are doing, what is important to them, and provide an opportunity for them to influence the change of the UKCP (see page 30 for details).

This work is being done for all of us whether we are patients, clients, trainees, practitioners or the society in which we work. I speak to you as one who, as a registrant of UKCP, has completed a level of training that is of the highest quality, that provides true protection for the public. It must also, more than ever, inform the public about the values we hold in the world. This is one aspect of our relationship we can't afford to lose.

**James Gray Antrican**  
Chair, UKCP

## UKCP Shape

### Creating an organisation

#### Forming a Council of the UK Council for Psychotherapy

After 15 years in existence the UK Council for Psychotherapy is considering forming an actual Council, in order to focus attention upon the elements that excite us as practitioners about this profession and their promotion in the wider world.

The Shape Development Group (SDG) has been meeting to translate the outline Shape of the UKCP, as agreed at the AGM in March 2008.

We have been aiming for an organisational structure that can not only support the provision of the resources and functions necessary for a vibrant professional organisation, but also sustain those elements of quality management that we believe in, and choose to preserve post-statutory regulation.

The profession of psychotherapy is constantly evolving and there is an inevitable tension between the role of voluntary regulator, which involves setting standards and defining boundaries, and the roles of a professional organisation, which include promoting research and development, supporting and representing practitioners and working proactively to stimulate and encourage our professional evolution.

It will remain unclear for sometime yet what role UKCP will continue to play as a voluntary regulator. Despite this, the current reshaping of UKCP offers an opportunity to make more space for the art and science of psychotherapy itself: to be proactive in working for the things we believe in as well as reacting to external pressures.

With this in mind the SDG is proposing to the September Board of Trustees that the new shape of UKCP should include an actual Council.

This Council will NOT be involved in the management of the organisation.



# the psychotherapist **ukcp news**

## Development: **Update**

### both vibrant and flexible

The Council will provide a space where representatives from the different modalities, different professional interest groups and allied professions can meet, as practitioners, to debate the actual stuff of psychotherapy. This will not be a talking shop: through debate and activities aimed at increased understanding and action we will be putting psychotherapy out in the world ~ not just the consulting room.

The UKCP has, of course, always been engaged in this process, often thanks to an army of unsung volunteers ~ those in the Sections who have promoted the development of their respective modalities, and those currently engaged with the various government initiatives: Increasing Access to Psychological Therapy, Skills for Health, New Ways of Working etc.

The Council will provide a reference group for this work. But more importantly, the creation of a Council will make it clear that, although we continue to work as a voluntary regulator, our sense of our purpose has shifted.

#### **The New Board of Trustees**

One of the many drivers for the current reshaping has been the need to restructure our Board of Trustees to comply with Charity Commission guidelines. Our existing Board of Trustees includes all the executive officers, together with the chairs of the various sections and representatives of Institutional Members and Special Members.

Not only is the board large, but everyone who sits on it has multiple roles and, therefore, often hold conflicting interests. This is not appropriate for a board of trustees. It is therefore proposed that the new Board of Trustees should be smaller. It will include lay representation together with elected practitioner representatives and elected member organisation representatives.

It will then be able to, properly, focus on ensuring that UKCP strives to meet its charitable objectives, and that its resources are used to that end. And nothing else.

#### **New categories of membership?**

The SDG is also looking at whether we should increase the categories of membership we offer, so as to involve students and members of the public in our work.

These discussions are at an early stage, and will be part of the continuing consultation process.

#### **Transitional Arrangements**

The details are not yet finalised and will be influenced by the continuing consultation with registrants. If the AGM in March agrees this or a similar role and shape for UKCP, putting all the necessary pieces in place to make it happen will still take time.

An important part of this work will be developing the electoral processes and procedures required for all registrants to have a vote, not least systems of postal and/or on-line voting. If the proposed changes are accepted at the AGM, elections for the reconstituted Board and Officer positions will then be held between September and the Special General Meeting on 5th December 2009. The new board and officers will take up office and the new constitution will take full effect from that date.

The Special General Meeting will be open to all those who will become members under the new constitution, including ALL existing registrants.

#### **How can you help?**

The Shape Development Group still needs individuals who are willing to work to bring these plans to fruition.

We will meet face to face in London approximately once a month between now and the January Board meeting, possibly holding teleconferences in between.

We also need a second tier of individuals who will represent their section or institution and who are willing to be consulted by e-mail.

If you are willing and able to help us transform UKCP into a new, dynamic shape, please contact [mark.wehrly@ukcp.org.uk](mailto:mark.wehrly@ukcp.org.uk)

#### **Want to find out more?**

Regional consultations are being held, with registrants and member organisation delegates invited.

These consultations are part of the Regional Connection days, and are opportunities to find out more and to share your views: your opportunity to directly influence what we are trying to do.

The two remaining Regional connection/consultation days are:

#### **Glasgow:**

October 4th

#### **Manchester:**

October 25th

See page 30 for more information: these events are free if you book in advance through our website [www.ukcp.org.uk](http://www.ukcp.org.uk)

#### **What difference will this make in practice?**

- UKCP will be able to focus on developing the art and science of psychotherapy, and the application of psychotherapy to the wider world.
- UKCP Registrants will become members and have a voice and a vote in the professional organisation that represents and supports them.
- UKCP will become more flexible, able to do all we do now and more but, as needs change, will be able to adapt to meet these changing needs, without further constitutional change.

## the psychotherapist **ukcp news**

# The Political Action Group: your chance to help the Government get it right

## A call to all individual registrants and their friends

The profession is standing on ground that is shifting unpredictably and this movement tells us to expect a violent earthquake. When the dust settles, the land you'll see will look totally different.

The Government is exerting its power. Hundreds of committees and informal groups are discussing issues in great detail. Fine points are argued over; implications are worried about, trends are spotted, and speculation runs riot. Above and beside these committees are other committees and above them still others. All is inextricably interwoven.

All sorts of people from UKCP are there, persistently beavering away in, on, through and around as many of these committees and groups as possible. They listen and talk to people from the other professional bodies, the media, politicians, civil servants at the Department of Health, Skills for Health and IAPT, NICE, the Health Professions Council and lots more - not forgetting Europe.

For an ordinary commercial organisation to co-ordinate all these activities would be quite a task. But throw in another factor, one which makes UKCP such a vibrant organisation. It's stuffed with thousands of

independently minded people with very varying views about how best to serve that public good.

These views are not just opinions. They are the active expression of an individual's orientation towards life and what it means to be a human in the world.

So, when the Government pushes forward its opinion about the relative value of different traditions within psychotherapy and counselling, or about how the profession should be run, or what place it is to have in society, it presses buttons that activate powerful energy.

UKCP has set up a Political Action Group, whose task is to help it focus that energy, to co-ordinate these myriad activities and exploit opportunities for imaginative action in the public arena.

We are going to make sure that government, and anyone who has power to take decisions that affect the profession, hear and really understand the force of what we have to say.

All those who have dealings with us will recognise that UKCP is and will remain the authoritative voice of psychotherapy

and psychotherapeutic counselling in the UK. They will meet a professional body speaking in terms they understand and using methods of communication they would expect from a resolute group of people who know they have a rich contribution to make to society.

I was lucky enough to be at the right place at the right time to become the Chair of this Group. We are now expanding and are looking for people to join us.

We are looking for four registrants and two lay people, who want the chance to do something in this unique encounter between state and profession. Since you'll be a volunteer, whatever you do will be solely guided by your enthusiasms and availability. And, if you do join us, you will have an extraordinarily interesting and rewarding time.

Please spread the word or email me now, if you'd like to help:  
[richard.dening@ukcp.org.uk](mailto:richard.dening@ukcp.org.uk)

**Richard Denning**  
Chair  
UKCP Political Action Group

## *A boundless struggle for regulation*



[www.cartoonbox.co.uk](http://www.cartoonbox.co.uk)

Cartoon contributed by Tom Warnecke, Vice Chair (Registrants)

# A wider picture: on the statutory regulation of psychotherapy and counselling

Carmen Joanne Ablack



Carmen Joanne Ablack

**This article is an expression of my personal views as a Registrant; it is informed also by the work I undertake on behalf of UKCP as Chair of the Standards Board.**

Many of the critics of the approach being taken to statutory regulation of the psychological therapies, and in particular the approach being taken by the Government in its work at the Initiative on Access to the Psychological Therapies (IAPT), come from those who believe that there is a fundamental meta-psychology that cannot be described, defined or otherwise captured in specified mechanistic frameworks alone. These views hold an element of truth that those of us involved on behalf of the public and the profession must always bear in mind.

Several of the arguments centre on theories, comprehensions and techniques in which it is difficult to distinguish between the art and science of any particular psychological or psychotherapeutic theory. This has validity and is recognised as that aspect of working that is always beyond hard approaches to regulated practice. The essence of the regulator is to set the minimum standards of good training and

practice and the application of these in the work and in the workplace - be it private practice or hospital setting; whilst still preserving an appropriate space for the professions to retain the ability to evolve and continue to be responsive to the needs of the clients / patients. This is what the HPC seem to want to achieve in their work with the profession through the Call for Ideas and the work of the Professional Liaison Group.

The real question is: Will government allow this to happen?

It would be a non-sense for any government or other statutory agency to consider that it was possible, much less desirable, to reduce the complexity of human understanding, growth, healing and development to the simplicity of a list of competencies to be applied to the client.

Indeed the professions of Psychotherapy, Psychotherapeutic Counselling and psychological based Counselling necessarily and differently encompass the application, understanding and discernment of working with the client or patient in a relating manner.

It is the depth of the ability to work with and inhabit both the known and the unknown that helps establish a unique working paradigm for each and every client with their practitioner. The skill, capacity and ability to adapt to meet the client in front of you and to maintain a sense of working with them towards their insight, growth, and / or healing cannot be reduced to measurements that are solely mechanical in nature and that do not allow for the sensing and dialogue needed to establish and

maintain the qualitative nature of the working relationship between client and practitioner.

Psychotherapy, psychotherapeutic counselling and psychological based counselling are necessarily joint endeavours, joint - but not always equal, joint - but not always understood in every moment by the client / patient or by the practitioner.

The work is both reflective and reflexive and it is different in its depth of application and qualitative emphasis between each psychological therapeutic profession and within the professions themselves. This is a necessary diversity within the professions because human beings are not the same, not when it comes to how we react, avoid, engage or otherwise deal with our own existence. We do not come to the psychotherapy or counselling relationship with the same history, therefore we cannot be treated as if we are all the same, simple but true.

An appreciation of cultural, heritage, class, religious, philosophical and familial background must form part of any approach taken to training and regulation of the profession and the work of the practitioner.

Comprehensive training in working with the range of issues of diversity in psychological therapy practices and professions is a necessary must for any 21st century training. Many professions in the UK can be and are challenged to reflect a better diversity in their training workforce as well as in their recruitment of trainees. The additional challenge is for all of us to work more effectively with these issues and to widen the populations of the trainers and supervisors as well as those of the trainee practitioners.



Therefore it can be said that attempts seen to over-simplify psychotherapeutic work to a few-sizes-fit-all (as many fear is a correct interpretation of the government's current approach) are actually an undermining of the nature and substance of being human. Ask parents, child psychotherapists (of any psychotherapeutic approach), play leaders, arts or drama teachers in schools – where there is qualitative meaningful relating, there is *magic*. It is the un-measurable, defying words alone elements that often matter most in our work.

