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## EDITORIAL

Dear colleagues,

The IFP board is glad to send you this latest Newsletter.

The present issue first presents a letter from President Driss Moussaoui which addresses the need to help people with psychiatric disorders also in rural areas and in low- and middle-income countries. This is one of the strategic aims of International Federation for Psychotherapy in the years to come. News on this project will be provided in the next issues of IFP Newsletter.

After this, you will find a highly condensed account of Val Thomas professional journey which provides a good illustration of the importance of the practitioner- research ethos. Practitioner-research represents a valid endeavor which can allow clinicians to make contributions to the research field through initial explorations of emerging innovations.

Finally, Martin grosse Holtforth briefly presented the 10 key policy recommendations which constitute a framework for action to provide a sustained policy response to depression which was launched at the European Parliament on 5 December 2018, at a meeting of the European Parliament Interest Group on Mental Health, Well-being and Brain Disorders, co-organised by the nine initiators of the report. The IFP Board wishes all of you a pleasant reading.

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## LETTER FROM THE PRESIDENT

The total population of the world is 7.7 billion people, 3.4 living in rural areas. More than 80% of this population live in low- and middle-income countries (LAMIC). Half of the increase of world population in 2050 will come from Africa. Other figures of interest for mental health workers, especially psychotherapists, is that at least half of the population of the world will suffer one day or another from a mental disorder. Epidemiological studies in the USA on the general population show a rate of 51.2% of lifetime prevalence of mental disorders. The Royal College of Psychiatrists made a national campaign with a strong motto: 'There is no family without a mental patient'. In LAMIC, similar figures are sometimes found through epidemiological studies. One of the facts going along with this situation is the huge treatment gap everywhere in the world. In the USA, The North Eastern coast and the Western coast are well served by mental health professionals, but in between, especially the Midwest, it is hard to find a mental health professional, especially in psychotherapy. Even in places such as Switzerland or France, where the numbers of psychiatrists and psychotherapists per 10,000 inhabitants is much more important than in other parts of the world, the treatment gap is appalling. Half of the people with schizophrenia in the USA receive no treatment, and about half of the persons of the general population in France are not diagnosed and not treated depression.

What about countries such as Madagascar, Myanmar, or Guatemala for example? The immense majority of the neurological and psychiatric disorders are not diagnosed and not treated. The treatment gap for medications is higher than 95% and for psychotherapy is almost 100%. There are a number of mechanisms that help mental sufferers in LAMIC: social solidarity and traditional 'healers'. I personally prefer to call them 'tradi-practitioners'. In rural areas and remote places, in poor neighbourhoods of urban areas, they are often the only possibility left to the patients and their families. Contrarily to the usual opinion on tradi-practitioners, they are not less expensive than health professionals, and often, it is exactly the opposite. It happened that I witnessed a tradi-practitioner in a rural area in Pakistan who received between 200 and 300 persons per day. He had two sons who were practicing medicine, at a rate that was about one tenth of the

one received by their father. One of the two brothers will be the successor of the father after he passes away.

There are differences between tradi-practice in health field and medical doctors or other mental health professionals: training of tradi-practitioners is minimal, confidentiality is seldom respected, mechanisms of suffering are mysteriously hidden as well as those of 'treatment'. However, mental health professionals may learn from good tradi-practitioners in their cultural settings as they optimize the positive impact

of practitioner-patient relationship towards family links and deep knowledge of the cultural environment.

Tradi-practitioners still exist in developed countries. For example, about 15% of French patients go to 'soft medicine' practitioners. In LAMIC, their influence is huge among all kinds of patients, especially those with mental suffering. More than 75% of all mental patients seek help from tradi-practitioners before, during, and after a modern treatment, being pharmacological or psychotherapeutic, especially in rural areas. This is why one of the main aims of psychotherapists in the world should be to find ways to help psychologically people in need who live in villages and in remote areas. This is one of the strategic aims of International Federation for Psychotherapy in the years to come. I will come back with more news on this project in the next issues of the IFP Newsletter.

Driss Moussaoui, M.D.

