Welsh Psychotherapy Institute

Please complete front sheet

Course- Advanced Diploma in Psychotherapy

Name of Trainee: John Dray

Presentation Title: Theory into Practice

Date of Presentation: Weekend 27 June 2026

Marker Comments

John, This was a moving and very thorough presentation which has really brought to life your experience of becoming the integrative therapist you currently are - both through your training journey and through your life experiences. The subsequent reflections on material which became figural as a result of doing the presentation, hold so much of your story, so much of your lived experience, expressed cleanly and clearly. It seems as though you are at the start of some new discoveries in relationship, ready and eager for the challenges ahead because you are now on firmer ground, having integrated those split off parts with love and acceptance. Well done.

06/08/2026

Please use this document to write up your Presentation. Start on the next page

John Dray

Theory into Practice - presentation

“What sort of therapist am I?”

A flat version might say: I am integrative, influenced by Transactional Analysis (Berne, 2011; Stewart & Joines, 1987), relational (Clarkson, 2013b; Erskine, 2015), trauma-informed (Rothschild, 2000; Van der Kolk, 2015), body-aware (Rothschild, 2011) and polyvagal-informed (Dana & Porges, 2018; Porges, 2011).

And all of that is true. But the therapist I am becoming is shaped not only by books, models or essays, but by my life, my clients, my communities, and the kind of world I hope therapy might help bring into being.

I want to speak about four areas: modality, my people, career structures, and the ethical and political values underneath my practice.

Modality

First: modality. I think of myself as an integrative therapist (Clarkson, 2013a; Erskine, 2015), but not eclectic. Integration, for me, is becoming an embodied way of thinking: allowing different theories to speak to each other inside me until they become more than techniques.

Transactional Analysis matters because of its clarity and humanity (Berne, 2011; Stewart & Joines, 1987), and because of what I have experienced as a client of TA therapy. I do not experience it as solely cognitive. The structural model, including the Child within the Child — the C_1 — gives me a way of working with very early bodily and affective experience (Clark, 1991; Stewart & Joines, 1987). I am interested in movement from a critical Parent towards a more compassionate Adult, and towards a Child ego state that can become more trusting, playful and alive. Redecision therapy can sound cognitive, but it works through new experience of the Child, not just explanation (Goulding & Goulding, 1997; Joines, 1986). I

am also drawn to writers such as Erskine and Clarkson, who began with TA but evolved into more relational, contactful ways of working (Clarkson, 2013b; Erskine, Moursund, & Trautmann, 2022).

I want to offer a relationship in which something can be felt, met, regulated, symbolised and transformed (Erskine et al., 2022; Rogers, 1957). Where they experience unconditional, positive regard. Trauma-informed thinking has become central to this (Rothschild, 2000, 2011; Van der Kolk, 2015). People do not arrive as isolated minds with symptoms. They arrive with nervous systems, histories, bodies, adaptations, shame, creativity and survival strategies.

Rothschild's body-aware trauma work and the polyvagal material have helped me understand safety as something communicated through tone, pace, posture, rhythm, room and relationship (Dana & Porges, 2018; Porges, 2011; Rothschild, 2000, 2011). Although I will offer online therapy for flexibility and accessibility, I expect to keep valuing in-person work: the felt sense of another nervous system, the body movements outside conscious awareness, and the microscopic shifts in facial tone that a camera may miss.

This connects with the personal roots of my practice. My life has been shaped by complex grief, betrayal, neurodiversity, abusive relationship, bullying, unsafe caregiving relationships and abuse. The therapy room is not a place for the therapist's story to take over, but our stories matter. A quote on my therapist's wall read: "you are not a fact, you are a fiction and you are the author of your own story." It helps me recognise fear, collapse, masking, shame and longing, and to understand survival strategies that can look irrational from the outside (Van der Kolk, 2015).

