



SCHOOL OF PSYCHOTHERAPY & COUNSELLING PSYCHOLOGY

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A Message from The Head of School

Dr Maria Luca

We are coming to the end of 2007, a year of many changes in Regent's College and some very important new developments for our School. Since the appointment of the Chief Executive, Professor Aldwyn Cooper, in January the strategic aim to unify Regent's College has been realised, with all schools on campus forming a unified and cohesive part of the College. The key change of the RC strategic plan is the introduction of two Faculties, the Business faculty and the faculty of Humanities, Arts and Social Sciences. SPCP and BACL will be part of the latter. Recruitment for two new posts of Dean of the Business Faculty and the Dean of the Faculty of Humanities, Arts and Social Sciences is under way. We expect that the successful individuals could start by December 2007. In the meantime all schools on campus are working towards implementation of the Regent's College strategic plan in its entirety. In particular schools are working together to identify how to forge links and partnership with each other in the interests of more cohesive and dynamically informed courses which utilise the knowledge and skills of all staff on campus.

The School has changed its name to 'The School of Psychotherapy and Counselling Psychology' to be more inclusive of the increasing expansion and success of the Counselling Psychology Programme. This became effective on 1st July 07. Antony Daly was appointed as Programme Director of the DCounsPsy, alongside Professor Ernesto Spinelli who has taken on the role of Senior Programme Director whilst continuing his duties as Senior Fellow.

Faculty News

Dr Ralph Goldstein was appointed as Senior Programme Advisor for a two year fixed contract. The successful validation of the Doctorate in Counselling Psychology by the University of Wales has also seen the appointments of Nils Soren Petter and Dr Greg Madison. The Counselling Psychology Programme team is now established and are working hard to



implement necessary changes to the programme alongside BPS and QAA requirements.

An important challenge facing the School is the ambition to complete the development of a new doctorate in psychotherapy and counselling and provide students with a new route to researching the clinical aspects of psychotherapy. The course directors of the Masters in Psychotherapy and Counselling (MAPC) (Marsha Taylor), the Advanced Diploma in Existential Psychotherapy (ADEP) (Lucia Moja-Strasser) and the newly appointed course director of the Advanced Integrative Diploma (ADIP), Dr John Nuttall, are working together with the aim to submit an application for validation to the University of Wales, by December 07.

The School has been exploring ways to respond to the growing need to provide candidates, especially those from abroad, with a practical way of training on the Advanced Existential Diploma. A proposal for a modular course was ratified by the

SPCP Academic Board in July and this new course will begin in January 2008.

Dr Angela Cotter, the Director of the Mphil/PhD programme in Psychotherapy and Counselling is developing the programme to make it more inclusive of candidates who are purely interested in the academic and not necessarily the applied aspects of psychotherapy and counselling research. The result is that those candidates who are not registered psychotherapists will be given the opportunity to research psychotherapy and counselling and contribute to the field. This is an important development since Angela took on the management of the programme and we hope to achieve our objective for the development of a thriving research community.

The Adjunct programme continues to perform well and Dr Freddie Strasser's and Paul Randolph's commitment has seen the mediation course travel to far away places such as Latvia. We are pleased that the long awaited ADR database for qualified SPCP mediators will be developed and implemented in the Autumn term.

SPCP faculty have been examining ways of fine tuning assessment schemes for all courses as well as improving the consistency in marking and assessments. To begin the process of identifying ways to improve existing practices faculty will meet on **29th September** for a one-day training which we hope will mark the beginning of an ongoing process well into 2008. All tutors involved in assessment are invited to attend. The day will be facilitated by Kevin Dawson from the University of Wales and Maria Luca.

Some of our students raised the issue of the clinical placement list requiring more regular updates and not the annual updating currently employed by the School. In response the School has undertaken an exercise of updating the list during the summer and making it available to students in the Autumn term.

For students coming in during the summer, especially for Foundation courses, you will have noticed that SPCP classrooms are undergoing full refurbishment in good time before the beginning of the Autumn term. We hope that the refurbishment programme has not disrupted classes.

As it is customary, the annual graduation ceremony took place in February 2007. My message to the many graduating students and trainees of professional programmes is contained in my February 07 graduation speech. However, on behalf of the SPCP faculty I would like to reiterate the following: we wish you success with the new challenge of setting up as practitioners. We hope that the Integrative Ethos of the School will live on through you and that you will keep in touch with us through the Alumni. It has been with pleasure that faculty engaged with you to influence your learning and development.

On behalf of the SPCP faculty we wish you all a challenging and creative Autumn term with an ongoing endeavour to work together to preserve and improve academic and clinical standards in counselling psychology and psychotherapy and counselling. The continuous communication between students and staff is pertinent in achieving future challenges.

Transitions

Dr Adrienne Baker

A Graduation Address given at the School of Psychotherapy and Counselling on 24 February 2007

First, my warmest congratulations to all of you on your achievements. I think that in this long journey of becoming and being a therapist what we learn – and continue learning – is something infinitely more than theory and ways of working. We learn about the privilege of being allowed into the emotional world of other people at a most vulnerable time of their lives, and, because of this, we learn about ourselves. Doris Lessing, in the Golden Notebooks, writes: 'That's what learning is. You suddenly understand something you've understood all your life, but in a new way.' Graduating is about this kind of learning and, at the same time, it represents a rite of passage with the whole gamut of emotions that accompany such a transition.

I share some of these emotions because now, on the point of retiring, I look back on sixteen years at the School of Psychotherapy. Becoming a therapist and joining SPC was a major transition for me and perhaps my only regret during all these years is that we've never made time as a group of colleagues to sit together and reflect on the individual stories, the joy and the sadness in our lives, which brought us here.

William Bridges writes, 'Things end, there is a time of fertile emptiness, and then things begin anew.' In my personal life, what preceded my time of ferment was being a wife, a mother, a home-maker within a traditional culture – roles I embraced, and still do, but I was timid of my own development. Eventually I trained as a social worker and worked in that world for many years. These were the years in which social work became increasingly politicized. Attempting to change the structures within society became the rallying call and working therapeutically, which I wanted to do, was seen by some as elitist. After a long commitment to social work, I left, then trained in family therapy, in group work and later trained as a psychodynamic psychotherapist. Once begun I had to continue this journey: I embarked on

research and, the day after I was awarded my PhD, I was appointed to the School of Psychotherapy. As with all change, there was plenty of turbulence. I was privileged that people believed in me – most of all, my husband and children – and then, here, at SPC, Emmy van Deurzen, the long-ago Dean, said, 'You can do it!' – and that is what I want to say to all of you this evening, you can do it!

I chose transitions as my theme for this evening because of its obvious relevance to graduating. But, in fact, even before a student begins training, there is ferment, a transition of sorts from a steady state to a state of dis-equilibrium, for the decision to train is never a random one; it comes about through events and influences and catalysts of which we're only partly aware. And then, once started, the training becomes not just a private passage but a transition which changes one forever. It also changes the quality and balance of relationships, especially intimate relationships. I think that, as tutors, we don't always recognise the impact of your training on those close to you and I do want to acknowledge this tonight; the fact that partners and families withstand the ripples is what makes the transition from trainee to therapist possible.

Sociologists use Runciman's concept of reference groups to illustrate the movement from one group, that to which we belonged, to another group, that to which we aspire. They discuss what it means to move from the secure base of what we know to another world where the sense of belonging is by no means assured. Along the way there is loss, possible alienation, loneliness. But also there is hope and excitement and passion. Ideally these are the feelings we try to give to you. Yet often the positives are accompanied by doubt and the need to tolerate uncertainty. It's part of the therapeutic process; we're not the experts our clients would like us to be, we don't hold the key to healing but what we can do is to listen in a way that people have often not experienced before and to allow words

to be expressed for what has often not had words before.

Let me illustrate: recently a young client who has not been with me long described the clamour of voices in his head. He said, 'Your voice was there, too, I heard it somehow outside the clamour, and then that part of me that is self-destructive destroyed you, too.' How do we help the client make sense of and resist his demons? How do we hold the client's primitive anxieties, as Winnicott suggests, and not get caught up in the vortex of his despair? I think these are the questions we go on and on asking ourselves. But we've made a choice in entering this impossible profession.

I try to find a partial answer in thinking about the client's narrative and my responsibility to him. I wonder about personal resonances in his sense of alienation. In my thinking I'm influenced by the writing of an anthropologist, Ruth Behar, and the parallels between her subtitle 'An Anthropology that Breaks Your Heart' and psychotherapy. Defining herself as a 'Vulnerable Observer' she writes of (and I quote) '...memories that won't recede and so come pouring forth in the late-night quiet of a kitchen as a storyteller opens her heart to a story listener, recounting hurts that cut deep and raw into the gullies of the self...' We are the story listeners. We hear about loss and longing and, as Behar describes, we hear about the speaker's desire to enter into the world around him but with 'no idea how to do it' and we, the listener, experience the fear of observing too coldly ...'

Throughout I believe we balance polarities: between the subjective and objective, between the inner world and outer reality, between wanting to be open to the rawness of our clients and wanting to survive in our own world where – albeit sometimes precariously – we have begun to resolve some of our conflicts. I am so aware as I write this that, on the wall behind my desk, there is a photo of four of my grandchildren (I have eight!). They are happy with the innocence of much-loved and healthy children. Can we still play? Can we still experience some of that freedom and innocence without always carrying the suffering of others within us?

Transitions are always a two-way thing. People leave and people are left. Last term, as the end of this five year training drew near, the Advanced Diploma students I'd taught reflected on loss. The

loss was most of all to do with a sense of belonging, - belonging in a group which, through much ambivalence, had forged real friendships. For me, too, on the point of retirement, I knew already the huge loss I'll experience – the friendship of colleagues, the very special relationship with students. As teachers we learn all the time from you, the students. Over the years, in launching you with your dissertations, I've learned again how often a tentative personal theme can be allowed to find expression in an academic piece of work. I've learned, too, how to balance conflicting ideologies: seeing you in placement with a Kleinian or an existential or a CBT supervisor - approaches which may clash with College supervision - I've watched you develop a way of working that feels right for you and attuned to your client. Most of all, I think we've recognised together how often clients who seem so damaged can, within a safe therapeutic relationship, begin to face the demons and the wounds and the sorrows which have been so well-defended against and can begin to gain in self-respect, hopefully to heal.

