



## Body Wise

with Kamalamani

"Psychotherapy is rooted in an ethos and devotion to the common good. It asks us to examine the processes of self-deception that perpetuate individual unhappiness and social structures that are inequitable and oppressive. Yet psychotherapy has for the most part been a white, privileged profession, hence training and treatment has focused on this population" (Ellis, 2016:11).

Not long after I qualified as a therapist, I had a dream. I wanted to create a shop-fronted organisation on my local High Street to offer drop-in counselling and psychotherapy services. It was quite easy to imagine given that Gloucester Road, my local High Street in North Bristol, is well-known in the UK for being a High Street boasting a high percentage of independently owned and run shops (which is sadly now relatively unusual in the UK). It wouldn't be a bad location either; not the poorest nor the poshest area of town, with a strong community focus. Accessible, popular, not

intimidating as some Bristol suburbs can be with their visible wealth.

To tell the truth, the dream extended beyond my local High Street. I envisioned drop-in centres in all towns and cities in the UK, maybe even beyond! A place for people to seek support in a 'normalised' setting. Now this wasn't simply a therapy centre for private practitioners to hire rooms. No, I imagined a beautiful space, a welcoming place for people of all backgrounds. A gathering and meeting place for anyone and everyone to network and gather information.



Photo retrieved from <http://brisray.com/bristol/pcbukhighst01.jpg>

**I envisioned a building** located in the heart of the community. The centre's staff and occupants could maintain contact with specialised local counselling services, training institutions, and with local doctor's surgeries and hospitals. Group meeting rooms, individual therapy rooms, and a comprehensive library and resource centre were designed with people in mind. Space existed where they might make themselves a drink whilst browsing and meeting others.

**In this centre,** diversity was reflected in the type counselling and psychotherapy offered from different modalities and traditions, including body psychotherapy. Folks could finally stop asking 'what's that?' as the power of somatic work became more widely understood and accepted. Short-term work was to exist alongside long term work, rather than the current preoccupation and prioritising of cognitive behavioural therapy and short-termism in the UK government's preferred approaches. Seeking therapy had the potential to become commonplace, as acceptable and as affordable as going to the post office or buying bread or carrots.

**Of course,** quite a significant shift needs to occur for this dream to manifest. Therapy still

isn't, in the UK at least, as ordinary, as acceptable and as affordable as buying bread or carrots. In its public provision, it's caught up with economics and the prevailing agendas of the medical profession and the increasingly market-driven professionalization of the mainstream therapy membership bodies.

**There are still taboos** around seeking therapy in the UK; maybe the taboos are less of an issue in the USA? Many people can't afford therapy nor even know where to begin in finding a therapist. Many don't realise that therapy might be useful and relevant to them. There are, thank goodness, therapy services offering low-cost and subsidised therapy, many in Bristol; but, these services tend to have increasingly long waiting lists and, by necessity, have tended to move to a model of short-term, solution-focused methods. Nothing wrong with those necessarily, except for when a client wants longer term therapy and given the limitations that exist when this sort of long term therapy is under increasing threat, serving those most in need at the edges of society, run by often over-worked, dedicated staff trying to make ends meet and be present for their clients.

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High Street or the High Street is a metonym for the concept and frequently the street name of the primary business street of towns or cities in the UK. In the USA and Canada, the term used is Main Street. In a town, it implies the focal point for businesses, especially shops.

**I dreamt that** our care for one another's psychological and spiritual wellbeing was such a priority there was a solid presence in every town and city. If we can have bookmakers, coffee shops and insurance brokers, surely we can have therapy on the High Street? This care and the existence of these centres potentially meant true 'care in the community' in the words of the system of deinstitutionalization that happened under Margaret Thatcher's term in 1983, treating and caring for differently abled people in their homes rather than in an institution (what actually happened in many cases is that the care failed to happen.)

**Therapists not only** had the chance to practice in the city centre, but also to meet, join together and advocate for change. After all: "Therapists are always expressing a political position - because their work always and inevitably flows from a view on how humans should be, and therefore carries a vision of how we could become and how we should be. However, these visions and positions are often implicit rather than explicit or even held out of consciousness" (Totton, 2012: 92).

### **So what happened to my dream?**

**I got busy.** My private practice slowly and surely filled up. And, I forgot it. Granted, I still do useful things, I hope. Apart from my paid work, I was a steering group member of Psychotherapists and Counsellors for Social Responsibility for many years and edited their journal. I continue to write, campaign, and teach, my attempts to raise awareness of things that matter. I also continue to do some pro-bono work and offer concessionary places, but this isn't the same as that dream.

