

MARCH 2025

Private Practice

For counsellors and psychotherapists in private practice



A pathway to private practice

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and maintaining a career
in counselling

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most pressing issue**

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Self-harm is a complex and often misunderstood behaviour that can affect individuals across various demographics, including mental health professionals



Welcome

I was listening to an interview recently with someone who, before talking about a traumatic experience, said ‘trigger warning’. I wondered if this was ironic, given there was a split second between the warning and speaking of the experience, but, on reflection, I think it was intended as a serious warning to listeners who might find what was about to be said ‘triggering’.

While I’m the first to acknowledge that awareness of the impact of trauma is a good thing, I also retain what I like to think is a healthy scepticism in relation to the rapidity with which Gen Zer’s in particular seem so readily to profess to being ‘triggered’ by people expressing something they disapprove of, or deem too sensitive to be spoken of without health warnings.

While I hope I choose my language carefully, especially when discussing a sensitive topic – not wanting to cause unnecessary harm where this could be avoided – I’m uneasy that the emphasis on taking care can risk avoiding difficult conversations, or, worse, colluding with a victim mentality. My husband has a maxim he uses in moments when he feels people risk falling into victim mode: ‘Rub a little tough on it’. While this can easily *trigger* me when I’m upset and would prefer tea and sympathy, I understand, as a therapist, that we need to meet someone in their vulnerability when they’re hurt – attuning to what they’re feeling – while also supporting them, when the time is right, to ‘rub a little tough on it’.

We need to provide sufficient safety, containment and empathy – what Jung called ‘cup’ energy¹ – while also having the capacity to wield the sword, the ‘weapon of differentiation’.¹ If we embody too much cup, we risk colluding with the regressive pull in our clients to remain stuck in their wounding without the mobilisation necessary to move beyond it. If we embody too much sword, we risk causing harm. To find a balance between cup and sword is the sweet spot to aspire to, but we’ll each have our own valency towards one or the other. Perhaps then

we need to focus on developing how we hold the lesser part of the equation.

We currently see a disturbing rise in leaders and political parties whose excessive use of the sword leads to an oppressive use of power. One explanation for this is that it compensates for a perceived swing too far in the opposite direction – where attending to systemic oppressions in the service of equality, diversity and inclusion (EDI) is deemed to have got out of hand. Hence the argument about ‘free speech’, which some consider has been compromised by the EDI agenda, which it accuses of banning language and belief systems seen as politically incorrect, and making those who don’t agree wrong. The flipside of free speech, however, is that those in authority now think they have a free pass to say anything they like – however egregious.

I think it’s our duty as therapists that while we have personal perspectives that might (or might not) differ from our clients’, our ethical responsibility is to adopt ‘evenly suspended attention’², where we hold multiple perspectives simultaneously while retaining a curious and – dare I say it – even sceptical state of mind. In this way, we’ll stand the best chance of holding the tension of opposites always at play, inside ourselves and in the collective.

I hope you’ll enjoy the themes explored in this issue and am interested in hearing what’s preoccupying your thinking in relation to your practise, and more broadly. ●

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BACP NEWS

Catch up with the latest BACP news and resources



Letter to Home Secretary calls for therapy support for child sex abuse survivors

We've supported a joint letter urging the Government to guarantee access to therapy for all survivors of child sexual abuse, following the Home Secretary's announcement to implement three of the recommendations from the 2022 independent public inquiry.

The letter, sent by The Independent Inquiry into Child Sexual Abuse (IICSA) Changemakers, of which we are members, welcomes the progress made on '...mandatory reporting; delivery of a performance framework and more focus on online abuse and exploitation'. However, it goes on to express 'significant concerns' about the lack of focus and action on what survivors really want – mental health support services for those affected and senior Government level representation.

We're committed to working with the IICSA Changemakers Group and support their call for all 20 recommendations from the 2022 Jay report to be implemented as soon as possible.

Find out more at:
<https://tinyurl.com/msv6vrr8>

'Get Britain Working': our response to Government plans

We're hopeful the Government's plans to focus on mental health, including expanding mental health services to meet rising need, are the right approach to help people who want to work back into the workplace. But we're concerned these plans will be difficult to achieve without clearer proposals to grow the counselling and therapy workforce, who are necessary to provide these services.

The plans feature measures to help better support 2.8 million people unable to work due to long-term sickness, as well as the one in eight young people who aren't in education, employment or training. Plans from the white paper include:

- addressing key public health issues that contribute to worklessness, including an expansion of NHS Talking Therapies
- expanding access to expert employment advisers as part of treatment and care pathways, in particular within mental health and musculoskeletal services
- expanding Individual Placement and Support (IPS) for severe mental illness to an additional 140,000 people by 2028/29

- Connect to Work, a new supported employment programme, will support up to 100,000 people a year at full rollout, as the first tranche of money from a new Get Britain Working Fund
- delivering a Youth Guarantee so that all 18 to 21-year-olds in England have access to education, training or help to find a job or an apprenticeship.