How do we learn about the world? Of course from teachers and writers but also from each others' narratives. They're narratives which reveal the strength of emotions: love and hate, fear and courage, hope and the longing for redemption. They touch a nerve when we talk about them because they bring back something very honest and child-like in ourselves. There's also something else about experiences re-told: they take place within a relationship. In a child's ideal world, stories are told with someone's arm around you, where there is quietness, safety and warmth. I believe we try to recapture something of this special kind of relationship in our own therapy and then, as therapists ourselves, to recreate it for our clients. So I wonder again about my client: will he in time be able to hold onto my voice, not let it be destroyed?

Can psychotherapy help? Kay Redfield Jamison (1995, p.89) writes:

But, ineffably, psychotherapy heals. It makes some sense of the confusion, reins in the terrifying thoughts and feelings, returns some ... hope and possibility of learning from it all ... Psychotherapy is a sanctuary; it is a battleground; it is a place I have been psychotic, neurotic, elated, confused and

despairing beyond belief. But, always, it is where I have believed – or have learned to believe – that I might someday be able to contend with all of this. ... It is an odd thing ... this unique, strange and ultimately profound relationship called psychotherapy.

We constantly return to the theme of the therapeutic relationship and how we can be truly there for our clients. There is a necessary balance between our openness to another's feelings and our ability not to become so immersed that we become too fragile to be of use.

Why do we go into this curious profession? Certainly it's not only altruism. I think often in the work of therapy there can be a sense of being more fully alive. In the Guardian last month, Zadie Smith suggested '... the very reason I write is so that I may not sleepwalk through my entire life.' There is a parallel with therapy. Nearly always in the therapeutic encounter - even in the most painful one - there is a sense of heightened awareness. Occasionally there is a sort of 'moment of eternity'. It's a relationship in which there is intimacy – intimacy as described by Buber in which two beings meet with the wholeness of their being in the space between. It involves letting oneself be close to the other and yet remaining oneself. It depends on mutual trust.

I believe that how we work as therapists expresses our way of being in the world. Yes, of course there are boundaries and of course we are informed by a theoretical framework, but I think that each one of us, in forging our own way of working, has taken the risk to question received wisdom and to examine doctrines that have become an orthodoxy. What works is the quality of my relationship with you.

This brings me back to thinking about research. So often when we start talking about dissertations there is an arid feeling about methodology, the 'how to' and 'why this way?' questions. But isn't research essentially about how to make a respectful – and reciprocal - relationship? Maggie Scarf in 'Unfinished Business', comments on her own research: 'The writing was more than a task – it became a journey and one from which I eventually alighted a very different person. One couldn't have hoped to reflect upon these painful interviews without making connections with the most vulnerable part of one's self.'

In the 'Conversation' which took place last month between Adam Phillips and Ernesto, Adam Phillips, commented that within the therapeutic encounter both participants are changed. This recognition of reciprocity is, I believe, a theme in all our thinking, all our work, all our research. It's not just what we bring to the encounter; it's who we are. Again to quote from Phillips (although I'm not overlooking all that you discussed, Ernesto!) who we are is the sum total of all our experiences. Much is written about how the body carries memories, often beyond awareness, especially in terms of hidden memories of abuse. But what I want to talk about is how the culture we live in or the culture of our past is so much part of our selves that we cannot but be influenced by it.

In theoretical terms, I think that sociology, anthropology and psychotherapy have moved closer together. Let me illustrate this. Many years ago, in 1994, shortly after perestroika, I was a participant in a conference of Jewish women in Kiev. Many of us came from the 'free' world. We met and talked with over 200 women who had travelled from all over the FSU. We heard of their experiences under Communism and of their everyday lives, their relationships, their hopes, their dreams. The aim of the conference was to kindle a Jewish awareness in women who had grown up under Communism and for whom religious belief and practice had been forbidden. We met in small groups with translators and one day I asked in my small group if we could tape-record all that we discussed. The participants agreed on condition that only we who had come to Kiev would hear the tapes. But then, shortly after that session had finished, several of the women came to me and asked for the tape back. 'We trust you,' they said, 'but whose hands may those tapes fall into?' That was their current reality. Their past reality was equally ever-present. One day we visited Babi Yar, the tragic site where in Sept 1941, the Nazis murdered 100,000 people, including 33,000 Jews. As we stood by the side of the Babi Yar ravine, a young woman began to sing the kaddish, the Jewish memorial prayer. Through an interpreter we asked her where she had learned it. 'I didn't', she replied. 'I must have heard it years ago as a young child somewhere. My grandfather was the chazan (cantor) of Kiev. He was killed here in Babi Yar.'

Can we as therapists ever be attuned enough to that which isn't spoken about? Can we ever know enough about the influence of culture, religion, colour, economic class? Can we know how growing up in a particular family at a particular point of time influences the way we are in the world, our attitudes to our own gender, to sexual desire, to age and ageing? Can we understand what it is to be a refugee, an immigrant, seen as a foreigner, to be marginalized? In a way I'm asking, how do we listen? How aware are we of our own assumptions and prejudices? Tony Kushner, the playwright, observes '... it's hard to speak about empathy without speaking of grief and loss. ... If you spend time in the company of loss, in its dark woods, it may lead you to interesting places.' He speaks of the African-American civil rights movement ...[they] 'fought for freedom and justice with such ardour that those mighty abstractions, impossibly remote yet essential to life, became immanent, graspable, present in the world.'

Whilst Kushner reflects on transitions in the external world, which of course affect and are effected by changes in people's internal worlds, Winnicott writes of transitions from a more subjective perspective. I quote from Kenneth Wright:

'We can speak, [Winnicott] says, of outer reality, a world of shared experience and meanings in which we all live, in which we all most of the time have to live. We can also speak of a world of inner reality, of thinking, fantasizing and dreaming. But Winnicott [points to] ... a third area of "experiencing," which lies in some sense between the other two. In the outer world, meanings are fixed and given and cannot be changed. In the inner world, they are fluid, subjective and idiosyncratic. But in the transitional area ... at the interface of the other two, there can be a dynamic interchange. External objects can be given a personal meaning by the subject in such a way that there is **a realization of self in the world**, an experience of the world as being in some degree malleable and transformable into something that the self wants it to be. This area ... in his view, lies in direct continuity with the world of the infant, who transforms the piece of blanket into a continuing presence of the mother who is being lost.' (1991: 74/5) end of quote.

The mother is being lost but also, literally and metaphorically, in the weaning

process she is also giving up that part of herself which, hopefully, lives on in the other. Why am I retiring? Not because the university requires it nor that my colleagues have ever hinted that maybe the time has come! The reasons are personal: my husband retired last year; I want time to be with him. Our daughter, Caroline, and her family returned abroad after four years of living here. I want time to be with them. I want time to play with our other grandchildren here in London, to fly into space with the two youngest ones.

But also, sometimes we need to be confronted by our own mortality. Last month, after a cruel illness, one of my closest friends died. There is a phrase in the Jewish memorial prayer that keeps coming back to me: 'Help us to get a heart of wisdom.' How do we ever get a heart of wisdom? I want time to be with family and friends, to laugh together, to rejoice together, sometimes to be sad together. When our children and grandchildren went back home, Caroline wrote to me with a phrase from Ecclesiastes:

A time to plant and a time to pluck up that which was planted ...

A time to embrace, and a time to refrain from embracing.

Kohelet 3

Those of you whom I've taught know how often I've said, read novels. I think that novels can evoke feelings that all the textbooks in the world can't convey. What do we mean by being in relationship? That you matter to me and that, hopefully, I matter to you. Recently I read Dara Horn's novel 'The World To Come'. Let me tell you a story:

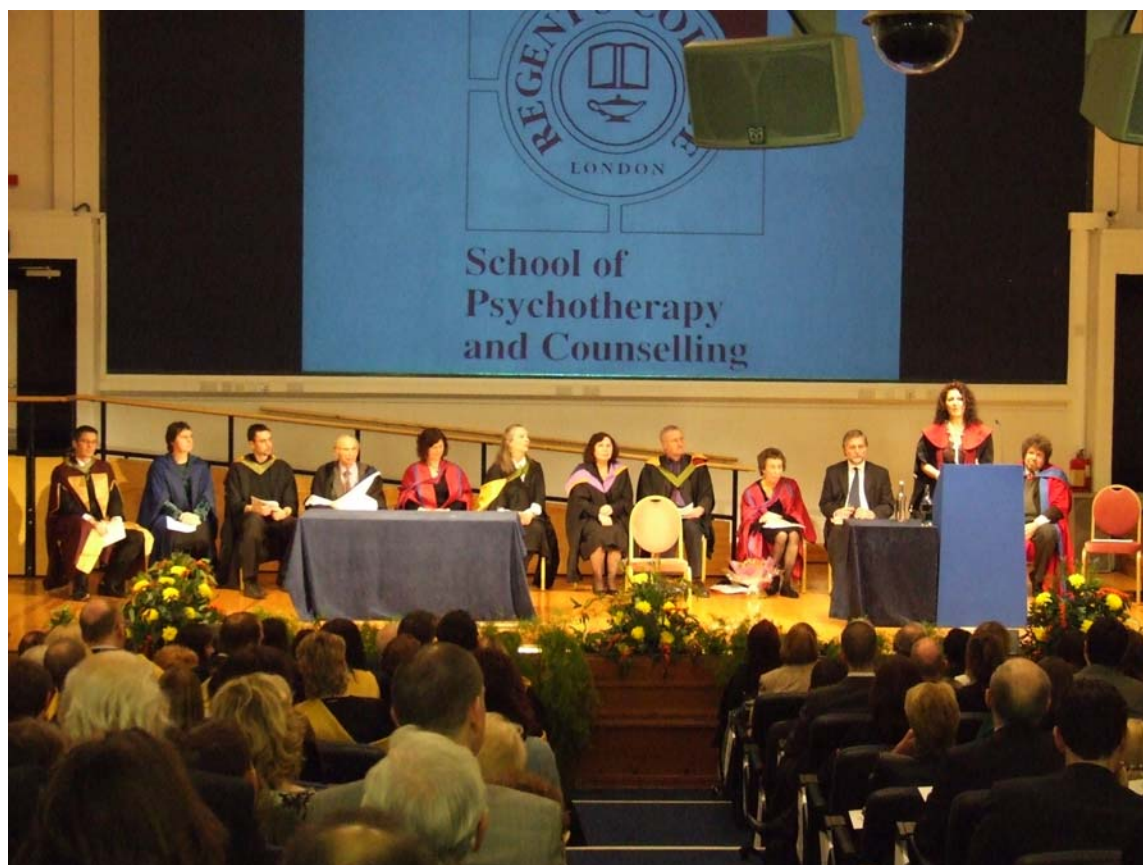
There is a moment that has happened over and over again, in every place children have ever slept, on every dark night for the past ten thousand years, that almost everyone who was once a child will forever remember. It happens when you are being tucked into bed, on a dark and frightening night when the sounds of the night-time outside are drowned out only by the far more frightening sounds in your head. You have already gone to bed, have tried to go to bed, but because of whatever sounds you hear in your head you have failed to go to bed, and someone much older than you, someone so old that you cannot even imagine yourself ever

becoming that old, has come to sit beside you and make sure you fall asleep. But the moment that everyone who was once a child will remember is not the story the unfathomably old person tells you, or the lullaby he sings for you, but rather the moment right after the story or song has ended. You are lying there with your eyes closed, not sleeping just yet but noticing that the sounds inside your head seem to have vanished, and you know, through closed eyes, that the person beside you thinks that you are asleep and is simply watching you. In that fraction of an instant between when that person stops

singing and when that person decides to rise from the bed and disappear – a tiny rehearsal, though you do not yet know it, of what will eventually happen for good – time holds still, and you can feel, through your closed eyes, how that person, watching you still, small face in the darkness, has suddenly realised that you are the reason his life matters.

