Integral psychology

Dregs and the soul:
Features marking Jung’s 50th anniversary

Psychotherapy Council
Report and a moderator’s view

Plus
Spotlight on research
Strengthening UKCP’s research culture
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A brief history of everything, Jung and old, by UKCP

David Pink on how this issue illustrates UKCP’s ability to accommodate difference

As I write this introduction to The Psychotherapist, I am receiving responses from UKCP members shocked at the size of the proposed increase in membership fees. Members of a voluntary professional association have every right to ask ‘What have the UKCP ever done for us?’

This puts me in mind of the wonderful scene in the Monty Python film, Life of Brian. ‘What have the Romans ever done for us?’ asks John Cleese, playing the leader of the rebels. ‘Sanitation,’ ‘the aqueduct,’ ‘education,’ ‘the roads,’ ‘wine,’ are the unwanted answers given to the rhetorical question. ‘Yes, that goes without saying,’ says Cleese’s character, ‘but, apart from sanitation, clean water, education, transport and wine, what have the Romans ever done for us?’

UKCP brings together a coherence and common purpose across the wonderfully diverse tribes of psychotherapy and psychotherapeutic counselling. While many of our tribes emphasise and rejoice in their differences, it is our role not only to treasure difference, but also to accommodate difference within the broader psychotherapy grouping. Dare I say we have a civilising role, ensuring tribal passions need not be cause for tribal warfare?

And this issue of The Psychotherapist illustrates what we do best. Our second group of feature articles mark the fiftieth anniversary of the death of Carl Jung. Rather than reprising Jung’s teachings, these articles are thoughtful reflections of his work, including the kinds of criticism of Jung that can be made from the perspective provided by the decades that have passed. Anti-semitism and gender politics are clearly examples of issues which have great contemporary interest.

Our other/first special feature is about integral theory, and what it brings to the practice of psychotherapy. This is all very modern – after all, it is rooted in the work of Ken Wilber, who isn’t even dead, and his populist psychology book A Brief History of Everything was published a mere fifteen years ago! Integral theory is not a school or modality of psychotherapy. It is a model of psychology that can be used by all therapists, helping them make sense of our confusing plural diversity.

Have a nice summer. 

“UKCP brings together a coherence and common purpose across the wonderfully diverse tribes of psychotherapy and psychotherapeutic counselling”
Critical times in psychotherapy

For Marijke Acket, integral theory provides a much-needed overview and an approach that is both interdisciplinary and cross-cultural.

We could spend a lifetime (and some already have) quibbling over differences. Should we be person-centred or psychodynamic? Was what we said inappropriate disclosure or authentic relationship? Did we offer collusion or empathic engagement? Was the client cured or manipulated into compliance? Should we treat a symptom or a person? The list of conflicting points for discussion is endless. Is there a way that can help us value all the different approaches? Is there a way of healing discord between them? What maps or models are there which will guide us in facilitating dialogue between the different disciplines?

The proverbial elephant
There is a well-known ancient metaphor of blind people describing an elephant by touch alone. Without an overview, an individual's comprehension of a part of an elephant is limited and only partially accurate. One person feels the tail, another a foot, another the wall of flesh that is the flank, and so on. We can have a situation where people are bickering over whether the proverbial elephant is really thin and hairy, or long, tubular and fat, or even impossibly large and forever incomprehensible. Without a comprehensive overview, we can be caught in the comforting illusion that our personal view is the only correct one.

One approach that seeks to provide a much-needed overview, one that is both interdisciplinary and cross-cultural, is integral theory and practice developed from the ideas and writings of Ken Wilber. One branch of integral theory, which is particularly relevant to counsellors and therapists of whatever persuasion, is integral psychology.

What is integral psychology?
Integral psychology is not just another therapy or technique or method of practice; it is a map or framework for seeing the bigger picture and positioning each discipline in a context which both values and limits it. When set in the context of the integral map, the often contradictory approaches – from CBT to psychosynthesis, from person-centred to EMDR (eye movement desensitisation and reprocessing) – can be seen as valuable and appropriate within a particular territory of the map. In other words, it is not what we do but where, when, why and with whom that makes the difference between effective interventions and wasteful, even harmful ones.

Wilber’s model is not new. What is new is the creation of a synthesis of understanding from a vast range of disciplines and cultures. The question he asked was not which of these diverse views is the right one, but what links them, how they fit together, what truths they share – questions which I suggest are very apt for UKCP at this time. In this way he came to see how a leg is linked to a body, a trunk to a face, etc. He began to see how different facets of the accumulated wisdom of the world overlapped and fitted together.

Division without cohesion
One of the benefits of the modern mind (in Wilber’s levels, ‘the rational’) is the
The integral map draws into sharper focus the reasons why one way of working is perfect for one person but might be counterproductive for another.

Two core principles

Development of consciousness

We could, indeed, embrace the whole in the single principle of development, if this were clear all else would follow of its own accord. (Hegel, cited in Wilber, 2000: 506)

At the heart of the integral map are two propositions. First is the understanding of the development or evolution of consciousness, broadly designated as magic, mythic, rational, pluralistic, integral, and beyond. This understanding is underpinned by extensive research and shows the development of our understanding or ‘worldview’ beyond the childhood cognitive stages that Piaget elucidated, to a recognition that our development continues, with support, into and throughout adulthood. It shows how development proceeds by negating and including what was partial but which can only be recognised as partial from a more inclusive perspective. Each stage informs and moulds the way we view and relate to our world.

Questioning our own partiality

How people view and relate to their world is also a concern at the heart of therapy. The addition of the study of the development of consciousness can deepen and sharpen our ability to engage with our clients’ perspectives and help us see what would best support them. As practitioners, our development depends on our capacity and courage to face and question our own partiality. My own development as a therapist has meant that I have had to shed many cherished concepts as I have gone along, which is not to say that those concepts were not appropriate or even beneficial at the time. Wilber describes the process:

Each stage is a thesis which eventually runs into its own limitation, which triggers a self-transcendence to a new synthesis which negates and preserves its predecessor. (Wilber, 2000: 514)

The four quadrants

The second core principle of the integral model is the recognition of the inseparable interconnection between four aspects known as the four quadrants. Many partialities can easily be identified by looking at whether they are biased towards a particular quadrant. (For a further explanation, see the article explaining integral theory, page 4). In simple terms, the four quadrants show how every individual has both an exterior and an interior (an objective and a subjective reality) and is situated within a collective or shared exterior (environment) and a shared subjectivity (culture). If we don’t take all of these quadrants into account, our understanding may collapse into one quadrant. Some gross examples might be a purely behavioural approach, which denies and therefore ignores the subjective experience of a person, or, at the other extreme, approaches which psychologise all illness as being subjectively caused, thereby denying the influence of the material aspect of our being. The integral map draws into sharper focus the reasons why one way of working is perfect for one person but might be counterproductive for another, something which I hope will be of interest to practitioners of all persuasions.

The articles in this section of The Psychotherapist explain a very simplified version of Wilber’s model and explore ways in which it might be useful to us. They will, I hope, whet your appetite for exploring the more complex, detailed and sophisticated ideas in his books. ☞

Reference

The integral map: a tapestry of perspectives and approaches

Martin Egan and Matthew Kalman outline the elements of Ken Wilber’s integral model, which practitioners can apply to the challenges of therapeutic work.

Integral psychology is a map, sometimes called a meta-model, which we can use to orient ourselves in relation to our inner and outer life. While it has applications in many different areas of life, the one that concerns us here is its application to the practice of counselling and psychotherapy.

Integral psychology evolved out of integral philosophy and transpersonal psychology in the mid-1990s, when the so-called ‘Einstein of consciousness’, Ken Wilber, concluded that the transpersonal approach was too limited and narrow, and warned: ‘If you have a partial, truncated, fragmented map of the human being, you will have a partial, truncated, fragmented approach to psychotherapy.’

Wilber calls his integral model ‘All Quadrants, All Levels’ (AQAL), which are the two major elements of his encompassing ‘All Quadrants, All Levels, All Lines, All States, All Types’ model. But what exactly are the elements of this encompassing, multiperspectival integral model?

**The four quadrants**

The first elements of Wilber’s integral framework are quadrants: four interdependent aspects that can inform us about ourselves and our clients. These perspectives are (see Figure 1):

- Upper left (UL) quadrant: ‘I’ (interior, subjective)
- Upper right (UR): ‘we’ (interior intersubjective)
- Lower right (LR): ‘it’ (exterior objective)
- Lower left (LL): ‘its’ (interior interobjective)

So, ‘hard’, empirical, evidence-based data belong in the right-hand quadrants, while ‘soft’, interior, experiential evidence, requiring personal inquiry and reflection, belongs in the left-hand quadrants. You neglect any quadrant at your peril, as a limited perspective may ignore the key elements that prove essential to a successful outcome.

Most of us have a dominant quadrant that attracts most of our attention, and it can be helpful to see which quadrants may be neglected in ourselves or our clients. Integral psychology helps us understand how an occurrence in one quadrant impacts the others, with the ‘I’ quadrant being the main focus for the client in therapy and the ‘we’ quadrant for the relationship between therapist and client.

Applying a quadrant lens is a structured way of deepening our encounter with self and other.

** Capacities – or lines of development**

Lines, or streams of development – also known as ‘intelligences’ – include things such as cognitive intelligence and emotional intelligence (ie the EQ made famous in Daniel Goleman’s book *Emotional Intelligence*) among others. Professor Howard Gardner (1983, 2000) popularised some of these as ‘multiple intelligences’, and researchers such as Piaget (Piaget and Inhelder, 1958), Maslow, Kohlberg, Gilligan, Kegan and Loewinger have carried out pioneering work on different capacities.

We – and our clients – are all more strongly developed in some lines, with others in need of care and attention. In other words,

* Integral theory equally applies to medicine, business, education or any endeavour.

**Matthew Kalman**

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these developmental lines have been shown to unfold in stages or levels.

Imagine a client who, roughly speaking, is represented by the ‘psychograph’ in Figure 2:†

- She has a high standard of education and is intellectually sharp
- Her ability to identify her own feelings in the moment is weak
- Her communication with friends and family is somewhat transactional
- She has solid moral principles
- She has some sense of awe and wonder in her life, in nature and mystery
- Physically she does not attend to her body or physical sensations
- Her intimate relationship and sexuality seem to be unimportant and denied.

The generalisations here are unwise, but we make them in an attempt to show how, in our opinion, the progress of productive therapy benefits from having an eye on each of these lines as well as on how the client experiences each quadrant.

**Levels of development**

Wilber argues that people have the potential to develop through similar broad stages, or levels, in almost all these lines – reaching higher levels of competence and capacity in each of them (see Table 1, p6). The moral line, for example, can develop from a pre-conventional egocentric focus (‘me’) to a conventional and ethnocentric focus (‘us’) to a post-conventional world-centric focus (‘all of us’). Influential feminist educator Carol Gilligan, author of *In a Different Voice – Psychological Theory and Women’s Development*, called this a shift from ‘selfish’ to ‘care’ to ‘universal care’. With each stage comes an increase in compassion and the ability to take the perspective of others, along with a lessening of absolutism and narcissism. Developmental psychologist Susanne Cook-Greuter adds: ‘People’s stage of development influences what they notice or can become aware of, and therefore what they can describe, articulate, influence, and change.’ In fact, it has been said that the stage of development that we inhabit is ‘an overall strategy that so thoroughly informs our experience that we cannot see it’ (Torbert et al, 2004).

The various levels/stages will usually have different names, depending on which particular line of development they have been created to describe. The general trajectory of development in the upper left (individual/internal) quadrant is towards differentiation and greater integration: that is, broadly from pre-conventional egoism to conventional conformism and on towards post-conventional conscientiousness and autonomy.

The spiral dynamics model of the values line of development uses colours for its levels (see Table 2, p6). A second tier of development – beginning with yellow – is characterised by an ability to take multiple perspectives on an issue and the realisation that one has developed or grown through previous levels or ways of perceiving the world. Wilber describes the shifts in worldview from archaic to magical to mythic to rational to pluralistic to holistic, and on to psychic, subtle, causal and non-dual stages.

† Refer to Table 1 to identify the characteristics of early to late stage in each capacity.
Vertical and horizontal development

The integral model also advises us of the importance of distinguishing between ‘vertical’ development – such as Jean Piaget’s consecutive stages of increasing cognitive complexity – and ‘horizontal’ development, which remains within a stage (for example, deepening one’s skills).

Personality type models almost always only deal with horizontal development, not vertical growth. Aligned to this, some research suggests that specific therapies are better matched to the developmental awareness of the individual. For example, rational–emotive, Gestalt and Jungian, respectively, might be most appropriate for clients at stages from mental ego to subtle awareness. A study by Dill and Noam found a significant relationship between people’s ego development stage and the type of therapy they would choose for themselves, and DiAnne Borders has pointed out how trainee counsellors’ ego levels appear to limit their ability to learn and then to think and behave with clients’ (Borders, 1998).

Stage development raises the thorny issue of the risk that you as a therapist might be at a ‘lower’ stage than a client. Indeed, Otto Laske has used developmental level insights to create a typology of coach–client relationships which warns that quite a number of the possible relationships could be developmentally counterproductive and behaviourally harmful. Presumably the same typology would apply in therapist–client relationships.

**States**

The fourth element is ‘states of consciousness’ – ‘peak’ and ‘altered or low’ states. This should be familiar to most therapists and we will not detail any further here. Wilber makes a crucial distinction between states and stages, which, we believe, is often greatly misunderstood by therapists without an understanding of adult development (as

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### Table 1: Summary descriptions of key capacities

<table>
<thead>
<tr>
<th>Capacities</th>
<th>Cognitive</th>
<th>Emotional</th>
<th>Interpersonal</th>
<th>Moral/Ethical</th>
<th>Spiritual</th>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition of ability</td>
<td>Both linguistic and logical: analyse, interpret and decide. Ideas, concepts and mental constructs. Ability to include more wide-ranging perspectives and aspects of situations.</td>
<td>Inner ‘felt-sense’: the texture, quality and rhythm of an ‘emotion’, mood, attitude and disposition. Higher complexity includes feelings of gratitude, wonder, deep empathy as emotion.</td>
<td>Understand and use emotional responses to relate. Includes social awareness, empathy and rel. management competencies. Understand what motivates others and gain cooperation.</td>
<td>Make decisions considering what is good, right and fair. Decisions by a group creates an ‘ethos’ or ethics. This capacity depends on the previous three capacities.</td>
<td>The increasing ability to learn from and explore sources of meaning, purpose and wisdom. Intuition and connectedness to life.</td>
<td>Physiological abilities. Degrees of ability to deal with stress, to notice and tend to one’s energy levels. Appropriate hydration, diet, exercise, sleep and rest.</td>
</tr>
<tr>
<td>Early Stage</td>
<td>Concrete terms. Difficulty integrating information incompatible with their own views. Influenced by authority.</td>
<td>Feelings and states seen as externally generated. Poorly developed self-management.</td>
<td>Lack trust, not team players. Competitive relating. Relies on ‘argument’. Collaboration seen as trading favors. Conflict avoided or needlessly engaged.</td>
<td>‘Right and good’ determined by punishment and reward. ‘Ethics’ is the art of mutual ‘back-scratching’.</td>
<td>Not usually a strong sense of purpose or contact with life beyond survival and comfort.</td>
<td>Emotional &amp; physical responses distinguished. Basic attention to health and energy. Stress ignored until it incapacitates.</td>
</tr>
<tr>
<td>Mid Stage</td>
<td>Rational mind on abstract objects e.g. hypothetical scenarios.</td>
<td>Emotional states named, based on logical ‘cause and effect way’ thinking. Strengths built on and weaknesses pursued.</td>
<td>Aware of emotional currents and group dynamics. Relate to ‘world’ views. Shares success. Debate not argument. Collaboration as mutual fair exchange.</td>
<td>There is a ‘right way’ ‘Sense of fairness transcends individual interest and extends to the group.</td>
<td>Questions previous ‘black and white beliefs. Openness to cultivate a new, more congruent relationship with meaning.</td>
<td>Good health, mood and balance. Greater control and maintenance of energy = higher sustained longer-term performance and reduced stress.</td>
</tr>
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Summaries based on ‘Lines and Levels’ from the Integral Institute (Integral Institute, 2006), with appreciation to Brett Thomas of Stagen

### Table 2: Levels of development

<table>
<thead>
<tr>
<th>Capacities</th>
<th>General stages</th>
<th>Cognitive development</th>
<th>Moral development &amp; capacity to care</th>
</tr>
</thead>
<tbody>
<tr>
<td>3rd tier</td>
<td>Violet &amp; Ultraviolet: Transpersonal values</td>
<td>Overmind</td>
<td>Transpersonal</td>
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<tr>
<td></td>
<td>6th + person perspective</td>
<td></td>
<td></td>
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<tr>
<td>2nd tier</td>
<td>Teal &amp; Turquoise: Integral values</td>
<td>Vision logic</td>
<td>Kosmocentric</td>
</tr>
<tr>
<td></td>
<td>5th person perspective</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st tier</td>
<td>Green: Postmodern values</td>
<td>Formal operational thinking</td>
<td>Worldcentric Post-conventional Universal Care</td>
</tr>
<tr>
<td></td>
<td>4th person perspective</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>3rd person perspective</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Amber: Traditional values</td>
<td>Concrete (literal) thinking</td>
<td>Ethnocentric Conventional Care</td>
</tr>
<tr>
<td></td>
<td>2nd person perspective</td>
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<td></td>
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<tr>
<td></td>
<td>Magenta &amp; Red: Magic values</td>
<td>Pre-operational thinking</td>
<td>Egocentric Pre-conventional Selfish</td>
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<tr>
<td></td>
<td>1st person perspective</td>
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<tr>
<td></td>
<td>Infrared: Archaic values</td>
<td>Sensorimotor awareness</td>
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The case of Annie

Mark Forman uses the case study of Annie to explain how integral psychotherapy functions as a psychological meta-theory, supporting the practitioner’s ability to integrate a wide variety of approaches to therapy.

Annie was a 21-year-old heterosexual, Chinese-American female who was referred to therapy with heroin addiction. She had been using the drug increasingly for about one year. She came after a one-month stay in an inpatient recovery programme, which her parents had insisted that she attend in return for financial support. Annie, who was bright and articulate, did not identify as being an addict and did not feel that she had benefited from the inpatient treatment, due, in part, to what she perceived as the pro-drug behaviours and attitudes of many of her peers in that setting. She conceded that her drug use was an issue, but believed that her parents were over-reacting and that it was not particularly serious compared to others she had met. Her stage of change with regard to her addiction might be considered contemplative (Prochaska and DiClemente, 1982).

By contrast, her parents felt that the issue was extremely serious and wanted Annie to attend intensive outpatient drug and alcohol treatment immediately. She refused, but agreed to attend individual psychotherapy and to take a daily opioid antagonist which would neutralise the effects of the heroin should she attempt to use again.

Anxiety and boredom

Annie admitted to a fairly consistent feeling of anxiety. She stated that the heroin lessened the anxiety and sense of boredom she often experienced. She said that her mother had a similar anxious demeanor. Annie believed that therapy, in conjunction with the opioid antagonist, would allow her to manage her anxiety and ultimately stop her heroin usage. She had tried several anti-anxiety medications (SSRIs) in the past, none of which she found particularly effective.

Annie’s parents also noted her anxiety and described her as a challenging, sensation-seeking risk-taker as a child, in contrast with themselves and her older brother, who was a compliant child and said to be a successful and well-behaved young adult. There was no reported history of significant mental illness or trauma in the family or unusual degrees of familial discord. Annie’s parents were immigrants from China who had no personal experience of drug or alcohol addiction. Annie said that her father was warm and supportive but that her mother was intrusive and critical and distinct from child or ego development).

Types

The fifth element of AQAL is ‘types’, for example, personality typologies that are well documented for the contribution they can make therapeutically. In the other quadrants, examples of types include types of government, types of society, even types of therapy. One type system is noticing how and where a client (male or female) exercises their ‘masculine’ and ‘feminine’ energy in daily situations and the interactions that result. Similarly, a detailed understanding of either the enneagram or the inferior function in the Jung-based Myers-Briggs personality typology can serve the work of therapy enormously.

The ‘shadow’

Finally, implicit in AQAL is a space to focus on ‘shadow’ aspects (Wilber, 1979, 2006). Wilber himself suggests that to foster our own balanced personal growth, we should construct our own ‘Integral Life Practice’ (ILP). His ‘ILP Matrix’ – a kind of menu of practices – includes ‘shadow’ work among its four core modules (for more on ILP, see Gary Hawke’s article on p.12).

The importance of AQAL

As we have attempted to highlight throughout this article, the AQAL development of ourselves is crucially important to how we can work in an integrally informed way and experience the full potential of integral theory. Jung claimed that ‘an analyst can help his patient just so far as he himself has gone and not a step further’ (Jung: 16).

Conclusion

Wilber’s work shows how all disciplines weave together to form a total tapestry. Familiarity with an integral approach will allow practitioners to maximise their understanding of all elements that impact on the process of ‘transformation’ in their consulting room. Wilber argues that fragmented, incomplete development approaches are inadequate. This article has offered a necessarily brief overview of the principles behind integral psychology in the hope that readers will engage with further study of integral thinking and apply it to the challenges of therapeutic work.

References

For the full list of references for this article please refer to the UNCP website: www.psychotherapy.org.uk/the_psychotherapist.html
An integral approach emphasises that there is not one ideal type of therapeutic relationship that will fit for all clients.