President, International Federation for Psychotherapy



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resent living a purposeful life (for interested readers I explain this practice illustrated with many clinical vignettes in my recent book titled *Using Mental Imagery in Counselling and Psychotherapy*). I think it would

## **PRACTITIONER RESEARCH: AN EXAMPLE OF ITS POTENTIAL TO CONTRIBUTE TO PSYCHOTHERAPY**

Val Thomas, UK

### **Introduction**

In a recent paper in the IPF newsletter, Caspar (2015) urged us to question the long held notion of the research-practice gap in psychotherapy. Bearing Caspar's observations in mind, it is worth revisiting one particular approach in psychotherapy where research and practice are deeply integrated, i.e. the practitioner-research tradition. This approach has not received much attention within talking therapies mainly because small scale qualitative research is not viewed as significant compared with the empirical findings produced by large scale quantitative research. However, as McLeod notes: 'In counselling, virtually all new ideas have emerged from discoveries made by practitioners. There is therefore a key role for practitioner-researchers in describing and documenting new ideas and techniques, and carrying out small-scale pilot studies or case studies into these innovative approaches' (1999:9). In this short paper, I will be giving an example of a journey of more than two decades that has been informed by the practitioner-research ethos. In this particular case, attending to a question prompted by the imagery produced by substance-misusing clients generated some original contributions with relevance for psychotherapy and also, more widely, for qualitative research practice.

When I embarked on my profession, 25 years ago, as a therapist working in the drugs field, I was based in a crisis intervention unit in the centre of London for substance misusers. It was a challenge to help our clients manage the detoxification process so I started to draw on my expertise in visualisation techniques to help the clients alleviate some of the physiological drug withdrawal symptoms. Encouraged by the success of these techniques, I started to develop the imagery work to provide a means for the clients to represent their psychological issues in a concrete and helpful way. In order to do this, I focused on three metaphoric images commonly used in psychotherapy: the building image representing psychological structure; the plant image representing personality traits and psychological development; and the path image which is used to rep-

be fair to say that I would probably have been happy to remain as a practitioner with little or no particular interest in research, had it not been for a dramatic and sudden change in patterns of substance misuse in the UK.

During the early years of my practice, I was working with clients who used mainly opiates sometimes in combination with other drugs such as benzodiazepines. The imagery representations they created of their psychological structures were varied in form but all revealed deterioration of some kind – in some cases, the building was nothing but ruins. I never questioned these representations: the theme of deterioration seemed self-evidently reflective of the impact of chronic drug abuse. However, in the mid 1990s, London experienced a new epidemic of crack cocaine misuse and quite shortly, due to the rapid destabilization caused by its use, we started to see crack cocaine-using clients presenting at the crisis intervention unit. I continued to use the same visualization procedures with these clients to good effect. It took some time before I began to notice something unusual in the building representations produced by these new clients. Although they produced a similarly diverse range of structures to the opiate using clients, there was one consistent pattern: all of the crack-cocaine users reported damage to the roof of the building. In some cases, the roof had been completely blown off, in other cases there were large holes. Naturally, this observation provoked questions for me—how could ingesting one particular type of substance result in such a consistent pattern? This was the pivotal moment when I became a practitioner-researcher. My first step on this path was a decision to undertake an extended review of the relevant literature for a master's dissertation in counselling and psychotherapy.

However, when I turned to the literature in hopeful expectation of finding an explanation, I was not able to find any examples of similar patterns identified by other clinical practitioners. Instead of answers, my search generated another bigger puzzle - there seemed to be hardly any general treatment of mental imagery in the literature, apart from some notable exceptions such as Singer (2006). Why, despite its ubiquity, had the theory and practice of mental

imagery in counselling and psychotherapy not followed the more usual recent trajectory of theoretical convergence? This puzzle motivated my decision to register for a doctoral programme in psychotherapy to pursue this question further. I decided that a valid starting point would be to identify some

commonalities in therapeutic practice with mental imagery across the different schools. My research design, using a grounded theory approach, proposed to analyze a sample of published clinical vignettes from peer-reviewed journals containing reports of working with mental imagery. These vignettes were chosen from a range of different therapeutic approaches. The findings from the data analysis disclosed some common ways in which imagery operates in therapy (Thomas, 2015b). Six general functions were identified in the use of mental imagery in a therapeutic context as follows: diagnostic; monitoring; processing; reparative; process management; and framing. Furthermore, the six functions divided into two groups that mapped onto the commonly accepted distinction in clinical practice between directive and receptive imagery. The findings from this study confirmed the basic functional view of mental imagery common across the different schools, i.e. the capability of mental imagery to offer a means of communicating between the conceptual and experiential aspects of the self (different terms for this pairing are used dependent on the therapeutic approach). However, more significantly, the research indicated that this very general bi-directional communicative function could be further differentiated into six different operations.