Dara Horn (2006). *The World To Come*. London: Hamish Hamilton, pp. 141-2

I wish you all all the good fortune in the world.



Dr Maria Luca speaking at the 2007 Graduation Ceremony

A Graduation speech given by **Angela Buxton** at the School of Psychotherapy and Counselling on 24 February 2007

Since being asked to speak on behalf of the MA programme, I have been thinking about what it is that the MA programme has given me. This is not so easy because

I have been training here for five years on the Foundation course and the Advanced Diploma in Existential Therapy as well as

the MA, and during that time, I have been given so much.

When I started here five years ago, I had a question and that was: What is psychotherapy? By the end of a year on Foundation Course I had a pretty good idea. I knew a thing or two. ...So the first thing that I learned on the MA programme was that actually I knew very little. That feeling has continued....

But the most important thing that the programme taught me was that in psychotherapy it's not the knowing or even the understanding but the trying to understand. And to try to understand I need to keep asking the questions: not just: what is psychotherapy? But, how do I

want to practise as a psychotherapist? And other questions: what happens when I am with a client? What is happening now, at this moment? What is love? What is trust?

The MA programme gave me the inspiration to keep asking, not to find truth in the form of generally accepted definitions but to find my own truth and to help my clients to find their truths. And when I say the MA programme, of course I mean the tutors and also my peers, the other students. And to those of you both tutors and students who have inspired me to keep on 'asking', I want to say: thank you.

Facing the Future of Statutory Regulation

Dr Angela Cotter
SPCP representative at UKCP

Introduction

A crucial development for the future of counselling, psychotherapy and psychology occurred in February 2007 with the publication of a White Paper about regulation of health professionals. Called *Trust, Assurance and Safety- the Regulation of Health Professionals in the 21st Century*, this White Paper sets out a programme of reform to the UK system for the regulation of health professionals. Two factors have led the government to consider this is needed. Firstly, various Inquiries into malpractice have recommended changes to the system of self-regulation of health professionals. The most notable of these is the Shipman Inquiry. Secondly, as you know, policy makers have for some time been debating the statutory regulation of those non-medical healthcare professions previously not statutorily regulated, including psychological therapies. Indeed the White Paper states that regulation of "psychotherapists, counsellors and other psychological therapists" (DoH 2007, p.11) together with regulation of healthcare scientists is the government's priority for the introduction of statutory regulation. This is not new and, of relevance here, the UKCP, BACP and BPS have been

involved in discussions with the policy makers about statutory regulation for some time.

This article therefore sets out the key areas discussed in the White Paper, following the wording of the Paper very closely but focusing on those areas of most relevance to psychological therapies. Much of this is expressed in somewhat technical language and in some detail. The reader is asked to bear with that. It is relevant to the future of psychological therapies as a whole and it is important that it is conveyed in the form of the White Paper so that the ground is established for the later discussion in the article about the possible implications for psychological therapies. The focus in the latter part of the article is on the implications for the UKCP since that is the group that the author attends on behalf of Regents College. However, the points made also apply to other non-statutory regulating bodies such as the BACP and the BPS. While reference is made to various UKCP papers and presentations, the views expressed here are those of the author alone and should not be seen as reflecting the UKCP or any other perspective. Another caveat is that this is a time of transition for the non-statutory regulatory

bodies of the psychological therapies and to some extent the future cannot be accurately predicted.

The White Paper: *Trust, Assurance and Safety – the Regulation of Health Professionals in the 21st Century*

Assuring Independence: the governance and accountability of the professional regulators

The first Chapter of the White Paper is concerned with ensuring the independence of the national professional regulators. They need to be seen to be independent and impartial in their actions so that all stakeholders (here, 'patients', the public, and the professions themselves) will be assured of their effectiveness and have confidence in them. In my view, the inclusion of this chapter can be seen as directly resulting from the various Inquiries into malpractice of health professionals that have critiqued the effectiveness of self-regulation in ensuring impartiality and independence.

The first area of relevance is that the councils that regulate health professionals need to have, as a minimum, parity of membership between lay and professional members. This is to ensure that purely professional areas are not thought to dominate their work. There is considerable detail in the White Paper about how to ensure independence, for example, a note that having retired members of the professions as lay members of the Boards may not be seen as sufficiently independent. The councils here refers to the statutory regulating bodies. In the case of the psychological therapies, it is proposed that we join the Health Professions Council.

Much of this first chapter goes into further detail about how to ensure good governance and independence. So, it is proposed that all councils become more accountable to Parliament, for example, through presenting annual Reports to Parliament. Additionally, members of Councils need to be independently appointed and the councils need to be smaller and more board-like with greater consistency of size and role across the professional regulatory bodies, which will not be merged for the time being. There are currently nine councils that regulate health professionals and the White Paper implies that this will be reviewed in 2011.

Revalidation: ensuring continuous fitness to practice

The second chapter of the White Paper sets out new proposals to ensure that all the statutorily regulated health professions have in place arrangements for the revalidation of their professional registration thus ensuring that they can periodically demonstrate their continued fitness to practice. Currently the Health Professions Council require revalidation every two years and, as the White Paper states, have begun to link this with continuing professional development. This is to ensure that practitioners remain up-to-date with current developments in the field and that they continue to apply the values to which they were committed when they first qualified. The White Paper explicitly states that the Department of Health [DoH] will discuss the most appropriate arrangements with each profession and its regulator.

Tackling concerns: the local role

This Chapter of the White Paper focuses on the local role in tackling concerns that are raised about practice, and is very focused on NHS provision. The main profession discussed are doctors. Other health professionals employed in primary care are also mentioned in relation to the effectiveness of the current Performers list arrangements. One Section focuses on locum provision of all health professionals and stipulates that the Department will consider, with stakeholders, the issues involved in developing a more effective system of registration and inspection of agencies that supply health professionals.

Tackling concerns: the national role

Here the concern with three aspects of tackling concerns, namely:

- A move towards a common standard of proof across all professions is proposed
- Regulators need a wider range of options in dealing with concerns to include the options of rehabilitation, remediation and retraining
- Changes need to be made to the way a health professional's fitness to practice is judged.

These proposals are motivated by the need to ensure public and professional confidence in the handling of cases in which a health professional's fitness to practice is called into question. The issues

are technical and some concern legal aspects. For example, it is proposed that panels considering fitness to practice should use the civil standard of proof rather than the criminal. This standard of proof has a sliding scale which is thought to be more appropriate in the case of assessing the fitness to practice of health professionals. This is currently used, for example, in child protection cases. The intention seems to be to encourage earlier referral of complaints and concerns to the regulator rather than the current situation where in some professions (e.g. medicine and nursing) referral may be discouraged because the burden of proof is too high. There is an acknowledgement here that some consultation has indicated that this may lead to health professionals practicing more defensively, erring on the side of caution when difficult judgements have to be made.

It is perhaps because of this that the second part of the chapter advocates a wider range of interventions when concerns are raised. This section recognises that, while the protection of 'patients' is the key concern of regulation, regulatory processes also have to have inbuilt mechanisms to help health professionals retain or regain their fitness to practice. The root cause of poor performance needs to be tackled and dealt with by, for example, further professional training or rehabilitation for mental ill health or addiction problems. To ensure an integrated, affordable and cost-effective approach to the health of all health professionals, the DoH will establish a wide-ranging and inclusive national advisory group to inform the development of a national strategy. This group will advise on measures to ensure appropriate prevention and early intervention for health professionals, to consider the role of health in revalidation requirements about fitness to practice; to enable easier and confidential uptake of services; the roles of all concerned with ensuring the health of health professionals; and more effective arrangements for the rehabilitation of health professionals.

The final parts of this Chapter concerns the need to separate out the investigation and prosecution, in particular of doctors whose fitness to practice is questioned, and the need for an independent body to adjudicate on fitness to practice cases, particularly those involving the medical profession. This independent body will

establish a central list of people, vetted and approved for all adjudication panels, chosen for their expertise and specifically trained to undertake their duties in a fair and impartial manner. This list will be available to all the regulatory bodies, who will be able to draw on it to conduct independent adjudication panels within their own organisations. The intention is that this independent body may be adopted by other regulators. For psychological therapies, as stated earlier, the Health Professions Council is proposed as the statutory regulating body. It is recognised that this list will need to include professionals qualified in the specific professions involved. It is unclear whether this list would be also available to professional non-statutory regulating bodies such as the UKCP or whether only available at the statutory regulation level i.e. the Health Professions Council. The potential role of non-statutory regulatory organisations like the UKCP in investigating concerns and complaints is also not clear from my reading of the White Paper because the term 'regulatory bodies' seems to apply to the statutory regulating bodies.

Finally, the last paragraph of this Chapter concerns the importance of any investigation of concerns or complaints being respectful of diversity issues, given that healthcare is provided by people from a rich and invaluable mix of national, ethnic and religious cultural backgrounds.

Education: the role of the regulatory bodies

There is agreement here that the non-medical professional regulatory bodies should continue to be responsible for the educational standards of the professions they regulate. There is an expectation here that the regulatory bodies will work in conjunction with the Sector Skills Council for Health. The Sector Skills Council (SSC) for the UK health sector states on its website that it helps the whole sector develop solutions that deliver a skilled and flexible UK workforce in order to improve health and healthcare. It conducted a consultation during the latter part of last year and the initial months of this year into the competencies that are expected of a practitioner in psychological therapies. This is addressed later in the article.