So the therapist I am becoming tries to bring empathy. I want to be open to distress, feel something of its human weight, and still offer right-brain relational support that may have been missing as the client developed (DeYoung, 2015; Schore, 2009). I also endeavour to set up an environment where the client feels able to express their becoming self. The

therapeutic relationship can become a facilitating environment: not a replacement childhood, but a reliable-enough relational field in which unmet developmental needs can be recognised, held and gradually reworked (Winnicott, 1990; Winnicott, 2005). Let me also recognise that my contact is partial, is not the whole story and that that story is being re-written every moment we spend together.

My People

The second area is “my people”. In using ‘my’, I do not wish to imply ownership, but belonging.

Much of my working life has involved fighting for others — in IT, in relation to Deaf people, children, schools, local communities and elsewhere. There is something good in that, but also something to examine.

I do not want to build a therapy identity around rescuing.

It is ironic that at the 3rd year residential I performed “Popular” from Wicked. Galinda tries to teach Elphaba to be popular, yet I identify more with Elphaba: living in a pea-green soup of prejudice and minority stress. That is not self-pity, but an acknowledgement that I am not ‘mainstream’, and I rejoice in that.

One movement in my training has been from “I will fight for you” towards something closer to an “I’m OK, you’re OK” life position (Berne, 1982; Hine, 1982): recognising the dignity, agency and subjectivity of the person in front of me and of my self (Berne, 2011; Stewart & Joines, 1987). That lies behind my wish to specialise, at least in part, with LGBTQ+ and neurodivergent clients (Jones, Hamilton, & Kargas, 2025; Meyer, 2003; Walker, 2021). These are communities in which I recognise something of myself, my history, and the social injuries people carry.

John Dray

Clients have often been my greatest teachers. They have shown courage, creativity, humour, self-protection and new ways of approaching life. I love witnessing a client discover self-compassion: a harsh internal world softening; the Child ego state moving away from a punitive Parent and beginning to trust the Adult (Clark, 1991; Stewart & Joines, 1987). This parallels Gestalt's paradoxical theory of change (Beisser, 1970): the more clients are brought into loving contact, the greater their capacity for change.

Structures for a Career

The third area is building structures for a career. I have not experienced the academic side of this course simply as a hurdle to qualification. As a neurodivergent person, I have had to find ways of working that support how I actually think rather than forcing myself into systems, such as Word, that exhaust me. Essay-writing, note-making and Zettelkasten-style systems (Ahrens, 2022) have become part of my professional development.

I have used the course to build a cross-referenced library of thought where ideas speak to each other. CPD has become part of that, chosen around the growing edges of my practice rather than simply collecting certificates.

I also see the transition from fourth-year trainee, to Independent Study Stage (ISS), to fully qualified psychotherapist as a transition in community. I am moving from the WPI network into wider peer networks, including the West Wales group, Swansea Psychgeist psychotherapists and, I hope, peer supervision. Good practice needs relationship, challenge, supervision, CPD and peers who keep me alive to the work.

Ethical and Political

The fourth area is ethical and political. I do not think therapy is politically neutral. What society pathologises changes over time. British Sign Language and Welsh were both cruelly suppressed through education and political systems. In both cases, the movement was, 'if

you give up your second-class language and just use English then you will get on better in the world.' Ways of being later recognised as culture, language, identity or difference have often first been treated as problems to be corrected. I am deliberately not putting an academic reference at this point, as both cultures are substantially maintained through an oral tradition and that is how I received that story – an academic reference would, in this case, be potentially culturally transgressive.

{Start playing Gold (2015)}

I see parallels for LGBTQ+ and neurodivergent people. Ways of loving, perceiving, communicating, sensing and relating have often been turned into labelled illnesses (Kauppi, 2020) — by families, schools, workplaces, diagnostic systems, churches, cultures, and sometimes therapy itself (e.g. in earlier versions of the DSM (American Psychiatric Association, 1968)). I experience this as a social pressure saying, 'If you give up being you and conform to social norms life will be so much easier for you: mask and closet.' So part of my ethical stance is respecting the individual in context: asking not only what is happening inside this person, but what happened to them, what they adapted to, and which parts of them have been treated as unacceptable (Khan, 2023). What support do their inner children yearn for in terms of developmentally needed relationship? (Winnicott, 1990)

By being there for "my people", and supporting people towards self-acceptance, I hope to contribute in some small way to a more loving and accepting society. That is not the therapeutically unethical process of recruiting people to "my side". It is closer to Yalom's sense that therapy offers something through small, honest human encounters that can matter deeply (Yalom, 2002). It also echoes Gestalt's paradoxical theory of change: change becomes possible not by forcing a person to become what they are not, but by supporting fuller contact with what they are (Beisser, 1970; Perls, Hefferline, & Goodman, 2013).

