

DECEMBER 2023

Private Practice

For counsellors and psychotherapists in private practice



Am I OK? Are We OK?

Anxiety in an uncertain world

The
post-conference
special issue

Changing the way we
think about anxiety

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and that's OK

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Private Practice is the quarterly journal of BACP Private Practice division, for counsellors and psychotherapists working independently, either in private practice or for EAPs or agencies, in paid or voluntary positions.

It is published by the British Association for Counselling and Psychotherapy, BACP House, 15 St John's Business Park, Lutterworth LE17 4HB. Tel: 01455 883300

The journal is distributed free to members of BACP Private Practice in March, June, September and December.

It is available online at www.bacp.co.uk/bacp-journals/private-practice

Membership of BACP Private Practice costs £20 a year for individuals, and £40 for organisations. For details, call BACP's Customer Services department on 01455 883300

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DESIGN

Steers McGillan Eves Design 01225 465546

PRINTER

Hobbs the Printers Ltd

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ISSN print 2049-2677 ISSN online 2398-3612

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Welcome

In his epic poem, *The Age of Anxiety: a Baroque eclogue*, published in 1947, WH Auden wrote: ‘We would rather be ruined than changed/We would rather die in our dread/Than climb the cross of the moment/And let our illusions die.’¹

These lines, written two years after the end of World War 2, spoke bitterly of the ruination wrought by war at that time, and also echo down the decades, speaking not only to the ideological, political, religious, ecological and internecine conflicts and crises that currently besiege our world, but also, on an intrapersonal level, to the everyday neuroses from which we all suffer to differing degrees, and which, when we’re in their dread grip, can prevent us from changing in ways that might enable us to live to the fullness of our potential.

Here is the paradox we sit with as therapists when we work with our clients, and that we also grapple with inside ourselves: while, on a rational level, we might profess we want to change, on another, mostly unconscious level, our defence mechanisms operate in ways designed to maintain the status quo, even though, in Auden’s words, this might cause us to ‘die in our dread’, both psychically and possibly even literally.

As Thomas Merton eloquently writes in *The Seven Storey Mountain*: ‘The more you try to avoid suffering, the more you suffer, because smaller and more insignificant things begin to torture you, in proportion to your fear of being hurt. The one who does most to avoid suffering is, in the end, the one who suffers most.’²

Anxiety – a word that derives from the Latin substantive *angor* and the corresponding verb *ango* (to constrict)³ – while being a normal response to the distress and pain that are natural features of human life, can also choke us in its strangle hold, and inhibit us from living our lives to the full.

Change requires us to accept that, despite the slings and arrows that life will inevitably cast at us, it’s the attitude we take in relation to our suffering that will ultimately dictate our capacity to ‘climb the cross of the moment/And let our illusions die’. And chief among these illusions, as we see play out time and time again in our consulting rooms, and know all too well from our own lived experience, is that staying with the familiar, however much pain it may cause, is safer than embracing uncertainty and stepping into the unknown.

Anxiety is the theme of this conference special issue. I hope the range of perspectives on the topic offered here will provide you with nourishment for your practice.

I’ll give the closing words to CS Lewis, who sums up brilliantly all I’ve been attempting to express: ‘Try to exclude the possibility of suffering which the order of nature and the existence of free-wills involve, and you find that you have excluded life itself.’⁴ ●

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BACP NEWS

Catch up with the latest BACP news and resources



The EDI Coalition toolkit: equality, diversity and inclusion

The Coalition for Inclusion and Anti-Opressive Practice is a collaborative and cross-industry group aiming to commission and deploy toolkits to support the development of skills, knowledge and understanding for delivering inclusive counselling and psychotherapy training. The Coalition focuses on promoting inclusive and anti-oppressive professional training, as part of a greater vision to address further barriers to inclusive practice, particularly in relation to supporting racially and ethnically minoritised communities.

The Coalition is chaired by Place2Be and, as well as BACP, includes: Association of Christians in Counselling and Linked Professions (ACC), Association of Child Psychotherapists (ACP), British Association of Art Therapists (BAAT), Counselling and Psychotherapy Central Awarding Body (CPCAB), Muslim Counsellor and Psychotherapist Network (MCAPN), National Counselling & Psychotherapy Society (NCPS), Psychotherapists and Counsellors for Social Responsibility (PCSR) and the UK Council for Psychotherapy (UKCP).

Following a consultation with trainers and training providers, held in February 2021, the Coalition agreed to commission and deploy a toolkit that would support institutions, training

programmes and individual tutors to develop their skills and understanding when working inclusively and with diversity. The first toolkit, *Race is Complicated: a toolkit for psychological therapies training*, has been launched by the Coalition. The interactive PDF aims to demonstrate core ideas and suggestions for best practice, and endeavours to support those involved with psychological therapy training to be more comfortable in managing and working within racial and cultural diversity.

Authors Danielle Osajibe-Williams and Marcelline Menyié, who are integrative counsellors and psychotherapists, and founders of the Routes Therapeutic Consultancy, drew on tried and tested theories and practices to offer up-to-date guidance, rooted in the modern world.

📍 We recently held an event which offered in-depth guidance and support on how to apply the toolkit in practice for trainers and training providers of counselling and psychotherapy training courses. You can access the on-demand service from this event for free by visiting: www.bacp.co.uk/events-and-resources/bacp-events/on-demand-services

📄 Download the toolkit at: www.bacp.co.uk/media/18883/the-edi-coalition-toolkit.pdf

Counselling changes lives: results from our annual Public Perceptions Survey

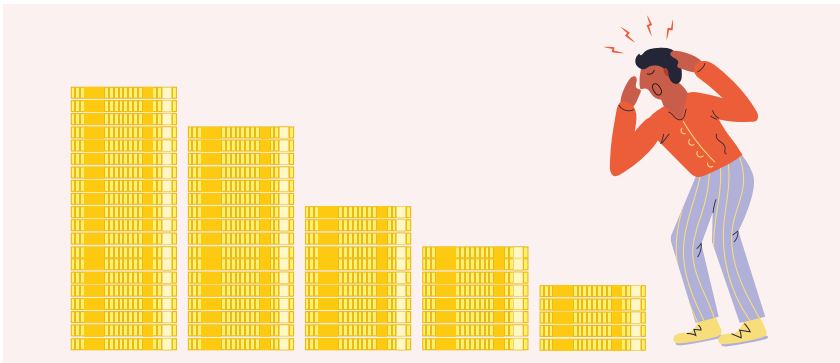
Ninety-five per cent of people who've had counselling or psychotherapy think it's important it should be accessible to everyone who wants it, our research has found. The figure is from our annual Public Perceptions Survey, and was released for World Mental Health Day on 10 October.*

Our research also found that 92% of people who've had counselling or psychotherapy agree it's a good idea to seek it for a problem before it gets out of hand. The survey of more than 5,000 UK adults, which was carried out with YouGov, also found that 82% of people who've had counselling or psychotherapy agree people might be happier if they talked to a counsellor or psychotherapist about their problems. Seventy-seven per cent of people who've had counselling or psychotherapy would be likely to recommend it to someone who had emotional difficulties or a mental health problem, the research also found.

*All figures, unless otherwise stated, are from YouGov Plc. Total sample size was 5,333 adults. Fieldwork was undertaken between 9 to 22 February 2023. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 16 and over).



Third sector counselling organisations facing falling incomes and increasing costs



Third sector counselling organisations are facing falling incomes and increasing costs, seriously hampering their ability to deliver services, says research published in the National Council for Voluntary Organisations (NCVO) *UK Civil Society Almanac 2023*.¹ It shows that income to the sector has fallen for the first time in 10 years, with smaller charities and community organisations, whose income is most reliant on grant-funding and public donations, being worse hit. The almanac also found that despite increased government funding, the sector's overall income in 2020/21 dropped by 6% from the previous year.

Jeremy Bacon, our Third Sector Lead, said: 'The financial data provide a grim snapshot of the current challenges facing third sector services. We know that one-third of our members report doing all or part of their work in the third sector. BACP organisational members are increasingly sharing concerns about their ability to meet the increasing demand for psychological support against a backdrop of rising costs and diminishing income. Some are facing closure because of these pressures.'

Last month, Charity Excellence Foundation also reported on the drastic impact that cuts are having on the sector. Their survey found that eight out of 10 of the charities surveyed reported being worse off. It also found that a third were facing significant financial challenges, and another third

were having such serious cash flow problems they may have to consider reducing or closing services, making staff redundant, or close their charity.

We know the current situation is tough, so we're working with our third sector Expert Reference Group of CEOs from counselling services in England to share a survey to capture trends in demand and available resources. We're also hosting a series of roundtable events around the UK to help us understand the impact of the cost of living crisis on mental health. The next event will focus on the impact on third sector organisations. The sessions explore the extent to which therapy can be used to support people through the cost of living crisis, the change in demand for therapy in the past few years, the groups and communities who've had their mental health most impacted by the cost of living crisis, and the impact of this on our members.

We'll use the data and feedback from the survey and roundtable events in our ongoing policy work and cost of living campaign. We'll keep our members updated on the progress of the campaign and share the final report when it's published online in 2024.

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Labour to fund community youth mental health hubs

We're delighted that Yvette Cooper, the Shadow Home Secretary, has committed to funding youth mental health hubs to help tackle rising crime and the mental health crisis among UK teenagers. The announcement, made at the party conference, included a fund of £100 million towards 92 'Youth Futures' hubs in England and Wales – if Labour is elected. These hubs will also include targeted work around preventing youth crime, a central part of their model.