As the next steps to implement and effectively deliver the proposals emerge, we'll work with the Government to ensure counselling and psychotherapy are part of the workforce expansion planned, to help deliver much needed service expansion. We want to ensure no one feels they need to choose between their health, work and benefits, and that a focus on securing meaningful work for people is a priority over work at any cost.

Find out more at:
<https://tinyurl.com/27ssz8cx>



NHS Change consultation: increased opportunities for therapists could change lives

NHS England must use the opportunity of its new 10-year Health Plan to ensure that counselling and psychotherapy are central to its workforce expansion to help meet mental health demand. We've issued this message to policy makers as part of our response to the NHS Change consultation, which will influence the Health Plan due to be published in spring 2025.

We've also highlighted the importance of counsellors in schools, funding early-intervention hubs for young people, addressing health inequalities, tackling stigma and addressing inequality in health care, and ensuring digital transformation of the NHS doesn't leave vulnerable people behind.

As part of the consultation response, we've outlined five things we want to see in the NHS 10-year Health Plan. These are:

1. Grow funding for mental health care in proportion to total health spending

Mental health services account for 8% of the total NHS budget, according to the National Audit Office, but only 28% of the burden of disease, the Centre for Mental Health reports. Since 2016, the Mental Health Investment Standard has helped to protect mental health funding from cuts and to grow funding quicker than increases in baseline health spending. However, analysis by the King's Fund found despite mental health funding increasing, it hasn't been fast enough to keep pace with demand.

2. Tackle the issue of rising demand for mental health services outpacing increase in capacity

Around two million people who reach out to mental health services in 2021 to 2022 were unable to access them, according to research by Mind. Insufficient capacity in mental health services have led to delays in accessing care, contributing to people's mental health worsening before they're able to access services, and moving pressures upwards to more specialist services, resulting in raised thresholds for accessing support, and mounting pressure on the existing services. The Health Plan must assess and address this capacity shortage and recognise that the workforce delivering psychological therapies

also includes practitioners employed by third sector organisations that directly deliver NHS Talking Therapies.

3. Offer a choice of care

It's essential that anyone accessing mental health services has an informed choice about the type of psychological intervention they receive, when it's delivered and who delivers it. Failure to meet these preferences has been shown to potentially limit how successful the psychological therapy is. NHS Talking Therapies for Anxiety and Depression programme says its services should offer a choice, yet this doesn't happen across much of the rest of mental health services.

4. Publish a revised NHS long-term workforce strategy

The NHS must work with us to bring counsellors and psychotherapists into the workforce in greater numbers. Our membership surveys consistently find that while 66% of our qualified members would like to work in the NHS, less than 6% currently do. Further research among our members found that on average they have the capacity to deliver five additional hours of therapeutic work a week. This additional capacity amounts to around 125,000 additional counselling sessions being available weekly. This would help provide life-changing support to those in need and increase access to therapy in England.

5. Implement a cross-government strategy on reducing health inequalities

As members of the Inequalities in Health Alliance, we support the call for a cross-government strategy to reduce health inequalities. Tackling health inequality must not be seen as solely the responsibility of the Department of Health and Social Care or the NHS. To prevent ill health, we need to act on the social factors of ill health, such as poor housing, food quality, communities and place, employment, racism and discrimination, transport and pollution.

Find out more at:
<https://tinyurl.com/4nmfjmyz>

Students enter final year of landmark psychotherapeutic training

The three-year *NHS Pathways* project, launched by five of the SCoPED partners in collaboration with NHS Talking Therapies, continues to deliver on its promise of providing fully funded postgraduate training in psychotherapeutic counselling within NHS services in England. The project, which began with the launch of three postgraduate courses in September 2022, has provided training in person-centred experiential counselling for depression, dynamic interpersonal therapy and couples therapy for depression to 46 students.

The training is aligned with the Scope of Practice and Education (SCoPED) framework and accredited by five of the six SCoPED partners, with the UK Council for Psychotherapy (UKCP) acting as the lead accrediting body. The initiative is not only about expanding the range of therapies available within the NHS, but also about fostering inclusivity and accessibility within the counselling and psychotherapy profession. By offering fully funded training, the project starts to break down financial barriers that have historically limited access to advanced qualifications. The success of this pilot programme could pave the way for additional funded training pathways, reinforcing the SCoPED partnership's collaboration with NHS decision makers and expanding opportunities for affiliated training providers to support the growth of NHS services.