There is an ethical dimension in the practical side too: charging properly. This is not about elitism. It is about remaining resourced, continuing CPD, keeping workload humane, and

having capacity to offer some low-cost places from a place of plenty, rather than scarcity. I do not want to burn out in the name of care, or collude with the quiet undervaluing of therapists that I see so frequently around me. Sustainability is part of the ethical frame. I want to keep at this work as long as I can. As Brown (2019, p. 2) says:

> "It's not up to you to personally make up for the shortfall in your local NHS provision."

Who am I?

Finally, identity. A significant part of my growth as a psychotherapist has been realising that I am not a single fixed "I". Along the way on this training, I have discovered trauma and different minority identities that I did not realise that I had. Increasingly, I understand identity as something experienced at the contact boundary (Jacobs, 1989; Perls et al., 2013). I become myself in relation: with clients, supervisors, peers, theory, my history, the social world and the unknown. (And you! added during actual delivery.)

So when I ask, "what sort of therapist am I?", the answer is: I am still becoming.

I am becoming an integrative, relational, trauma-informed therapist (Clarkson, 2013b; Erskine, 2015; Van der Kolk, 2015). I want to work with the body, nervous system, story, social context and therapeutic relationship (Buber, 2018; Clarkson, 2013b), and to practise ethically, politically, sustainably and creatively.

And I am becoming someone who understands that my own wounds do not qualify me by themselves, but neither are they irrelevant. Held responsibly, reflected on in supervision and therapy, and integrated with theory and practice, they may become part of my capacity to meet another person with humility, care, kindness and gentle humour. Oh! I implore the gods that I do not lose my sense of humour – there is no way that I would freely give away the protections of my Child. They were purchased at high cost. At the same time, my Adult needs to earn the trust of that Child: to know when it is safe to be open and contactful, and

when the Child can play. My Child can play with the Child of my clients, knowing that the Adult is overseeing the safety of the room. As Deb Dana might say, our nervous systems can be in communication; as DeYoung (2015) might say, we can communicate right-brain to right-brain.

{Music should have finished by this point}

This is far from the ‘healed, together’ person looking out for the ‘messed-up’ client that parodies what I partly felt at the start of this journey. Instead, I have a visual image of a stream with eddies, currents, vortices, banks, splashes, turbidity and clarity, coming into contact and changing each other. So, rather than wading through a theory of fluid dynamics, I experience psychotherapy as noticing the water: how it moves, how it moves me and how it moves the client.

For the shortest of times we have the fully immersive experience of dancing in each other’s currents.

Diolch yn fawr i bawb.

John Dray

Post-word

{Forgot to present this + it didn't feel right}

Since writing this, I have watched Tip Toe on channel 4 (Davies, 2026) – a dystopian view of minority stress. At this moment, it feels even more important to offer LGBTQ+ -accepting spaces. The stress articulated in that mini-series feels close to being re-realised, as it was in the 70s, 80s and 90s. It emphasises that being "out", as my practice is, constitutes a political act, and reinforces much of what I have said here.

What was the Music?

After I had delivered the above, I was asked about the music (Gold, 2015). Here is my recollection:

I explained that it was music that had been going around in my head while I was writing this talk. So part of my reason for playing it during the talk was to let people experience a bit of what it is like to be in my head, distracted by music. (Prior to the talk I had experimented to get the music to a volume where it was noticeable, but that my words were still clearly audible.)

One thing I forgot to say is that the music is both repetitive and changes slightly with each repetition. This reminds me of the spiral model of learning that leads to profound change.