I still recall the excitement when I realized that my findings had the potential to form the basis of a more inclusive model of mental imagery in therapeutic work. I was able to develop a descriptive model called the Interactive Communicative model of mental imagery (IC) which captures some of the complexity operating when mental imagery is used in therapy (interested readers can see a more detailed description in Thomas, 2015a). The advantage of this functional model is that it allows integrative practitioners to draw coherently on different imagery procedures and approaches from different schools. Finally, though, it is important to add a caveat: although the ground of this model appears to be valid and its basic structure displays coherence, it represents an early stage of development. It needs further testing and research. To that end, one advantage of

this model is that its structure does allow for an expansion or reduction or reconceptualization of the functions without it being undermined or losing its internal coherence.

Notably, as I intimated at the start, the IC model was not the only innovation arising out of the original research study. Inspired by Edgar's (2004) image-work research

methodology, it occurred to me that using mental imagery could be a way to access the tacit dimensions of my own research process. Therefore, I experimented with a guided imagery procedure in which I visualized a door opening into a space which represented the research project and seeing what emerged. Tracking developments in the arising image-taking, in this particular case, the form of an alchemical laboratory—and interacting with it over the course of the project proved to be very helpful in terms of understanding how I was implicated in the research process (Thomas, 2014). I then refined the approach, formulating it into a standard procedure, and then taught it to successive cohorts of psychotherapy students who were engaged in dissertation research. My experience and that of the students indicated to me that the procedure represented a potentially useful addition to the expanding repertoire of imagination-based methods to illuminate researcher reflexivity. Therefore, I decided to begin to write it up and disseminate it to the wider field (Thomas, 2016). The final section of this paper demonstrates how through holding on to the practitioner research ethos I was able to unfold this method further in terms of the range of its applications.

To backtrack a little. Although, I did not research this method in any formal sense, mindful of the practitioner research ethos, I had been collecting data on its application. I had issued standard report forms to all the participating students which captured the imagery representing their research projects and their meaning making (the students had signed ethical consent forms to release this data to me). As I immersed myself in a review of this data, I began to notice something particularly significant. The students were not just using the imagery to clarify their research topic and shed light on how they were implicated in the research: they were making use of the imagery to think about their research in a range of other ways. Of particular interest to me was the way that their imagery also appeared to be able to comment on, and, significantly, develop the conceptual dimensions of their research. I had been dimly aware of

something similar happening in my own original experiment of representing my research project as an image. A simple example of this type of usage would be a student whose research topic was the experience of Irish clients taking politically-charged material to English therapists. When the student visualized her research project, she found herself back in the science laboratory from her

secondary school. She noticed an open umbrella lying on the science lab table that became the focus of her attention. It had a black cover and was covered in a pattern of owls which she associated with wisdom. The umbrella itself she linked to a search for, in her words, 'new knowings'. She sensed that the umbrella needed to develop an outer layer which would provide some reinforcement and that it would need to go through iterative processes of opening and closing. Afterwards she interpreted her imagery to mean that it was important to develop a research design that would keep the inquiry as open as possible in order to generate new knowledge. This example and many others confirmed for me my growing sense that positioning this method under the rubric of researcher reflexivity was too limiting (see other case vignettes in the relevant chapter in my forthcoming book titled *Using Mental Imagery to Enhance Creative and Work-Related Processes*).