Find out more at:
<https://tinyurl.com/322953km>



Chancellor's Autumn Statement is a good start for improving the mental health of the nation



We're pleased the Government has pledged to invest in public services, reversing years of chronic underfunding. The commitment of £26 million towards new mental health crisis centres to reduce pressure on A&E services is welcome, and we look forward to more information on how this will roll out in due course. The Government also reinstated its pledge to open Young Futures Hubs with the aim of addressing children and young people's involvement with violence and crime.

As part of NHS reform, the Government has also promised to expand community care. We'll work to ensure our members, many of whom deliver specialised psychological support in community settings, will be an integral part of this expansion. We also support the Government's vision for more care to be delivered through Neighbourhood Health Services, where our members already provide critical support.

The Budget included promising investment into schools, with resource spending on the education system in England increasing by £11.2 billion from 2023-24 levels. One billion pounds of the increased core schools' budget is also allocated for supporting provision for children with special educational needs and disabilities, and an additional focus on improving current poor school attendance is very promising.

Find out more at:
<https://tinyurl.com/38bxy32>

DIVISION NEWS

Catch up with the latest news from BACP Private Practice

BACP Private Practice Conference 2025

This year's BACP Private Practice conference will take place on Saturday 13 September, in London and online. The conference theme is 'How will you navigate your journey through private practice?' There will be much to inspire and ponder in a subject area that covers newly qualified therapists through to those who are considering retirement.

The cost to attend the conference is £105 for BACP Private Practice members, £120 for BACP members and £190 for non-members. A reduced rate of £60 is available to students, those in receipt of a state benefit, or the unwaged with no personal income.

To register your interest in attending the conference, email: events@bacp.co.uk



Changes to the Executive Committee

We're delighted to announce that Indu Khurana has been confirmed as the new division Chair, and Karen Spencer as Deputy Chair. We're currently recruiting for new Executive Committee members.

You can find out more and register your interest in joining the Executive by emailing: divisions@bacp.co.uk

Private Practice Toolkit

The *Private Practice Toolkit* is aimed specifically at supporting BACP members working in private practice to set up and maintain a thriving practice. It is designed to combine business skills with ethical and therapeutic practice. We are continually adding a wide variety of new content to the *Toolkit* from our journals, blogs and Good Practice in Action (GPiA) resources.

You can view the *Private Practice Toolkit* at www.bacp.co.uk/pptoolkit



Networking

Our regular network meetings for members living in all four nations offer a unique opportunity to come together and share experiences, challenges, success stories and business ideas. They give you the chance to network with other members and meet your elected and Executive members. The meetings are free for members and are a great place to discuss issues of current internal, external, national and local importance.

Find out more at:
<https://tinyurl.com/mr3jdy95>



INDU KHURANA

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Joining the Executive is a wonderfully impactful way to be more connected with the private practice community



Indu Khurana is a transpersonal integrative psychotherapist, coach, supervisor, trainer, facilitator and croissant eater. She prides herself in being relational in her dealings with others. Occasionally, she is a writer too.
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I'm writing this column on a rare, pale, watercolour-blue-sky-day, anticipating dryer, calmer weather around the corner. Perhaps as an echo of these climatic signals, I have hopes for a more stable Private Practice Executive Committee around the corner too. I've now been confirmed as Chair and my colleague Karen Spencer has been confirmed as Deputy Chair. Reflecting the unsettled events taking place around the world, we've experienced some unrest within the Executive recently, but, ever the optimist, I'm hopeful that we're heading into a fairer wind and a more settled period. Karen and I continue to be supported on the Executive by Margaret Ward-Martin.

The political and climatic issues at large will also be ones our clients might be bringing to sessions, and that we therefore might be dealing with, both consciously and unconsciously. This reminds me of how important self-care is, even if our bodies are not shouting loudly enough for us to pause and take notice of physical signs.

In the currently small Executive Committee, we try to take care of each other and ourselves by endeavouring to be transparent in our responses to events and exchanges, so that we're not carrying each other's transferences. This sharing of our vulnerabilities results in a greater sense of connection between us, which helps to strengthen our little group. I hope this will continue as the Executive grows.

As a division, we're eager to receive applications from members interested in joining the Executive Committee. If you'd like to help us to shape the Executive, which represents the voices of so many in the broader membership of BACP, please see page 6 for details of how to apply. Joining the Executive is a wonderfully impactful way to be more connected with the private practice community. We hope to conduct interviews in April and would very much welcome applications from the diverse group that we know the division membership comprises.