Anything that becomes lip service being made to these elements whilst riding roughshod over psychotherapeutic approaches that most support creative and inspired endeavour is a legacy this government should be very wary of establishing for itself. It will be a legacy that the public, particularly those members who are the parents, spouses and partners of the person seeking help, will not forgive or forget.

In our own professional, voluntary-regulating organisation of the UK Council for Psychotherapy (UKCP) there remains a commitment to legislation being established that will seek to bring to an end the practicing of psychological therapies by those who do not meet enforceable training, practice and ethical standards. It is because I want the public protected from rogue or unsafe therapists that, despite reservations above, I choose to be involved as an appointed voluntary officer of UKCP in the work being done on statutory regulation.

A client, who is also a trainee, spoke with me about the nature of hope in relation to the complexity of the current regulatory map of the profession. She described hope as, Heart Open, Perception Engaged – it remains to be seen if the politicians and senior civil servants involved can retain enough HOPEFUL humanity to remember the psychotherapeutic and psychological professions are working with human beings, not human doings.

#### **Carmen Joanne Ablack**

Integrative Body Psychotherapist, Trainer and Supervisor  
Chair Standards Board of UKCP

## Letter from the **Vice Chair (Registrants)**



**Tom Warnecke**

Dear Registrants,

With the formation of the Professional Liaison Group (PLG) by the Health Professions Council (HPC), the questions around statutory regulation of psychotherapy will be on the minds of many of you this Autumn.

I believe it is important to focus our attention not only on the regulation issue at hand, but also to explore the wider context in which we think about, and discuss, regulation.

Statutory regulation is not an isolated phenomena but one of many aspects of modern society our profession, and the UK Council for Psychotherapy, is required to engage with. We need to consider how we manage, as a profession, to not only support, protect and develop the work of psychotherapists but also assure and promote a vibrant profession of psychotherapy in this society.

- How does the psychotherapy profession proclaim its place in modern society?
- How does the profession assert its mental health competencies in this society?
- How does psychotherapy contribute

expertise and values to society, promote social responsibility and influence public perception on social phenomena?

- How does psychotherapy engage in dialogue with other professions on such issues?

These questions patently go beyond the current ongoing debates about the pros and cons of statutory regulation by the HPC. They also go beyond our discussions about the new shape of UKCP and the ways in which we choose to organise ourselves. Such questions not only exceed the scope of these debates but also inevitably touch on deeper issues such as power, authority, identity, individuality and conformity and evoke a host of projections, aspirations and fears. But they, and the themes and emotions they evoke, ultimately underpin and inform any debate about regulation or about the roles and functions of our professional organisations.

How do we apprehend and engage with such aspects of the ~ dare I say ~ unconscious of our profession?

The *Transforming Times* conference on 15 November aims to provide a creative space to explore these questions and hear the many voices, visions, concerns and perceptions from within this Council for Psychotherapy and from the wider profession.

Expecting to find the answers in a single day would seem ambitious. But we can start a process of finding new ways to engage each other and approach these issues in an inclusive and open manner.

*Process Oriented Psychology* (see the article on pages 23 to 25) appears to offer a very promising theoretical and practical approach to support this endeavour. It is also a chance to experience a fascinating modality at work.

# the psychotherapist **ukcp news**

*The Regional Connections UKCP days, in Bristol, Glasgow and Manchester this Autumn, aim to provide open forums for perspectives and themes relevant to individual practitioners and UKCP member organisations in the regions.*

The idea for regional events emerged from responses we received from you during the regional *UKCP Shape* consultation days and the ICO road shows last year. Like many organisations in this country, UKCP is seen as more active and visible in London and the South East.

We would like to encourage and support more regional activities and local networks developing across the country, and hope that regional UKCP events will contribute to this.

The regional days will also provide opportunities for you to engage in a *Shape* consultation workshop and look at the process and requirements for UKCP to become an organisation with both individual and organisational membership. The consultation workshops will explore some of the decisions we need to make to achieve this. There will also be an update on statutory regulation and space for questions and discussion.

At a recent meeting of the Service Development Committee in July, committee members also discussed ways to promote local grass root events for psychotherapists in less populated parts of the country. We decided to advertise for key people who may be interested in helping to organise small events in their local area to come forward (please see the advert on the UKCP website).

We are also inviting applications to join a UKCP Conference Committee to plan and prepare a three-day UKCP professional conference in 2010 (more details on website). The committee will decide on a conference theme and focus on the professional content, while the logistics and the practical aspects of the conference will be managed by UKCP staff.

You will have an opportunity to meet me and other UKCP Officers at the regional events this Autumn and we look forward to hearing your ideas and perspectives on these issues and finding ways to make regional UKCP events a regular feature.

**Tom Warnecke**  
Vice Chair (Registrants)

## Row, row, row your boat... Life is but a dream: Introducing process oriented psychology Arlene and Jean-Claude Audergon

We are happy to be asked to write an article about Process Oriented Psychology for *The Psychotherapist*. We assume many of you reading are psychotherapists or in related professions, or committed to a path of bringing awareness into your individual life and our collective interactions.

Awareness is hard to talk about even among fellow psychotherapists. It is a most extraordinary gift. It reminds us of the story of how fire was brought to humanity. In the field of psychotherapy, whether we look to the early pioneers, or to the ancient lineage of shamans, philosophers and healers, we might consider that a task has been passed along, a flame has been passed, to study and contribute a little something to the awakening of consciousness in us as individuals and collectively.

Each of us may know the experience of passing on the flame to a friend, family member, or client ~ or seeing the flame inside the person we are with begin to burn again. Awareness, like fire, brings warmth and life and defrosts our frozen states.

From school to school our methods differ, but in essence, we are each carrying this flame. In *Rivers Way*, Mindell cites Jung ...Thus we are faced in psychotherapy with a situation comparable with that in modern physics where for instance there are two contradictory theories of light. And just as physics does not find this contradiction unbridgeable, so the existence of many possible standpoints in psychology should not give grounds for assuming that the contradictions are irreconcilable and the various views merely subjective and therefore incommensurable.<sup>1</sup>

### The dreaming

Process Oriented Psychology (POP) or Process Work (PW) is a comprehensive theory and method oriented to bringing awareness along into the flow of nature, to unfold its inherent creativity. Its originator, Arnold Mindell, was first a physicist, then training analyst at the Jung Institute in Zurich. His teachers were Franz Riklin, C G Jung's grandson, then director of the Jung Institute, Marie-Louise Von Franz, and Barbara Hannah, both long-time colleagues of Jung.

During the 1970s, while working with terminally ill clients who required non-verbal methods of communication, Mindell discovered that the subjective experience of body symptoms was mirrored in the night time dream.<sup>2</sup> An early example involved a man with a stomach tumour. When asked to feel his symptom carefully, he said he felt as if he would explode. He recalled that he had dreamed of fireworks. Arny then helped this man who always had been reserved to explode with his feelings and passion.

Mindell used the term *dreambody* in those days to describe this dreaming dimension that manifests simultaneously in the visual night time dream, and in the somatic experience.

Mindell went on to track this dreaming dimension as it appears or is perceived in different channels ~ visual, auditory, proprioceptive (body sensation), and kinesthesia (movement), and in our experience of relationship and the world. He also observed how the dreaming appears in unintended and fleeting communication signals.<sup>3</sup>

As the work developed, process concepts were explored with people experiencing

# the psychotherapist ukcp news

extreme states with diagnoses of psychopathology in inpatient and outpatient psychiatric care.<sup>4</sup> The methods were also applied successfully to communicate with people in comatose states, leading to vital experiences for the person who was in coma and their families, and essential research in this area.<sup>5</sup>

Mindell and colleagues went on to study the dreaming dimension behind system dynamics in relationships and group life, including working with conflict.

Worldwork is the application of PV methods to facilitating large groups, organisations and communities and working with historic conflict, oppression, and conflict resolution.<sup>6</sup>

## Theory as boat

This wide range of applications often raises a question how all this is possible. At the heart of PV is a spirit of researching the uncanny patterns of nature, as a process is perceived through dream or vision, sound, somatic experience, altered states, relationship troubles, and community interactions. We need awareness in all of these areas for the individual and collective to cook, evolve and transform.

In a personal conversation, Mindell told me, (Jean-Claude) that a theory was like a rowboat. If you go out in the bay and find that it leaks you might scoop the water out for a while and stay with your boat ~ but it would be more effective to come back to shore and either repair the boat or get a new one before going out fishing again. If your theory doesn't work, drop it, and study the process. Don't mistake the boat for the fish.

All of the theoretical structures and methods of POP are designed to support the facilitator to access a process, bring awareness along, and accurately unfold it in relation to context, and according to complex momentary feedback. The work remains similar, whether you work with a dream or body experience, facilitate an individual, couple, team or organisation, or whether you work in a pre-school, convent or war-torn community. While it takes many years for the practitioner to gain specific experience needed with a particular modality, context or culture, the work remains consistent across this wide range of applications.

We briefly outline here just some of the core concepts, lacing in a few examples.

## The disturbance as a seed

What disturbs and bugs you carries the seed or pattern for your growth. This does not mean that you must accept terrible events or abuse, nor drink your cod liver oil. It is a continually surprising, but central paradigm of PV, that the seeds of the solution to the problem you are working on lie within the disturbance itself. From one perspective the disturbance is terrifying. From another, it carries essential new information.

Consider a client who stammers. While we understand his wish to rid himself of the symptom, we welcome the process within the symptom, by accurately following its nature. We listen carefully, and ask him to listen to his stammer and to experiment with amplifying it or making it worse. At the point he begins to stammer, we invite him to pause longer. His eyes go down and we invite him to go internal and carefully follow his feelings. He says it is liberating to stay close to himself, to not react, to follow a deeper timing. He practices the new pattern ~ staying connected to himself and when he chooses, communicating from here rather than adapting to us or anyone else. He is deeply relieved and his stammer subsides.

## Edges and hot spots

The edge<sup>7</sup> describes the perimeter between an identity defined by a belief system and an emerging new pattern. The belief system at the stammerer's edge said you must care for others by responding to their timing. The pause in his stammer was the emerging pattern of going deep inside himself and following his own feelings and timing.

A hot spot<sup>8</sup> is a moment when something sensitive or volatile is touched – it sizzles. There's a tendency to back off and lose energy, or to become agitated. At hot spots, conflicts cycle and escalate. But, noticing hot spots early, and carefully facilitating them, we discover they are doorways to resolution, transformation and creativity.

## Fields and roles

One way to bring awareness into a field of interactions is to locate 'roles'.<sup>9</sup> Roles occur within all levels of a system – intra-psychic (two roles within oneself), in relationship, within an organisation, or collectively. The purpose of representing roles is to bring

awareness to interactions, rather than only being swept into polarized roles or positions.

In large group interactions, such as community forums, people readily grasp the notion that a role is bigger than an individual viewpoint. We may designate a physical spot for a role and say that it needs more than one person to speak for its different facets. As individuals, we are also more than a role. We will be drawn to a particular role, but as we speak that side, we differentiate from the role and may find ourselves interested to also speak for the other role.

## A forum on minority-majority issues in Slovakia

Over the last few years, The European Multicultural Foundation EMF and ANNWIN, Slovakia, have worked with us on developing forums on human rights and social inclusion in Europe.<sup>10</sup>

In Slovakia we opened a discussion about issues facing Roma (gypsies). A man said There are no problems for Roma in Slovakia, except they get too much attention and advantage. This was a hot spot and inflammatory in relation to the dire situation of Roma in Slovakia and Europe. The room went silent. Then a young Roma woman stood up and spoke out about the poverty and violence toward Roma, the rapes, murder and lack of protection the Roma community receives from police.

