
EDITORIAL

Since our inception we have had the concept of ourselves as an umbrella organisation of psychotherapists. In embracing different modalities, we look for our similarities, listen for our differences, and attempt to define the common core competencies of our profession.

The original practitioners came together for professional warmth – and we still do. We have been pioneering something special by resisting the tendency to factionalise and split that has characterised the profession elsewhere, and by maintaining this uniquely inclusive consciousness.

So it is with great pleasure that this year we have made formal connections with other professional psychotherapy bodies who are also constituted not upon adherence to a particular theoretical approach, but upon recognition of a broad commitment to psychotherapy practised in its various modalities. We are in contact with the United Kingdom Council for Psychotherapy which is attempting the bold task of drawing together the diverse strands of the profession in the UK. Similarly, the World Council for Psychotherapy held their inaugural conference this year in Vienna, where we were represented. The conference programme was remarkable for the diversity of presentations, attesting to the inclusive philosophy of the body.

This year our own conference hosted by Nelson invited us to contemplate the way in which as a profession we hold soul. This was an imaginative and not uncontroversial theme. Like the relatively recent naming of ‘integrative’ in psychotherapy, the theme will gradually develop philosophical underpinning, practical understanding, and clinical application, and I suspect that this year’s conference will be seen subsequently as having recognised an important developmental context in our profession. A number of the papers in the *Forum* arise out of the conference and base their enquiry around its theme.

Current large scale change and initiatives in the health system require us to develop clarity of initial and continuing assessment processes, to involve ourselves with emerging demands for brief focused therapy, and to be active in fields of research and outcome analysis. These are positive trends that we should welcome as part of our continuing dialogue about the Association’s admissions criteria and common core competencies in psychotherapy.

With all this we remember that central to our practice is relationship, the willingness to connect psychotherapeutically with others as they attempt to come to terms with their life paths. The view of ourselves and our clients we bring to this relationship is key. All professional enquiries need, therefore, to begin with our individual and collective consideration of the philosophical and clinical questions: Who or what is a human being; what is the activity of human being?

Peter Hubbard
Editor