Therapy Today

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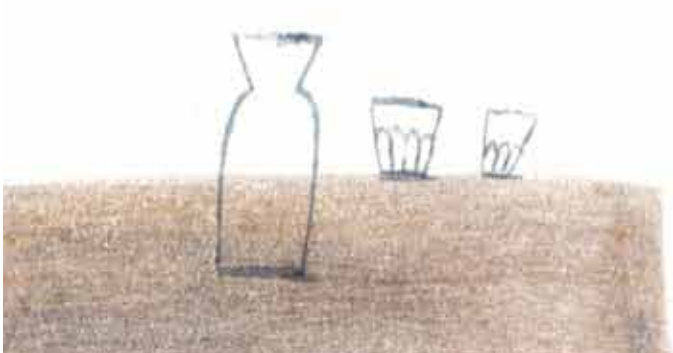

Therapy as fiction

An extract from Irvin Yalom's latest book

Which party gets your vote?

April 2015, Volume 26, Issue 3

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Editorial

Writing about counselling

Cover illustration by Laura Carlin

Irvin Yalom is probably best known to readers for *Love's Executioner and Other Tales of Psychotherapy*, first published 26 years ago. Yalom was one of the first to use fiction as a vehicle for sharing his experiences of the client/therapist narrative and he did it – as we all know – extremely well.

I felt slightly apprehensive when opening his latest work: now in his early 80s, might he be losing his touch? But once I got stuck into *Creatures of a Day*, not only did I find it hard to put down, I also found parts of it very moving, entertaining (like the client whose life is radically changed not by therapy but by Yalom introducing him to a household declutterer) and, as a trainee psychotherapist, extremely useful.

In training I always find that watching videos of expert practitioners working with clients is a really useful way to learn, and I think this is equally true of reading Yalom's fictionalised case histories. The appeal for me is the way he gives an honest and transparent running commentary of the process of each session, sharing very precisely his thoughts at key points as the therapy unfolds: the transference, self-disclosure, taking risks, feeling stuck, naming defences or resistance, bringing the relationship back to the here and now. Reading these accounts that so readily come alive through the intimate dialogue between client and therapist, I could easily imagine this book being adapted for the big screen. There are many dramatic moments where Yalom has only minutes left to say something helpful before the end of a session, as in our extract in this issue: 'Yikes. What a blunder to have tried this. I could hear the minutes clicking by... and felt pressed to salvage some part of our hour together.'

Two other therapists in this issue have interesting things to say about their different approaches to fictionalising counselling. Maggie Yaxley Smith chose to create a cast of fictitious clients who became increasingly real to her – to the extent that she actually took her fictitious clients to supervision with her former clinical supervisor. Chris Rose, who wrote *The Wednesday Group* for *Therapy Today*, similarly found that her fictitious therapy group members developed an independent life of their own. 'It is as important to let the writing breathe,' she writes, 'as it is to let a therapy group do the same.'

Sarah Browne
Editor

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'To say that money must change hands, however small the amount, is to buy completely into the notion that we only value what we pay for' *Paul Gordon (p4)*

'The market does not ensure that the better counsellors survive. It only ensures that those who are best at promoting and marketing themselves thrive' *David Goldstein (p36)*

'Few people in the profession are willing to engage in an open debate about the rights and wrongs of human touch in relation to working with clients' *Letters (p38)*

Your views

Behind the shades of grey

Jeanine Connor finds nothing romantic or erotic in *Fifty Shades of Grey*

I read book one of *that* trilogy when it was first published and shared my thoughts in a column in the December 2012 issue of *BACP Children & Young People*. At the time the general consensus was that the books were a 'good thing' because they revived sexual experimentation and this was seen as liberating for women in particular. I didn't read anything that questioned the protagonists' relationship, which I had perceived as dysfunctional and abusive.

Since the film's release there have been varying reviews, including psychosexual psychotherapist Julie Sale's critique in this journal last month, and so I'm taking the opportunity to revisit, and perhaps refine, the reflections I made previously.

Fifty Shades of Grey went on general release on Valentine's Day and is being flaunted as a romantic love story with beautiful actors having lots of erotic sex. Everyone remotely attached to the film has been interviewed and photographed looking sassy and gorgeous. Author ELJ has transformed her image from frumpy, middle-aged mum – 'Look, I'm just like you!' – to vampish sex kitten – 'Hey, you can be just like me!' All this has made me feel rather queasy. But my overwhelming emotion has been indignation at the widespread ignorance about themes touted in *Fifty Shades* – the books and the film.

The lead actor, Jamie Dornan, got his break in the television drama *The Fall*, where he played an athletic, sexy, charismatic professional, a counsellor actually, with a disturbing second life. So far, so *Fifty Shades*. His character was a predator who hunted beautiful young women before tying them up for his own sexual gratification. Again, very *Fifty Shades*. *The Fall* challenged the viewer's perceptions and caused us to ask, 'How can I be attracted to this man who I know to be depraved?' But when the character murdered the women he stalked, our desire turned to repulsion. I find Dornan's casting as Grey quite chilling.

For those who still don't know, Christian Grey is a handsome, charismatic billionaire who is partial to BDSM-style sex. He is a dominator, in and out of bed, who seduces virgin Ana with luxurious dates and expensive gifts. Smitten, Ana takes up the role of sexual submissive and relinquishes control of her life. Christian decides what she wears, who she sees and where she goes. We learn that Christian's sadistic desire is the result of childhood abuse – an ominous plot line.

I recognise the narrative from my work with victims of domestic abuse who tell me their partners want to have them to themselves. They are told to dress attractively to please him and are rarely allowed to see their friends. He earns and controls the money. Some women tell me it's romantic and chivalrous. I recognise too the justifications: 'It's not his fault, he had a terrible upbringing' and 'He does it because he loves me' – a displaced responsibility that saddens me.

Arguing that a relationship like Ana and Christian's is consensual is akin to saying that women who remain in abusive relationships and are beaten or those who dress provocatively and are raped are 'asking for it'. They are not; the culpability always lies with the perpetrator. *Fifty Shades* peddles a belief that women fantasise about being dominated by men. Some do, but there is a distinction between fantasy and reality, and it has become blurred. *Fifty Shades* has reached an adolescent audience, and so has the notion that women want to be physically and psychologically controlled by men. Jokes about domination, sexual abuse and rape have become mainstream. This film legitimises abuse. The sex is just a smokescreen. Take it away and you're left with manipulation, misuse of power, violence and exploitation.

Not old-fashioned romance but old-fashioned abuse.

Jeanine Connor MBACP works as a child and adolescent psychodynamic psychotherapist in private practice and in specialist Tier 3 CAMHS and is also a writer, supervisor and trainer. See www.seapsychotherapy.co.uk

What cost free therapy?

Offering low-cost or free therapy is about social justice, writes Paul Gordon

There has never been a properly resourced public therapy service in this country. Even the limited provision of past years is starting to seem positively generous these days, with the cuts in public sector funding. Yet the link between mental suffering – anxiety and depression especially – and the woes of austerity – insecurity, uncertainty, poverty – could not be clearer.

It was in this context that a number of us came together last year to set up the Free Psychotherapy Network (FPN). We support the provision of psychological therapies by the NHS but see little hope of a turnaround in the recent cuts to NHS services, and in particular the cuts to the open-ended talking therapies. We want to organise and work against the growing divide in society between the relatively well off, who can afford to have the private therapy of their choice for as long as they need, and people on low incomes, for whom the only choice on the NHS is, increasingly, two to six sessions of CBT and a long waiting list.

Like many therapists, I've always seen some people for low fees. This was a requirement of training – and rightly so; part of an ethos of social responsibility. But I have also found myself seeing people for nothing when even a little became too much. The first time this occurred Martin, my client, was reluctant to accept my offer, but I reasoned with him – and myself – that he could easily see me at the hospital where I was then an honorary therapist, or he could save himself the journey and continue to come to my home. I saw him for several years and his connection with me kept him alive.

Seeing people for free can be a dirty secret among therapists, so strong is the idea that paying a fee is somehow good for the client. I've never had a problem charging people for what I do, given that

it's how I've chosen to make my living. But to say that money must change hands, however small the amount, is to buy completely into the notion that we only value what we pay for. I've never experienced any difference in the attitudes of my clients according to how much or how little they are paying. And, of course, when people's circumstances change they have offered to pay.

Many organisations up and down the country provide low-cost or free therapy, but it seemed to us in the FPN that there was a role here, too, for individual practitioners. Our network is a recognition of a harsh social and economic reality and a modest proposal for how many of us could make a difference to people's lives. All too often, people struggling with psychological insecurity are also struggling with financial and social insecurity. Everyone, it seems to me, should have the right to the kind of emotional help they need.

The FPN is very much in the tradition of the low-cost or free provision that has been offered throughout therapy's history. Psychoanalytic clinics in Berlin and Vienna in the 1920s, involving people like Erich Fromm, Karen Horney and Anna Freud, offered help for children as well as adults. In Vienna the radical therapist Wilhelm Reich and his colleagues travelled in a van to the suburbs and rural areas, announcing their visits in advance and inviting anyone who cared to come along to discuss their sexual concerns.

Offering our services for free is not about charity – and nothing to do with bogus ideas about the 'Big Society'. It is an act of solidarity with people who find themselves in situations of emotional trouble and material struggle – a contribution to social justice.

At the moment we are a small, loose network, mainly based in London but with supporters scattered around the country. We want very much to be a national network, encouraging and supporting one another, and are inviting people who share our ethos to get involved. Please look at our website if you would like to know more about what we stand for and how to join, at http://freepsychotherapynetwork.com/

Paul Gordon is a psychotherapist and supervisor working in London

Why breast is the best start in life

There may be more to breastfeeding than PUFAs, says David Sherborn-Hoare

How many *Therapy Today* readers noted the study on the benefits of breastfeeding that featured recently in the national news? The study,[1] conducted in Brazil, followed up 6,000 babies over 30 years to compare the outcomes of those who were breastfed with those who were not. Some 3,500 of the original cohort were available for interview and took IQ tests at the end of the study period.

The study found incontrovertible evidence that, even when all the variables such as parental income are factored out, the breastfed babies grew up more intelligent, better educated and earning more than those who were given manufactured babymilk. The longer they were breastfed, the better their outcomes in adulthood.

The link between breastfeeding and intelligence isn't new, although the strength of this evidence may be. One of the researchers, Dr Bernardo Lessa Horta from the Federal University of Pelotas, attributes it to the long-chain polyunsaturated fatty acids (PUFAs) found in breastmillk, which are essential for brain growth. But he also commented on another potential factor – the relationship between mother and baby. 'Some people say it is not the effect of breastfeeding but it is the mothers who breastfeed who are different in their motivation or their ability to stimulate the kids,' he told the *Guardian*. Possibly, but what springs immediately to my mind are the benefits of secure attachment, which breastfeeding, to me, signifies.

I couldn't find much research on breastfeeding as a precursor of secure attachment, but the importance of breastfeeding as a signifier of a 'good enough' start are well referenced. Neurobiologist Daniel Siegel, in his *Pocket Guide to Interpersonal Neurobiology* (WW Norton, 2012) describes how '…early interactions with the mother directly shape the architecture of the growing brain and have lasting effects across the life span'.

We are the sum of our early life experiences. A baby is born; the reptilian amygdala knows fear (it is a protective predisposition), its first reaction is to search for a breast and, as Sue Gerhardt describes in *Why Love Matters* (Routledge, 2004), the mother 'is more able to inhibit her baby's stress response… cortisol levels remain low', and this is 'achieved through her presence, her feeding and her touch'.

How do we define a successful life? As an integrative person-centred counsellor I would say, 'To be the person we were truly born to be.' As I understand it, what stops us achieving our full potential is being left, during early life, with fear – a fear that pervades our relationships with self and others and stops us believing in, and so reaching, our potential. The closer, the more intimate the early relationship (that infant–mother reverie), the greater our sense that we have worth and are valued, the greater our confidence in our self, the better we are able to make 'healthy' decisions, and the more likely we are to achieve a successful life.

Secure attachment also creates the foundations for lifelong psychological resilience against the threats and vicissitudes of everyday life and for the ability to form lasting and healthy relationships.

Some women cannot, for various reasons, provide their baby with breast milk, and it is important to be sensitive to that. But the research seems to be telling us that breastfeeding does not just give the best protection against initial biological threats; arguably, it gives the best start in a life for the whole of life.

David Sherborn-Hoare MBACP Reg is an integrative, person-centred counsellor in private practice with a particular interest in the consequences of early life-derived fear. www.cheltenhamcounsellor.co.uk

REFERENCE:

1. Victoria CG, Horta BL, de Mola CL et al. Association between breastfeeding and intelligence, educational attainment, and income at 30 years of age: a prospective birth cohort study from Brazil. Lancet Global Health 2015; 3(4): e199–e205. http://dx.doi.org/10.1016/S2214-109X(15)70002-1

Schools counselling guidance

Guidance for all schools in England strongly encouraging them to make counselling available for their pupils has been published by the Department for Education.

The guidance, *Counselling in Schools: a blueprint for the future*, was written with input from professional bodies including BACP. It offers practical advice on how to set up and/or improve existing counselling services in the context of a whole-school approach to promoting mental health and wellbeing.

Schools in England are not legally required to provide counselling but the guidance states: 'Our strong expectation is that over time all schools should make counselling services available to their pupils.'

The guidance outlines different models of delivering counselling in schools, with examples of good practice, and emphasises the importance of employing qualified, registered counsellors and ensuring they have clinical supervision from qualified counselling supervisors.

BACP has welcomed the guidance. Karen Cromarty, BACP Senior Lead Advisor for Children and Young People, who contributed to the report, said: 'This report represents a watershed in the provision of universal school-based counselling in the UK. We are delighted to have played such an integral part in the creation of this extremely important and useful guidance document.'

Alongside the new schools guidance, the Department for Education has promised new guidance to help schools provide age-appropriate teaching on mental health problems, to be written by the PHSE Association and published in September.
http://tinyurl.com/p9coc22

IAPT therapists to be placed in Jobcentres

IAPT therapists will be placed in Jobcentres from this summer as part of the Government's drive to get more people off benefits and back into work.

The aim is to provide integrated employment and mental health support to claimants with depression and anxiety. The IAPT therapists will be employed by local IAPT services in addition to existing provision.

Eight joint Department for Work and Pensions/ IAPT pilot projects were launched last November to test whether combined IAPT talking therapies and Work Programme employment support achieve better return to work rates than employment support alone. They are not due to report until November this year.

The April budget also includes funding for some 40,000 Employment and Support Allowance (ESA) and Jobseeker's Allowance claimants and people being supported by the Fit for Work programme. This will be available from spring 2016.

MPs on the House of Commons Work and Pensions Committee have called on the Government to provide more support to ESA claimants. In a recent report they criticised the rapid rise in the use of sanctions against ESA claimants with mental health problems, which rose sharply from around 1,000 in early 2013 to 3,828 in September 2014. The MPs say sanctioning people who are furthest from the job market is likely to be counterproductive; giving them the additional, specialist support they are likely to need to meet their benefit entitlement requirements would have a better result.
http://tinyurl.com/ol6qxlk

Budget funds CYP reforms

The Government has allocated £1.25 billion in new funding over the next five years to implement the recommendations of the children's and young people's mental health and wellbeing taskforce, published last month.

Most (£1 billion) will go towards the introduction of waiting time standards for accessing CAMHS, which the Government says will increase the number of children getting treatment by 110,000 by 2020.

Another £118 million has been allocated to fund the full national roll-out of the Children and Young People's IAPT programme by 2018/19, to ensure all children and young people have access to talking therapies. The Department for Education has also given MindEd, the e-learning portal for counsellors and other professionals working with children, £564,000 from its Voluntary and Community Services grant scheme, to expand its content.

The CAMHS reforms will replace the current tiered structure with a triage model, built around the individual child's needs. Every CAMHS will appoint a named contact who can advise schools and GPs on what to do when a child needs help, and every school will have a member of staff with lead responsibility for mental health across the whole school community.

The aim of the reforms is to 'ensure no child is left struggling alone', said Care and Support Minister Norman Lamb.
http://tinyurl.com/lej6pej

Perinatal mental health funds

Chancellor George Osborne has set aside an additional £75 million over the next five years to improve the care of women who experience mental ill health during pregnancy and after the birth.

The announcement follows growing concern about the lack of specialist perinatal mental health care in many parts of the country. Perinatal mental health problems affect up to 20 per cent of women during pregnancy and the first year after birth, and 15 per cent have perinatal depression and anxiety, yet only about half are identified and even fewer get treatment.

A report published last month by the Centre for Mental Health called for urgent investment in perinatal mental healthcare. IAPT services should fast-track pregnant and new mothers with anxiety and depression, it says.

Falling Through the Gaps says the main barriers to women getting help are poorly trained GPs who are not giving enough time to listen to new mothers' concerns and lack of awareness among women, their partners and families. Women are also very afraid that their baby might be taken away if they reveal mental health problems.

Most women are offered antidepressants rather than talking treatments. This may be because GPs don't think there are specialist services available locally to help them, the report says. Those who did get psychological therapies found them helpful.

Lorraine Khan, Associate Director for Children and Young People at the Centre for Mental Health, said: 'When women do disclose, it is vital that GPs respond sensitively and work with them to get help quickly.'
http://tinyurl.com/oalwys2

Concern over complexity of couples counselling

Voluntary sector couple counselling services are seeing people with far more complex needs than is widely assumed, research published in *Counselling & Psychotherapy Research* journal suggests.

The research collected data on 54 families (60 adults and 15 children) seeking help from one Relate centre. The participants were asked to complete measures of family functioning at the start of the first counselling session. Their scores were then compared with data collected in a separate national study of CAMHS referrals for family interventions.

The comparison showed that Relate staff were dealing with levels of distress as high as those of families referred for help to NHS secondary mental health services.

Naomi Moller, Lecturer in Psychology at the Open University, conducted the research with her colleague Andreas Vossler, also at the Open University. She said: 'These findings might seem surprising, given the significant difference in intensity and practitioner training between family interventions in NHS secondary care and in the low-intensity Relate context. There's an assumption that the serious cases go to the NHS but in practice the waiting lists are sometimes very long, the entry criteria to secondary mental health care can be very specific, and some services may even exclude people they consider too difficult. The non-profit sector ends up picking up clients they aren't necessarily fully resourced to deal with.

'There just aren't enough resources in the NHS to deal with the complexity of problems with which families are presenting today.'
http://tinyurl.com/nb2h77j

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Lifetime costs of childhood mental illness

People who have had mental health problems in childhood lose more than £300,00 in earnings over their lifetime, a new study has calculated.

An estimated 4.3 million people in 1.8 million households have been affected by mental health problems during childhood.

Researchers at the UCL Institute of Education (IOE), the Institute for Fiscal Studies (IFS) and the Rand Corporation analysed data collected between 1958 and 2008 on 17,000 members of the National Child Development Study.

The long-term impact on family income far outweighed that of poor physical health, the analysis showed. There was also a clear income divide: the poorest children were least likely to get any help, despite higher needs.

The adults who had psychological problems in childhood tended to work fewer hours and earn less money and were less likely to be in work. They were also more likely to marry partners who earned less, if they married at all, and their quality of life often did not improve as they get older.

The children from the lowest income families were four times more likely to have psychological problems than those from the richest families. Yet 60 per cent of these children had never seen a psychologist.
http://tinyurl.com/pccczat

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Which party gets your vote?

With the General Election fast approaching, *Therapy Today* asks the five main political parties what they are offering counsellors and their clients

A General Election is a good opportunity to put political party candidates on the spot and ensure that the MPs elected to the next Parliament take their seats with some knowledge of the importance of counselling and mental health. And with 42,000 members across the UK, BACP is a powerful potential force.

If your local party political candidates come knocking at your door in the next three weeks, this is your chance to make them earn your vote.

We sent a questionnaire to the five main political parties: the Conservatives, Labour, the Liberal Democrats, the Green Party and UKIP, asking what they plan to do about issues that concern counsellors and psychotherapists. These are their varied responses (not all chose to respond directly to the questionnaire).

Conservatives

The Conservatives focused on the Coalition Government's record over the past five years, and the recent funding pledges (see News). These include the £1.25 billion package in the budget for children's mental health services; the £118 million for Children and Young People's IAPT, and the £75 million for perinatal mental health services.

With regard to access to talking therapies, they point to their past investment of £450 million to expand IAPT and the choice of therapies on offer. 'Our IAPT scheme has treated over 2.6 million people of whom over one million people have reached recovery.' Going forward they cite the Coalition Government's commitment to introduce access and waiting time standards and £90 million investment to ensure that 75 per cent of people referred to talking therapies will start treatment in six weeks and 95 per cent of people are seen within 18 weeks. 'Our investment will also give patients more choice as to the talking therapy that will best promote their recovery,' they say. The funding will also cover new waiting time standards for early intervention services for people with first episode psychosis.

They also point to the recent budget pledge to provide online CBT from 2016 to 40,000 Employment Support Allowance (ESA)and Jobseeker's Allowance claimants and claimants being supported by FIT for Work, and to place IAPT therapists in over 350 Jobcentres from summer 2015. 'This will help more people with mental health issues to get into employment by providing the necessary support.'