The music comes from an episode of Doctor Who called 'Heaven Sent'. In that episode, the Doctor has just lost a dearly loved companion and is in the midst of deep grief. He finds himself trapped in a castle and does not know who his captors are. To escape requires perseverance of Sisyphean magnitude. This music plays in the build-up to the escape.

In this series of Doctor Who, the Doctor is played by Peter Capaldi, who had idolised Doctor Who since being a child. To achieve this role was a life-long ambition. The same piece of music is reprised for the last moments of the last series of Capaldi as Doctor. As the music

reaches a climax and ceases Capaldi, as the Doctor, quietly utters the words ‘I let you go’ and bursts into an explosion of light as a profound transformation occurs.

Subsequent Reflection

I was satisfied that ‘I let you go’ were the last words of the last presentation. It was not planned, it just happened.

I have been part of something very special and now must let that go in order to proceed.

Bibliography

Ahrens, S. (2022). *How to take smart notes: One simple technique to boost writing, learning and thinking*.

American Experience PBS. (2024). *The Eugenics Crusade Full Documentary AMERICAN EXPERIENCE PBS*.

American Psychiatric Association. (1968). *Diagnostic and statistical manual of mental disorders, 2nd edition (DSM-II)*. American Psychiatric Association.

Beisser, A. (1970). The Paradoxical Theory of Change. In J. Fagan & I. L. Shepherd (Eds.), *Gestalt therapy now: Theory, techniques, applications.* Science & Behavior Books.

Berne, E. (1982). *What do you say after you say hello? The psychology of human destiny* (Repr).

Berne, E. (2011). *Transactional analysis in psychotherapy*. Snowball.

Brown, S. (2019). In practice: Payment matters. *Therapy Today*, *20*(9).

Buber, M. (2018). *I and thou* (R. G. Smith, Trans.; Bloomsbury revelations edition). Bloomsbury Academic, an imprint of Bloomsbury Publishing Plc.

Clark, B. D. (1991). Empathic Transactions in the Deconfusion of Child Ego States. *Transactional Analysis Journal*, *21*(2), 92–98. https://doi.org/10.1177/036215379102100204

Clarkson, P. (2013a). *Transactional Analysis Psychotherapy: An Integrated Approach* (1st ed.).

Clarkson, P. (2013b). The Psychotherapeutic Relationship. In P. Clarkson & M. Pokorny (Eds.), *The Handbook of Psychotherapy* (0th ed.). Routledge.

Dana, D. A., & Porges, S. W. (2018). *The Polyvagal Theory in Therapy: Engaging the Rhythm of Regulation* (Illustrated edition). W. W. Norton & Company.

Davies, R. T. (2026). *Tip toe* [Television Mini-Series]. Channel 4.

DeYoung, P. (2015). *Understanding and treating chronic shame: A relational/neurobiological approach*. Routledge.

Erskine, R. G. (2015). *Relational patterns, therapeutic presence: Concepts and practice of integrative psychotherapy*. Karnac.

Erskine, R. G., Moursund, J. P., & Trautmann, R. L. (2022). *Beyond Empathy: A Therapy of Contact-in-Relationship* (1st ed.). Routledge. https://doi.org/10.4324/9781003313625

Frankl, V. E. (2004). *Man's search for meaning: The classic tribute to hope from the Holocaust*. Rider.

Gold, M. (2015). *The shepherd's boy*. Silva Screen Records.

Goulding, M. M., & Goulding, R. L. (1997). *Changing lives through redecision therapy* (Rev. and updated ed). Grove Press ; Distributed by Publishers Group West.

Hine, J. (1982). Life Position Therapy. *Transactional Analysis Journal*, *12*(3), 190–194. https://doi.org/10.1177/036215378201200304

Jacobs, L. (1989). Dialogue in Gestalt theory and therapy. *Gestalt Journal*, *12*, 25–67.