**Before I trained** as a therapist, I was pretty sceptical about the therapy trade. I did the training determined to qualify; and yet, I knew that I still mightn't end up practising as a therapist. I worried that it was something primarily catering to the anxious middle classes, even though I saw its very real potential for anyone and everyone. It's just that that potential seemed a bit hidden, certainly not accessible, and almost a bit 'hush, hush'. It also had a mystifying language of its own. I'm weary of mystifying languages when it means that it can limit access; although I'm sure I'm guilty myself of falling into using jargon at times, it's hard not to. I sometimes witnessed others becoming a bit 'psycho-babbly' once they learned the new, sometimes rarefied language of therapy. It was a bit of a turn off.

**I did become a therapist,** and I love the work. But I'm not sure I lost my scepticism. Not scepticism about much of the practice I see, or

dedication of therapists around me, or the very real changes clients make in therapy. No, scepticism about how we collectively organise and provide facilities to support thriving mental and somatic health. In the 14 years I've been practising, the public provision of counselling and therapy has been in turmoil and intensifying. I'm not employed by the National Health Service, although reports from friends and colleagues aren't heartening. And before long we mightn't even have a National Health Service anymore, following the American model.

**Maybe therapy** in private practice is even more inaccessible, not simply because of the investments in terms of costs and time involved, but because many folks don't necessarily know that counselling and therapy happen in private practice. Again, this might be different in the USA, maybe not. But for many, their local GP surgery (MD) is their first point of call.

**I return to my dream.** How can we re-imagine and bring places to life in our community where therapy is seen as a useful service that many of us might seek at one time or another? How can we help to re-locate so-called mental health and somatic health in our communities, networked both with the more conventional medical model service providers, as well as secular approaches to mindfulness, for example, and other faith or spiritual groups offering different approaches and methods that clients may find beneficial for their healing?

**Community-located services** are dying in the UK High Street in all sorts of ways. Just the other day my partner and I stole away for a quick lunch in one of our favourite local cafes in a nearby suburb. We asked the lovely cafe owner how business was going. "Slow," he replied. "This is a dead street." My heart sank. It's true; it *is* a bit of a dead street. Most High Streets are no longer frequented by grocers, butchers, greengrocers, hardware shops. These are now located out-of-town. Libraries and post offices are even harder to come by.

**So my dream of the High Street** drop-in centre mayn't be a reality in the times we're in. Or will it all go full circle? The trend of buying local, of farmers' markets filled with local produce and restaurants proud of their sourcing within a 50-mile radius are gaining popularity at the same time as the centralisation and digitalisation of so many services. Where does this leave us as practitioners? And as humans? And what does this mean for the future of therapy?

**Thankfully there are** many organisations world-wide providing counselling and psychotherapy to those who mightn't otherwise access support. I know tens of such organisations in Bristol, and many more nation-

wide. It's jaw-dropping what they manage to do on a shoe-string and under the pressure of constant worries about funding and a huge amount of time spent on completing funding proposals for scarce charitable money and grants.

**How can we** sing out more the need for counselling and psychotherapy provision open to all?

**How do we** make our own private practice work more accessible?

**What can we** do to attract clients who might never have considered coming to therapy, for all sorts of reasons?

**How can we keep** the initiative in noticing our own blind spots and shortcomings, which might mean the work we do isn't as accessible as we'd hope, perhaps due to our own unacknowledged class or colour or financial privilege to name a few privileges?

**I love raising and mulling these questions.** I love them because they were barely addressed in my training. Don't get me wrong, all the training I've been fortunate to have done was sound, solid, careful, and rightfully challenging in terms of getting me to understand therapy and the role of a therapist and the therapeutic relationship and different models of therapy. Where my education fell short was in exploring in more detail the contexts, the systems within which we operate—social, political, ecological, and economic considerations that have a direct impact not only on clients' day to day existence, but also on their likelihood of affording or knowing how to access therapy.

**I long for the day when therapy** is open to all, where support is not only accessed via the medical model. I also long for the day when somatic work is seen and respected on equal footing with other therapeutic approaches, knowing as we do its potential for deep and lasting transformation.

**Kamalamani** is an Embodied-Relational therapist, Wild therapist, supervisor, facilitator, and writer, living and working in Bristol, England. She's been a practicing Buddhist since her early 20s and loves seeing how age-old teachings and practices are relevant to contemporary life. She works at the interface of body psychotherapy, ecopsychology and ecodharma, drawing upon her experiences of being a development worker in sub-Saharan Africa, a lecturer in International Development at the University of Bristol, her current meditation practice and being a child lost and found in nature. She has published two books: 'Meditating with Character' (post-Reichian character structure applied to meditation) and 'Other than Mother: Choosing Childlessness with Life in mind'. [www.kamalamani.co.uk](http://www.kamalamani.co.uk)

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