There are two basic roles here, the oppressed and the oppressor. The Roma in this case were in the role of the oppressed group, but it soon became clear that many Slovaks identified with their own painful thousand year history of oppression, making it difficult to also acknowledge being in the role of oppressing others.

A woman walked into the centre of the room opposite the young Roma woman who had spoken. I know first-hand that everything you say is true. I want to apologise to you personally.<sup>11</sup> Then she told her story. She, too, was Roma, but with light skin, her parents had hidden their identity to protect the children from discrimination. In her 20s, she learned she was Roma, sending her into a crisis of identity. She spoke of how she faced the part in herself that despised Roma, thought they were dirty and didn't want to be touched by them, nor to have to believe that she was one of them. Now, proud to be Roma, she was active in working with Roma groups and human rights.



# the psychotherapist ukcp news

## Rank awareness

The two women embraced ~ the group was touched and shifted in their awareness. The group's earlier silence reflected a feature of cycling conflict ~ Where we have privileges that give us social rank <sup>11</sup> (based on ethnicity, religion, race, gender, sexual orientation, age, health and physical ability, education, class, language, political history, etc.), there is often a tendency to be unconcerned or unaware of these privileges in relation to others. It may also be difficult to recognise where we have been part, or are currently a part of, a group that downs others.

Conversely, it can help to resolve or transform conflict when someone personally acknowledges or takes accountability for the role that has created suffering in others. In this example, when others could not do it, it was the (elder) Roma woman who was able to speak about the role of oppressor inside her. She used her fluidity, self-knowledge and experience, sometimes referred to as psychological rank <sup>12</sup>, to lead the group forward.

## Deep democracy

Deep democracy<sup>13</sup> refers to the wisdom that evolves through the facilitated interaction among all parts of a system. It means welcoming diversity including those parts of our experience which are normally overlooked or kept out as too disturbing, subtle, emotional or extreme.

## A forum in Croatia

We recently facilitated a forum for participants from areas of state concern in Croatia. This project initiated by the United Nations High Commission for Refugees follows our long-term reconciliation work in Croatia from 1996, and supports recovery in those regions hardest hit by the war.<sup>14</sup> The group was made up of Croats, Serbs, Muslims, and other ethnic/national groups, each with their own war experiences. One afternoon, a subgroup presented a problem. They were making a film about their community in order to attract tourists. They ran into problems representing Orthodox (Serb) and Catholic (Croat) monuments and festivities without alienating the other side. A mixed group of Serbs and Croats, they had attempted to be even-handed, but had met with hostility from both sides in their community. We appreciated their situation and attempts, while

suggesting that we represent the disturbing attitudes they were trying to avoid. So we represented a voice who did not want Serbs and Croats together, who considered one and the other to be traitors. The participants joined in playfully, easily recognising the roles from their own communities, and clearly relieved to represent the hostilities they suffer from.

There was then a shift in atmosphere, as a participant suggested the group go deeper into the antagonistic role, to understand why people were so hateful and afraid. This touched a chord in everyone, bringing compassion to their own and others' war experiences and the real difficulty in recovering and moving on. By speaking now directly and personally about the most sensitive topic, the subgroup looked revitalized, as did the whole group that was fully engaged. A suggestion also emerged for the film, that it should not try to be even-handed to avoid conflict, but rather say directly that there is a great pain left over from the war, and that as a community they are finding ways forward together.

## Dimensions

Another useful concept in facilitating processes is to recognise the interplay of dimensions of experience.<sup>15</sup> We sometimes use the terms consensus reality to refer to outer context, issues, content. The dreaming refers to subjective experiences, dreams, body sensations, mythic figures, archetypal processes and the polarisation of roles underlying content. The sentient dimension is experienced as a unity underlying the polarizations, or as a creative source from which process arises.

In the example of the man who stammered, the disturbance to his speech is the consensus reality dimension. The dreaming dimension is his subjective experience of timing and following himself, as he enters the pause. His experience of freedom reflected the sentient dimension.

In the story of the forum, the project and community issues are consensus reality. The interaction of roles is in the dreaming dimension. The sentient dimension was touched by going deeper, where the polarisation of roles fell away, bringing the shared compassion.

## Awareness and Eldership

PW is based on bringing awareness along into the very disturbances from which we suffer. You are less at the mercy of life events, and more engaged with your individual journey and your community. Jung said it best. You individuate one way or the other, but the difference is whether you can stand upright, and see the signposts.<sup>f</sup>

It is hard to bring words to the struggle involved in searching for solutions to reduce our pain, isolation, altered states, fear, and helplessness in meeting terrifying experiences ~ whether as individuals, communities, or as our nations involved in repeating waves of violence.

Awareness could help us to accompany ourselves and sometimes even free ourselves from the constant replay of our personal histories and collective traumas, and help us contact a creative source within us. As terrible as we are as human beings, we also have an urge towards becoming conscious. Methods of awareness are sorely needed throughout society, to support individuals, families, organisations, whole communities and nations to actively dream and shape our future. For this our society needs elders ~ to take a stand, take all sides, hold our hands, and hold us to the task. And some of those elders are us psychotherapists.

## Jean Claude and Arlene Audergon

### Biography:

**Jean Claude and Arlene Audergon** practice and teach Process Oriented Psychology internationally.

They have published books and articles ([www.processwork-audergon.com](http://www.processwork-audergon.com)) and facilitated numerous forums on political and social issues in different parts of the world, including post-war reconciliation projects in Croatia ([www.cfor.info](http://www.cfor.info)).

Jean Claude and Arlene are facilitating the November UKCP Transforming Times conference (see back cover).

## References:

Due to a lack of space, and a desire to print this article in full, the references are given on the UKCP website.

Go to [ukcp.org.uk](http://ukcp.org.uk), click on the drop down menu for "Publications", then on "The Psychotherapist", and they are available as a download.



**Lest you begin to think that your European representative has had a radical makeover, the picture above is of Daniela Renner.**

Daniela is the principle staff member of the European Association of Psychotherapy (EAP) with responsibility for the national psychotherapy bodies. Your correspondent had the singular honour of marrying Daniela last September. More later<sup>a</sup>

This piece is concerned with a marriage of convenience between UKCP Training Organisations and the EAP ~ namely, the European Accredited Psychotherapy Training Institute scheme (EAPTI). As readers will know, the EAP awards the ECP (European Certificate of Psychotherapy ~ last acronym, I promise), which is the nearest thing there is to a psychotherapy visa. Although it cannot supersede national laws and has no international power, the ECP is, like UKCP Registration, an indication of the quality of a practitioner's training and post-registration practice. The EAP allows thousands of psychotherapists to travel across borders to train or work.

Until a few years ago, the ECP could only be awarded by grand-parenting ~ a process requiring the support of both a national and a modality body ~ and, in most countries, this meant waiting 5+ years post-registration before the ECP can be awarded. Now, the EAPTI scheme allows the ECP to be awarded to graduates of a training immediately on Registration. Currently, only one UKCP

# From Our European Correspondent...

## a marriage of convenience

MO has EAPTI ~ Metanoia ~ though a few others are well on the way to being accredited.

So why would a psychotherapy training bother with the EAPTI?

Remember, in the UK, the ECP can only be awarded through the UKCP.

As the brave new world of statutory regulation draws closer in the UK, it seems certain that practitioners will be registered as either counsellor or psychotherapist. So there will be new entrants to the profession searching for a training with the most to offer; there are a lot of trainings out there which claim to train psychotherapists. Post regulation, it is still probable that the UKCP kite mark will signify a superior training and a high quality of practitioner. Secondly, there will be thousands of experienced counsellors who will wish to do top-up trainings to allow themselves to register as psychotherapists.

The savvy UKCP training will be thinking now of how to attract new trainees for the post-statutory registration era ~ and will be designing top-up modules to offer to experienced counsellors who wish to be registered as psychotherapists.

So, when these prospective students check through the prospectuses, the fact that they can receive an international award with no extra effort, (except filling forms and writing a cheque), could well be a significant factor in the decision-making process. If yours is a training organisation, can it really pass up such a significant marketing benefit?

The procedure for accreditation as an EAPTI can be found on the EAP website

~ [www.europsyche.org](http://www.europsyche.org). The process involves an application, which has to be approved by the national body and the relevant modality body ~ then a visit by two international experts to assess the training. Please note, UKCP's position is that only trainings of full UKCP Member Organisations will be approved for the EAPTI as we can only be content that trainings directly QR'd by UKCP meet ~ and will continue to meet ~ current standards. For more information you can contact me or Heward Wilkinson (UKCP reps to the EAP) ~ or indeed, you could contact Daniela Renner above <sup>a</sup>

So, back to the ground-breaking news, which headed this article. Yes, I really did marry Daniela Renner last September. It was a great honour to be asked, as a Canon of the Church of England, to preside over the wedding ceremony of Daniela and Robert, in the ruined castle of Senftenberg, perched high on a hill, amongst vineyards, overlooking a tributary of the Danube.

Oh, surely you didn't think<sup>a</sup>?



**Adrian M. Rhodes,**  
Vice-Chair (Regulation)  
UKCP representative to the EAP.

# the psychotherapist **Letters to the Editor**

Dear Editor

I am somewhat surprised that *The Psychotherapist* editorial board should publish such an article by one of its own Honorary Fellows. My understanding of UKCP was that it held diversity as one of its core values, yet an article such as this appears in its journal.

Constructivism is about how an individual defines their own map, yet Mr Rowan seems to hold a view that there is only one map of constructivism. Despite Mr Rowan suggesting to the contrary, I do place the theory of NLP within the constructivist principles of Kelly and the influence that Piaget had on his work. I also offer a post modern perspective, i.e. to take NLP as a therapeutic process back to the work of Satir, Perls and Erickson, and reconnect with theories that were inherently missing in Bandler and Grinder's original modelling work.

As I state in my own book for the *Advancing Theory in Therapy Series*, Routledge, There is very little literature available that references neuro-linguistic psychotherapy and I would hope that this book will encourage a wider debate within the field. Throughout the book I hold to the view that NLP as a methodology is an applied psychology rather than a psychotherapy, and although it has applications within the psychotherapy world, it has yet to find its place within a number of different approaches.

My aim is to create a debate about neuro-linguistic psychotherapy. I am appreciative of Mr Rowan for opening up this debate, I hope we can continue this across all of the approaches within psychotherapy.

**Lisa Wake**

Neurolinguistic Psychotherapist  
UKCP Registrant

Author:

*Neurolinguistic Psychotherapy: A Postmodern Perspective*. London: Routledge (2008)

**Letters to the Editor**

**are welcomed, and**

**should be sent to:**

[jude.cohen@ukcp.org.uk](mailto:jude.cohen@ukcp.org.uk)

Dear Editor,

## **An Ethic for Pluralism?**

I read John Rowan's letter to the last issue of *The Psychotherapist* with some pleasure and a great deal of dismay.

Pleasure, because Mr Rowan had contributed to the magazine's discussion of constructivism by providing more of the academic discourse around the underlying philosophical bases, which was sadly missing in the previous issue's content. It would have been most helpful if Mr Rowan had contributed this when the editor originally called for articles on the subject of constructivism.

As it was, the issue represented only a reduced discussion of constructivism and narrow exposition of related psychotherapies. I do not believe this to have been the fault of those writers who did contribute, (of whom I was one) but perhaps down to an editorial process for *The Psychotherapist* that is still in the early stages of evolution.