Joines, V. (1986). Using Redecision Therapy with Different Personality Adaptations. *Transactional Analysis Journal*, *16*(3), 152–160. https://doi.org/10.1177/036215378601600302

Jones, F., Hamilton, J., & Kargas, N. (2025). Accessibility and affirmation in counselling: An exploration into neurodivergent clients' experiences. *Counselling and Psychotherapy Research*, *25*(1), e12742. https://doi.org/10.1002/capr.12742

Kahneman, D. (2012). *Thinking, fast and slow*. Penguin Books.

Kauppi, M. (2020). *Polyamory: A clinical toolkit for therapists (and their clients)*. Rowman & Littlefield.

Khan, M. (2023). *Working Within Diversity: A Reflective Guide to Anti-Oppressive Practice in Counselling and Therapy* (1st ed). Jessica Kingsley Publishers.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Perls, F. S., Hefferline, R. F., & Goodman, P. (2013). *Gestalt therapy: Excitement and growth in the human personality*. Souvenir.

Porges, S. (2011). *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, Self-regulation*. W.W. Norton & Company.

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, *21*(2), 95–103. https://doi.org/10.1037/h0045357

Rothschild, B. (2000). *The Body Remembers*. Norton.

Rothschild, B. (2011). *Trauma Essentials: The Go-To Guide*. W. W. Norton & Company.

Schore, A. N. (2009). Right-brain affect regulation: An essential mechanism of development, trauma, dissociation, and psychotherapy. In *The healing power of emotion: Affective neuroscience, development & clinical practice.* (pp. 112–144). W. W. Norton & Company.

Stewart, I., & Joines, V. (1987). *TA Today: A New Introduction to Transactional Analysis*. Lifespace Pub.

Van der Kolk, B. A. (2015). *The body keeps the score: Brain, mind and body in the healing of trauma*. Penguin Books.

Walker, N. (2021). *Neuroqueer heresies: Notes on the neurodiversity paradigm, autistic empowerment, and postnormal possibilities*. Autonomous Press.

Winnicott, D. W. (1990). *The maturational processes and the facilitating environment: Studies in the theory of emotional development* (Reprint). Karnac Books [u.a.].

Winnicott, D. W. (2005). *Playing and reality*. Routledge.

Yalom, I. D. (2002). *The gift of therapy: Reflections on being a therapist*. Piatkus Books.

John Dray

Thoughts on the Holocaust and Eugenics and Me

Further Reflections

Subsequent to my earlier reflections, I had a range of thoughts come together for me one morning. They are somewhat disjointed, but I feel that is part of the art. There is roughness, and edge. This further informs the sort of therapist that I am becoming.

A reflection in a pond is not perfect, or finished.

30 July 2026

Context - 6am - but thoughts were going through my head. Consequently, this is stream of consciousness.

Yesterday watched a PBS film about eugenics, (American Experience PBS, 2024).

Tuesday had a session where I explored my end of course talk with my therapist. She challenged me about a particular bit of story. Where is the ‘I feel…’?

2005 On the Windsor course (a course based in Windsor castle for Anglican clergy), visit to the Imperial War Museum

Thoughts on the word ‘psychotherapy’. It always tickled me that it literally meant ‘soul-healer’. Surely it meant mind, ‘nous’, rather than soul, ‘psyche’.

21 years of processing.

I was exploring a passage from my talk where I talk about clients being my greatest teachers. I had said that this was the part of the delivery where I teared up.

My therapist challenged me as to what I felt about it. There was no ‘I feel’ in that passage. But, I protested, I teared up. There was feeling. Was that not enough?

We looked at this for some time. I really was not getting it.

I was feeling shame that I was not speaking the same language as my therapist (of over nine years).

Repeatedly challenged as to what I felt. I repeated my protest.

But the ‘I’ is implied. I am writing it about me, from I. This did not appear to cut it with my therapist.

When we went to the next passage of my talk, ‘I feel’ was all over it.