We asked all the parties what they would do to improve access to school-based counselling. The Conservatives would 'improve services for and perceptions towards mental health issues in schools'. To this end, they say, £1.5 million has already been promised by the Department for Education to pilot joint training for designated leads in child and adolescent mental health services and schools to improve access, and the Coalition Government also recently announced a £150 million spend to improve treatment and support for young people with eating disorders and those who self harm.

Green Party

The Greens are promising to 'increase overall funding for the NHS, including the proportion spent on mental health care'. Asked what they would do to address long waiting times for therapy on the NHS, they point to their Policies for a Sustainable Society, which call for 'further funding for the development of evidence-based therapies and for talking therapies to be made more readily available either in addition to or as an alternative to medication'. Their spring conference this year backed a motion supporting a target of 28 days from referral to first appointment. But, says Jillian Creasy, Green Party Spokesperson for Health and Social Care, 'I am personally against setting binding targets on the grounds that they can distort locally based planning and often lead to perverse arrangements designed to meet the target rather than the needs of the patient.'

Asked how the Greens would improve choice of therapies through the NHS, she replied: 'This is a good example of where insisting on targets and fixed pathways in the name of efficiency actually wastes time and resources. We need to allow therapists to make a professional assessment and choose the mode of treatment in genuine consultation with the patient.'

The Green Party would 'encourage schools to employ suitable employed counsellors and aim for health and educational services to be more closely integrated at local and national level'. On improving mental health care for children and young people generally, the Greens would 'put more resources into provision for the 0-5 age range, recognising that support for parents in the early years helps them give their children a good start in life and pays dividends later on in educational attainment and mental health'.

We asked the parties about workplace mental health and welfare to work policies. In the workplace the Greens would strengthen occupational health services but would also go further upstream. 'There has to be a mechanism for feedback to employers around work practices (workloads, poor management, bullying) so that the underlying cause of the stress is tackled. On a wider scale, too many people are working on zero hours contracts, in temporary jobs, or for very low pay, which is very stressful.'

The Greens would change how people with mental health problems are

assessed for benefit and supported into meaningful employment. 'Talking therapies will play a part, but the benefits system needs to allow people to return to work gradually over a much longer period than is currently allowed. Mental health problems can be very entrenched and returning to full health, including the ability to work, is a long, slow and often erratic journey. Employers have to be flexible, which isn't always easy for them, either. But above all, we have to expose and remove the stigma of mental illness.'

Labour

Labour are promising a £2.5 billion increase in NHS funding specifically to recruit more doctors, nurses and care staff. They will also increase the proportion of the mental health budget spent on children and young people.

They say the waiting time targets for therapy announced by the Coalition Government are already being met and that 'stretching and ambitious' targets are needed. They're aiming to phase in over five years a target of at least 80 per cent of referrals to start treatment within 28 days and for the same standard to apply to child and adolescent mental health services.

Labour are explicit that any expansion of IAPT should be 'in addition to the range of current provision of psychological therapies, and that evidence-based psychological therapies and treatments that are not part of the IAPT programme are protected and strengthened too'.

They want parity between medical and talking treatments: 'GPs too often reach for medication... we will amend the NHS Constitution to ensure that patients have the same right to talking therapies as they currently have for drugs and medical treatment. This will ensure psychological therapies are given the priority they deserve – and send a signal to commissioners about the importance of commissioning these vital services.'

Labour believes too many schools are not providing counselling for their pupils, which they say is an important preventative intervention 'that can stop problems subsequently becoming more serious'. They point to their existing commitment to ensure all children can access school-based counselling or therapy if they need it and say a Labour government will begin work on a timetable and strategy for delivering this, in consultation with health professionals.

On workplace mental health Labour 'would work with employer organisations such as the CBI and with trade unions to proactively promote the role of good employers in improving mental health. And we will support local authorities, health and wellbeing boards and local chambers of commerce in encouraging businesses to sign up to schemes to accredit employers for supporting mental health.' They will also continue the support for the Time to Change campaign in tackling stigma and discrimination.

On welfare to work they say, 'It is essential that people with mental health problems have access to specialist, evidence-based employment support where needed, with clear minimum standards set out for the support providers must offer.' They promise to commission a new specialist disability employment programme to support benefit claimants who are further away from work.

Liberal Democrats

As their Coalition Government partner, the Liberal Democrats can rightly claim at least equal credit for the achievements and funding commitments on mental health and CAMHS and school counselling listed above by the Conservatives. They, however, go further in their future promises.

They will increase spending on mental health by £3.5 billion: that's the £1.25 billion in new funding for children's mental health services over five years already announced, plus an additional £250 million per year in 2016/17 and 2017/18, rising to £500 million per year after that point up to 2020-21. This would include £250 million over five years for better services for pregnant women and new mothers with perinatal mental health problems; funding to establish new waiting time standards for people in crisis and for conditions like bipolar disorder, and much more funding for talking therapies for anxiety and depression.

The Lib Dems would 'work with NHS England to encourage local health commissioners to get patients access to a wider variety of NICE approved therapies. We are also reviewing training processes to see if we can enable existing counsellors to develop their skills and offer a wider range of therapies.'

On helping people with mental health conditions back into work, the Lib Dems point to the budget announcement about providing access to online CBT for jobseekers and stationing IAPT therapists in Jobcentres. 'Evidence shows that offering on-site support can improve outcomes for people with mental health issues, making it easier for them to get back on their feet.'

UK Independence Party

UKIP 'strongly believes that mental health issues have been ignored by the other parties and [is] determined that mental health should be considered as importantly as physical health'. They are promising an overall £3 billion uplift in NHS funding, including increased monies for mental health, which would 'improve and speed up access to treatment for both adults and children', including psychological therapies.

They say they are 'fully committed to parity of esteem for mental and physical health and will make sure clinicians take a "whole person" approach at all times'.

Specific commitments include a promise that all pregnant women and mothers of children under 12 months will have direct access to specialist mental health treatment 'on demand'.

Asked about helping people with mental health problems back into work, they describe the Work Capability Assessment as ' brutal and uncaring' and promise to 'put the powers of decision-making about fitness to work back in the hands of GPs who know a patient's full history and are therefore far better placed to make assessments'. ■

BACP has set up a special webpage on the General Election, with details about how to contact your local candidates and what to ask them. Go to www.bacp.co.uk/policy

Creatures of a day

In an extract from one of the chapters in his new book, *Irvin Yalom* recalls a session with a client that didn't go according to plan *Illustration by Laura Carlin*

Jarod entered my office and trudged straight to his chair without greeting me. I braced myself.

While staring out the window at strands of fleecy wisteria, he said, 'Irv, I have a confession to make.' He hesitated and then suddenly turned to face me directly to say, 'This woman, Alicia... you remember my talking about her?'

'Alicia? We've spoken a great deal about Marie, of course, but no, I don't remember Alicia. Refresh my memory.'

'Well, there is this other woman, Alicia, and the thing is... uh... Alicia also thinks I'm going to marry her.'

'Whoa, I'm lost. Jarod, back up, and fill me in.'

'Well, yesterday afternoon, when Marie and I met for our couples therapy session with your Patricia, the shit hit the fan. Marie began by opening her bag, pulling out a sheaf – a very large sheaf – of emails, highly incriminating emails, in which Alicia and I discussed marriage. So I decided I'd better fess up here today. I'd rather you hear this from me than from Patricia. Unless you've already talked to her.'

I was stunned. In the year I had been meeting with Jarod, a 32-year-old dermatologist, we had been focusing heavily on his relationship with Marie, his live-in partner for the last nine months. Though he claimed to love Marie, he balked at commitment. 'Why should I,' he said more than once, 'offer up my *one and only life*?'

Up to now I had been under the impression that therapy was proceeding slowly but steadily. Jarod had been a philosophy major in college and had originally sought me out because he had

read some of my philosophical novels and felt certain I would be the right therapist for him. In the first months of our work together he often resisted therapy through attempts to engage me in abstract philosophical discussions. However, in recent weeks, I saw less of that, and he seemed to have grown more serious and shared more and more of his inner self. Even so, Jarod's most pressing issue, his problematic relationship with Marie, remained unchanged. Knowing that it was futile to attempt couples work in an individual therapy setting, I had suggested a few weeks earlier that he and Marie see an excellent couples therapist, Dr Patricia Johnson, whom today, out of the blue, he referred to as 'my Patricia'.

How to respond to Jarod's confession? Several directions beckoned: his crisis with Marie, his having led two women to believe he would marry them, his reaction to Marie's breaking into his email account, or his comment about 'my Patricia' and the fantasies that underlay that. But all these things would have to wait a bit. I considered that my primary task just then was to attend to our therapeutic relationship. That always takes precedence.

'Jarod, let's go back and explore your very first comment: your statement about needing to make a confession. Obviously you've withheld some important things from our work, things that you speak of today only because you believe I'll hear about them from Patricia. From "my Patricia".'

Dammit, I shouldn't have added that last bit. I knew it would divert us, but it just popped out.

'Right, sorry about that Patricia crack. I don't know where it came from.'

'Any hunches?'

'Not sure. I think it's just that you seemed so keen on her and so effusive in your praise of her ability. Plus she is drop-dead gorgeous.'

'And so you thought there was something going on between Patricia and me?'

'Well, not really. I mean, for one thing, there *is* a big age difference. You said she was a student of yours about 30 years ago. I did some internet research and learned she's married to a psychiatrist, another ex-student of yours... so... I mean... uh... tell you the truth, Irv, I don't know *why* I said that.'

'Perhaps you may have wished it, wished that you and I were in collusion, that I, like you, was engaged in a problematic affair?'

'Preposterous.'

'Preposterous?'

'Preposterous but...' Jarod nodded to himself a few times. 'Preposterous, but probably true. I admit that when I walked in today, I felt exposed and alone, flapping in the breeze.'

'So you wanted company? Wanted us to be co-conspirators?'

'I guess so. Makes sense. That is, it makes sense if you're psychotic. God, this is embarrassing. I feel like I'm about 10 years old.'

'I know this is uncomfortable, Jarod, but try to stay with it. I'm struck by your word "confession". What does it say about you and me?'

'Well, it says something about guilt. About something I've done that I hate to admit. I avoid telling you anything that would tarnish your view of me. I have a lot of respect for you... you know that... and I very much want you to continue to have a certain... uh... a certain *image* of me.'

'What kind of image? What do you want Irv Yalom to think about Jarod Halsey? Take a moment and conjure up a scene in which I am attentive to your image.'

'What? I can't.' Jarod grimaced and shook his head as though to rid himself of a bad taste. 'And anyway what are we doing now? This all seems off the mark. Why aren't we talking about the important stuff – my tight spot with Alicia and Marie?'

'That, too. Shortly. But humor me for a moment. Continue with our discussion of my image of you.'

'Boy, I can really feel my unwillingness. This what you call "resistance"?'

'In spades. I know this feels risky, but do you remember my telling you at our first meeting that it was important to take a risk each session? Now's the time! Try to risk it.'

Jarod closed his eyes and turned his face toward the ceiling. 'Okay, here goes... I see you in this office sitting there,' he turned and, with eyes still shut, pointed in the direction of my desk at the opposite end of my office. 'You're busy writing, and for some reason my image drifts into your mind. This what you mean?'

'Exactly. Don't stop.'

'You close your eyes; you see my face in your mind and take a good long look at it.'

'Good. Keep going. And now imagine my thoughts as I look at your face.'

'You think, *Ah, there's Jarod. I see him...*' He seemed more relaxed as he sank into the fantasy task. '*Yes, that Jarod, what a fine fellow. So smart, so knowledgeable. A young man of unlimited promise. And so deep, so philosophically inclined.*'

'Keep going. What else am I thinking?'

'You're thinking, *What character he has, what integrity... One of the best and brightest men I've ever seen... a man to be remembered.* That kind of stuff.'

'He was now in such decisional crisis that I feared saying anything he might interpret as advice. I have known too many patients in such a state who provoke others, including their therapist, to make their decision for them'

'Say more about how important it is that I have this image of you.'

'Of *paramount* importance.'

'It seems like it's more important for me to have this image of you than for me to help you change, which, after all, is the purpose of your consulting with me.'

Jarod shook his head, resigned. 'After what's gone down today, it's damned hard to refute that.'

'Yes, if you withhold crucial information from me, like your relationship to Alicia, it *must* be so.'

'Point taken. Believe me, the absurdity of my position is all too evident.'

Jarod slumped in his chair, and we sat briefly in silence.

'Share what's passing through your mind.'

'Shame. Mainly shame. I was ashamed to admit to you that I might not marry Marie when you... we... put in all that hard work together after Marie's cancer diagnosis and mastectomy.'

'Keep going.'

'I mean, what kind of a prick leaves a woman who has cancer? What kind of man betrays and abandons a woman because she has lost one of her tits? Shame. A lot of shame. And to make it worse, I'm a doctor: I'm supposed to care about people.'

I began to feel some real sorrow for Jarod and spotted an impulse bubbling up in me to protect him from the wrath of his self-accusations. I wanted to remind him that his relationship to Marie was troubled long before she was diagnosed with cancer, but he was now in such decisional crisis that I feared saying anything he might interpret as advice. I have known too many patients in such a state who provoke others, including their therapist, to make their decision for them. In fact, it seemed likely to me that Jarod was covertly prodding Marie to make the decision to break off their relationship. After all, how did she discover those email messages? He must have unconsciously colluded with her; otherwise why hadn't he trashed and deleted that correspondence?

'And Alicia?' I asked. 'Can you fill me in about you and her?'

'I've known her a few months. Met her at the gym.'

'And?'

'Been seeing her a couple of times a week in the daytime.'

'Oh, can you give me a little less information?'

Perplexed, Jarod looked up at me, noted my grin, and smiled. 'I know, I know...'

'You must feel jammed up. This is an awkward and painful predicament. You come to me for help, but you're reluctant to speak openly.'

'"Reluctant" is putting it delicately. I absolutely *hate* talking about this.'

'Because of influencing the image I'll have of you in my mind?'

'Yes, because of that image.'

I pondered Jarod's words for a few moments and then decided on an unorthodox strategy – one that I had rarely ever used in a course of therapy.

'Jarod, I happen to have been reading Marcus Aurelius recently, and I'd like to read you a few of his passages that seem pertinent to our discussion. Do you know his work?'

Jarod's eyes immediately filled with interest. He welcomed this respite. 'Used to. I read his *Meditations* in a college course. I was a classics major for a while. But I haven't read him since.'

I walked over to my desk to fetch my copy of *The Meditations of Marcus Aurelius* and started flipping through the pages. For the past few days I had been reading and highlighting passages because of an unusual interaction with another patient, Andrew. At our session the previous week Andrew had expressed, as he had done so many times before, his anguish at spending his life in a meaningless vocation. He worked as a high-salaried advertising executive and hated such meaningless goals as selling Rolls Royce sedans to women wearing Galliano evening gowns. But he felt he had no choice: with advanced emphysema likely to shorten his productive work years, he needed the income to pay for his four children's college tuition and to care for his ailing parents.

I surprised myself when I suggested to Andrew that he read *The Meditations of Marcus Aurelius*. I hadn't read Marcus Aurelius for many years, but I did recall that he and Andrew had something in common: Marcus Aurelius, too, had been forced into a vocation not of his own choosing. He would have preferred to be a philosopher, but he was the adopted son of a Roman emperor and was ultimately chosen to succeed his father. So, instead of a life of thought and learning, he spent most of his adult years as an emperor fighting wars to protect the Roman empire's borders. However, in order to maintain his own equanimity, he dictated, in Greek, his philosophical meditations to a Greek slave, who entered them into a daily journal meant only for the emperor's eyes.

After that session, it occurred to me that Andrew was so diligent he would, without doubt, do a close reading of Marcus Aurelius. Hence, I had to reacquaint myself immediately with *The Meditations*, and I spent much of my spare time in the previous week savouring that second-century Roman

'When you're in trouble in a session, you can always bail yourself out by calling on your ever-reliable tool, the "process check" – you halt the action and explore the relationship between you and the patient'

emperor's powerful, poignant words and preparing myself for the next session with Andrew, whom I was to see shortly after Jarod.

This was all in the back of my mind when I met with Jarod and, as he spoke of longing for his image to flicker forever in my brain, I grew persuaded that he, too, might be transformed by some of the ideas of Marcus Aurelius. At the same time I doubted my own inclinations: I had on many occasions observed that, whenever I read any of the great life philosophers, I invariably sensed their relevance to many of the patients I was currently seeing and couldn't help citing some ideas or passages I had just stumbled on. Sometimes it was useful, but often not.

While Jarod waited, somewhat impatiently, I scanned the passages I had highlighted. 'This will take just a few minutes, Jarod. I'm certain there are passages here that will be of value to you. Ah, here's one: "Soon you will have forgotten all things: soon all things will have forgotten you."

'And here's the one I was thinking of.' I read aloud while Jarod closed his eyes, apparently in deep concentration. 'All of us are creatures of a day; the rememberer and the remembered alike. All is ephemeral – both memory and the object of memory. The time is at hand when you will have forgotten everything; and the time is at hand when all will have forgotten you. Always reflect that soon you will be no one, and nowhere.'

'And this one too: "Swiftly the remembrance of all things is buried in the gulf of eternity."'

I put down the book. 'Any of these hit home?'

'What's the one starting with "All of us are creatures of a day"?'

I reopened the book and read again: 'All of us are creatures of a day; the rememberer and the remembered alike. All is ephemeral – both memory and the object of memory. The time is at hand when you will have forgotten everything; and the time is at hand when all will have forgotten you. Always reflect that soon you will be no one, and nowhere.'

'Not sure why, but that one sent some shivers down my back,' Jarod said.

BINGO! I was delighted. Just what I had hoped for. Maybe this was an inspired intervention after all. 'Jarod, put other thoughts aside, and focus on that shiver. Give it a voice.'

Jarod closed his eyes and appeared to sink into a reverie. After a few moments of silence, I again prodded him.

'Reflect on this thought: *All of us are creatures of a day: the rememberer and the remembered alike*.'

Slowly Jarod, eyes still closed, responded. 'Right now I have a crystal-clear memory of my first contact with Marcus Aurelius... I was in Professor Jonathan Hall's class in my sophomore year at Dartmouth. He asked me for my reactions to Part 1 of *The Meditations*, and I posed a question that surprised and interested him. I asked, "Who was the intended audience of Marcus Aurelius?" It is said that he never intended for others to read his words and that his words expressed things he knew already, so to *whom exactly was he writing*? I recall my question launching a long, interesting class discussion.'

How annoying. How very annoying. How typical of Jarod to attempt to involve me in an interesting but distracting discussion. He was still trying to embellish my image of him. But over my year of work with him I had learned that it was best not to challenge him at times like this but, instead, to address his question directly and then gently guide him back to the issue.

'As far as I know, the scholars have felt that Marcus Aurelius was repeating these phrases to himself primarily as a daily exercise to bolster his resolve and to exhort himself to live a good life.'

Jarod nodded. His body language signified satisfaction, and I continued, 'But let's return to the particular passages I cited. You said you were moved by the one that began: "All of us are creatures of a day; the rememberer and the remembered alike."'

'Did I say I was moved? Perhaps I did, but for some reason it leaves me cold now. Honestly, right now, tell you the truth, I don't know *how* it applies to me.'

'Maybe I can help by recalling the context for you. Let's see, 10, 15 minutes ago, when you described the importance of my having a certain image of you, it occurred to me that certain Marcus Aurelius statements might be illuminating for you.'

'But how?'

How irritating! Jarod seemed oddly obtuse today – ordinarily he had such a nimble mind. I considered commenting on his resistance but ruled that out because I had no doubt he would have a clever rebuttal and it would slow us down even more. I continued to plod along. 'You place great importance on my image of you, so let me read the beginning of this one again: "All of us are creatures of a day: the rememberer and the remembered alike."'

Jarod shook his head. 'I know you're trying to be helpful, but these stately pronouncements seem so off the mark. And so bleak and nihilistic. Yes, *of course* we are but creatures of a day. *Of course*

'All of us are creatures of a day; the rememberer and the remembered alike. All is ephemeral – both memory and the object of memory. The time is at hand when you will have forgotten everything; and... all will have forgotten you'

everything passes in an instant. *Of course* we vanish without a trace. That's all pretty obvious. Who can deny it? But where's the help in that?'

'Try this, Jarod: keep in mind that phrase "The time is at hand when all will have forgotten you," and juxtapose that to the vast importance you place upon the persistence of your image in my mind, my very mortal, evanescent, 81-year-old mind.'

'But Irv, with all respect, you're not offering a coherent argument...'

I could see Jarod's eyes sparkling with the prospect of an intellectual debate. He was in his element as he continued, 'Look, I'm not arguing with you: I accept all is ephemeral. I have no pretence of being special or immortal. I know, like Marcus Aurelius, that eons of time have passed before I existed and that eons will go on after I cease to be. But how does that possibly bear on my wish for someone I respect, in other words, *you*, to think well of me during my brief time in the sun?'

Yikes! What a blunder to have tried this. I could hear the minutes clicking by. This discussion was eating up the whole session, and I felt pressed to salvage some part of our hour together. I always teach my students that, when you're in trouble in a session, you can always bail yourself out by calling on your ever-reliable tool, the 'process check' – you halt the action and explore the relationship between you and the patient. I heeded my own advice.