I felt dismay, however, because rather than halting at offering this important material, Mr Rowan also chose to make gratuitous attacks on the knowledge and qualifications of other contributors to the magazine, stating that they would not know constructivism if it bit them in the street. He even seemed set on lampooning the achievements of some of the authors cited by the contributors in a quite unjustified manner.

Mr Rowan's letter, where it did dwell on the subject at hand, focussed on areas not covered in the articles he criticises. That's good and enriches the discussion, but to state that other contributors did not write with the same area of focus as he, on a wide subject, only because they do not know what Mr Rowan knows, is ungrounded. Mr Rowan did not choose to relate his knowledge of constructivism to clinical application or relevance to clients' therapeutic process. Would it be fair to conclude from this omission that Mr Rowan knows nothing of clinical practice? Of course not. Yet this seems to be the treatment that Mr Rowan metes out to others in his personal judgements.

With respect, Mr Rowan is capable of suggesting that some areas of his knowledge may be as superficial as he accuses others of being when it comes to his decision to add to his letter a

reductionist, misleading definition and lopsidedly partial history of neuro-linguistics. He tells us he is setting the record straight. Are we to conclude that, because Mr Rowan does not know of or understand the constructivist basis for this application, we are not to believe in it either?

I do not have Mr Rowan's confidence that my opinion sets the record straight for others. However, I do have questions that I would like to raise as a person who wants to live in a pluralist community of psychotherapists, whose freedom of speech and fair judgement of their work also demands a code of conduct that does not compromise these rights for others.

I find Mr Rowan's letter almost disturbing because he has recently published in a BACP journal an even more misrepresenting (and lengthy) review of the recently published book of Lisa Wake, the individual also most condemned by his contribution to *The Psychotherapist*.

Do we want to give over our community's magazine as a forum from which to launch personal vendettas, as Mr Rowan's dedicated fascination in Lisa Wake's work could be interpreted? Or is this part of a greater unconscious dynamic within UKCP whereby we historically seem compelled to assassinate the reputations of the organisation's previous Chairs? I hope not, but if so, James Antrican, brace yourself, it looks like it's you next, a situation I would equally defend against!

With the many improvements that have been made to *The Psychotherapist* recently, would the formalisation of a code of practice, for editors and contributors, help to keep discussion truly open, rather than letting our community magazine become merely the arena for those with a stomach for conflict and the vicious battleground of vaingloriously competing academia? Personally, I would prefer the publication to also lean away from tabloid-style self-promotion ~ how do others feel?

By all means let us drive one another to better standards by picking up on academic sloppiness or incompleteness, but by gratuitous personal attack, rather than offering discursive contribution, we drive free-breathing intellectual exchange and enrichment underground.

Yours truly

**Pamela Gawler-Wright**



# the psychotherapist **Letters to the Editor**

Dear Editor

I am sorry that John Rowan (*The Psychotherapist*, Summer 2008, pages 16-17) has chosen to be so exclusive about what should or should not be included in the term constructivist/social constructionist, and to show a lack of respect not only to the authors, but also to UKCP colleagues in the Neuro Linguistic Psychotherapy and Counselling Association, and the Experiential Constructivist Section.

To me, and to some of my colleagues, constructivism represents the freedom to move beyond the confines of unitary models of psychotherapy while maintaining a framework within which different theories can be construed and new theories and practice developed.

To reflect the diversity of thinking both in NLPtCa and in constructivism, I felt moved to write but constrained as I am visually impaired and normally get *The Psychotherapist* on audio tape (which has not yet arrived). A sighted supervisee alerted me to the existence and content of this article. So my response is a personal view without an array of academic references ~ I could not otherwise have met your July 28th deadline.

## In the beginning

In the mid 1980s, at a time of great personal turmoil, NLP was attractive because it promised to help me change what I wanted to change about myself, and facilitate learning and creativity. I appreciated the way in which complex concepts and theories from different subjects and disciplines were translated into something which could be taught to people without prior experience and benefit them in their daily lives.

After years in FHE the idea that learning can be fun<sup>f</sup> added to my enjoyment of life. I was already familiar with the process of deconstructing ideas from feminism, from teaching and developing research methods courses and earlier historical studies. I could never have adopted NLP/NLPt as a doctrine. The omissions and limitations I noticed were outweighed by the benefits to me and my students.

Coming from a background of interdisciplinary research and from

occupations in which interdisciplinary and multi disciplinary approaches were regarded as the norm, I was amazed by the narrowness and exclusiveness of Schoolism in psychotherapy.

## Along the way

As neuro-linguistic psychotherapy developed and we became members of UKCP I was glad that we were in the Experiential Constructivist Section. Obviously I did not have the same length and breadth of study which John Rowan has. I came to a different conclusion: that neuro-linguistic psychotherapy as it is now fits well with constructivism, and post modernist might be an appropriate description.

As I added autogenic psychotherapy, EMDR and National Federation of Spiritual Healers training to my resources, it became apparent that many other psychotherapy colleagues made similar journeys and that there were many closet constructivists in UKCP and BACP.

In 2002, while leading the development of a post graduate diploma in autogenic psychotherapy, I examined the literature on constructivism again. I felt that the experiential constructivist section could offer a good home to a psychotherapy which wished to be as accessible to those with tightly defined scientific views, atheists, agnostics and materialists, and to those with spiritual/transpersonal beliefs. I asked my colleague Vera Diamond what constructivism meant to her. Freedom<sup>f</sup> she replied promptly, and I agreed. What both of us meant was freedom to develop ourselves and our work with clients in ethical and beneficial ways without having to comply with rigid dogma.

We are indebted to John Rowan for continuing the debate and for his historical survey of social constructionism. The fact that one man disagrees with a position reached over many years by discussion within and outside of neuro-linguistic psychotherapy and the experiential constructivist section can itself be construed within constructivist/social constructionist theory.

## For the future

In using the word constructivist, we have been translating a philosophical concept

into an applied field, psychotherapy. John Rowan has raised some interesting philosophical points which need to be addressed.

This holiday period may not be the best time for an academic discussion, so I hope that *The Psychotherapist* can make room in the future for more articles which clarify the application of constructivism in psychotherapy and the relationship between constructivism and pluralism (which is increasingly the de facto modality for many psychotherapists).

In a situation where central government and certain vested interests seem to want to eliminate constructivist, integrative and pluralist approaches equally from the scene, I hope that we can move to the tolerance and diversity which constructivism can encourage. More than anything else I agree with UKCP that enshrining modality through statutory regulation does not make sense<sup>f</sup> and that restricting modalities will crush innovation and deprive patients of choice<sup>f</sup>.

## Constructive Psychotherapy

I hope that we will be able to maintain some suitable grouping within the new structure of UKCP and have wondered about cutting the Gordian knot by using the title Constructive Psychotherapy in future. This might express the tradition of constructivism/social constructionism while giving us the opportunity to update our definition for psychotherapy, and include the information that we are committed to helping clients to construct achievable outcomes for themselves.

Yours sincerely

Marion Brion PhD Cert Ed

## Extract from the Editorial Policy of The Psychotherapist as reproduced inside the front cover of each issue:

From time to time *The Psychotherapist* may publish articles of a controversial nature. The views expressed are those of the author and not of the Editor or UKCP.<sup>f</sup>

# the psychotherapist **ukcp news**

## New UKCP registered psychotherapists

Elyan	Aysoy	MET	Em Hon	Logan	MET
Eirini	Bakopoulou	ARBS	Julia	Madden	AFT
Barbara Justine	Barrett	SPTI	Gill Markless	Markless	GUILD
John Nicholas	Bates	NLPtCA	Alison Marriott	Marriott	AFT
Beverley Ann Davidson	Bell	BABCP	Gemma	Mason	ITA
Graham John	Bolton	NRHP	Joy	McGuire	BABCP
Elizabeth Mary	Bond	MET	Carmel	McMahon	MET
Monique	Brasseur	PET	Daniel	Mirea	BABCP
Frances Helen	Burgess	NLPtCA	Vanessa	Moon	IPSS
Lauren	Callaghan	BABCP	Lucia, Maria	Mora	ARBS
Anne	Calleja	NLPtCA	Elizabeth Vivienne	Morris	AFT
Anna	Castberg	SPCRC	Lynn	Murley	AFT
Marie Elizabeth	Church	BABCP	Alison Jane	Murphy	AFT
Peter Michael	Connor	PET	Seamus	Nash	UKAHP
Margaret Mary	Convery	NLPtCA	Michelle	Newman Brown	AFT
Amanda	Craig	BABCP	Clare	Nichols	AFT
Karin	Creasy	UKAHP	Paul	Nolan	MET
Malgorzata	Cynker-McCarthy	MET	Julia Bernadette	O'Grady	BABCP
Robert William	De Stefano	MET	Felicia Margaret	Olney	SCPP
Silvana	Der Kureghian	FPC	Kate	Osterloh	UPCA
Billy Martin	Desmond	MET	Andrew Thomas	O'Toole	AFT
Bernadette Celine	Devine	IPS	Jane Wynn	Owen	SPCRC
Liam	Dickson	BPA	Henrietta Liza Florence	Palmer	UPCA
Alexander G	Dixon	MET	Filip	Pasterski	SPCRC
Mary	Donovan	AFT	Kate	Perrins	UKAHP
Janet Elizabeth	Dowding	MET	Renata	Peter	SPCRC
Barbara Teresa	Dzien-Abraham	MET	David Anthony	Plant	GUILD
Karen	Eastham	NLPtCA	Martin Saul	Pollecoff	MET
Sarah	Fallon	GPTI	Caroline Gay	Powell	UPCA
Paula Louise	Farson	SPCRC	Hannah	Rees	MET
Rob	Finley	UKAHP	Jan	Reeve	NLPtCA
Brendan	Flynn	AFT	(Valerie) Ann	Rew	SPTI
Claudia Jane	Foakes	AFT	Betty Katherine	Ridley	SPCRC
Joanne	Forde	BABCP	Dianne	Russell	AFT
Tim	Foskett	UKAHP	Mo	Rye	ITA
Helen	Freeman	IGAP	Richard John Hanson	Sale	BCPC
Neil Francis	Gibson	UPCA	Claire	Sammut	AFT
Michael	Glaser	BABCP	Maria	Schleger	GUILD
Christopher	Glenn	AFT	Gillian Rosalie	Scrace	AFT
Alan Balmale	Gordon	NRHP	Atika	Sethi	AFT
Mark John	Guludge	MET	Marianne Sophie	Sirgent	IPSS
Margret	Gunnarsd ttir	SPTI	Liesanna	Sizoo	PET
Neil Sherman	Hall	NRHP	Gillian Margaret	Stevens	AFT
Sandy	Hamilton	MET	Brian	Stevenson	IGAP
Andrew Robert	Harpham-Salter	BABCP	Pamela Windham	Stewart	PA
Margaret Frances	Henning	AFT	Leela Annie	Thampy	MET
Sue	Hitchcock	AGIP	Jonathan Andrew	Thomas	MET
Sophie	Holborow	SPCRC	Mark Juan	Thompson	AFT
Susan	Hornsby	AFT	Catherine Robinson	Thorley	AFT
Elizabeth Ann	Hutchinson	BABCP	Stephen Michael	Thorpe	MET
Alison Mary	Jillott	BABCP	Niki	Trenchard	BABCP
Ruth Elizabeth	Jones	GUILD	Rita	Tricot	SPCRC
Nicholas David	Judson	NGP	Doreen	Wallace	AFT
Anne Cunningham	Laird	NLPtCA	Nicola Mary	Ward	NRHP
Jonathan Christopher	Lake	ITA	Caroline Susan	Wells	AFT
Terence	Lawton	UPCA	Mari	Yamamoto	MET
Munha	Lee	PET			
Andreas Rolf Jorgen	Lind	IPSS			

## New UKCP registered psychotherapeutic counsellors

Richard	Backes	WPF	Jane	Fior	UKAHP
Elizabeth Jane	Bidnell	NGP	Catriona	Howatson	WPF
Lucy	Blackburn	UKAHP	Mark	McGovern	NGP
Catriona	Bryce	CPC	Louise Ann	Page	UKAHP
Christabel Katharine	Butler	UKAHP	Ellen	Russell	NGP
David Owen	Elias	UKAHP	Joana Barber	Sinclair	UPCA
Andrew Barry	Farley	NGP	Helen	Thompson	WPF
Hannah	Fenton	UPCA	Sarah Louise	Woolrich	NGP

**Congratulations and welcome to you all.**

## the psychotherapist **events**

### Regional events

UKCP wants to encourage and support more regional activities and local networks across the country. As part of this, we are running a number of meetings: *Regional connections*. These are free of charge to registrants.