**The therapeutic relationship**

Integral psychotherapy strongly aligns with research and theory that places an empathic and supportive therapeutic relationship at the heart of effective treatment (eg Norcross, 2002). However, an integral approach emphasises that, while there are likely common elements, there is not one ideal type of therapeutic relationship that will fit for all clients. Rather, what a supportive therapeutic relationship looks like – including the degree to which therapy is self-directed by the client – will need to shift according to the client’s developmental stage and cultural and familial background. We can therefore understand that there is a spectrum of ideal relationships based on appropriate attunement to the four-quadrant situation and particularly the developmental capacities of the client (Forman, 2010).

As will be explored further below, Annie came to therapy at a stage of identity development where the capacity for self-directed choice sits in strong tension with the need for external direction and approval from others. This developmental reality was amplified by her external situation, including the pressure her parents were placing on her to engage treatment, as well as the real risks involved with heroin addiction. Building a strong therapeutic rapport with Annie therefore involved giving her ample opportunity for open collaboration and self-direction while simultaneously not shying away from taking a directive, authoritative (though not authoritarian) stance when the situation dictated or when circumstances reached a level of developmental complexity that was beyond her current grasp. From an integral perspective, to neglect either approach would be to fail to empathise effectively with the client.

**Led by the client**

The reader can therefore understand that many of the applications of the model described below emerged directly from the client’s process: they were ‘led’ by the client. However, if an intervention was suggested by the therapist – as was sometimes the case, particularly given the potential risks of heroin addiction – there was always a follow-up conversation with the client to explore her sense of its potential efficacy as well as to present the therapist’s reasoning about why the intervention was warranted. These conversations were intended to ‘scaffold’ the client towards her next major developmental milestone, which tends to involve more reasoned, objective and deliberative decision-making. The tone of all therapeutic interactions emphasised warmth and positive regard, while occasionally allowing for appropriate therapeutic challenge.

**The five elements**

Integral psychotherapy suggests that it is necessary to take the five elements of the model – quadrants, stages, lines, states and types – into account when thinking about a given client (see figure 1 on page 5). This comprehensive approach is most likely to address the full breadth of the client’s situation, as well as facilitate a strong therapeutic rapport. The four-quadrant model is the central tool in the meta-theoretical approach, and its use greatly simplifies this process of comprehensive therapeutic assessment and application (Forman, 2010; Ingersoll and Zeitler, 2010; Marquis, 2007).

**The UL quadrant**

In this case, from the UL quadrant perspective, we need to consider Annie’s possible genetic predisposition with the client.

**The UR quadrant**

From the UR perspective, we need to address Annie’s possible genetic predisposition towards anxiety (vis-à-vis her mother), the potential health risks of her drug use, compliance behaviours in terms of taking her daily opioid blocker, the behavioural patterns and rituals that surrounded her addiction, and other lifestyle factors such as exercise, sleep and stress reduction.

**The LL quadrant**

From the LL perspective, we need to highlight the importance of a supportive therapeutic relationship, as well as Annie’s familial dynamics and the primacy of her relationship with her mother and father. We also need to consider cultural and acculturation issues. Her parents were born and raised outside the USA and Annie was raised from birth in American culture, thus creating a cultural divide in the family. In addition, upper-middle-class American families such as Annie’s are exposed to anxiety-inducing cultural expectations relating to achievement, performance and meritocracy. These pressures can contribute to the urge to use drugs.

**The LR quadrant**

From the LR perspective, we need to consider the environmental situation of Annie being a college student living alone in an area known for its large number of addicts and thriving drug culture. We can also consider the issue of her parents’ financial support as a systemic issue that might need to be addressed as a part of treatment compliance expectations. Once a clear four-quadrant mapping has been achieved, the integral therapist is free to move in a more fluid fashion – as is demonstrated below – so long as all five elements are addressed. We will illustrate this below by designating elements of the treatment by quadrant ‘location’: UL, UR, LL, or LR. A key point is seeing that the...
quadrant perspectives naturally intermix and overlap, so placement is provisional and pragmatic, not ontological.

**Application of the five elements**

There was ample reason to believe that Annie's identity development (UL) was at a stage Wilber would call 'Amber/Orange' (see table 2 on page 6) and what I call the conventional-interpersonal (Forman, 2010). When a person is identified at this stage, he or she is capable of fulfilling a traditional society's expectations for adult functioning. This normally involves:

- The apprehension of a self in a temporal context (eg the self is cognised with a past, present and future)
- The ability to fulfil responsibilities in an autonomous fashion, so long as those responsibilities are relatively well-prescribed by an authority figure or system
- The ability to empathise with others and to consider alternative points of view; so long as those persons and perspectives fall within a relatively narrow range of conventional expectations
- The ability to think abstractly to a limited degree about the self and about external situations.

**External support**

It is important to emphasise that these capacities are in their initial expression at this stage; a therapist needs to be mindful of the limits of a client's current way of making meaning about the world (Kegan, 1994). As is suggested by the above, a person at the conventional-interpersonal stage is still strongly influenced by and embedded in conventional norms and in the tacit interpersonal expectations of family and culture. In psychological parlance, a person in this stage is not yet *individuated* from family or culture (Karpel, 1976). He or she will need a good deal of external support and guidance (scaffolding) in order to help process subtle, psychological material, and to balance the deeper needs of self and other.

Annie and I discussed what it was like for her to be raised in her family and the ongoing tensions with her mother (LL). She could articulate to some degree how she felt before, during and after drug use (UL). These discussions helped us devise possible alternative responses to drug use, such as relaxation techniques (UL, UR) and thinking more realistically about the perceived stressor (UL) in order to calm her mood. We actively thought of ways to help increase her sense of engagement in her own life and education as a way to prevent the boredom (UL) that sometimes led to drug use. Behavioural recommendations and actions (UR) were also a large part of therapy. Daily exercise (UR) was suggested to reduce her anxiety. We also worked together to develop strategies to avoid social situations and social cues (LL, LR) that might trigger a desire to use. She was able to carry these suggestions out; though with some notable inconsistency (for example, she had great difficulty staying away from her circle of friends who sometimes used). Importantly, she continued to visit her doctor and take her opioid blocking medication (UR).

**Collaborative dream work**

Annie was also receptive and interested in her dreams and capable of collaborative dream work (UL). In one significant dream, Annie reported climbing a hill and being confronted by a large, frightening wolf, which attacked her viciously; she tried in vain to fight it off. Eventually her uncle and father arrived and fought the wolf off, though Annie herself was left wounded and bleeding badly. The dream interpretation, done in an associative fashion, cast the wolf in the role of Annie's addiction. She described the addiction as 'hungry' and 'out of control', despite her tendency to downplay its hold on her. Annie associated the frightened feelings in the dream with her own anxiety and the figure of her father as representing her supportive relationship with him. She named the figure of her uncle as the person that she felt most similar to – like her, he was a risk-taking, thrill-seeking person. It also came to light that her uncle had privately struggled with alcohol addiction and yet had managed to become a successful businessman. She noted with admiration that he had defined himself apart from the more conformist elements of his Chinese upbringing which she also felt uncomfortable with.

This dream not only suggested directions for her overall growth and healing – for example, revising herself as having the type of unconventional life that her uncle now lived – but it also highlighted extremely important LL dimensions in her family. This was something that was incorporated into therapy. Most importantly, Annie agreed to have her father attend therapy for several sessions to support her and to create a possible bridge to working with her mother, whom she did not feel as comfortable with. Our discussions with her father focused on their relationship (LL) and the pressures Annie now felt after they discovered her usage. Psycho-education about the biological and psychological nature of addiction was a significant aspect of our meetings. The goal was to create a shared understanding about addiction that would make communicating about the issue together (LL) less tense and anxiety-laden.

**Cultural issues**

There were also important discussions about cultural issues (LL) – the pressures her father felt as an immigrant and the hopes and fears he had for his daughter. These were candid conversations that had never been had in the family, and the result was to increase mutual understanding.

Annie's therapy, covering approximately 15 sessions over four months, concluded with several sessions with Annie's mother. These included conversations about family dynamics and roles (LL), but also some planning about how the family would approach a relapse on Annie's part. The result was an agreement that Annie would seek more intensive, addiction-focused treatment if she relapsed. If she refused, it was agreed that her parents would cut off funding for her schooling and she would have to return home (LR).

**Outcome and synopsis**

Despite the strong progress made in therapy, I felt that it was likely that Annie would have a relapse and would need more addiction-focused treatment. Moreover, I believed that only a relapse would motivate her to move towards a more robust, action stage of change in relation to her addiction (Prochaska and DiClemente, 1982). At the four-month mark, Annie did relapse, despite apparent compliance with the opioid medication. However, at this point, she was much more prepared for an

“**This comprehensive approach is most likely to address the full breadth of the client’s situation**”
The advantages and limitations of the integral map

Roger Walsh outlines how this comprehensive synthetic framework integrates diverse schools and helps us offer a more effective service to our clients.

We suffer from an embarrassment of riches. Schools of counselling and psychotherapy have multiplied – some might even say metastasized – into hundreds of varieties, each with its specific rationale, focus and claim for therapeutic effectiveness. Enormous amounts of research have gone into attempts to demonstrate the therapeutic effectiveness and superiority of one school or another. Not surprisingly, the approaches that have been most researched are those that are most easily researched. These are brief, stylised, readily manualised therapies that focus on easily measured behavioural changes rather than on deeper life and existential issues. Also, not surprisingly, there is growing pressure for therapists to employ only these ‘empirically supported therapies’, although, as Irvin Yalom (1980) points out, ‘Again and again one encounters a basic fact of life in psychotherapy research: the precision of the result is directly proportional to the triviality of the variables studied. A strange type of science!’

The dodo bird effect
The good news is that counselling and psychotherapy clearly work (Duncan, 2010). Yet one of the most recurrent outcomes in research is the so-called dodo bird effect, which shows that there is little difference in therapeutic outcome between different approaches. The theoretical orientation of the practitioner has only a modest effect. Rather, what are most important are the personal qualities and capacities of patients and practitioner, the quality of the relationship they establish, and whether the practitioner elicits and receives objective written feedback from the patient about how well the therapy is going (Duncan, 2010).

Yet these findings have not diminished the multiplication of therapeutic schools. There is therefore growing interest in finding ways to integrate them. Such integrations serve several functions. Ideally, they help us compare competing schools and claims, recognise common therapeutic factors, combine complementary techniques and tailor specific approaches to specific clients (Norcross and Beutler, 2010). What follows is an outline of the advantages and limitations of a new and remarkable comprehensive synthetic framework: the integral map.
Varieties of integration
Attempts to forge syntheses and find commonalities among different therapeutic schools typically fall into one of four approaches:

- **Theoretical synthesis**: the emphasis is on creating a conceptual synthesis of two or more therapeutic theories
- **Technical eclecticism**: therapists pay less attention to theory and simply draw from the techniques of several schools
- **Common factors**: seeks to identify the shared effective practices and elements that diverse therapies have in common
- **Assimilative integration**: the proponents of one school attempt a kind of ‘theoretical land grab’, in which they attempt to interpret and assimilate another approach from their own therapeutic perspective. (For example, a behaviourist who believes that behavioural reinforcers are the key to behaviour change might claim that other therapies are effective only because they are actually changing reinforcers.)

Of these approaches, integral psychology is closest to theoretical synthesis. However, it is more than this, for integral psychology is a subset of a larger conceptual framework, integral theory, and a larger research field, integral studies (Wilber, 2000, 2001). Integral theory offers a conceptual framework that is actually a meta-theory, which integrates multiple theories from multiple disciplines. As such, it is not so much a synthesis of therapeutic theories as it is a meta-theory that draws from, and is beginning to be adopted by, diverse disciplines. In integral psychology, many schools are being encompassed in a conceptual framework large enough to embrace them all without denying or diminishing their specific value and validity. Each school is viewed as potentially valuable but also as partial. (For a fuller account of integral theory and its many applications, see Wilber (2000, 2001), and for an evaluation of the stage of the art of integral studies and its challenges and opportunities, see Walsh (2009a,b).

Advantages
So why consider integral psychology? What advantages does it offer?

“Counselling and psychotherapy clearly work”

**Comprehensive scope**
Integral psychology is remarkably comprehensive. First, it explicitly recognises and incorporates the major domains of reality (subjective and objective, individual and collective). It is open to all types and stages of development, all states of consciousness and all types of personality. It embraces and encourages appropriate use of all effective therapeutic techniques, including:

- Individual approaches – biological, psychological, spiritual
- Lifestyle factors – diet, exercise, relationships, recreation, relaxation, spirituality, time in nature, and service to others, which research shows can be highly therapeutic for multiple psychopathologies (Walsh, in press)
- Collective interventions – relational, familial, social, cultural
- Cross-cultural approaches – traditional western psychotherapeutic techniques; eastern contemplative, meditative and yogic practices are increasingly popular and well researched (Walsh, 2010; Walsh and Shapiro, 2006).

For therapists, integral psychology offers a framework for expanding our diagnostic and therapeutic comprehensiveness. It encourages us to examine whether we are noting all relevant diagnostic and causal factors, considering the client’s level of psychological maturity and all appropriate therapeutic interventions (Forman, 2010; Ingersoll and Zeitler, 2010).

**A developmental perspective**
There are several integrative therapies such as **integrative psychotherapy** and **bio-psychosocial** approaches that attempt to include diverse schools (Norcross and Beutler, 2010). However, integral psychotherapy adds to these a recognition of adult developmental stages. This inclusion is based on recent research demonstrating that adult psychological development can proceed throughout adulthood, and that understanding a client’s developmental stage is important for establishing a working relationship and offering effective treatment. People at different stages have very different values, worldviews, motives and defences, and recognising and responding to them can be invaluable (Forman, 2010).

One of the most exciting research findings of recent decades is that not only can development continue in adulthood but that it can also continue into post-conventional or transpersonal stages. These are developmental stages beyond what was formerly considered to be the ceiling of human possibility. These stages include post-formal operational cognition, post-conventional morality, metamotives, universalising faith, transpersonal emotions and unitive ego stages (Esbjorn-Hargens, 2010; Wilber, 2000).

In their higher reaches, post-conventional, transpersonal psychological stages can merge into contemplative or spiritual stages, and are more likely to emerge when people take up contemplative practices such as meditation (Walsh, 1999; Walsh and Shapiro, 2006). Integral psychology is one of the few approaches – others include transpersonal, Jungian, and psychosynthesis – that recognise transpersonal stages and how to facilitate and work with them.

**Tailoring therapy to the individual client**
Hopefully we are nearing the end of the procrustean assumption that one approach – be it psychoanalysis, behaviourism, cognitive, contemplative, or whatever – is suitable for everyone. Psychotherapy and counselling work best when tailored to the personality and capacities of patients, and to the type of therapy that they want (Duncan, Miller, Wampold and Hubble, 2010). Integral assessment fosters this recognition.

**Illuminating the focus of specific approaches**
Because it sets individual schools within a larger framework, an integral perspective illuminates the specific focus, contributions, strengths and limits of each school and also shows the relationships between schools.

**Advantages for mental health professionals**
For practitioners an integral perspective:

- Brings greater conceptual coherence to the bewildering cacophony of competing claims
- Fosters inclusive integrative thinking rather than parochialism
Each school is viewed as potentially valuable but also as partial. Emphasises the importance of our own developmental maturity, and of taking up psychotherapeutic and contemplative practices to enhance it.

Limitations
So what are the limitations of integral psychotherapy? Three stand out.

It’s only a theory
Yes, integral is a remarkably comprehensive psychotherapy theory. But therapeutic effectiveness is only partly determined by theory. As already noted, more important are the qualities and capacities of both psychotherapist and client, and the quality of the relationship they co-create (Duncan, 2010; Duncan et al, 2010).

Integral is under-researched
Because of its youth, there is virtually no experimental research on integral practice. That will doubtless change. However, for now, what we have is an impressively sophisticated and comprehensive conceptual framework with little empirical research.

Integral psychology says little about the importance of feedback
What is one of the most essential factors for mastery in almost all human skills? Feedback! Without accurate feedback about one’s performance there is little chance of improving it (Ericsson, Charness, Faltovich and Hoffman, 2006; Ericsson, Prietula and Cokely, 2007).

This is also true for counselling and psychotherapy. Sadly, many therapists work in isolation without objective feedback, so improve little over time. Yet the regular use of simple brief rating scales that clients fill out can improve client satisfaction and therapeutic effectiveness dramatically (Duncan et al, 2010). Unfortunately, integral psychology – like most approaches – has so far given insufficient attention to this crucial tool.

Conclusion
The explosive growth of psychological knowledge and therapies continues, as does the need for comprehensive conceptual frameworks to make sense of them. Integral psychology offers a remarkably comprehensive and integrative framework that situates and illuminates the many approaches that now jostle in the marketplace of ideas and practices. As such, the integral map may help practitioners make sense of competing claims, integrate diverse schools and practices, and offer more effective practice to our clients.

References


For around 150 years theorists and practitioners have been exploring a new perspective on our understanding of reality. The evolution of integral thought is expertly and simply documented by Steve McIntosh, and for those looking to explore integral theory I would recommend McIntosh’s book Integral Consciousness (2007). He illustrates how integral thinking – from Hegel to Gebser, from Aurobindo to Habermas and Ken Wilber – has deepened its intricacy until today we see integral as an integration of western and eastern thought. Wilber has further reinforced integral theory by creating a meta-model that assists in...
Welcome to the integral age

Gary Hawke introduces the injunction, or praxis, of integral theory called integral life practice (ILP) and offers a simple approach to using it to support client work

exploring practical applications of what Clare Graves called the second tier of consciousness (Beck and Cowan, 2005).

Wilber’s meta-model, or the AQAL map, is deceptively simple but allows for a vast complexity of ideas to sit side by side. It provides the theory from which ILP developed the injunction or exemplar of how to grow and develop an integral consciousness.

But what is ILP?
ILP is a practice curriculum built around the aim of cross-training. It views a human being in terms of levels and lines of development which are expressed through individual and collective, interior and exterior actions, and supported by typology and state changes. It is further expressed through the four core modules of body, mind, spirit and shadow.

An integral practice was first offered by Sri Aurobindo, and was further developed by Michael Murphy and George Leonard working at Esalen on a process of cross-training, bringing together body, mind, heart and soul, and attempting to provide a systematic training programme that would help the individual maintain or have more regular contact with Maslow’s peak experiences. Leonard and Murphy worked together and separately for over 25 years to define their system and in 1995 published a working manual, The Life We Are Given (1995), calling the system ‘integral transformative practice’. They found that engaging in systemic practice/exercise within the core dimensions of our being, helped the practitioner gain greater traction and acceleration in development growth.

At around the same time that The Life We Are Given (1995) was published, Ken Wilber was publishing the first grand map of integral in Sex, Ecology, Spirituality: The Spirit of Evolution (1995). In these two books a kind of synergy of theory and practice emerged.

Working with the shadow
However, integral transformative practice offered little in the way of psychotherapy work (or practice). And it is the importance that AQAL places on working with the shadow that first drove an adaption of integral transformative practice and finally an independent system much more in line with the philosophy of integral theory. As Wilber says, ILP is:

… the attempt to integrate the contributions of Western ‘depth psychology’ with the great wisdom traditions of ‘height psychology’ – the attempt to integrate id and Spirit, shadow and God, libido and Brahman, instinct and Goddess, lower and higher – whatever terms you wish, the idea is clear enough, I suspect. (Wilber, 2000a: 122)

To support ILP, in 2006 the Integral Institute published The Integral Life Practice Starter Kit, a multimedia package offering ILP as a system. And in 2008, Integral Life Practice: A 21st-Century Blueprint for Physical Health, Emotional Balance, Mental Clarity, and Spiritual Awakening, a working manual of ILP practices, was published.

At the core of ILP is cross-training in body (kinesthetic), mind (cognitive), spirit (contemplative) and shadow (psycho-dynamic). It recognises that we need to practise but we also have busy lives, so it offers scalable practices, from one-minute practices to four-hour practices. It is customisable: I have freedom to create my own individual practice. And it is adaptable: I can add to the practices I am already engaged in.

ILP as a support system
When we begin to look at integral life practice as a support system we need to make two movements:

1. (horizontal, or translation) We work with the client at their current level of development and help them to create a wider sense of self. We help the client rearrange the way they feel/think/hold relationships/navigate social systems. We term this ‘translation’ as we are helping the client to recognise self-sense.

2. (vertical, or transformation) Here we support the developmental growth of the client into more complex structures; we are helping the client to transform from one developmental stage to the next. Kegan (1983) says that what was once subject in awareness to become object in the next stage of our awareness. Another way of describing this would be to say that ILP as a translational tool helps me find legitimacy, make meaning of the world around me. ILP as a transformational tool helps me deepen and grow my connection to authenticity.

Many developmental psychologists have shown that transformation between stages can take an average of five years, so, unless we are engaging in long-term work with clients, it is rare that we are working in a transformational way. However it has been shown that engaging with a contemplative practice such as meditation can increase developmental markers (Wilber 2000b).

As we rarely find ourselves working with clients over such long periods, it is more common to work with translation, helping the client make meaning and finding legitimacy.

Core modules as dimensions of being
As psychotherapeutic practitioners we centre our work within the ILP shadow module (psychodynamics) and flow out into the other modules. By using CBT (cognitive behavioural therapy), NLP (neurolinguistic programming) or TA (transactional analysis) we are moving into the mind module (cognition), in which we help the client to reorganise thinking. If we follow a more medical or somatic approach we are moving into the body module (kinaesthetic), helping the client reorganise chemical balance or releasing emotional
energy trapped within the muscle memory. If following a purely transpersonal approach we move into the spirit module (contemplative), helping the clients connect with higher or archetypal awareness. These are all great ways of working, but from an integral perspective all are partial. ILP sees the individual holding the core modules as dimensions of being. Therefore, as a therapist taking ILP into the therapeutic space, we need to enquire how each of the core dimensions can be supported.