'Jarod, can we stop for a moment and turn our attention to what's going on between you and me? How do you feel about the last 15 minutes?'

'I think we're doing great. This is the most interesting session we've had for ages.'

'You and I do share a delight in intellectual debate, but I have grave doubts that I'm being helpful to you today. I had hoped that some of these meditations would shed light on the importance of your desire for me to have a positive image of you in my mind, but I now agree with you that this was a hare-brained notion. I suggest we just drop it and use what little time remains today to address the crisis you're facing with Marie and Alicia.'

'I don't agree it was hare-brained. I think you were right on. I'm just too rattled now to think straight.'

'Even so, let's go back to how things stand right now with you and Marie.'

'I'm not sure *what* Marie is going to do. All this just happened this morning, and right after the session she had to get back to a research meeting in her lab. Or at least that's what she claims. Sometimes I think she fabricates excuses not to talk.'

'But tell me this: What do you *want* to happen between the two of you?'

'I don't think it's up to me. After what's just happened, it's *her* call right now.'

'Perhaps you don't *want* it to be your call. Here's a thought experiment: tell me, if it were up to you, what would you *want* to happen?'

'That's just it. I don't know.'

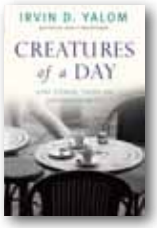
Jarod shook his head slowly, and we sat in silence for the last minutes of the hour.

As we prepared to end, I commented, 'I want to underscore these last few moments. Keep them in mind. My question is: *What does it mean that you don't know what you want for yourself?* Let's start from that question next session. And, Jarod, here's one more thought to ponder during the week: I've got a hunch there's a connection, maybe a powerful connection, between your not knowing what you want and your powerful craving for your image to persist in my mind.'

As Jarod stood to leave, I added, 'You have a lot going on now, Jarod, and I'm not sure I've been helpful. If you're feeling pressed, call me, and we'll find a time to meet again this week.'

I was not pleased with myself. In a sense, Jarod's confusion was understandable. He came to see me in extremis, and I responded by becoming professorial and pompous and reading him arcane passages from a second-century philosopher. What an amateurish error! What was I expecting? That simply reading Marcus Aurelius' words would, presto, magically enlighten and change him? That he would immediately realize that it was *his own* image of himself, his *own self-love*, that mattered, not *my* image of him? What was I thinking? I was embarrassed for myself and certain he left my office far more confused than when he had entered. ■

Irvin D Yalom is an emeritus professor of psychiatry at Stanford University and a psychiatrist in private practice in San Francisco. He is the author of many books, including Love's Executioner, The Gift of Therapy *and* Staring at the Sun.



'I was not pleased with myself... He came to see me in extremis, and I responded by becoming professorial and pompous and reading him arcane passages from a second-century philosopher'

Tales from the counselling room

Counsellor and writer *Maggie Yaxley Smith* describes how her characters took on lives of their own in her book of fictional case stories

I was excited about retiring from my job as the head of a university counselling service because I knew what I wanted to do next: I wanted to write about counselling.

For more than 30 years I had watched clients relax into and use the counselling process to find within themselves the strength to overcome a wide range of difficulties. On ending their counselling, many would say, 'I wish I'd come earlier.' I wanted to write something that would encourage more people to seek support before they became too entrenched in those out-dated survival strategies and limiting beliefs that many of us gather during our early childhood years.

I wanted to promote counselling as something very accessible, practical and supportive. In my experience, given an hour a week for five weeks with someone who has the training and experience to actively listen and mirror back a genuine acceptance of who we are, we are able to make better choices in our lives.

I didn't want to write a conventional self-help book. I wanted to show readers what really goes on in a counselling room. I wanted readers to experience the process of counselling as it unfolds. This is how my book *Finding Love in the Looking Glass: a book of counselling case stories* came into being. The book is mostly made up of dialogue between counsellor and client, with some physical descriptions, portraying what goes on in each of five sessions (including some assessment interviews) with three individuals and one couple.

I didn't want to write about actual clients. Confidentiality issues aside, I felt it would have been an intrusion into the lives of people I'd worked with. So, using both my years of working as a counsellor and my experience as a creative writer, I decided to create a cast of entirely fictitious characters.

The book describes a broad cross section of clients and presenting problems. Karen uses the counselling as a prelude to longer-term therapy. Michael is struggling to reconcile his career choice with his sense of who he is. David and Shirley, a married, heterosexual couple, are experiencing a seemingly unresolvable dispute, exacerbated by class and cultural differences. Lan Li has previously had psychotherapy and these five sessions, plus her assessment, prove to be enough for her to 'get back on track'. Two of the clients have had an initial assessment interview with a different counsellor, although their counselling sessions are with the same counsellor. Two of the clients see the same counsellor for their initial assessment and their counselling sessions because of the seriousness of their presenting problems.

Spontaneous process

These characters and their extended families became increasingly real to me, to the extent that, when I was reading the proofs of the book, there were moments when their pain and their joy caused me to become quite tearful!

The first client who presented themselves to me was Lan Li, a 20-year-old British Chinese student. She increasingly grew into herself as I began to write a detailed and in-depth biography of her, her family and upbringing and her likes and dislikes. She was typical of many clients with whom I've worked. She had experienced difficulties in her early teenage years; in her case, she struggled with anorexia. She'd been hospitalised and, at 15/16, with the help of psychotherapy, she'd recovered. Coming to university had triggered the old behaviour and, knowing that she'd found it helpful before, she came for counselling in her second year of study. As a young teenager she had, to some extent, decided to recover for her family; now it was time for her to decide to do it for herself. As I imagined the family that she'd grown up with they became as familiar to me as Lan Li herself. She'd had a special relationship with her grandmother, who she called Por Por, and this relationship continued to be important for her.

I didn't plan the dialogue or what exercises I would use. From the point when each client 'came into the room', the counselling process was as spontaneous as it would have been if I was actually counselling. I gave them some 'homework' but I never knew what the client was going to do or say next. I was guided by the characters that I'd created; they took over the process. What I didn't realise was that I would grow to love each one of them in a different way.

Michael, 25 and a trainee solicitor, grew more and more into himself as I wrote his detailed biography. I thought about what his passion was, what clothes he would wear, what food he cooked for himself and what music he liked. As his counselling unfolded I bore witness to his deep feelings of grief about his having made seemingly positive choices in his life that actually felt completely wrong for his 'heart self'. At one point in his counselling he brought to a session three pictures of himself: 'then', 'now' and 'if only'. It had been part of a homework that we'd discussed in a previous session. Obviously I'd drawn these pictures on his behalf, but they came to me so automatically that they felt entirely his and not mine at all.

'I didn't want to write a conventional self-help book. I wanted to show readers what really goes on in a counselling room. I wanted readers to experience the process of counselling as it unfolds'

The same thing happened with Lan Li, who wrote two poems. I wrote them, but they came through her character – a weird but humbling process.

At my first meeting with David and Shirley, their body language showed me that this was a marriage destined to become ink on a divorce petition. They had stopped listening to each other and were filled with a bitterness and frustration that was 'iced' with a veneer of being 'right'. They gave me a hard time, as many couples do when we have to hold and manage a highly contentious space in the counselling room. I chose to make some of their differences cultural, because this reflected many of the couples I've worked with over the years. This brought issues around diversity into the counselling process, which are explored in the sessions I describe.

Karen, a 39-year-old investment banker, was probably the most challenging of all and her work in the counselling became all about deciding whether or not her life was really worth living. When I began with her, I honestly didn't know if she would make it or not. She was a survivor of childhood sexual abuse and, after abusing herself first with dope and then speed, she had graduated to a cocaine addiction. Could Karen commit to the counselling?

How many times do we have clients who cancel several times and we know it's because their fear about exposing and reliving a particularly painful past can be almost unbearable. As happens in this case story, counselling can be likened to a kindergarten of therapy – a first step and a foundation stone to later and longer-term therapy.

The process of writing about counselling in this way was so real that I soon realised that I would benefit enormously from asking my former clinical supervisor, Brian Graham, if he would be willing to supervise my work with these fictitious clients. It felt exactly like counselling live clients: there were feelings that these clients brought up in me and times when I got stuck and wanted help to gain a clearer perspective and more of an overview of what was and wasn't working.

I believe that it is this supervision that has made the writing of the counselling process in these case stories more authentic. It was entirely as if these clients were real people. I would send off each case story to Brian and he would add his 'super vision' expertise to question, challenge and support me from a position of being 'once removed'.

The supervision was invaluable and at moments when I was too close to the subject it enabled me to question myself and understand the process as it was unfolding – both the writing and the counselling process. It helped enormously that Brian is also a writer of biography.

Supervision in my view supports and promotes our creativity and, in this writing project, I felt supervision provided a safe space within which I could explore this new way of counselling. ■

Maggie Yaxley Smith is a Registered Member MBACP (Snr Accred), a counsellor with 30 years' experience and now a writer. Her book Finding Love in the Looking Glass: a book of counselling case stories *is published by Karnac (2014). RRP £23.99. www.counsellingcasestories.wordpress.com*

Writing therapy: fact and fiction

Chris Rose reflects on the similarities between the processes of therapy and writing fiction as she bids farewell to the Wednesday Group

After three years, *The Wednesday Group* has finally come to a close. The last episode appeared online in November 2014. It began life in *Therapy Today*, then moved online to TherapyToday.net before establishing its own website, so it seems very appropriate to say my farewells back in this journal.

It was called *The Wednesday Group* because that was the one day when I had never run a 'real' group. The fictitious group did not comment on or refer to anything happening in my psychotherapy groups; it came from my imagination – an interesting but unidentified plant growing out of the compost heap of decades of group experience. Now the group has ended, have I learnt anything about groups, writing fiction and psychotherapy?

It is impossible to neatly separate my therapist self from my author self, and I can see that my style of writing the fictitious group has strong parallels with how I facilitate groups. They evolve. As I take my seat in a therapy group I may have some idea of what the group will want to discuss or know that there are certain issues hanging over from previous weeks. I may have in my head a recent supervision conversation or an event from my own life, but I very rarely turn up with a plan – and when I do it never turns out as I imagined.

It was very similar in writing *The Wednesday Group*. The shape of the encounter in both fiction and real life is determined by the interaction of the group members; as facilitator or writer I can influence but not control this. This might seem disingenuous; of course I can control the words that come out of a fictitious character's mouth – but if I want them to be believable, their words have to be consistent with what they have already said, how they have been described and their previous behaviour. They have to act and sound just like a real person, a real group member, in order to be alive on the page, or screen.

The only plotting or planning that I did involved creating a detailed personal history for each group member. I had to know where they came from, their families past and present, their significant relationships and social contexts. Without this sense of who they were before they sat down in the group, I couldn't imagine what they would be saying to each other. Once this work was done, I could sit back and listen.

What turned up on the page seemed to have an independent life. I think all writers would say that this is a given of writing fiction, but that does not diminish the power of being carried along by a character who has a will of their own. I have realised that it is as important to let the writing breathe and have its own shape as it is to let a therapy group do the same. Most of the time I am not trying to write about something; I am writing to discover what the something might turn out to be.

Finding a voice

One of the genuine delights in group work is to witness the gradual emergence of a group member into the shared conversation – 'finding a voice'. Groups demonstrate that silence speaks loudly, and some are reluctant to let go of that form of power. But turning long silences into interesting and entertaining reading can be achieved only to a limited extent. Thankfully, although this surfaced at points in the Wednesday Group, there was enough of the desire to communicate to keep the conversation flowing and meaningful. Despite its difficulties, this was a therapy group that was working. The members interacted with each other, came back week after week and built relationships with each other and with the group itself. They were engaged in the profoundly human process of learning, sometimes painfully, that we are who we are in the context of others.

Writing down the interactions between the characters enabled me to see in detail

the way in which a comment from one character invites, rejects, teases, irritates or flatters another – and then follow the effect that this might have on others in the group. It made me much more aware of the knitted fabric of group conversation as it emerged sentence by sentence on the page.

Underlying patterns inevitably shaped the interactions, and the bedrock of gender, social class, race, sexuality, disability and age all exerted a powerful pull on the conversations. It is easy to create stereotypes – the white, middle-class male, for example – but more challenging to bring this character to life within a therapy group. There is the paradoxical requirement to avoid stereotypes but acknowledge the presence of stereotypical behaviour in the group.

Group members were constantly trying to locate themselves within the group network. 'Who do I like, who is on my side, who is the enemy, who can I rely upon?' Envy, jealousy and competition flickered like flames around the circle, capable of leaping into life with disarming speed. 'Do they like me, fancy me, despise me, reject me? Why do they like her more than me?' We all do it in groups without necessarily being aware of it. Writing helped me hear it; hearing it helped me write it. Fiction and therapy are mutually sensitising.

Therapy and fiction

The episodes written about the facilitator's supervision provided another opportunity to experience this. As I wrote, all the same processes of real time supervision were taking place. I began to see the group from different perspectives and understand more about why things were said, what were the underlying issues, what wasn't being looked at, and so forth. The parallel universes of therapy in fiction and in reality have synchronised beautifully. Writing fiction has underlined and supported the therapy, and vice versa. Both are fed by the key ingredients of imagination, reflection and experience.

The overlap between psychotherapy and fiction seems to me to be considerable. Our clients bring us their stories and together we write new chapters, alter scenes and create different endings. It is this remaking of narratives, the story of who I am and who you are, who did what and when and why, who 'they' are and who 'we' are, that enables change to take place. As a therapist I am constantly seeing other possibilities in the scenes and narratives that are described to me; in my imagination clients can become liberated from the constrictions that bind them and begin to develop. If we set 'fiction' in opposition to 'truth', we have a rigid and limited vocabulary to engage in this remaking of narratives that underpins growth.

When a new member joins a therapy group, there is an opportunity for each member to revisit the story of 'why I am here', which of course is one way of trying to describe the self. Some members have a very rigid story, often positioning themselves as the victim of others or of misfortune, and hold fast to this narrative, despite a growing body of contradictory information derived from their behaviour in the group. If this dissonance cannot be acknowledged and worked with, the usual outcome would be for the member to find a reason to leave, and thereby preserve their own version of themselves and their world.

'The parallel universes of therapy in fiction and in fact have synchronised beautifully... Both are fed by the key ingredients of imagination, reflection and experience'

They have the truth, after all! Other, more fortunate members can wrestle with the contradictions and find an amended narrative that takes account of the new material. One of the other delights in group work is hearing a member explain to the newcomer that they came to the group for this or that reason but it is no longer important; now they have a different story, maybe still difficult but with new possibilities.

Of course I don't believe it is possible to ditch the original narrative and start a completely new page. The narrative has a social, historical and political context that powerfully determines certain actions and experiences, but therapy is predicated upon the belief that some change is possible. I like to think that the reader of *The Wednesday Group* can see shifts, however subtle, in some of the characters: that they can use their own imagination to see through the dialogue to the person and possibilities beneath.

Now the reader has finally appeared on this page, revealing the power behind the throne. They are essential partners in the writing process and have contributed more than they know to *The Wednesday Group*. We are all caught in a web of attachment; the group members are attached to the group but so too are the readers and the writer. 'You can't let this group end!' they say to me; 'What will happen to them all?' and in particular, 'What about Stevie?'

The story that I tell myself is that the group needs to morph into a radio or television series, doing for group therapy what *The Archers* was once supposed to do for farming. Then the relationships we have formed and the bonds that we have made can continue and develop through generations. Now there's a story. ■

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The Wednesday Group *can still be found at www.thewednesdaygroup.com*

Mindfulness and counselling

Simon Cole draws on his work with one particular client to illustrate how mindfulness can complement our counselling practice *Illustration by Laura Carlin*

Physicists have long searched for some fundamental algorithm or principle to explain the universe and how it works – in Douglas Adams' much-cherished words, 'the answer to life, the universe and everything'.[1] The answer, as more or less everyone of my generation knows, is 42. Which was meant to be a joke but, like all good jokes, captures an essential truth about humanity: our need to search for the truth behind 'the truth'.

How many times do our clients say to us at the end of therapy, 'Everything's the same but it feels different,' or, perhaps more tellingly: 'I was in such a mess, everything was hopeless, but I look back now and I ask myself, what was all that about?' Sheldon Kopp, in 1972,[2] asserted that, for the client in search of the secret to feeling OK with their life, the point of breakthrough is when they realise that the secret is that there is no secret. It seems that a psychological barrier has come between the client and their ability to live to their potential and we, as therapists, in turn posit an algorithm and mediate an intervention, which has the feel of smoke and mirrors but without the intent to deceive.

My purpose in this short piece is to offer a counsellor's perspective on mindfulness and its link with core elements of the therapeutic process.

So, why mindfulness? Isn't everyone and their granny jumping on that bandwagon these days? That's true, and so mindfulness is in danger of becoming its own cliché. I prefer the French version, '*pleine conscience*', which translates literally as 'full awareness', though neither capture the scope of Jon Kabat-Zinn's definition:[3] namely, 'the compassionate and non-judgmental awareness of the present'. For most of us, whatever our modality of therapy, the notion of 'being completely present', giving 'full attention to the here and now',[3] being non-judgmental, are foundation stones of our practice. We go further and say that if the client can themselves espouse such qualities then they will be more open to change.

In mindfulness terms, the present is all there is. Awareness can only be awareness of what is. Full awareness is the giving of our whole attention to *just* what is. But 'full' has some ambiguity: it indicates whole attention, but it also implies awareness of *all* that exists. This is where, as therapists, we might want to contribute from our own theories because we know that our client (like all of us) can only see what they are able to see. So part of a client's 'unmindfulness', what they are not able to see, would be a measure of their psychological difficulties. To ask, 'Why are we (all) not wholly mindful all of the time?' could be equivalent to asking, 'What are the remnants of negative and

injurious experience which we are still carrying and which mask the present?'

As counsellors we seek, by listening and observation and (perhaps) interpretation, to fill in the gap that lies between the client as they are and as they might be in their free existence. How we do this varies with our theoretical approach, but the premise is always the same – that to live free requires our realisation that our present in its reality holds nothing that need impede our step into the next moment's true present. It begs the question, 'What then can the present contain?', because we have feelings and emotions as well as thoughts. From the mindfulness perspective, a feeling is what it is, not the thought or sense of something that gave rise to it. The feeling endures, but the thought, whether it be reflecting, re-playing, rehearsing or imagining, passes with each moment. 'Full awareness' may include an awareness of a thinking/sensing process going on but (ideally) not the content of the thought.

Compassionate and non-judgmental

As counselling therapists we have a variety of ways in which we conceptualise psychological disturbance and a range of theoretical constructs that we use to connect these with the dysfunction that our clients manifest. They all have some common attributes:

- there is a dissonance between the client's perception of aspects of the world around them and the 'reality' of that world in terms of its intentions towards them
- the client's wellbeing is affected by this dissonance
- the client is more or less incongruent
- for all of us, our sense of our own being is an integration of all our experiences in the way that we have internalised them – our story becomes our self-concept
- to freely exist we must accept all that our story contains and respect the totality of the person who has evolved through it.

The first three of these would be impediments to full awareness, in the way that we as therapists would want to use the term, because they result in distorted relating and a lack of congruence. From the perspective of mindfulness, we would perhaps say that they need not be impediments if the client could still be aware of everything going on in the moment. However Kabat-Zinn's definition requires *compassionate and non-judgmental* awareness. Our acceptance must not contain attitude or distortion. We could express this another way and say that we must *respect* each moment for being part of our lives. In person-centred terms, this could be translated as giving unconditional positive regard to each moment (in effect to our lives), but here we need to make a distinction because, in the context of mindfulness, the regard would be unconditional but would be neither positive nor negative. Our respect is always a respect for the *existence* of the moment – any more would be to make a judgment. By extension, we must be able to respect *all* the moments we have known – all our story.

The last two of the common attributes point to the area that perhaps offers the greatest scope for cross-fertilisation. In the same way that we would say that we are in the moment, we would also say that the moment is in us. We cannot be without being in the moment. And the moment of our awareness is unique to us. That there is a world around us that is affected by us and we by it does not alter this. Our story recounts the journey and the arrival of the person we are now as autonomous actor in our present space. The notion of personal responsibility and empowerment, which is so vital to therapeutic process, is anchored in this designation of 'autonomous actor'. Mindfulness as a practice offers a parallel and supportive process to the therapeutic development of insight and understanding, without confusion or conflict with other theoretical paradigms. It does this because the awareness of all that is present in the moment contains this awareness of oneself in the moment.

I have used the expression 'freely exist'. I see this as a crossover term between the practice of mindfulness and the constructs of psychological therapies. In relation to the former, we would say that a mindful state, by focusing on awareness of everything that is present, frees us to be just here at this point. Part of our awareness might be discomfort or even pain – perhaps physical, perhaps ongoing – but in focusing on the present, seeing the pain itself as our immediate experience, we limit the extrapolation of the physical into the psychological, and thereby its escalator effect. (Hence the possibility of working with pain in meditation by intentionally approaching it, thereby intervening against the instinctive response of separation.) It is not that, from a mindfulness perspective, what happens is unconnected with what has happened just before but that we are allowing how it happens always to be a fresh experience and, in that sense at least, not to owe anything to what has gone before.