There is a section in the talk where I explore being LGBTQ+ and being neurodivergent. This is a bone of contention between me and my therapist. My therapist is, as she admitted in this session, very ‘anti-label’. (This sounds dismissive, but I have a great deal of respect for an opinion that I feel uncomfortable with.) Normally my conforming adapted child manages some sort of elision. Here were my words in type. Something that I had referred to as ‘my greatest work’. My position was clear. There was no escape. Was I also feeling resentment that ‘my greatest’ could still receive criticism? Criticism that I had deliberately invited.

We had been working with my rebellious adapted child (RAC) over the last two weeks. The child that seeks to hold to identity over relationship. Here was, here is my identity… and in the last two weeks I had felt the laser-focused gaze of my RAC with a clarity that I had not experienced since a child. I think I had even forgotten that he existed within me.

What do labels mean to you? she quizzed. I talked about how they are often shorthand. In some ways they can be banners for group support or a call to arms. They describe an approximate array of symptoms. They describe a shared struggle. This felt like dissembling, but I did not have any real answers.

“But with I’m OK, You’re OK life position, why do we need labels?”, she asked. I admitted that they were imperfect. I also pointed out that my practice received clients particularly

because I used labels. Those labels indicated to clients that I was safe. I detailed some of the crass things that people had accused my clients of. I had several accounts of people with ADHD being accused of being lazy. People with sensory difficulties being told to ‘get over it’. So many LGBTQ people with buckets and buckets of shame being told, “you don’t need to feel shame, you can be proud! Isn’t that what Pride is about?”.

“Why do I tell these stories?” Was another challenge. To explain, I need a story. (I get the irony, but also implore you to stick with me.)

For me these stories tell how I feel.

It’s a bit like when I used to do maths. I don’t do maths logically. That is the bit people get really wrong about me.

They assume that because they see maths as logical that that is the only way to do it.

I am REALLY good at maths.

I do maths intuitively.

I have met other people who do maths this way. We are in the minority.

It is not a process of the prefrontal cortex, consciously going through every step. (I also realise that this goes directly against the thesis of Kahneman (2012).)

I present a problem to my unconscious.

I visualise it, perhaps as a dark lake.

In the right mental state the ripples decrease.

The lake takes my problem and returns an answer, sometimes instantly.

Faster than the speed of thought. It is not a process of thought. It is an embodied feeling.

Maths, for me, is not thought, it is feeling and emotion.

John Dray

My whole body is involved. Skin and belly and breathing. All orchestrate to bring the language of beauty, mathematics, to life.

I can feel tickles inside my head as different parts come into play.

Often the hunch of an answer will appear presented from my unconscious to my conscious. It is just left for my conscious part to check over the answer.

I used to think this was just my story of how I did maths, of how I was maths.

There is now much neuroscience to support this dual way of doing maths.

[I realise that if I had been aware of Kahneman as a child that I might have eskewed my way of doing things in honour of his ‘right’ way. Instead I worked with my felt sense of mathematics to hone it, realising that it was better and faster and more expansive than my thought sense.]

A felt sense and a logical sense. The felt is fast and giddy and often completely wrong. Most people opt to stick just with the slow, plodding, logical method, preferring correctness over joy and exhilaration. But from an early age I learnt to dance with my unconscious, bringing about an entente cordiale between my plodding conscious and my embodied, wild unconscious. It used to infuriate my maths teacher as half the steps in a solution were missing. I could not see why they were needed. I could not even see that they were missing.

My therapist has told me of how her son does maths this way. That is one of the ways I know that she ‘gets’ me.

So when I told stories, I imagined that I was taking people on an emotional journey with me. I was imagining that I was telling people of my emotions and feelings. I did not get that they did not get it. As I tell the stories, emotions and bodily feelings sweep through me. I did not understand their way of processing. Until this chat with my therapist.

John Dray

Sixty and I finally got it. Time for the Cham~~pagne~~ Shame? No, I FINALLY got it… or at least the part that is understood by me at this moment. I am old enough and humble enough to realise that there is always more.

So when I spoke of story I thought I was relating with my peers. When I imagined early hominids gathered around the new technology of fire singing stories to each other, or if spoken language had been developed, speaking the stories to each other. I imagined that their emotions would carry through in those stories, that their community would be held by those stories, that their values would live in those stories… that they would not have to name their emotions as well.