**Aperspectival madness**
Space does not allow me to explore direct practices that can be used both within the therapeutic space and as support practice for your clients. And it can become quite overwhelming when we think that we have to take not just the perspective of professional training but explore and offer multiple interventions. UKCP lists over 75 training organisations, all offering their perspective. If we were to attempt to integrate all 75 we would find ourselves in ‘aperspectival’ madness (Gebser 1983). And it can be the fear of this madness that stops the therapist moving outside the context of their professional approach.

**Four enquiries**
I would therefore like to offer you four enquiries that you can use, each taking as its context a core ILP module. The simple inclusion of these questions will help you bring a more inclusive or integral awareness to your work. The questions also act as a process of self-inquiry for the therapist: how am I centring my work? Am I offering interventions that are client-focused or am I just working within the space of my chosen school? How do I view the body – as a meat machine or a living vessel of consciousness energy? What is my response to contemplative practices within the therapeutic space? Am I able to hold objective rationality with humanistic awareness? Where do I see myself in terms of my own development and what traction and practices will help my growth?

- **Mind:** What approaches or practices can I offer that will support the reorganisation of thinking?
- **Body:** How can I support physical and mental balance and what practices can I offer my client to remain in balance?
- **Shadow:** How can I support greater self-awareness; what practices can I offer my client so that they are able to recognise projections?
- **Spirit:** How can I support my client’s growing objective awareness; what practices can I offer that support my client in becoming more mindful or developing greater awareness?

There are many ways to answer these questions and it is quite possible when you make the inquiry that you realise you already use multiple interventions. ILP is not about changing what you do or taking on a whole new approach. It is about supplementing what you are already doing, it’s about acknowledging the gaps in your intervention and searching out the practices and interventions that are missing, and it’s also about having your own ILP.

**The practitioner and ILP**
Integral psychotherapists Forman (2010) and Ingersoll (2010) have shown the importance of the therapist engaging with a personal ILP. An integral practitioner understands the challenges of holding an ‘aperspectival’ view and also understands that to be fully present to the client they have to have a practice that enables them to develop their own presence. In this emerging post-postmodern world, we need to develop an open mind, an open heart and an open will (Scharmer 2009).

We can no longer enter the therapeutic space and engage with the client with just clinical objectivity. ILP allows the practitioner to engage with his or her own humanity, and the deeper we can engage with our own humanity the deeper we can engage with the humanity of the people who come to us for help.

ILP is the ultimate CPD. We keep up to date with emerging ideas of how people change and investigate cultural meaning making (mind). We stay healthy through exercise and diet, but we also tune our subtle intuitions though practices such as yoga and chi gung (body). We work on our own psyches through therapy and supervision (shadow). We spend time in silent contemplation, developing our awareness (spirit).

This has been a very quick dive into ILP, but one that I hope you have found interesting to read, if not a little challenging. I believe that the approach does not need to be overwhelming, and that it can be used as a tool to fine-tune your work while providing your clients with a deep and rich psychotherapeutic encounter as each dimension of their being is supported.


References

“ Wilber’s AQAL map is deceptively simple but allows for a vast complexity of ideas to sit side by side ”

“In this emerging post-postmodern world, we need to develop an open mind, an open heart and an open will”
Embodied integral: from integral theory to application in the community

Weekend courses run by James Clifton and Rex Brangwyn are enabling participants to apply integral theory in the community and show that the model works in practice.

As therapists working with the integral model for over a decade, we decided to create a course that combined all aspects and perspectives of who we are. There are courses that work with the body, the mind, the spirit or the shadow but few that we could find that combined all four.

Helping the individual to transform
What followed was an intense period of examining which parts of the integral model could be used to help an individual transform. We decided that there was no perspective we could leave out without dishonoring the individual in some way, so we decided to use all aspects of the model.

Our understanding of transformation led us to a six-month design, which allows time for an individual to integrate the learnings more fully. We have used the egocentric, ethnocentric and world-centric model by having three levels or programmes of the training; each, when completed, builds on the next. The next challenge was to create a training that took the concept of embodiment and authenticity seriously. Reading Wilber can be quite heady and we wanted participants to experience the work on all levels of their being.

A felt event
As embodiment is the key feature of experience, we started looking at ways of making the quadrants a felt event rather than a purely intellectual endeavour. It is often that which is closest to us that we can’t see, and if we are, as integral theory suggests, tetra rising in each moment, then our challenge is to give participants an experience of this. For example, we reveal the lower right quadrant, which consists of structures and social systems, by simple exercises such as the category game. This involves us calling out a particular system or structure and seeing who falls within that group. For example, we have a group stand at one end of the room and ask all those who have children to go to the other end of the room. Categories become more and more challenging as we invite the group to call out and name their own. Participants see this exercise as an opportunity to be courageous in accepting themselves and each other. It also enables a clear understanding of that particular quadrant. What is most interesting in feedback afterwards is how many assumptions are made about each other as a result of the systems and structures they live in or through. Participants also have the opportunity to own their personal material, including disowned or projected stories to others within the group.

Stages of development
We found bringing the model of psychological development into the experiential to be a creative challenge. Wilber’s fulcra are elegant categories of...
stages of development. For the purposes of this article, we are simplifying the model into three stages: pre-conventional, conventional and post-conventional. Pre-conventional belongs to early years before a child can understand norms. Conventional relates to the rule/role stage from about 8 to 12 years. Post-conventional arises as multiple perspectives that are (hopefully) taken and individualisation occurs within that broader embrace of culture and belief.

Participants are taken through visualisations, enactments, movements and relating exercises that give them the experience of being a small child, a rule/role child then an adult, and they are invited to reflect on their levels of integration. They could transcend and include or exclude (a previous stage), be stuck in one, or in limbo between. And at the end, participants develop a sense of their centre of gravity, their areas that need more inclusion and understanding, and the next steps for their development. Once their ‘hot spots’ have been discovered (areas where an individual sorely lacks experience), they design specific tasks to seek out those areas and share their experiences with their buddy support and the group, thus bringing into the light previously unconscious areas.

As a way of getting all systems to change and be pliable enough to allow a transformation, we teach the elements of ILP (integral life practice) and support participants in designing their own programmes, helping them see where they have omitted to pay attention. Some lean towards the intellectual and need more embodiment work to connect to the physical gross body and all its gifts. Others are involved in subjective individual endeavours, yet often overlook the lower left quadrant (intersubjective and relational) which suggests group work to support change. Other participants work on increasing their range of streams or lines of development, to include kinesthetic intelligence by dancing or

“The model works, has something for everybody, and quickly reveals a person’s hot spots and areas of need”

emotional intelligence by working on their shadow material.

**Something for everybody**

One of the weekends focuses specifically on shadow and is taken up with psychodrama, uncovering (deep energetic release work) and cognitive integration of experiences of the previously unconscious material. It’s a tribute to the deep trust that the groups develop that enables plenty of depth work to be shared.

These are just a few examples of how we use the AQAL model to create a training that gives participants the greatest number of tools and experiences for transformation from an integral model. All groups over the past three years have continued to meet regularly after each programme, and this includes practice days and sharings, meals and parties. Participants have shown us that the model works, has something for everybody, and quickly reveals a person’s hot spots and areas of need. Working with individuals who become integrally informed through this training develops a strong sense of community support. It is an honour to witness those who step out of their ‘hot spots’ have been discovered (areas where an individual sorely lacks experience), they design specific tasks to seek out those areas and share their experiences with their buddy support and the group, thus bringing into the light previously unconscious areas.

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Further information and future courses

www.integralpsychotherapy.co.uk
www.integralcollege.co.uk
Integral psychology as a core curriculum: three challenges to our profession

Marijke Acket suggests that integral psychology offers us a model with which we can orient different modalities and find shared concepts that can help us talk to and respect each other.

“Specialists often find it hard to broaden their perspective to appreciate the inclusivity of the model that integral studies offers.”

should be applied. In denying complexity we can often end up quarrelling about one small aspect of understanding that we are concerned with: ‘my piece of the jigsaw is key and I don’t care how it fits in with yours’.

Looking for difference

This state of affairs is perhaps the natural outcome of an academic training, which encourages us to look for difference, what sets things apart rather than what it is that unites them. What is unusual about Ken Wilber and other integral thinkers is that they did something very different. They looked for what unites the broad scope of human understanding in the fields of philosophy, psychology, spirituality, history and science, and were able to come up with a map that serves to unite previously often conflicting disciplines, to show how they connect and how much wisdom, insight and understanding they all share. This is a rare and courageous enterprise in a climate that is characterised by separation, specialisation and a desire, not for deepening the cause of true understanding, but for the need to make one’s personal mark in whatever small pond of specialisation one may inhabit.

Much of the criticism of integral studies is aimed at small aspects of the model from a limited perspective of specialisation. It seems that specialists often find it hard to broaden their perspective to appreciate the inclusivity of the model that integral studies offers.

The challenge of integration

As a profession at this critical time, I suggest that we need to shift our focus from what separates us to what unites us. Integral psychology offers us a model with which we can orient the different modalities of our profession and begin to find shared concepts that can help us to talk to and respect each other, however seemingly different our approaches may be. I am not suggesting that the integral map is the only map, but it is an example of the kind of view, the way of thinking that we sorely need to engage in. It offers the most comprehensive model of understanding that we have to date.

A core curriculum

If it were possible to create a core curriculum agreed upon by all modalities, I would suggest that integral psychology offers a template. It could provide the basis of a minimum shared understanding that would be required of all practitioners. Such a shared understanding and core training could offer a foundation on which specialisation could be built.

What would need to be included in such training, before specialisation in one or more of the practice modalities, is beyond the scope of this article. However, there are core principles which have been elucidated in this issue which would form the basis of any core curriculum: first, a cognitive and experiential understanding of AQAL, and second, a commitment to personal, ongoing self-development in the form of an ILP or CPPD (continuing personal and professional development). Such a core curriculum is a possible way forward in efforts to unite us.

Integral psychology will not be the only remedy for the dissociation within the therapeutic community, but any lasting and effective solution will have to address all the perspectives that the integral model draws our attention to. Having once understood the necessity for a four-quadrant and all-perspective vision we cannot go back to the divisive linearity of our former understanding.

Ahead of his time

In his book The Future of Training in Psychotherapy and Counselling (2005), John Rowan paid tribute to Ken Wilber and the integral model but said that he felt the ideas were too far ahead their time. He then said that ‘for the future it has to be a hot area’ (p52). It may be that the ideas are still premature. His categories of practice into three perspectives (instrumental, relational and transpersonal) are a helpful way of seeing the different approaches within the field. Although, without clarification, they could serve division as much as cohesion, when placed within the framework of the integral model, they can be seen in a constructive relationship. These three could be further divided into two broad camps: those who situate themselves firmly within a scientific reductionist paradigm and those who are informed by broader philosophical and relational concerns.

Each of these camps occupies the range
We need to shift our focus from what separates us to what unites us

that Rowan describes, from, for example, approaches that base themselves on a received understanding and are reluctant to question the premises on which they base their practice, to those that seemingly revere their founders and have not incorporated much new understanding to their methods, to those that base themselves solely upon apparent evidence to support their practice and refuse to contemplate anything which does not fit the narrow criteria of the evidence they deem appropriate.

Irreconcilable worlds?

Of course, we may have to accept that ours may be an intolerable relationship. That the gap between, at one extreme, instrumentalists who deny interiority and complexity and, at the other, those who recognise, welcome and enter into both are perhaps two irreconcilable worlds. If this is the case, divorce is inevitable and the problem becomes the wrangle over possessions, titles, status, and so on.

If studying integral theory offers anything, if not an opportunity to unite the different modalities within our professions, then it can, at the very least, inspire confidence and mutual respect in discussions between practitioners of different modalities.

The challenge of continual development

Perhaps the most challenging aspect of integral psychology is the idea of levels or structures of development. In my discussions with people, I have sometimes come up against an immediate objection to the idea as being elitist. I too had similar objections when I first came across the ideas. These are important objections that must be addressed if we are to open our minds to the integral or AQAL perspective.

In almost any other area of life the fact of development and the necessity for practice to support and promote that development is unquestionably accepted. In fields from maths to painting, music to cookery, the idea of growing in understanding, skill and knowledge is universally understood. It used to be that parenting was something that was considered natural and instinctive; the need to develop oneself as a parent was not understood or even frowned upon. Not any more. We are in the same situation with our understanding of the development of consciousness.

Our attitudes have yet to catch up with the most recent understanding. We expect all adults to be the same, unless we view them through the lens of pathology.

The understanding of the evolution of human consciousness is still very young and the most unhelpful thing we can do for ourselves and for those we seek to support is to close our minds to new ways of seeing or understanding. The idea of a developmental unfolding of human consciousness, which integral psychology elucidates, fosters greater understanding of differences and thereby a greater skill of response within the broad category of adult humans. It also helps to support a broad perspective of the purpose of practice from, at one end, ‘treatment’ modalities which use the language of pathology to, at the other end, being a resource for the further development of consciousness.

Consciousness is forced to adopt

Each stage of consciousness is a response to conditions within the four quadrants. As outer conditions change, so consciousness is forced to adapt in order to meet more fully the demands, problems and benefits of those conditions. Each stage of consciousness or ego development is perfectly suited to its greater environment – until that environment changes. Wilber points to the immense challenges that we face in our rapidly changing times and postulates that we are at a threshold of a shift in consciousness. A collective shift to an integral consciousness, the second tier, is what is required to meet the profound, even seismic, environmental and cultural uncertainties that confront us. Practitioners are well placed to support the birth of such awareness both personally and professionally.

The last word belongs to Wilber:

Obviously much work remains to be done. But a staggering amount of evidence – pre-modern, modern, and postmodern – points most strongly to an integral approach that is all-quadrant, all-level. The sheer amount of this evidence inexorably points to the fact that we stand today on the brink, not of fashioning a fully complete and integral view of consciousness, but of being able to settle, from now on, for nothing less.


Write for The Psychotherapist

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

Do you or your OM have a particular group of clients that you specialise in working with? Or are you involved in a particular project you think is 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?

Write with your suggestion(s) to communications@ukcp.org.uk
feature article

Carl Gustav Jung
26 July 1875 - 6 June 1961
Dregs and the soul

Introducing a selection of articles that mark the fiftieth anniversary of Jung’s death, Ruth Williams emphasises the importance and longevity of Jungian concepts and his organisational legacy.

I must learn that the dregs of my thought, my dreams, are the speech of my soul. I must carry them in my heart, and go back and forth over them in my mind, like the words of the person dearest to me.


We have long known that Jung considered the period following his break with Freud to be his ‘dark night of the soul’, a time of intense personal and spiritual turmoil, out of which Jung’s own mature ideas developed. As a result of his own self-analysis, Jung advocated the importance of training analysis (personal therapy), and in 1912 Freud acknowledged the importance of this practice, crediting Jung’s leadership role in this innovation (SE12: 116, SE14: 21).

Personal therapy is now universally accepted as an essential component of psychotherapy trainings.

An international bestseller

In ways that we might now consider commonplace in psychotherapy, Jung used what he later called ‘active imagination’ to elaborate his dreams and visions in a series of notebooks which came to be known as The Red Book. Created between 1914 and 1930 and published for the first time in 2009, The Red Book immediately became an international bestseller, with sales of around 50,000 at a very high cover price indeed.

Jung has always had far greater cultural penetration than his relative obscurity in academia would suggest.

The Red Book gives an intimate insight into Jung’s psychological development in both written and artistic form. It presents Jung’s own active imaginations, giving direct access to the innermost workings of his mind in its most experimental form. Of this period, Jung said:

The years when I was pursuing my inner images were the most important of my life – in them everything essential was decided. It all began then; the later details are only supplements and clarifications of the material that burst forth from the unconscious, and at first swamped me. It was the prima materia for a lifetime’s work.

(1963: 225)

Dreams and dreaming

Working with dreams is central to Jungian analysis. Another core feature is the search for meaning of each individual’s life. This is seen as a process of ‘individuation’ (as distinct from individualism), which does not necessarily have much to do with sanity or good behaviour!

Increasingly for Jung, the central plank of his work was concerned with the numinous (gripping, arresting, life-changing), which he saw as ‘the real therapy’. He saw contact with the numinous as being instrumental in releasing one from ‘the curse of pathology’ (Jung 1973: 377). Other important Jungian concepts are typology (introversion/ extraversion), synchronicity, the collective unconscious, archetypes and complexes. All of these have entered common parlance. (See Samuels et al, 1986 for definitions.)

The post-Jungians

In 1985, Andrew Samuels published his seminal survey of the three post-Jungian schools of analysis:

- The classical school works in ways that one might imagine being congruent with Jung’s own clinical values, so there is great stress on experiences of integration and the consequences of a lack of meaning in a person’s life.
- The developmental school tends to be aligned with Kleinian and object relations psychoanalysis. Clinical emphasis is laid on exploration of transference–countertransference dynamics and the analysis of the consequences of infantile experience in adult life, including personal relationships.
- The archetypal school pursues the ever-changing play of images in the unconscious, understanding this as structured by the archetype (innate psychological predispositions). Members of this school do not use interpretation very much, preferring to take a phenomenological approach.

Common to all three schools is a commitment to analysing the shadow – ‘the thing a person has no wish to be’.

Training societies

Although there is no formal or rigid divide between the four Jungian training societies in Britain in the ways they work, as a general rule of thumb, one could think in terms of the Society of Analytical Psychology and the British Association of Psychotherapists (Jungian section) aligning themselves with the developmental school, the Independent Group of Analytical Psychologists tending to practice along the lines of the classical school, and the Association of Jungian Analysts holding...
What makes Jung, Jung?

For Christopher Hauke, Jung’s humanistic, egalitarian approach to psychotherapy remains particularly relevant and has been invaluable to his work and his own inner process.

On this fiftieth anniversary of Jung’s death I am grateful to have the opportunity to write briefly about the qualities that drew me to Jung’s approach to individual psychology and the collective psyche of modernity. I find that Jung’s ideas and his celebration of human potential offers me freedom to bring my own personality and perspectives to my approach to psychotherapy work without restriction from dogmatic theoretical views. What I find so valuable about Jungian and post-Jungian concepts is the contribution they make to our being more truly ourselves, and more fully human.

Relevance to modern psychotherapy

As a psychotherapist at the beginning of the twenty-first century, you may find Jung’s analytical psychology overlooked in terms of its influence and relevance to modern psychotherapy. He certainly gets less mention than CBT and other approaches. But, in fact, Jung is the psychologist who first used terms and concepts such as the complex, extraversion, introversion, devised the first psychological experiments in his Word Association Test, and produced an analysis of personality types eventually used throughout the world as the Myers-Briggs Personality Type Inventory.

In the consulting room, Jung’s humanistic, egalitarian perspective was demonstrated by his preference for sitting face-to-face with his clients and his emphasis on how it was not only the client who must be willing to change but that the therapist must accept that they too would be influenced through their work together. In my experience, this has been an invaluable way of working, and one that requires full and ongoing attention to the therapist’s own inner process.

Qualities of western humanity

Jung was particularly interested in which psychological approach best suited modern times, as such titles Modern Man in Search of a Soul (Jung, 1933), The Meaning of Psychology for Modern Man (Jung, 1934) and The Problems of Modern Psychotherapy (Jung, 1929) suggest. It is now seen by many that the personality of Jung the man coincided with certain qualities and tendencies in western humanity that Jung was particularly interested in which psychological approach best suited modern times, as such titles Modern Man in Search of a Soul (Jung, 1933), The Meaning of Psychology for Modern Man (Jung, 1934) and The Problems of Modern Psychotherapy (Jung, 1929) suggest. It is now seen by many that the personality of Jung the man coincided with certain qualities and tendencies in western

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By focusing our efforts on the rational, conscious side of the balance, we become out of tune with ourselves.
humanity in general, so his story and psychological theories is truly the ‘story of our time’.

Jung concluded that both the neurotic distress of individuals he treated and the general dis-ease in collective cultural and political life arose from a one-sided psychological emphasis that prevails in modern times. This is the prioritising of a rational, linear and pragmatic conscious attitude that ignores and devalues other possibilities and ways of knowing ourselves and the world which arise from the imagination, dreams, fantasies, the symbolic and the irrational. In modern times, these are abandoned by consciousness and driven into the unconscious mind where they continue to influence us. By focusing our efforts on the rational, conscious side of the balance, and ignoring the other, we become out of tune with ourselves. In drawing attention to the mental capacities we tend to ignore, and by restoring value to historical aspects of our functioning like symbol and myth, Jung has been seen as a creative critic of modern times and, as such, part of the postmodern critique on contemporary life (Hauke, 2000; Alistier and Hauke, 1998).

Creative critique
The postmodern view of western civilisation grew out of a cynicism and a mistrust of modern values and ‘grand narratives’ of science and social beliefs. At the start of the twentieth century, doubt about such certainties was reinforced by Freud’s analysis of the unconscious, indicating that the conscious ego was ‘no longer master of its own house’. Equally, in the outer world, the upheaval of the Great War (1914–1918) undermined the confidence of the western psyche. Living through this entire era (1875–1961), Jung was influenced by the troubled century. This led to him being very much ahead of his time in questioning, for example, single-minded views such as the prescribed roles of men and women.