It is clear that the White Paper advocates the single oversight of education but believes that this should be

done in a way that preserves the expertise and experience of present organisations that undertake this role. Again the focus is firstly on the medical profession with other professions following on its tail. There is also a section in this chapter that addresses the need for competence in the English language as an important aspect of the education of health professionals. This will include selective language testing for applicants to NHS posts.

Information about health professionals

Entry to any health professional register depends ultimately on demonstrating fitness to practice by securing the relevant educational qualifications and, in some cases, levels of competence recognised by the relevant regulatory body. It is noted that the different regulatory bodies have similar, though not identical, requirements of people seeking new registration. One aspect of fitness to practice is stated to be that the health professional is seen to be of 'good character'. There is no agreed definition of what this means in practice. Therefore the Government will ask the Council for Healthcare Regulatory Excellence [CHRE] to recommend a single standard definition of good character, working with the regulatory bodies, an encompassing wider work within Europe to promote information sharing on the good character of professionals who cross national boundaries.

Many of us may not know about the CHRE. It is a statutory overarching body established in 2003, which promotes best practice and consistency in the regulation of healthcare professionals, covers all of the United Kingdom and is separate from Government. Its website indicates that, as per the White Paper, it will audit the preliminary stages of the fitness to practise procedures of the regulators, in which regulators receive and screen complaints against registrants. It is also identified in the White Paper as taking forward a number of initiatives, concerned with the promotion of good practice in regulation, and facilitation of the interface between regulation and healthcare providers and other stakeholders.

Closer co-operation and co-ordination between regulators and employers when a health professional enters employment for the first time is also advocated. The CHRE will lead a programme of work with regulators and employers from across the UK to investigate how this might feasibly

be achieved – this will report to Ministers in April 2008. Another body of work proposed concerns the risk presented to patients by students and trainees in particular professions. This is to be undertaken by the regulators and will specifically look at whether students and trainees should have closer relationships with their future regulators prior to qualification.

New roles and emerging professions

This Chapter is the one that details the move towards statutory regulation for psychological therapies. The Executive Summary of the White Paper states:

Some existing professionals who are not statutorily regulated have been in practice for many years with patients; practice that carries at least the same potential risk to members of the public who use their services as that of statutorily regulated professions. The Government believes that these professionals should also be subject to a system of regulation that is proportionate to the risks and benefits entailed

(DoH 2007, p.11).

It is here that the priority for regulating applied psychologists, psychotherapists and counsellors is stated. Much of this Chapter also concerns the regulation of emerging professions and states that the Government, with the exception of new regulations for the regulation of pharmacy, will not consider any new statutory regulators.

Implementation

The final chapter of the White Paper concerns the implementation of the proposals in the preceding chapters. It is clear that many of the reforms set out in the White Paper will require primary legislation, while others may require secondary legislation. There is a recognition in this Chapter that implementation will require detailed consultation with organisations involved. Implicitly, the White Paper commits itself to this.

Concluding Comments about the White Paper

Reading between the lines, it is clear from the White Paper that the Government wants to move to streamlining and

centralising regulation of health professionals, here understood to mean all those professionals engaged in the delivery of health care whatever discipline they follow. There is also recognition that this cannot be achieved overnight and that considerable consultation is required to fulfil this objective. The phrase 'regulatory bodies' in the White Paper seems to refer to the nine statutory regulatory bodies. It is clear that the Government wants to regulate the psychological therapies under the Health Professions Council rather than setting up an additional body, e.g. the Psychological Therapies Council as the UKCP, BACP and BPS had advocated in all consultations prior to the White Paper. This presents all of those engaged in the delivery of psychological therapies with a number of challenges that are spelt out in the next part of this paper.

Many issues outlined in the White Paper are arguably ones with which the psychological therapies would agree. The need for a greater transparency and independence in regulation and for a process of dealing with complaints and concerns that can be seen to be fair to all parties concerned cannot be disputed. However, potential areas of dispute concern some fundamental issues that are to do with how the psychological therapies can be regulated as part of a wider framework that includes other professions, who may have very different standards for qualification and practice. This article now turns to these issues.

Implications for the Future

This final section of the article considers possible implications for the future in relation to psychological therapies. While it in part draws on presentations made at the March AGM of the UKCP (and this is acknowledged in the text as appropriate), many of the issues here outlined are the author's own reflections.

Issues about Statutory Regulation

This part of the paper considers the potential implications of the White Paper for the psychological therapies in line with the current context and development of those therapies.

The UKCP has long supported statutory regulation of psychotherapists, counsellors and psychologists in the debate that started in 1971. It has worked particularly in recent times with the BACP and the BPS as other non-statutory

regulating bodies on this issue. There are of course differences between these organisations but there has been common agreement about the need to differentiate between the psychological therapies and other professions that might be described as under the umbrella of 'professions allied to medicine'. These psychological therapies have not felt that the Health Professions Council was the right umbrella to cover their work, and have advocated a separate regulating body for the psychological therapies. However, it is clear from the White Paper that this argument is not seen as significant for the Government and policy makers. Regulation of psychological therapies will come under the aegis of the Health Professions Council. This has a number of implications. The following sections discuss these and consist of my own personal reflections on the issues facing the psychological therapies and the UKCP.

Academic level of qualification and the implications

The first concern is about the fact that the academic qualification for psychological therapies has been seen by the non-statutory regulating bodies, notably the UKCP and the BPS, as at least being at Masters level, with psychology fast moving towards being set at professional doctorate level. Indeed psychotherapy is following on the heels of this, with a growth of professional doctorates and the provision of PhD courses. Work will be needed to ensure that the Health Professions Council, which I am told involves mainly professionals whose qualifications are set at first degree level, respects the need to maintain practitioners of psychological therapies at this level.

The UKCP: facing an unknown future yet has a key role at present

In my view, it is not yet clear what the future of non-statutory regulatory bodies will be after statutory regulation. My view is that they are likely to have an important role as professional organisations similar to the Royal College of Nursing and the British Medical Association.

In the meantime, the UKCP is anticipating meeting the requirements of the White Paper in the future, such as increasing lay involvement on the Registration Board (Monk Steel 2007). It has also set up an 'Independent

Complaints Organisation' [ICO] to handle complaints from an impartial point of view. However, this latter move has proved controversial in practice in part because the independence of the ICO has been questioned since, although allegedly an independent company, a UKCP officer and elected representatives have been integrally involved in its founding and implementation. Another area of concern is funding of the ICO. Further, once statutory regulation is introduced, estimated to be in three years time, it is likely that complaints will be handled at the regulatory Council level. Therefore the role of the ICO at that time will need to be reconsidered. These issues have been raised with the UKCP which has organised workshops with the ICO to explore these issues. Those involved have been keen to engage in dialogue with UKCP members and Member Organisations. A decision about the future of the ICO will be reached at an EGM in November. At present some member organisations, including Regents College, have not signed up to the ICO because resolution of the above issues is needed.

Additionally, statutory registration will happen at individual level. An individual practitioner will register with the relevant Council rather than through a Member Organisation as currently happens. In my view, this development is to be welcomed since current regulation arrangements require being of good standing with a Member Organisation. This is not always the same thing as being fit to practice and can be subject to the vagaries of the Member Organisation. It seems the UKCP is anticipating individual registration and including this within their future plans.

Post statutory registration the UKCP may well retain (again in my view) a role in respect of training standards and educational needs for practitioners in psychological therapies. This is because training to practice as a psychological therapist is complex given the number of modalities involved and their different training requirements currently. It would seem that the vision behind the White Paper is of common standards for practice in each profession in line with their view of streamlining and centralising their regulation. The last Chairs' Day organised by the UKCP involved very useful and interesting work on shared training standards. As a participant, it was clear to me that consensus was more likely to be

reached on shared values rather than on the standards themselves. This, however, would in itself be an important development. The UKCP's role in facilitating this work is important at this time.

Mention is made in the White Paper of the Sector Skills for Health (see above). Skills for Health have been working on the competencies for psychological therapists and, at the end of last year and the beginning of this one, conducted a consultation about this to which Regents College responded. The language of competencies is in some ways a difficult one for us because the intention behind competencies is to stipulate measurables in which practitioners can be trained. This is important because it will form the baseline for assessing practice in the future. However, it is difficult to measure the quality of the therapeutic relationship which many of us feel is the central most important aspect in therapy, and to delineate this in practice. Again the UKCP anticipated this development and, funded by the DoH, previously undertook key work towards defining relevant competencies. This fed into the Skills for Health work.

The White Paper cannot be seen in isolation from other policy initiatives, such as Improving Access to Psychological Therapies (DoH 2007b). This is based on the 'evidence-based' research that indicates the contribution of cognitive behavioural therapy [CBT] in achieving positive outcomes for clients with mental health disorders and into its delivery through new technology. Therefore, the computerised application of CBT for mild to moderate depression and anxiety is being addressed (DoH 2007b). The computerised package comprises an introductory video of 15 minutes and eight one hour sessions that are usually taken weekly. It is very important that CBT is seen as one psychological therapy among several treatment options at this time. The UKCP and the other non-statutory regulating bodies therefore currently have a key role in presenting the research base of other modalities to the legislators.

Therefore, while the future of the UKCP post-statutory regulation is unclear, what is clear is that it has a key role at present. It is involved in the policy discussions about regulation and in representing our views to policy makers. These are crucial at this time, and the UKCP is on top of the

issues. Therefore it needs our support and involvement to ensure that, when statutory regulation happens, the learning from non-statutory regulation of the profession of psychotherapy is taken into the new arrangements and the best possible outcome for our clients and for the profession is achieved.

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Report on the *International Psychoanalytic Association* 44th Congress on

Trauma: New Developments in Psychoanalysis

Rio de Janeiro, 28 – 31 July, 2005

Andrea Sabbadini

Every two years the *International Psychoanalytic Association* (IPA) organizes a major conference with the intention of allowing analysts from all geographical areas and ideological orientations to get together, to present their theoretical and clinical work, to discuss differences as well as to discover unexpected similarities.