Once we have a fuller contingency, we'll be in a much healthier position to develop more resources for the *Private Practice Toolkit*, and maybe even think about how to make it more accessible as a resource. We have many other plans and desires for resource development in the division, but we need your help.

Picking up on my earlier point, carrying vulnerability and transparency into our practices can pose dilemmas.

Traditionally, we've been taught to keep self-disclosure to a minimum with clients. But what I'm finding in this ever-changing world is that clients might appreciate knowing a little about their therapists at times. While we continue our discussions on this point in the profession, for some therapists, in choosing a niche for their practices, it might help to attract clients by very judiciously revealing a little something about themselves.

Whether we choose to reveal more of ourselves, or not, I would hope that our fellow professionals will not pass judgment either way. If we can justify that we've revealed something in the best interests of our client, and have done so with due consideration in supervision of the potential impacts of self-disclosure, then it's likely to be ethically acceptable. But this is a very individual decision and should always be taken with the best interests of the client in mind.

Despite our small numbers, I'm pleased to say that – in consultation with members – we've finalised the theme of this year's Private Practice Conference and are currently seeking speakers on the theme: 'How will you navigate your journey through private practice?'. We're excited by the title, as we feel there will be much to inspire and ponder in a subject area that covers newly qualified therapists through to those who are considering retirement. We feel sure that you will too when you see the full programme.

On a separate note, I wrote in my last column about my take-away from the Pre-Trial Therapy (PTT) talk at last year's Private Practice Conference. Contrary to what was written, I'd like to clarify that my takeaway from Jill Swindells's talk was that clients of any crime, *can* talk about the crime and their feelings in therapy, as they progress through the judicial process. But as we are not investigators, any questions we ask, should be for clarification only. We should *not* probe. It's imperative we remember more generally that our notes can be called upon in evidence. Jill gives further guidance about notetaking in relation to PTT in her own article within that same issue of the journal (December).

For many of us, this has been an area of confusion due to it being under-discussed in the past. So it's good to now get some clarity. Jill also runs day-long workshops on the topic which will help to shed more light on the issue. ●



A pathway to private practice

For those thinking about starting out in private practice, **Rick Hughes** reflects on the process he went through to evolve his counselling career

The work of a counsellor is always a journey of continual professional and personal learning and development.

That is its beauty. And it has the huge advantage as a profession that the skills are highly transferable; we can carry our basic toolkit with us from one context to another, adding specialist knowledge and adaptations as we go. And it shows in the breadth of experience we can claim – the stickers on our luggage, if you like. Few of us will have followed a closely curated career pathway as we reach the end of our professional journey.

I left school in the mid-1980s with a set of abysmal qualifications. School bored me. I didn't really know what to do next but managed to get onto a BA (Hons) business studies degree, which I hoped would be sufficiently broadly based to help me eventually find a purpose and meaning in life. I enjoyed two subject areas in

particular – marketing and organisational psychology. Marketing initially triumphed, and I subsequently found a job with an advertising agency.

But, after a few years, I started to question my suitability for advertising. While I enjoyed the creative side, to me it seemed to be all about persuading people to buy something they often didn't need; it was all about the exchange of money and conspicuous consumption. I felt the 'people' side was

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...we can carry our basic toolkit with us from one context to another, adding specialist knowledge and adaptations as we go

missing in my life. The only account I really enjoyed working on was Guide Dogs for the Blind Scotland, mainly because I'd make up excuses to visit their Scottish training HQ, where I would go and play with the puppies. The writing was on the wall. I was a people person – and a puppy person.

Eureka moment

One constant for me during my first university degree and beyond was that I always seemed to be the person folk would seek out, albeit usually in a pub, to talk about the struggles in their lives – relationship issues, losses, stresses, worries, anxieties and so on. I enjoyed being able to help. When my partner at the time raised the idea of me training to be a counsellor, it was a eureka moment and the planets started to align.

I tested the water with a certificate in counselling skills, then completed a full-time diploma in counselling. Both gave me the

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a closely curated career
pathway as we reach the end
of our professional journey

skills and competences to start my new career. During the diploma, I completed two placements to build up my practice hours with clients – one at a GP practice and the other at a private therapy centre. They were very different environments, and that is when I realised that I could be a counsellor in different contexts – that counselling training is where you learn the therapeutic skills that you can then carry with you into a wide range of practice contexts.

But my diploma course provided very little information and guidance about these varied, different environments and what it's like to work in them. And when I was researching for my first book, *Experiences of Person-Centred Counselling Training*,¹ I realised this lack of preparation for a counselling career and teaching about the different options ahead was common throughout the UK.