In analysing what are typical human archetypes in us all, Jung conceived of the anima and animus – the compensatory opposite gender element in men and women respectively. However, in a society dominated by masculinist values and ways of seeing, he saw how the repressed unconscious came to be expressed in terms of the repressed ‘feminine’ values within all of us – men and women alike – overshadowed in our dominant patriarchal society. As such, Jung is close to feminist psychologists like Julia Kristeva, Nancy Chodorow and Susie Orbach, though the language he uses is very different. Also like them, he could not agree with Freud’s idea of the personality being derived from the vicissitudes of a fundamental sexual instinct involving castration fears and aggressive and incestuous fantasies towards the parents. Not only did this describe a narrow conception of a bourgeois family group and the boy child’s perspective, but he saw that psychic energy had many applications of which sexual reproduction was just one. For Jungians (as with Lacanians) such ideas are far more understandable in a symbolic and metaphorical sense.

The creative unconscious
Freud's psychoanalytic ideas claimed that human civilisation is achieved and maintained through the repression of our instinctual life – offering a picture of the unconscious that is monstrous and needs to be held in check. Jung's emphasis is far more positive:

The unconscious is not a demonic monster, but a thing of nature that is perfectly neutral as far as moral sense, aesthetic taste and intellectual judgement go. It is dangerous only when our conscious attitude to it becomes hopelessly false. (Jung, 1933: 17)

Furthermore, Jung finds that a great deal of our creative power is suppressed in the unconscious due to the narrowing effect of knowledge and beliefs that are dominant in the time and place we live. Humans have historically known and enjoyed insights and wisdom that the modern age, with its overemphasis on scientific rationalism, has ignored. Like postmodern trends elsewhere in architecture, art and literature, in psychology Jung’s positive view of the unconscious is one with which we are offered the chance to restore and rediscover what has been repressed. In so doing we are in a better position to enhance our potential for full humanity.

The postmodern attitude places value on individual subjectivity and a plurality of ‘truths’ (Samuels, 1989). This emphasis may be found in Jung’s conception of the mind as a collection of part-selves or complexes, which, in health, act in co-operation. Introspection – a general human orientation which has typified the whole psychotherapy movement throughout the twentieth century – is thought to have arisen with the collective trend towards the mistrust of social forces in their ability to make human lives better. With its wars, upheavals and the Holocaust, the twentieth-century certainly

“ He saw that psychic energy had many applications of which sexual reproduction was just one ”

‘Mandala’
by Jung
from
The Red Book
His interpretation appears in The Secret of the Golden Flower

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gave pause for thought to any who believed – as the Victorians did – that human progress was good, guaranteed and unstoppable.

**Becoming yourself**

In Jung’s psychology, introspection, combined with individual responsibility in the context of distrust in the social, gets expressed in his concept of individuation – becoming the person you were always intended to be – which is one of the aims of Jungian psychotherapy. Crucially, this does not mean individualism, which would imply a separation from the collective. Jungians think that authentically confronting oneself and fulfilling one’s own potential leads to a person becoming more fully human and consequently more intimately linked with their fellow men and women collectively.

Jung’s psychological ideas and his analysis of the human mind are unique in the way they not only take into account the social and cultural context of modern humanity but also make a direct link between the collective life and mind of human beings and the mental process of each individual. Furthermore, Jung does not do this reductively by simply scaling the individual process up to its social equivalent like some psychoanalytical ideas do, such as those that claim that student protest movements are equivalent to, and little more than, a mass emotional reaction to parents or fathers. In Jung’s scheme there is no need for a scaling up or down between the individual and society. His concept of the mind includes a collective and a personal unconscious, which mutually influence each other: there is a two-way street between our individual lives and our lives as members of the social collective.

**References**


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Andrew Samuels explains how a new film from David Cronenberg about the early days of psychoanalysis will stimulate interest and critique

**Most Dangerous Method** is a film about Jung, Freud and Sabina Spielrein. If the film stays even moderately true to Christopher Hampton’s National Theatre play *The Talking Cure* on which it is based, we will witness Jung’s love affair with his patient (or was she an ex-patient?), the impact of the affair on his marriage to Emma, how Spielrein starts to shuttle between the two narcissistic oligarchs of the early psychoanalytic world (a compelling emblem of the belittlement of women’s role in intellectual endeavour, then and now), and how the whole shish kebab made the rupture between the two men into an inevitability.

Sex, not the theory of sexuality, is going to be the main interest. Maybe it will be the difference between sex and sexuality that will interest psychotherapists. In a way, this is apposite for, as John Kerr asserted in the book on which both play and the film are based, Freud and Jung each had something sexual on the other: Freud knew about Jung and Spielrein; Jung knew about Freud’s supposed incestuous affair with Minna Bernays, his sister-in-law.

**The Jungian century**

As we enjoy the film, there will probably be little focus on what Jung actually said and stood for. Yet, if the last century has been called ‘the Freudian century’, there are reasons for thinking that this one could be Jung’s. Right now, for example, there is collective agonising over what is meant by ‘the west’: it is easy to define ‘the west’ in contradistinction to a supposedly fanatical Islam (itself a political and media concoction and a distortion of that religion and culture). But what it means to be ‘western’ is a much more complicated topic that cries out for a Jungian input. Jung saw himself as a sort of therapist for western culture and, if his criticisms of it resonate with what many responsible Muslims are saying, then that strikes me as all the more significant.

Jung despaired of the one-sidedness of western culture, its materialism, over-dependence on rationality, the mind–body split, and the west’s loss of a sense of purpose and meaning. He even, in a characteristic moment of imaginative genius mixed with psychological inflation, tried to be the therapist of the Judeo-Christian God, in his iconoclastic book *Answer to Job*.

**Catastrophic lack of meaning**

Jung’s turn to other cultures as a way of addressing the west’s profound problems involved a lot of idealisation (‘orientalism’), but the main point was always the same: there is something fundamentally off in the way we live. Specifically, the lack of meaning in people’s lives was something that Jung (and today’s Jungian analysts) regarded as a suitable matter for clinical work. Neurosis and emotional distress, according to Jung, always involve a catastrophic loss of meaning, implying a void that can only be filled from within, given that the great religions have ceased to be effective as conveyors of meaning from outside the self. It may sound odd in terms of linear thinking to see emotional distress as caused by a loss of meaning. However, this is an up-to-the-minute

**Screening Jung**

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mode of conceiving of psychotherapy – even if NICE and IAPT are singing from a completely different hymnbook.

Another area where contemporary discourse is taking a ‘Jungian’ turn is that of gender roles. Jung was, on the one hand, rather conservative in what he thought were appropriate behaviours for women and men. On the other hand, with his theory of animus and anima (something that came to him during his relationship with Sabina Spielrein), he offers us a means of expanding what is possible for people of either sex. For a woman, her animus is not a little man in her head but a sign of her capacity to be and do more things than used to be thought possible for a woman. For a man, confrontation with the anima can lead to a similar expansion of roles. So, animus and anima, as many feminist writers such as the literary critic Susan Rowland have noted, can be profoundly radical counter-cultural ideas.

Reparation for Jung’s anti-semitism

From the point of view of Jung’s reputation, it would be wrong to end on an upbeat note. I have been prominent among Jungian analysts in insisting that we make reparation for Jung’s anti-semitism in the 1930s by acknowledging and apologising for it. The Jungian community as a whole is actively trying to fix those parts of the theories that are misguided or plain wrong. Jung always defended himself against the accusation that his ideas aligned with Nazi ideology, though, to some, his expression of regret seemed inadequate and insincere. The way I see it, Jung was an ambitious man (as was Freud) and he saw an opportunity to become the leading psychologist in central Europe in the 1930s, so he wrote things that implicitly and indirectly chimed with what was going on in Germany.

But Jung was an intuitive person and although his writings on what he called ‘Jewish psychology’ (ie psychoanalysis) are often deeply problematic there are some nuggets therein that give one pause for thought. For example, Jung’s protest at the imposition of one system of psychology on everyone anticipates today’s transcultural and intercultural psychologists and therapists who hold that such a universal system, outside a particular social context, cannot exist. Jung was, on this reading, one of the first therapists to engage with matters of diversity.

Jung in the context of psychoanalysis

When I give talks on Jung to non-Jungian audiences, I always ask them to do a simple word association test to the stimulus word ‘Jung’. The overwhelming response (virtually 100 per cent) is ‘Freud’. This certainly makes a problem for Jungians if they are always defined in terms of ‘the other lot’: always number two, they have to try harder. More seriously, the association overlooks the fact that there was a very important pre-Freudian or non-Freudian ‘Jung’. Nevertheless, what surely gets highlighted is the relationship between these two. There are different ways of evaluating the split between Freud and Jung which range from a disaster from which psychotherapy has never recovered, to a healthy ridding by the psychoanalytic world of an unfortunate excrescence upon it.

Jung is certainly used by institutional psychoanalysis to keep itself together, as a sort of tribal enemy. This involves a degree of quite deliberate overlooking of Jung’s pioneering contributions. The distinguished historian of psychoanalysis Paul Roazen commented: ‘Few responsible figures in psychoanalysis would be disturbed today if an analyst were to present views identical to Jung’s in 1913’. Roazen is referring to such things as the move of the mother to the centre of psychoanalytic thinking, the realisation that humans are motivated by more than their sexual drive, the consequent re-evaluation of art, literature and religion, an awareness that dreams tell us about ourselves just as we are and are not elaborate skeins of deception, the way in which psychotherapy has emerged as a two-person, relational business, not one expert interpreting the inner life of the other person in terms of a pre-existing theory – all of these hugely important developments in psychoanalysis were first introduced within Jung’s own school of analytical psychology.

An earlier version of this piece appeared in the New Statesman.
What use is mythology to a practising analyst? Jung’s own answer was clear: myths provide contact with the archetypal world of the collective unconscious, which is the deep bedrock of all human experience: ‘first and foremost’ they are ‘psychic phenomena that reveal that nature of the soul’ (Jung, 1959: para 7). But even 25 years after his death, this central tenet seemed to be getting less relevant to Jungian practice on both sides of the Atlantic (Samuels, 1985; Singer, 1985). Nowadays, the old stories can seem at best a fascinating glimpse of the way humankind used to be, at worst a consciousness-numbing glimpse of the way the unknowable which is psyche. An answer was clear: myths provide knowledge of the mythic realm, which continues to enrich her work and understanding. This doesn’t mean that I keep a diagnostic list of mythologems (‘Ah, Oedipus!’) against which to shape the individual stories that come my way. Aspects of an individual life may indeed uncannily recall a mythic narrative, and to explore this further may add new dimensions of understanding to the story. But I’m too mindful of the horrific fates of those mortals who hubristically approach a god too closely, to think that I can ‘use’ the myths as one more therapeutic tool. Their value for me is more oblique. Their very obscurity and often strangeness is an education in a core therapeutic task: living with the unknowable which is psyche.

The etymology of ‘myth’ points to this. Mythos is utterance, ‘the true word … speech about that which is’ (Otto, 1962: 279, 285). By contrast, logos, which came to be associated with writing, brings a causal and sequential ordering. The difference is perhaps like that between a dream remembered, with all its jostling simultaneity of imagery and event, and a dream written down, now ordered by the conscious mind into a linear sequence that ‘makes sense’. A second etymology associates ‘myth’ with ‘musteion’, thus ‘mystery’ and ‘to close the eyes or mouth’. So myth is to do with ‘that which cannot be seen or spoken’ (Armstrong, 1999: 244). Put these two ideas together and myth becomes an utterance about that which cannot be spoken, and a true speech about that which cannot be seen or understood. I know of no better description of the conscious ego’s attempts to articulate the unconscious – or indeed of psychotherapy itself.

Six interconnected ways
How does this work in practice? Here are six interconnected ways in which making this particular connection between the conscious mind and the deep unconscious may be enlivening and healing.

Associative thinking
First, spending time with myth sets the imagination to work. All psychotherapists know the value of this. But what is actually happening when we (therapist or patient, separately or together) begin to imagine? At the start of Symbols of Transformation – that spraviling mythological miasma which marked his separation from Freud – Jung wrote an essay which serves as a primer on how to approach the main text, and indeed any mythological work. ‘Two kinds of thinking’ is about the mind’s movement between logos and mythos, between ‘directed’ and ‘associative’ thinking. The first – linear, causal, rational – is extraordinarily hard work. The second, on the other hand, is what Jung calls ‘ordinary’, as our minds move easily from one subject to another, one image to the next, in the flow of the daydream. We need both kinds of thinking. But while the first is valued, the second is often simply seen as a waste of time. So spending time with myth rehonours that thinking, which is not only our ‘ordinary’ way of being but the conduit of connection between the conscious mind and the unconscious (Jung, 1970).

Jung took his ideas here from the American psychologist William James, who gives his own marvellous example of ‘associative’ or ‘ordinary’ thinking. ‘A sunset’, he says, ‘may call up the vessel’s deck from which I saw one summer the companions of my voyage, my arrival into port. Or it may make me think of solar myths, of Hercules’ and Hector’s pyres, of Homer and whether he could write, of the Greek alphabet …’ (James, 1918, 2:325).

When I first read these far from ‘ordinary’ associations, I thought immediately of Charlie Brown, once more at the mercy of the horrible Lucy. They are looking at a lowering, cloud-filled sky. ‘Look,’ she says, ‘the martyrdom of St Sebastian, and over there – the Trojan Horse and Achilles in his tent, and there – King Arthur’s Round Table and all the knights. What do you see, Charlie Brown?’ ‘Well,’ says Charlie, ‘I was going to say a ducky and a horse and a horse. But now I’m not so sure.’
But whether the associations come from William James or Charlie Brown, we can see that both are freeing their minds, making associations, and setting their imaginations to work. And they share too the tendency of the human mind to move from the personal to the impersonal. James goes from his own memories to mythic tales, Charlie goes not to this particular ducky or that specific horsy but to the one that can stand for all others of its kind. In Jung’s terms, this is the mind’s movement from the personal towards the archetypal, towards the unconscious realm from which all images are finally generated.

**Telling us about ourselves**

In this process – and this is the second point – spending time with myth tells us something about ourselves. Myths are like a series of richly elaborate Rorschach tests. ‘What is the myth that I am living?’ asked Jung when he finished *Symbols of Transformation*. And he took the question on as ‘the task of tasks’, for how, he asked, could he work effectively with others if he could not answer it (Jung 1970:xxvi)? So, in any story, who draws my sympathy, who irritates, who repels – and why? As the questions and associations multiply, we may imagine ourselves into each and every character, for all are part of psyche.

**A conscious relationship of parts**

As we do so – the third and related point – we may also learn more about the relationships between our own psychological parts. There is a tendency to think of archetypes – The Maiden, The Hero, The Wise Old Woman, and so on – as isolated figures. But in psyche, the energies these figures personify stand not alone but in relationship. Where there is a Gallant Hero, for instance, the mythic cycles tell us, somewhere there is an Imprisoned Maiden. What are such pairings about? Why this alliance, that enmity? As we spend time with the stories, we begin to bring these seemingly disparate psychic elements into a more conscious relationship and so further the work of individuation – of becoming not more perfect but more whole.

**Escaping dogma**

Working in this way – the fourth point – is democratic. There are no ‘right’ or ‘wrong’ understandings of myth! Everyone will have their own version of what is going on according to how the stories resonate within their own psyche. Honouring this seems particularly important for psychotherapists, who must always be struggling to escape the grip of their own dogmas and power shadow (Guggenbuhl-Craig, 1989).

**Living with paradox**

Spending time with myth is not just democratic; it’s an education in living with paradox, a step towards that crucial therapeutic acceptance of the ‘both-and’ of one’s own and the world’s contradictions. Psychotherapists know the stubbornness of the ‘either-or’ thinking which projects the unwelcome shadow of conscious attitudes onto ‘the alien other’, and the damage this does to personal, social and even international relationships. Myth’s inconsistencies, impervious to logic, demand the recognition that sometimes paradox is just the way it is.

**An education in not knowing**

Finally, spending time with myth is an education in not knowing. The reasons for the deities’ sudden shifts of favour and displeasure may always remain hidden. The rational mind continues to seek explanation, as it must. But can we ever ‘explain’ the unconscious? Sometimes the therapeutic task may simply be to hush the restlessness of logos and witness the mystery of mythos.

So mythology draws us into the symbolic world. It helps us live on the border between consciousness and the unconscious, which is where psychological healing lies. And besides, I don’t know many psychological texts that are half as much pleasure to read.

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Defining psychotherapy

Guy Dargert examines the three root meanings of the word ‘psyche’ and the inadequacy of medical definitions. Psyche, he says, by its very nature, takes us beyond what we can grasp or know.

Psychotherapy is a set of techniques used to treat mental health and emotional problems and some psychiatric disorders. (NHS Health Encyclopaedia)

Words have a life of their own. The word ‘psychotherapy’ for instance carries a history. It was employed in the late nineteenth century by a French medic and hypnotist named Hippolyte Bernheim who used it to distinguish his technique from that of his contemporary Jean-Martin Charcot. The spelling we use is a transliteration from the Greek of two words and the letters represent its correct pronunciation in Greek. These two words, psycho and therapy, each have a specific meaning. Just as people carry the resonance of their past, so too do words. The modern word continues subconsciously to carry these meanings. To what are we essentially referring when we use the word ‘psychotherapy’? When we examine it we reach a different and deeper understanding than that offered by the NHS.

Is there any historic resonance with the NHS’s description of psychotherapy as a ‘set of techniques’? The Greek word ‘therapia’ means to ‘give attention to’ or ‘to attend to’ in the sense of being of service. To do ‘psycho-therapy’ means that we pay attention to the psyche. When we give our attention to a person who is suffering or is in need of help it is not always a ‘set of techniques’ that is needed. Few would argue that therapeutic qualities of character such as emotional presence, emotional availability, maturity, commitment, courage, humour, awareness are best described as a set of techniques.

What exactly is the psyche?

But what exactly is the psyche to which we give our attention and which we aim to serve? First, it needs to be emphasised that the psyche is not identical to the mind. The Greek word ‘psyche’ has three meanings. ‘Mind’ is not one of them. If we want to be true to the essence of our calling we can state definitively that psychotherapy is not a branch of mental health. From this it follows that the psyche cannot be confined to the brain. Neuroscience explores the relationship of brain to mind but it leaves the greater part of the psyche untouched.

So again, what is the psyche? First, it refers to the ‘soul’. The soul is not the same as the brain or the mind. Neither can the soul be said to reside exclusively in the brain or the mind. We must also distinguish soul from ‘spirit’ with which it is often confused. Western spiritual tradition imagines spirit in the heights. Heaven is above us. The Olympian gods of the Greeks lived on a mountain top. Angels have wings and bring their messages down to us from above. We imagine somehow that what is ‘high’ is desirable. The ‘highest’ purpose of our ‘higher self’ is the most worthy. We seek a ‘higher’ perspective. What is ‘low’ is of lesser worth and perhaps best avoided.

We sometimes imagine that the psyche is located in or connected with the brain. The Greek word ‘menos’ means both ‘spirit’ and ‘mind.’ It is at the root of our words ‘mental’ and ‘mind.’ It unites mind and spirit. In Homer’s Odyssey the hero Odysseus is at times guided by his wise and trusted friend ‘Mentor’. Mentor is a disguised form of ‘Athene’, a warrior goddess from high Olympus. Mentor can be seen as an early literary example of a wise, spiritually aware counsellor. Practitioners who aim to bring clear thinking, higher perspective and overview to guide those with troubled minds are perhaps the true ‘mental health practitioners’.

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Theme of descent
In myth, Psyche thrives as a result of her encounter with the depths. A psychotherapy that is true to its etymological roots aims more to enable ‘under’-standing of issues than it aims to ‘over’-come them. Psyche was envisaged as a beautiful, innocent young maid. She lived a charmed but ultimately unsatisfying life of blissful unconsciousness in which all her wishes were effortlessly fulfilled. Her growing discontent and curiosity required her to know more about her invisible lover with whom she lived in a magic castle. The jealous goddess Aphrodite determined she would gain awareness by a terrifying and apparently hopeless descent into the underworld. Only by this means and after her return to earth, could she find fulfilment in a conscious relationship to her lover.

Freud echoed the theme of descent. He envisaged psychotherapy as a downward journey into a frightening and disturbing underworld of chaotic primitive forces. The patient journeyed downwards to retrieve something of value lost among that which had been ignored, rejected and forgotten. Freud’s aim was to ‘convert neurotic misery into ordinary unhappiness’.

Psyche is different from the masculine hero who achieves his aim by strength and skill. She faces her trials without weapons and is unprepared for battle. She lacks the heroism of Odysseus who (aided by spiritual counselling) endures his trials with strength and ingenuity. He ultimately achieves a bloody victory over his enemies. Psyche faces the dark alone. She perseveres in the face of despair. Hers is the kind of courage we must all have in order to face those dark aspects of life and death over which we have little or no power. In the myth Psyche’s courage and determination is rewarded by relational maturity rather than by triumph of the will.

Return to daylight
In keeping with the myth, psychotherapy welcomes and serves Psyche’s need for descent and re-emergence. Our clients are likely to be those who are in some way low, feel ‘down’ or overwhelmed. They may feel they have lost their standpoint or their standing in the world and want a new ‘under’-standing. We can assist them to ‘get to the bottom of things’. Following the myth, we know that Psyche needs the dread downward journey to transform naivété and innocence into wisdom and the capacity to relate. We respect depth. We encourage and accompany those in need of this descent. We offer meaning and significance to this essential task. Yes, there is hope of return to the daylight.

There are of course many treatments, chemical and otherwise, which enable and even encourage us to avoid the dark descents that we associate with Psyche. We are told that fear, pain, loss, feelings of hopelessness can be avoided. Perhaps they can, at least for a time. However, with our eye on the myth, we can see that these attempts are not ‘psychotherapeutic’ in the root sense. If we try to enable Psyche to avoid her task, this will stunt her development and limit her capacity to mature. As professionals we may fear for Psyche and worry on her behalf. We may want to rescue her. This could perhaps be more for our own needs than for hers. We may offer her everything we can to keep her safely here with us. We may want to help her to keep on functioning in the everyday world just as she always used to. We may think it in her best interests to avoid going down. We may ourselves be under pressure from those who wish to avoid risk and demand predetermined results within predetermined times.