In July 2005 the IPA conference took place in the vibrant Brazilian city of Rio de Janeiro. It was attended by over 4,000 colleagues from all over the world and its topic was 'Trauma. New Developments in Psychoanalysis'. As always, the central theme was expected to be of general interest to delegates and to provide the inspiration to most of the events in the vast programme. This consisted of a combination of lectures, individual papers, panel discussions, workshops, and other events. I shall list here the titles of some such presentations, arbitrarily chosen out of several hundreds, to give an idea of the richness of what we were offered to reflect upon: *From trauma to loss of object; The specificity of torture as trauma; Trauma and dissociative states; Trauma and family crisis; The impact of trauma on the social structure of communities; Trauma in literature; Trauma and transgenerational transmission; Trauma and perversion; Trauma and symbolization in Freud and Jung; Analytic listening to traumatic situations; Body lesions and trauma;*

Indicators of trauma in children's drawings and dreams; etc.

Having been invited to present the 'Film and Psychoanalysis' section of the programme, because of my interest in the 'dialogue' between these two languages, I participated in a panel on *Latin American Cinema, Psychoanalysis and Trauma*, and introduced the screening of two powerful movies on loss: *Behind the Sun* (directed by Walter Salles) and *The Son's Room* (by Nanni Moretti).

Given the vast number of presentations (as many would occur simultaneously, one was only able to attend a fraction of the programme), and the variety of perspectives available, it would be impossible to summarize here any specific outcome of the Congress, or to believe that any conclusions, however provisional, were reached on this disturbing and fascinating topic. However, it would be fair to state that the majority of those attending this Congress would agree with an understanding of emotional trauma as a sudden and violent rupture of the ego defensive barrier, as an uncontrollable invasion of our sense of psychological (when not also physical and social) self. In the course of the lively discussions, fascinating and sometimes disturbing questions were addressed; for instance, whether and how such traumatic events (mostly not isolated instances but repeated over time and therefore with cumulative pathological effects) could be

overcome through psychoanalytic therapy. Indeed, can one ever recover from traumatic experiences or overcome major losses? What is the relative relevance of the age when a trauma was suffered? What adjustments to psychoanalytic theories and techniques are required for dealing with such analysands? Can a reorganization of their personality and object relations be achieved? Is the diagnosis of 'post-traumatic stress disorder' useful? What are the transference and countertransference implications in this kind of analytic work?

I left Rio with more questions, and fewer certainties, than I had before I got there. I also felt privileged to have been part of this vast debate with my psychoanalytic colleagues, on a theme so central to our everyday professional practice. I hope that my involvement in those intense days of reflection and discussion on trauma will percolate through my clinical work by making me more sensitive to my patients' sufferings and better equipped to be of at least some therapeutic help to them.

BPS Transpersonal Section Conference 2006

Dr Rosalind Pearmain

The Transpersonal Section of the BPS celebrated its 10th year last September in Cober Hill in Scarborough. The annual conference now includes four days from Friday to Monday and has established both a friendly and rigorous domain for a diverse group of presentations from clinical and counselling psychologists, psychotherapists and interested others, including the Transpersonal Psychology and Consciousness Studies department of John Moores University Liverpool. It is worth mentioning that in a previous conference, Jyoti Nanda gave a presentation on her research on meditation and psychotherapy which was well received, (so please note that the BPS Transpersonal Section conference can provide a good opportunity for SPC trainees to present their research in a not too daunting arena.). There are also sessions on yoga and meditation to start the day and various creative diversions in which to end them.

I attended presentations by Jill Purce, David Fontana, Professor Harald Walach and Isobel Clarke amongst others and presented a workshop based on my research with young people on spirituality and mental health and the possibilities of creative positive interventions.

Jill Purce works with Tibetan over-chanting and has had a lifelong interest in sound which began with the question: 'How does form come into being?' She used a phrase to describe this: 'sonorous becoming'; she offered many resonant ideas such as how sound creates

boundaries, it also dissolves the boundaries of the thing it creates and can be a bridge between worlds – as it is used, for example, in Shamanism. She is well known in offering sound and toning workshops for individuals and organisations. The effects of this on the human system alter consciousness and facilitate healing and community.

Professor Harald Walach is newly appointed at the University of Northampton. His paper was entitled: 'Towards an Epistemology of Transpersonal Psychology. Narnia is a metaphor for a 'world behind the world'. How do we know that Narnia exists? He traced the many difficulties in research within a post modern world; that there cannot be one single system that explains itself. All systems of knowledge are self referential. There is no such thing as reality and a firm ground of metaphysics in which to place transpersonally oriented research. So how can foundations be brought to this field? His proposal is to develop a methodology of practice. By eliciting effects in practice – e.g. psychotherapy – the fruits can be known! The aim of this would be to eventually develop an epistemology for testing claims about 'Narnia'. Such an approach avoids the pitfalls of spiritual narcissism as well as being oriented to questions of how we can live together and foster community. The question then becomes 'how does 'it' help the individual'. He is conducting an extensive survey based on a questionnaire designed with Professor Dr Wilfried

Belschner, Health and Clinical Psychology, University of Oldenburg. I have a number of copies of this if anyone would like to contribute. It is an in depth enquiry into the processes that are going on within the practitioner and client which can be linked to a transpersonal context and would be interesting, in any case, as a tool for heightened reflection.

Isobel Clarke presented her continuing pioneering work in the NHS drawing on contemporary approaches to CBT, in her approach to psychosis and spirituality. Drawing on the models of interactive cognitive systems which access implicational or propositional memory, her model is based on the notion that change involves altering a person's relation to both thought and feeling.. Her model proposes that instead of psychosis and spirituality, there are two ways of operating in the world for all of us: The everyday and the 'transliminal' (numinous, unbounded, access to memory patchy, differences in experience of self, connectedness, emotional states). When functioning is good, there is coherent communication between the implicational/relational aspect of knowing and the propositional. When a discontinuity arises between the two ways of knowing, then a person can be in trouble. However, at high or low arousal, the transliminal/relational becomes dominant. Mindfulness is a key component in this as a way of managing the threshold between two ways of knowing and strategies to to heighten or lower arousal states are also helpful. She illustrated how she worked with patients with paper and

pencil and two columns on a page in helping them to identify, for example, where a difficulty or 'delusion' might originate – which side of the two columns. She has been training professionals within NHS over the last few years in this method and has now working to create a special centre to support those who are suffering in 'psychotic' states in this kind of way.

David Fontana gave an extensive and well informed presentation revisiting the contribution of Jung to Transpersonal psychology and other presentations included a consideration of Terrorism from the perspective of Ken Wilber's integrative model.

This provides some flavour of the conference but is far from exhaustive. There was a shared interest in establishing potential collaborative research projects. A number of counselling and clinical psychologists attending are working in NHS settings and increasingly utilising Transpersonal approaches such as Mindfulness. A recent paper has been written by the National Institute for Mental Health has drawn together the research which supports the positive value of spiritually informed approaches to mental health. There is an increasing interest in this domain and the links that are being made with the corrosive effect of materialism on mental well being. So I hope that this BSP Section on Transpersonal psychology can increasingly be seen to provide a profound and relevant discourse within the field of psychotherapeutic enquiry.

Existential Therapy

Clients and Therapists as Analysts of Significant Events

Daniel Sousa

What would we find out if we ask clients and existential therapists to point to what each sees as significant events in the process of *the therapeutic relationship*?

A significant event is that part of any given therapy session which is experienced by either the client or therapist, or both, as a point when something important or significant occurred in terms of its impact on the therapeutic process. It might be

something that either the client or the therapist says or does, and could be considered and experienced as either helpful or debilitating, but which nonetheless in every instance influences the therapeutic relationship and its development.

I am an existential psychotherapist registered with the Society for Existential Analysis and the UKCP. I am currently

undertaking Doctoral research leading to a PhD at The School of Psychotherapy and Counselling Psychology, Regent's College. My clinical and academic supervisor is Prof. Ernesto Spinelli.

Specifically, I believe that there are a number of pragmatic aspects that may have relevant repercussions for existential therapists and that it is possible undertake research on existential psychotherapy that enables the following:

- To develop a methodology of research strictly related to, and expressive of, an existential-phenomenological framework;
- To formulate a methodology that provides direct information to therapists about key aspects of their clinical practice;
- To study therapy in general and existential therapy in particular as a *process*, rather than only concentrate on outcome.
- To bring more directly into investigation the specific and particular perspective of the client thereby making it possible to extend

discussion and articulation of the therapeutic process beyond the exclusive focus of therapists themselves.

Participation is voluntary and anonymous and will consist of a one-to-one interview lasting around 60 minutes. The transcripts drawn from these interviews will be further analyzed utilizing a descriptive phenomenological research method.

Obviously, in order for this research to become possible, I will need the collaboration of existential psychotherapists such as yourself. Either way, if you're a client doing therapy with an existential therapist, you may also consider to participate. This is why I am writing to you and asking you to seriously consider your willingness to participate in the research.

For more detailed information, or any queries that may assist you to decide as to whether you wish to participate in this doctoral research projects, please contact Daniel Sousa to daniel@ispa.pt

European Association of Psychotherapy Conference

Held by UKCP in Cambridge between 13 - 16 July, 2006.

David Hudson

The conference was much richer, varied and more fun than I had expected. It was the first major psychotherapy conference I had attended and my first impression was that it was smaller, in terms of the number of people, than I anticipated. I suppose, after the global spectacle of the World Cup, my vision was of mass movements of therapists across Europe towards Cambridge.

On Saturday, the opening event was by Filz and Pritz, which I imagined to be a comedy juggling act but actually were speeches by two of the most eminent therapists there. In fact Alexander Filz did provide an unintentionally comic start as his English was not congruent with the understanding of his listeners for the most part, and we struggled to make sense of his speech. He had brought a young interpreter with him who unfortunately

spoke English even less well with the result that Filz would say something half comprehensible which was translated into mostly opaque statements and which was then recorrected by Filz leaving us hopelessly confused and bemused and in awe of what language can do to our minds when words are juggled so comprehensively.

In contrast, one of the most moving speeches of the whole conference came from the General Secretary of the EAP, Alfred Pritz, who spoke of events in the former Yugoslavia during the Bosnian conflict. His stark question to us was, 'where were you during the war and what did you do to help your fellow therapists?' Although he spoke calmly one could feel the depth of his passion for psychotherapy to be politically situated, and not assume a spurious neutrality. The possibility or

otherwise of therapist neutrality is something that we usually discuss in terms of one-to-one therapy.

