

# Preface

I have always thought about psychotherapy in an integrative way, which has been influenced by my professional backgrounds and personal experiences.

Originally a biochemist, my introduction to psychotherapy took place in 1976, in my mid-twenties, with 16 sessions of therapy from a clinical psychologist in response to repeated experiences of depression. Within it I discovered the relief of talking to someone and feeling heard and understood for the first time; I discovered the tension reducing benefits of deep muscle relaxation; within my relationship with my therapist I experienced what I later discovered to be the psychodynamic concept of transference; and my sudden, spontaneous and totally unexpected connection with an anger I never knew existed reflected the concept of defence. I learnt a lot more as well, but these particular experiences stand out, because of their impact. They relate to three distinctly different theoretical approaches advised by different epistemologies. I discovered each of them by lived experience within the same therapy, and they were all valuable to me. Afterwards I never experienced depression in the same way again. I deliberately avoided reading about psychotherapy at the time, believing that it was better for it to unfold naturally. Afterwards, the books I found in my local university library told me about the concepts that my experiences related to, and made absolutely fascinating reading.

Three years later I had moved on from my rather stuck position of that time. I tried to follow through my childhood wish to become a doctor, was rejected by medical school, but accepted into the second year of a BA in psychology through a UCCA continuing application procedure; my biochemistry PhD giving me exemption from the first year. Summer was spent immersed in Hilgard, Atkinson & Atkinson's *Introduction to Psychology*, and making notes; and in the autumn of 1979 I started my psychology journey. I discovered that I loved the whole discipline of psychology; I had found my professional home.

I began my clinical psychology training in 1981 in Liverpool, where my evolving integrative perspective was supported by the broad-based functional analytic ethos of the training course, and input from a range of theoretical perspectives.

My knowledge and commitment to client-centred and psychodynamic therapies inevitably influenced each other, alongside a valuing of cognitive and behavioural approaches. They were held together by the core principles of formulation: aetiology and antecedents, experiential triggers and current maintenance loops. Subsequent routine clinical work maintained those perspectives and my clinical psychology lectureship on the Newcastle Doctorate in Clinical Psychology from 1988 to 1998, led me to think in more detail about theory and integrative practice. This was followed by a total of 12 years of clinical and supervisory work as an NHS consultant psychologist.

All of these professional experiences have contributed to this work, undertaken during the ten years since I left the NHS. It is the outcome of a much-loved professional life, and the product of many hours spent thinking and writing in my local university library and during lunch at Pret a Manger. It has been a fascinating and challenging journey, and I have learnt so much.

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