From the perspective of our work with our clients, we recognise that the purpose of psychological therapy is to enable them to develop a robust sense of themselves in order to interact with the world around them in a way that is effective and genuine and enhances their wellbeing. Our means to achieve

'Mindfulness offers a parallel and supportive process to the therapeutic development of insight and understanding, without confusion or conflict with other theoretical paradigms'

this may be to enable the client to develop insight and, through the experience of a genuine relationship with a therapist, find a new way of being in the world. It may be by uncovering the repetition of dysfunctional patterns of relating and thereby enabling the client to change them. It may be by the client's relearning of alternatives to out-of-date thinking patterns that lie at the root of their negative emotions and dysfunctional behaviour. From all of these will come a sense of being freed, a sense of greater space and greater ease, an unclenching that derives from feeling less vulnerable and being less defensive.

A therapeutic passage

Mindfulness and meditation are not therapy but they are therapeutic. Psychological therapy does not offer the release that comes from being at one with your world in the moment, but it assists in the dismantling of the barriers that we put between us and the world – or, rather, between us and ourselves.

With her permission, I offer the following illustration based on a client with whom I worked for two periods of four days each, on a counselling retreat in a residential setting. (Her name is changed, as are some details and the details are, of course, vastly abridged.)

Susan was an articulate, professional woman, married with a child, who came to me with an interest in, but only limited experience of, mindfulness and meditation. However she saw herself as coming on the counselling retreat at a time in her life when stresses, fed partly by immediate circumstances and partly by unresolved issues, were starting to significantly affect her relationships with family and friends.

During her first stay we worked on developing an understanding and an aptitude for mindfulness, and on conventional interventions for reducing stress and exploring how she habitually responded to stressors and the processes this involved. Our work with mindfulness in a variety of settings extended into short periods of meditation. Both gave her a means to achieve a more relaxed state more easily and opened up the possibility of being able to stand back in the moment of a stressful encounter and allow the space of a broader view to mediate her response. (It is one of the paradoxes of mindfulness that, while it is a focusing on the moment, or succession of moments, which you might think would limit the 'view', in fact the experience is of greater space, the opposite of being limited.)

Susan wanted to return for a second stay, believing that there was more to be done, and she did so a couple of months later. We broadened and extended our work with mindfulness and meditation and shifted the counselling focus to family relationships and in particular her relationship, or absence of one, with her mother. What was at issue was not the restoration of a relationship but Susan's release from that part of her self-identity that saw herself as grievously wronged. Her actions and her responses in her day-to-day life were coming from a self-concept that was overlaid with this resentment.

I have already referred to the need to be able to respect our story without that respect containing judgment. For Susan this meant being able to allow the bad things to have been bad things then, without *in this moment* needing to judge their perpetrator – a particular kind of letting go that in this instance needed the preparation of being able to be at one with the present for its own sake. An important part of the work were sessions developing a 'sense of' her and her mother, followed by meditations that allowed her to sit alongside this sense and let it be. Our final session was jointly choreographed with great care – looking forward can also be part of mindfulness. This led finally to our sitting in silence on a mountainside for almost half an hour, until she turned to me and said that it was over.

Ultimately our hope for our clients is that they are comfortable with the person they know themselves to be and feel confident acting in ways that are in harmony with that person and their needs. We might describe this free existence as not being limited by the presence of unresolved, archaic material or conditioning. But it also indicates a state of relative mindfulness and the absence of distractions that cloud the attention to what is now and distract the focus away from the present moment, from which the next moment must flow. In Susan's case, as she told me afterwards, it was the clarity with which she was noticing the changing detail of the view from our mountainside seat that brought her to that point where she could step over the line. ■

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'What was at issue was not the restoration of a relationship but Susan's release from that part of her self-identity that saw herself as grievously wronged'

Working with disability

Maggie Fisher reflects on how her physical disability affects her work with clients
Illustration by Laura Carlin

'The wound is the place where the light enters you' (Rumi).

Writing this article is my attempt to shine some light on the possible impact of my visible 'wounding' by multiple sclerosis (MS) on my relationships with clients and supervisees. I have always been encouraged by Jung's 'only the wounded healer heals'. As therapist and client, we have wounds.

I have been a therapist for over 25 years. I am integrative and work full time in private practice with short and longer-term clients, including teenagers. I also supervise therapists and healthcare workers. I had neurological symptoms over 30 years ago but was only formally diagnosed with MS about three years ago, after developing a combination of symptoms including some increased difficulty walking. I now walk with one or two sticks, depending on the distance and terrain. I have a number of therapies that help maintain my mobility. I see a therapist intermittently, and talk with my peer supervisor. I have a therapeutic will in place. MS does dominate my life somewhat, as it has to be constantly taken account of. How should I be taking it into account in my practice?

Society's attitudes to visible disability enter the consulting room with me and the client. What beliefs, implications and assumptions regarding disability are brought and constellated? Disability tends to be seen within the framework of dependency and inability (the medical model). It can also be viewed as a punishment for sin, or even as being contagious (the moral model). These attitudes are influenced by many factors, including myth, superstition and an able-bodied anxiety around losing body integrity. As a disabled person, one can also be viewed as courageous, saintly and empathic, or even ascribed intellectual or psychological gifts as compensation for disability (the tragedy model).

Some psychoanalytic thinking would suggest that a defective body leads to a defective ego and that a distorted self-image leads to a distorted image of the world. As a visibly physically disabled therapist, some of my woundedness is consciously or unconsciously there between me and the client from the first moment of meeting. It can raise all sorts of questions and thoughts in the minds of clients including (to name but a few):

- 'Are you well enough to do the job?'
- 'Are you physically and/or emotionally resilient enough to see me?'
- 'I came to you wanting to be taken care of – am I going to have to take care of you?'

Some, perhaps all, of these thoughts are around at some level for many clients who come into therapy with able-bodied therapists but they are possibly brought into more focus, unconsciously if not consciously, when the therapist is physically disabled. Before becoming disabled I tried to hold in mind the possible impact both of my emotional woundings and the fact that I am a large woman with, I am told, quite a strong presence. Becoming disabled has added a new, sometimes complicated, sometimes helpful dimension.

Disclosure issues

I could find very little in the literature about disability and the therapeutic relationship other than from the perspective of a therapist working with a disabled client. Quite a few articles address therapist illness and death. I found three articles written by therapists about working with a disability.[1-3] Of the three, only Chaudhuri[3] addresses the impact on the therapeutic relationship.

How should I deal with questions about my disability in the consulting room? I want to be authentic and take account of my disability but I don't want it to dominate, if this can be avoided.

‘Society’s attitudes to visible disability enter the consulting room with me and the client. What beliefs, implications and assumptions regarding disability are brought and constellated?’

The questions that have arisen for me around discussing it with clients include:
- who is the disclosure for?
- what is private – what is public?
- what do I need to take care of therapeutically – and with whom?
- what is enough information – and for whom ?
- what is too much information – and for whom?
- what should I leave to fantasy – and for whom?

How the information is handled can create a rupture in the relationship but it can also be a useful opportunity for therapeutic work. I have reviewed my caseload and do not think there is any increase in the rare instances of clients not returning for a second session or not attending or not being able to explore issues around, for example, their parenting, health or body image.

O’Connell,[4] in his study of disabled therapists, outlines two types of self-disclosure, which he names logistical and process-orientated. Logistical self-disclosure describes disclosure by disabled therapists whose disability has a practical impact on their work. Process-orientated disclosure is used to further the therapeutic process – to take account of the client–therapist dynamics or to model something. He proposes some useful guidelines.

With logistical self-disclosure, the therapist should:
- disclose early
- keep the disclosure brief
- differentiate function from history – disclose only what has a direct bearing on the work
- explain assistive technology.

With process-orientated self-disclosure, the therapist should consider if the disclosure is:
- client focused
- beneficial to the client
- relevant.

And ask him or herself:
- why am I making this disclosure?
- does my physical disability have potential at this moment in time to be useful?

Below I offer some very brief composite case examples that illustrate how I work with my disability.

Being there

A female client in her early 50s who was seeing me privately had returned to do a second piece of work with me after a gap of about a year, during which I had started to use a stick. It was snowing and she brought me a pair of shoe grippers. She handed them to me saying, ‘I bought a pair for myself and then thought you would find them useful.’ I was touched by her gesture and said so, and made no other comment. I was aware that she could be ensuring I would be there for her. I held in mind that her mother, who was not there for her emotionally, had MS for many years. Interestingly, at this time she worked on her relationship with her parents and found some healing.

A simple question

A long-term client who is also a therapist and with whom I have a good working alliance asked if she could ask me a question about my sticks. I invited her to do so. She said, ‘Do you have a condition that could result in you being in a wheelchair?’ I replied ‘Yes it could,’ in a straightforward way, and she nodded. I asked if she had more thoughts or questions and she said no. I said that, if ever she was concerned, I hoped she would feel able to ask. She said she thought that she would and has never asked anything else.

Healing humour

I saw a man for six sessions who, after surgery on his leg, walked with a stick. He had been on long-term sick leave and then been ‘let go’ by his company. He was having problems adjusting to his changed body image and physical capacity, his unemployment and his changed role at home. I noticed him noticing my stick when I opened my consulting room door for his first session. I said nothing and nor did he. When we ended he said as he left, ‘Thank you, it’s been very helpful. I have been able to befriend my stick.’ A few days before I had visited my mother-in-law’s partner who had dementia. He unusually made a spontaneous comment when I was preparing to leave. He said, ‘Don’t forget your wands!’ I told my client what had been said to me. He left his final session laughing. He wrote to me a few months later saying he no longer needed his wands, that he imagined I might always need mine and he hoped they would continue to cast some magic.

Oblivious?

A policeman who had been attacked in the course of his work and had needed surgery on his leg came to see me when he was using crutches. He had become depressed, feeling helpless and useless. He was obsessed with what he could not do and was very angry about what had happened and how it was interfering with his life. He appeared oblivious to my stick, worked through his anger and frustration and returned to work.

Not ill – disabled

A woman in her 80s arrived for her first session and before she had even sat down declared, ‘I obviously shouldn’t be here burdening you. You’re obviously ill.’ I suggested that she should sit down so we could talk about her concern. I told her bluntly: ‘I don’t consider myself to be ill. I view myself as disabled.’ She then said, ‘Oh well, then let me tell you why I am here.’ I continue to see her and some of what she has brought has been about caring for her first husband, the death of

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her daughter-in-law and the illness of her young grandson. She has made no further comment about my sticks and nor have I.

Anger management

A 14-year-old boy was referred to me for 'anger management'. In his second session he said, 'Don't you get pissed off with having to use that stick at your age?' I said that I did and that I could not change it and had needed to get used to it. I said I still got frustrated sometimes but I didn't smash windows. He laughed and said, 'OK, so how are you going to help me to cope when I get pissed off?' We worked together for 10 sessions and he now has new coping strategies.

Adjustment process

A young woman with breast cancer came to see me as she had been told she would need a mastectomy. In her second session she said,' I hope you don't mind me saying but you seem to be OK with needing to use a stick. I have wondered about that and how you cope with needing one.' I said, 'It has been a process and one that I sometimes still struggle with a bit, depending on the circumstances.' We were then able to talk more about adjustment being a process and some of that process being ongoing.

Feeling held

A trainee therapist who I have been seeing for supervision for several years asked me if I had MS. I said I had. I asked her what this meant for her. She said she felt this knowledge could deepen our work together. Later in our work she said my directness had helped her to 'feel held'.

Stability and falling

Very occasionally I fall, usually when I am multi-tasking or/and not paying full attention to my movements. I fell when I was with a long-term male client who is significantly anxious and has a very longstanding hoarding problem that he has begun to understand and work on practically. Before the falling incident he had not commented on my changed mobility. He was leaving the room and had his back to me when I fell. He then wanted to help me up. I said I was OK and would be able to get up. I asked him to see himself out. I telephoned him later to reassure him that I was OK. We had a brief conversation and he said he wished he could have done more for me as I had done so much for him. Over the next few sessions he acknowledged some anxiety that I might fall again at the end of the session. I acknowledged that we both had vulnerabilities and explained that falling for me was rare. I asked him if there was anything he wanted to check with me. He said there wasn't. Session endings have since settled down again – for both of us! Since my fall we have been able to talk about the stability that hoarding has given him and how getting rid of his piles of newspaper is de-stabilising him. We have used the metaphor of my stick to help us to find a way through.

Added attunement

Viewed through O'Connell's framework,[4] my disclosures are essentially 'process orientated'. Using this framework to reflect on how I manage my own disability and questions about it in my work, I would add the following to O'Connell's list of considerations:

- my intuition
- the nature of the relationship, my countertransference and attunement, whether they are a client or supervisee
- which inner aspect of the client needs to know – is it, for example their vulnerable child that is afraid I won't be able to look after them?
- whether the work is short or long term
- whether something in the client's material could be triggered – for example, might they have concerns about their body image, health or problems with tolerating difference
- the safety of the space
- the timing in the work.

In particular I consider the timing in the work to be of importance – the client needs to feel met and held.

In his study O'Connell found that disability appeared 'to have added more than is has taken away'.[4] Overall I feel that becoming disabled has added depth to my work; just as working when I am feeling vulnerable can make me feel more attuned to my client, I feel my MS has afforded me this too. As Erskine has said: 'Attunement goes beyond empathy. It is a process of communion and unity of interpersonal contact.'[5]

A colleague and friend whom I supported through her breast cancer treatment asked me early on if I had found any jewels in my experience of MS. At the time I felt a bit irritated, although I understood what she meant. I said, 'No, but I am looking out for them' I would now say that I have found many, of many different colours. She encouraged me to write this article. I thank her for that. It has helped me to work through some issues and shine more light on my wounds. I hope it will help shine some light for others too. I am now more able to wonder what may be enabled as well as disabled by my wounding. ■

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Separation and stuckness

Jim Pye discusses separation and its role in the turbulence of adolescent development

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The process of separation in adolescents' lives is central and crucial. It is possible to think of the hectic experimentation, the acting out, the turbulence of adolescence as the outward and visible form of the internal business of separation, of turning into an individual. Who am I to be? Am I to follow the map given to me by my parents? Will I rip it up and set off chartless? Will I refuse to be the kind of person I know they *long* for me to be – and, what's more, do I believe in that person? Do I trust my parents and my teachers when they seem to know who I am and who I am becoming? And as for my parents, I don't need them any more, do I? I wish they'd leave me alone; I wish they'd hurry up and die so I can get on with it... *Oh no, I don't really mean that.*

Erikson's[1] characterisation of the years 12 to 18 is that the adolescent task is to sort out 'identity' from 'role confusion'. However my memory of my reading when I researched the subject of 'invisible children' in the 1980s[2] is that Coleman's empirical findings[3,4] question the notion that adolescence is always a time of identity crisis. Coleman's work showed that the process of separation tends more often to be relatively painless. So it's important to remember that adolescent development does not have to be stormy, and separation does not have to be arduous.

But it can be. I was preparing to present a workshop at the 2014 School Counsellors Conference in Didcot, Oxfordshire and my task would be to prompt participants to think about separation and its relevance for school counsellors – who are specialists and experts in adolescent storm damage

and everything that can go awry in teenage development.

My thoughts then turned to parents, and teachers (their surrogates). Can they bear to let children go? Defending ourselves against the power of what we counsellors feel, we use distancing words like transference, and its awkward double, countertransference. But love – and its argument with hate – is our currency. As a teacher, I had been sad to say goodbye to pupils, even if I'd dreaded or abhorred them at times. And, as I pondered how best to design a workshop, it occurred to me that schools are in a difficult position when it comes to separation. Separation – calm or stormy – needs a certain ruthlessness: it's a triumph of the living over the soon to die. When my children tease me about my senescence, they're not just being affectionate, they're also practising the – usually benign – contempt that will make it easier to leave me behind.

Ruthless separation rehearsals

Schools are extraordinarily good at the tough business of loving their charges; but the corollary of their devotion is their vulnerability – to the many kinds of attack that adolescents will be compelled to mount as they flex their separation muscles. And because schools are also engines for the inculcation of civilised standards of behaviour, teachers often, unavoidably, have to counter attack and squash teenagers' ruthless separation rehearsals. What an extraordinarily difficult trick to bring off: to accept the psychological necessity of intransigent behaviour at the same time as containing it, and sometimes – with equal ruthlessness – imposing sanctions against its repeat. And all this must be achieved without giving in to the moments of hatred it is impossible not to feel while negotiating this complexity.

Adolescents' attacks, their so-called separation rehearsals, are likely to be more flagrant and demanding – or downright dangerous – if their family life is emotionally chaotic, neglectful or abusive. And separation, as a process, is likely to be deeply compromised if this is the case. As a therapist in a university, I often worked with mature students whose return to education was part of an unconscious drive to start life again after very destructive early experiences. Many of these students had left home fairly young, having escaped or been thrown out. But, more often than not, separation had only happened externally: they brought with them to the psychological hard labour of their return the internal parents from whom they now, at last, were trying to free themselves.

Preparing further for my conference workshop, I dipped into the literature, most of it American and online, about 'separation-individuation' in adolescence. The consensual notion in the literature is that it is a recapitulation of the task or stage that first takes place at toddler age. However Stern[5] contests this idea vigorously, claiming that a separate self exists from birth. As far as adolescence is concerned, I picked up a consensus, and an unsurprising one, that secure attachment predisposes towards successful separation. There was an interesting paper by Barrera and colleagues[6] that reports a study of 188 undergraduates and concludes that separation is likely to be more successful in families characterised by 'extreme emotional connectedness', which I took to imply family 'cohesion' rather than the *adhesive* parent-child relationships that, in my experience as a student counsellor, are liable to make for separation difficulty. This paper and others touched on the difficulty of generalising across cultures and ethnicities – let alone gender – when these matters are considered. But for the purposes of my workshop I decided to accept a rough-and-ready proposition about attachment, and I prepared a handout with quotes from Jeremy Holmes[7] that illustrated the three main attachment styles: avoidant, ambivalent and disorganised.

Cherished but not controlled

I did so because I decided to invite those attending the workshop to think about working with cases in which separation difficulty could already be discerned, or confidently predicted. My premise was that the 'cohesion' noted in the paper I just mentioned is likely to be characterised by relationships based on what Holmes describes like this: 'What I intend to convey... is... a non-possessive, non-ambivalent, autonomous, freely entered into attachment, in which the object is held and cherished but not controlled.'[8] Holmes calls this, somewhat confusingly, 'nonattachment', which, he says, 'transcends detachment in that it implies a separation from the object based on respect rather than anger or avoidance'.

I decided to invite my workshop participants to reflect on some cases in which the parental disposition was

very far from being like this, because I had worked again and again with students in separation difficulty – or separation crises. They were mature student clients such as I have quoted above, and younger students whose parents seemed incapable of letting their children go – who would ring and text them every day, for instance, out of their own need. They were clients who had been dealing for years with their parents' abdication, who had become pseudo-parents to their younger siblings or had been forced to serve narcissistic parental demands.

A fictional example of such a person illustrates this idea. Let's call him Steven. His mother and father divorced when he was five years old and he has been raised by his mother, a hospital administrator. Steven is now aged 20 and has two younger sisters aged 14 and 16. Steven loves and also deeply respects his mother, who has had to struggle against harsh odds. The father has been fickle, unable to offer much support of any kind and financially overstretched because he has two other children from his second marriage, also now ended.

Steven has always been a *good boy*, a hard worker. By the time he was 15 he was his mother's best friend and helper. She never needed a babysitter because he always obliged – the boy whose sense of duty meant that he never finished his homework, was often late, seemed sleepy in lessons and a little depressed, and whose A level grades fell just short of expectations.

Nobody could accuse his mother of asking too much of him: circumstances made their relationship take a certain form. But when he leaves home for university his mother's task is to let him go and thrive in his own way. She wants to do this but she's desolate without him. She has neglected her own needs and has had only brief, unsuccessful relationships since the father's departure. Bringing up her two daughters without Steven suddenly feels completely different: different and daunting. His presence made the four of them a family. His absence frightens her.

She rings and texts every day. Some of the texts try to be jolly and light but there's often a reference to a problem with one of the sisters, and she signs off the same each time: *Love you – miss you*. The texts might appear on his phone at 11 in the morning or 10 at night; she's always, always there.

Meanwhile Steven has his first girlfriend. He's popular. He begins to have a social life. He dreads the texts and calls, and hates himself for dreading them. Guilt gathers. His mother – unconsciously – knows what he feels, but cannot stop herself contacting him. She feels guilty too.

They're stuck: inseparable, glued together with guilt.

Separation fear

The opposite of separateness is so often 'stuckness'. At the workshop I read aloud James Joyce's story 'Eveline' from *Dubliners*.[9] I have loved this story for as long as I can remember. Eveline, 19, has a choice. Her mother is dead. Frank, her sailor boyfriend, is offering her marriage and a new life in South America. Will she accept him and escape her life as housekeeper to her controlling and sometimes violent father and surrogate mother to her younger siblings?