Pritz is from Vienna and visited Bosnia at the height of the fighting; therapists living and working there were glad of his support as many felt that the world had forgotten them, and felt isolated and cut off. He told a story of when he visited Croatia and the head of a psychiatric institution turned up for work one day in a Nationalist uniform with a gun strapped to his side, and ordered the exclusion of Serbs and other nationalities from the hospital, and cut off all contact with non-Croatian colleagues. He continues to work there now, minus the gun and uniform. It was hard to believe this was not 1930's Nazi Germany but actually took place in the 1990's in a place which may soon be part of the European Union.

I was left with a sense of not doing enough, and that contact with therapists in other parts of the world could be a way of influencing conflicts in a small but cumulative way. Later I made friends with a Serbian Gestalt therapist who wept as she told me how alone and despairing she had felt during the days of the NATO bombing, and how demonised she had felt by the West; not all Serbs are nationalists.

Pritz's speech received a standing ovation and Andrew Samuels suggested the EAP draft a letter to express our concern at the ongoing war in Iraq. Samuels himself gave the first lecture of the conference which was about the political nature of being a psychotherapist. There was a sense, throughout the conference, of a need for therapists to be more socially and politically aware and active. If therapists are suffering oppression in Europe it is now 'at home' for all of us. The question is, 'what do we stand for?' in every sense.

Later in the evening, Brian Keenan spoke about how he endured three and a half years of imprisonment by various Lebanese military groups, and how he contacted a source of spiritual strength that kept him alive, and even experienced moments of bliss which other captives have spoken of, which he would never have had on the outside. He writes of this in his moving book, *An Evil Cradling*.

One of the most fascinating lectures was by Gerald Edelman, who spoke with a lightness and wit about the complexities of his theory of 're-entry' which took away the need to assume a superordinate self.

Having read Daniel Stern's and Allen Schore's work, I was somewhat familiar with the general territory but Edelman's talk was like being whisked through a landscape of neurons, synapses and frontal lobes on a whirlwind tour leaving me exhilarated and breathless and eager to understand more.

Edelman was accosted, as many speakers were to their surprise, by George from a tiny village outside Aberdeen who looked and sounded like a young R. D. Laing, and who made passionate interventions (without the aid of a microphone), contentious and challenging, which some members found disturbing but which others, including myself, found invigorating and anarchic. I got to know George during the time there and found him engaging and humorous. Surely the world of therapy can stand some passionate individualism.

Mary Sullivan introduced Brett Kahr (they are both former members of staff at the SPC), who talked about the influence of the media and his experience of working as a radio therapist. One of his achievements was persuading his boss to extend the time of a radio 'session' from 2 minutes to 5. This was considered to be stretching the attention span of an average Radio 2 listener beyond reasonable limits, and probably constitutes the briefest time-limited therapy in existence. Other aspects of working in this field were pointed up by his story of how a woman caller launched into a graphic description of oral sex during one 'session' and Brett was subjected to the sight of his boss jumping up and down indicating 'cut her off!' Castration in the service of censorship.

The theme of therapy in different media was continued by Emmy van Deurzen and Digby Tantum. She spoke of her initial suspicions of therapy via the internet but that now she was a fanatical convert. They demonstrated some of the programmes they had set up, some of which were impressive as academic teaching tools, but in the sphere of personal development I found the enterprise more suspect, as an increasing amount of self-disclosure seemed to take place, from tutors as well as students, which did not appear to me to be well-enough contained in the internet context.

The morning workshops were some of the most involving events at the conference. The first I selected was Claudia Herbert's of the Oxford Trauma

Centre, about the installation of a safe space for those suffering from trauma using EMDR. Another energetic and pulsating workshop was on African dance and it was a release to witness therapists letting their hair down together. A psychodrama workshop was held by a Serbian therapist which encouraged us to explore our 'roots' by enacting an improvisation around where our parents, grandparents etc were originally from.

At the end of the conference there was a talk by Bill O'Hanlon, an engaging speaker from the U.S., about his inclusive therapy which seemed to strike a chord with many of the delegates and inspire them, no mean feat after three and a half days of talk. Bill gave an example of his work in the story of a woman who said that she had to tell him something in order for the therapy to proceed further, but that it was impossible. The next session she summoned up her courage and opened her mouth to speak, then collapsed back

into the chair; this procedure went on for twenty minutes. Bill tried several interventions, 'this seems very hard to say', 'you really want to tell me this but it's difficult', but nothing worked until he spontaneously came up with an alternative, although it made no sense to him at the time, which was, 'perhaps you can both tell me and not tell me at the same time'. After a pause the woman began to make Tai Chi like movements with her hands and every now and then gave an energetic spasm when she gripped her hands tight together. In this way she managed to say and yet not say her story of abuse, which she later became able to symbolise in words.

All in all it was a very stimulating experience in a Cambridge that resembled Florence in the heatwave, well-organised by the UKCP, with a warm and friendly atmosphere. If any of these snapshots excite readers to know more, I am happy to give what other details I have.

News from Faculty

Professor Ernesto Spinelli, Senior Fellow

Over the Easter period, I was in Mexico as a result of an invitation by the *Mexican Society for Existential Psychotherapy* to offer a series of Masterclass Seminars focused upon the therapeutic relationship as viewed by existential psychotherapy. As well as having a very enjoyable and stimulating time, I was struck by the beauty of Mexico and, in particular, its light. I got a better sense of the connections between the vibrant colours used by its artisans and artists and the natural colours of the country itself. Plus, I got to experience my first (and hopefully last) significant earthquake (6.3 on the Richter scale).

Subsequent to my return, I have done a couple more Masterclasses in London and will be doing a Masterclass for the *BPS Division of Counselling Psychology* in early October. Before then, though, I am going to San Francisco (with flowers in my hair) so that I can be a Keynote Speaker at the First Annual Conference of the Humanistic Division of the *American Psychological Association (APA)*. I'll be doing a talk on Therapeutic Relating and another on Sexuality. And then in late

September, I'm going to be in Copenhagen where I Co-Presenting a 1-day Seminar on existential psychotherapy with Professor Irvin Yalom. The organisers of the Seminar have already written to inform me that, in terms of numbers of attendees, this event is the biggest professional event for psychology and psychotherapy ever held in Denmark. Finally, putting on my "existential executive coach hat", I'll be in Sweden in October as an Invited Speaker to the *European Mentoring and Coaching Council's Annual Conference*.

And, speaking of major events, I can't forget to mention *Being and Time: The Musical* which will take place here in the College in late June. A long time ago, Andy Warhol predicted that in the future everyone would get to be famous for 15 minutes. Well, as far as I'm concerned, Andy was part-right: as a participant in the show I'm going to get to be an idiot for 10 minutes.

In terms of publications, I am very happy to report that my new book *Practising Existential Psychotherapy: The Relational World* is due to be available in

the next month or so. Recently, two of my previous books that had been difficult to find because their original publishers ceased to exist, have been taken up by PCCS Books. So that, by now both *Demystifying Therapy* and *Tales of Unknowing: therapeutic encounters from an existential perspective* have a new home and should be very easy to get a hold of. I've also co-authored a chapter, 'The Existential-phenomenological paradigm' in *The Handbook of Coaching Psychology*, which is edited by Steven Palmer and Alison Whybrow and which is due out later this year.

Other recent Journal papers that may be of interest to the SPC community are:

The therapeutic relationship: A view from existential psychotherapy. *Therapy 18: 01:11-14.*

Human sexuality: Existential challenges for psychotherapy. *BPS Psychotherapy Section Review 40, June 2006: 17-29.*

The value of relatedness in existential psychotherapy and phenomenological enquiry. *Indo-Pacific Journal of Phenomenology Vol 6, August, 2006 Special Edition on Methodology Retrieved 20 November 2006 from <http://www.ipjp.org>.*

Dr John Nuttall, ADIP Course Director

Dr John Nuttall has published the following papers since the last review:

The Existential Phenomenology of Transactional Analysis.

Transactional Analysis Journal, 36.3, Summer, 2006.

Berne described transactional analysis as a systematic phenomenology that incorporates the values of existentialism. Although there are few overt references to the existentialism in Berne's popular writings, it is evident from a number of passages in his books that he embraced an existential-phenomenological attitude in his approach to psychotherapy. This article discusses, briefly, the development and major tenets of existential phenomenology, its impact on psychotherapy, and how this perspective might be readily integrated and recognised within the key concepts of transactional analysis. Thus, transactions constitute intersubjectivity, ego-states and life positions represent Being-in-the-world, games manifest inauthentic Being or bad faith, and the script denotes the existential project and possibilities-for-Being-in-the-world. A clinical vignette helps to synthesise the two approaches and highlights how each conceptualises the therapeutic relationship. The article concludes that transactional analysis is a system that describes human existence at both the ontic and ontological level and can be readily construed as embracing the existential perspective. This may be an attribute of all major systems of psychotherapy and, therefore, psychotherapy integration might be better

achieved by the use of an expanded and enriched language representative of these systems.

Researching Psychotherapy Integration: A Heuristic Approach.

Counselling Psychology Quarterly, 19.4, December 2006.

Moustakas argues that questions and methodology in heuristic research flow out of inner awareness, meaning and inspiration. The approach might arguably embrace a combination of qualitative research methods, and constitute a kind of bricolage. This article describes a heuristic enquiry into psychotherapy integration that used such a combination of methods - an interpretative phenomenological approach, case studies, reflexive action, and writing. It demonstrates how each of these methods contributed to the six phases of heuristic enquiry, from the initial engagement with psychotherapy as a trainee to the creative synthesis of published works and a PhD thesis, together with some reflection on the enquiry's limitations and rigour. Published texts, training, clinical practice and reflexivity constituted the material from which a new organising framework for understanding psychotherapy integration was formulated. The author reflects on how the research design allowed deep engagement with this material, and changed his perspective of psychotherapy integration. In conclusion, the article suggests that both psychotherapy integration and heuristic enquiry can only be conducted on an individual and personal basis, and that it is the quality of

the relationship, with the client, or the research material, that produces results.

The Integrative Attitude – A Personal Journey in Psychotherapy Integration.

Currently in peer review with *European Journal of Psychotherapy*.