[I prefer to imagine that singing pre-dated speaking as all the animals around us sing, rather than speak. It was only late in our evolution that we gained the apparatus for speech.]

My studies of the Hebrew bible, some of which goes back to the bronze age, confirms this transmission through story, through mythos. In reading it I feel the emotions and community of a people long dead. The stories of the conquests of David, the various stories of creation and destruction stolen from other cultures, the psalms, the song of songs, Ecclesiastes!

So, I was standing in the imperial war museum.

The main display was artifacts from Auschwitz.

There was story about how various parts of the community had been put to death.

The Jews.

The mentally ill.

The gypsies.

The slavs.

The disabled.

John Dray

The gays.

I am really sorry if I have missed anyone out and you will shortly find out why.

These people are in decreasing order of mentions. Obviously the Jewish people got the most mentions. They were the most affected. That was fair in the unfairest way of all. I do not dispute that by and large this is their story. I feel a bit peevish for raising the gays… but it is important to me.

The gays got one or two mentions. Literally one or two in a display that was large, very large - it took up a significant proportion of a large museum.

But this is what really hit me.

There was a uniform pinned out on a wall of a prisoner of Auschwitz.

That is horrifying. It turns an ideology into the persecution of real people. An idea into reality. A real individual person wore this and died. More likely it was reused, so many people wore it and were killed, exterminated: gassed and incinerated.

It makes it personal, possibly even relational. My feelings can reach across the years to the horror of wearing that uniform and through the work of Frankl (2004) and his story of the death camps have a tiny idea of what was going on.

A tiny icicle touches my heart and a shiver descends through my body.

Next to the uniform, it said, ‘This is a uniform that would have been worn by a Jewish prisoner of Auschwitz’

That was a lie. It IS a lie.

In the midst of this amazing exhibition stood, in plain sight, a bare-faced lie.

If it were true, it would have had a yellow star of David on it.

This uniform had an equilateral triangle.

The triangle was pink.

This was not the uniform of a Jew. This was the uniform of an homosexual.

This was the sort of uniform that someone like me would have worn.

But the sign denied my existence.

The sign denied the existence of my people.

I repeatedly checked. Would a Jewish person ever have worn a uniform with a pink triangle?

No.

The Nazis were meticulous. A gay Jew would have had a pink triangle AND a yellow star.

This was the uniform of a non-Jew.

A non-Jewish gay man – that even the Imperial War Museum in the twenty-first century could not admit existed… or, at the very least, failed to properly label this uniform.

As I looked at this the dissonance rang through my head, through my being. I felt angry and sick. Livid.

Over the course of the week since seeing my therapist, I had come to a conclusion that labels were like transitional objects in therapy… that they were there to carry people through from one stage of therapy to another where labels might not be necessary.

But here, this morning, I remember that Auschwitz uniform and my conclusion shifted.

I remember how my dad used to tell me, not in anger but matter of factly, that gays ought to be put to death.

I understand from that film (American Experience PBS, 2024) that eugenics were a strongly accepted part of mainstream culture in the US and then in more of the western world. That

eugenic laws had been supported when taken to the Supreme Court of the US. That the Nazi's only copied the morality and laws of US. When the Nazis were put on trial one of their defenses against forced sterilisation was that it was already on the statutes and being actively practiced in the US. Indeed that process of forced sterilisation, in the US, carried on into the 1970s… and would have been used to prevent sexual deviants, such as gays, such as people like me, from reproducing. (I am using deliberately inappropriate and provocative terms, as those were the terms in vogue in the 1970s and in the DSM to describe people like me.)

So, remembering that image from the IWM, I thought about how the Church of England's then anti-gay stance was chipping away at her gay clergy.

Its stance was love the sinner, hate the sin. (Yes, there is a lot to unpack in that!)

It was deliberately cleaving the souls of its gay clergy.

You can keep this part of yourself, but you must put this other part part away and hide it never to see the light of day.