Fast-forward to 2022, and my nephew began to show an interest in training to be a counsellor. 'What's it like?' he asked. I gave him some pointers and a few books that I felt would provide him with a broad picture. Then he asked, 'But where could I work?' So, I talked about my own experience of working as a counsellor in private practice, in primary and secondary care, in the workplace, employee assistance programmes (EAPs) and universities, plus a foray into coaching and mentoring. I didn't give him any books to read about the different counselling contexts because I couldn't find any.

Some of the best business ideas emerge from identifying a need or a gap in the market, and the same applies with books. So, I spotted a gap in the counselling literature, providing the vital information about counselling career development pathways and the different

sectors where you can work. It took nearly two years to pull together a crack team of some 60 contributors and tease out a representative insight into what it's like to practise in a range of settings.

Choices, choices...

Do you choose your preferred sector, or does it choose you? Much can depend on the work opportunities in your local area. When I was a workplace counsellor, I found many colleagues had previous experience in other roles and organisations before training to be a counsellor, so they were already familiar with industrial, commercial and business settings.

A major component of the ethical frameworks produced by our professional bodies is the commitment to ensure we're competent to practise safely and effectively, as well as ethically. While ultimately the work

is all about the client you see in front of you, the context can have a massive impact. Understanding the environment in which you work is crucial to your therapeutic competence needed to work there.

Every year, BACP conducts a workplace mapping survey to fill out a picture of the working practices of their members. In their latest survey, the largest majority of members worked in private practice (nearly 70%); nearly one third (30%) worked in the third, charitable and voluntary sector, and after that the numbers drop sharply in relation to the other main settings and contexts.²

The United Kingdom Council for Psychotherapy (UKCP) conducted a similar mapping survey of its members in 2020. UKCP tends to represent mainly psychodynamic therapists, rather than counsellors. Specifically, of the 2,180 members who completed the survey, 80% were working in private practice, education or the charity/volunteer sector; 163 worked in an EAP; 67 worked for an organisation funded by their local authority; 1,850 worked in private or independent practice; 107 worked for a non-NHS health service provider; 487 were based in the charity/volunteer sector; 208 worked in further or higher education and 130 worked in schools. Of the 20% working in the NHS, the majority were paid at Band 7 or Band 8a – that is, at the more experienced, senior end of the NHS pay scales for psychological practitioners.³

Setting up in private practice

Early in my career, I was drawn to the notion of private practice; being my own boss and having freedom and variety, but I needed to have a long, hard think about whether I could do it and if it was right for me.

If you work as a counsellor employed by an organisation, you usually have guidance, mentoring and support in place, together with a plethora of systems, policies and procedures, all written up for you to follow. In private practice, this largely becomes your responsibility. How will you find clients? How will you manage your diary and workload? How do clients contact you and how and when do you respond? What paperwork do you have in place, including contracts? Are you compliant with all the necessary business requirements and regulations, including tax returns (and



Setting up in private practice and developing and maintaining it requires us to explore, tease out and answer multiple considerations

paying tax), registering with the Information Commissioner's Office, having appropriate insurances in place and following GDPR (data protection) best practice guidelines?

How do you market yourself and promote your practice? Do you need a website and how can you best present yourself and what you offer? How do you deal with finances, payments and invoicing? What will you do if a client doesn't pay you? If you're impacted by particularly emotionally draining work, what support is available to you? Does your supervisor have sufficient understanding of private practice to give you the support you need?

When I started in private practice after qualifying, several issues emerged that I'd not expected. For instance, I found it quite lonely and isolating – I didn't have colleagues I could debrief with after a difficult session or a tiring day. My supervisor was excellent but sometimes supervision wasn't enough. I had one client who would test my boundaries, phoning me at night in crisis, another who gave me concerns about my own physical safety, and another who said they'd fallen in love with me. And I was living alone and working alone, from home. When you're counselling in an organisation, you have greater protections in place and colleagues for support; in private practice, you need to plan and prepare for this yourself.

Is private practice right for you?

So, again, is private practice right for you? Caz Binstead sums it up nicely in the following list of 'known knowns': 'I know myself. I know who I am. I know what kind of business I run. I know how I want to present myself. I know how I run my practice. I know my worries. I know the things that could crop up. I know how I am with boundaries.'⁴

Most people in private practice either work from home or rent a room elsewhere. Post-COVID, many are also working online, so can potentially be based anywhere that offers the necessary basics. The main benefit of working from home is that you're not paying rent for a counselling room (which may stand empty a lot of the time). However, this is your home and your living space. Is it convenient, safe and appropriate for you and your clients? There are different considerations for both parties. How might you both feel meeting in your home?

You'll need to inform your house insurance company that you're using your home as a business premises, so your premiums may go up. Think about the client experience: from entering the door, how do they get to your counselling room in a way that's safe for them and maintains your privacy and personal boundaries?