As well as providing opportunities for networking with other psychotherapists from your region, these events offer the opportunity to take part in UKCP consultations on the future role and shape of the organisation.

#### Glasgow

4th October

##### Programme:

**The Shape Development Process: a consultation workshop**

Facilitated by Mark Wehrly (UKCP Company Secretary) and Tom Warnecke

(UKCP Vice Chair (Registrants))

**Regional Perspectives - Psychotherapy in Scotland**

Panel forum and plenary discussion chaired by Mary MacCallum Sullivan

**Regional Perspectives**

Small groups discussion

**Regional Connections - next steps**

Panel forum and plenary discussion

**Update on statutory regulation**

and space for questions

#### Manchester

25th October

##### Provisional programme:

**The Shape Development Process: a consultation workshop**

Facilitated by Mark Wehrly (UKCP Company Secretary) and Tom Warnecke

(UKCP Vice Chair (Registrants))

**Regional Perspectives - Psychotherapy in the North West**

Panel forum and plenary discussion

**Regional Perspectives**

Small groups discussion

**Regional Connections - next steps**

Panel forum and plenary discussion

**Update on statutory regulation**

and space for questions

Pre-booking for these events is essential, but can be done on-line:

[www.ukcp.org.uk](http://www.ukcp.org.uk) or contact:

[anita.saunders@ukcp.org.uk](mailto:anita.saunders@ukcp.org.uk)

020 7014 9966

## An Invitation to a UKCP Conference:

### Transforming Times:

**UKCP at the heart of the profession and in the wider world of the 21st Century**

**A day of Inquiry, fishbowl and open forum debate to co-create our professional future**

Facilitated by Arlene Audergon and Jean-Claude Audergon

15th November 2008 9:30 am to 5 pm  
University of Westminster,  
309 Regents Street, London

Dear Colleagues,

We are delighted to be a part of this gathering of psychotherapists and related professionals from across the UK, and to be asked to help facilitate this event.

We see a chance for our diverse professional community to come together to talk about our shared purpose, our differences, our creative potential and future. We anticipate a buzzing café atmosphere, a gathering of communities from all corners of these islands, associated with psychotherapy, psychology and counseling professions.

Most of us are busy with our professional and personal lives, trying to find the time to stay in contact with our own friends and circle of colleagues. Yet it is rare to have a sense of contact with the larger profession, or time to even stop to consider the bigger issues of our field, how they affect us and what we contribute. This day looks like a chance for our colleagues everywhere to travel, gather, show their wares, meet old friends, form new relationships, and particularly to present and debate viewpoints on a range of serious issues affecting our profession ~ to give ourselves the chance to create our future, as a professional body (UKCP), and to look more widely at the issues facing our profession.

Whether you represent a particular school or approach, or come just for yourself, everyone is not only welcome, but needed. This will not be a conference made up of presentations and workshops. Rather, some of you will have been asked to offer short presentations of five minutes on your views that are crucial to us as a psychotherapy profession, and there will be opportunities for a large facilitated forum, as well as fishbowls, panels, and small groups. Before the end of the day, we will organise ongoing dialogue as needed, as well as practical follow up on the work that we do together.

Looking forward to ongoing dialogue and planning of this event with many of you, and meeting together in November. Please contact us with issues and opinion you want to see represented at the forum.

You can best reach us by email on [auderge@earthlink.net](mailto:auderge@earthlink.net)

Warmly

Arlene and Jean-Claude Audergon

For further details and bookings:

[www.ukcp.org.uk](http://www.ukcp.org.uk)

[anita.saunders@ukcp.org.uk](mailto:anita.saunders@ukcp.org.uk)

020 7014 9966



# the psychotherapist events

## Events

### Oct/Dec - London (10-week course)

**Understanding the emotional needs of care leavers** Tavistock and Portman NHS Foundation Trust 020 8938 2548  
[events@tavi-port.org](mailto:events@tavi-port.org)  
[www.tavi-port.org/training](http://www.tavi-port.org/training)

### 1st - 3rd October - Manchester

**The principles and skills in using CBT self-help approaches** The Royal College of Psychiatrists: 020 7481 4842

### 1st October - Leeds

**ILM Level 5 Certificate in coaching and mentoring in management**  
[ASC@leedspft.nhs.uk](mailto:ASC@leedspft.nhs.uk) 0113 305 5638  
[www.andrewsimscentre.nhs.uk](http://www.andrewsimscentre.nhs.uk)

### 2nd October - London

**Lean and six sigma in mental health A practical guide:** 02020 8541 1399  
[keren@healthcare-events.co.uk](mailto:keren@healthcare-events.co.uk)  
[www.healthcare-events.uk](http://www.healthcare-events.uk)

### 3rd October - London

**LSBP Diploma Course in Biodynamic Body Psychotherapy**  
[London School of Biodynamic Psychotherapy](http://LondonSchoolofBiodynamicPsychotherapy.org) 020 7263 4290  
[admin@LSBP.org.uk](mailto:admin@LSBP.org.uk) [www.LSBP.org.uk](http://www.LSBP.org.uk)

### 3rd October - Bromley, Kent

**Transference/counter-transference:** working with there and then as it presents in the here and now.  
[info@sueandcarol.co.uk](mailto:info@sueandcarol.co.uk)  
 Sue: 01273 235232 Carol: 0208 402 6536

### 3rd-5th October - Newcastle-upon-Tyne

**Safe work with trauma** (Jenny Biancardi) Northern School of Psychodrama workshop: 01457 877161  
[admin@psychodramaNSP.co.uk](mailto:admin@psychodramaNSP.co.uk)

### 4th October - London

**Healing parent-child relationships** The Centre for Child Mental Health: 020 7354 2913  
[www.childmentalhealthcentre.org](http://www.childmentalhealthcentre.org)

### 4th October - Glasgow

**Regional Connections UKCP Day** An open forum, with an update on statutory regulation and a UKCP Shape Development consultation workshop: Free on-line booking [www.ukcp.org.uk](http://www.ukcp.org.uk)  
[anita.saunders@ukcp.org.uk](mailto:anita.saunders@ukcp.org.uk)  
 Anita 020 7014 9966

### 4th October - London (half day)

**How trauma affects us** (Mark Brayne) Working with treatments and techniques Coupleworks: 07884 064041  
[www.coupleworks.co.uk](http://www.coupleworks.co.uk)

### 8th October - Leeds

**Overcoming depression in adolescents and young people:** a CBT five areas approach  
 0113 305 5638 [ASC@leedspft.nhs.uk](mailto:ASC@leedspft.nhs.uk)  
[www.andrewsimscentre.nhs.uk](http://www.andrewsimscentre.nhs.uk) email:

### 9th October - Leeds

**Emotional Intelligence** How well do you manage yourself and those around you?  
[www.andrewsimscentre.nhs.uk](http://www.andrewsimscentre.nhs.uk)  
[ASC@leedspft.nhs.uk](mailto:ASC@leedspft.nhs.uk) 0113 305 5638.

### 11th October - London

**UKCP / Karnac Writers workshop** A workshop for UKCP registrants who want to write a book but need some advice, who have an idea for a book but need help developing it further, or who have written a dissertation and wonder if it could become a book.

**Bookings:** 020 7014 9966  
[anita.saunders@ukcp.org.uk](mailto:anita.saunders@ukcp.org.uk)  
**More info:** [p.weitz@karnacbooks.com](mailto:p.weitz@karnacbooks.com)

### 11th October - Battle, Kent

**Taking therapy outside** Counselling and psychotherapy in the context of the outdoors: 07876 716700  
[m.jordan670@ntlworld.com](mailto:m.jordan670@ntlworld.com)  
[www.ecotherapy.org.uk](http://www.ecotherapy.org.uk)

### 13th October - Manchester

**Implementing the Mental Capacity Act in end-of-life care:** 020 8541 1399  
[keren@healthcare-events.co.uk](mailto:keren@healthcare-events.co.uk)  
[www.healthcare-events.uk](http://www.healthcare-events.uk)

### 15th October - London (also 16th Oct)

**Levels of Interaction and Levels of Language** (Clover Southwell) London School of Biodynamic Psychotherapy: 020 7263 4290  
[admin@LSBP.org.uk](mailto:admin@LSBP.org.uk) [www.LSBP.org.uk](http://www.LSBP.org.uk)

### 15th October - London

**Implementing the new Mental Health Act in practice:** 0208 541 1399  
[keren@healthcare-events.co.uk](mailto:keren@healthcare-events.co.uk)  
[www.healthcare-events.uk](http://www.healthcare-events.uk)

### 15th October - London

**Psychological therapies in primary care:** increasing access, improving outcomes, maintaining integrity: 01474 326168  
[tcw@kca.org.uk](mailto:tcw@kca.org.uk) [www.kca.org.uk](http://www.kca.org.uk)

### 17th - 18th October - London

**From baby to boardroom:** the tavistock-bick method of infant observation and its application: Tavistock and Portman NHS Foundation Trust 020 8938 2548 [events@tavi-port.org](mailto:events@tavi-port.org)  
[www.tavi-port.org/conferences](http://www.tavi-port.org/conferences)

### 17th - 19th October - Nottingham

**Certificate leading to a Diploma in Sexual Therapy** Four weekend workshops incorporating physiology, relational psychology, psychotherapy and spirituality: Eileen Gill: 01159423154 Heather Johnson-Hill: 0115 9417250  
[crescent.therapy@ntlworld.com](mailto:crescent.therapy@ntlworld.com)

### 17th - 19th October - Manchester

**Where do I focus; panorama or close up?** (Di Adderley) Northern School of Psychodrama: 01457 877161 [admin@psychodramaNSP.co.uk](mailto:admin@psychodramaNSP.co.uk)

### 18th October - Islington, London N1

**How Not to Make a Thug: A Wealth of Successful Interventions** The Centre for Child Mental Health: 020 7354 2913  
[www.childmentalhealthcentre.org](http://www.childmentalhealthcentre.org)

### 18th October - Bath

**Intersubjective vulnerability in the therapeutic dialogue** (Donna Orange) Bath Centre for Psychotherapy and Counselling: 01225 429720  
[mail@bcpc.org.uk](mailto:mail@bcpc.org.uk) [www.bcpc.org.uk](http://www.bcpc.org.uk)

### 18th October - Southampton

**Anger, Friend or Foe?** (Henry Fryer) UKAHP Workshop: [www.ahpp.org](http://www.ahpp.org)  
 08457 660326

### 18th - 19th October - London

**Creating a compelling and ethical marketing strategy for your practice** (Clare Jones) Chiron Centre for Body Psychotherapy 0208 997 5219  
[chiron@chiron.org](mailto:chiron@chiron.org) [www.chiron.org](http://www.chiron.org)