The origins of clinical psychotherapy date from the beginning of last century and the development of broadly four foundational schools – psychoanalytic, cognitive-behavioural, humanistic and transpersonal psychologies. The imperative to integrate these schools, however, is relatively recent and in the last 25 years a professional integration movement has developed, exemplified by the formation of SEPI and the UKAPI, and 'integrative psychotherapist' is now the most popular nomenclature used in the profession. This article gives a brief history of the integration movement, reviews some issues raised by developments so far, and discusses the personal dilemma that

integration evokes in the would-be integrative practitioner. Using my own journey as a model I wish to espouse an integrative attitude that is based on the nature of integration as an evolving personal process rather than an ideal, fixed, profession-wide position. I have identified three interweaving modalities of integration I call constructive, complicit and contiguous integration, which form a developmental framework that aims to encourage the individual activity of questioning, inventing, researching and interrogating the discipline within its philosophical, professional and social context. In concluding, the article exhorts the profession to see integration as a personal journey, as a way of being that is constantly becoming and unfolding in relation with the therapist's training, experience, and interaction with peers and clients. The result is indefinable and unnameable and, perhaps, constitutes the soul of an integrative therapist.

Book Review

The Paradox of Countertransference

You and Me, Here and Now.

Carol Holmes. Basingstoke: Palgrave Macmillan, 2005, 231 pp., £19.99.

Dr John Nuttall

Knowing Carol Holmes's previous engagement with paradox in *There is No Such Thing as a Therapist* (Holmes, 1998), I was intrigued by the title of this book. I liked its integrative posture of exploring different theories' notions of countertransference. The author brings a range of heuristic sources, augmented by interviews with exponents from different orientations. Each interviewee is asked to interpret the session of a client who is inadvertently kept waiting and then talks passively about feeling 'invisible' at work. This exposes more similarities than differences between approaches, which are taken up in succeeding chapters.

Chapter one outlines the concept noting how countertransference 'has undergone various adulterations and expansions since its original, distinct Freudian formulation' (p.9). Holmes defines it, 'as the unconscious capacity to

perceive and understand the other... inherently attributable to the patient as much as the therapist' (p.23). This is given a more contemporary and sinister perspective in chapter two. In particular, evolutionary psychology asserts, 'that human nature is innately deceptive and self-deceptive and that this is the way it has to be for the individual and the species to survive' (p.31) and countertransference is viewed as a two-way psycho-biological process that is innately exploitative rather than intentionally empathic. Similarly, Mann (1997) describes a deep level where the 'unconscious incestuous and murderous desires of one individual meet the unconscious incestuous and murderous desires of another' (1999, p.77), although the therapist also provides a new relationship able to explore the nature of love and hate. The chapter continues with some other works on

countertransference defences and resistances in various settings. The chapter ends with an interview with the Kleinian Fakhry Davids, who says, 'I think it is very important to know what is you and what is the patient' (p.45). He interprets the client's story about work as reference to the immediate therapeutic relationship, demonstrating Klein's view (1952/1997, p.55) that transference can represent 'total situations'.

Chapter three, which I found repetitive and confusing, introduces the communicative approach of Robert Langs. Holmes describes Langs's work as a paradigm shift (Kuhn, 1962) replacing the notion of transference with that of 'unconscious perception', and countertransference with the term 'therapist madness'. This 'reformulation... sees patient and therapist madness as often intimately linked and intertwined' (p.56). Such unconscious perceptions of the client are, 'expressed primarily through the mechanisms of displacement and disguise' (p.57), which the therapist, is obliged to decode, feed back and heed. The only reformulation I could see was in the meaning of the terms perception and madness, and the author continues to build the communicative glasshouse by adding a basement of existential death anxiety and a roof of chaos and complexity. Cracks emerge when Holmes writes that 'Concentration on the immediate therapeutic interaction can enable the client to recognise and experience in the moment how the present and the past converge in the here and now' (p.70). Not that dissimilar to the Kleinian view given earlier. The communicative view is given even more support in chapter four which describes three 'countertransference mavericks' – Ferenczi, Searles and Langs. After appraising Ferenczi and Searles the author suggests, 'to some extent these same themes can be detected in the ideas currently promoted by Robert Langs, the final maverick of this chapter' (p.88), about whom she writes about 30% more.

The next four chapters look at countertransference from non-psychoanalytic perspectives. The first, existential psychotherapy, is 'clearly antagonistic to a theory of human nature constructed around the existence of unconscious processes' (p.116). She interviewed Emmy van Deurzen who prefers the term 'therapeutic bias', which,

she believes, can be therapeutic or destructive and, like countertransference, requires self-reflection on our *Befindlichkeit*, (Heidegger 1927/1999). Reflecting on the vignette, van Deurzen also connects the client's story to the immediacy of the therapy. Significantly, she speculates how her own bias might make her feel outraged at the client's situation and how this might inform her challenge about the client's displacement of the story and feelings. Not dissimilar again, I thought, to the Kleinian approach.

The next on person-centred therapy interviews Mary Harris, whose approach is described as 'grounded in person-centred beliefs and concepts, it also incorporates Gestalt work and some aspects of Existentialism, and is psychodynamically informed' (p.120). This chapter tries hard to find humanistic nomenclature for the notion and what emerges is a view of countertransference as something that combines empathy and congruence with the Gestalt notion of projection. Chapter seven, on integrative psychotherapy, promotes Clarkson's pluralistic view (1995, p.xi), 'For me, integration is more vital, alive and interesting in its verb form integrating'. This ethos is endorsed by Helen Davis of the Minster Centre who gives her unequivocal view that countertransference is 'totally fundamental to the therapeutic practice' (p.137). In the case vignette, Davis accepts the transferential situation, but asserts she would take pragmatic steps to deal with the client's grievance. However, such identification with the burden of badness is, however, an aspect of her countertransference not reflected upon.

Chapter eight considers systems therapy and introduces John Byng Hall, Chair of the Institute of Family Therapy, who asserts, 'The basic idea behind systems theory is that of mutual influence: each aspect of what happens in family life influences, and is influenced by, all other aspects' (p.151). Countertransference is viewed as the resonance or disturbance evoked by involvement in the family script. In the interview, Byng Hall wanted to know more about the client's family relationships and how these might be emulated by the therapeutic setting and, importantly, what systemic role this might evoke in him – his countertransference?

Chapter nine rounds off the book with three interviews with well-recognised psychotherapy trainers – Bradley from the

Tavistock Centre, Murdin from WPF and Smith from University of New England – with the aim of investigating the significance of the concept in training, especially around selection, career motivation and scientific rigour. Smith criticises the lack of scientific rigour in psychotherapy and the notion of countertransference. He asserts instead the evolutionary term resonance, ‘as an innate, evolved psychological capacity for unconscious communication’ – surely the very stuff of countertransference? The conclusion is very proficiently written, but I was left with the feeling that these abstract notions have been inappropriately reified for the purpose of analysis. Perhaps this is necessary, but I would hate to lose touch with the esoteric notion and the bliss of the odd bout of participation mystique (Jung CW6, para.441). Perhaps in deference to this, the author expresses the hope that ‘this book will stimulate a move within the profession to challenge... and loosen what is so often at present a tenacious clinging to and defence of our preferred models’ (p.203).

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Being and Time the Musical

The organizers of Being and Time the Musical, would like to thank the community for an overwhelming response to our show. A special thanks also to Professor Aldwyn Cooper, Chief Executive of Regent's College for allowing us to use Tuke Hall free of charge and to Dr Maria Luca for supporting the project.

On the evening of the 29 June a happy crowd filled the Tuke Hall and an atmosphere of celebration reigned over the entire evening.

We raised £3,500 for Child Action Nepal. Florence Krief, the founder of the Charity said: "what a fantastic and entertaining way to raise funds, I wish my 20 children had been able to enjoy the show with us!"

The community pulled together in a special way on the evening of the show, with creative contributions by tutors, students, and friends.

Ernesto Spinelli made Daseindwiches on stage. Mike Harding excelled in one of his famous standup comedy acts. Bernie Joy had his stage debut and special guests Emmy van Deurzen and her daughter Sasha performed Emmy's Authenticity Song.

Many thanks to the students, actors, musicians and dancers who accepted to take part, to Christos Prosilys for directing the show and all the friends who worked behind the scene and without whom the show would have been a catastrophe.

In addition a special thank you to Sarah Young who opened the Knapp Gallery and organized a reception there during the interval, also pledging to donate a percentage of any sales of paintings, to Child Action Nepal.

Sincere thanks to all who attended and helped to make this show a success.



ADIP News

Dr John Nuttall, Course Director

The major change for the ADIP programme was the appointment in June of a new course director, Dr John Nuttall, succeeding Dr Ros Pearmain. John built his career as a professional executive and management consultant before taking up his interest in psychotherapy. He graduated with distinction in the MA at SPCP and completed his professional training at Physis the independent school of Professor Petruska Clarkson with whom he collaborated in the fostering of psychotherapy integration. John's work in this area has been widely published culminating in his PhD and his distinguished address on the 'Integrative Attitude' at the 2005 SPCP graduation ceremony. He has been a loyal contributor to the school's ethos as tutor on the MA and is active in the provision of community counselling as honorary psychotherapist and Chair of West London Centre for Counselling. John is BACP and UKCP registered and is a Certified Management Consultant and Chartered Marketer.

Both the first and second year cohorts have just finished the middle term of their respective years. In the Autumn the first year's module will be 'Issues in

Psychotherapy Integration' with Dr Ros Pearmain, and the second year cohort present their major client studies with emphasis on the integration of theory and skills. By December most of the second year trainees will have completed their requirements for the course and the necessary clinical hours for UKCP registration.

Following a successful one-day seminar in July on CBT, two more are scheduled for September and December for the second year cohort. A new lecturer Eleanor Bigden is conducting these seminars and these will form the basis for a new full-term module on CBT that will be offered to trainees in 2008.

A decision has been made for the next programme to start on Friday 11 January 2008. There will be a slightly revised syllabus for this programme, which will also form the basis of a new DPpsych programme that we hope to start in October 2008. The revisions are intended to encourage more debate on the issues raised by psychotherapy integration, on the links between theory and practice, and to introduce more reflexivity in the trainees' written work.

Honorary Visiting Fellow News

Robert Langs, M.D. is pleased to announce the forthcoming publication of his 45th book, entitled "*Beyond Yahweh and Jesus: Bringing Death's Wisdom to Faith, Spirituality, and Psychoanalysis.*" The book is the first in-depth psychoanalytic study of how the two Western incarnations of God, Yahweh and Jesus, have dealt with the problem of death and the three forms of death anxiety it invokes. Intended for a broad readership and based on Langs' innovative adaptive approach, the book explores a wide range of topics, including knowledge acquisition; the role of death and death anxiety in the bible, human creativity, and human suffering; the nature of divine insight, religious and secular; conscious and unconscious morality; the reasons why the

remarkable solutions to each form of death anxiety generated by Christ have failed to bring peace to the world; the unrecognized secret that drove Eve to eat the forbidden fruit and initiate the drama of life on earth; the secreted fateful event that unwittingly fueled Freud's rejection of religion; the failure of psychoanalysis to supplement the spiritual wisdom of religion with the psychological wisdom it needed—and still needs—to be truly fulfilling; and proposals as to how enhance both religious and secular wisdom and morality so that both personal and world peace may yet be ours. The publisher is Jason Aronson, a division of Roman & Littlefield, and the book will be available and is presently offered on line in the U.K. and U.S.