Even things like the layout, décor and furnishings can be important. Initially, I furnished my counselling room with two large, matching leather swivel chairs, which reclined slightly. Most clients loved that they could recline slightly or swivel round gently. But a few larger clients found them unstable, so I

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You're your own boss, you can pick and choose how often you work and, potentially, with whom and for how long you work

introduced a sofa (which could seat a larger client and gave clients space for handbags, laptop cases, jackets etc), and a matching chair for me, which seemed to work better.

I chose the pictures carefully and ensured I had no personal photos on display. I put my qualifications and insurance certificates into clip frames and hung them on the wall. Again, most clients seemed to find this reassuring, although one thought I was being smug. I had to consider the state of my bathroom, in case clients needed to use it. What was on show? What did my choice of shampoo and deodorant say about me? It became the least cluttered and certainly the cleanest room in my house. And at one stage, I had a large, illuminated fish tank in my counselling room, quietly bubbling away in the background. All but one client seemed to like this and felt it created a relaxing atmosphere. One client arrived for a session and said they wanted to use the space just to sit quietly, watch the fish and use this as a time to reflect, think and contemplate. It was the longest silence I ever experienced. But another client berated me for keeping fish in an aquarium, saying they should be free and not kept as pets or treated as toys.

You can't always win!

You can't always win! But it's useful to think about the consequences of your choices and

how your clients might react. This is where supervision can be helpful, giving you a chance to reflect on client feedback – the good and not so good. Based at home, I worked as an affiliate for several employee assistance programme (EAP) providers. Each wanted to inspect my premises, either in person or from photos I was asked to provide. It was a bit unnerving to be 'inspected'; it made me realise clients might be consciously or unconsciously doing the same. And I should point out that working for an EAP affiliate is not an entry-level occupation; normally providers require you to be accredited and have several years' post-qualification experience.

Setting up in private practice and developing and maintaining it requires us to explore, tease out and answer multiple considerations. This sector context can be hugely rewarding. You're your own boss, you can pick and choose how often you work and, potentially, with whom and for how long. If you're thinking of private practice as a career path, I wish you the very best. You'll join tens of thousands of fellow private practitioners and, hopefully, make a powerful, positive and purposeful impact on the clients you meet. Good luck! ●

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FIND OUT MORE



This article is an edited extract from *Counselling Pathways: developing your career*,⁵ edited by Rick Hughes. It's reproduced with permission. BACP members can order

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YOUR THOUGHTS, PLEASE

If you have a response to the issues raised in this article, please write a letter, or respond with an article of your own. Email:

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NICKY MARSHALL

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‘Polyamorous’ supervisory relationships are not uncommon, and readily accepted within the profession



Nicky Marshall is in private practice and a trainer at the Re-Vision Centre for Integrative Transpersonal Counselling and Psychotherapy. She is a contributor to *Transformation in Troubled Times* (Kaminn Media Ltd).

A trend that’s caught my attention is that supervisees are presenting work with clients who, among their intersectional identities, include that of being polyamorous. Sometimes this is an ‘incidental’ aspect that’s not related to their presenting issue, but that’s not the case with the client material that led to the supervisory issue I explore below.

The supervisee, James, has been working with a client called Sam. Sam’s natal sex was assigned as female. Since their mid-teens, they’ve identified as gender fluid and use they/them pronouns. Sam also identifies as bisexual and wants to explore polyamory within their relationship with a partner who identifies as male. Both are open to Sam exploring their sexuality outside the relationship, and ambivalent about what this would mean for them.

Sam started seeing James with this as the presenting issue, but a lot of the work addressed the way in which Sam’s previous therapist had closed their practice due to a health crisis, and the early abandonment trauma this triggered for them. The recent events that James brought to supervision relate to something that happened while he was on leave over the summer. Of note here is that James has another supervisor who he sees occasionally to support another aspect of his practice.

James saw Sam for their first session on his return from holiday, while I was away. Sam reported that, having been triggered by an argument with their partner, they’d sought contact with their previous therapist, and had a session with them. Sam then secured the agreement of the other therapist that they could meet on an ad hoc basis. The other therapist knows about the relationship with James, and Sam wanted to be honest with James, but also wanted to know that he would accept this arrangement, as Sam valued the work with both. James empathised with the need for the crisis session and also said he needed to think about the ethics of agreeing to work with someone who was also seeing another therapist.