### 20th October - Wells, Somerset

**The injured self** Dealing with issues surrounding low self-esteem, self-injury and self-harm: [www.Living-Change.co.uk](http://www.Living-Change.co.uk)  
[AliLey@Living-Change.co.uk](mailto:AliLey@Living-Change.co.uk)  
 Alison Leyland 01749 679866

### 24th October - London (eve)

**Working with illness in counselling and psychotherapy** (Michael Soth) Who lives with the symptom? Who wants to get rid of it? Chiron Centre for Body Psychotherapy: 0208 997 5219  
[chiron@chiron.org](mailto:chiron@chiron.org) [www.chiron.org](http://www.chiron.org)

### 24th - 25th October - Brighton

**Gestalt Therapy group** Meets for 2 days quarterly: [info@sueandcarol.co.uk](mailto:info@sueandcarol.co.uk)  
 Sue: 01273 235232 Carol: 0208 402 6536

### 25th October - Manchester

**Regional Connections UKCP Day** An open forum, with an update on statutory regulation and a UKCP Shape Development consultation workshop: Free on-line booking [www.ukcp.org.uk](http://www.ukcp.org.uk)  
[anita.saunders@ukcp.org.uk](mailto:anita.saunders@ukcp.org.uk)  
 Anita 020 7014 9966

# the psychotherapist **events**

## 25th October - London

**Working with illness in counselling and psychotherapy** (Michael Soth)  
Bringing holistic-relational understanding to psychosomatic symptoms  
Chiron Centre for Body Psychotherapy:  
0208 997 5219 [chiron@chiron.org](mailto:chiron@chiron.org)  
[www.chiron.org](http://www.chiron.org)

## 25th October - Herefordshire

**Opening the hidden door** (Matthew Harwood) One-day Jungian workshop on understanding dreams 01432 272170  
[lindseycharris@hotmail.com](mailto:lindseycharris@hotmail.com)  
[www.hereford-monmouth-jungians.org.uk](http://www.hereford-monmouth-jungians.org.uk)

## 25th October - London

**Why Winnicott?**  
The cultural and clinical uses of Winnicott [www.the-site.org.uk](http://www.the-site.org.uk)  
[jane@nairne.com](mailto:jane@nairne.com)

## 25th - 26th October

**Moving with the spirit-mind principles and practice of family constellations** (Karen Hedley)  
Institute of Psychosynthesis professional series: 020 8202 4525  
[www.psychosynthesis.org](http://www.psychosynthesis.org)

## 26th October - London

**Working with illness in counselling and psychotherapy** (Michael Soth)  
Working with the transformative potential of the symptom: Chiron Centre for Body Psychotherapy: 0208 997 5219  
[chiron@chiron.org](mailto:chiron@chiron.org) [www.chiron.org](http://www.chiron.org)

## 26th October - London

**Ongoing monthly psychodrama therapy group** Phoenixpsychodrama: 07765 968361  
[www.phoenixpsychodrama.com](http://www.phoenixpsychodrama.com)

## 28th October - Brighton

**Playful approaches to the serious problems of children, their families and communities** (David Epston)  
[sussexaft@hotmail.co.uk](mailto:sussexaft@hotmail.co.uk)

## 29th October - Brighton

**What is a good question?** (David Epston) Exploring the craft of narrative enquiry [sussexaft@hotmail.co.uk](mailto:sussexaft@hotmail.co.uk)

## 31st October - London

**Psychotherapy, medicine and the body:**  
Alexis Brook Memorial Conference:  
Tavistock and Portman NHS Foundation Trust: 020 8938 2548  
[events@tavi-port.org](mailto:events@tavi-port.org)  
[www.tavi-port.org/conferences](http://www.tavi-port.org/conferences)

## 31st October - 1st November - London

**Making trauma therapy safer** (Babette Rothschild) Chiron Centre for Body Psychotherapy: 0208 997 5219  
[chiron@chiron.org](mailto:chiron@chiron.org) [www.chiron.org](http://www.chiron.org)

## 31st October - 1st November - London

**Telling Stories** Attachment based approaches to the treatment of psychosis  
Institute of Child Health: 020 7247 9101  
[www.johnbowlbycentre.org.uk](http://www.johnbowlbycentre.org.uk)  
[administrator@attachment.org.uk](mailto:administrator@attachment.org.uk)

## 1st November - Bromley, Kent

**Working with shame**  
[info@sueandcarol.co.uk](mailto:info@sueandcarol.co.uk)  
Sue: 01273 235232 Carol: 0208 402 6536

## 1st November - London

**Helping Children Speak About Feelings**  
The Centre for Child Mental Health:  
020 7354 2913  
[www.childmentalhealthcentre.org](http://www.childmentalhealthcentre.org)

## 1st November - London

**Psychophysical Integration** (Brigitta Mowat/Glen Park) UKAHP Workshop:  
08457 660326 [www.ahpp.org](http://www.ahpp.org)

## 2nd November - London

**Writer and literary critic Al Alvarez in conversation with Ted Jacobs**  
[www.connectingconversations.org](http://www.connectingconversations.org)

## 3rd November - London

**Measuring & monitoring outcomes in mental health** 020 8541 1399  
[keren@healthcare-events.co.uk](mailto:keren@healthcare-events.co.uk)  
[www.healthcare-events.uk](http://www.healthcare-events.uk)

## 4th November - London (6 x Tues am)

**Biodynamic massage introductory course** London School of Biodynamic Psychotherapy: 020 7263 4290  
[admin@LSBP.org.uk](mailto:admin@LSBP.org.uk) [www.LSBP.org.uk](http://www.LSBP.org.uk)

## 5th November - Leeds

**ILM Level 5 Certificate in Coaching and Mentoring in Management** 0113 305 5638 [ASC@leedspft.nhs.uk](mailto:ASC@leedspft.nhs.uk)  
[www.andrewsimscentre.nhs.uk](http://www.andrewsimscentre.nhs.uk)

## 7th November - London

**Domestic violence: responses for psychotherapists** 07973 884 208  
[www.partnerabuseinterventions.co.uk](http://www.partnerabuseinterventions.co.uk)  
[info@partnerabuseinterventions.co.uk](mailto:info@partnerabuseinterventions.co.uk)

## 7th November - Bromley, Kent

**Gestalt Therapy group** Meets approx. every 6 weeks [info@sueandcarol.co.uk](mailto:info@sueandcarol.co.uk)  
Sue: 01273 235232 Carol: 0208 402 6536

## 7th November - London

**Has education lost its way?** Tavistock and Portman NHS Foundation Trust: 020 8938 2548 [events@tavi-port.org](mailto:events@tavi-port.org)  
[www.tavi-port.org/conferences](http://www.tavi-port.org/conferences)

## 8th - 9th November - London

**The diaphragm is the gateway to the unconscious** Introductory weekend workshop London School of Biodynamic Psychotherapy: 020 7263 4290  
[admin@LSBP.org.uk](mailto:admin@LSBP.org.uk) [www.LSBP.org.uk](http://www.LSBP.org.uk)

## 10th November - Leeds

**Optimising outcomes in depression** An interactive workshop with vignettes (Professor Nicol Ferrier)  
0113 305 5638 [ASC@leedspft.nhs.uk](mailto:ASC@leedspft.nhs.uk)  
[www.andrewsimscentre.nhs.uk](http://www.andrewsimscentre.nhs.uk)

## 13th November - East Sussex

**CBT and the treatment of phobias** (Dr Joshua Carritt-Baker) *Requires a basic knowledge of CBT* 01892 655 195  
[info@wealdeninstitute.co.uk](mailto:info@wealdeninstitute.co.uk)

## 14th November - London

**Domestic violence: responses for psychotherapists** 07973 884 208  
[www.partnerabuseinterventions.co.uk](http://www.partnerabuseinterventions.co.uk)  
[info@partnerabuseinterventions.co.uk](mailto:info@partnerabuseinterventions.co.uk)

## 14th November - London

**What really limits access?** Exploring barriers to thinking and engaging with people with learning and complex disabilities: Tavistock and Portman NHS Foundation Trust: 020 8938 2548  
[events@tavi-port.org](mailto:events@tavi-port.org)  
[www.tavi-port.org/conferences](http://www.tavi-port.org/conferences)

## 14th November - London

**Transforming Times: UKCP at the Heart of the Profession and in the Wider World of the 21st Century** [www.ukcp.org.uk](http://www.ukcp.org.uk) Anita 020 7014 9966  
[anita.saunders@ukcp.org.uk](mailto:anita.saunders@ukcp.org.uk)

## 15th - 16th November - East Sussex

**Introductory workshop to Transactional Analysis** (Joanna Beazley) 01892 655 195  
[info@wealdeninstitute.co.uk](mailto:info@wealdeninstitute.co.uk)

## 15th November - London

**How can I tolerate being the wounding healer?** (Doron Levene)  
Chiron Centre for Body Psychotherapy: 0208 997 5219 [chiron@chiron.org](mailto:chiron@chiron.org)  
[www.chiron.org](http://www.chiron.org)

## 15th November - London

**Anger, Friend or Foe?** (Henry Fryer) UKAHP Workshop:  
[www.ahpp.org](http://www.ahpp.org) 08457 660326

## 19th November - London (also 20th)

**Reviewing the biodynamic principles and assessing the potential they offer** (Elya Steinberg)

London School of Biodynamic Psychotherapy: 020 7263 4290  
[admin@LSBP.org.uk](mailto:admin@LSBP.org.uk) [www.LSBP.org.uk](http://www.LSBP.org.uk)

## 20th November - London

**Patient Reported Outcome Measures (PROMs)**  
A practical guide: 020 8541 1399  
[keren@healthcare-events.co.uk](mailto:keren@healthcare-events.co.uk)  
[www.healthcare-events.uk](http://www.healthcare-events.uk)

# the psychotherapist **events**

## 21st November - London

**What is challenging about cultural diversity in CAMHS?**

Tavistock and Portman NHS Foundation Trust: 020 8938 2548

[events@tavi-port.org](mailto:events@tavi-port.org)

[www.tavi-port.org/conferences](http://www.tavi-port.org/conferences)

## 21st November - London (eve)

**Exploring the mind in the body** (Roz Carroll) Seminar 1: Development Date:

Chiron Centre for Body Psychotherapy 0208 997 5219 [chiron@chiron.org](mailto:chiron@chiron.org)

[www.chiron.org](http://www.chiron.org)

## 21st November - London

**Domestic violence: responses for psychotherapists**

[www.partnerabuseinterventions.co.uk](http://www.partnerabuseinterventions.co.uk)

[info@partnerabuseinterventions.co.uk](mailto:info@partnerabuseinterventions.co.uk)

## 21st November - Manchester

**Sexuality and mental illness**

5 CPD approved BASRT

Reduced fee for UKCP registrants

[Kevin.kennedy@nhs.net](mailto:Kevin.kennedy@nhs.net) 07970 949082

## 22nd November - London (morning)

**Antidepressants - if psychotherapy was available for everybody, would the NHS still need them?** (Sue Jenkins) Chiron

Centre for Body Psychotherapy: 0208 997 5219

[chiron@chiron.org](mailto:chiron@chiron.org) [www.chiron.org](http://www.chiron.org)

## 22nd November - London (half day)

**Exploring the psychodynamics of shame in clinical work** (Ted Martin)

Coupleworks: 07884 064041

[www.coupleworks.co.uk](http://www.coupleworks.co.uk)