Psyche as breath
Psyche is also the Greek word for breath. Psycho (breath) is a state of perpetual exchange between the individual and the environment. That which is outside nourishes that which is within. That which is within nourishes that which is outside. The whole of the oxygen breathing animal kingdom is a part of evolution’s answer to the danger of an over-oxygenated atmosphere subject to combustion. We do our humble part to serve and protect the plant kingdom. Each breath maintains the symbiosis between the plant and animal kingdoms. In a sense, each kingdom acts as the externalised organ of the other, enabling the survival of both.

The psyche is the breath. Breath (psyche) is neither inside nor outside of us. Indeed, it is not a thing at all. It is a process. There can be no psyche (breath) without the living body. Nor can there be breath (psyche) without an atmosphere to breathe. Psyche is simultaneously both inside and outside. It is not just contained within our skins or held within the brain. It is equally to be found in the world.

With this perpetual exchange in mind we cannot speak of psychological disorders as though they were to do with the individual alone. Terms such as PTSD, ADHD, OCD and SAD isolate and alienate the individual. At the same time they inflate the importance of the individual. We make the client personally responsible for their failure to cope with the sometimes overpowering pathology of the environment. Those caught up in the overwhelming horrors of war for example might be considered to have a ‘disorder’ (PTSD) on their return. Psychotherapeutic attention to the disordered social forces which create social conflict is largely absent. If we are mindful of the nature of psyche, we avoid creating such disconnections from the environment.

The inner and outer
Psyche is breath. Every ‘disorder’ has both an inner and an outer aspect. In addition to the attention we give the individual client we might also ask what is it about the way our culture responds and deals with trauma that leads to disorder? In what way is our culture disordered? Are our children over-stimulated (perhaps by advertising and junk food) and insufficiently supported and contained? What is disordered in our society that allows this to be so?
Why do we find it surprising that our bodies are affected by the seasons? Why do we regard it as a disorder to slow down and withdraw in the cold and dark of winter? What is our response to a culture that has lost its rituals and the traditions that recognise and contextualise the anxiety of normal human development? All of these terms imply that psychological attention needs to be directed towards the individual. Too often we first turn our gaze away from the psychic environment and then look to the disconnected individual for understanding.

By pathologising the individual rather than the environment we disconnect psyche from the world. Our definition of health can veer towards adjustment to social norms which may themselves be disordered. People who cannot tolerate the intolerable are not necessarily ‘disordered’: Early breakdown of the individual in a dysfunctional system may well be a sign of health. If we lack the means to flee from or to fight a damaging situation, breakdown may be the healthiest option. Paradoxically, the breakdown of the individual may be sign of health for the system if it is willing and able to address its role in the breakdown. The individual ‘disorder’ could lead to a healthier social order.

**Psyche as butterfly**

Psyche has a third meaning, it is the word for butterfly. It seems the psyche needs not only to breathe but also to fly. Psyche is identified with this delicate, fragile, attractive, fleeting and colourful creature. The butterfly does not respond well to being pinned down. Scientific and logical attempts to grasp the psyche violate its essential nature in ways that endanger its existence.

**The mind not the psyche**

With these etymological considerations in mind we can say that the DSM (Diagnostic and Statistical Manual) is not a friend of the living psyche. Yes, it may help to pin point and identify particular symptoms and conditions but it does not address the psyche in any of the three root senses of the word. It addresses the mind rather than the psyche. It separates the individual from the environment. It pins its subject down in order to observe it closely, thus denying psyche its elusive character. We must follow rather than grasp the butterfly if we are to know it. We must appreciate that psyche, in accord with its essential nature, takes us beyond what we can grasp or know. It must do. All our ways of thinking, feeling, sensing, imagining and knowing are the stuff of which psyche is made. Attempts to control or master the psyche will always fail. The part cannot grasp the whole.

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**Fighting for professional survival**

With the NHS increasingly relying on IAPT’s high-intensity therapists and CBT practitioners, Hilary Platt considers how UKCP members might challenge the status quo.

Encouraging statements in February’s bulletin (No 10) described UKCP’s aim to ‘influence the future development of NHS psychotherapy services, including NICE guidelines, IAPT services and the new services resulting from the coalition government’s mental health strategy.’ But I am struck by the mammoth nature of this task. Months spent perusing the NHS jobs website and speaking with agencies, practice managers and ‘talking therapies’ managers have confirmed for me that the NHS no longer seems to regard UKCP registration or indeed BACP accreditation as relevant qualifications.

Psychotherapists and counsellors have traditionally been employed in primary care but they are now rarely recruited for this work. Instead, therapeutic work is undertaken by high-intensity therapists with BABCP accreditation, usually conferred by IAPT training, or held by CBT practitioners.

**IAPT is the growth area**

Originally intended to sit alongside counselling, IAPT has been the growth area, directly at counselling’s expense. Since April 2010, NHS trusts have received IAPT funding in their baseline budgets rather than as grants to pilot areas, thereby exacerbating this effect. Three-quarters of PCTs now have IAPT provision. Some, like Somerset and Buckinghamshire, have decommissioned counselling altogether in favour of IAPT services and, in Buckinghamshire, partnerships with voluntary organisations.

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**Hilary Platt**

UKCP accredited, Hilary has been practising as an Integrative Psychotherapist in Surrey since 2000. Hilary has previously worked for fifteen years in a commercial IT environment and spent four years in teaching. She splits her time between Employee Assistance Programme work and private clients. Hilary’s particular interest is in working with couples and with individuals with relationship issues.
such as Mind and Relate. Buckinghamshire NHS’s Commissioning Psychological Therapies document provides insight into such decisions.

IAPT embraces ‘stepped care’, whereby patients with mild symptoms have ‘bibliotherapy’ or ‘computerised CBT’, or are invited for assessment by a psychological wellbeing practitioner who ‘signposts’ other services. Only at step three are patients offered ‘talking therapy’.

High-intensity training combines two training days a week with three days clinical practice in an IAPT service. As with most CBT training, there is no personal therapy requirement, the main focus being on imparting techniques.

**CBT can be effective**

CBT is effective for certain issues, brilliant when used appropriately by therapeutically skilled, self-aware practitioners. Indeed, the outcome data in the document cited above relate to CBT used by ‘highly trained therapists’. Can practitioners produced by one year’s training, without personal therapy, be using CBT so effectively? Presumably, the proceduralised nature of CBT keeps these unseasoned, speedily trained therapists on the ‘straight and narrow’, minimising risk of harm to patients. But they must feel ill-equipped for dealing with the difficult clients and challenging issues inevitably encountered. The statistics include patients seen for just two sessions, so one wonders how the outcome data will pan out for IAPT.

The masters-level training required for UKCP registration involves extended personal therapy and clinical experience over several years. It produces effective, flexible practitioners able to work in depth. Procedurising therapy is unnecessary because practitioners confidently employ ‘use of self’ in the therapeutic relationship and treat a wide range of issues. This is higher-level training in every respect and the requirements for UKCP registration are stringent. So why exclude psychotherapists from high-intensity work? The payscale for HI therapists at band 7 is £30,460–40,157. Many psychotherapists earn considerably more. Where CBT practitioners had an edge was with phobic clients. The practitioner, freer of the boundary issues that would prevent many of us, would accompany the client in undertaking feared activities outside the therapy room.

**Increasing access to psychological therapies has decreased almost to nil the chances of seeing anyone other than a CBT practitioner**

For the client, this ‘single treatment option’ is a compromise. Clients do not fit into neat diagnostic boxes. The causes of depression are typically complex; involving interplay between personality and real-world events. On the decommissioning of counselling, Carolyn Smith, Chief Executive of Buckinghamshire Mind, writes: ‘The majority of the clients using our counselling services have issues resulting from childhood experiences, childhood trauma, the environment they grew up in/are living in, relationships, interpersonal difficulties, attachment disorders, issues around abandonment or sexual abuse. Many of these people would fall outside of the criteria for IAPT.’ Are these cases left untreated, treated with CBT anyway, or channelled towards voluntary organisations? Where ‘partnerships’ with voluntary organisations exist, are these wholly funded or is the NHS relying on charities for that which its own narrow modality cannot provide? For many, CBT risks ‘scratching the surface’, postponing the problem until another manifestation occurs further down the line. Perhaps lack of longitudinal data means that, within IAPT, this may even be counted statistically as two CBT successes instead of one?

**Everyone is the same**

In the media, rarely is anyone referred for therapy other than CBT, regardless of their issue. Understandably, psychiatrists, GPs, psychologists and none-the-wiser patients readily accept medical model therapy with its defined symptoms, defined treatments and measurable outcomes, and the subtext of ‘everyone is the same’. Concepts like unconscious process, transference, countertransference and the notion that we are each uniquely psychologically structured, demand a deeper understanding and risk being marginalised along with psychotherapy itself. It seems a travesty that ‘increasing access to psychological therapies’ has decreased almost to nil the chances of seeing anyone other than a CBT practitioner.

The government is unlikely to proceed with HPC regulation, which compounds the problem. Regulation, especially at MSc level, one below clinical and counselling psychologists on the register, would have increased the credibility of psychotherapists in the NHS.

**NICE guidelines dictate IAPT provision**

How has CBT ‘cornered the market’ and earned the label ‘evidenced-based therapy’ (clearly implying that other modalities are not supported by evidence)? The answer lies largely in the NICE guidelines which dictate IAPT provision. The 2010 Update on the Treatment and
Management of Depression in Adults (CG90) warns: ‘Overall the evidence for counselling is very limited’ (8.6.4); from 700 pages, this was the sentence quoted in the press. CBT dominates because its research fits the criteria for inclusion. Much research evidence for other approaches is discounted because it was produced for other purposes and does not meet these criteria. Psychodynamic psychotherapy receives positive affirmation but the report concludes that there is insufficient research evidence to support its recommendation (8.7.4). Only three studies directly compare the efficacy of CBT with other psychotherapies and find ‘no clinically important differences’ (8.1.4). In the case studies (4.2), it is evident that patients value access to (well-trained) counsellors and psychotherapists, especially psychodynamic.

Nonetheless, owing to the greater number of randomised controlled trial studies, CBT emerges triumphant. Since some research into CBT efficacy seems to have been commissioned with the NICE guidelines in mind, and because so few studies make direct comparison between approaches and in some studies CBT is the only talking therapy tested (for example, economic modelling), there is a sense of ‘shooting the arrow and drawing the target around it’.

The Guideline Development Groups (GDGs) are composed of psychiatrists, clinical psychologists, academic experts in psychiatry and psychology, nurses and GPs. No psychotherapy or counselling experts had input – and this shows. None of the research used appears to factor in individual variability in patients or therapists. Homogeneity is assumed throughout.

NICE-approved ‘additional therapies’

The latest NHS guidelines on commissioning discuss broadening the range of therapies available. They are ‘likely to be delivered by therapists beyond the core workforce developed to date’. NICE recommends interpersonal psychotherapy (IPT), couple therapy for depression, counselling for depression (CfD) and dynamic interpersonal therapy (DIT) as additional high-intensity interventions for depression as part of its patient choice agenda.

Initially, this sounds encouraging. However, many experienced NHS therapists cannot meet the entry criteria for the training, despite its positioning as ‘CPD’. Participants in couples therapy training must be British Society of Couple Psychotherapists and Counsellors (BSCPC) accredited, while for DIT training only psychoanalytically/dynamically trained practitioners are considered. CfD training requires only those with humanistic or person-centred training. Furthermore, two years of post-qualification experience in an NHS setting or the voluntary sector are essential. Whether other experience counts is unclear. Further stipulations follow. These are impossible to meet unless course participants already work within IAPT, contradicting the earlier statement. Nonetheless, training institutions do not discourage self-funding, even though supervision requirements mean a £4,000–£5,500 outlay for training (IPT, for example), while commissioning documents state that only 6–18 per cent of high-intensity therapists will use the additional modalities. Their use seems positively discouraged; for example, CfD will only be considered where patients ‘decline an antidepressant, CBT, IPT, behavioural activation and behavioural couples therapy’, and even then ‘discussion regarding the uncertainty of the effectiveness of counselling in treating depression should take place with the patient’.

Without scope for accreditation of prior learning, everyone is deemed to need the same level of supervision, regardless of experience. Psychotherapists working in other contexts wishing to reskill themselves to join the IAPT initiative seem at best unwelcome. The adoption of such narrowly defined therapies seems bizarrely ‘tunnel-visioned’. Depressed clients having CBT will work on their negative cognitions and behaviours only, ignoring all else. Depressed clients having IPT will work with their current interpersonal relationship dynamics only, ignoring all else.

What can be done?

Andrew Samuels, interviewed recently on Five Live, asserted that there is ‘a ready workforce’ of highly trained psychotherapists available which will enable the NHS to deliver ‘talking therapies’. However, when Nick Clegg was interviewed subsequently and this was reiterated, he seemed to miss the point, as though entirely unaware of UKCP and its potential.

NHS funding for psychotherapists seeing patients in their own consulting rooms was also suggested in the UKCP Response to No Health without Mental Health. This lower-cost alternative could mean working ad hoc, like Employee Assistance Programme affiliates. Britain’s enormous budget deficit may eventually threaten even IAPT. Indeed, Birmingham and Solihull Mental Health Trust will decommission IAPT services in three PCTs from end of March 2011 because of cost-cutting.

If there were very drastic spending cuts, UKCP might therefore provide a ‘backstop’. However, surely the whole structure of IAPT would not be abandoned in favour of this, given the preoccupation with ‘evidence-based’ therapy? The emphasis on provision being ‘equitable’ across different locations means that anything that resembles ‘cottage industry’ would be eschewed. Surely, if spending-cuts become drastic, ‘talking therapies’ would simply be abandoned altogether?

Promoting psychotherapy as part of IAPT

Promoting psychotherapy as part of IAPT seems equally
important. Securing an undertaking that UKCP-registered psychotherapists could be employed within IAPT services, as or alongside high-intensity therapists within the existing ‘stepped care’ system, would increase patient choice, fulfill the need for more therapists and introduce essential experience for ‘complex cases.’ Then truly CPD-style trainings could equip psychotherapists with skills specific to an IAPT service.

Politicians and policy-makers may view arguments about modality and client experience as esoteric. We must champion alternatives about CBT, which are demonstrably more effective at no extra cost or have equivalent efficacy and cost less. IAPT is primed to produce outcome data: ‘Evidence is the ace up your sleeve!’ Paul Burstow claimed, addressing the New Savoy Partnership. We must collate existing research evidence and commission new research in line with NICE criteria.

Perhaps practitioners throughout UKCP could begin using assessment tools such as PHQ or GAD-7 and produce outcome data like IAPT to demonstrate effectiveness?

**Exerting pressure**

These challenges must be addressed at an organisational level. UKCP is becoming more proactive but needs to exert significant pressure to effect change. It is essential that the NICE Guideline CG90 is challenged. (See www.bacp.co.uk/research/health_select.php for BACP’s previous challenge to NICE in its submission to the Health Select Committee.) Maybe we could petition for actual psychotherapists and counsellors to be included in NICE Guideline Development Groups. If Nick Clegg et al are unaware of UKCP, let us change that! Currently we can argue our capacity to fulfil the shortfall in IAPT therapists, but the window of opportunity is closing fast. By the end of 2011, IAPT services will be available to 50 per cent of the population, with a goal of 100 per cent shortly afterwards.

I hope this article motivates action. What is sanctioned by the state affects our credibility. With recession hitting private practice and EAP work, and spending cuts reducing student counselling, who will employ psychotherapists? Are we all destined to become ‘honorary’ practitioners? This may ultimately be a fight for professional survival. We have within UKCP an enormous pool of talented and eloquent individuals. I hope we can challenge the status quo.

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UKCP Response to No Health without Mental Health available at: www.psychotherapy.org.uk/ukcps_reaction_to_no_health_without_mental_health.html


**Books for review**

**Psychotherapy and the highly sensitive person: improving outcomes for that minority of people who are the majority of clients**

By Elaine N Aron

Redefines the term ‘highly sensitive’ for the professional researcher and and practitioner and dispels common misconceptions about the relationship between sensitivity and other personality traits.

**Trauma, tragedy, therapy: the arts and human suffering**

by Stephen Levine

Explores the nature of traumatic experience and the therapeutic role of the arts and arts therapies in responding to it

**Spiritual crisis: varieties and perspectives of a transpersonal phenomenon**

By Fransje de Waard

Explores experiences of existential voids, heights and depths, freezing wastes and silences, of pure energy, love and fear, oneness and chaos

**Sex, sexuality and therapeutic practice: a manual for therapists and trainers**

Edited by Catherine Butler, Amanda O’Donovan and Elizabeth Shaw

Examines issues of sexuality and considers how sexuality-related issues can be introduced into therapy and training.

For a full list of books currently available for review, along with reviewer’s guidelines, visit: www.psychotherapy.org.uk/book_reviews.html
UKCP members

Special interest and support groups

Transpersonal Special Interest Group

Nobody ever owns an idea. Allegedly, it was Philemon who explained to Jung that we do not generate our own thoughts, they simply arise.

Arising within the UKCP are probably many concurrent thoughts of forming a Transpersonal Special Interest Group. My idea came to me after the first Open Forum meeting of the UKCP in October 2010 when one member proposed that we form more special interest groups. When Andrew Samuels wrote to us all after the meeting inviting our comments, I replied, suggesting that in line with BACP, BPS and RCP we too form a Transpersonal/Spiritual Special Interest Group. Andrew wrote back immediately and said he had long thought of the same idea. Transpersonal psychotherapy describes any form of counselling or psychotherapy which places emphasis on the transpersonal, the transcendent or spiritual aspects of the human experience.

We are arranging to host a first day’s event within my own membership organisation, the CCPE. We are proposing talks and discussion groups on ‘The Importance of the Transpersonal in Psychotherapy inclusive of all therapy modalities.’ We will also hold an open forum to discuss how to take the special interest group forward with an egalitarian ethos. It is our preliminary proposal that we rotate the organisation of events with different host member organisations, host chairs and host sub-committees.

We anticipate the first meeting will be in late autumn and we will be informing you by email and giving at least three months notice. In the meantime, if you want to express your support or ideas we would love to hear from you so please email communications@ukcp.org.uk

Janet C Love
Member of the UKCP Book Series
Editorial Board

Special interest groups and faculties

Special Interest Groups can be set up informally for peer support and networking by any group of UKCP members who share a particular professional interest or aim. For example, working with a specific client/patient population, working in a particular clinical setting, or campaigning for an issue of particular concern to members. The aims of a Special Interest Group can be both short or long term but should be consistent with UKCP’s objectives. Special Interest Groups will usually be cross-modality and open to all individual and organisational UKCP members who share the group’s interest or aim.

UKCP will support these groups where possible, for example by putting up notices on the website and in The Psychotherapist, or by sending out electronic mailings to specific groups of members.

Well-established Special Interest Groups may apply to the Psychotherapy Council (PC) for recognition as a faculty. If accepted by the PC, the group can gain representation at the College and Faculty Committee (CFC) and have the opportunity to present an annual faculty workplan and budget request to the UKCP Finance Committee and the Board of Trustees. UKCP has currently two faculties: the Faculty for the Psychological Health of Children (FPHC) and the Research Faculty (RFC).

If you are interested in setting up a Special Interest Group, please contact us at communications@ukcp.org.uk

Tom Warnecke, Vice Chair (Information and Member services)

Black and Asian Support Group

The Black and Asian Support Group met in all our shades and visibility.

We are a group who by nature are visible in our minority in the UK and in the UKCP. We asked ourselves and each other why we need a support group. I personally needed to have safe place to grumble and share my concerns about putting a lot into UKCP and not getting enough back. I am disappointed about the whiteness of The Psychotherapist journal. I am concerned about feeling marginalised as a Black therapist both in membership of UKCP and outside of the organisation. I am concerned about lack of colour in the membership and not feeling heard at UKCP events. My biggest concern is about raising another generation of marginalised Black and Asian therapists. My hope for UKCP membership is that Black and Asian therapists will become more vocal, more visible and more influential and that this will transform the nature of UKCP work and reflect our experience in the UKCP publications. This will ultimately open an ongoing dialogue that will benefit clients. Meeting in the support group helped me feel visible and heal some of my trauma from racism. I felt heard instead of shut down, seen rather than brushed aside. It is crucial that we have a place to be Black and Asian so we can generate our visions into the wider community.

Isha McKenzie-Mavinga

The Diversity, Equalities and Social Responsibility Committee has set up support groups for Black and Asian members and for lesbian, gay, bisexual and transgender members in London. We are considering setting up support groups in other areas such as Manchester. We are also looking at the support needs of disabled members.

For more information, please contact:
- Eugene Ellis: eugene@baatn.org.uk
- Lesbian, gay, bisexual and transgender therapists
- Deidre Haslam: d.haslam93@btinternet.com
- Disabled members
- Isha McKenzie Mavinga: writeandheal@btinternet.com
- Black and Asian therapists
The Research Faculty Committee is committed to strengthening UKCP’s research culture. Liz McDonnell and Peter Stratton from the committee summarise the main findings of a members’ survey and set out priorities for the future.

During 2010, the Research Faculty Committee (RFC) conducted a survey of UKCP members. The findings give us a fascinating insight into psychotherapists’ views of research as a potentially powerful ally and a clear idea of why, for many, this potential is not being achieved. We present the main findings here partly because we think you will be interested in the perceptions of your colleagues but also because the results of the survey will guide our activities. We hope that you will let us know what you think.