James sought supervision with his other supervisor, who was available while I was away. He had checked his code of ethics, and while such a request needs to be thought about in terms of respect for client autonomy, acting in the best interests of the client, and considering his own professional wellbeing and philosophy of practice,¹ there’s no ethical imperative that ‘thou shalt not work with another therapist’s client’. The widespread acceptance that this is ‘not a good idea’ stems from the analytic origins of counselling and the

importance of preventing splitting, but this is more of a professional shibboleth – ‘a custom, principle, or belief distinguishing a particular class or group of people...’² – than an ethical principle. His integrative orientation meant he was open to considering the request, but he needed to think it through, which is what he told Sam.

In discussion with his other supervisor, he concluded he was willing to consider the proposal after further discussion with Sam. He was advised that if he did agree, he should contact the other therapist, although he was unsure about the purpose of that, and felt uncomfortable with the suggestion, which is what he brought to me.

We were both interested in the enactment of Sam seeking to establish ‘polyamorous’ therapeutic relationships, and what this might offer them in terms of exploring this aspect of their sexuality in a metaphoric way with ‘partners’ who wouldn’t have the same emotional investment as their actual partner, but whose countertransference responses might also be of value to them. For example, James’s reluctance to contact the other therapist, while accepting their presence, mirrors one model of polyamory, in which the primary partners accept there are other lovers, but don’t want to know or meet them.³

The need for ongoing dialogue about the dual connections is another parallel with the ethics of non-monogamous relating, which Sam had already demonstrated.⁴ We were curious about the way in which Sam’s psyche had created circumstances in which this parallel process could support them to gain insight into what their relational style meant for them, and how they can live with integrity and autonomy in the world, as well as the therapy room.

We reflected on the importance of holding both the inner child and their abandonment anxieties, and the wise adult who can accept that no one person can meet all our needs. Of therapeutic importance would be to explore with the client what might be being replayed from earlier wounds in seeing two therapists, what might be gained by fighting to get their needs met by one, or what might be a wise recognition of what support they need and where to find it.

While James and Sam will need to continue to explore this choice in terms of how it is serving Sam and the therapeutic process, we concluded that the full definition of a shibboleth applied in this instance: ‘a custom, principle, or belief distinguishing a particular class or group of people, especially a long-standing one regarded as outmoded or no longer important.’² ●

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Loneliness

Loneliness is the most pressing issue in society today, and for that reason, counselling too, writes **Jeff Weston**

This article was supposed to be about unconditional positive regard (UPR). Although I had seen its effectiveness in the counselling room, part of me believed it risked weakening clients for the real world, giving them an unrealistic template of how humans behave. It then dawned on me that most of my clients are lonely. Not in an obvious way, necessarily. But because their faith in humanity has been dented, and they seemingly have nowhere to turn. Their voices unacceptable in normal circles. Their thoughts suppressed. The worry and despair in their heads churning daily but with no outlet.

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When we're lonely, we're shaken and buffeted by the world. We become scared, unfulfilled, forlorn and abandoned

Loneliness, to my mind, is the most pressing issue in society today, and for that reason, counselling too. I must give it a stage therefore and push UPR aside for now. Family issues. Separation. Divorce. Loss. Bereavement. Empty nesting. Alienation. Working while in our 50s and 60s. Not being listened to. The expectations of others. They all impact our position in the world, our nervousness, our disposition, our fear of tomorrow, our physical isolation now.

Loneliness leads to anxiety and depression

In simple terms, $L=A+D$ (Loneliness leads to Anxiety and Depression). And anxiety and depression encompass a hell of a lot. They are in the habit of trampling us, mangling our thoughts, pulling us down, making us feel weak. They ‘...[add] stressors to the bucket... until one day [we] overflow...’¹ Georg Lukacs, after being ditched by his partner, famously wrote: ‘Now my “ice-age” has returned.’² I cannot think of a better metaphor. That feeling of everything being cold, inaccessible, harsh, different and perhaps dangerous. Of life

and nature building a solid wall so that its finer elements may no longer be touched or treasured. It’s exclusion of a kind – the world freezing around you, not showing grace or warmth.

Loneliness is the same. You cannot just open a door and find good company. You cannot instantly fuel the needs within you or find answers to your plight. Loneliness is a stake through your foot in many respects. It’s inertia – a physical response to the suffering of your mind, a psychosomatic bludgeoning of stability and normality. When we’re lonely, we’re shaken and buffeted by the world. We become scared, unfulfilled, forlorn and abandoned. Some people let it grip them fully and find refuge (or oblivion) in drink, drugs, incessant gaming or poor diets to offset the emotional emptiness they feel. Others see through the sham and temptation of those temporary highs and try to fight

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what they believe to be a bump in the road or stalling of their life.