It was finding a fault line in the soul and forcing a split. A schism within the self.

In this moment I had a revelation about the literal meaning of 'psychotherapy' as 'soul-healer'.

When I brought my anger about that sign in the IWM to the other clergy on the course I had to be circumspect. In my diocese an admission of being gay, let alone the practice of being gay, was a cause for instant dismissal. In expressing my anger, one of the others asked whether it affected me because it applied to me. I admitted that it did. (That felt terrifying/brave.) I had been thinking that I was going to have to leave my post. This completed my resolve. I was feeling split in twain. Staying with the Church would shatter my very soul. It is difficult to feel when you are broken into so many shards.

The others had not noticed or been impacted by the mis-labelling of the uniform. For them it was, at best, a clerical error. At worst, something of no real importance. Their vision was not attuned to this sort of danger. It might even be the quintessence of a ‘microaggression’. A seeming insignificant slip that dismisses a whole raft of history, meaning and oppression.

So, as I tossed and turned in my bed I knew I had to write this down. That otherwise this understanding, this coming together, this synthesis would be lost.

In writing it, I think that my emotions are obvious. But perhaps they aren’t.

To be clear, I feel immense anger that my people and I are dismissed, so that even in the centre of one of the worst tragedies in human history our existence cannot be named, in a major institution, in a display about war crimes. I feel a rage that enlightens my being, rather than consuming it. My whole body feels its energy. I want to create and destroy.

I feel immense anger that an organisation that is supposed to be about healing and reconciliation (the Church of England) continually calls upon its workers to split their souls in the name of a twisted version of the gospels (literally, good news). That are not good news for those people but a sentence of soul harm or soul death (psychopathy). I want to scream and shout at the injustice that I have had to keep hidden and inside for so long. But it has been so long that my body has forgotten how to scream and shout. I am limp and lifeless and ineffective.

Until this is named, there can be no healing, no bringing together of the shattered shards of that broken soul for the organisation deliberately keeps those shattered parts apart: hidden, unnamed, in the dark.

Without the label, no healing can come about, because the injury sits without context of culture and society and parenting and diagnosis and morality and hurt.

The label acknowledges the hurt in words.

John Dray

It tells of a shared story.

It speaks of the scream that reaches from the depths of the soul and demands to tell of the impossible pain.

It is notable that, in group process, when demanded upon to reveal myself I found myself screaming uncontrollably.

This scream tells of an identity and ‘I’ that the rebellious adapted child had to put its life on the line to keep from being extinguished.

I did not choose the label of pink triangle, society forced it upon me and branded me with it.

At this time I choose to play with it creatively, and in the name of healing.

In the future, it may be a gift that I choose to give back.

As a mother gives back to her baby the emotions of her child, processed. So I may give back to society my labels, processed.

It is now 8:17 and I thought that I had finished.

Reading this back, I realise that I write stories with gaps. The gaps are there for people to fill in. The image I have at this moment is of a dad supporting their child in learning to ride a bike. The story is that support, that push, that gift of momentum. At some point the dad lets go. Not out of cruelty (one hopes) but to let the kid fill in the gaps. Sometimes the kid will fall off and graze their knee. Hopefully the dad will support the kid, and help them through their injury. Sometimes the stars will align and the kid will balance and pedal and experience the exhilaration of whistling through the air in self-propelled joy. They will experience autonomy, which may feel too fast, or too exciting, but with support the kid can do it… and eventually learns to cycle on their own. The whole world is a gap to fill (sounds a bit scary and void-like)… the whole world is a blank page on which to write their story (too expansive?). The child is in a sweetshop full of experiences (bit twee?). The child can choose any sweet

they want, or to make their own, or to do something else, entirely of their own choosing - the birth of the adult? And when they are given experiences that they do not choose their organism will adapt to try and ensure their survival.

Perhaps I leave gaps because others will fill them in differently to how I will and exploring those differences is part of my experience of being and a way of learning.

9:46

Oh! this is so incomplete and so imperfect! Will the gaps allow you to bring it closer to perfection?