Space does not permit me to say much more about this recent exploration apart from flagging up some of the relevant theory and research in the wider field that would support this expanded understanding of the potential of the mental imagery method for research practice. Recently, pioneering and innovative researchers have helped to establish imagination as valid mode of inquiry. I mentioned Edgar's (2004) imagery-based research method earlier on, it is also important to acknowledge the work of McNiff (2009) in developing art-making as a mode of inquiry in art therapy and Romanyshyn's (2013) Jungian influenced contribution to imaginal research practice. But for me probably the most important influence has been the 30-year research programme carried out by John Clement (2008) and his colleagues into the creative model making of scientists. Of particular relevance to applying the mental imagery method in a research practice context is Clement's specific finding that imagistic thinking plays a fundamental role in developing models and concepts. He showed that his subjects used analogies of the problems they were trying

to solve and tested out potential solutions at each stage of the process through running mental simulations. It is important to emphasize that Clement considers that the analogies, represented in the form of mental imagery, are representations of more fundamental intuitions about the nature of physical reality. In other words, imagistic thinking is conceived of as type of embodied cognition—a half-way house between embodied sensing and

formal reasoning. After looking carefully at the many examples he presents in his book, I started to see similarities in the way that the student researchers' imagery appeared to be pointing up the conceptual dimensions of their research. The potential for imagery as a means of thinking about research needs further investigation.

I hope that this highly condensed account of my professional journey has provided a good illustration of the importance of the practitioner- research ethos. Great advances have been made in psychotherapy in terms of developing the knowledge base through big research programs and RCT trials. Practitioner-research represents another complementary approach, a valid endeavor which can allow clinicians to make contributions to the field through initial explorations of emerging innovations. And to conclude on a more personal note, when I think back to that moment many years ago when I noticed the pattern in crack-cocaine misusers' imagery, I realize it would have been so easy to have left the matter there. Instead, I took the observation arising out of my clinical practice very seriously and that initial commitment to a deeper inquiry transformed my professional life.

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**A sustainable approach to depression – an expert report presented at the European Parliament**

Martin grosse Holtforth, Switzerland

In an effort to develop a sustainable approach to depression and thereby improve the lives of millions of people across Europe suffering from depression, a group of European mental health experts of nine organizations including IFP (that is Global Alliance of Mental Illness Advocacy Networks (GAMIAN – Europe), European Psychiatric Association (EPA), European Brain Council (EBC), European Federation of Associations of Families of People with Mental Illness (EUFAMI), Expert Platform on Depression, Eurocarers, European College of Neuropsychopharmacology (ECNP), Union Européenne des Médecins Spécialistes (UEMS) – Section of Psychiatry, and the International Federation for Psychotherapy (IFP)) joined forces to produce a report to offer recommendations based on existing examples of good practice

([https://www.healthpolicypartnership.com/wp-content/uploads/A\\_sustainable\\_approach\\_to\\_depression.pdf](https://www.healthpolicypartnership.com/wp-content/uploads/A_sustainable_approach_to_depression.pdf) [https://www.healthpolicypartnership.com/wp-content/uploads/A\\_sustainable\\_approach\\_to\\_depression\\_Summary.pdf](https://www.healthpolicypartnership.com/wp-content/uploads/A_sustainable_approach_to_depression_Summary.pdf)). The report was developed in collaboration with the Health Policy Partnership (<https://www.healthpolicypartnership.com>) and with the support by Janssen pharmaceuticals. The report features 10 key policy recommendations which constitute a framework for action to provide a sustained policy response to depression. Full write-ups of 16 case studies are also included in the report, along with a checklist for future projects based on the lessons learnt. The report was launched at the European Parliament on 5 December 2018, at a meeting of the European Parliament Interest Group on Mental Health, Well-being and Brain Disorders, co-organised by the nine initiators of the report. Supported by some 13 MEPs, this meeting was chaired by Tomas Zdechovsky MEP and Julian Beezhold (European Psychiatric Association). This coalition of organisations will continue its advocacy activities and is considering future

actions to stimulate and support better holistic management of major depressive disorders.



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CONGRESS CALENDAR

**Please send announcements of your congresses!**

**The 25th World Congress on Psychosomatic Medicine (ICPM)**

September 11 – September 13, 2019

**Venue: Florence, Italy**

[www.icpmonline.org/25th-world-congress-florence-2019](http://www.icpmonline.org/25th-world-congress-florence-2019)

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