The father's power, his control and the sense of duty that enforces her subjugation are very strong, yet 'now she was about to leave it, she did not find it a wholly undesirable life'. The other impulse is equally potent: 'Escape, she must escape! Frank would save her…' She is in a separation crisis, and her development is in jeopardy. In the end her courage fails her; terror takes hold of her: 'All the seas of the world tumbled about her heart' – and the ship, with Frank aboard, leaves without her.

I asked the workshop participants to form groups and to transform Eveline into a case – a teenager who might appear in your room. Assume she's 15 or 16. Think of the critical features of her case – in particular, the nature of the relationship with the father.

What issues or problems might bring this girl to counselling? In particular consider the possible transferences that might arise – with other staff or students – and not least with you as counsellor.

As far as technique is concerned, what in your practice might be particularly important? What would you probably need to do, and not do? What might be particularly difficult?

And, I added, the chief question I want you to discuss is this: in what ways does identifying separation as an issue help your thinking, your self-supervision in this case?

It might have been interesting to record the discussion. It was vivid and almost hectic – suggesting the rapidity with which people identified this configuration: the controlling parent, the suborned child. In the plenary we discussed how difficult it can be to manage the strength of the relationship that might form with such a client. We acknowledged the need to recognise our own narcissism and to resist the seductive pleasure of being so dependably different from the parent in the case. We talked about the need for focus, for tight boundaries, and for strengthening the client's oppressed agency, ego strength and faltering ruthlessness.

Finally I read aloud from Michael Balint's great book *The Basic Fault*.[10] I have admired Balint ever since turning to counselling and psychotherapy in my 40s: his practicality, his wish for psychoanalytic ideas to be useful in the world beyond the consulting room. I also think his great distinction between useful and malignant regression is what I have needed to consider again and again in my work.

So I read my favourite passage. It's very short, about a young woman in her late 20s, still living with her parents. She is emblematically stuck: kept developmentally on permanent pause in the household of a 'forceful, rather obsessional, but most reliable father… [and] a somewhat intimidated mother, whom she felt to be unreliable'. She can't take a vital final examination; nor can she respond to any of the proposals from men who wish to marry her. We are told that 'her inability to respond was linked with a crippling fear of uncertainty whenever she had to take any risk, that is, take a decision'.

Balint has worked with her loyally for two years – loyal, perhaps, also to the primacy at that time of interpretation as the chief agent of change. When recalling this incident, he says: 'At about this time, she was given the interpretation that apparently the most important thing for her was to keep her head safely up, with both feet firmly planted on the ground. In response, she mentioned that ever since her earliest childhood she could never do a somersault, although at various periods she tried desperately to do one. I then said: "What about it now?" whereupon she got up from the couch and to her great amazement did a perfect somersault without any difficulty. This proved to be a real breakthrough.'

And from then on all is well; her independent life begins.

I love the somersault for its transgressiveness, its cheekiness as an intervention. I am part of a local group of therapists who are at the moment contributing to a UKCP-supported study of so-called 'moments of meeting': moments that transfigure a therapy suddenly and perhaps unexpectedly. Balint's impatience or frustration that prompted his manoeuvre possibly

'What the discussion of stuckness revealed was the need in effective therapy to take risks, to be active, to be creative – and sometimes to trust that what's needed is a somersault'

qualifies the somersault as just such a moment.

I also love the suggestion of such an enviably vast consulting room that it allows space for a full somersault. And – finally – I enjoy how typical the passage is of so much psychoanalytic literature in its neat deployment of a successful case that reads a little like a fable or fairy story, with the client left miraculously unstuck, in her rescued state, to live happily ever after. And with all such case histories, unverified by the patient, unsupported by other evidence, a voice always nags at me: 'Can we really be sure things turned out as well as this?' But, even as an exemplary fable, it is brilliant, unforgettable.

This, on my handout, is how I asked for discussion in groups to proceed, again asking participants to translate Balint's client into an adolescent girl. Assuming that this girl's dilemma is that she cannot separate and that her stuckness is the issue, Balint's intervention liberated this girl's capacity to act freely for herself, to take risks, to express herself. The somersault can be read as a symbolic act of separation:

- what would the relationship with the father have been like?
- what might lead such a relationship to create problems, or even a crisis, that would bring the girl to counselling?
- assume she has been with you for two sessions. Then there is a crisis. Invent one that involves other students and members of staff. What role can you take – remembering that in your two sessions you have already created a relationship with this girl?

And/or:

- think of a 'stuck' client – one whose story either does or might echo features of this girl's predicament. Briefly present the case to your group.

Again, I wish I had recorded the discussions in the groups and plenary because what became quickly clear is that school counsellors know stuckness as well as they know anything. It was as if stuckness is an adolescent condition, an ineluctable fact of adolescent life. What's more, everyone seemed familiar with predicaments like that of my invented Steven.

I sense now a further theme: of the embattled parent, struggling to keep financially afloat, perhaps depressed, perhaps dependent on alcohol... and unable to resist the temptation to rely on a teenage child. Such children flocked to the discussion: loyal, devoted, self-denying, dependable. Of course their different cousins were present too: acting out, pushed to extremes to unstick themselves. But it was stuckness that we discussed.

If there is one presiding idea or mission informing the yearly School Counsellors Conference – two of which I've now attended – it's that counselling in schools must at all costs avoid being tucked away in a special corner. Counsellors must relate not only to individual clients but also to the school, its staff and its life. And it seemed so clear that those who attended my workshop were themselves guided by this idea. It was hard to imagine them sequestered in their consulting rooms. Still less was it possible to imagine them falling into the great error of our profession– the belief that all we need to do is sit and listen. Because what the discussion of stuckness revealed was the need in effective therapy to take risks, to be active, to be creative – and sometimes to trust that what's needed is a somersault.

But that doesn't mean that boundaries cease to be important: just make sure your walls are far enough apart. ■

Jim Pye was a student counsellor until he retired in August 2014. His first training as a counsellor was psychodynamic. He trained later at Metanoia as an integrative psychotherapist and is UKCP registered. He has a small private practice as a psychotherapist and supervisor.

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Dual relationships in training

This month's dilemma

Val is a training therapist at a counselling institute where she also facilitates experiential groups for trainee counsellors. Steve, a trainee in a group that has recently come to an end, had shared in the group his experience of being emotionally abused by his father as a child. Val has since heard from Steve, who has explained that a situation has arisen with his current training therapist, Mike. Steve tells Val that Mike had encouraged him to participate in a retreat he was leading. Steve was reluctant but Mike persuaded him, saying he thought it would support the work they were doing in therapy. Steve has recently returned from the retreat and found the experience troubling. He doesn't want to return for further sessions with Mike and, having had a positive experience of Val from the experiential group, wants her to be his training therapist instead. What should Val do?
Please note that opinions expressed in these responses are those of the writers alone and not necessarily those of the column editor or of BACP.

Boundary incursions

Keith Silvester
BACP senior accredited integrative psychosynthesis psychotherapist, counsellor and supervisor, and former training director

There are some unexplained inferences in this dilemma. The first is that there is an automatic link between the emotional abuse suffered by Steve from his father and the relationship with Mike, the training therapist. Connected with this is the assumption that Steve's experience on Mike's retreat was a collusion or re-enactment of that abusive situation and was harmful to Steve. The third assumption is that Mike has crossed some crucial boundary by changing the nature of the therapeutic contract with his training client. Yes, we know that the experience was 'troubling' for Steve, but we do not yet know exactly why.

Val, the ex-experiential group leader, could easily be drawn into a drama triangle as a 'rescuer', and she should definitely be wary of this. It would perhaps be better for her to spend some time with Steve finding out what exactly has been troubling for him, without assuming that Mike is somehow to blame for the way he is feeling. If it turns out that a boundary has been crossed insensitively or inappropriately, then Val would be within her remit as a responsible trainer to encourage Steve to make some sort of complaint. But this would be a grave step to take in relation to a fellow professional. It would perhaps be better for Val to encourage Steve to work it through directly with Mike and try to resolve it as 'unfinished business' between them. Although this might be scary for Steve, the potential gains in terms of empowering him to confront Mike would be a real growing point.

Steve's request for Val to now become his training therapist also puts her in a dilemma. She does not need to take on this dilemma as her own, and it would be a good strategy to name and share it with Steve so that he recognises that he is putting her in this position. This would help Steve, as a trainee, to recognise that the world is complex and that responsibility for such complexity needs to be shared. In this way he might come to see that he is putting Val in a difficult position that happens to affect her professional relationship with Mike, and possibly the training institute.

> 'The assumed re-enactment that took place between Steve and Mike could be seen in an alternative way: as an invitation to heal the painful relationship between Steve and his father'

There is a further aspect that may be uncomfortable to those who see boundaries as sacrosanct: not all boundary overlaps or incursions need be boundary 'abuses'. Yes, Steve was emotionally abused as a child, but he is also an adult in training. The assumed re-enactment that took place between him and Mike could be seen as an invitation to heal the painful relationship between Steve and his father. Although it would appear that this attempt by Mike (whether conscious or unconscious) backfired in a harmful way for Steve, it could also be viewed as a challenge or opportunity for Steve to work through and go beyond that painful relationship with his father by getting closer to Mike.

The word 'abuse' is often assumed to refer to an absolute, objective and thus reified situation, creating an automatic and incontrovertible 'victim'. Yet in most cases when the word is applied it is relative and subject to how the experiencer construes the situation or takes part in an archetypal enactment of something happening. In this, Steve has some choice in the matter and could rise above it.

ILLUSTRATION BY LARA HARWOOD

Trainers should not also be therapists

Jo-Ann Roden
Psychotherapist and supervisor in private practice, secondary school counsellor and tutor at Re-Vision

Responding to this dilemma, my first thought concerns the training institute's training therapist policy. My sense (and this is grounded in the policy at the centre where I work as a tutor) is that training staff ought not to act as therapists (ie in a dual role) to current students of that institute. If this policy were the norm, then the dilemma would not have occurred in the form outlined here. Steve – presuming he is a current student of the institute – has approached Val, a current experiential group facilitator at the same institute, for training therapy. Even if Steve is not currently in Val's group, I'm imagining that Val will be in professional contact (ie in team meetings etc) with Steve's current trainers or group facilitators, and therefore there is the possibility of conflicts of interest and concerns over 'leaky containers'. The duality in the role would also bring the possibility of creating 'special' relationships with 'special' students and 'special' members of staff.

Second, turning to the situation with Mike, is he also a member of the training team at this institute? If so, then again we have the dilemma as above around conflicting roles etc. On top of this we also have Steve's suggested vulnerability due to his childhood abuse experiences. Steve was 'persuaded' by Mike (suggesting an imbalance in the power dynamic that was used to Mike's advantage). This would stand regardless of whether Mike was also a trainer at the institute, but it is certainly compounded by that, if it is the case. Here we find challenges to the BACP *Ethical Framework* principles of non-maleficence and autonomy.

My sense is that Val should meet Steve and, while empathising with his struggle, she should decline his request to be his training therapist, refer him to an experienced practitioner outside the training organisation, and then engage her staff group in a policy discussion about the boundaries of relationships between students and trainers. At Re-Vision we have a policy that states a one-year 'no go zone' for pre- and post-training therapy student therapeutic relationships. This is in line with UKCP standards and with BACP's *Ethical Framework* in relation to dual relationships. My sense is that this boundary is an important, utilitarian protective factor. If it were not in place, while harm may not come to all clients, it nevertheless would protect students (and trainers) from that particular potential.

Potential for breach of trust

Heather Dale
Senior Lecturer, University of Huddersfield, and therapist in private practice

As I understand this dilemma, Val is currently a trainer on Steve's course and has also facilitated an experiential group in which he has been a participant. Now he wishes her to take on a third role as his individual therapist. However, his relationship with his current therapist foundered when they entered into a dual relationship, so asking Val to do the same sounds as if she might be being invited into a psychological game that may well end badly for both of them.

A central therapeutic issue regarding childhood abuse is that it is a breach in the trust in the relationship between a child and an adult. While Steve is no longer a child, in some way that we are not told about Mike has breached the trust that he had with Steve. This may or may not be a rerun of the original abuse, but clients, particularly if they have been abused, can often feel violated in some way when a therapist has encouraged them to enter into a dual relationship, however benevolently intended.

Therefore, as his trainer, Val's first conversation with Steve should be to encourage him to discuss with Mike what has gone wrong between them. Steve is himself training as a therapist, so he needs to have learned how to discuss difficult relational issues in therapy. Given his childhood abuse, talking through his feelings with Mike may be an important part of the healing process, particularly if the early abuse has involved the keeping of a secret. If, having attempted to resolve the difficulties with Mike, Steve is still unhappy, only then should Val agree to him finding another therapist. If she does agree, she then has to decide whether to accede to his request to take on the role herself.

However, if she does accept his request to be his therapist, she must be aware that, like Mike before her, she will be entering into a dual relationship in which she will be both his trainer and his therapist. Steve has initiated this request, but I wonder what his unconscious motive might be, as he has already experienced a dual relationship that has gone badly wrong. While Steve

experienced Val as a good group facilitator, that may not translate into her being a good individual therapist for him. Val needs to be very careful about her motives, especially as she will presumably charge for this service, so it might be argued that she has a financial incentive for encouraging Steve to finish the therapeutic relationship with Mike and take that role for herself.

In addition, if it goes wrong, as it might well, then where will Steve turn? When his relationship with Mike went wrong, he very sensibly turned to Val as his trainer, but if she has both roles then the circle of trainer, supervisor and therapist becomes a closed one.

Maintaining clear boundaries

Divine Charura
UKCP registered psychotherapist and Senior Lecturer at Leeds Beckett University

The potential outcomes to clients of therapists' suggestions or 'encouragements', however naïve or well-intended, can be serious. In our recently published book, *An Introduction to the Therapeutic Relationship in Counselling and Psychotherapy* (Sage; 2015), my colleague Stephen Paul and I noted the importance of therapist awareness of transference and countertransference dynamics in the therapeutic relationship, as well as the ethical dilemmas that can result from therapists' suggestions, actions or behaviours that may lead to a re-stimulation of unresolved matters that brought the client to therapy in the first place. Therapists therefore need to maintain clear professional boundaries, follow relevant codes of ethics and practice and make full use of supervision.

In the dilemma posed in this scenario, Mike's awareness of the potential transferential dynamic between him and Steve, which could have related to his relationship with his father, is unclear. Mike's encouragement of Steve to participate in a retreat he was leading may have been genuine and well intended. However he should have considered the BACP *Ethical Framework*, and in particular the principles relating to ensuring the integrity of the practitioner–client relationship; being trustworthy and honouring the trust placed in the practitioner (fidelity), and the commitment to avoiding harm to the client (non-maleficence).

It could be considered that Mike, being in a position of power as the therapist, had encouraged his client to participate in something that benefited him as the therapist. The ethical guidelines of most counselling and psychotherapy regulatory bodies – BACP, UKCP, BPS etc – warn of the dangers of dual relationships arising when the practitioner has two or more kinds of relationship concurrently with a client – in this case, the dual relationship of client and trainee. It is clear that the existence of a dual relationship with a client is seldom neutral and can have a powerful beneficial or detrimental impact, which may not always be easily foreseeable. As such, the complexities that have resulted from Mike's behaviour can guide us in answering the question of what Val should do.

> 'If it's clear that what Steve reports as a "troubling experience" is indeed unethical practice, Val has a responsibility to report Mike's malpractice to his professional body'

Val should talk to Steve and help him to understand the 'troubling' experience of being on the retreat with Mike, and then she should encourage him to share his feelings with Mike. Steve has a right to end therapy with Mike if he then decides to.

From my experience of working in a university that offers therapy training programmes, training therapists are obliged to adhere not only to their professional registration body guidelines but also to the training institution's commitment to ensuring safe and competent practice. If it's clear that what Steve has reported as a 'troubling experience' is indeed unethical practice, Val also has a responsibility to report Mike's malpractice to his professional body.

Last, Val should consider carefully the question of whether to take Steve on as her client. It would be a dual relationship, which could impair her ability to be objective if problems arise that may not be foreseeable at present. It would be advisable for her to have a discussion with Steve about finding a different therapist. If it does become clear that the case is as presented, it would also be advisable for the counselling institute to consider removing Mike from their list of recommended training therapists.

May's dilemma

Anjali works from home in private practice in a house on a busy street. It has one parking space, which is used by her husband Nikhil when he returns from work. During the day those of Anjali's clients who drive to their sessions use the space to park their cars. Anjali has noticed that one of her clients, Deborah, sits in her car without moving for some time after her session, but she has not brought this up with Deborah.

Frequently Nikhil has returned home from work to find Deborah sitting in her car, and has had to find somewhere else to park, further down the road. One day, overcome with frustration, Nikhil confronts Deborah and asks her why she doesn't make any effort to move out of the space when she can see him waiting to park.

He tells Anjali what has happened. While he recognises the potential impact of his behaviour on Deborah, he feels that he was justified.

In her next session, Deborah does not mention the incident to Anjali. What should Anjali do?
Please email your responses (500 words maximum) to John Daniel at dilemmas@bacp.co.uk by 28 April 2015. Readers are welcome to send in suggestions for dilemmas to be considered for publication, but they will not be answered personally.

How I became a therapist

Molinda Thomson

It feels good to be sitting in my old croft house in Shetland, yet still able to connect with people from all over the world

During the break up of my marriage I went to see a therapist. It was a valuable experience and it made me keen to explore therapy further. I applied to do a counselling skills course at Aberdeen University but decided to do some voluntary work while I waited for the course to start in the autumn. The Volunteer Centre recommended GREC (Grampian Regional Equality Council). I'm a qualified librarian and they needed someone to sort out their small library.

That was in May 2000. I expected to be there for just a few months, and I'm still working for them now.

GREC was founded in the late 1970s when Vietnamese families arrived as refugees in Aberdeen and ever since it has been championing equality and human rights in the north east of Scotland. Among other activities, we offer casework, prejudice incident monitoring, health link working, equality training, interpreting, mediation, advocacy and counselling.

I continued to volunteer while I did the counselling skills course and was then offered a paid role to set up and run a small, specialist counselling service for adult clients who need more intensive support because of their experiences of discrimination and harassment.

I wanted to be able to counsel clients myself and applied to do a postgraduate diploma in person-centred counselling. I continued to run the counselling service and, once trained, saw clients on a voluntary basis both at GREC and at another agency, ACIS (Aberdeen Counselling and Information Service).

Unfortunately, the funding for the GREC adult counselling service ran out in 2010 and for the last five years I have kept the adult service running on a voluntary basis with the help of one dedicated volunteer counsellor, Riitta Jutila, using GREC volunteer interpreters if needed. We keep hoping that more funding will turn up.

My paid work now is for Me-Time, GREC's counselling service for children and young people who are affected by discrimination and/or harassment, which has been funded by Children in Need since 2010. The counselling is free and provided by professionally trained volunteer counsellors who are BACP members and have extensive experience of working with children. Lloyds TSB funds the CPD training and supervision. I work closely with the tutors on the diploma course at Aberdeen University. They recommend counsellors who have just completed the diploma or who are in their final year.

In 2006 my son went to university in Edinburgh and I moved to Shetland to care for my elderly mother. GREC agreed that I could continue my part-time job from a distance. Sometimes, working from home on a remote island can be a bit lonely but, mostly, I consider myself fortunate. Much of the work is done by telephone and computer – I spend a lot of time on the telephone to clients, counsellors, teachers, social workers etc.

'GREC offers counsellors the opportunity to engage with people from many different communities and to enter so many worlds different from our own'

I provided telephone counselling for a year to one client who was in prison. My own freedom was at the time severely restricted because of my mother's dementia. Our situations were very different but I do think that increased my empathy with him.

Distance working doesn't suit everyone. I like working from home but, ideally, I'd like to be closer to the office so that I could be there regularly. When I do go to Aberdeen I try to fit in as much as possible: meetings with staff and counsellors, training, socialising. I really enjoy feeling part of a group again.

But a lot of what I do is confidential work that isn't suited to a busy office. Working from home, I also have peace and quiet when I need to write reports and funding applications. Most of our clients prefer face-to-face counselling, so I have concentrated on finding good counsellors for the service and encouraging their development.

And it feels good to be sitting in my old croft house in Shetland, yet still able to connect with people from all over the world. I still feel close to people. My work is flexible so I can fit it around the rest of my life. Often the best time to phone the counsellors is in the evening because they are working during the day. Weather permitting, I often go out for a quick walk in the early afternoon. I lived in Aberdeen for 25 years and really enjoyed all that the city had to offer, but I always missed the wild seas that we get here in the winter. I find it helps me think through problems in my work.

I gain so much richness and diversity from my work. GREC offers counsellors the opportunity to engage with people from many different communities and to enter so many worlds different from our own. I feel privileged to be able to do it. ■

Molinda Thomson is the Counselling Co-ordinator for GREC's Me-Time children and young people's counselling service. See https://sites.google.com/site/grec2website/about

Letters

How do we define 'terrorism'?

I applaud Catherine Jackson's report on young people at risk of radicalisation (News Focus, *Therapy Today*, March 2015). It seems to me that it is not radicalisation that is the issue so much as the despair, anger, isolation and confusion that so often sit behind the beliefs that many young people then take on.

One of the most dispiriting aspects of many young people in this country today is their apparent political and social apathy. We need radical thinking, particularly among young people, and we need that radical thinking to be creative rather than destructive.