## 23rd November - London

**Ongoing monthly psychodrama therapy group**

Phoenixpsychodrama: 07765 968361

[www.phoenixpsychodrama.com](http://www.phoenixpsychodrama.com)

## 27th November - East Sussex

**CBT and the treatment of panic disorders** (Dr Joshua Carritt-Baker)

For people with a basic knowledge of CBT to learn more about the treatment of panic disorders:

01892 655 195

[info@wealdeninstitute.co.uk](mailto:info@wealdeninstitute.co.uk)

## 29th November - East Sussex

**Giving and receiving recognition - the TA theory of strokes** (John

Baxendale) 01892 655 195

[info@wealdeninstitute.co.uk](mailto:info@wealdeninstitute.co.uk)

## 29th November - London

**Positive Psychology: Introduction and Clinical Applications** (Yasmin Headley)

[www.integrative.com](http://www.integrative.com)

[yheadley@integrative.com](mailto:yheadley@integrative.com)

0208 840 3937

## 30th November - East Sussex

**What goes wrong in relationships, understanding psychological games** (John Baxendale) 01892 655 195

[info@wealdeninstitute.co.uk](mailto:info@wealdeninstitute.co.uk)

## 26th-28th November - London

**The Principles & Skills in Using CBT Self-help Approaches**

The Royal College of Psychiatrists: 020 7481 4842

## 6th December - London

**New Light on the Dialogical UKAHP**

Workshop: [www.ahpp.org](http://www.ahpp.org) 08457

660326

## 14th December - London

**Ongoing monthly psychodrama therapy group** Phoenixpsychodrama

[www.phoenixpsychodrama.com](http://www.phoenixpsychodrama.com)

07765 968361

## 27th December - London

**Adler's Life Tasks** (Tony Williams)

UKAHP Workshop: [www.ahpp.org](http://www.ahpp.org)

08457 660326

# 2009

## 14th January - Leeds

**ILM Level 5 Certificate in coaching and mentoring in management**

0113 305 5638 [ASC@leedspft.nhs.uk](mailto:ASC@leedspft.nhs.uk)

[www.andrewsimscentre.nhs.uk](http://www.andrewsimscentre.nhs.uk)

## 23rd January - Manchester

**Sexuality and mental illness**

5 CPD approved BASRT

Reduced fee for UKCP registrants

[Kevin.kennedy@nhs.net](mailto:Kevin.kennedy@nhs.net) 07970 949082

## 6th - 8th February - Edinburgh

**Don't push the river: exploring group process in action** (Sandra Grieve)

Northern School of Psychodrama

workshop: 01457 877161

[admin@psychodramaNSP.co.uk](mailto:admin@psychodramaNSP.co.uk)

## 11th February - Leeds

**ILM Level 5 Certificate in coaching and mentoring in management**

0113 305 5638 [ASC@leedspft.nhs.uk](mailto:ASC@leedspft.nhs.uk)

[www.andrewsimscentre.nhs.uk](http://www.andrewsimscentre.nhs.uk)

## 27th February - 1st March - Manchester

**Transformation through psychodrama**

(Jinnie Jefferies)

Northern School of Psychodrama

workshop: 01457 877161

[admin@psychodramaNSP.co.uk](mailto:admin@psychodramaNSP.co.uk)

## 14th March - London

**Struggling with love and hate in the therapeutic relationship**

020 8452 9823

[www.bap-psychotherapy.org](http://www.bap-psychotherapy.org)

## 20th - 22nd March - Newcastle

**Working therapeutically with anger** (Jenny Biancardi)

Northern School of Psychodrama

Workshop: 01457 877161

[admin@psychodramaNSP.co.uk](mailto:admin@psychodramaNSP.co.uk)

## 25th March - Leeds

**ILM Level 5 Certificate in coaching and mentoring in management**

0113 305 5638 [ASC@leedspft.nhs.uk](mailto:ASC@leedspft.nhs.uk)

[www.andrewsimscentre.nhs.uk](http://www.andrewsimscentre.nhs.uk)

## 27th March - Manchester

**Psychosexual obsession: combating the stalker** Preventative and case

formulation techniques that enable the

professional to assess and manage risk,

plus victim care and safety management.

Reduced fees for UKCP registrants

[Kevin.kennedy@nhs.net](mailto:Kevin.kennedy@nhs.net) 07970 949082

## 24th-26th April - Glasgow

**I won't and you can't make me!**

weathering the storms of adolescence

(Sandra Grieve) Northern School of

Psychodrama workshop: 01457 877161

[admin@psychodramaNSP.co.uk](mailto:admin@psychodramaNSP.co.uk)

## 16th May - London

**UKCP conference on Working with**

**gender and sexual minorities** Organised

in association with Pink Therapy. Details

to be confirmed.

## 5th-7th June - Manchester

**Unravelling the mysteries of relationships; MIND THE GAP!**

(Dr Olivia Lousada)

Northern School of Psychodrama

workshop: 01457 877161

[admin@psychodramaNSP.co.uk](mailto:admin@psychodramaNSP.co.uk)

## 3rd - 4th October - Leeds

**UKCP Psychotherapy with Children conference.**

Details to be confirmed.

## Advertising your event

To place a free event advertisement in The Psychotherapist and on the UKCP website, download a form from the website [www.ukcp.org.uk](http://www.ukcp.org.uk) or e-mail a request for one to [claire.slaney@ukcp.org.uk](mailto:claire.slaney@ukcp.org.uk).

Requests not sent in the correct format will not be accepted. Events advertisements may be edited to fit available space.

Advertisers seeking larger entries should place a display advertisement. Details of charges and deadlines can be found in the advertising pack, also found on the website.



# the psychotherapist work opportunities



## Freelance press release writer for UKCP

Are you a freelance writer with previous experience of writing press releases?

Fee-based work is available with UKCP – please send your CV and work samples to [tom.warnecke@ukcp.org.uk](mailto:tom.warnecke@ukcp.org.uk)

Advertisements offering work opportunities for UKCP registrants are accepted free of charge for inclusion in *The Psychotherapist*. They are also added free of charge to the UKCP website, as this avoids the difficulty of matching your advertisement with the publishing deadline.

Advertisements offering consulting rooms are also shown on the website, free of charge.

If you would like to advertise a vacancy or the availability of a consulting room, please contact [claire.slaney@ukcp.org.uk](mailto:claire.slaney@ukcp.org.uk)



## Training in Child Psychotherapy and Counselling

### Child Development Trainer

Terapia is a training organisation providing MA and Diploma courses in Child and Adolescent Psychotherapy and Counselling leading to UKCP registration.

We are looking for a trainer to teach Child Development module from an integrative perspective. We have an established teaching programme, but would be willing to support a new trainer in developing their own programme, providing it is true to Terapia's model of integration.

We are looking for an experienced and creative trainer with group facilitation skills to become a permanent member of Terapia's teaching staff.

Excellent rates of pay. Evening and daytime work.

We are based in North West London, a short walk from Hendon Central Underground Station on Northern Line, Edgware Branch.

To apply send you CV and full details to: Terapia PO Box 25295 London N12 9YQ or email to: [training@terapia.co.uk](mailto:training@terapia.co.uk) For further information visit our website: [www.terapia.co.uk](http://www.terapia.co.uk) or phone on 0208 2016101

Harrow Primary Care Trust

## Psychotherapist

**Band 6, up to £32,653  
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You will join a multi-disciplinary community team for adults with learning disabilities, made up of health clinicians and social workers. The psychotherapy service has been established for more than twelve years and is developing further in the Harrow Learning Disability Team.

You will be responsible, with colleagues, for providing a high quality specialist psychotherapeutic service, including brief (3 - 6 month) and longer term (2 - 3 year) psychotherapy. You will be part of a unique psychology team comprising clinical psychologists, psychotherapists and a psychosexual therapist.

We offer high quality clinical supervision, separate line management and peer support in this innovative and progressive service. You will need to be registered as a psychotherapist (UKCP or equivalent) and have experience and understanding of people with learning disabilities.

For an informal discussion, please contact Mark Linington, Psychotherapist or Asha Desai, Consultant Clinical Psychologist on 020 8424 1019.

Application packs and further information can be downloaded from the NHS Jobs web site at [www.jobs.nhs.uk](http://www.jobs.nhs.uk) quoting ref no: AS/093/PSY. We look forward to hearing from you.

Women, people with disabilities and people from BME backgrounds are under represented in this service and are positively encouraged to apply.

Closing date: 13th October 2008.

Harrow PCT is an Equal Opportunities Employer



## the psychotherapist continuing professional development

### Diploma in Clinical Supervision and Consultancy

**February – December 2009,  
Central London**

A high-quality integrative course over 20 days, monthly at weekends, this is a professional training in therapeutic supervision for working with individuals or groups.

Designed for counsellors, psychotherapists and those in the helping professions already supervising or those planning to start supervision practice. There is no requirement to be supervising currently – although this is welcomed.

Our experienced team of supervision trainers comprises: joint course directors Bernd Leygraf and Judi Keshet-Orr, along with Ernesto Spinelli, Darian Leader, Anita Sullivan, Richard Simpson and Jinny Fisher.

The training focuses on competence in and considerations specific to supervision, including:

- History, philosophy and practice of supervision
- Process of integrative practice
- The supervisor and supervisee relationship
- Gestalt, CBT, psychoanalytic, transpersonal, existential and systemic models
- Ethics, legal dimensions, monitoring good practice
- Power and control issues
- Over- and under-nurturing
- Sexuality, gender and transcultural issues
- Tensions in fee setting and charging
- Contracting and ending

The integrative syllabus embraces varied stances and modalities in an environment where theoretical differences or similarities are acknowledged and encouraged.

---

Please see the full course description at [www.counselling.org](http://www.counselling.org)

To discuss your interest or to receive the course literature, information on fee instalments or an application form, please contact Sarah Briggs, Director, on **07973 368512** or email [info@counselling.org](mailto:info@counselling.org)

**GROVE**  
Counselling and Psychotherapy  
in the heart of London

# the psychotherapist continuing professional development



**wpcf** Counselling and Psychotherapy (Kensington) has 39 years' experience of supplying a wide range of courses for counsellors and psychotherapists. A number of our clinical qualifications have the option of completing a dissertation for a Roehampton University validated Masters Degree.

For information on all courses, workshops, lectures and Open Days we offer, contact **wpcf** Training, 23 Kensington Square, London W8 5HN, T. 020 7361 4819

[www.wpcf.org.uk](http://www.wpcf.org.uk)

## **QUALIFICATION / MA IN INDIVIDUAL PSYCHOANALYTIC PSYCHOTHERAPY**

A clinical qualification, leading to UKCP registration. Includes a programme of seminars on psychoanalytic theory and its application to clinical practice.

## **DIPLOMA, POSTGRADUATE DIPLOMA AND MA IN SUPERVISION**

A one year, part-time post qualification Diploma for experienced counselling or psychotherapy practitioners. Option to continue for the Postgraduate Diploma / MA. Assistance may be available with the provision of supervisees or supervision groups. The course leads to registration with BAPPS.

## **POSTGRADUATE DIPLOMA / MA IN GROUP-ANALYTIC PSYCHOTHERAPY**

A clinical qualification, leading to UKCP registration. This course has an intake each March, October and January. Supervision and theoretical seminars, on both group-analytic and individual psychotherapy, are an integral part of this training.