The UKCP Spotlight on Research survey marks the beginning of a process in which RFC aims to learn more about members’ research interests and needs and their views on which issues should be priorities for the organisation. We are actively seeking to develop a stronger research culture within UKCP so that we can improve support of members’ research activities and make practice-relevant findings truly accessible.

What we did and who participated

In addition to asking questions with pre-formulated responses, the survey gave members the opportunity to put forward their views in their own words. The design allowed us to reach large numbers of members relatively easily, with an online version located at Survey Monkey and hard copies distributed at the 2010 UKCP research conference. Data were collected between July and September 2010 and a total of 588 people participated. The largest groups of participants came from HiP5 (n=264), followed by CPJA (n=85) and the Systemic College (n=82).

Engaging with research

RFC wanted to collect general information on members’ research interests and the factors that helped or hindered them in engaging with research. Reading (35%), discussions with colleagues (28%) and doing research (14%) were the most commonly identified ways of engaging with research:

- Reading and discussing with colleagues.
- Follow-up client evaluations after work has been completed

Some members were conducting research on practice on an ongoing basis:

- I work in a university-based counselling service and we conduct research on the efficacy of our work

Others were participating in specific research projects, for example on particular diagnoses:

- I have been involved in a research study comparing different treatment modalities for adolescents with anorexia nervosa as part of a multi-national study

A small percentage (3%) of members mentioned research activities that we define as personal research. These include private reflective practice (documented and undocumented) and using research skills to explore subjects of interest relating to psychotherapy and to broader topics:

- I don’t, other than to observe what works with my clients and what doesn’t, in an effort to continually refine what I do

Members were asked which of a range of specified factors would make it easier for them to engage with research. The following three factors were identified most often: doing it collaboratively with other therapists (26%); having more time (24%); having user-friendly based research resources and updates (21%). Not surprisingly, lack of time (41%), difficulty accessing relevant materials/resources (17%) and people feeling that they would not be competent (16%) were the most commonly identified barriers to engagement with research.

Interesting and useful research areas

We were keen to find out which areas of research interested UKCP members. The broad category of effectiveness/outcomes/impact/evaluation of psychotherapy (referred to as ‘effectiveness etc’ from now on) was the most commonly identified area (35%). In this category, just under half (46%) mentioned effectiveness in relation to therapeutic processes:

- I’m interested in evaluation using before and after measures and research on Human Givens and other brief term therapies, in particular which exact aspects of them are the most effective and why
Effectiveness in relation to client-based issues (18%) and research methodologies/methods, including references to NICE (14%), were mentioned less often. Other broad areas of interest not related to effectiveness were client-based issues (16%), therapeutic processes (12%) and issues around research methodologies/methods (12%).

We also wanted to know how useful members found various research areas. The areas ranked highest were: psychotherapy with particular client groups/diagnoses (35%); descriptions/reflections on psychotherapy practice (25%); evaluation/monitoring of psychotherapy practice (19%).

**Members’ own research**

For those members currently doing research (including personal research, CORE and so on), research around therapeutic processes - whether linked to effectiveness or not - was the most commonly identified area (36%): evaluating intensive interventions compared to traditional weekly/fortnightly sessions ...

Research on client-based issues (15%) was also popular:

- Guilt feelings in adult couple relationships

**The most important research-related issues**

Exploring members’ views of research-related priorities for UKCP and for their own colleges/modalities was an important aspect of the survey. More than two-thirds surveyed (67%) said that issues around ‘effectiveness etc’ were the most important research-related issues facing UKCP. Of this group, people most commonly talked about effectiveness in relation to specific modalities, outcomes or therapeutic processes (32%):

- Generally it is proving that psychotherapy – longer term and more creative therapy – is a necessity for many clients. The one size fits all of CBT, whilst useful for many, is not enough. Also there are marginalised client groups, such as ex-cult members (as it used to be for survivors of sexual abuse) who need very specialist help and who are not represented at all

People also mentioned effectiveness in relation to measurement/methods/approaches to research (30%):

**Dealing with the way that CBT has managed to present itself as THE evidence-based approach to effective psychotherapy.** There are numerous flaws in respect of this, to do with the nature of the research evidence gathered, the type of individuals used as CBT samples, and whose voice counts in saying a variety of psychotherapeutic approaches work

A quarter of members (25%) in this group linked effectiveness to influencing and/or challenging NICE, NHS or other funders:

- To find ways in which to undertake research which will both influence positively the stance of NICE on and be consistent with the approach and values of second order practice

The category of ‘effectiveness etc’ was also by far the most commonly identified priority when members were thinking about their own colleges/modalities (57%):

- Demonstrating that we work with unconscious processes and effect robust changes in clients such that most do not seek further treatment

**Priority issues for RFC**

RFC’s work is guided by three aims. Nearly 60 per cent of members thought that ‘bringing practice-relevant research findings to members’ was the most important of these. Twenty-nine per cent of members thought that increasing members’ capacity to contribute to a body of knowledge about psychotherapy by doing research’ was the most important aim, while only 13 per cent of members rated ‘increasing the capacity of members to contribute to debates around evidence through understanding research’ as most important.

**Most popular ways of disseminating practice-relevant research findings**

Article in *The Psychotherapist* (30%); email alert (25%) and reading research articles in journals or textbooks (21%) were the most highly ranked dissemination methods. Consistent with the finding that reading is the most common way of engaging with research, members rated dissemination methods involving written materials, including by email alert, highly.

**How the survey results are influencing RFC’s activities**

RFC is already acting on these findings. For example, we will be submitting a series of research-based articles to *The Psychotherapist* and we are developing a systematic and comprehensive email alert programme disseminating research findings to members. A working group is redesigning the research areas of the website, where new material will be posted on ethics, research funding and relevant resources. Issues around the effectiveness of psychotherapy – so clearly identified in the survey as important – will shape the content of this year’s UKCP research conference (25 June 2011) and will be the focus of various activities and publications. Members’ own research will continue to be supported through the practice research networks and through the practice-relevant research training workshops being planned.

A fuller description of the findings of the Spotlight on Research survey is available on the UKCP website. Paper copies may be obtained on request from the UKCP office. Please email further comments or questions about the survey to liz.mcdonnell@ukcp.org.uk

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**Practice Research Networks**

The Research Committee is developing new forms of research programmes bringing together practitioners and researchers in collaborative teams or networks – Practice Research Networks (PRN). There are three PRN at present as listed below, but we are open to suggestions for others.

- Exploring intersubjective moments in the therapeutic relationship, based on Daniel Stern’s present moment.
- The effects on therapists of becoming involved with research.
- Reflecting on outcomes: monitoring our own practice.

If you are interested in joining a PRN, or for more information, please contact Alan McConnon by emailing alan.mcconnon@ukcp.org.uk or phoning 020 7014 9964.
The meeting of 20 March began with discussing the need for clear communication and recording. The debate was passionate at times, particularly around the issue of truth and objectivity – the danger in making factual statements without acknowledging that ‘facts’ are seen through our own personality. No one possesses the only truth; our task is to find a collective truth.

(remember, this article is inevitably filtered through the author’s own perception)

Impassioned debate
The government command paper of 16 February and UKCP’s response to it stimulated two vibrant, impassioned hours of debate, conflict and reconciliation.

We need to acknowledge that ‘facts’ are seen through our own personality

The meeting of 20 March began with discussing the need for clear communication and recording. The debate was passionate at times, particularly around the issue of truth and objectivity – the danger in making factual statements without acknowledging that ‘facts’ are seen through our own personality. No one possesses the only truth; our task is to find a collective truth.

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Much of it focused on individuals’ views of different regulation types and the impact of the government’s change of emphasis.

There was general agreement when one Council member described UKCP as being committed to a broad church, where all voices needed to be heard. Despite differing opinions on the relative merits of possible regulatory bodies, there was support for UKCP providing an effective forum for all viewpoints. This issue is likely to be as much about politics as about regulation, both being important in the debate. People gave their views about the potential UKCP position and how this position is expressed publicly. There was concern that we need to remain fully in the public and professional debate to avoid the danger of being left on the sidelines.

A broad church
Bulletin 11 was described as neutral in respect of statutory regulation, although statutory regulation now seems further away. Council members didn’t want options to be fully embraced nor closed down at this stage. Some believed that the command paper gives hope – possibly more opportunity for a broad church approach. Debate is needed within UKCP. Work that has already been done has not been lost; it will transfer to whatever happens next. A member described the

“Membership was strengthened regionally and input from honorary members was reduced”
There was support for UKCP providing an effective forum allowing for all viewpoints.

changes in UKCP following restructuring. While there is grieving over previous processes, it was suggested that we will now be able to communicate UKCP responses to our membership more speedily.

Katherine Murphy: Honorary Fellow
Katherine Murphy was presented with honorary fellowship of UKCP. Andrew Samuels described her vital contribution to training, ethics and supervision. Heward Wilkinson described her ‘voice of sanity’, her ability to bring calm to contentious situations. Katherine acknowledged the value of the bridge-builder, as well as the need for active debate. In addition to UKCP making itself more accessible to members, she offered the insight that it also has responsibility to stay informed. The importance of communicating effectively with regions through regional representatives was also discussed.

Heward Wilkinson was elected by consensus as moderator and stated his intention to ensure that all views are heard. Brion Sweeney was thanked for his work in the role to date.

No Health without Mental Health
After lunch, the White Paper, No Health without Mental Health, was discussed. Concerns were expressed about the danger of too narrow a view of psychological therapies and the need to be a vigorous part of the debate. UKCP exists to advocate for us, as psychotherapists, but we need to communicate with others. UKCP needs to express choice in therapeutic provision. One member said that we needed to express our strength: the range of therapies covered by UKCP. We also needed to disseminate research showing that a range of therapies improves efficacy. The consensus was that it should be ‘both/and’, not ‘either/or’.

It was noted that there was more agreement when discussing the wider issues of modalities, provision and so on than when talking about competitive, regulatory issues. However, both were recognised as vital.

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The Psychotherapy Council has gone much according to plan.

In summary, the conception, gestation and birth of the Psychotherapy Council is a deliberative, consultative and advisory body to the organisation including the Board of Trustees, as well as a forum for debate on the future direction and strategy of UKCP.

If you would like an invitation to attend as an observer, please contact Alex Crawford at alex.crawford@ukcp.org.uk

The role of the Moderator
It was agreed that the role of the Council Moderator would be to hold enough space for discussion and reflection on key issues such as statutory regulation, settling the new shape of UKCP and the Council’s relationship with other bodies within UKCP and setting up ways of doing business. The latter objective was delegated to two working groups, one on Council membership and voting and the other on ethos and communications. In essence, the membership was strengthened regionally and input from honorary members was reduced because their term on the Council was limited. Communications and ethos emphasises mutual respect and courteous dialogue in every forum, whether the newly formed web forum for Council members or at and between meetings.

A place to air views
The Council is a place where those who have been significantly involved in the past can air their views and be heard. Regional representation has been much more problematic, with few regions having a sense of connection with their representative because these were picked randomly by UKCP. In addition, there is no clear mechanism for representatives to feed back their views of Council discussions. This was recently seen in the South West, where Steve Ettling had difficulty in getting his report out. With the first formal regional meeting in the offing, it is anticipated that regional meetings will improve regional representation.

In summary, the conception, gestation and birth of the Psychotherapy Council has gone much according to plan.

Boundaries, organisation and structure
The Council took its first steps in stormy and difficult conditions and has had a year to define its boundaries, organisation and structure. It has begun the transition from the forming and storming phase and, with a unanimous vote for Heward Wilkinson as Moderator at its last meeting on 20 March, it is now ready to move into its norming phase. Much good work has been done. I would like to thank the members of the working groups, James Antrican, Richard Cleminson, Sian Ellis, Michael Pokorny, Stan Brennan and Sally Forster, and also Alex Crawford for his invaluable help in the Council’s first 15 months.

“The Council took its first steps in stormy and difficult conditions”
UKCP book series

Pippa Weitz outlines initiatives to support members who are budding authors

In 2005, UKCP combined forces with Karnac Books, a specialist in psychotherapy and mental health publishing, to develop a joint imprint. The partnership offers UKCP members the chance to become published authors. Since the project was launched, we have had over 120 submissions and have published 19 books with more in the pipeline.

We are actively looking for new submissions. But writing is a lonely occupation so we intend to provide better support.

Online forum
We have added a section for the book series to the discussion forum on the UKCP website. The forum is open to all UKCP members, not just those who have signed up to the book series. The ultimate aim of the forum is to support you, whether you’re a published author or you are planning your first book.

To join the discussion online, visit www.psychotherapy.org.uk/forum. You will need your user name, which is your membership number and can be found on your annual UKCP certificate. You will also need your password. Follow the ‘forgotten password’ link on the log-in screen to receive a reminder.

Events
We are also planning a series of events. We hope to hold an evening in London on Thursday 30th June where anyone can come to discuss their ideas and frustrations with the writing progress. We are also planning a seminar on converting a dissertation into a book which will take place in the Autumn.

To register your interest in these events, please contact philippa.weitz@ukcp.org.uk.

For more information on the UKCP book series and how to submit a proposal, visit www.psychotherapy.org.uk/ukcpbookseries.

Book reviews

The 3-Point Therapist
Hilary A Davies (2009)
ISBN 9781855757462
£10.99
Published by UKCP

It is easy to lose the humanness in the work we do; Ms Davies brings us back to the spirit and experience that we integrate as practicing psychotherapists.

The book is written from the perspective of a trainee in the final quest to qualify and find her place as a family therapist. It is easy to identify with the quest to find the ‘guru’ who will give the trainee a sense of someone they can emulate and, as the narrator says, ‘set her on her decided course’. When our theoretical expertise becomes our identity and we lose a sense of connectedness with our client’s experience, we can feel the discord in our work and our identity. The story of the trainee’s quest in the 3-Point Therapist to know and understand that dynamic reminded me how easy it is to lose humility and interest during the work.

The quest for the 3-Points by the trainee was as interesting as the points themselves. She is presented as a high academic achiever who hasn’t been able to integrate her knowledge and experience with her practice. Her quest helps her let go of using the status and power she felt that being a psychotherapist gave her, but she didn’t feel and let it dominate the therapy she provided. I wondered what was going on with the support systems provided by tutors, personal therapy and supervision that she hadn’t identified the difficulties earlier.

The 3-Point Therapist who gave these insights to the trainee, felt remote and distant. Their relationship seems to follow the framework of the philosophical basis for the 3-Points but sometimes lacked the relatedness put forward as part of that philosophy. The charm of the book is the therapist leading the trainee to use awareness of the other and allegory. Their relationship is best defined in the session following the trainee’s experience of Georges Seurat’s ‘Bathers at Asnières’ when sharing of the allegory of the painting and the effect of the environment in which it is viewed.

It is a short book with a great impact. The shortness may add to the sense that the interactions were sometimes terse and boundaries were one-sided. The importance of staying focused on the relationship with the client and using the 3-points as a frame work is very powerful.

When I first read the book, the first few chapters felt like a detective novel in which I was looking for something that had been lost. To preserve that feeling I have avoided writing about the detail of the 3-Points – it is worthwhile for anyone to pick up the book and relate the 3 Points to their own practice.

James Antrican
Psychoanalytic Psychotherapist

The Role of Brief Therapy in Attachment Disorders
Lisa Wake (2010)
ISBN 9781855756977
£19.94
Published by UKCP

‘A comprehensive summary of the range of approaches that exist within the brief therapy world, including Cognitive Analytic Therapy, Cognitive Behavioural Therapy, Eye Movement Desensitisation and Reprocessing, Ericksonian Therapy, Neurolinguistic Psychotherapy, Provocative Therapy, Rational Emotive Behaviour Therapy, and Self Relations Therapy.’

This work is much more than the publisher claims. The third, most ambitious and arguably most important of Lisa Wake’s books is a brave adventure in integrating attachment theory and outcome oriented

www.ukcp.org.uk
therapies through comparative theory and case study. A triangulation of approach is offered through neuroscientific description of brain plasticity in response to deficits in attachment development during early years, and in the later response to brain reparative psychotherapeutic activity.

In keeping with the recent work of Cozolino and Schore, this work furthers the argument for the effectiveness of psychotherapy being in great part reliant on the opportunities that the therapy offers the client to restructure their self-regulating capacities through enhanced right brain activity.

So wide is the circumscription of the book’s consideration that it must necessarily satisfy several epistemologies in justifying its arguments.

First, for the purpose of considering evidence-based research, Wake has atomised several named brief therapy approaches into some of the principles that distinguish them from each other. Then she must find comparisons between the psychodynamic and brief therapy models of key factors such as relationship and utilisation of the client’s subjective world. This is done in an interesting way. Psychodynamic literature is used to draw up key concepts which are rated for their presence in semi-structured interviews with brief therapists who are asked about how they work with clients’ belief structures. This reveals that even when not being asked about it, brief therapists are still keenly aware of the dynamics intra- and inter-personally between client and therapist and utilise these elements in their praxis even with clients who do not present attachment issues.

This appeasement of psychodynamic criteria does however create an asymmetry in the book in supporting arguments for the therapies that have been dubbed as ‘brief’. Attachment theory’s wide appeal is its humane explanation of human experience. It is widely observed how distress and isolation stem from neglect and trauma during development. To assess and integrate differing approaches to attachment phenomena and corresponding brain development and repair, we need the root theories of brief therapies to be given equal attention to that of psychodynamic theory. Adjacent to Bowlby’s attachment theory, the mid-1950s heralded complementary descriptions of the same phenomena within the constructivist paradigms offered by Gregory Bateson, Milton Erickson and others who observed the developmental schisms and arrests that could occur when affective experience is invalidated by external messages that fail to recognise the child’s sensory and subjective reality. Neuroscience is demonstrating that this paradigm and attachment theory were commenting on the same material events within the human organism.

The cybernetic paradigm directly or indirectly influences the array of brief therapy practice which utilises and multiplies social bonding opportunities in the client’s system. This is exemplified in Wake’s use of cases but not explained as a result of ‘sponsoring’ - a different therapeutic relationship from that of re-enactment of dependent care-receiving stages. Sponsoring encourages the client to illuminate for themselves and correct patterns of false or broken connection from a position of self-efficacy.

Wake assumes this knowledge in her readers, as well as their ability to recognise a more phenomenological utilisation of transference and countertransference. This makes the case histories used less illuminating than they could be for the practitioner who still mistakes ‘brief’ to mean without depth or intimacy in the therapeutic encounter.

In elucidating the advantages of outcome-oriented approaches, Wake infers how accomplished psychotherapists working within brief therapy models utilise the processes of teleological thinking and acting to more precisely model and, where necessary, restructure through creative activity the client’s patterns of object relations and individualised symbols of identity and self-worth, stimulating increased social brain activity within the wider system of the client’s actual relationships and encounters.

Few practicing psychotherapists demand that different psychotherapeutic modalities remain protectively encased as separate exhibits of their historical lineage. Such an expectation might lead to mistaking this book as promiscuous dabblings across what Milton Erickson called ‘the procrustean bed of theory’. This work’s fidelity is to the more difficult quest of furthering a unified pluralism of practice for the deeper benefit of a wider range of clients. As more twenty-first century practitioners join this endeavour, they will be able to use this book to wonder and enthuse along with Wake at her eclectic best.

**Pamela Gawler-Wright**

Hypno-Psychotherapist

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**Sex, Sexuality and Therapeutic Practice: A Manual for Therapists and Trainers**

Ed Catherine Butler, Amanda O’Donovan and Elizabeth Shaw (20XX)


£23.95

Published by Routledge

This book describes itself as ‘a Manual for Therapists and Trainers’ and that’s exactly what it is; covering every conceivable aspect of sexuality which could arise in counselling and psychotherapy. I would recommend it to students, experienced practitioners and especially to trainers in counselling and psychotherapy.

I appreciate the book’s self-reflexive stance – there are no easy answers here; only questions which we, as therapists, need to consider if we’re going to help our clients with one of the most important issues in their lives. The lack of ‘political correctness’, together with the acknowledgement of the multiplicity of responses that therapists might experience when confronted with the challenging problems presented to them by a diversity of clients, is also a strength of this book.

I would, if anything, go further than the authors/editors in this direction. First, it might be important for therapists to explore the meaning of their strong responses to clients’ presentations in terms of their own process with regard to their own sexuality. The self-reflexive exercises in the book do not demand this. Equally, it can be important to encourage clients to reflect on the meaning of the way in which they live their sexuality, e.g. possible control issues in BDSM. I understand that the authors may wish to avoid being judgemental or prejudiced, and I would support them in this, but there is a loss, to the therapeutic process, in taking any aspect of a client’s behaviour, including their sexual practices and experience, at face value.

Having said this, I’m aware that such a depth of exploration might detract from the straightforwardness of this manual, which is one of its strengths. Perhaps there is scope for more advanced literature, and advanced training, which would enable sexuality to be truly integrated into the therapeutic process in the way I’ve described.

**Geoff Lamb**

Director of Inter-PsycheQ

Qualified Sexual Grounding® therapist

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**The Psychotherapist**

The Psychotherapist is a refereed journal providing a forum for discussion and debate on psychotherapy, psychoanalysis and the psychological professions. It is published by Routledge and is available online at Informa.com/PSYCH.
Books in the UKCP series

Order books in the UKCP book series – a partnership between UKCP and a specialist in psychotherapy and mental health publishing – using the form overleaf

**Attachment and new beginnings: reflections on psychoanalytic therapy**
Jonathan Pedder (2010)  
£20.99  
ISBN 9781855756328  
This collection of written pieces plots the work of an NHS psychotherapist, Jonathan Pedder, turning the science of psychiatry into human encounters.