I also concur with the view that the cuts have a lot to answer for. There was always going to be a price, and that price was always going to be unpredictable. Is it a coincidence that the issues we see today have coincided with, among many other things, the disbanding of youth services across the country?

We are also told, by a government that I suspect is only too glad to have an identifiable enemy, that all terrorist acts, actual or potential, must be reported. I have a question therefore. I have three young clients, all of whom have told me they feel that they no longer need sessions since they have developed clear goals for themselves. One has found employment with a large pharmaceutical company; the second has announced that they intend to join one of the major political parties; the third has decided to join the army.

These decisions cause me considerable concern since these young people have told me that they intend to join the financial, political and military wings of the largest terrorist organisation on the planet – a pan-national web of inter-related governmental, corporate and military cells responsible for the deaths and enslavement of millions worldwide.

Who do I tell?

William Johnston

'The cuts have a lot to answer for... is it a coincidence that the issues we see today have coincided with the disbanding of youth services across the country?'

A life or death mission

I read Catherine Jackson's report 'What are they looking for?' (News Focus, *Therapy Today*, March 2015) with great interest but also with disappointment, as I think that the main problems were not addressed.

We live in a society where 'health and safety' has become so obsessive that some borough councils worry about children being hit on the head by conkers when playing outdoors near horse chestnut trees.

The Government's prevention of terrorism strategy, 'Prevent', is, I believe, woefully inadequate in that it fails to address the real issues behind the young person wanting something radical to follow, and it focuses once again on 'health and safety' issues.

The Prime Minister's latest suggestion[1] that parents should lock up their children's passports so that they can't run off to join ISIS is laughable and demonstrates a lack of understanding of the intelligence and the resourcefulness of the average young person. Safety issues have traditionally been the preserve of the elderly, and the young have always taken great delight in 'dare devil' activities.

Another factor is that the expression of our traditional religion in this country, Christianity, has in many cases become such a safe and mediocre option that there is nothing to inspire the young person (this includes my own three children). Young people need challenge, inspiration and exciting goals to aim for. I very much doubt whether offering a young person 'group identity with a T-shirt and a badge' is going to make the slightest difference to lessening radicalisation – I would imagine that many would feel patronised by the suggestion. A life and/or death mission, on the other hand, whatever it is supporting, is energising and exciting.

The question remains, how can we inspire our young people to be motivated and excited about their goals in other, healthier ways?

Jennie Cummings-Knight

Counsellor and lecturer.
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REFERENCE:

1. http://www.pressreader.com/uk/the-observer1702/20150222/281539404401783/TextView

Free market regulation

I was disturbed by the letter 'The marketplace will decide' in last month's issue of *Therapy Today*. David Sherborn-Hoare states that counselling is 'no different from any other business or market. The better counsellors in the business and marketplace of counselling will survive and there will be those who do not'.

First, I would hope that most counsellors do not believe that counselling is no different from any other business. For me, counselling is a vocation, a way of helping my fellow human beings overcome suffering and live a richer and better life. It has a strong moral and even spiritual core. Counsellors in private practice have to make their availability known to potential clients, and they have to earn a living, but there the comparison with 'any other business' ends.

Second, Sherborn-Hoare's almost religious faith in the marketplace is misplaced. The market does not, unfortunately, ensure that the better counsellors survive. It only ensures that those who are best at promoting and marketing themselves thrive. There is every argument for intervention in the 'free market' to seek to ensure that desirable outcomes ensue. Regulating and even limiting training courses in order to match the quality as well as quantity of trained counsellors to the needs of society, as well as a greater degree of honesty with applicant

trainees as to their prospects of earning a living as a counsellor, could save a lot of waste of human hope and effort.

Sherborn-Hoare shows little compassion for counsellors who do not 'survive', who may have spent years of hard work and thousands of pounds to qualify and may have the potential to be excellent counsellors but do not thrive in the harsh, competitive 'marketplace' that he seems to relish.

Third, I have noticed a recent trend in *Therapy Today* for people to write letters as a way of promoting an aspect of their 'business'. Sherborn-Hoare invites readers to 'communicate with me via my website if they would like some guidance for their business'. I doubt that he is providing a free service to help his 'competitors'. Please edit letters to remove all elements of advertising.

David Goldstein
MBACP (Accred)

Hidden domestic violence

As a therapist who has worked with both perpetrators and survivors/victims of domestic violence for a long time, I felt especially enthused and excited to see the recent articles on offering therapeutic interventions to perpetrators of domestic abuse (see Your Views and News, *Therapy Today*, February 2015).

For five years I worked in a setting where, by default, I saw a considerable number of clients, most of them men, who tentatively and gradually disclosed that they were perpetrators of domestic abuse towards their intimate partners or parents (mostly mothers), as a secondary matter, usually after two to three months of therapy.

A significant number expressed a sincere and consistent desire to understand and stop their behaviour and it seemed to me that over time the episodes and incidents reduced. They became more insightful about themselves and the roots of their behaviour and showed signs of developing greater capacity for empathy, and eventually it seemed the domestic abuse incidents ceased. Obviously this was self reported but we didn't have evidence or reasons to believe otherwise.

This changed for me when I started working with victims of domestic violence in a multifaceted domestic abuse charity. I worked here for four years and gradually began to see the challenges and risks associated with working with perpetrators when you do not have a thorough understanding, a relatively structured approach and psychoeducational programmes to complement one-to-one therapy.

The majority of victims whose partners were taking part in therapy sessions or general counselling (mostly mandated by a court or suggested by children's services as a solution) were still in deep fear of the perpetrators because the power imbalance and the control elements in their relationship shifted to other dynamics and continued, hidden in other corners.

There was an assumed expectation that the victims would feel grateful to their partner for seeking help to 'get better', which created an unspoken expectation of 'tolerance' towards occasional episodes of domestic abuse that was usually hidden by both parties from professionals involved, thus increasing dramatically the risk of violence.

As I was working in a multidisciplinary domestic violence team I had regular feedback from MARAC (multi-agency risk assessment conference) meetings. It was frustrating at times to be offered information that I hadn't asked for but I couldn't help feeling surprised that sometimes there were discrepancies between various organisations about the 'outcomes and improvements' seen in clients. For example, the perpetrator's support team (therapist, mental health key worker, probation worker) reported sincere engagement and good progress and the domestic violence team reported fewer or no physical or sexual abuse incidents, but they also reported a significant increase in controlling behaviour on issues like finances, clothes or enforced isolation etc.

'Trying to rely on collectable and measurable evidence... always has the risk that we measure effectiveness by what can be seen and evidenced easily'

Trying to rely on collectable and measurable evidence to develop and offer a service always has the risk that we measure effectiveness by what can be seen and evidenced easily or, worse, to meet funding criteria required by a non-specialist funding source.

It is important for we therapists to be fully present and understand and listen very carefully to the unique and individual dynamics that our clients bring to our sessions, *and* it is also crucial that we have a thorough and clear understanding of domestic abuse in all its manifestations and a good knowledge base, so we are able to hear what is not being said so directly and clearly.

It is essential for therapists to be open to the idea of having a more specialist assessment and an outcome framework that is specific to the harmful impacts of domestic violence, rather than using generic outcomes. By using a more specialist set of outcomes we can methodically support the development of an effective and safe therapy framework for both perpetrators and victims and work towards getting funding that allows us to offer this therapy to victims and perpetrators alike.

Domestic abuse can result in severe physical and psychological injuries or even fatality to victims and children, so it's crucial for us to get it right.

Naz Ghodrati
MBACP registered counsellor in private practice and domestic abuse training consultant

Understanding suicide

As a trainee therapist who survived a suicide attempt in the past, I read February's Dilemma ('Suicide: the client's right to choose') with interest. It seems to me that Michael, the therapist described in the dilemma, may have mishandled the therapy. As Jayne Godward writes in her response: 'He is

busy trying to give her hope... when what she might need is to look at the awfulness of her experience and at what the ideas about suicide really mean for her.'

I entered therapy long before I started training. At that time I needed a safe space in which to discuss re-emerging feelings of suicidal ideation. I was lucky enough to find this, without being urged towards hopefulness or positivity just to make my therapist feel more comfortable. It is one thing to help a client stop needing their suicidal feelings, and quite another to approach the situation as if the feelings are unreasonable. Uncomfortable and controversial as some may find this, it is not unreasonable to feel suicidal.

If a client is truly contemplating suicide, they are unlikely to be helped by a therapist who either panics or tries to rescue them or give them false hope. You can model hope for them, but you can't talk them into it. If you are busy trying to do that, you probably aren't managing to be with your client in the way that they need. My therapist expressed his own hopes for me in a way that conveyed empathy for the current situation without pressuring me to share them.

With any other issue it would seem inappropriate for a therapist to try to interrupt the client's feelings by attempting to give them hope instead of understanding why they feel hopeless. And so it is with suicide, frightening and uncomfortable and life threatening as it is. In my view any therapist who reacts like this when a client talks of suicide isn't really trying to find hope for their client, but for themselves.

Name withheld

We have to talk about touch

As I reflect on half a century engaging with others in the fields of education and counselling – as student, teacher, magistrate (including the children's panel), counselling client and professional counsellor – my experience has consistently been that few professionals ever pay more than a passing thought to the subject of

'How do we get the balance right, so that those in need of physical comfort can receive it as part of a caring, professional relationship, without risk on either side?'

physical contact in the course of their work. As part of training programmes, we necessarily 'touch' on it in relation to our understanding of health and safety policies and the application of the BACP *Ethical Framework* to the particular circumstances of the therapeutic relationship. But do we ever go deeper than this kind of response?

'I know you're not supposed to touch anyone at all, but who wouldn't give a crying child a hug, or a distressed adult at least the comfort of a human hand?' This is the response I have heard most often. Indeed, it was my response until suddenly one day I was summarily suspended from my job as a volunteer counsellor with a charity, pending a formal investigation into alleged 'inappropriate dealings' with a client. The investigation that followed, while necessary according to the perspectives of those initiating it, was singularly and without doubt the most traumatic experience of my life. Fortunately no further action was taken but the incident led me to think about the topic very hard indeed.

A few years on, now able to talk about my experience, it seems to me that, unless challenged to think about it in greater depth as I was, few people in the profession are willing to engage in an open debate about the rights and wrongs of human touch in relation to working with their clients. Because of this, many excellent counsellors may be at severe risk.

I invite you now to reflect on the subject of touch in relation to your particular work with clients by considering the following.

From your perspective as a professional counsellor, can you envisage any circumstances at all where you might consider it appropriate to have some physical contact with a client (for example, a hug, an arm round the shoulder, taking their hand)? What might be your intention? How might you justify your action if challenged – especially where there is only your word against that of your client as to the nature and purpose of the contact?

Consider the client's perspective: if the client initiated physical contact, what might be their intention? How might you respond? Would you be able to justify your response, and if so, how? If you initiated the contact, how can you be sure it is in the best interests of the client? No matter how long you have been working with the client, can you be absolutely certain that there is no incident in their past that may be triggered by your contact? Is physical contact ever in the best interests of a client? If so, how can you be sure?

If you had to make a rapid decision in the moment, would you be able to recall the exact wording of your regulatory body's policy about physical contact?

How does the wording of this policy apply to the individual circumstances of your work with each of your clients? How often do you consider this in supervision – do you do this as a matter of course?

Is more than one professional regulatory body involved in the work you do (for example, quite often schools buy into a counselling service, which means that there are several regulatory bodies involved, pertaining to the Department for Education, the school, the counselling organisation and the counsellor)? If so, are you sure that each organisation is aware of the others' policies and is satisfied that the policies concur? What perspective might each take on the issue of physical contact? What implications does this have for the safety of your client? Have you been trained properly on these organisations' respective policies?

What implications does the above have for *your* safety as counsellor? Do you ever consider it? On how many occasions do we, as professional counsellors, find ourselves so focused on the welfare of a client that we forget about our own physical, professional and emotional safety? What safeguards are in place to protect your safety?

Imagine that you are suspended pending an investigation into an allegation of inappropriate physical

contact with a client. You are required to produce a written statement. How might you feel and how might you begin to cope practically and emotionally with this situation? What would you do? Where would you turn for support? What if your supervisor is an 'in-house' supervisor (eg working for the charity you are engaged by) and you are forbidden to contact him/her until all the statements have been taken and examined? Consider this situation from both the position of a counsellor who would *never* allow any physical contact with a client in any circumstances and has a written policy to this effect, agreed with the client; then of a counsellor who would be happy to have some contact with a client under certain circumstances, or has no written policy on the subject, or has a written policy but no evidence that it has been agreed with the client.

In the above scenario, do you know what help your regulatory body is able to offer?

What is the role of your insurance company in this kind of situation? Are you aware of the exact wording of their policy on physical contact? How does this apply to your work with clients? Have you asked your insurance company whether there are *any* situations *at all* where they would cover you against claims or the costs of an investigation against you arising out of an allegation of inappropriate physical contact?

Are you aware of the fact that any physical contact is an assault, with potentially criminal consequences, unless it takes place with consent? How would you prove consent had been given if ever challenged? As we are seeing in the press, allegations can be (and are being) made some 30 or 40 years after the alleged acts took place. How good is your memory and how good are your records if you ever face such a situation?

In general, I feel that our society is becoming too scared to talk about touch and this fear is leading to a dichotomy. On the one hand, we live in a democracy where education is available to all and the media regularly reports recent neuroscientific research about the essential importance of human touch to us as social beings. On the other hand, we are living in a society that, until relatively recently, has been in denial about abuse in general – verbal, physical, sexual, emotional, financial, digital – leading to shocking media headlines engendering understandable feelings of fear in relation to human touch of any kind.

The implications of this dichotomy are alarming. Fear feeds on silence and leads to greater vulnerability. Do we really want to live in a society in which a class teacher, in order to protect their professional career, automatically raises their arms in the air to avoid any contact with a distressed child seeking comfort? The sad fact is that I have seen this happen; we are already living in such a society. Equally, do we really want to live in a society where a passing nod is given to the sexual abuse inflicted on our children and young people by celebrities and erstwhile respected members of our communities, as was the case in the past? How do we get the balance right, so that those in need of physical comfort can receive it as part of a caring, professional relationship, without risk on either side?

As counsellors, each of us bears a responsibility to be accountable for our own perspective (personal and professional) on physical contact. The simple fact is that it is not in my nature to refuse a hug to someone who requests and, in my professional opinion, needs one. Sadly, my experience is that it no longer feels sufficiently safe to continue to practise as a counsellor in a culture that I have experienced as unsupportive and distrusting of professional judgment in relation to touch. Whenever an allegation is made, it seems that the counsellor is presumed guilty unless they can prove their own innocence. If you admit that the contact took place, you are in an even more difficult position in proving your motivation, while everyone around you – even those who you believed were there to support you – seems to assume the worst and turns their attention to protecting their own position and that of their organisation. You become instantly 'dispensable'. Moreover, it seems that nobody, including and *especially* the profession of counselling, seems willing to talk about touch (the need for it and how to dispense it safely). Are you?

Nicola Davison
BA (Hons), PGCE, JP, PGDTC

'The election presents an opportunity for us to press home the importance of the highest level of safe practice and the standards that need to underpin it'

Accreditation and regulation

Letters and articles in the February and March *Therapy Today*, including my own, indicate a continuing interest and concern about key issues: the private practice market and post-qualification development pathways.

Sandra Hewett points out the high need but weak demand for private therapy, and suggests that BACP should focus less on research and more on driving up demand by, for example, communicating with GPs. The BACP Private Practice briefing *The Contribution of Private Practice Counselling* [see bacppp.org.uk] is a good start but I understand this has not yet been widely disseminated. (How many members working in private practice actually belong to BACP Private Practice?)

Val Owen-Pugh and Nick Jewson presented a very useful analysis of the challenges facing newly qualified counsellors ('Post-qualification paths to expertise', *Therapy Today*, February 2015). Their interviews showed that only in retrospect could there be an appreciation of the loss of 'holding environment' and how much more there is to learn following initial qualification, vindicating my own points about the risks and isolation of prematurely entering private practice.

I have been dismayed by the lack of awareness of client safety and commitment to incremental learning and education shown by recent correspondents, having found similar on a social media discussion forum. In some quarters there is even disrespect for BACP and cynicism

about accreditation. While I commend Karen Brewster ('Making the work come to you', Letters, *Therapy Today*, March 2015) for the thought and commitment she's put into her career, I find it worrying that she prioritises marketing training above accreditation, when these are not at all comparable and not mutually exclusive. CPD is mandatory and hugely important but it is not the same as accreditation, which involves high-level learning and reflection *over time* – the fact that it cannot be rushed contributing to that learning.

More worrying is David Sherborn-Hoare's *caveat emptor*/survival of the fittest stance ('The marketplace will decide', Letters, *Therapy Today*, March 2015), which totally misses the client safety aspect. While I agree with his points about autonomy, counselling is *not* a business or market like any other. Medical training is organised so that successful candidates end up with a post, preventing over-production of doctors at source. I would argue that, since it's people's minds we're working with, similar standards should apply to this profession – control of training and regulation of counsellors and therapists, starting with mandatory accreditation. While it's a step in the right direction, we should not pretend that the Register is a solution, especially given its failure to effectively distinguish between the Register, which is accredited by the Professional Standards Authority, and its registrants, who aren't necessarily accredited by BACP, easily leading to client confusion.

While BACP's General Election briefing is helpful, it omits any mention of counselling and therapy regulation, which is surely what we should be asking candidates about. We also need to avoid the specious argument that regulation and accreditation do not prevent malpractice: that is not a reason not to commit to them. The election presents an opportunity for us to press home the importance of the highest level of safe practice and the standards that need to underpin it. We should take that opportunity – it won't come around for another five years.

Roslyn Byfield
MBACP (Accred)

'GPs, with their waiting lists, need to be able to refer to us in private practice. We need to be seen as a valued part of a wider multidisciplinary team within the community'

Whatever next?

I am frankly appalled by the publication of Fiona Goodwin's article on the therapeutic benefits of *ayahuasca* ('Healing with plant medicine', *Therapy Today*, February 2015).

Given the current climate there has never been a more important time for BACP to retain standards and professionalism. An article praising the benefits of a heavy duty hallucinogenic is something that I would expect in the 1960s edition of *Therapy Today*, not 2015.

Whatever next? An article praising the benefits of LSD, MDMA and Prozac?

While not being totally closed to the therapeutic benefits of chemicals, especially when accompanied by bass-laden music, I do not feel that this article has any place in the journal.

Michael Montgomery
Editor's note: The views expressed in the article were the views of Fiona Goodwin, not those of Therapy Today *or BACP.*

Marketing support

I would like to support the issue Sandra Hewett brought up in the February issue of *Therapy Today* ('Less research, more marketing', Letters). The mention of marketing struck a chord as I debated paying £72 again recently for being listed in the BACP Directory. Since I started my private practice in 2012 I have yet to receive a single client through it. I get the same answer from colleagues. Other directories are miles ahead and bring me a constant stream of clients.

We need BACP's marketing support, as Sandra rightly says. GPs, with their waiting lists, need to be able to refer to us in private practice. We need to be seen as a valued part of a wider multidisciplinary team within the community. I sometimes feel I am single-handedly keeping GPs' patients alive as they wait months for a referral for six CBT sessions, weeks after I and my supervisor have dealt with their latest suicidal crisis. This responsibility alone needs to be properly and respectfully remunerated. We can then decide if we choose to take clients *pro bono* or at a reduced rate. Which other industry, indeed, has that voluntary, built-in ethos once practitioners are qualified?

I do however support BACP's research as we benefit enormously from the acquired know-how and I am sure I am not the only one who thought Professor Tim Bond's recent webinars on the *Ethical Framework* were outstanding. Also it shows the commitment of our organisation to be outstanding in its field, which in turn will lead us to be taken seriously. With Dr Hadyn Williams at the helm as CEO, this is the time.

Wendelien McNicoll
Registered Member MBACP (Accred) counsellor and supervisor.
www.whmcounselling.co.uk

Commissioning.GP website query

I was recently approached by a sales representative of Commissioning.GP website and agreed to pay for two years to be listed under the Allied Healthcare Professionals National Register at a cost of £249 + VAT. They have guaranteed to refund the whole of my first year's payment (£199 + VAT) if I do not have at least 100 referrals from GPs within the first year. They cannot of course guarantee that these referrals convert into clients. I have given them information on my skills, training and experience to put onto the website.

I decided to sign up for it partly because of their guarantee of a refund (which is in their contract) and because a colleague/friend who works in three Oxford GP practices said that this is the way that counselling services are going in GP practices.

I cannot check that I am on the website as they tell me that only GPs have access

to it. I saw my GP today and he's never heard of this website. He googled it and agreed that it looks legitimate. But he couldn't check if I am on it as he would have needed a password.

If any other practitioners have experience of this website, please can they contact me at deliatb1@gmail.com

Delia Taylor-Brook
UKCP registered psychotherapist and counsellor

We need good ideas *and* science

Sometimes I feel that irrationality about science is wilful, but I know it really can't be. What is the psychological root? Phrases like 'randomised controlled trial' set off an instant, thought-numbing suffusion of emotion in many a therapist's brain – a fight-or-flight response I suppose, but I really don't get why.