Along with several partners, including Mind, Young Minds, Black Thrive, The Children's Society, Centre for Mental Health, Youth Access and the Children and Young People's Mental Health Coalition, we have campaigned for early access mental health hubs since 2021. We recognise the value of enabling young people to access information, advice and counselling services in one place in their community. Our campaign pushed for more hubs because we know giving children and young people greater choice and access to free counselling in their own community, delivered by a paid counselling and psychotherapy workforce, is key to improving mental health and other life challenges.

Jo Holmes, our Children, Young People and Families Lead, said: 'The coming together of essential services under one roof makes sense, with youth workers, counsellors and other key professionals working together with guaranteed sustainable funding in place to offer a range of services, including counselling. While this model is not quite what we've campaigned for, we'll work to influence any policy developments to ensure these hubs are safe places for all children and young people to access in the heart of their communities. Funding so many hubs across England and Wales will go a huge way to reduce the postcode lottery of provision that so many children and young people face.'

We also welcomed the UK Government's announcement to fund at least 10 early intervention mental health hubs for those aged 11 to 25 in England. However, due to the Government committing to funding on a one-year short-term basis, we're concerned the impact and reach will be relatively low. That's why we'll keep the pressure on all political parties ahead of the general election to keep and extend their support for funding youth mental health hubs.

Vital mental health funding announced for refugee children and young people

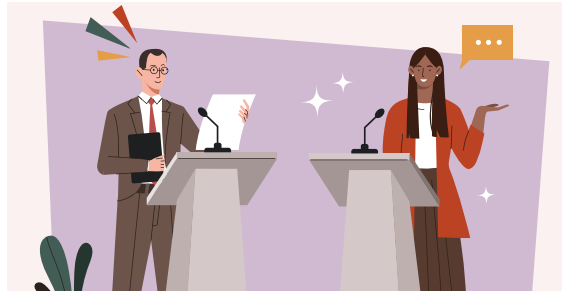
We're pleased the Government has opened a £2.5 million fund to help vulnerable young people and children from Ukraine, Afghanistan and Hong Kong, who have been forced to leave their own countries. Along with our partners, we've long campaigned for better access to trauma-informed and culturally sensitive therapy. It's great news that thousands of children and young people will be able to access much needed mental health support, counselling and therapy.

We know from our discussions with third sector organisations working with refugees and asylum seekers that, once they reach the UK, they usually face a long wait for appropriate mental health support, and many find themselves having the additional challenge of navigating often overstretched and complicated routes to treatment, with little support. Jeremy Bacon, our Third Sector Lead said: 'BACP organisational members specialising in providing therapy to refugees and asylum seekers are well placed to work with the complex needs and trauma that is a common feature of the refugee experience.'



DIVISION NEWS

Catch up with the latest news from BACP Private Practice



Private Practice Conference 2023 highlights

Enjoy a flavour of our 2023 BACP Private Practice Conference by watching our short round-up film. The conference, titled 'Am I OK? Are we OK? Anxiety in an uncertain world', was a day full of interesting insights and chances for hundreds of therapists working in private practice to connect with each other. Speakers included Emmy van Deurzen, Josh Fletcher, Aileen Alleyne, Claire Oakeley, David Veale, Michelle Seabrook, Rotimi Akinsete and Wayne Mertins-Brown.

There were plenty of opportunities for members to explore the topic of anxiety and network with each other. Watch our film to get a sense of the day and hear from some of the speakers, attendees and BACP staff who worked on the event. If you missed out on attending, the on-demand service is available until 28 December 2023.

📌 Register for the on-demand 2023 BACP Private Practice conference at: www.bacp.co.uk/events/onlinepp23-online-private-practice-conference-2023

📌 Watch our short round-up film at: www.bacp.co.uk/news/news-from-bacp/vlogs/2022/17-october-2023-private-practice-conference-2023-highlights

Call for new Executive Committee members

We're looking for new members to join the Executive Committee, so please do get in touch if you're interested in joining the team.

✉ Email: governance@bacp.co.uk

Private Practice Toolkit

The *Private Practice Toolkit* supports members in private practice to set up and maintain a thriving practice. It combines business skills with ethical and therapeutic practice. We're continually adding a wide variety of new content to the *Toolkit* from our journals, blogs and Good Practice in Action (GPiA) resources.

📌 View the *Private Practice Toolkit* at: www.bacp.co.uk/pptoolkit



Networking

Network meetings offer unique opportunities for members to come together to share experiences, challenges, success stories and business ideas. Meetings are held across the UK, helping you to get to know other therapists in your area.

Our regular meetings focus on issues for our members living in all four nations. They give you the chance to network with other members and meet your elected and Executive members. The meetings are free for BACP members and are a great place to discuss issues of current, internal, external, national and local importance.

📌 For further information, visit: www.bacp.co.uk/events/network.php

PAUL CARSLAKE

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There's tension in the air this year as we consider the kinds of gifts we may give to others this December



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December is a time for looking both backwards and forwards. This issue of our journal provides a chance to look back at this year's BACP Private Practice Conference in September, with a selection of our speakers contributing articles. This means that even if you couldn't make it in person or online to the conference, you can still get a taste of the themes and presentations in these pages. As for looking forward, it struck me that the conference opened a whole new range of possibilities for discovery and research. So, where to go next?

Well, as the holiday season approaches and our minds turn to the giving of gifts, one place I want to go to is my local bookshop. Plenty of our conference speakers have recent, or forthcoming books on the go, any of which would make a great gift. So here's a quick run-down of these.

The most recent of many books penned by Emmy van Deurzen, our first keynote speaker, is *Rising from Existential Crisis* (PCCS Books), where we can find many of the concepts discussed in her fascinating presentation. And, if you wait until next year, you can order her forthcoming book for a general readership, *The Art of Freedom* (Penguin). Meanwhile, Aileen Alleyne's book, *The Burden of Heritage: hauntings of generational trauma on black lives* (Confer) was published last year, and provides a compelling treatment of inter- and transgenerational trauma.

Rotimi Akinsete, who presented the 'Black Men on the Couch' session at the conference, is the author of *This Book Could Help: the men's headspace manual* (Michael O'Mara Books). All royalties from sales of the book are going to Mind. David Veale gave a fascinating presentation on OCD, and it's well worth browsing his various CBT books. His most recent is the new edition of his self-help guide on *Overcoming Health Anxiety* (Robinson), and a classic in his collection is *Taking Control of OCD* (Robinson). The most recent book by Josh Fletcher, the final keynote speaker, is *Anxiety: practical about panic* (John Murray One), and he also has a new book on anxiety coming out next year with HarperCollins.

I would love to read all of these, and I'm also keen to get hold of a book published just a week ago as I write this

column: *Hidden Histories of British Psychoanalysis* (Phoenix Publishing). It's written by the genius Professor Brett Kahr, and I've heard it's unputdownable. Whatever your modality, it will be a great read.

While we're on the subject of gift giving, what would you like to give, or receive this Christmas? It would be interesting to have a kind of 'CPD voucher' – a bit like a book token, to create an opportunity to offer a fellow therapist the chance to buy courses, books or events: CPD in a giftable form. (CPD in ingestible form would be convenient too, but I suspect the market is not yet ready for CPD Oil!)

There are plenty more gift ideas for therapists: for my own Zoom calls this winter, with the heating on a low setting, I would like a pair of comfortable slippers, an electric fan heater, and maybe a pair of fingerless gloves for working at the laptop (I'm wearing a pair right now). At the other end of human extremities, I'd like a new pair of smart socks for those face-to-face sessions where my footwear can feel very much in the foreground, rather than hidden under a desk. Thinking of my desk – and this is more of a New Year resolution than a gift idea – I'd like it to be tidier. And the same goes for all my administrative information, accounts and records.

Therapy spaces need to be taken care of too. A therapist colleague complained to me that her rooms were a little monochromatic, aiming not to jar the tastes or sensibilities of her clients and supervisees. So perhaps what's required is a small and tastefully hued object for the mantelpiece. And, in a subtle way, we can create a kind of gift for clients too: I'm thinking about something more interesting for people to read in the waiting room (rather than the free magazine from the local council), or perhaps something as simple as better lighting in the hallway or a new type of coffee.

But in truth, all these tiny day-to-day details are unimportant, and life goes on without them. There's tension in the air this year as we consider the kinds of gifts we may give to others this December. The lives of most of us reading this are mercifully free of war, risk of attack, injury, displacement and starvation. In many ways, we want for nothing. ●



Postnatal anxiety

In comparison to postnatal depression, postnatal anxiety (PNA) is under-recognised, with a recent study revealing it's an unfamiliar concept among professionals involved in maternal care, writes **Dr Claire Oakeley**

New motherhood can be a time of excitement and joy, but it can also be challenging in a multitude of ways. The journey into motherhood is a period of uncertainty and unpredictability, coupled with the responsibility of looking after a new life. Research shows that approximately 15% of mothers experience persistent anxiety in the first year after giving birth,¹ and a recent UK report also highlighted that suicide is the leading cause of death among women in that first year.² Numerous studies show that early motherhood is recognised as being a particularly vulnerable time.

It's clearly important that therapy professionals are aware of the range of feelings and experiences encountered during this period. A widespread misconception is that most maternal psychological difficulties manifest as postnatal depression; we now know that mothers also experience other challenges after birth. In comparison to postnatal depression, postnatal anxiety (PNA) is under-recognised, with a recent study revealing that it's an unfamiliar concept among professionals involved in maternal care.³ This highlights the importance of raising awareness of maternal anxiety, so that women can be well supported by those in the caring professions.

What is postnatal anxiety?

PNA is anxiety experienced within the first 12 months after the birth of a child. The core characteristics of maternal anxiety are difficult to define and, critically, lived experiences will vary from one mother to the next. Some

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Research shows that approximately 15% of mothers experience persistent anxiety in the first year after giving birth

themes that might come up in the therapeutic dialogue include (but are not limited to):

- worries about infant welfare, mothering capabilities, parent/infant bonding
- physical 'fight and flight' feelings
- distressing thoughts relating to infant harm
- feelings of panic and overwhelm
- feelings of uncertainty
- social and relationship factors relating to becoming and being a mother.