**The 3-point therapist**
Hilary A Davies (2009)  
£9.99  
ISBN 9781855757462  
The 3-point therapist is the charming story of one trainee’s journey in search of professional success and recognition. What she learns is unexpected and changes her predicted path.

**Therapy with children: an existential perspective**
Chris Scalzo (2010)  
£18.99  
ISBN 9781855757301  
This book explores the existential themes and challenges present in all therapeutic relationships when working with children.

**Why therapists choose to become therapists: a practice-based enquiry**
Sofie Bager-Charleson (2010)  
£20.99  
ISBN 9781855758261  
At the heart of this book lie six separate accounts as told by counsellors and psychotherapists in a reflective writing and peer support group, each representing a different modality and all coming with very different backgrounds.

**The role of brief therapy in attachment disorders**
Lisa Wake (2010)  
£20.99  
ISBN 9781855756977  
A comprehensive summary of the range of approaches that exist within the brief therapy world, including cognitive analytic therapy, cognitive behavioural therapy, eye movement desensitisation and reprocessing, Ericksonian therapy, neurolinguistic psychotherapy, provocative therapy, rational emotive behaviour therapy, and self relations therapy.

**The use of psychoanalytic concepts in therapy with families: for all professionals working with families**
Hilary A Davies (2010)  
£16.99  
ISBN 9781855755154  
This book begins with a readable practitioner’s guide to psychoanalytic theory and concepts. It moves on to give a number of detailed practice-based examples of the application of this theoretical model in the therapy room with the families of children seeking help with a variety of difficulties.

**The emergent self: an existential-gestalt approach**
Peter Philipsson (2009)  
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ISBN 9781855755525  
The author shows his own thinking

**Revolutionary connections: psychotherapy and neuroscience**
£22.99  
ISBN 9781855759411  
This collection of papers is the result of the extensive and fruitful discussion that was generated at a 2001 UKCP conference which provided a forum to explore the field of neuroscience, in particular the branch called ‘affective neuroscience’.

**Love: bondage or liberation? A psycholological exploration of the meaning, values and dangers of falling in love**
Deirdre Johnson (2010)  
£19.99  
ISBN 9781855755109  
This interdisciplinary approach cuts across the different modalities and will appeal to a good cross-section of psychotherapists and counsellors, while being accessible to anyone interested in the meaning of falling in love.

**Revolutionary connections: psychotherapy and neuroscience**
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**Shakespeare on the couch**
Michael Jacobs (2008)  
£16.99 ISBN 9781855754546  
A discussion of eight of Shakespeare’s plays and the relationships between the main characters in them.

**Hidden twins: what adult opposite sex twins have to teach us**
Olivia Lousada (2009)  
£20.99 ISBN 9781855757417  
An insightful look into the lives of three opposite-sex twin pairs. Candid, informative and rich in psychological detail.

**Psychosis in the family: a personal and transpersonal journey**
Janet Love (2009)  
£16.99  
ISBN 9781855755208  
This is in the main a personal and moving narrative of a mother looking to help her son avoid a lifelong sentence of medication while trying to research holistic resources and alternative approaches for treatment at the same time as negotiating the vagaries of the current mental health system.

**Our desire of unrest: thinking about therapy**
Michael Jacobs (2009)  
£20.99  
ISBN 9781855754898  
The author shows his own thinking
at work as he challenges himself to look deeper at some important aspects of his discipline – principally psychodynamic psychotherapy, although always with reference to other forms of discourse such as literature and theology.

Not just talking: conversational analysis, Harvey Sacks’ gift to therapy
Jean Pain (2009)
£19.99
ISBN 9781855756892
Good relationships depend, above all, on our skills in conversation. Harvey Sacks’ method, conversational analysis, was the springboard for Jean Pain’s research into psychotherapy as a social activity that depends for its success on the quality of the therapeutic dialogue.

Dialogue and desire: Mikhail Bakhtin and the linguistic turn in psychotherapy
Rachel Pollard (2008)
£20.99
ISBN 9781855754492
Mikhail Bakhtin, the Russian philosopher and cultural critic, was one of the pioneers of the ‘linguistic turn’ in philosophy and is now widely associated with the concept of the dialogical self and dialogical psychotherapy.

The muse as therapist: a new poetic paradigm for psychotherapy
Heward Wilkinson (2008)
£20.99
ISBN 9781855755956
In recent years there has been a cautious movement towards seeing psychotherapy and counselling as arts not as sciences.

Child-centred attachment therapy: the CcAT programme
Alexandra Maeja Raicar with contributions from Pauline Sear and Maggie Gall (2009)
£20.99
ISBN 9781855755055
This book describes the development of the Child-Centred Attachment Therapy (CcAT) model of working with children with attachment difficulties.

Diversity, discipline and devotion in psychoanalytic psychotherapy: clinical, training and supervisory perspectives
Gertrud Mander (2007)
£18.99
ISBN 9781855754737
A selection of papers reflecting a preoccupation with the growth and diversification of counselling and psychotherapy; the imperatives of training, supervision and regulation; and the significant changes in the profession due to the invention of brief, time-limited, intermittent and recurrent psychotherapy.

What is psychotherapeutic research?
Del Loewenthal and David Winter (2006)
£24.99 ISBN 9781855753013
Examples of how psychotherapeutic research and the abilities to carry it out can help the practising psychotherapist.
Welcome to our new UKCP members

New UKCP registered psychotherapists

- Alison Clare Adams CACP
- Nicole Addis NGP
- Kay Allan FIP
- Monika Allen ScPTI
- Lynn Andrews ScPTI
- Alison Arundel ScPTI
- Katrina Ashton CCOPPP
- Jean-Claude Audergon RP0PUK
- Arlene Audergon RP0PUK
- Cynthia Austin MCCP
- Maggie Austin IPSS
- Genevieve Bagge CCEP
- Katie Banks IPs
- James Ian Philip Barclay AFT
- Elizabeth Barker NGP
- Stephanie Paula Barker AFT
- Megan Jane Barker UPCA
- Tony Bateman SPTI
- Nicholas William Bayley SITE
- Britto Belevedren IATE
- Sarah Jane Bennett IATE
- Steve Benson AFT
- Liz Birdnell NGP
- Deborah Blagden ITA AFT
- Aileen Blower AFT
- Sandra Paullette Jane SPTI
- Jane Boots GUILD
- Marlene Botha CCEP
- Kate Bowman BCPC
- Cathy Boyd SPTI
- Scott Christopher Brandreth SPTI
- Emily Broadhurst Broadhurst IATE
- Paul Edward Buckley AFT
- Gloria Burrett CCPE
- Anita Campbell SPTI
- Susan Cannon MC
- Sara Jane Carr AFT
- Simon Carver UPCA
- Barbara Cawdron SITE
- Joanne Challis Smith AFT
- Jo Chambers GASW
- Fiona Chandler CAP
- Divine Charula UPCA

New UKCP registered counsellors

- Nicola Church
- Anna Rebecca Churgher
- Jill Elizabeth Clarkson
- Alex Collins
- Deborah Elizabeth Conlon
- Hilary Elaine Corcoran
- Angelique Cox
- Lynne Davis
- Sonia Gail Davis
- Hilary Day
- Deborah Jane Evans
- Claudia Patricia Forero Jurado
- Linda Gabriella Jones
- Deborah Jones Lally
- Andrea Mary Jones Lally
- Jules Lally
- Ellena Maria Fries
- Dorothee Fritze
- Lizzabeth Carol Fulto
- Hariat Lynn Gamble
- Clemmie Gleeson

New UKCP registered supervisors

- Carly Nicole Goodfellow SPTI
- Ann Goodwin * NGP
- Marcus Robert Gottlieb Spectrum
- Dave Greaves ScPTI
- John Francis Gummelton AFT
- Sylvia Gurr IATE
- Samar Habal AFT
- Christine Anne Hall MI
- Sheila Halliday ITA
- Wendy Hammond CCPE
- Miriam Kate Handren BCPC
- Sue Hanson * NGP
- Moritz Happ AFT
- Nikki Harris MC
- Yvonne Harris IGA
- Helen Margaret Hastings-Spatial BCPC
- Stephanie Jayne Hellawell * NGP
- May Hermens IATE
- Fiona Marie Hicks CSP
- Sarah Elizabeth Hole CCPE
- Elaine Holliday AFT
- Gillian Heather Holloway AFT
- Mairi Holmes * NGP
- Shaun Hotchkiss SPTI
- Christine Humle Cross CCPE
- Julia Mary Huxter AFT
- Susan Louise Iacovou UPCA
- Geoffrey Peter Ibbotson NCHP
- Trudy Inge ACAT
- Sharon Ingram IPS
- Richard Ireland ITA
- Philippe Jacquet IATE
- Laine Jaderberg IATE
- Natasha A Jenner Pullinger FIP
- Andrew Peter Judson AFT
- Pamela Joyce Kasalovic SPTI
- Lauren Merril Kaye CAP
- Nasima Khanom AFT
- Adam Knel GCL
- Sachiko Kishi GCL
- Jane Knights MC
- Greta Rose Knowles BCPC
- Anna Koutelier FPC
- Sheila Kurowska COOPP
- Amanda Elizabeth Langford IATE

New UKCP registered psychotherapeutic counsellors

Alison Arundel ScPTI
Ruth Aylward-Davies FPC
Michael Patrick Buckley MCCP
Jane Butcher MCCP
Deborah Rachel Butler WPF
Richard Stephen Cave NCP
Andrea Cone-Farran AJA
Richard Anthony Cooper MCCP
Karen Dowson ScPTI
Elizabeth Anne Evans MCCP
Patrick Farrell MCCP
Anne Foster FPC
Louise Goldsmith MC
Gillian Greenwood FPC
Claire Miranda Hamburger MC
Sarah Hay ScPTI
Bridget Kirsten Holding IATE
Enas Ismail WPF
Sarah Jane MCCP
Wendy Jilley MCCP
Paul Junge MCCP
Helen Jane Kerwick ScPTI
Rachael Longmire-Hunt FPC
Julie Lyon SPTI
Beverley Kay Marr NGP
Dorothy McQueen WPF
Mike Moran NGP
Carolyn Lea Trompf Polunin NGP
Michelle Richards MI
Marion Jean Rideout MCCP
Ann Elizabeth Simon UPCA
David Stimson ScPTI
Frances Julia Stobbs WPF
Lindsey Judith Vernon CPC
Mary Williams UPCA
Karen Woodward MCCP

* Apologies to these psychotherapists who were omitted from previous issues of the journal
Events

**JULY**

1 July 2011 – Kettering
Introduction to Systemic Constellation Work
Exploring the use of Constellations in working with transgenerational trauma, this workshop with Chris Williams provides participants with an overview of the approach and its application to individual therapy work with an opportunity to participate in constellations. For more information contact Karin Creasy.
T: 01604 554 195
E: stortcounselling@hotmail.co.uk
W: www.karincreasy.co.uk

8 July 2011 – Bristol
NLP Diploma (INLPTA certified)
Introduction
A 4-day introductory course for those wanting to find out more about using NLP. Certified by INLPTA, lead trainer is a UKCP psychotherapist. For more information contact Karen Meager.
T: 01749 687 102
E: info@monkeypuzzletraining.co.uk
W: www.monkeypuzzletraining.co.uk

8-10 July 2011 – East Anglia
Process Oriented Family Therapy and Community Healing
A seminar for professionals and parents. Families reflect world issues. Roles become entrenched. Learn skills and attitudes to approach this stuckness going deeper to the essence and visions behind our relationships. For more information contact Mark O’Connell.
T: 01206 230 425
E: popmoc@googlemail.com
W: www.apricotcentre.co.uk

9 July 2011 – Bristol
Marianne Fry Lecture 2011: Double Vision? The Gestalt of our Environmental Crisis
Being wholly present to crisis can transform ways of seeing, but how difficult it is to remain embodied and present? For more information:
E: info@mariannefrylectures.co.uk
W: www.mariannefrylectures.co.uk

9-11 July 2011 – London
LSBP: Embodied living – Experience how our emotions, past and present, live in our bodies
This experiential workshop will introduce you to some of the basic biodynamic concepts including: how to listen to your body, learning some Biodynamic Massage techniques and our approach to group interaction. For more information contact Doe Warnes.
E: admin@lsbp.org.uk

11 July 2011 – East Anglia
Clearing the ancestral line and trauma from birth and early childhood – Shamanic techniques
This introductory seminar focuses on shamanic techniques for pulling pack soul fragments and clearing the ancestral line from the DNA with exercises you may use with yourself or with your clients right away. For more information contact Mark O’Connell.
T: 01206 230 425
E: popmoc@googlemail.com
W: www.apricotcentre.co.uk/flies/ gary2011.pdf

14-15 July 2011 – Liverpool
DBT for Adolescents
DBT offers practitioners a comprehensive treatment approach that prioritises life-threatening and therapy-interfering behaviours to keep adolescents safe, stable and connected to treatment. For more information contact Matthew Aston.
T: 01978 350 073
E: bidbt.training@extra-ibs.com
W: www.dbt.uk.net

14-15 July 2011 – London
Personal Construct Psychology (PCP) Foundation Course
We are offering a new approach to achieving the 6 day Foundation Course in PCP. Each 2-day unit includes a facilitated discussion, handouts, case studies and reflexive exercises. For more information contact Cathy Sparkes.
T: 07970 558 072
E: cathy@intandem.co.uk
W: www.pcpassociation.net

16 July 2011
CPC 2011 Supervision Training Course: The supervisory process and the dynamics of the supervisory relationship
Fifth of a 10-session Supervision course running on Saturdays throughout 2011. This session will cover dyads, triads and groups; parallel process and imminent criticism; unconscious processes in supervision; supervision and power. With Antonia Murphy. For more information contact CPC.
T: 01243 870 701
E: cpc@cpc-online.co.uk
W: www.cpc-online.co.uk

18 July 2011 – East Sussex
Spiral Dynamics
This workshop will present the work of Clare Graves and the development of his ideas by Beck and Gowan into the Spiral Dynamics model, and will compare and contrast these ideas with Transactional Analysis. For more information contact Kerry Scrivener.
T: 01892 655 195
E: kerry@wealdeninstitute.co.uk

18-21 July 2011 – London
Summer School: Introduction to Couple Interaction
4-day course open to those interested in learning about couple relationships and working with couples from a psychodynamic perspective. Includes lectures, discussions and video material. For more information contact Breda Lamb.
T: 020 7380 1970
The Congress will feature internationally renowned psychotherapists, representing different fields of psychotherapy, counselling, and related disciplines. A number of oral and poster presentations, invited symposia and workshops are currently being planned for the Congress. For further information contact Anthony Korner.
E: wcp2011@arinex.com.au
W: www.wcp2011.org

26 August 2011 – Stirling, Scotland
NLP Practitioner Certification (INLPTA certified)
15-day course for those wanting to add NLP to their toolkit or to begin their training in NLP Psychotherapy. 4 modules over long weekends, lead trainer is a UKCP Psychotherapist. For more information contact Karen Meager.
T: 01749 687 102
E: info@monkeypuzzletraining.co.uk
W: www.monkeypuzzletraining.co.uk

27 August 2011 – Crowborough, East Sussex
Taster Day in Counselling Skills
Are you a good listener? Do people tend to tell you about their problems? Have you ever thought of getting some training in counselling? For more information please contact Kerry Scrivener.
T: 01892 655 195
E: kerry@wealdeninstitute.co.uk
W: www.wealdeninstitute.co.uk

29 August 2011 - 2 September 2011
- London
GAS 15th European Symposium: Cultures, Conflict and Creativity...
From the Group Analytic Society. The inaugural address will be given by Justice Albie Sachs: ‘South Africa’s Truth and Reconciliation Commission: Transforming Negativity Into Positivity.’ For more information go to the GAS website and click on 2011 Symposium.
T: 01728 689 090
E: gas-symposium@confer.uk.com
W: www.confer.uk.com/gas-symposium2/index.htm

SEPTEMBER
September 2011
Psycho-Oncology programme, University of Salford
This programme is for medical and allied health professionals and nursing, psychology and social care professionals wishing to develop their skills in providing psychological support for patients with cancer and their families. For more information contact the College of Health & Social Care.
T: 0845 234 0184
E: chsc@salford.ac.uk
W: www.healthcare.salford.ac.uk/courses/psychooncology

September 2011
Child and Adolescent Mental Health (MSc/PgDip/PgCert)
University of Salford
Suitable for registered practitioners or people working at equivalent level with children, young people, young adults and families, with role in relation to mental health or emotional wellbeing. For more information contact the College of Health & Social Care.
T: 0845 234 0184
E: chsc@salford.ac.uk
W: www.nursing.salford.ac.uk/
postgraduate/camh

September 2011
Leadership and Management for Health Care Practice (MSc/PgDip/PgCert)
University of Salford
Suitable for health care professionals including nurses, midwives, doctors, physiotherapists, radiographers and health care scientists. For more information contact the College of Health & Social Care.
T: 0845 234 0184
E: chsc@salford.ac.uk
W: www.nursing.salford.ac.uk/
postgraduate/mscleadership

September 2011
Professional Doctorate (Health and Social Care) University of Salford
Suitable for health and social care professionals working at senior levels who have responsibility for the development of evidence-based professional practice. For more information contact the College of Health & Social Care.
T: 0845 234 0184
E: chsc@salford.ac.uk
W: www.nursing.salford.ac.uk/
postgraduate/profdottorate

1 September 2011
Applied Psychology (Therapies) (MSc/PgDip/PgCert) University of Salford
For psychology graduates and health and
continuing professional development

social care professionals who have an interest in therapeutic interventions. It also provides routes to a professional doctorate and an academic or research career. For more information contact the College of Health & Social Care.

T: 0845 234 0184
E: chsc@salford.ac.uk
W: www.swpph.salford.ac.uk/socialpolicyandsocialjustice

September 2011
Social Policy and Social Justice (MSc/PgDip/PgCert) University of Salford
This programme is suitable for a wide range of people interested in issues relating to social welfare, social justice, equality, diversity and achieving a fair society for all. For more information contact the College of Health & Social Care.

T: 0845 234 0184
E: chsc@salford.ac.uk
W: www.swpph.salford.ac.uk/socialpolicyandsocialjustice

September 2011
Counselling and Psychotherapy Studies (Professional Training) (MSc/PgDip) University of Salford
Suitable for professionals who are graduates and have successfully completed an academic year-long counselling programme and wish to develop these skills further to become a professional counsellor. For more information contact the College of Health & Social Care.

T: 0845 234 0184
E: chsc@salford.ac.uk
W: www.swpph.salford.ac.uk/counselling/msccounsellingstudies_pt

September 2011
Therapeutic Interventions (BSc Hons) University of Salford
If you’re involved with people diagnosed with a “Personality Disorder” or using CBT with clients, this programme is designed to improve your care standards and develop skills and confidence. For more information contact the College of Health & Social Care.

T: 0845 234 0184
E: chsc@salford.ac.uk
W: www.nursing.salford.ac.uk/postqualifying/therapeuticinterventions.php

September 2011
Graduate Certificate in Counselling University of Salford
Course provides solid introduction to counselling skills, will be particularly relevant to graduates already working in areas such as education, health, social services and the voluntary sector. For more information contact the College of Health & Social Care.

T: 0845 234 0184
E: chsc@salford.ac.uk
W: www.swpph.salford.ac.uk/counselling/graduatecertificatecounselling

3 September 2011
CPC 2011 Supervision Training Course: Supervisory interfaces
Sixth of a 10-session Supervision course running on Saturdays throughout 2011. This session will cover teaching and supervision, managing and supervision, therapy and supervision, normative functions of supervision, training supervision/placement supervision and supervising ‘others’. With Paul Gurney. For more information contact CPC.

T: 01243 870 701
E: cpc@cpc-online.co.uk
W: www.cpc-online.co.uk

10-11 September 2011
NLP Practitioner Course
Nottingham or Chirch, Derbyshire. 21-day INLPTA accredited and Professional Guild of NLP endorsed training, by one of Britain’s most experienced NLP trainers. Possibly the most thorough NLP Practitioner Course available. For more information contact Frank Daniels.

T: 01773 857 678
E: info@frankdanielsassociates.co.uk
W: www.frankdanielsassociates.co.uk/nlpcoachingdiplomacourse.html

10-11 September 2011
NLP Diploma Course
Nottingham or Chirch, Derbyshire. 4-day INLPTA accredited and Professional Guild of NLP endorsed training run by one of Britain’s most experienced NLP trainers. (Self-contained seminar also first module of our full NLP Practitioner training.) For more information contact Frank Daniels.

T: 01773 857 678
E: info@frankdanielsassociates.co.uk
W: www.frankdanielsassociates.co.uk/nlpcoreskillseminar.html

14-17 September 2011
The Body in the World, the World in the Body
European Association for Body Psychotherapy with the Chiron Association for Body Psychotherapists Congress. Themes are: early attachment, social bonding, relational body psychotherapy, ecopsychology, social justice and embodied conflict exploration. Confirmed presenters are Stephen Porges, Sue Carter, and Roz Carroll.

T: 023 80 487592
E: info@grayrock.co.uk
W: www.grayrock.co.uk

10-11 September 2011
NLP Coaching Diploma Course
Also 1-2 and 22-23 October 2011. Nottingham or Chirch, Derbyshire. INLPTA accredited and Professional Guild of NLP endorsed training. Thorough foundation in NLP applied to coaching, run by one of Britain’s most experienced NLP trainers. For more information contact Frank Daniels.