## **PSYCHODYNAMIC PSYCHOTHERAPY**

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# the psychotherapist continuing professional development

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the psychosynthesis  
& education trust

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[www.psychosynthesis.edu](http://www.psychosynthesis.edu)



## Association of Jungian Analysts

**Post-graduate training opportunity for professional psychotherapists**

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Qualified psychotherapists are invited to apply for a new Jungian analytic training. This includes seminars in analytical psychology, supervision of clinical practice and personal analysis, and leads to qualification with AJA and IAAP. Applicants must be UKCP or BPC registrants. Accreditation of Prior Learning (APL) will be applied. The weekend seminar programme takes place monthly over two years.

The next training intake begins in January 2009. Applications will be processed from 1<sup>st</sup> June 2008, with a final closing date of 30<sup>th</sup> September 2008.

To view the Prospectus and Curriculum, visit [www.jungiananalysts.org.uk/Training](http://www.jungiananalysts.org.uk/Training)  
For further information and application form

**Please contact:**

**Association of Jungian Analysts**

7 Eton Avenue, London NW3 3EL

Website: [www.jungiananalysts.org.uk](http://www.jungiananalysts.org.uk)

Tel: 020 7794 8711 Email: [aja@dircon.co.uk](mailto:aja@dircon.co.uk)

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[www.ironmill.info](http://www.ironmill.info)

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The UK Branch of the European Society for Trauma and Dissociation (ESTD-UK) offers 3 training programmes:

- |   |   |   |
|---|---|---|
| <b>1. Understanding Dissociation</b>                    | <b>2. Introduction to Dissociation in Children</b>      | <b>3. Affect Regulation: Working with Complex Trauma and Dissociation</b> |
| <b>Venue:</b> London                                    | <b>Venue:</b> London                                    | <b>Venue:</b> London or Manchester  |
| <b>Date:</b> 20 <sup>th</sup> Nov '08                   | <b>Date:</b> 21 <sup>st</sup> Nov '08                   | <b>Date:</b> L: 9/10 Oct and 20/21 Nov. '08                               |
| <b>Open to:</b> anyone with an interest in Dissociation | <b>Open to:</b> anyone with an interest in Dissociation | <b>Open to:</b> L: 22/23 Jan and 2/13 Feb '09                             |
| <b>Cost:</b> £70 (1 day).                               | <b>Cost:</b> £70 (1 day).                               | <b>Open to:</b> therapists/other professionals with prior experience      |
|   |   | <b>Cost:</b> £490 (4 days).   |

Applications and further information:  
[fbp@firstpersonplural.org.uk](mailto:fbp@firstpersonplural.org.uk) (1 and 2)  
[pottergatecentre@btconnect.com](mailto:pottergatecentre@btconnect.com) (3).



**London School of  
Biodynamic Psychotherapy**  
(Gerda Boyesen Method)

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- Seminar Series for professionals: on going
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# the psychotherapist continuing professional development

## Spectrum

Established in 1976, Spectrum was one of the first centres in the UK specialising in the practice, training and development of humanistic psychology.

Our Continued Professional Development programme (C.P.D.) includes workshops and training programmes in:

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- Leading groups
- Action techniques in therapy
- Developing clinical skills
- Sexual development
- Formative psychology classes
- Dreams and the body
- Anger in the therapy room
- Process-Oriented Coaching
- Gestalt therapy

Spectrum also offers a full personal development programme. Application guidelines are available for our One Year Course in Psychotherapy and our Counselling Course

To request a brochure :  
Visit [www.spectrumtherapy.co.uk](http://www.spectrumtherapy.co.uk), call 020 8341 2277  
or write to us at Spectrum, 7 Endymion Rd, London N4 1EE.



### The Minster Centre

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*Childhood Sexual Abuse*  
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*Suicide*  
*Sexual Diversity*  
*Developing Your Practice*  
*CBT*  
*Eating Disorders*

See our website for details of CPD

[www.minstercentre.org.uk](http://www.minstercentre.org.uk)

Are you interested in 'topping up' your current professional qualifications to Masters Degree level?  
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The Minster Centre, 20 Lonsdale Road,  
Queen's Park, London NW6 6RD

Tel: 020 7644 6240

Email: [info@minstercentre.org.uk](mailto:info@minstercentre.org.uk)



### The Guild of Psychotherapists

The Guild of Psychotherapists was founded in 1974. We offer a pluralistic psychoanalytic training where students are introduced to a rich diversity of theories, and encouraged to think critically. This includes recognising both the historical context in which theories have developed and the ethnocentric, gender and anti-homosexual ideology which may be present within them.

The Guild's community-based clinic offers psychotherapy to Southwark, Lambeth and Lewisham residents on low incomes.

### New Supervision Course for Psychoanalytic Psychotherapists

An innovative one year training from a pluralist perspective, organised around 7 Saturdays beginning February 2009. In-depth discussion of different theories of transference, ethics and boundaries. We also explore the impact of class, culture and sexual identity in different supervisory settings. Emphasis on developing practitioners' own unique style of work. Suitable for experienced supervisors and more recently qualified clinicians. We may be able to help students find supervisees. Leads to BAPPS registration.

### Training in Psychoanalytic Psychotherapy

The Guild accepts trainees from diverse backgrounds, valuing life experience as well as academic qualifications. Applicants are required to be in psychoanalytic therapy at least twice weekly. Seminars are held over a four year period on Wednesday evenings at The Guild's premises in SE1. Some student loans are available. Applications accepted for October 2009, closing date April 2009. Leads to UKCP registration.

For further information and application forms please contact  
The Guild of Psychotherapists, 47 Nelson Square, London SE1 oQA  
t. 020 7401 3260  
e. [admin@guildofpsychotherapists.org.uk](mailto:admin@guildofpsychotherapists.org.uk)



## 2008 / 2009 JUNGIAN PUBLIC LECTURES

### Jungian Training Committee

West Midlands Institute of Psychotherapy

Member of UK Council of Psychotherapy

**8<sup>th</sup> November 2008**  
Social Dreaming Matrix  
**Led by Laurie Slade**

Climate on the Couch  
Unconscious Processes in Relation to our  
Environmental Crisis  
**Mary-Jayne Rust**

**24<sup>th</sup> January 2009**  
Difficult Passage:  
Transience, Transference and Transition in  
Psychoanalysis  
**Rael Meyerowitz**

**7<sup>th</sup> March 2009**  
Cured by Love? Technique and Personality  
in Psychoanalysis and Sport  
**Michael Brearley**

**16<sup>th</sup> May 2009**  
"What is Real?"  
Emergency and the Self: A Jungian Perspective  
**Judith Woodhead**

**13<sup>th</sup> June 2009**  
Details to be announced

The above events will be held in Birmingham. For further details and an application form, please write to: Sue Harford, Administrator to the Jungian Training Committee, PO Box 955, Doncaster DN10 4WR. Telephone 0870 7518828, email [jtc@wmip.org](mailto:jtc@wmip.org) or visit our website [www.wmip.org](http://www.wmip.org). **Bookings must be made in advance.**

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**[www.tccr.org.uk](http://www.tccr.org.uk)**

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Come along and find out more at our

### Open Evening

Friday 17 October 5pm – 7pm

### 60<sup>th</sup> Anniversary Conference

Friday 12th September 2008

#### From Practice To Policy: How Relationships Shape Our World

The couple relationship impacts and interacts with the fields of parenting, family justice and adult mental health. The Conference will be exploring the links between clinical practice with couples and the making of policy.

### Autumn Conference

Saturday 29<sup>th</sup> November 2008

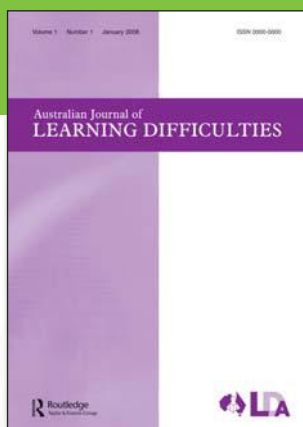
#### Working with the Sexual Problem In Couple Therapy

An opportunity to hear new and ground breaking papers on the topic of sex, psychoanalysis and the couple. These papers are part of a forthcoming book to mark TCCR's **60<sup>th</sup> anniversary**, published by Karnac and edited by Christopher Clulow.

supporting couples • strengthening families • safeguarding children

# Special Needs Education Journals

## FROM ROUTLEDGE



[www.tandf.co.uk/journals/titles/19404158.asp](http://www.tandf.co.uk/journals/titles/19404158.asp)

### NEW TO ROUTLEDGE FOR 2008

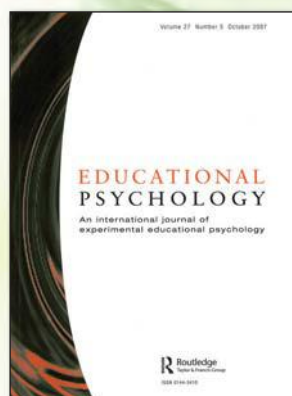
#### Australian Journal of Learning Difficulties

The *Australian Journal of Learning Difficulties*, formerly the *Australian Journal of Learning Disabilities*, provides a forum for both theoretical and empirical articles on topics related to the assessment and teaching of students with learning disabilities and learning difficulties. Papers reporting intervention studies focused on effective instruction in basic skills are particularly welcome.

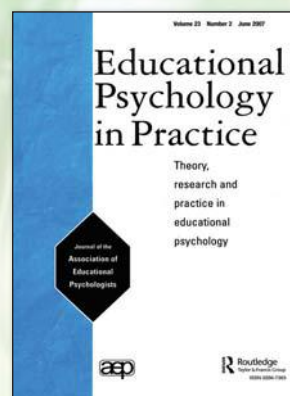
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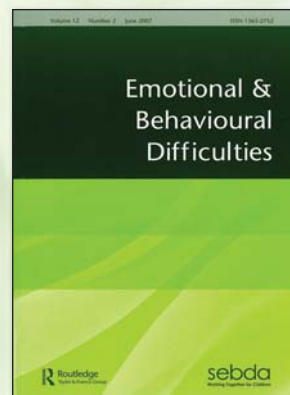
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## Future events

### Regional Connections:

**Glasgow**  
**4<sup>th</sup> October 2008**

**Manchester**  
**25<sup>th</sup> October 2008**

The programmes include consultations on the UKCP Shape Development and updates on statutory regulation (see page 30 for more details)

Details and on-line bookings: [www.ukcp.org.uk](http://www.ukcp.org.uk)  
or contact: [anita.saunders@ukcp.org.uk](mailto:anita.saunders@ukcp.org.uk) 020 7014 9966

### **UKCP / Karnac Books workshop** **11<sup>th</sup> October 2008 – London**

See page 17 for more details:  
(limited number of places, booking essential)

Bookings: [www.ukcp.org.uk](http://www.ukcp.org.uk) [anita.saunders@ukcp.org.uk](mailto:anita.saunders@ukcp.org.uk) 020 7014 9966

### **UKCP Transforming Times Conference** **15<sup>th</sup> November 2008 – London**

See page 30 for details

Bookings: [www.ukcp.org.uk](http://www.ukcp.org.uk) [anita.saunders@ukcp.org.uk](mailto:anita.saunders@ukcp.org.uk) 020 7014 9966

## Dates for your diaries

**16th May 2009 – London**  
**Working with gender and sexual minorities**  
**(UKCP in association with Pink Therapy)**

**4<sup>th</sup>/5<sup>th</sup> October 2009 – Leeds**  
**UKCP Psychotherapy with children conference**

**5th December 2009 (provisional – see page 19)**  
**UKCP Special General Meeting: open to ALL registrants**