Importantly, as therapists, we should not hold assumptions or preconceptions of what PNA is. Each mother will have their own unique set of circumstances, including a family history, a personal birth story and a relational, social and cultural context. All of these will have a bearing on their experience of early motherhood and, as therapists, we need to encounter each mother in her uniqueness and seek to understand her.

There's a lack of research into therapeutic approaches for PNA. NICE guidelines state that anxiety experienced during the postnatal period should be treated from the perspective of individual disorders, such as generalised anxiety disorder (GAD), panic disorder (PD), obsessive compulsive disorder (OCD) and post-traumatic stress disorder (PTSD). Some *DSM-5* disorders (for example, GAD) specify that anxiety must have been present for at least six months, and this is problematic for new mothers, given that anxiety may start soon after birth.^{4,5} My own research⁴ argues that PNA should be considered as a separate phenomenon, specific to being and becoming a mother.

The impact of PNA

If left unsupported, PNA can have profound implications for a woman's wellbeing. A study by Dawson et al⁶ revealed that maternal anxiety can have a significant impact on mother/infant bonding. Other studies have highlighted that PNA can negatively impact breastfeeding,⁷ and lead to adverse consequences for a child's cognitive and social development.⁸ Other outcomes may include relationship difficulties and a withdrawal from social contact.⁴ Clearly, these studies highlight

the importance of working towards a better understanding of mothers' experiences so that they can be supported.

Encouragingly, there's been growing investment in perinatal mental health services (PMHS) in recent years, and specialist clinics have been established across the UK to support women who experience severe or complex mental health challenges during pregnancy or after birth. What's notable is that many women will not meet the threshold to access support from PMHS, but will still benefit greatly from therapeutic services. While some will get help via primary care,

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“ Research shows that mothers welcome some degree of flexibility around appointment times

others will turn to the private sector. Below, I offer some general considerations to therapists who may encounter new mothers experiencing mild to moderate levels of anxiety, drawing on my clinical experience and doctoral research.

Barriers to support

There may be some barriers to accessing support. Mothers can be wary of beginning therapy due to societal stigma. They may even have fears that their baby will be taken from them if they reveal their struggles to a professional.^{9,10,11} Many mothers will have difficulty in finding childcare to enable them to attend appointments.^{12,13,14} It's also important

to keep in mind that if childcare is arranged, mothers may be anxious about leaving the baby in someone else's care.

Finding time

Given the multiple demands that come with looking after a baby, mothers may find it difficult to commit to regular sessions at set times. Research shows that mothers welcome some degree of flexibility around appointment times.¹² Therapists must be mindful about what they're prepared to offer and what their working contract will be. In my experience, telephone or online sessions offer a practical means to access therapy and can be easier for a mother to commit to. Other alternatives

may include offering home visits or arranging 'walk and talk' meetings in a local park, so that mothers can bring their infants with them. What matters is that consistency and reliability are offered.

Establishing a working alliance

Once a time and mode of delivery have been agreed, the establishment of a strong working alliance is key. Mothers can be frightened of revealing how they're feeling to others, for fear of what they might think of them.⁴ Many mothers hold the belief that they're the only ones who are struggling and that everyone else is coping. If a mother makes an enquiry seeking therapy, it's important to keep in mind that it will have taken great courage for her to take this initial step. Numerous studies highlight that the fundamental factor for a good therapeutic outcome is the practitioner/client relationship.¹⁵ Given that experiences of anxiety can result in feeling disconnected from others, this places even more importance on forming a strong therapeutic union. Mothers may initially present in therapy feeling guarded,¹⁶ and a supportive, empathic stance is essential to establish safety and trust.

Among the many therapeutic approaches available, I've highlighted a small sample below. There's not space in this article to go into every modality and approach. What's most important is that practitioners work within their own skill set, and use the approach they feel most competent with.

Existential approach

My own research highlighted the existential dimensions of PNA: being responsible for a new life is an anxious undertaking, and a mother becomes acutely aware of the fragility of human existence. In becoming a mother, a woman steps into the unknown, not knowing how to be a mother or how to look after an infant. An existential stance maintains that '...anxiety is a teacher, not an obstacle or something to be removed, explained, rationalised, avoided or solved.'¹⁷ From this perspective, client and therapist will embark together on a journey of exploration to seek to understand new motherhood, and to make sense of anxious feelings within the context in which they arise. To do this, therapists need to be comfortable with uncertainty and resist leaping in with answers and reassurances. Motherhood is an ever-evolving process, as

one of my research participants said, 'It's like shifting sands... every time you thought you'd got somewhere, it just all changed again'.⁴

Becoming a mother entails learning to tolerate the unknown and unpredictable dimensions of motherhood. Vos¹⁸ writes that being a therapist is sometimes comparable to Socrates' notion of midwifery: helping the client to give birth to their inner wisdom. This metaphor seems particularly appropriate in maternal counselling, as therapists accompany women in and through their struggles to reach a place of understanding and insight. Mothers may begin to understand how motherhood can be meaningful and fulfilling despite its day-to-day difficulties. Ultimately, every mother will learn to approach mothering in her own way, but this takes time. Existential therapy can assist in exploring the paradoxes, dilemmas and choices encountered along the way.

Cognitive behavioural approaches

CBT offers a valuable approach in the treatment of PNA, and studies looking at online CBT delivery for mothers have yielded promising results, with an overall reduction in anxious symptoms and psychological distress.^{5,19} Anxiety and depression can coincide, and since CBT is also effective for postnatal depression,²⁰ it can be used for mothers who are experiencing low mood in addition to anxious feelings.

Many women experience intrusive thoughts of accidentally or deliberately harming their child, and research highlights that this is a common experience among new parents.²¹ CBT can be effective at helping mothers to understand these distressing experiences,²² and can also assist in exploring themes relating to becoming a mother, such as responsibility, coping strategies and decision making.²³ Bear in mind that carrying out homework tasks between sessions may be a challenge for mothers who are short of time.

Acceptance and commitment therapy (ACT)

ACT has an emphasis on acceptance of thoughts and feelings, rather than trying to change them. This offers rich potential for therapeutic engagement with PNA: difficult feelings in new motherhood can be seen as an appropriate response to being in a new and unfamiliar phase of life. ACT offers a vehicle for

understanding thoughts and feelings within the context of becoming a mother. A 2019 study²⁴ noted that ACT was effective at reducing self-stigma – something prevalent in anxious mothers.⁴ Another study observed that ACT was useful for exploring women's changed identities, and helping them to understand their personal values.²⁵

Creative therapies

Arts-based therapies offer a creative means for working with new mothers, and provide a powerful medium to express difficult thoughts and feelings. Working with mothers to create imagery that represents their experiences and moods can aid discussion around some of the dilemmas and contradictions arising in early motherhood.²⁶ Art therapy has also been found to assist mothers in developing

understanding of their own and their baby's needs, as well as improving mother/infant interactions.²⁷ Creative approaches offer a vehicle for expression and hold the potential to discover meaning out of uncertainty. For women who are exhausted from the demands of new motherhood, arts-based therapies can offer an outlet when words can't be found.²⁶

Planning for ending

Ending therapy with new mothers can be an anxiety-inducing process,⁹ and the conclusion of therapy should be planned in collaboration with the mother. The option of a gradual ending may be desired, in which the final few sessions are spaced at longer intervals. Therapists can explore a range of self-care strategies for mothers to use, both alongside therapy and

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“ In becoming a mother, a woman steps into the unknown, not knowing how to be a mother or how to look after an infant

after therapy has concluded. Strategies that have been shown to be effective for mothers include personal journaling,²⁸ progressive muscle relaxation techniques,^{29,30} and the use of mindfulness tools, such as those available via phone apps.³¹

Summary

My purpose in writing this article is to raise awareness of the phenomenon of PNA, and to illuminate some of the practice considerations for working with new mothers. Therapeutic support for PNA is a developing area and research is limited. Bearing in mind the vulnerability intrinsic to this period of a woman's life, procedures around safe and ethical care are vital, and referral to specialist services should be made if needed.

Engaging in supportive postnatal counselling can help to explore and normalise feelings of anxiety, reduce feelings of stigma and shame, and increase self-confidence. It's important to look beyond a 'mental illness' perception of PNA, and to seek to understand the embodied, relational and cultural dimensions of the experience. Coming to therapy takes courage and every encounter is an opportunity to explore maternal anxiety with sensitivity and compassion. Each mother is unique, and the therapeutic approach needs to be bespoke to reflect this. What matters most of all is that women's voices are heard, and that we as therapists are ready to listen, bear witness and support mothers during this important period of their lives. ●

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MISH SEABROOK

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The key takeaways from the conference for me were connection and reflection



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I was pleased to be one of the presenters at this year's BACP Private Practice Conference in September. What an event it was, with so many wonderful speakers and a lovely warm atmosphere. Personally, I did a lot of learning and reflection. I embraced my own anxieties when presenting, and I connected with so many delegates. I hope, if you attended virtually, you also felt connected to your peers and were able to reflect on your practice.

The conference provided more than simply a chance to learn. Those attending wanted to connect with their fellow practitioners. One of the most pressing issues we face in private practice is the potential to feel disconnected and lonely – the solitary nature of our work can be disconcerting. To be part of a group of my fellow private practitioners was a privilege. I came away feeling refreshed and energised by the learning and connecting. The key takeaways from the conference for me were connection and reflection.

