Welsh Psychotherapy Institute

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Course- Advanced Diploma in Psychotherapy

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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.

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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 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

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

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.