Andrew Reeves (From the Chair, *Therapy Today*, March 2015) met a medical consultant who said 'that the greatest advances in physical healthcare came through the process of imaginative thinking, of risk taking, of believing, of collaboration, of pushing boundaries – no RCTs anywhere to be seen'. That, of course, is completely true; but how could anybody believe that an RCT is a tool for having a good idea? An RCT is a tool for checking whether an existing good, maybe brave, bold, imaginative idea works in practice.

To support what Andrew's medical consultant said to him, and also to show the appropriate role of rigorous evidence, may I give a couple of examples?

A doctor in India, faced with three cyanosed (ie blue) babies almost certain to die, had the brilliance and the imagination and the guts to try giving them Sildenafil (Viagra).[1] There were physiological and pharmacological reasons to believe this might work, but this novel use of the anti-impotence pill was unlicensed. There was outrage; he was heavily criticised. However it works, as subsequent RCTs have confirmed. This important medical advance started simply as a daring idea conceived as described by Andrew's consultant, but it needed rigorous testing to confirm its validity.

Another doctor in Europe had another good idea: giving a beta-blocker drug before surgical operations to reduce post-operative mortality. The principle seemed sound but rigorously collected evidence has shown that the effect is quite the opposite:[2] this procedure has killed thousands of patients.

So some good ideas work, some don't; the RCT is one tool to find out which is which. The subjective 'Aha' feeling on having the initial good idea is probably just as beautiful in either case.

And I don't know why Andrew thinks he lacks evidence that cooking gives him pleasure. The temporal conjunction of his time in the kitchen with the onset of happiness seems to me to be excellent – even scientific – evidence.

Ed Cooper
BACP member

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In praise of virtuoso therapists

I am sure there will be plenty of letters appreciating Professor Julia Buckroyd's article ('In pursuit of authenticity') in the March *Therapy Today*. Equally, many experienced therapists will share her 'discomfiture' with past practices in the name of theory and modality.

I would like to share one story. When undertaking training on a BACP accredited counselling postgraduate diploma some years ago I undertook a role-play that was videoed for group supervision. The ensuing discussion centred on my agreement to let my 'client' bring into the room a cold drink on a hot day, which was interpreted as displaying a lack of boundaries and weakness as a therapist. Today I would most likely just laugh and suggest that this one might need testing out in the European Court of Justice, but it was a difficult session at the time. I asked the tutor leading the group if he thought a denial of the basic human right 'to hydrate' was even possible. To me his response seemed to indicate that human rights were somehow not applicable or appropriate in a therapy session.

'Some good ideas work, some don't; the RCT is one tool to find out which... the 'Aha' feeling on having the initial good idea is probably just as beautiful in either case'

I feel balanced now as a therapist and my style is to strive for intimate psychological contact with clients whenever they are able to meet me there. When they are not I try always to at least give them an experience of a warm and caring encounter – and yes, I now freely use the 'caring' word that on the same course stopped all conversation for about 30 seconds, after which I was told this was not an appropriate sentiment.

I am aware that some of my more psychoanalytically-minded psychotherapy colleagues actually misinterpret my style as ignorance of their much valued theories, rather than a carefully thought out approach that has emerged from quite literally sweating out the ethics, especially in my work with adolescents in child and adolescent mental health services (CAMHS), and an awful lot of sitting with myself and others thinking 'What am I doing and why am I doing it?'

I train and supervise both at home and at CAMHS and am concerned by how often trainees arrive with a long list of 'must nots' and 'should nots' imported wholesale, with little reference to either the client group or themselves. They seem surprised when I ask basic questions like 'Is this a boundary or a barrier?' in supervision. Training needs to concentrate more on giving therapists the tools to make considered, ethical and theoretical decisions for themselves, especially when we consider that after training they will be working alone.

When I work alongside skilled, warm, open therapists from very different

theoretical perspectives from my own, I see a thing of beauty. It is not dissimilar to watching a virtuoso play the violin – the complete unison and integration of the instrument and the sensitive, living being – that is how therapy has the potential to be transformative.

Thanks, Prof, for the honesty.

Suzanne McCall
Senior accredited counsellor, author, in private practice and working in child and adolescent mental health

Expose bullying organisations

On 3 March on the *Today* programme on Radio 4 Professor Alexis Jay, talking about grooming and sexual abuse, said: 'You need to look for it. Seek it out and address it.' In other words, it is no good waiting for the victims to come forward; it is in the nature of grooming that it can be extremely difficult for victims to complain formally, if at all.

I believe that there is a need for BACP to respond to workplace bullying in the same way.

I don't know how victims of bullying in the counselling world might feel when they see articles and letters about bullying published in the same magazines as announcements of re-accreditation of organisations in which they have been bullied. I haven't asked the several victims I know personally. But I know how I felt and continue to feel – dismayed and angry. I am not a victim of bullying but I have, in different ways, supported a number of victims of one bully. I find it impossible to continue to stand by and do nothing to try to end this situation.

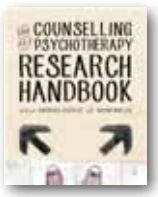
Might it not be possible in the re-accreditation process for BACP to 'look for', to 'seek out' evidence of bullying, as Professor Jay suggests? They might enquire – and not just of managers – into reasons for frequent turnover of staff, including admin staff. They might enquire about the standing of the organisation in the local area; try to get a sense of how the organisation and those in important positions are viewed locally. There may be other ways to encourage bullying out into the open. Ways that you already employ. Perhaps I'm being unreasonable in hoping that something might be done.

Name withheld

Contact us
We welcome your letters. Letters that are not published in the journal may be published online on the *Therapy Today* website – TherapyToday.net – subject to the Editor's discretion. Please email the Editor at therapytoday@bacp.co.uk

Practical guide to research

The counselling and psychotherapy research handbook
Andreas Vossler, Naomi Moller (eds)
Sage, 2014, 298pp, £26.99
ISBN 978-1446255278
Reviewed by Charlie Jackson



The list of well-known and long-established counselling and psychotherapy researchers who have contributed to this book is impressive; many students are likely to be familiar with their work. This, combined with the friendly and informal tone, makes for a highly informative and accessible read and a genuinely practical handbook.

The book follows two fictional characters, 'Hope' and 'Harry', on their 'research journey': from the pre-research stage of just thinking about research and its importance (part 1) to planning a research project and thinking through the ethical implications (part 2), undertaking research using the appropriate methods and methodologies and analysing the data (part 3), and the final stage of disseminating findings and thinking about the wider implications for the counselling and psychotherapy profession (part 4).

Although each chapter contributes distinctively to the overall book, some students may wish to concentrate on certain sections, depending on which stage of the research process they are at. In my experience the pre-research stages of reading the published literature, identifying gaps in knowledge and formulating an appropriate research question can be easily overlooked or rushed, but I would encourage students and novice researchers alike to read chapters 3 ('Choosing a Question') and 5 ('Doing a Literature Review') in particular, for useful and thorough guidance in these areas. Similarly, the post-research stage of disseminating research findings can also get side-lined – as Dr Andrew Reeves states in chapter 8 ('Dissemination of Research'): 'The thought of finding that extra energy and motivation to do *more* work is really the last thing you will want to hear. However, research without dissemination is ultimately an incomplete process...' (p229).

Each chapter contains activities to allow readers to integrate and apply the knowledge they have gained in a structured manner. There are also reflective exercises that encourage readers to contemplate how their attitudes towards research may change as they continue their 'journey'.

In true 'handbook' style, this engaging, comprehensive and motivational publication can be used as an exemplary reference tool throughout the research process. I would definitely recommend it to students, educators and researchers alike. Although it is intended primarily for students, there is much in its content for trainers and educators too. They could, for example, incorporate some of the reflective activities in their teaching and apply its arguments for why engagement with research is so important to convince their more reluctant or unconfident students.
Charlie Jackson is BACP Research Officer

Defining emotional wellbeing

Emotional well-being and mental health: a guide for counsellors and psychotherapists
Digby Tantam
Sage, 2014, 202pp, £23.99
ISBN 978-1412931090
Reviewed by Val Simanowitz

The goal of many of our clients when they seek counselling is a better state of emotional wellbeing. In this book, written for a master's programme in existential psychotherapy, Tantam and colleagues attempt to reach conclusions about the nature of this 'desirable' state.

The book is a wide ranging, complex and erudite examination of the elements that make up emotional wellbeing – a condition that Tantam considers must integrate both health and happiness. The book summarises the findings of philosophers, health economists and health workers, positive psychologists, politicians, faith leaders and psychotherapists, enabling us to compare and contrast what they consider to be emotional wellbeing. Tantam attempts to cover almost all aspects of this elusive state and, as a result, occasionally I found the book repetitive and obvious.

Tantam analyses in great detail, often based on the writings of Greek philosophers, the possible constituents of 'life satisfaction'. In his chapter from a psychotherapist's viewpoint, he recognises that our negative feelings have an important role and sometimes need to be experienced as survival mechanisms rather than repressed. He stresses that the 'shadow side of ourselves is as essential as joy' (p49) and he also looks at reasons why people do not do what they know to be in their own best interests.

At the end of the book Tantam voices his own conclusion about what constitutes happiness, health and emotional wellbeing, and who can be said to have 'lived well'. He values 'connectedness'; the ways in which we affect the lives of those with whom we are intimately connected are for him significant pointers in deciding whether or not we have lived well. He considers that this judgment is ultimately for others to make but that it is worth trying to achieve.

While many of its conclusions are palpably valid, the book left me with a strong sense of dissatisfaction. I found it far too fragmented to enable me to envisage the integrated nature of 'emotional wellbeing'. If it is intended for students, it is an introduction to many facts and ideas. However, it lacks the qualitative elements, which could have been expressed by including in-depth case studies, to illustrate how the ideas are applied. For me, ultimately, quantity obscured quality.
Val Simanowitz is a counsellor and supervisor

How we break the cycle of violence

Selma prompts Chris Rose to reflect on rage and revenge

In March 1965 an unarmed group of black African-Americans protesting at the systematic denial of their voting rights marched across the Edmund Pettus bridge in Selma and were attacked by state troopers armed with batons, tear gas and cattle prods. The live TV footage was irrefutable evidence of the brutal reaction of the state to those challenging injustice, and caused a wave of international outrage. The film recreates the struggle leading up to the passing of Lyndon Johnson's 1965 Voting Rights Act, documenting the pressures, political manoeuvrings, and personal costs to those involved.

Although the central figure is Martin Luther King (played magnificently by David Oyelowo), this is not a self-congratulatory hero's tale. We see him and those who surround him as courageous but vulnerable and conflicted. The story may be common knowledge but the film presents us with a fresh and raw narrative that we know is also telling a contemporary story. So much was achieved but so little has changed: in 2013, for example, a key section of the Voting Rights Act was altered, opening the way for states to impose new restrictions on the eligibility to vote.

All sides here are caught in a storm; anger, rage, violence are properties of contexts and relationships as much as individuals. We are inexorably shaped by each other; happy to own this to justify our actions but deeply resistant when the tables are turned: 'You provoked me. You made me do it.' This is as depressingly familiar in the counselling room as in the daily news.

I sit with the client who berates all women as manipulative bitches – 'pardon the language, not you, of course!' Of course it is me. I can feel his rage as he fights back the fear of powerlessness, as well as my own anger at the injustice. We are both caught in the violence of inequality and prejudice.

DAVID OYELOWO AS MARTIN LUTHER KING IN SELMA. PHOTOGRAPH BY ATSUSHI NISHIJIMA

Selma demonstrates the power and courage of non-violent protest, the determination to neither fight nor flee in the face of stomach-churning physical brutality. Although psychotherapy is not a physically violent activity, there is often psychological violence in the room; being a therapist means finding ways of responding that neither fight back nor flee from whatever struggle is at hand.

'Non-violence' cannot mean trying to erase the emotional storm; that would be an inhuman task. But we need some internal resource that can resist the lure of counter attack, revenge and retribution. In the film, this is faith – in God, in justice, in Martin Luther King. We have to find our own equivalent in the therapy room, to allow ourselves to feel the power of the emotions while holding fast to some other aspect of ourselves. Without this capacity we merely replicate the cycle of violence and retribution.

Chris Rose is a psychotherapist, author and Reviews Editor at Therapy Today.

Selma *(2014; 128 minutes). Directed by Ava DuVernay; written by Paul Webb; starring David Oyelowo, Carmen Ejogo, Oprah Winfrey and Tim Roth.*

Useful guide to counselling skills

Counselling skills and studies
Fiona Ballantine Dykes, Barry Kopp, Traci Postings
Sage, 2014, 284pp, £21.99
ISBN 978-1446294024
Reviewed by Abi Howarth

This book attempts a challenging task in offering a practical guide not just to counselling but to the wider use of counselling skills in helping roles. It is divided into three distinct parts: the 'helper-helpee' relationship, including how to use counselling skills ethically, working empathically and using self-awareness; the 'counsellor-client' relationship, including counselling theories and supervision, and skills for studying counselling, including keeping a journal and essay writing.

It is written clearly and accessibly and is packed with examples, activities, tables and reflections that break up the text and keep the reader engaged. These are complemented throughout by informal 'Q&A' passages, designed to reflect the curiosity of the new learner. Initially I struggled to connect with the tone of the 'Q&A' passages, particularly in Part One, where I sometimes found them too casual or over simplified. However I warmed to it the more I read.

I much preferred the sections focused on the 'counsellor-client' relationship. This may be because they were more relevant to my own training journey. I found myself reflecting on my learning and earmarking sections of the book to go back to another time.

I also appreciated the authors' efforts to summarise complex concepts – for example, the chapters on counselling theories. However I feel there is always a risk that information is distilled so much that it loses its depth and richness. The book encourages counselling students to think critically, and I think its readers have a responsibility not to take content at face value and to keep an open mind.

In relation to its coverage of the counselling theories, the authors themselves make it clear that these passages are only intended to be a 'brief overview' (p171).

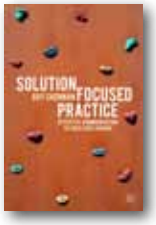
For me, this was a book of two halves; perhaps trying to write for two distinct audiences ('helper' and 'trainee counsellor') has detracted from its overall effectiveness.

What the book definitely provides is a handy reference guide, rather than a resource to read from start to finish. I would hope that anyone who buys the book will recognise it as an accompaniment to, rather than a replacement for, an appropriate training course. Although not all of the book will be relevant all of the time, there is definitely something here for everyone.

Abi Howarth is a counsellor-in-training

Solution-focused approaches

Solution-focused practice: effective communication to facilitate change
Guy Shennan
Palgrave Macmillan, 2014, 224pp, £16.99
ISBN 978-0230359123
Reviewed by Caz Binstead



It's a rare treat to read a book where it's plainly evident the author delights in talking about his subject. Guy Shennan finds the beauty of solution-focused practice in the simplicity of the model, and he communicates his appreciation with clarity and enthusiasm.

We learn that solution-focused practice is based around a forward-moving dialogue that unfolds through two activities – listening and asking questions. Transcripts from the author's own work show how he uses the information that emerges from constructive listening to choose the 'right' questions to ask. These are ones that help identify the client's desires and then enable them to reflect in detail on possible solutions.

The reader is invited to partake in 'activities' that give a taste not just of the experience of a solution-focused practitioner but also that of a client. I was particularly amused to be asked about my 'preferred reading of this chapter' and to be invited to consider how it would be if my hopes for the chapter were realised.

Although many therapists may be critical of the lack of focus on relational process, the book makes no apology for this. Instead it is clear that the purpose is to highlight ways in which the solution-focused approach can be effective. The structure involves an agreed specific contract and the use of each session as if it is the last, which seems to me to lend itself excellently to a time-limited context.

The book is not aimed directly at counsellors and psychotherapists and I wondered, therefore, if it would add anything new to a therapist who has already read the author's 2011 book *Solution-Focused Brief Therapy*. Having said that, as a clinical supervisor I would agree with the author's assertion that solution-focused therapy can be used throughout the helping professions. A supervisor could take a lot from this book in terms of using communication to enhance and unleash the potential of supervisees.

This is an empowering book that advocates focusing on our clients' strengths and coping abilities. I recommend it purely on that basis – sometimes the belief that change is possible is what our clients may need. Through interaction with the reader, the author demonstrates excellently how a therapist who embodies this belief can potentially transmit this to their clients.

Caz Binstead is a counsellor and supervisor in private practice and a mindfulness based practitioner and writer

Which books would you choose?

Which books influenced your development as a counsellor or psychotherapist, and what makes them significant for you?

The Reviews pages cover new publications but these form a small proportion of the titles that our readers are using on a regular basis. What are the books that you go back to time and time again?

We are launching Shelf Life, a new, occasional space in these pages for reviews of old books. We are interested to hear about the books with a long shelf life that you value. They may be non-fiction or fiction – whatever has made an impact. Contributions should be no longer than 350–400 words and can cover more than one book.

Please send your review to Chris Rose, Reviews Editor, at reviews@bacp.co.uk. Please also email Chris if you would like to review a new film, exhibition or event that you think has resonance for counsellors and psychotherapists

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From the Chair

Our counselling professional bodies have to find ways to work together, argues *Andrew Reeves*

Over the last few weeks I have again been privy to several discussions among colleagues as to the differences – or similarities – between the terms 'counselling' and 'psychotherapy'.

I must confess to experiencing a slight sinking feeling whenever this discussion raises its head. It seems that, over the years, we have spent so much time and energy debating whether there are, or are not, differences between these two professional titles, with still no apparent resolution or agreement in sight. Likewise, we also put a great deal of energy into debating the relative efficacy of different theoretical modalities and the debate still seems to centre fundamentally on a 'mine is better than yours' position, rather than any discernable facts. This is in the context of decades of research telling us that the best therapy is less about the interventions we use; rather, it is about the quality of the relationship.

There is a concern, however, that while we spend such energy and time debating areas of practice that may turn out to be, in all probability, unimportant, Rome burns. The subtle differences between professional titles or the value of approach A over approach B are probably not as important currently as bigger debates, such as ensuring that clients continue to have a meaningful choice as to the form and nature of therapy they receive; that therapists can continue to find employment in ways and means that are congruent with the ethos of therapy; and, very possibly, the threat to the very future of the psychological therapies as we currently know them.

That latter point might sound alarmist, but I fear it might not be. Rather, I suspect that the psychological therapies might come across to those outside of them as factionalised, disorganised, insecure and too concerned with internal politics while ignoring the bigger issues. Someone thinking of training as a therapist approached me recently and her opening line was telling: she said that she simply couldn't make sense of us. As a professional group perhaps we too rarely speak with one voice, or too infrequently present a coherent argument that draws strength from difference rather than allowing it to undermine. If this is true, we run the risk of arguing ourselves out of existence, while policy makers, funders, commissioners and, well, pretty much anyone else, begin to define what *they* want from psychological therapies, which, in all possibility, might be far removed from what clients want.

My assertion here is that the only way in which we can really define what is important about counselling and psychotherapy... and coaching... and pastoral care... and the use of counselling skills, for example, is for professional bodies to begin to find ways of working together – collaboratively – so that we can begin to find points of similarity and a shared perspective, rather than separation – so that difference becomes an opportunity for growth and facilitation rather than friction and fracture.

I know I am not alone here. In speaking to many members at Making Connections and other events, there seems to be a groundswell of opinion that only good can come out of a new collaborative agenda. Likewise, because of discussions that have already begun to take place, there is a real commitment from other professional bodies to want to find ways of working together too. Once the psychological therapies – or the *counselling professions* as the new *Ethical Framework* will term them – find a common voice, then we will be in a much stronger place to help shape our own future. The 'bigger picture' is compelling: if our focus is about the growth and potential of the individual, could it not also be about the growth and change of community, and society? Not for the sake of ourselves, but for the sake of every person who walks through the therapist's door at a time of crisis wishing to find a place of safe refuge and an opportunity for change. ■

BACP membership fees for 2015–2016

Your membership and the payment of subscription fees mean that BACP can continue to represent your interests and support you in your practice.

Over the last 12 months we have been busy ensuring that we lead the profession and set standards through activities such as the ongoing review of our *Ethical Framework* and the re-accreditation of our Register by the Professional Standards Authority.

To enable us to maintain all our work during the coming year we have found it necessary to add a small increase to the membership fees. Therefore from 1 April 2015 membership fees will be as follows.

Individual membership of BACP

Category	*Standard 2015-16*	*Reduced 2015-16**
Registered MBACP Accred	£180	£90
MBACP Accred	£180	£90
Registered MBACP	£160	£80
MBACP (closed category)	£160	£80
Individual Member	£160	£80
Associate (closed category)	£150	£75
Student	£ 76	£38

Individual membership of divisions (in conjunction with individual membership of BACP)

Division	*Standard 2015-16*	*Reduced 2015-16**
BACP Children & Young People	£20	£10
BACP Coaching	£20	£10
BACP Healthcare	£30	£15
BACP Private Practice	£20	£10
BACP Spirituality	£20	£10
BACP Universities & Colleges	£40	£20
BACP Workplace	£30	£15

Organisational membership of BACP

Category	*2015-16*
Local voluntary and charitable	£228
National voluntary and charitable	£297
Commercial	£561

Organisational membership of divisions (in conjunction with organisational membership of BACP)

Division	*2015-16*
BACP Children & Young People	£ 35
BACP Coaching	£ 50
BACP Healthcare	£ 50
BACP Private Practice	£ 40
BACP Spirituality	£ 25
BACP Universities & Colleges	£120
BACP Workplace	£ 75

Overseas postage

Non-UK postage annual surcharge	£19

** Reduced fees are available at renewal to members who are in receipt of a state benefit, inclusive of state pensions (but excluding tax credits), or members who are unwaged with no personal income.*

Count down to register!