I had a short conversation with the wonderful Josh Fletcher, aka 'Anxiety Josh', after his keynote speech. I was struck by the warmth I felt when he was speaking, his humour and gentleness helped me feel connected to him. I also spoke to the fabulous Emmy van Deurzen before her keynote. We discussed nervousness around presenting and she spoke of anxiety being energy, which rises and falls, a wave we can learn to ride. It was grounding, reflecting on this with her before I had to present my own talk. Her keynote was inspirational. She spoke about finding meaning and confidence through connection, which, of course, got me thinking about how this emerges in supervision.

We often talk about the supervisory relationship or 'fit', and how important this is. Despite potential conflicting forces in supervision – such as being connected while being scrutinised, and being open to reflection while feeling anxious – a skilled supervisor can navigate these while holding the supervisory relationship at the heart of the process.

I've worked with my supervisor over a very long time, and we have a well-established relationship. I'm still curious about what happens in the supervisory space that helps me to connect with her. I felt a connection with her instantly, all those years ago, so I wonder what keeps our relationship fresh and how it has evolved. There's often

humour in the room, an inquisitive gaze, direct challenge, a genuine interest in my wellbeing and a warmth that's difficult to explain. Sounds intimate? I suppose it is, if we take one of the definitions of intimacy as: '...things that are said or done only by people who have a close relationship with each other'.¹ That explanation could certainly fit the supervisory bond. It's a uniquely intimate connection.

If we take Emmy's idea of the waves of emotions, it's as if there's something about the supervisory dynamic that's like an ocean. We ride emotional waves, while also diving to the depths through shared thoughts that form a seascape that's co-created by supervisor and supervisee, through collaboration, connection, warmth, challenge, joy, anxiety, vulnerability and reflection. So, as a supervisee and/or supervisor, what is your supervision seascape like? What is it that helps you to feel connected with whomever is in the other seat? We may not always take the time to reflect on this unique relationship, so I extend an invitation to you to do this in supervision.

Thinking about the supervision dynamic was a key part of my conference workshop. The group I facilitated created a learning space for their reflections and embraced this wholeheartedly. We ventured into a rich, deep exploration through sharing thoughts and ideas, and approaching anxiety in supervision with curiosity. I spoke about how anxiety can be debilitating in creating a learning space in supervision, and the importance of connecting with it to encourage exploration.

It is through relational intimacy that we can safely dive into this issue, and it is this connection that crafts the boat that navigates the sea of practice, and successfully rides the waves of energy that occur in supervision. The ebb and flow of this wave can both ignite learning and/or knock us overboard. It's connection and reflection that allow us to discard the debris of our practice – the 'jetsam', while, at the same time, allowing the more unconscious, left-brain 'flotsam' of our work – the unintended remains we leave in our wake for our supervisor to hold. The value of the connection and reflection that allows us to shed our load in supervision is crucial.

Thank you to all those supervisors who help us to navigate these waves, and to those supervisees who embrace the process, no matter how stormy the seas. Keep connecting and reflecting. ●

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Black men on the couch

Rotimi Akinsete and **Wayne Mertins-Brown**
report on navigating anxiety and identity, and
confronting male violence



As the host and facilitator of the session, 'Black Men on the Couch: anxiety and Black men', at the BACP Private Practice Conference, I had the privilege of engaging in a reflective conversation with Wayne Mertins-Brown. The session took place during a time in which male violence against women and girls had seized the headlines, providing an urgent and thought-provoking context to our conversation. In this brief account, I'll cover the key highlights of our discussion, with a view to providing an understanding of the complexities surrounding mental health, identity and confronting social challenges.

My guest for this session was Wayne Mertins-Brown, a psychotherapist with a relational approach. Wayne's expertise extends to personal identity, navigating diversity and assisting those seeking asylum, among other issues. At the core of his practice is a commitment to fostering genuine, heart-to-heart connections with his clients. His belief is that training and experience, while important, are only as valuable as the therapeutic rapport and alliance established between therapist and client. His commitment to the interpersonal dynamic forms the cornerstone of his therapeutic philosophy.

To set the tone for our session, we began by playing a compelling music video, *1-800-273-8255*, by Logic, featuring Alessia Cara and Khalid. Recognising that clients often find unique ways to express themselves through art, this emotionally charged song is about the US National Suicide Prevention Lifeline and serves as a poignant reminder of the struggles faced by young individuals, particularly a young Black man, as he grapples with inner conflicts and the intricacies of intersecting identities. The video underlines the importance of initiating open and honest discussions about sexuality and mental health,

“ The absence of representation and cultural understanding in therapy can create significant barriers to effective support

especially within communities where such conversations remain heavily stigmatised.

In our initial reflections, Wayne and I acknowledged the significance of conversations between fathers and sons. This theme carried a substantial emotional weight, particularly when Wayne shared his deeply personal journey of coming out as gay to his father. His journey was marked by a complex interplay of emotions, including pride and internalised shame, as he navigated the reality of his own identity, against his father's expectations and sometimes hostile acknowledgment of it.

Central theme

The central theme of our session was rooted in the quest to deepen our understanding of how anxiety uniquely impacts Black men. We explored the factors that contribute to these experiences, and the cultural and social pressures that can amplify anxiety within this demographic. We highlighted the urgent need for culturally sensitive therapy tailored to the specific needs of Black men. Wayne spoke of the scarcity of professional training provided by individuals who look, or identify, like him. This sheds light on the unsettling sense of 'othering' that can be experienced by a Black man within the therapeutic context. The absence of representation and cultural understanding in therapy can create significant barriers to effective support.

Recognising anxiety is an essential step in effectively addressing mental health challenges, we explored the common signs and symptoms of anxiety that Black men may exhibit, and emphasised the importance of distinguishing between normal stress, which is a common part of the human experience, and anxiety that necessitates professional intervention. This is significant, not only for therapists, but for the broader community.

Understanding the nuances of mental health can serve as a bridge to effective support and intervention.

We journeyed into the substantial roles played by family and community support in assisting Black men in coping with anxiety. Wayne shared insights into how therapy can seamlessly integrate these support systems, creating a holistic approach to mental health. Our conversation highlighted the vital importance of community engagement and the dismantling of stigmas surrounding mental health. Wayne spoke of how his personal experience of working with a Black, gay therapist enabled him to show up more fully, both in his personal life and within the therapeutic setting. His narrative illuminated the critical role of representation and cultural sensitivity within therapy, reinforcing that true healing often occurs when individuals can find themselves reflected in their therapists.

An inclusive and compassionate future

Our session surpassed the boundaries of a typical conversation to emerge as a beacon of hope, understanding and social change. Wayne's personal journey, intertwined with both of our insights, illuminated a path toward a more inclusive and compassionate future. In a world characterised by uncertainty, the stark awareness of male violence against women and girls, and an ever-present need for mental health support, the session served as a testament to the transformative power of dialogue, empathy and connection.

As the echoes of our conversation continue to resonate, they carry with them the promise of a brighter, more accepting tomorrow for Black men and individuals from all walks of life. Our discussion was more than an exchange of words; it was a catalyst for change. It served as a reminder that, together, we can embark on a journey toward healing. Moreover, it illuminated the significance of acknowledging and confronting broader societal issues, particularly those that challenge our collective wellbeing. In doing so, we open doors to understanding, empathy, and, ultimately, healing. The session was a call to action. ●

ABOUT THE AUTHOR



Photo: Maryn Weir

Rotimi Akinsete is a psychotherapist and clinical supervisor with extensive experience of working in the NHS, community, and university counselling and wellbeing services. He's a leadership team member of the Black, African and Asian Therapist Network (BAATN) and contributes to discussion panels around EDI as well as conducting workshops around the subject. He spearheads *Black Men on the Couch*, a unique programme for self-reflection and discovery, featuring candid interviews between a psychotherapist and high-profile Black men. Rotimi is the author of *This Book Could Help: the men's headspace Manual*, published by Mind. All proceeds from the sale of this book go to the mental health charity.

ABOUT THE AUTHOR



Wayne Mertins-Brown is a psychotherapist and groupwork facilitator with many years' experience working within charitable organisations, focused on the mental wellbeing and sexual health of those who identify within the LGBTQ+ family. He has a special interest in counselling Black, Asian and Minority Ethnic men and is a trustee of the Rainbow International LGBT Activist Solidarity Fund, which supports activists in Uganda and elsewhere. A practising Nichiren Buddhist of the Soka Gakkai School, he's also a member of the ADODI community, a US-based brotherhood of same-gender-loving Black men originally created in 1986 to offer support for those living with, and dying from, Aids.

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Befriending anxiety



We need a radical change in the way in which we think about anxiety, writes **Emmy van Deurzen**

As an increasingly dystopic world confronts us with new catastrophes and calamities each day, levels of anxiety are at an all-time high.

How can we find a way to befriend and transcend the anxiety that this sense of impending doom generates? When clients tell us they're worried about Afghanistan, Brexit, COVID, Syria, the Middle East, Iranian women or the Ukrainian War, how do we respond? Do we reassure them or conclude they have an anxiety disorder, and refer them to their GP or a psychiatrist to get a prescription?

How do we approach people's daily anxieties when these undermine them? If they're anxious about poverty, racism, the energy crisis, job-loss, natural disasters caused by global warming, or the loss of biodiversity and the climate crisis, do we humour them or engage with the issues? When they're becoming cynical about politics or plutocratic dictatorships, and begin to sound as if the world is so unreliable and dangerous that it doesn't feel safe for them to engage with it anymore, do we diagnose them as oversensitive, phobic or as having a general anxiety disorder? Experience will have taught you it's important to discuss such problems with your client and to have a dialogue in which they're enabled to articulate what it is that makes them most anxious, what about the situation makes them feel most insecure, and how they can engage with it to find a way forward.