MPhil/PhD News

Dr Angela Cotter, Course Director

Dr Angela Cotter took up position as the Course Director in September 2006, and has been working on the research training needs of PhD students. This has resulted in a pilot module run with the first five students registered with the University of Wales who began their course in January 2007. A PhD student registered elsewhere who is a staff member of the European Business School at Regent's College also undertook the module. This was a beginning to addressing the support for PhD students registered elsewhere who are Regent's College members of staff and enabled a fruitful cross-School dialogue in relation to doing a PhD. The module has subsequently become a part of the PhD course. Additionally, the course

eligibility requirements are currently being amended to include applicants who do not have British registration as a psychotherapist, counsellor or psychologist because this will allow the entry of overseas applicants for whom this is not a relevant qualification. The focus on practice issues relevant to psychotherapy will however be maintained. Recruitment is increasing with a number of enquiries and applicants currently being processed. Two students have recently completed their PhDs with City University and two others are nearing completion. The PhD remains an attractive option for those who want to undertake in depth research to gain a qualification that is internationally recognised.

Embodiment, Reflexivity and Trustworthiness in Qualitative Research

Reflections on the Grounded Theory Method

Lecturer: Dr Maria Luca

A Half Day Methodology Seminar

Wednesday 17 October 2007, 1.30 p.m. – 4.30 p.m.

Aim: To discuss and clarify the influence of post-modern epistemology on Grounded Theory.

Objective: The seminar will examine ideas on agency, reflexivity, trustworthiness, and validity in grounded theory.

Venue: Regent's College. Room to be confirmed.

Who for: All those interested in grounded theory and post-modern epistemology are welcome, both students and staff across the College.

Number of participants: 35 participants. Allocation of places will be on a first come first served basis.

Dr Maria Luca is the Head of the School of Psychotherapy & Counselling at Regent's College. She has been Clinical Supervisor and Consultant Psychotherapist in the NHS for several years. Her clinical interests centre around postmodernism and grounded theory, issues of embodiment in relation to the body, somatisation, sexuality and the therapeutic relationship. In June 2006 she gave a lecture at the Society for Psychotherapy Research Conference, held at Edinburgh University based on her research on applying grounded theory to examine clinical concepts and practices with the Phenomenology of Somatisation. Among other published works is her most recent edited book: *The Therapeutic Frame in the Clinical Context – Integrative Perspectives* (published 2004 by Brunner-Routledge, Taylor & Francis Group).

For further details please contact: Helena Markan (markanh@regents.ac.uk) at The School of Psychotherapy & Counselling Psychology, Regent's College, Inner Circle, Regent's Park, London NW1 4NS.

New Course | First intake planned for January 2008

Intensive Advanced Diploma in Existential Psychotherapy

This is an exciting new modular course. It offers participants the option of attending 6 ten day blocks over a period of two years. It is suitable for individuals who are able to manage the intensity of such mode of mostly distance studying. Candidates who live abroad may find this option desirable as it allows the opportunity for them to manage their studying in blocks.

Existential therapists do share some fundamental attitudes, assumptions, and concerns: nevertheless each practitioner develops their own unique way of working with clients, which is always in process, continually questioned and constantly redefined. The uniqueness is not merely acknowledged, it is embraced, respected and embodied.

The Existential orientation challenges other approaches to psychotherapy by offering an alternative that focuses upon client's inevitable relatedness to all aspects of being and through which emerges their unique lived dispositional stances, values, meanings. The emphasis is on the client's whole experience of existence rather than exclusively on mental phenomena: it is a theory of being rather than a theory of mind.

This ethos, expressed through the therapist's descriptive clarification and challenge, enables clients to become aware of the implicit and unreflected aspects of their way of being and how the disturbing issues that have brought them to therapy are expressions and consequences of insufficient examination to their stance to living. The therapeutic process involves also the willingness on the part of the existential psychotherapist to explore, expose and confront his or her assumptions, beliefs and values on an on-going basis.

The course offers trainees the opportunity to familiarize themselves with some key contributions made by philosophers that inform and underpin this way of working. Parallel to this trainees will be given the opportunity to critically examine the work of some well established practitioners such as Ernesto Spinelli, Irvin Yalom, Emmy van Deurzen,

Freddie Strasser and others. Through exploring the underlying ideas that influenced these practitioners, and the way in which they integrated philosophy into their practice trainees will be encouraged to develop their own way of working.

Theory and philosophy are explored as a way of helping trainees to adopt a way of understanding what it is to be human, whilst encouraging them to look at theory and philosophy as fluid and always open to extension and reconsideration.

The course de-emphasises the teaching and reliance upon techniques. What is being promoted for the trainee to learn and practice, is abstaining from making judgments on clients behaviour. Instead the course adopts a phenomenological attitude which seeks to assist trainees to carry out forms of investigation together with their clients so that the therapeutic relationship, in itself, becomes the means with which to expose and explore the ways in which the client relates to self, the world and others.

The Intensive Modular Advanced Diploma provides a focused psychotherapy training that challenges, and contributes to, a wide range of understanding of the therapeutic encounter. It prepares participants for professional work in both private and institutional practice. Successful completion will bring eligibility for registration with the appropriate professional bodies.

The key objective of the course is to make it possible for trainees:

- to develop a consolidated understanding of the fundamental contribution of philosophy;
- to become competent practitioners;
- to have a general level of understanding of other major modalities of therapy;
- to develop their capacity for informed reflection on their clinical practice;
- to consolidate their capacity effectively to utilise supervision from peers and supervisors;
- to gain an understanding of ethical

- research methods relevant to clinical practice in the field;
- to become eligible for professional registration as practitioners of the chosen modality of psychotherapy and/or counselling:

At the end of 3 taught modules:

Eligibility in terms of training hours to apply for individual Accreditation with BACP

On completion of all 6 modules:

Eligibility to apply for UKCP Registration as an Existential Psychotherapist to all UK candidates. For non-UK candidates you would be eligible for UKCP Registration if you fulfil the entry requirements and successfully complete the six modules. However, this may or may not satisfy the specific criteria of your own country. In order to assist registration in your own country a detailed statement of the seminars and hours that have been undertaken will be provided. To apply for registration/accreditation with either UKCP or BACP a minimum of 450 clinical hours must also be completed.

Entry requirements

- Satisfactory completion of either:
 - the taught components of SPCP's MA in Psychotherapy and Counselling, or
 - an equivalent masters-level professional training in psychotherapy/counselling/ counselling psychology;
- Interest and basic understanding of existential philosophy;
- Willingness to further develop their philosophy of psychotherapy and to remain critical and open about it;
- Good working knowledge of existential psychotherapy and counselling;
- Emotional maturity and evidence of an ability to be self-reflective and function effectively under pressure;
- A flexible and open attitude to a wide range of life experience;
- Completion of a minimum of two years regular individual psychotherapy.

Course structure

The course is designed to be completed in two years.

Each daily session comprises: an academic and practical component; training supervision; and a personal and professional development group.

Clinical placement: Every trainee is expected to work with 2 - 3 adult clients on

a minimum once-weekly basis, one of whom must be long-term, for the duration of the course.(minimum 24 sessions)

Syllabus

Academic seminars

- Heidegger and Existential Psychotherapy;
- Existence and Therapy;
- The Body, Sexuality and Psychopathology
- The Roots of Existential-Phenomenological Dream Work;
- Communication: Language and Spirituality;
- Student-led Seminar

Practical Component

Each academic seminar will be followed by a critical and an in depth exploration of the underlying ideas that influenced well established Existential Practitioners such as: Ernesto Spinelli, Emmy van Deurzen, Hans Cohn, Rollo May Irvin Yalom, Freddie Strasser and others and how they have integrated philosophy into their practice with clients. This will assist trainees in developing their own way of working

Although grounded in philosophy, the ADEP is principally a training programme and, as such, the primary focus will be on trainees' development to become qualified practitioners with an expertise in the underlying assumptions, approaches, and attitudes that broadly characterise existential psychotherapy.

Objectives

The focus will be on providing trainees with an opportunity to integrate philosophy into their own lives as well as their clinical practice. Trainees have the opportunity to discuss published clinical material. They will also work in pairs in front of the group and give and receive feedback from tutor and peers. Professional and clinical issues related to the therapeutic relationship, i.e. frame issues, contracts, referrals, etc are included in these practical sessions.

Assessment

After completing three taught modules, trainees are required to present three (3) written submissions:

- Theoretical essay (3,500 - 4,000 words), title to be agreed by the trainee and tutor;
- Client study (3,500 - 4,000 words);
- Personal and professional development essay (2,500 - 3,000

words).

During the last module (6), trainees are required to make three (3) oral presentations to the group. These must be further developed as written submissions, taking into account the feedback received from peers and tutor.

- Theoretical essay (5,000 words), title to be decided by the trainee and tutor;
- Client study (5,000 words);
- Personal and professional development essay (3,000 - 3,500 words).]

Personal therapy

All trainees are expected to be in individual personal therapy for the duration of the course. UK trainees need to be with an approved UKCP registered psychotherapist. Non-UK trainees need to be with a licensed therapist according to the registration requirements of their home country.

N.B. This course comprises of 6 blocks

of 10 consecutive days, trainees attending from 10am – 5pm each day. We are aiming to start the first module in January 2008. The course is modular and each module will run on condition that a minimum of 10 trainees are registered.

UKCP Registration

The Society for Existential Analysis is an accrediting organisation within the Experiential and Constructivist Section of the UKCP, and registers graduates of the School's Advanced Diploma in Existential Psychotherapy as UKCP registered existential psychotherapists.

For further details contact:

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Newsletter of the School of Psychotherapy and Counselling Psychology

Ian G. Jones-Healey *Editor*

Submissions for the next edition (Winter 2008) should be emailed to [Astero Kangaris](mailto:Astero.Kangaris@regents.ac.uk) at kangarisa@regents.ac.uk by 1 January 2008.

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