The deadline for current MBACP members and accredited members who have yet to join the BACP Register is 31 March 2016.

Joining the BACP Register demonstrates to the public and employers that you meet the standards they expect of a counsellor and/or psychotherapist.

Registration is free. Over 24,000 BACP members have now registered.

There are two options available. Practising members who are not yet registered should visit www.bacpregister.org.uk/join to register straight away, or (for those who have not completed a BACP-accredited course) book your free Certificate of Proficiency assessment. You can call BACP Customer Services on 01455 883300 Monday to Friday 9am–5pm – they'll be happy to assist you further.

If you are no longer practising or do not intend to be in practice in the future, you may be interested in our new retired category of membership, due to be launched soon. Members who join this non-practising category will not have to join the Register. Please contact Customer Services (see above) if you would like to register your interest in this category so we can inform you when it becomes available.

Certificate of Proficiency

MBACP members who have not completed a BACP accredited course will need to take the free Certificate of Proficiency (CoP) assessment in order to join the BACP Register by the deadline of 31 March 2016.

The programme of CoP assessments up to that date has now been finalised. You can find full information and book your free place at www.bacpregister.org.uk/cop. You can also book by phone by ringing Customer Services on 01455 883300 (Monday to Friday, 9am–5pm).

BACP often gets positive feedback from members who have successfully completed the CoP. Registered member Elizabeth Guild wrote: 'I thought the proficiency test was a brilliant way of highlighting "good" counselling skills and bringing them back to the forefront of my mind.'

And Lindsey Mason wrote: 'I just wanted to feedback to you that you were correct and the CoP computer system was easy to use, the two invigilators were very helpful and I found out today that I passed. Thank you for all your help I do appreciate everything you did.'

BACP Private Practice still growing

Membership of BACP Private Practice has leapt by over 350 new members since the start of 2015, thanks to a targeted recruitment drive. This brings the individual membership to 3,272, plus 20 organisations.

BACP wrote to members who had expressed an interest in private practice to tell them about the benefits of joining the division: the community of like-minded peers; the networking opportunities at conferences and through local groups; the journal and e-bulletins, and the advice and support from the Executive Committee.

'Our members often tell us that working in private practice is great for the flexibility and control it gives them over their professional life, but it can leave them feeling isolated and without a sense of belonging. They also tell us that joining BACP Private Practice can reduce those feelings,' says Chair James Rye.

BACP has also been researching what its private practice members do and the challenges they face. Over 2,500 members working in private practice responded to an online survey. The information will be used to help support all BACP's members in private practice and to raise the profile of private practice counselling and its specific contribution to counselling provision in the UK. The results will be available shortly.

A brief follow-up survey will be conducted in May/June, seeking further, detailed information about practice issues such as fees, hours worked and referral sources, and BACP Private Practice members' views on the quarterly *Private Practice* journal and the e-bulletins.

Find a coach on BACP directory

BACP has recently introduced a new set of coaching categories on its Find a Therapist directory.

An increasing number of members are offering this specialism and there is rising client demand.

Members can now register coaching on the directory as one of their specialist areas of practice and potential clients can search specifically for practitioners who offer it.

The new categories were added last autumn and since then over 1,800 members have added to their entry that they offer some form of coaching. This includes life coaching (the largest, at 1,190), business coaching, career coaching, executive coaching and leadership coaching, as well as coaching supervision. 'These are significant numbers and they are growing. They bring out the reality that there are many BACP members who coach,' said Veronica Lysaght, BACP Lead Advisor, Coaching.

For information about joining Find a Therapist, visit www.bacp.co.uk/seeking_therapist/join.php

Coaching standards

Key players in the coaching sector have committed to producing a shared standard of ethical practice for coaches and coaching provider organisations.

BACP Coaching invited key stakeholders in the coaching sector to meet in Central London on 17 March to discuss how to develop the profession. The meeting brought together EAPs and other commissioners of coaching services (Relate, Glaxo Smith Kline, CommPsych) with all the relevant coaching associations operating in the UK to explore common agreements and key characteristics. Organisations represented at the meeting included the Association for Coaching, the European Mentoring and Coaching Council, the International Coaching Federation, the Association of Integrated Coach Therapy Practitioners, the Association of Neuro Linguistic Programming, the Association for Professional Executive Coaching and Supervision, the Association for Coaching Supervisors and Coaching at Work.

The outcome was a firm commitment to agree a basic standard of ethical practice for coaching, which all the organisations present will be invited to sign up to.

'This is a major step that will begin to bring clarity to the coaching professional landscape and clarify what coaching is and what it does for all concerned – coaching members, commissioners and the public,' said Gill Fennings-Monkman, Chair of BACP Coaching.

BACP UC 2015 conferences

BACP Universities & Colleges (BACP UC) is offering two one-day conferences this year, instead of the usual residential two-day event

The aim is to make the conference more accessible to more members.

The first conference is on 8 May in London, and the second on 22 June in Leeds. The theme of both events is 'Innovation and Care' and the keynote speakers will also be leading workshop sessions so delegates can explore the topics in more depth.

Peter Jenkins, author of a number of texts on legal and ethical aspects of counselling practice, will be exploring the ethical and legal aspects of the concept of duty of care in further and higher education contexts, and some of the current pressures to expand its current remit.

Penny Aspinall, Head of Counselling at the University of Bradford, will discuss 'Living in Interesting Times', looking at how university counselling services and practitioners find ways of evolving and responding to the needs of clients and their institutions without losing their core values and integrity.

Terry Hanley, Programme Director for the doctorate in counselling psychology at the University of Manchester, will speak on 'Technology and Therapy', and the challenges and opportunities offered by using technology to deliver therapy in college and university settings.

Psychotherapist Aaron Balick, author of *The Psychodynamics of Social Networking*, will be presenting in London on 'Understanding the Psychodynamics of Digital Culture'. Psychoanalytic psychotherapist Linda Cundy, author of *Love in the Age of the Internet*, will be presenting on 'Attachment in the Digital World' in Leeds.

For further information and to book, please visit www.bacp.co.uk/events/conferences.php

Why counselling in the workplace works

BACP Workplace has published a short briefing paper on workplace counselling and its importance in promoting workplace mental health.

The briefing, written by Rick Hughes, BACP Lead Advisor, Workplace, will be used to lobby MPs, policy makers and employers.

It highlights the toll of workplace stress on the UK workforce and the triggers, such as job insecurity, pay issues, restructuring, high workloads and poor management. It details the prevalence and costs of mental health problems among the UK's workforce. Everyday work issues cause mental health problems in at least three in 10 employees and cost UK businesses up to £1,000 per employee each year, it says. Another 18 per cent of employees are affected by personal problems that can affect their performance.

The briefing sets out what workplace counselling can offer, the costs of the different ways of providing counselling to employees (EAPs, freelance counselling), and the benefits. Counselling can cut sickness absence by over 25 per cent, the briefing says, and can at minimum cover its costs. 'If the Government were to support greater provision for the 15 million workers who currently do not have access to counselling through their workplace, savings would significantly outweigh costs,' said Rick Hughes.

BACP Workplace has appointed two new Executive Committee members. Nicola Neath is an integrative psychotherapist and trainer and works in the Staff Counselling and Psychological Support Service at Leeds University. Steve Martyn is a psychodynamic psychotherapist in private practice, working with individuals, EAPs and organisations. He also provides coaching services to individuals and organisations. Formerly an HR Director with several global corporations, he is a Fellow of the Chartered Institute of Personnel and Development.

'Nicola and Steve are bringing valuable skills and experiences and fresh energy to the Executive. We welcome them,' said Tina Abbott, Chair of BACP Workplace.

'Improving mental health in the workplace' can be downloaded from the Policy and Public Affairs webpages at www.bacp.co.uk/policy/Policy%20Reports/index.php

Spiritual self-disclosure

BACP Spirituality's West Midlands Counselling with Spirit network will be exploring the potentials and pitfalls of spiritual self-disclosure in the therapeutic and pastoral relationship at its next meeting, in Birmingham on the 16 May. The half-day meeting takes place 9.30am–12.30pm.

Contact Juliet Fletcher or Maureen Slattery-Marsh at jmcounsellingwithspirit@yahoo.co.uk or sonas@slatterymarsh.com. To book, go to www.bacp.co.uk/events/network.php

Therapy Today starts tweeting

Therapy Today has launched a Twitter account to keep readers updated about the journal and the latest news about counselling and psychotherapy.

You can follow us @TherapyTodayMag.

We're also still recruiting readers to our reader panel. We're looking for critical friends to give us their views on the journal content. We'll ask you to review three issues a year, using a questionnaire template, and to suggest ideas for topics you think we could be featuring.

We'd like to recruit a cross-section of readers working in education/training, research and clinical practice, and in the specialist sectors.

If you'd like to know more about the role, please email Catherine Jackson (Deputy Editor) at catherine.jackson@bacp.co.uk

Campaign for counselling

We are now just weeks away from the General Election. This provides an important opportunity to promote understanding about psychological therapies and their importance among parliamentary candidates, in the hope that, if they are elected, they will take up the cause of mental health in the House of Commons.

Party candidates in your constituency will be knocking on doors, canvassing in town centres and supermarkets and telephoning people over the course of the election campaign. As a voter, and a possible future constituent, your views matter to election candidates. They will want to know what's important to you. BACP has over 42,000 members and together we can potentially talk about counselling with every MP who is returned to Parliament in May.

BACP is encouraging members to raise issues around counselling and psychotherapy with local party candidates. To help you do this, we have created some dedicated General Election webpages with suggested questions for you to ask candidates and other useful background information.

For example, when a candidate comes knocking on your door, why not simply ask: 'What would your party do to increase access to counselling services?' Or 'What will you/your party do to increase choice of psychological therapies on the NHS?'

The General Election webpages are on the policy pages of the BACP website at www.bacp.co.uk/policy

Around the Parliaments – final session

The current Parliament ended on 30 March, prior to the General Election. But MPs and peers were still actively raising the topic of mental health in the run up to the final session.

Moving a backbench business debate about the mental health and wellbeing of Londoners, Labour MP for Hackney North and Stoke Newington Diane Abbott described mental health provision as 'chronically underfunded' and highlighted the difficulty of getting treatment.

They debated mental health services in the House of Lords too. Liberal Democrat peer Baroness Tyler was again speaking positively about school-based counselling. She said counselling in schools can provide an alternative and valuable route for young people to get therapeutic help, and she asked what practical steps the Government was taking to ensure that all children have access to school counselling.

Responding, the Minister Earl Howe told peers about the new guidance for schools on provision of counselling that was due to be published in March (see News).

School counselling was also discussed in a House of Commons debate on the Health Committee's report into CAMHS and the Government's response. Conservative MPs Oliver Heald and Andrew Percy both highlighted the importance of improving liaison between CAMHS and school counselling. Shadow Public Health Minister Luciana Berger asked if the Government would 'meet the Opposition's commitment to produce a strategy to help local authorities with their local NHS and schools to work together, to ensure that all children can access school-based counselling or therapy if they need it?'

In a rare show of pre-election unity, there was cross-party support for a backbench debate led by Paul Burstow (Lib Dem), Kevan Jones (Lab) and Charles Walker (Con) on mental health and unemployment.

Finally, following a year-long inquiry, the All-Party Parliamentary Group for Mental Health published a report on parity of esteem. The cross-party report (see right) calls for an end to the 'institutional bias' against mental health in the NHS. The group also called for the next Government to accelerate its efforts to bring mental health services up to the standard of physical health services.

Outside Parliament, UKIP launched its health policy. Its health spokesperson Louise Bours said: 'UKIP recognises that the health of our nation is not just about physical health, but about our mental wellbeing too.'

Parity report

Early March saw the launch of *Parity in Progress?*, the report on the inquiry by the All Party Parliamentary Group (APPG) on Mental Health into parity of esteem for mental health.

James Morris, Conservative MP and Chair of the APPG, opened the event, and there were speeches from James Downs of Voices of Mind, and Jeremy Hunt, Secretary of State for Health.

Produced in association with Rethink, the Royal College of Psychiatrists, and Mind, the report outlines recommendations for delivering parity in the NHS, including reducing premature mortality for people with mental health problems; improving the quality of mental health emergency care; ensuring mental health is a public health priority and addressing the institutional bias against mental health.

The report is available to download from http://tinyurl.com/qcnthte

Psychology network event

In March BACP presented at the Annual Conference of the North West Psychological Professions Network.

BACP spoke about its report on *Psychological Therapies and Parity of Esteem* and how the network could promote equality between mental and physical health in the NHS.

The report can be found at www.bacp.co.uk/policy. For more details on the network, go to www.nwppn.nhs.uk

Suicide prevention in Wales

Responding to the Welsh Government's *Talk to Me 2* consultation on suicide prevention, BACP has called for more training for clinicians working with people at risk of taking their own life or self harming.

A quarter of people who take their own life are known to mental health services. In our response we argued that the strategy needs to support all staff working in primary care, including mental health practitioners. We welcomed the suggestion of working with the various professional bodies to develop training in suicide prevention for professionals such as counsellors and psychotherapists. We said that mental health services should be an integral part of the strategy, which should also promote specific interventions that can help to prevent suicide.

We also supported the promotion of collaborative working across Wales and the four nations via a National Suicide Prevention Forum. But we said collaborative working could also be achieved through existing bodies such as the National Suicide Prevention Alliance.

Transcript analysis

The Open University is running a free training event on 'Qualitative methods for analysing counselling and psychotherapy transcripts'.

The BPS-approved event is on 22 May 2015. To book, visit www.open.ac.uk/ccig/events/researching-therapy-talk-qualitative-methods-for-analysing-counselling-and-psychotherapy-tran

Subscribe to the *CPR* e-bulletin

The latest issue of *Counselling & Psychotherapy Research* (*CPR*) includes a range of articles that may be of particular relevance to clinical practice.

Articles include an exploration of the levels of distress experienced by families accessing Relate counselling services in comparison with referrals to secondary mental health services (see News p7); research into endings in the supervisor–supervisee relationship; lesbian, gay and bisexual therapists' experience of self-disclosure in therapeutic relationships, and the benefits of group emotion-focused therapy for clients with eating disorders.

CPR publishes a regular e-bulletin with updates on new content when each issue is published. To subscribe, go to www.cprjournal.com

2015 Research Conference

Bookings are now open for the 2015 BACP Research Conference, which will take place on 15 and 16 May at the East Midlands Conference Centre, Nottingham.

Keynote presentations will be delivered by Professor John Norcross and Professor Glenys Parry. There is also a packed two-day programme of symposia, papers and poster presentations.

To find out more and how to book your place, go to www.bacp.co.uk/research

We are delighted to announce that the co-host for the 2016 Research Conference is the Society for Psychotherapy Research (SPR) UK Chapter. The theme is 'Research Matters: evidence for an evolving profession'. Professor Mick Cooper will give a keynote presentation. The call for papers will be issued next month. The date and venue will be posted on the BACP and SPR websites as soon as they are confirmed.

Newly accredited counsellors/ psychotherapists
Yasmin Abdul Kahar Bador
Kirsty Austin
Sabina Begum
James Brooks
Brigid Carley
Helen Challender
Alexia Chrysochou
Steve Clarke
Carolyn Cohen
Helen Connolly
Heather Davies
Rixon Davis
Sonia Delwadia
Nikki Dhillon-Keane
Jane Dimeck
Linda Dodd
Ian Donnelly
Julie Duffy
Carmel Egan
Harriet Frew
Donna Galea-Bateman
Lisa Gilmour
Lynne Greenwell
Laura Griffiths
Susan Grimsdale
Jacqueline Hart
Lurdes Hope
Wendy Hughes
Josephine Jackson
Annie Jones
Alison Justice
Martina Keogh
Victoria Lambert
Stephan Lee
Hannah Mungai
Angela Page
Sophia Parsons
Jo Pinder
Alexina Pledger
Patrick Shepard
Virginia Sherborne
Annie Street
Kirsty Todd
Ann Watling
Barbara Wilkinson
Rabbiya Zaman
Maja Zivkovic

Organisations with new/renewed service accreditations
- Coventry Rape & Sexual Abuse Centre (CRASAC)
- Enfield Counselling Service
- Northampton Counselling Service (NCS)
- Rape Crisis Tyneside & Northumberland (RCTN)

For a full list of current accredited services, please visit the service accreditation webpages.

Newly accredited courses
University of Roehampton (London) – MA Integrative Counselling & Psychotherapy

Members whose accreditation has been reinstated
Linda Elliott
Lesley Hiscox
Susan Widlake
All details listed are correct at the time of going to print.

Counselling within IAPT

This is a short statement written by Andy Hill, BACP Head of Research, to explain what BACP is doing to promote counselling within IAPT services.

BACP has been working hard over a number of years to influence NICE and to support counsellors in IAPT. We have lobbied NICE to review its guideline development methodology and are taking an active part in the current consultation process for the updating of the NICE depression guideline.

We also regularly lobby government ministers and key civil servants to campaign for a greater choice of therapies within IAPT.

BACP is funding a large randomised controlled trial of CBT versus Counselling for Depression (CfD) led by Professor Michael Barkham at Sheffield University, to test whether CfD has equivalent outcomes to CBT.

We are also analysing a large IAPT routine dataset to compare the effectiveness of counselling with CBT.

It is important that counsellors in IAPT train in CfD as this is the model of counselling that has been approved by IAPT and is recommended by NICE. It is also important to bear in mind that the programmes of research described above are of CfD and so the evidence base for the effectiveness of counselling in IAPT and the NHS will be of this particular type of counselling. Hence to train in CfD will provide the additional security and status that comes from being qualified to provide an evidence-based and NICE-recommended form of counselling.

We are currently calling for CfD counsellors to join a network that will pool data on outcomes using the IAPT minimum dataset and engage in other research activities. This is based on the premise that only research evidence will persuade NICE (or IAPT) of the value of counselling and we need to generate these data as soon as possible to defend counselling.

Enquiry of the month: counselling for BPD

This month's research enquiry asked: 'Is there any research that has looked at counselling/psychotherapy as a treatment for borderline personality disorder (BPD)?'

We searched our internal abstract database and google scholar (http://scholar.google.co.uk/), using 'psychological therapy' and 'borderline personality disorder'.

Geison-Bloo and colleagues[1] compared the effectiveness of schema-focused therapy (SFT) and psychodynamically based transference-focused psychotherapy (TFP). After three years of treatment significantly more of the patients who received SFT showed reliable or clinical improvement than did those who received TFP. SFT patients also showed greater improvements on quality of life measures.

Linehan and colleagues[2] conducted a randomised controlled trial to compare dialectical behaviour therapy (DBT) with 'community treatment by experts' for women with suicidal behaviours and BPD. The women who received DBT were half as likely to make a suicide attempt and made less use of inpatient hospital and accident and emergency services. They were also less likely to drop out of treatment.

These trials contribute towards supporting the use of psychological therapies in the treatment of BPD. But it is important to acknowledge their limitations. First, it is difficult to 'blind' treatment conditions over such long periods, which means that researchers and subjects may know which treatment is being delivered/received. Second, both studies reported fairly high levels of drop-out in some conditions, making direct comparisons between treatments more difficult.

The references below are free to access.

REFERENCES:
1. Giesen-Bloo J, Van Dyck R, Spinhoven P et al. Outpatient psychotherapy for borderline personality disorder: randomized trial of schema-focused therapy vs transference-focused psychotherapy. Archives of General Psychiatry 2006; 63(6): 649–658.
2. Linehan MM, Comtois KA, Murray AM et al. Two-year randomized controlled trial and follow-up of dialectical behavior therapy vs therapy by experts for suicidal behaviors and borderline personality disorder. Archives of General Psychiatry 2006; 63(7): 757–766.

IAPT network

The Northern IAPT Practice Research Network has recently launched a new webpage to promote debate about IAPT policy and practice.

An inaugural article on the webpage discusses IAPT commissioning models and invites readers to give their views in an online survey.

Read the article at www.iaptprn.com/debate.html. For updates on the network's activities go to www.iaptprn.com/network-activity-and-news.html

BACP Professional Conduct Hearing
Findings, decision and sanction
Linda Bretherton
Reference No: 589825
Cheshire WA4

The complaint against the above individual member was heard under BACP's Professional Conduct Procedure and the Professional Conduct Panel considered the alleged breaches of the BACP *Ethical Framework for Good Practice in Counselling and Psychotherapy*.

The Panel made a number of findings and it was unanimous in its decision that these findings amounted to serious Professional Malpractice in that the service for which Ms Bretherton was responsible fell below the standards that would reasonably be expected of a practitioner exercising reasonable skill. The Panel found some mitigation and imposed a sanction.

Full details of the decision can be found at www.bacp.co.uk/prof_conduct/notices/hearings.php