It's also important to keep their experience in perspective and to remember that anxiety is a widespread problem in our global village. It will not surprise you to read that the OECD concluded that '...the prevalence of anxiety in early 2020 was double or more than double that observed in previous years in Belgium, France, Italy, Mexico, New Zealand, the UK and US'.¹ The pandemic made most people more anxious than ever before, and though levels of anxiety have eased a little since it ended, there are plenty of new reasons to feel on edge, as the reality of climate change hits home, and a major war on our continent destabilises our assumptions of safety.

The facts and stats about anxiety show it's increasingly becoming the number one mental health problem around the world, more so even than depression. Many people know very well what it is to live with daily stress and tension, and to feel oppressed by a horrible sense of being constantly alert, expecting the worse and sometimes feeling sick with dread. It's estimated that 40 million Americans are affected by anxiety each year,² and that 12% of the European population is diagnosed with an anxiety-related disorder each year.

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The facts and stats about anxiety show it's increasingly becoming the number one mental health problem around the world

The illusion of a painless future

From generalised to social anxiety via acute to chronic anxiety, from panic disorders and constant worry to PTSD or OCD symptoms and the whole range of phobias, most people who consult a GP about mental health issues complain about anxiety in some form, including when they report they're depressed. They want medication to calm down and alleviate the unrelenting strain, desperate to find some peace. It's a nightmare scenario when they give in to the promise of artificial calm and the illusion of a painless and easier future. The long-term use of benzodiazepines (such as Xanax, Valium, Librium or Ativan) makes the symptoms worse, because people get quickly habituated to their dosage, and need more and more to achieve the same result. This is why people are often prescribed SSRIs or SNRIs (serotonin and norepinephrine reuptake inhibitors), rather than tranquillisers. These are considered not to lead to dependency; though they are nevertheless habit forming and can have other unpleasant side effects.

Sooner or later, it becomes necessary to either stop taking the medication and face the anxiety, or carry on with the meds, which can easily lead to a sense of helplessness, inferiority, deficiency, confusion and disorientation in life. There's an issue of stigma, even when other people don't know that you're taking psychoactive medication. You know that you're relying on them to keep you afloat, and this saps your inner confidence and sense of self-sufficiency. Ultimately, it's a case of facing your demons and finding your strength and courage.

This is rather like the challenge people face when they've been prescribed opioid painkillers. When you begin using these because of agonising acute or chronic pain, you get the relief you seek, but you become habituated to living without pain. Inexorably, this leads to dependency. Watch the movie *Painkiller*,³ or the eight-part drama *Dopesick*,⁴ both based on the true story of the widespread epidemic of addiction to opioids, such as Oxycontin, especially in the USA. These documentaries will open your eyes to the hazards of the medicalisation of human pain and emotional problems, which can be so easily exploited by a pharmaceutical industry which gains richly from offering to suppress your pain, without dealing with its causes.

Offering people relief and comfort is always far more popular than teaching them to build strength and resilience. Most people around the globe are relatively accepting of the way in which we use artificial substances to give

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ourselves an occasional release or injection of energy, by using alcohol, caffeine, tobacco, opioids, cannabis, crystal meth, magic mushrooms, cocaine and many other psychoactive substances to manage our mood.

Too many people fall into the trap of wanting to live without anxiety, pain or worry, and they're vulnerable to getting drawn into the illusory pursuit of happiness, as I described in my book *Psychotherapy and the Quest for Happiness*.⁵ We urgently need to look at the underlying problems that create this situation. These aren't just individual or personal issues, but social problems. Over the centuries, human beings have come to believe that life should be made painless. We see our anxiety as the symptom of an illness, rather than as a natural phenomenon that has a meaning and a role to play in our everyday lives. What we need is a radical change in the way in which we look at the situation. We're faced with the philosophical challenge of having to reformulate the way in which our civilisation has lost touch with its roots, and its natural capacity for adaptability and buoyancy. By creating super-safe cultures, we've developed an antipathy to anxiety.

Anxiety is vital to understanding

Kirk Schneider, a Californian existential therapist, in his recent book *Life Enhancing Anxiety*, says there is not enough anxiety, as he demonstrates in what ways anxiety is vital to human understanding.⁶ We urgently need a broader perspective and a deeper understanding of the human condition. We need to tackle these problems in a creative, dynamic and reflective manner. We can only do this if we find the moral courage to challenge the current status quo and release ourselves from the binary divides between pleasure and pain, peace and anxiety – to rediscover the whole spectrum of feelings and moods.^{5,7,8}

We need an existential turn in the world, looking at human life as people experience it,

making a map of their feelings and intentions.^{9,10,11} We need a wider perspective to understand why people are so anxious and forlorn in the world. This is how we will rediscover the capacity to rise above our current condition and free ourselves from these apparently intractable difficulties. We need to remind ourselves how everything is bound together in the universe, and how our little planet is only a small part of things, and each of our lives a reflection of the whole.

Rediscovering our awe and wonder at what our lives represent is especially relevant because of the parallels between the 200 billion stars and constellations of our milky way and each of its adjacent galaxies, and the 85 billion neurons and 84 billion other cells working hard to keep the lights on inside each of our own brains. It's fascinating to see how we can put order in our thoughts, emotions and memories, making new synapses and even new neurons, through our boundless capacity for connectivity, adaptability and flexibility. Human beings are made for change and adaptation. We are units of consciousness built for learning and for holding the paradox of life.¹²

We feel good when we can make sense of things and put order in them. Weaving things together allows us to categorise and classify them to understand them better. We do the very thing that religions are about: we create a unified narrative about life and all that it's about. The Latin word for linking things together is *religare*. When we are actively connecting and working things out, we know we're in good shape.

When our frameworks and networks, so carefully created, are severed – especially when they're broken suddenly – we find ourselves disconnected in our loss.¹⁰ In my book *Rising from Existential Crisis*,¹¹ I discussed the numerous studies my colleagues and I have carried out with various groups of people who become disenfranchised. The research is very articulate and explicit. When people feel at a loss, no longer welcome, no longer connected, no longer able to organise themselves or find meaning in their existence, they become super anxious, unable to sleep, and usually also depressed and unmotivated. This can lead to many other emotional and mental health difficulties. The Mental Health Foundation reminds us that research suggests that asylum seekers are five times more likely to have

mental health needs than the general population, though they are far less likely to be able to access any support or services.¹³

Ultimate situations

All of us get more anxious when we become aware of the possibilities of loss in our lives. Karl Jaspers in his book *Way to Wisdom*,¹⁴ spoke of these events as ultimate situations. He said that facing such situations causes anxiety, anguish and dread, so we aim to forget the fact that 'I must die, I must suffer, I must struggle, I am subject to chance, I involve myself inexorably in guilt. We call these fundamental situations of our existence ultimate situations'.¹⁴ The angst or existential anxiety we feel in relation to such things is usually avoided. As German philosopher Martin Heidegger said, we do our best to avoid being aware of not being at ease (*Unheimlich*) by a range of strategies and tactics. 'In anxiety we feel uncanny, ill at ease, but here "uncanniness" also means "not-being-at-home"'.¹⁵

Heidegger described how we deceive ourselves into being safe by letting ourselves become fascinated and taken over by the world, by falling in with other people's preoccupations, by tranquillising ourselves and protectively sheltering ourselves from reality. We become opaque to ourselves, inauthentic and let ourselves get distracted. We flee from our existence and disown it. We're now ready to medicate ourselves instead of facing reality.

When we're forced to face up to what is the case, and we become aware of our temporality and the limits and dangers of our lives, we awaken to our anxiety once again. Initially, this is never a pleasant experience. That sense of rising anxiety feels not just like butterflies in your stomach, sweaty and shaky hands, a rapid heart rate, constriction in your chest that stops you breathing and a sense of throttling in your throat that stops you swallowing or speaking, it feels like being unfree, burdened, unwell and not at home in your own world. It feels like an unwelcome vibration you want to stop, but over which you seem to have no control. It can be like a great shaking and shaming experience, which exposes your vulnerability and your sense of inferiority.

When you stop running away from anxiety and begin to feel it instead of hating it, you'll begin to see some of its magic. The only thing



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When you stop running away from anxiety and begin to feel it, instead of hating it, you'll begin to see some of its magic

that truly remedies anxiety is courage: the strength we slowly build inside ourselves as we learn to face up to life's challenges. As Paul Tillich said in his book *The Courage to Be*, courage is the universal self-affirmation of one's being in the presence of the threat of non-being,¹⁶ anxiety is unease in the face of nothingness. Courage is our capacity to create something of value in that wide-open space. Fear is different: it's a visceral reaction in the face of a threat, and it's important to heed it and do what fear makes us do – to get ready to fight or flee. If you merely freeze, you're more vulnerable to the danger that faces you. Fear is about something, and you must deal with that specific threat. Anxiety is about nothing, and it leaves you feeling up in the air, at a loss of what needs to be done. Anxiety is about taking responsibility in the face of the wide-open possibilities of human existence.

But it takes time, understanding and practice to get to the point where you can trust that your anxiety will trigger courage instead of panic. We practice this by slowly beginning to face little challenges in life, building them up into larger challenges. It also comes from becoming more aware of how you want to live and what your purpose in life is. Having a sense of the direction of travel and a strong sense of intentionality helps a lot, especially if your objectives are deeply meaningful to you. We can build our existential agility by becoming more familiar with the whole spectrum of our emotions, recognising that anxiety accompanies any emotion that takes us towards the things we value and want to do something about.^{8,12}

As Danish philosopher Soren Kierkegaard, who was an expert on anxiety, said: 'Whoever has learnt to be anxious in the right way has learnt the ultimate.'¹⁷ He described anxiety as the dizziness of freedom. The more you try to get rid of your anxiety, the less free you'll be. There can be no freedom, no creativity and no human development and evolution without the experience of anxiety.