T: 01773 857 678
E: info@frankdanielsassociates.co.uk
W: www.frankdanielsassociates.co.uk/nlpcoachingdiplomacourse.html

12 September 2011 – Oxford
Teaching Clients to Tolerate their Emotions
Based on 15 years of clinical trial and experimental research Professor Thomas Lynch will share some new ideas for therapy with these challenging conditions. For more information contact John Dunkley.

T: 023 80 487592
E: info@grayrock.co.uk
W: www.grayrock.co.uk

17-18 September 2011 – France
Official TA101
Wealden Institute Centre. Transactional...
Analysis is a theory of personality and a systematic psychotherapy for personal growth and personal change. TA gives us a picture of how people are structured psychologically. For more information contact Kerry Scrivener.

T: 01892 655 195
E: kerry@wealdeninstitute.co.uk
W: www.wealdeninstitute.co.uk

17-19 September 2011
Words That Change Minds Seminar
Nottingham or Crich, Derbyshire. Identify motivational triggers and work patterns and use your language to spark interest and enthusiasm. For anyone who needs to influence or predict behaviour. For more information contact Frank Daniels.

T: 01773 857 678
E: info@frankdanielsassociates.co.uk
W: www.frankdanielsassociates.co.uk/wordsthatchangeminds.html

19 September 2011 – London
Teaching Clients to use Mindfulness Skills
Two senior clinicians from the NHS will share their experiences and techniques for teaching mindfulness skills to clients with a range of difficulties. They will introduce the concepts and demonstrate how to explain these to clients while gently leading them through some experiential exercises. For more information contact John Dunkley.

T: 02380 487592
E: info@grayrock.co.uk
W: www.grayrock.co.uk

24 September 2011
CPC 2011 Supervision Training Course: The interface between the psychological paradigm and the medical paradigm
Seventh of a 10-session supervision course running on Saturdays throughout 2011. Covers counselling as counter-culture; diagnosis, assessment and formulation; collaboration and sharing of information; making use of the setting and its impact on the supervisory dynamic; the dynamics of team work; teams within teams. With Duncan Sellers. Contact CPC.

T: 01243 870 701
E: cpc@cpc-online.co.uk
W: www.cpc-online.co.uk

2-25 September 2011 – London
Life Crisis - an Opportunity for Breakthrough
Discovering purpose in a crisis and developing the qualities needed to meet the challenge. For more information contact CCPE.

T: 0207 266 3006
E: info@ccpe.org.uk
W: www.ccpe.org.uk/seminars.html

24 September 2011— Derby
It’s the relationship stupid! (Or is it?)
A Derbyshire Institute of Psychodynamic Psychotherapy workshop with Andrew Samuels. Come and explore some challenging and fascinating aspects of therapy work, and discover whether the focus on relationships is still at the cutting edge of today’s clinical practice. For more information, contact Patricia de Hoogh-Rowntree.

T: 01629 540 935
E: pdehoogh@aol.com

24-25 September 2011 – Crowborough, East Sussex
Official TA101
Transactional Analysis is a theory of personality and a systematic psychotherapy for personal growth and personal change. TA gives us a picture of how people are structured psychologically. For more information contact Kerry Scrivener.

T: 01892 655 195
E: kerry@wealdeninstitute.co.uk
W: www.wealdeninstitute.co.uk

29 September 2011 – Kent
Master Clinician Workshop: Rumination focused CBT for Depression
Full-day CBT workshop (11 of 16) led by Dr Stirling Moorey. For more information contact Anne Arthur.

T: 01892 507 577
E: anne.arthur@canterbury.ac.uk
W: http://tinyurl.com/2u6dpbk

OCTOBER
1 - 2 October 2011
Family Constellation Weekend Workshop, London
Transpersonal and Transgenerational Healing. Family / Systemic Constellation workshops offer immediate and long-term healing not just for the individual but potentially for other members in the family system. For more information contact Janet C Love.

T: 0778 878 1573
E: janetclove@aol.com
W: www.loveconstellationtherapy.com
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- Cognitive Behavioural Psychotherapy
- Counselling and Psychotherapy (Professional Training)
- Leadership and Management for Health Care Practice
- Media Psychology
- Nursing
- Professional Doctorate (Health and Social Care)
- Psycho-Oncology
- Social Policy and Social Justice

Postgraduate Research:
- MPhil
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Make the change, contact:
T: 0845 234 0184
E: chsc@salford.ac.uk
www.therapy.salford.ac.uk
For more information visit our website www.groupanalysis.org or contact:

Brighton Sally King 01273 630151
Bristol Odelide Sutton Smith 0117 9441005
Coventry Andy Thomas 0121 4792424
Exeter Nick Sarra 01884 256349
Glasgow Sharon Hannah 0141 550444
Leicester Martin Bhurruth 0161 29 48096
London Samantha Evans 020 7431 2693
Manchester Bethan Marreiros enquiries@groupanalyssonorth.com
Oxford Anne Reilly 07541173716
Sunderland Sally Mitchison 0191 569 9477
Turvey (Beds) The Secretary 01234 881617
York The Convenors info@yorkgroupwork.com

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Offering Foundation Courses in up to fourteen national locations across the country, the Institute of Group Analysis is the premier provider of group analytic training in the UK.

Open to professionals from a wide range of disciplines interested in the study of the dynamic relationship between the individual and the group and drawing upon psychanalytic theory, social science and systems theory, the Foundation Course in Group Analysis introduces students to an exploration of man’s social nature.

The Foundation Course in Group analysis provides an introduction to group analytic theory and practice through academic lectures, seminars and group-analytic experiential groups that will equip students to understand and to participate more fully in a range of group situations.

Successful completion of the Course qualifies students to apply for progression to the Post Graduate Certificate in Group Analytic Studies heading towards Associate membership of the IGA as a Group Work Practitioner (IGA) and the professional training, which leads to Membership of the Institute of Group Analysis, and United Kingdom Council for Psychotherapy (UKCP) registration as a Group Analyst.

For more information visit our website www.groupanalysis.org or contact:
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Leicester 0161 29 48096
London 020 7431 2693
Manchester 0161 830 0974
Oxford 01865 334334
Sunderland 0191 569 9477
Turvey (Beds) 01234 881617
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Other MSc and BSc programmes available: See SPTI website

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Glasgow Sharon Hannah 0141 550444
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London Samantha Evans 020 7431 2693
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Oxford Anne Reilly 07541173716
Sunderland Sally Mitchison 0191 569 9477
Turvey (Beds) The Secretary 01234 881617
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www.artspsychotherapy.org

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This course is designed to train professionals and practitioners to:

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- Enable parents to feel deeply fulfilled in their parental role
- Offer short-term parent-child therapeutic intervention

CONVERSION COURSES
Designed for registered counsellors and psychotherapists who want to train to work with children or adolescents. The courses offer cutting-edge theory and practice, with particular focus on actual technique. The courses take into account all completed personal therapy and training hours accrued on previous training courses.

Adult to Child Counselling Conversion Course: Diploma in Child Counselling (open to BACP accredited, UKCP or UKAPC registrants only)
Adult to Child Conversion Course: Diploma in Integrative Child Psychotherapy - Leading to UKCP registration (open to UKCP registrants only)
Adult to Adolescent Conversion Course: Diploma in Therapeutic Counselling with Adolescents (open to UKCP, BACP or UKAPC registrants only)
Work effectively and safely with children

Additional skills for UKCP Psychotherapists

Practice Based Play Therapy Programme

The only play therapy courses in Europe validated through clinical outcomes research

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<td>Central London - Barnsley - Bristol - Dublin - Edinburgh</td>
<td>Huntingdon - South Devon - Manchester - Tunbridge Wells</td>
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<td>The programme is also each available as 15-day intensive courses at our Summer School in the South of France Jul/Aug</td>
<td>La Moulne Centre, 26 acres of therapeutic space, heated swimming pool, organic food, 1 hour from Toulouse Airport, budget airline fares, beautiful Tarraise countryside, English speaking B&amp;B &amp; sites nearby.</td>
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The programme has been running for 9 years - over 1100 university registrants.

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**Centre for Counselling & Psychotherapy Education**

**CCPE**

**Weekend Seminars 2011**

- **Creative Imagination** – 18 & 19 June
- **Life Crisis – an Opportunity for Breakthrough** – 24 & 25 September
- **Facilitating Spiritual Growth** – 29 & 30 October
- **Alchemy of Relationships** – 5 & 6 November

Cost: £160 (non-refundable deposit £80)

Times: Saturday 10am – 5pm
Sunday 10am – 5pm

Open Evenings:
Friday 16th September and 28th October, 7pm

**CCPE**
Beauchamp Lodge, 2 Warwick Crescent, London W2 6NE Tel: 020 7266 3006
Email: info@ccpe.org.uk
www.ccpe.org.uk

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**Centre for Counselling & Psychotherapy Education**

**CCPE**

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Validated by Northampton University

UKCP Accredited Child Psychotherapy Training

This can lead to registration as a UKCP Child Psychotherapist.

This two-year programme offers a transpersonal, integrative approach to psychotherapy with children and adolescents.

**Start date: January 2012**

This is a part time training taking place on Fridays and 12 weekends over two years.

Please contact CCPE for further details.

**CCPE**
Beauchamp Lodge, 2 Warwick Crescent, London W2 6NE Tel: 020 7266 3006
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www.ccpe.org.uk
CAP was formed in the mid-90s to provide a route for those Jungian Analysts whose organisational members had left the UKCP to join the BCP (as it was then). Later, we recognised that there were many Jungian analytical psychotherapists, arts therapists and counsellors and we welcomed them into CAP.

So this is a unique organisation in which analysts, psychotherapists, arts therapists and counsellors come together under one roof. We put on innovative and much-praised conferences and workshops. CAP members are entitled to attend the Congresses of the International Association for Analytical Psychology.

If you have had Jungian analysis and supervision, fall within one of the categories mentioned, and have an interest in joining CAP, please contact our Hon. Sec., Ruth Williams, at RuthWilliams@msn.com or 020 7515 2012.
We are training mental health professionals in evidence based treatment for psychological trauma

EMDR has primarily been used in the treatment of Post Traumatic Stress Disorder and has increasingly been used to treat a wide range of experientially based disorders, including anxiety, panic attacks, pain, performance problems, phobias and grief.

Targeted at experienced mental health workers this is one of the first university-based EMDR training courses in Europe. It aims to enable you to effectively incorporate the practice of EMDR within your existing psychotherapeutic clinical practice. This double Masters level module has been validated by EMDR Europe and the University of Birmingham and encompasses the present EMDR Institute and EMDR Europe approved trainings Parts 1, 2 and 3.

Programme includes: Introduction to psycho-traumatology, eight phases of the EMDR protocol, research evidence base for EMDR, EMDR practicum sessions, regular EMDR clinical supervision throughout the programme, involvement in the wider EMDR network and opportunity to participate in emerging EMDR related research activity. There will also be opportunities for further study.

Learn more
For further information please visit our website www.mds.bham.ac.uk/ pgtmodules, telephone 0121 414 3126 or email np-pgadmissions@contacts.bham.ac.uk

www.mds.bham.ac.uk
continuing professional development

THE ASSOCIATION OF JUNGIAN ANALYSTS

PROFESSIONAL TRAINING, CPD LECTURE PROGRAMME, WORKSHOPS

JUNGIAN ANALYTIC TRAINING for QUALIFIED PSYCHOTHERAPISTS
(20 Weekend Modules 2012—2014)
The next training commences in January 2012. Closing date: September 15th 2011.
Full details are available at: www.jungiananalysts.org.uk

A&A also offers a diverse public programme of Tuesday evening lectures and Saturday workshops.
View the full programme, details and ticket prices on our website. Forthcoming events include:

Tuesday 26th July—Dr Gottfried Heuer, “An Emerging Potential for World Peace?”
Saturday 8th October—Dr Carola Mathers, Social Dreaming Matrix
Saturday 19th November—Deirdre Johnson & Phil Goss, “Masculine and Feminine: Archetype or Stereotype?”

THE ASSOCIATION OF JUNGIAN ANALYSTS, 7 ETON AVENUE, LONDON NW3 3EL, TEL: 020 7794 8711
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70 Warren Street
London W1T 5PB
Tel: 0207 380 1970
www.tccr.org.uk

Events and Summer Schools 2011

◆ Introduction to Couple Interaction Summer School, July 18-21 2011
◆ Advanced Summer School: ‘The Unconscious World of the Couple’, to be run in
  conjunction with David Scharff of the International Psychotherapy Institute,
  USA, July 18-21 2011
  • Learn more about couple relationships and couple therapy • Attend seminars and lectures by leaders
    in the field and senior TCCR staff • Enjoy learning through video and film and a trip to the theatre •
◆ Autumn Conference: ‘Could it be magic? Identifying the Dynamics of Change in

TCCR is the leading trainer of Couple Psychotherapists,
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◆ Certificate in Psychosexual Studies: Understanding the Sexual Relationship
◆ PGDip and MA in Attachment, Psychoanalysis and the Couple Relationship
◆ MA and PD in Couple Psychoanalytic Psychotherapy
◆ PGDip in Couple and Individual Psychodynamic Counselling and Psychotherapy

CONVERSION OPTIONS available for those qualified as Adult, Child or Group Psychoanalytic Psychotherapists or
Psychodynamic Counsellors. All courses are university validated and BACP, BPC or CORST accredited.
continuing professional development

Psychotherapists and Counsellors for Social Responsibility

Changing Climates: Integrating Psychological Perspectives on Climate Change
Conference + Launch of an Alliance of professionals
2nd July 2011 930-5 NCVO, London

KEYNOTE SPEAKER: Clive Hamilton
Author Requiem for a Species:
Why We Resist the Truth About Climate Change

INTRODUCTION: Paul Hoggett
Professor of Social Policy UWE

RESPONDENTS:
Nick Pidgeon  Professor Environmental Psychology Cardiff
Tree Staunton  Integrative Body Psychotherapist
Sally Weintrobe  Psychoanalyst
Sandra White  Ecopsychologist

WORKSHOPS
Sophy Banks - Caroline Frizell+Sandra White - Paul Maiteny
Rosemary Randall - Adrian Tait - Nick Totton

Further details: www.pcsr.org.uk 01926 421524
judith.anderson@btinternet.com

Co-sponsored by UKCP, CPSS UWE, Re-Vision, Psychosynthesis Education Trust, Site for Contemporary Psychoanalysis, Site SW

GESTALT CENTRE
LONDON  1980-2011

2011–12 Programme includes:
Supervisors’ Training with Jane Ruddy and Gaie Houston
CBT for Gestalt and Integrative Therapists with Tommi Raisanen
Working with Diversity led by Heather Robyn and Patricia Rea-Woodhouse
Advanced Group Facilitation with Michael Ellis
Motivational Interviewing with Toni Gilligan

Various introductory workshops:
Fundamentals of Gestalt (1 day workshop)
Gestalt in Action (2 day workshop)
Personal Development Groups

Also offered:
BACP Accredited Diploma in Counselling
UKCP Accredited Psychotherapy Training
MA awarded by LondonMet University

For details of all our courses, visit our website:
www.gestaltcentre.co.uk
contact us on 020 7247 6501 or mail@gestaltcentre.co.uk

Psychotherapists and Counsellors for Social Responsibility

Rage
Theodor Itten
Translated from the German Jähzorn
by Ruth Martin

Managing an Explosive Emotion

Some reviews of Jähzorn:
...Theodor Itten, psychotherapist and author, has got to grips with sudden rage in both literary and therapeutic terms...“One's own sense of self-worth, self confidence, and sense of responsibility are fed by the truth of one's feelings,” according to Swiss psychologist Theodor Itten's brilliant new book Jahzorn.

The destructive power of rage is well known, but until now has been a taboo subject. Whether in our professional or private lives, we have all been witness to sudden outbursts of untamed anger. Where does it come from? How does it manifest itself? What can we do about it? These questions lead Theodor Itten on a journey through religion, myth, literature and film in the search for answers. The book's case studies supply new socio-psychological and therapeutic insights, as well as a call to action for psychotherapists, doctors, teachers and other members of the caring professions. They also provide a valuable source of information for those personally affected, and for their loved ones.

Theodor Itten has practised psychotherapy in Switzerland since 1981. He is a Member of the United Kingdom Council of Psychotherapy and Executive Editor of the International Journal of Psychotherapy. Since 2003 has been a committee member of the Swiss Psychotherapists' Association and, from 2008 to 2011, its president.

Paperback £19.95
Available from 23rd June 2011 from www.libripublishing.co.uk, Amazon.co.uk and all good bookshops.
Doctorate in Psychotherapy by Public Works
A Joint Programme with Middlesex University

This award will appeal to senior and accomplished psychotherapists who wish to gain a doctorate for their existing substantial contribution to the field of psychological therapy. This achievement may be evidenced through a range of publications and/or public works such as:

- the development of innovative therapy services;
- the facilitation of major organisational change;
- the establishment of successful training programmes.

The work will have been pivotal in the field and commended, reviewed and respected by peers. Candidates create an intensive reflexive 20,000-word audit of their existing achievements which is submitted together with evidence of completed work and its impact in the field. Candidates normally take 12-18 months to complete the programme and are supported by an experienced Academic Adviser for the duration of their study.

For further details about the application process, please contact Mandy Kersey, our Academic Coordinator.

13 North Common Road, Ealing, London, W5 2QB
T: 020 8579 2505  W: www.metanoia.ac.uk  E: mandy.kersey@metanoia.ac.uk
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Diploma in Evidence-Based Psychological Treatment

Application deadline 17 June 2011

The Diploma in evidence-based psychological treatment is now in its fourth year and has quickly gained a national reputation for excellence and consistent high quality.

It focuses on specific interventions (mainly cognitive behavioural but not exclusively) with strong scientific support. This year-long part-time qualification is ratified by the University of Reading, and accredited by the BABCP at Level 1. It comprises workshops, clinical skills sessions and supervision. Students with particular interest in older adults, children or trauma will be able to access specialist supervision in those areas.

The Diploma will suit practitioners from other therapeutic orientations who wish to develop their CBT skills.

‘Excellent course which was well run and co-ordinated, learned loads and absolutely came up to expectations. The workshops were fantastic, and the supervision sessions invaluable. I’m so glad that I have done the course!’

Diploma student 2010 cohort

For further information:
email cwii@reading.ac.uk
tel 0118 378 6668
www.reading.ac.uk/charliewaller
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- Courses start January 2012 in London

For further details please contact the Administrator

T: 0118 922 2993  E: admin@gaps.co.uk
W: www.gaps.co.uk

The Psychotherapist

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November 2011 Ammerdown Centre - nr Bath
June 2012 Rydal Hall - Lake District
January 2012 St Columba’s - Woking

Information, prices and application forms available at:
www.counsellingsupervisiontraining.co.uk
Bernice: 07851 891 937  Caro: 01173 738942
Email: cascadetraining@gmail.com

Recruiting now for 2011/12
CASCADE Diploma in Individual & Group Supervision
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Spectrum’s Continued Professional Development Programme welcomes graduates from other training organisations who are looking to be part of an on-going professional community. Our professional community offers peer contact and networking, as well as supervision and advice on growing and managing a practice. We also offer the following professional development modules:

- Working with couples
- Family work
- Action techniques in therapy
- Developing clinical skills
- Sexuality
- Formative psychology
- Dreams and the body
- Working with anger
- Gestalt therapy

To request a brochure:
e-mail Jo: jo@spectrumtherapy.co.uk
call Jo on 020 8341 2277
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Spectrum, 7 Endymion Road, London N4 1EE.
Visit www.spectrumtherapy.co.uk

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Newcastle & Teesside

Here at Northern Guild, we are deeply committed to career development and support. We feature a diverse range of training opportunities to suit professionals at all stages of their career from beginner to master practitioner.

NGP is an accrediting member of the UKCP. Graduates are eligible for registration on the UKCP national register.

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  Led by Jennie McNamara. Individual learning plans designed according to previous experience
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Established 1983
Open forum on the recognition and regulation of psychotherapy and psychotherapeutic counselling

Saturday 9 July 2011 · 10am to 5pm
Central London

Following the government’s change of policy on statutory regulation we need open discussion about our options and what we must do to make our organisation and our register fit for purpose under a new scheme of assured voluntary regulation.

We must also address how we can improve the recognition of psychotherapy in the current political climate. Recognition affects employment opportunities. How can we protect the jobs of our members working in the NHS and make sure that the number of jobs does not decline?

We would also like to pick your brains on Improving Access to Psychological Therapies (IAPT) and the National Institute for Health and Clinical Excellence (NICE).

We also aim to review:
- Progress with the Board’s strategic themes:
  - improving access to psychotherapy;
  - engaging our membership;
  - securing the future once the details of regulation are known;
  - establishing our core values.
- Diversity, equalities and social responsibility work
- The effectiveness of our communications
- Improving membership renewal processes.

Your input is vital
Please write in with suggestions for what our open forum should cover. Email your ideas to: events@ukcp.org.uk

Chairs and delegates meeting
At the end of the day we will hold a meeting for chairs and delegates of UKCP’s organisational members. This is also open to individual members. Chairs and delegates are strongly encouraged to attend the open forum.

Live video feed
Your participation in this event is extremely important to us. In order to improve access for our members (particularly those outside London) we are organising a live video feed. This will give you the opportunity to follow the event which will be streamed live to your personal computer and to submit questions to the speaker/panel.

Booking process
Pre-booking is essential for this event. To guarantee your place or to register your intention to view the live video stream, please complete our online form which you can find on our website at: www.ukcp.org.uk/events

It’s not too late, book your place now!

For further information and booking details please contact:
events@ukcp.org.uk · 020 7014 9966
or visit our website: www.ukcp.org.uk/events