Befriending anxiety

Learning to recognise that anxiety is the sensation of your arousal to get ready for the new, is the first step towards befriending it. There are many other steps along the way, bolstering your inner sense of confidence and peace. Using your intentionality in a deliberate manner, focusing on the things and people that matter instead of being led astray, will always stand you in good stead. Learning to calm your anxiety to a level at which it is most useful to you, is also essential.

This is about working with your embodied presence in the world and being in a constructive partnership with yourself and your bodily sensations; knowing how to breathe, how to stay fit and healthy, how to use all your senses – your sight to see colour and shape in the world, your hearing to listen to the music of life, your smell to figure out where you feel at home, your taste to savour the good nutrition and quenching, and your touch to connect to what feels safe and good and strong. When you sharpen your senses to learn to focus your attention, you immediately provide steadiness for yourself.

All of these and many more things are required for a friendly relationship with your anxiety. And as you work on improving this way of being, you'll increasingly start to perceive your anxiety as free flowing energy that needs a clear purpose and direction. You can either allow yourself to be run ragged by it, as you're dragged through the crazy loops of panic, or you can learn to master, respect and appreciate your anxiety, and use it to move forward towards the things that matter.

Remember that anxiety is a sign of life. If you

can feel it, you are awash with vitality. Only those who have died are entirely devoid of anxiety. When you honour your anxiety, you align yourself with life. So, learn to befriend your anxiety and find your freedom and creativity once more. ●

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Emmy van Deurzen is an existential therapist, psychologist and philosopher, and an author of numerous books on life issues. Her work has been

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Relationship agony

Anxiety is the appropriate response to any relationship tension, given that relationships are so fundamental to our survival, writes **Jenny Collard**

I was honoured to deliver a workshop at the BACP Private Practice Conference on attachment anxiety, and took the opportunity to share my passion for understanding attachment as a 'dynamic' rather than a 'style'. After all, it was Winnicott who once famously said '...there is no such thing as an infant',¹ by which he meant that an infant doesn't exist as a single entity, rather it exists in relationship to a caregiver. A baby depends on a caregiver for all its physical and relational needs. In the absence of a caregiver, a baby will not survive, and hence it is relationship, over all our other basic survival needs, that's the primary driver in human survival instincts. Similarly, I believe there is no such thing as 'an' attachment style. To attach, we require an attachment figure, meaning attachment is a dyadic rather than unilateral phenomenon.

I believe the same to be true of adult attachment dynamics. While we focus on the 'attachment style' of our clients, we miss the broader relational environment in which that 'style' exists. The relationships our clients bring to therapy are a whole within themselves, of which the client's style of relating is only a part. While we narrow our focus to our client's style of relating, we potentially miss the interpersonal nature of the attachment dynamics at play. It also becomes evident that therapists working

with attachment-informed practice must inevitably use vast amounts of reflective and reflexive practice to observe and understand how their presence, behaviour and attachment system affect the therapeutic experience. Therapists are inextricable from the therapy, and our survival-based attachment systems are inseparable from us. So, to work with our client's attachment systems, we must work with our own.

Understanding attachment in adults

Attachment theory was first developed by John Bowlby and Mary Ainsworth in the 1960s.² Back then, it was understood as a relational bond between infants and their primary caregivers only. It wasn't until 1987 that Hazen and Shaver³ considered the similarity between early infancy attachment and romantic love, noting that in both situations there's intimate bodily contact, baby talk, play and discovery, and a sense of feeling safe when the other is nearby. Their work supported the idea that romantic love is the property of the attachment behavioral system. Although Hazen and Shaver postulated four attachment styles aligned with Bowlby and Ainsworth's categories, currently, popular adult attachment literature⁴ typically refers to three key styles, or as I like to call them 'positions':

- 1. Secure** – people who typically have positive expectations of relationships, feel comfortable with closeness and intimacy, are usually warm and loving, and can communicate their needs clearly.
- 2. Anxious** – people who are often preoccupied with their relationships and tend to worry about their partner's ability to love them back.
- 3. Avoidant** – people who tend to minimise their need for closeness and see wanting or needing others as a vulnerability to be avoided.

Importantly, at the conference, I highlighted some of the difficulties with the language of attachment styles. While we label one style as 'anxious', it's easy to believe that it's only those who occupy the anxiously attached position who experience anxiety. This isn't the case. In fact, I believe that anxiety is felt in all positions on the attachment spectrum. Anxiety is the appropriate response to any relationship tension, given that relationships are so fundamental to our survival. Even securely attached individuals experience relational anxiety, but it's what they do when they experience it that's different.

Secure individuals often choose adaptive coping strategies that soothe and regulate anxiety, while communicating effectively with significant attachment figures to resolve relational tension. Whereas anxious and avoidantly attached individuals often turn to

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To attach, we require an attachment figure, meaning attachment is a dyadic rather than unilateral phenomenon

maladaptive coping strategies, and are unable to resolve the anxiety effectively. Those who occupy a more avoidant position can often present as though they're absent of anxiety. However, it's through the act of avoidance that the anxiety can be denied (even to oneself).

Given that attachment styles do not exist in isolation – rather we 'attach' to (an) other – we must consider what happens when attachment styles meet. So, let's explore the most common attachment dynamics that present in therapy, either in work with both individuals and couples:

- Anxious+anxious – these couples often cling to each other in a co-dependent bond and tend to rely solely on one another for all their emotional and practical support, creating a 'We're-OK-as-long-as-we-have-each-other' position.
- Anxious+avoidant – this is the 'cat and mouse' of relationship where one partner seeks reassurance, while the other seeks space. Their opposing needs trigger one another while also locking them into an uncomfortable and intensely painful game-like situation.
- Avoidant+avoidant – both partners require a strong sense of independence and autonomy from one another. These relationships are frequently long-term, but an enduring sense of loneliness and disconnection is experienced by both.

Therapy for anxiety in relationship

So, how do we help our relationally insecure clients move towards a more secure way of being? As a relational developmental psychotherapist and a dialectical behaviour therapist (DBT), it's not surprising that I suggest two key strategies:

1. Relationship – 'We are born in relationship, we are wounded in relationship, and we can be healed in relationship'.⁵
2. Behavioral change – 'By changing nothing, nothing changes'.⁶

The healing power of relationship

We've considered what happens when certain relationship styles come together, but something incredible and transformative occurs when we add secure attachments into the dynamics:

- Secure+anxious – in these relationships, the secure partner will tolerate their loved one's need for reassurance and provide (within reason). This tends to settle the anxiety and aids both partners to obtain a more secure position.
- Secure+avoidant – the secure partner can tolerate their loved one's need for distance without taking it personally. In return, the avoidant one will often settle and become more open and available to their partner.

So, secure attachment in another person can be considered an antidote to insecure attachment. This means we can use attachment education to assist clients to seek partners who compliment their attachment needs, and/or we can use the therapeutic relationship as an opportunity for the client to experience a relationship with a secure therapist, and learn through experience what secure relating really feels like. This, of course, reiterates the importance of therapists using reflexive practice to observe the relational dynamics between themselves and their client and, where we notice ourselves moving away from secure relating, we seek (secure) supervisory support to assist us to regulate and return to a secure position for our clients.

Behavioural change

Furthering our client's progress towards a more secure attachment, we can teach them the differences in behaviour between the styles, and encourage behavioural experimentation and change. The specific type of change will be dependent upon the client, but for an anxious client, it may include skills to tolerate uncomfortable emotions without acting on behavioural urges. For avoidant clients, we may teach communication and conversation skills to assist them to express their needs for space without using unexplained distancing.

I've developed for my work with my clients four 'guiding principles' of secure behaviour, which I encourage them to rehearse and use as self-talk to guide them through their

communication with significant others in times of tension, stress or difficulty. The four principles are: open, warm, loving and boundaried. I've found that when our communication is guided by these principles, we're usually able to navigate most situations to the best possible outcomes. While we can never guarantee or control the response of another person, we can influence others through our own behaviour. By channeling our behaviour through the lens of these principles, we tend to put ourselves out into the world, and our relationships, in a way that's true to our values and receptive to others. ●

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Therapists get anxiety... and that's OK

Joshua Fletcher argues that openness about one's own struggles with anxiety isn't a weakness but a source of strength

Therapists, like anyone else, aren't immune to the trials of anxiety. It's a common thread that runs through the fabric of our shared human experience. This fact was brought into sharp focus when I was invited to be a keynote speaker at the BACP Private Practice Conference. The conference provided a unique platform, one where the irony of addressing a room full of professionals about anxiety, while managing it myself, wasn't lost on me. The responsibility was substantial, and the weight of it felt real. I was there to share insights on anxiety, yet beneath the surface, I was anxious.

The conference proved to be an insightful and humbling experience. It became a space for therapists to candidly discuss their own encounters with anxiety. It was a poignant reminder that therapists, despite their professional roles, are, at their core, just

regular individuals. We have our own personal stressors, and these can at times trigger anxiety, which, in turn, can spill over into our work.

In my keynote address, I opted for a candid exploration of the scientific facets of anxiety. I took the audience on a journey into the intricate relationship between stress and anxiety, offering a glimpse into the inner workings of our brains. Stress, I explained, can provoke the amygdala in our brains to misinterpret threats. This can lead to a cascade of adrenaline and cortisol, ultimately resulting in heightened worry and fear. It's this intricate dance in our neurological system that often manifests as anxiety 'disorders', encompassing conditions like panic disorder, generalised anxiety disorder, and the unsettling world of intrusive thoughts.

What was most striking at the conference was the shared recognition that therapists,

just like the clients they serve, aren't immune to the complexities of anxiety. It was apparent that my personal post-COVID experience with anxiety, especially in the context of managing a private practice, was far from a solitary ordeal. The conference underscored the simple truth: therapists aren't deficient or inadequate if they experience anxiety or related conditions. It's not an indication of failure, but rather an acknowledgment of our common humanity.

On high alert

Over the past two years and post-COVID, the global landscape has conditioned us to perceive the outside world as a potential minefield of threats. A state of constant vigilance has become our default mode, and this vigilance has inevitably left an imprint on our threat response systems. As we cautiously embarked on the journey of reintegrating into a

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...therapists are not deficient or inadequate if they experience anxiety or related ‘disorders’



semblance of normal life, it was only natural for our threat response mechanisms to remain on high alert. What was once mundane might now be perceived as menacing. It was a natural response, one that was to be expected.

For therapists in private practice, this heightened state of alertness can manifest as anxiety around the prospect of returning to in-person client sessions, concerns about the management of client enquiries, or the necessary adaptations for virtual therapy. The analogy of the stress jug, which resonated with many at the conference, depicts how when the jug is filled to the brim, the threat response system gets triggered. This is a normal physiological reaction, and it doesn't compromise the competence or effectiveness of therapists.

In fact, therapists who have traversed their own anxiety journeys possess a unique strength. They can relate to their clients on a deeper level, for they've experienced similar challenges themselves. There's no need to maintain a facade of having all the answers. It's this sense of authenticity and empathy that I encouraged my fellow therapists to embrace during my keynote address. Openness about one's own struggles with anxiety is not a weakness but a source of strength – a strength that can forge deeper therapeutic connections and create a safe space for clients to share their own experiences.

The conference, above all else, underscored the significance of acknowledging the human side of therapists. There's no need for pretence or the burden of projecting an image of invincibility. It's perfectly acceptable to feel anxious. In fact, it's the mark of a shared, common human experience. It's a testament to resilience, to choosing to show up and do the work, despite the ever-present fear and heightened threat response.

Therapists who continue to serve their clients while grappling with their own anxieties are nothing less than remarkable. They're courageous, resolute and profoundly selfless. They embrace their humanity and use it as a bridge to connect with and support their clients on a deeply personal level. In a world where vulnerability is often perceived as a weakness, it's crucial to remember that it doesn't detract from the competence and professionalism of therapists, it enhances it. The ability to relate to clients on a personal level, to share in their struggles, and to offer a safe, non-judgmental space for them to open up is a powerful asset.

Anxiety isn't a sign of inadequacy, it's a reflection of our shared humanity and a source of strength. To all the therapists who continue to navigate their own battles with anxiety while helping others through theirs, remember that your journey is a beacon of hope. Your

vulnerability is your superpower. Embrace it. Celebrate it. And continue to walk alongside your clients, guiding them with compassion and authenticity. ●

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Joshua Fletcher, also known as 'Anxiety Josh' on Instagram, is a BACP registered psychotherapist, bestselling author and content creator

specialising in anxiety. Using his past experiences and training, he aims to demystify the world of anxiety for people struggling with it, in a helpful, compassionate and informative way. Josh is the co-host of the popular podcast, *Disordered*, and his book, *And How Does That Make You Feel?* (Orion Spring), is due to be published in March 2024.

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SARAH VAN GOGH

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...how can I keep more of this peace within me when I return to the world of work and being busy?



Sarah Van Gogh is in private practice and a trainer at the Re-Vision Centre for Integrative Transpersonal Counselling and Psychotherapy. She is the author of *Helping Male Survivors of Sexual Violation to Recover* (Jessica Kingsley Publishers) and co-editor of *Transformation in Troubled Times* (Kaminn Media Ltd). svangogh@ntiworld.com

When this is published, the summer holiday in which I'm now writing will be well over. It's slightly surreal to think ahead from this balmy September day to know that when these words are printed and read, the days will be short and cold, the darkness of an evening will begin at around 4pm, and the experience of sitting in parks and gardens in shorts and sandals will seem distant. Yet that is how the cycle of seasons always goes.

It seems fitting to be writing about the turning of the year, and that primal cycling of time, as I write what will be my last regular column for this publication. After many years of contributing a page of my thoughts on various aspects of the profession, I'm hanging up that pair of boots. I came to the decision to do so during a summer break on the English coast. I had a week of swimming in the bracing sea, of listening to waves and gulls and the wind. Of walking through sunny and shady glades in the stillness of ancient woodland. And sitting in a bird-hide watching cormorants and little egrets, while bees hummed outside, and a salt breeze came in off the estuary to cool those of us sitting with our binoculars. During that week, I could feel the deep, deep benefit of having so much space, slowness and peace surrounding me. I could feel on a cellular level, my body come down from the alert state it's often in during my busy, working life, and enter a state that was calmer, slower and more content with the little things of day-to-day life.

Which was all very nice, and the sort of result that lots of us hope for from our holidays. And the experience left me with an urgent question as I sat on an empty beach on the last day of the holiday, looking at the wild sky and hearing the rush and roar of the waves on the pebbles: how can I keep more of this peace within me when I return to the world of work and being busy?

Therapists in private practice usually like to be busy, as it means we're earning a living. But most of us – like so many others who work on a freelance basis – can struggle to be caught in a pattern of feast or famine: too much work leading to overload; or not enough work and the cupboard looking a bit bare. Many of my colleagues in private practice acknowledge that they sometimes have a problem in saying

'no' to work opportunities, or in not accepting a referral. There can be a worry that if we turn work down, we'll regret it, miss out on opportunities, and that more work won't come our way. This is especially an issue for people when they're starting out in private practice, and who haven't yet had the chance to have worked long enough to see how the work always ebbs and flows, and to feel confident that, if they can wait out the times of low work, there will be another turn of the wheel sooner or later, and that things nearly always pick up.

In the frame of 'feast or famine', turning work away, or letting go of a piece of work, can feel risky, foolish, or even downright wrong. Almost akin to saying, 'No thank you' to someone offering you a slice of the nice cake they've baked. How could you? But if you are full, or if you know that eating the cake will disagree with you, then saying 'No' is surely the sanest response.

So even though I *could* go on producing many more columns (partly because I'm a very opinionated person who may never run out of things to say about many different aspects of the profession) that's not the same thing as thinking I *should* go on. I think that the time has come to clamber down from this soapbox and let someone else have a turn. Because if I'm serious about wanting to have more space and calmness in my life, then something must give. And writing this column is one thing I can let go of.

So, I'm saying goodbye to writing this regular offering. It was a relatively modest commitment – only 900 words, four times a year. But knowing that this is my last is already having a profound, if subtle, effect. I can feel a lifting of a small burden, albeit one that I was pleased to take on and have enjoyed carrying. But summer always gives way to autumn, and I think it's now time for someone/something else to take up the space that my words have been filling for many years now. I will probably feel a pang when I read the first edition in which my column is absent, and maybe even think wistfully, 'I used to do that...' And I will also be enjoying the little bit of additional inner space that letting go of the column will have. More time to sit quietly and watch birds. Thank you to those of you who have read my words over the years, and for giving them your attention. ●

Understanding generational trauma and Black identity wounding

Generational trauma is what happens when untreated trauma and stress are passed onto second and subsequent generations, writes **Dr Aileen Alleyne**

'If you find the psychic wound of an individual or a people, there you also find their path to consciousness.' Carl Jung¹

What's the difference between intergenerational trauma and transgenerational trauma?

- Intergenerational trauma occurs between or across generations (eg, through secrets, lies, shame, genetic illnesses, etc) and is carried on in the pedigree (genes/genealogy) and kinship (interactions and social relations) of generations. In short, 'inter' relates to the impact of ongoing family dynamics.
- Transgenerational trauma impacts multiple generations over centuries (colonisation, slavery, genocide, wars, forced relocation, etc) and defines our ancestral baggage. In short, 'trans' relates to history and ongoing historical impact.

Trauma can be experienced because of generations of:

- Abuse (sexual, physical, emotional/psychological, domestic, etc) leading to internalised negative messages that are transferred to children and spread throughout generations.
- Unresolved conflict through the generations from conspiracies of lies, silence and shame.

- Family secrets that are tragic and destabilising can erode family life (family incest, mental illness, etc).
- Belief in 'family curse' – an affliction that leads to a 'learned helplessness' mentality (mental illness, alcoholism, physical differences, eg, albinism).
- Being held hostage to historical oppression/marginalisation and difficulties managing the challenges therein (slavery, genocide, forced migration, etc).
- Internalised oppressive beliefs that shape our interactions in the world. The 'internal oppressor'^{2,3} is a concept that helps us understand unhealthy attachments to the historical past, and difficulties in letting go. It's vital to understanding forms of cultural and historical enmeshment. The internal oppressor is distinct from internalised oppression. It's part of the self – that is, part of the ego structure that functions as an inhibitor or an internal adversary and leads to difficulties moving on. The internal oppressor is the enemy within.

Trauma is passed on:

- through parenting practices
- through family scripts that shape thinking and behaviours
- through our internalised belief and value systems

- from the impact of unresolved generational pain on our psyche/mental health as we face challenges in daily life
- via epigenetics – the study of how behaviour and environment can cause changes in gene expression. Severe early life stressors and historic traumatic experiences can result in epigenetic changes through generations. Remember, our DNA lays the groundwork for our development. Traumatic gene imprints can be inherited to affect generations that follow.

An example of 'identity shame':⁴

'Shame told me there was something fundamentally wrong with me and those who looked like me. Society said so and I accepted that I was inferior; I was the Other; I was a mistake. Life then became a task to do rather than a journey to enjoy. I had bought into the lie.'

General pointers for working with transgenerational trauma:⁴

- It's important to take the client's developmental history and childhood into account.
- Place emphasis on understanding the meaning of the trauma, ie, the interrelation between the trauma experience and symptoms of trauma,⁵ eg, anxiety,

hypervigilance, and ‘racialised hauntings’⁴ (the ongoing discharge of distress and dis-ease in black and brown bodies after impactful racialised incidents or experiences).

- Address how trauma can affect the individual’s sense of self and relationships, as well as what has been lost due to the traumatic event.
- It’s helpful to familiarise yourself with the concept of ‘weathering’⁶ – the extraordinary consequences on health and wellbeing from being Othered – eg, the risk of type 2 diabetes, chronic pain, autoimmune conditions, obesity, etc.
- Resource building – self-regulation, self-care, ego-strength building (important to remember there are also strengths that can be derived from trauma).⁷

Micro-skills or tools that are helpful in facilitating generational trauma work:

- Bracketing – not making assumptions or objectifying the client, helps maintain a respectful alliance for collaborative work.
- Horizontalisation – the therapist uses observation without the attempt to join the dots. They help the client to just notice what arises without trying to find or impose meaning. This is where insights may emerge for the client.
- Focus on description – using description as a form of investigation/enquiry, eg, an intervention such as, ‘So, Leona, discovering a repetition of serious mental health difficulties in your mother’s lineage has affected your wish to become a mother yourself?’ can help Leona further recognise her own anxieties around perpetuating or breaking the cycle of mental pain.
- The therapist (particularly the white practitioner) needs to remain curious and professionally engaged, even when race and cultural challenges cause discomfort and unsettles them.

Further helpful interventions in generational trauma work:

- Which of your worldviews were learnt from or shaped by your parents?
- Which of these family scripts have you internalised that continue to shape your life?
- Where does shame reside in your family?
- Share one example of how the family shame has passed down the generations and how you have internalised it.

- What role do family shame scripts play in your handling of racism and challenges to your racial identity?

Examples of Black internalised scripts³ therapists might meet in the therapy work with Black clients:

- ‘You’ve got to work three times as hard to prove your worth to white people.’
- ‘We can’t afford to wash our dirty linen in public – that’s like giving white people ammunition. We must stick together.’
- ‘You need to play them at their own game, or you end up dancing to their tune.’
- ‘I don’t do deference where white people are concerned.’

How do we address ‘ancestral trauma’⁴ and the ‘shame-phenomenon’⁴ in the consulting room?

- Acknowledge the impact of Type 3 Trauma (when an individual or group experiences multiple, pervasive, violent events continually, over a long period of time).
- Use a trauma approach in the clinical work to facilitate both therapeutic processing of manifest and latent trauma content.
- Address ‘cultural and historical enmeshment issues’⁴ with the aim of helping the client separate out from unhealthy attachment and re-enactment patterns from the past. This facilitates the individuation process (evolving into their fully functioning hybrid self).
- Enable the client to achieve a deeper sense of reflexivity, which is a way of being in the world that is not shaped only by their environment and society, but, by their own informed sense of an empowered self. ●

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The therapist (particularly the white practitioner) needs to remain curious and professionally engaged, even when race and cultural challenges cause discomfort and unsettles them

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Dr Aileen Alleyne is a UKCP registered psychodynamic psychotherapist, clinical supervisor and organisational consultant practising in the UK. She

lectures at several training institutions, and consults on issues of race, cultural diversity, equality and inclusion in the workplace. Her clinical research examining black workers’ experiences in three institutional settings, makes a significant contribution to the discourse on race. Highlighting the concept of ‘the internal oppressor’, it offers ways of deepening understanding of black psychological reactions to the negative impact of racism. Aileen is the author of several book chapters and journal papers exploring themes on black/white relational dynamics, shame, intergenerational trauma, and black identity wounding. Her first published book, *The Burden of Heritage: hauntings of generational trauma on Black lives* (Karnac/Confer Books, 2023), is an invaluable text for the counselling and psychotherapy community.

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LIZZIE THOMPSON

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Could she love again fiercely? She may never dare.
To love again is to risk losing again

Lizzie Thompson is a pseudonym. Although this is a work of fiction, the author welcomes feedback at lizzie.s.thompson@gmail.com

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I've found that the people who carry grief, love with a fierceness that no one else knows. They understand what's at stake because they've had to let someone go. I'm reading this quote from Whitney Hanson someone's sent me.¹ There are tears in my eyes. It's the second or third time I've read it and it rings so true. I look at Danny,* who's gazing out the window, but I'm not sure she's seeing the trees. Where is she? Who is she remembering? Rebecca – the eponymous character from Daphne du Maurier's novel – from which I've named one of my inner critics, Danny or Mrs Danvers? She too has loved and lost. Could she love again fiercely? She may never dare. To love again is to risk losing again. It's the ultimate gamble. Boris* is dewy-eyed too, but when I cry, he cries, he's so in tune.

I'm seeing the client who sent this to me later today. She's a remarkable and courageous woman who lost her partner some years ago now. We've spent months trawling the depths of dark despair, have talked about their relationship, and have battled together for her to resist the compelling pull to join him. It's been hard. More recently, the clouds seem to have opened a little. She's met someone else, a widower, and their relationship seems like such a blessing. They're developing between them a tenderness and a love which, indeed, does have a fierce quality about it.

I'm enjoying walking alongside this burgeoning union, which they both experience as such a gift. She refers to him as her 'Adonis'. Now, I can be a bit woo-woo at times, and, at other times, over-grounded, and, yes, I know there are shades of grey, but this is making me almost believe there's been a guiding hand in this meeting of souls, as though they were fated to encounter each other now, both widowed, both wounded, both having experienced the loss of a partner, and both stepping gently and courageously along this unknown path, which holds such potential for something wonderful and yet also for another loss.

'I couldn't do it, I don't think,' says Danny. 'I couldn't bear it.' I look at her. To have had unrequited love is, though, I think to myself, a very different thing. To have loved and not been loved in return, to have mourned a loss which, had the tables been turned, might not even have been acknowledged, is a completely different matter. 'I wish you could love again, Danny, and love fiercely.' 'I'm too old,' she whispers. 'You're never too old,' I whisper back.

'Well, you are a bit old,' interjects Boris, unhelpfully. 'I mean, over 70.' He raises his eyebrows and grins impishly. There's a slight pause and then: 'So unchivalrous to refer to

a lady's age, Boris,' Danny drawls, as she turns on him and eyes him up and down. Suitably verbally slapped, Boris reddens. He prides himself on being a gentleman.

It's time for my session with this particular client. She and her new love have been away to the sun on their first holiday. I'm full of romantic thoughts of destiny and 'meant-to-be' stuff. We're doing a Zoom session today. The weather is dreadful, and it's getting dark earlier and earlier. She doesn't want to come out at 5pm. I get it.

I welcome her and smile, waiting for her to settle and begin. 'We've had the most wonderful holiday,' she says. 'We had such fun together. I felt the sun on my back and the sea was lovely and warm.' I feel envy. What I wouldn't give for a dip in a warm sea. 'And,' she continues with a mischievous edge to her voice, 'we went skinny dipping late at night when no one else was on the beach'. She laughs a musical laugh, her eyes alight with joy, excitement and love. Bloody marvellous, I think to myself. Bloody marvellous.

'Unhygienic, I would have thought,' dampens Danny. She pauses and then says, rather wistfully, 'Although I do remember, long, long ago, swimming in my smalls in Cornwall. Rather chilly but exhilarating.' 'Were you on your own?' asks Boris. 'Oh no,' responds Danny. 'It's so much more preferable to share these experiences.' I look at her. She's smiling a secret smile as she remembers.

Who was it, I wonder? In a way, I hope it wasn't Rebecca, but rather somebody who had returned her affection. I don't feel I can ask. There's something intensely private about Danny. Boris, however, jumps in with, 'How old were you, Mrs D, when you almost skinny dipped?' 'Vulgar term,' she replies. 'I was 17 when I bathed almost nude.' '17!' Boris chuckles admiringly. 'I bet you were rather a handsome young woman then.' 'My waist measured 18 inches,' Danny says smoothly as she withdraws a Sobranie from her silver cigarette case and lights it. 'I had a wonderful figure.' I'm trying to imagine Danny, flinging off a summer frock in gay abandon and running into the cold Cornish sea. Trying to imagine her laughing, loving, shrieking with exhilaration, maybe.

'Uh, Lizzie,' Boris interrupts my fantasy and nods towards my client. She looks puzzled. 'You haven't commented, Lizzie,' she says. 'I thought you might be pleased for me, but I'm wondering now if you disapprove?' 'I'm just envious,' I say. 'I think it's absolutely wonderful. You're living your life. You're risking. You're being brave, and, most importantly, you're daring to love.' ●

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*Boris and Mrs Danvers (aka Danny and Mrs D) are two of my inner critics.

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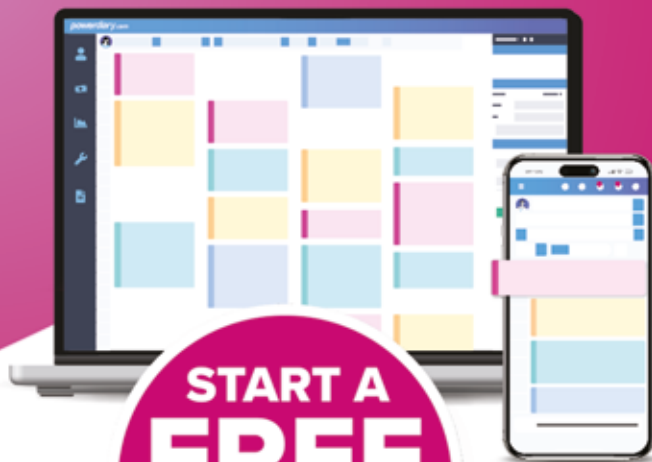
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