Loneliness can be debilitating and draining, however. It can paralyse and sap you. It can make you feel that absolutely no one cares. Unless there's a deal to be had. Unless you put on a front. Unless you pretend. And that's the point with loneliness. You've often been authentic, real, yourself, but not accepted. You've chosen not to 'play the game' anymore but rather grow up and be forthright.

Clients have often come to me and been bamboozled by the false merriness of the world, but also its sensitivity. They've considered themselves mean, difficult, angry, or just plain upset due to their predicament. They have, in a lot of cases, been unable to find '[their] tribe'³ and such a jam or situation is hard. We all wish to be part of something (even if very loosely). We all need anchors of some kind.

Most people commit to a life of work and play. Some beautifully complicate things by wanting more. I would go so far as to say that the latter group are invariably lonelier, simply because they need to focus and cannot have the typical interruptions of daily life (random phone calls from friends and spontaneous evenings out) alter their path or disturb them. In other words, life must be on my terms if I'm to achieve something. I must exert a certain amount of control and pushback if I'm to get things done that may carve out a quite unique existence.

Such a life comes with consequences. Emily Dickinson, the American poet, wrote: 'Nothing has happened but loneliness.'⁴ There are an array of 'types', of course, and it's important to establish with clients what

exactly it is that equates to preferred or joyful solitude, and what tips them too far into the maelstrom of disturbing loneliness.

Erich Fromm wrote '...[one's] mode of life... determined... by the peculiarity of an economic system, becomes the primary factor in determining his whole character structure, because the imperative need for self-preservation forces him to accept the conditions under which he has to live'.⁵ The words 'peculiarity' and 'self-preservation' stand out here. We all see peculiarities, abnormalities, anomalies and outliers in systems and the world at large. We may even see such quirks within ourselves. When such oddities become unfair, however, and undermine the wider good, we start to question how and why that system could have been built. People, procedures, business, politics – they all come at us. Certain things we find difficult, not in keeping with what we believe to be right, intelligent or gracious. And yet we fall back on that unsavoury word, 'self-preservation', as if it alone justifies not confronting things or tackling bad decisions.

I'm always amazed, in the different worlds I inhabit (publishing, counselling and stockbroking), how compliant people are, how they regularly obey and co-operate with awful decisions made above them. How they just 'crack on' without dissent of any kind. I guess, in this respect, I wonder who I am and who my clients truly are, because we're all seemingly trying to find strength while in the shadow of people we perceive to be clowns or bozos (to put it impolitely).

Does fighting the system make it harder? Undoubtedly so. Does being less agreeable and challenging things perhaps lead to loneliness? Absolutely. Fromm put it this way: '[We] need to be related to the world outside [ourselves]... [as] to feel completely alone and isolated leads to mental disintegration just as physical starvation leads to death'.⁵

So where does this leave us? And where might we find our tribe, or collection of individuals with similar outlooks? We don't, after all, wish to be '...ostracized... or beaten up... [as in the case] of apes or chimps in a group... [sat] in a corner contemplating'.⁶ But then some rail at '...the stupidity of books that tout cures...', which I understand because one person's answer isn't necessarily another's.

Loneliness is 'an emotion cluster', according to Fay Alberti, comprising a range of alternating



feelings – including fear, anger, resentment, sorrow, shame, jealousy and self-pity'.⁸ This, I can run with, because it gives us scope, breadth and difference. It seems to exemplify a rainbow of sensations which ultimately contract or diminish us in some way.

Fear

Fear is interesting, as we may have once imagined ourselves growing incrementally. We may have been told that life should be a linear graph, with the x-axis as lived years and the y-axis as wisdom, wealth and self-assurance. Fear permeates us though. It hints at unpleasant circumstances if things continue the way they are. It speeds up our heart rate. It triggers an adrenaline surge. It is, you could argue, the big brother of anxiety in that '...fear is a strong biological response to imminent danger [whereas] anxiety is marked by

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Being myself for a good, solid chunk of time in the foreseeable future is essential to my wellbeing



“Loneliness can be debilitating and draining... It can paralyse and sap you. It can make you feel that absolutely no one cares

apprehension and worry over things that may or may not occur...’⁹

Fear genuinely grips you. In my experience, it seems to map out an unsolvable puzzle; one with numerous dead ends or overwhelming requirements. Fear sees that life has become too complicated, too burdensome, no longer smooth. Whatever looked good, within touching distance – perhaps retirement – now seems like an unrealistic dream; our flagging energy tormenting us, telling us that whichever path we take, we’ll regret it. And this, of course, leads to loneliness because there are no answers, no cures, nowhere to turn. We’re frozen. Suspended. If we present our dilemma to others, then shame kicks in. Then perhaps anger and jealousy, following a feeble or apathetic response. Finally, resentment, sorrow and self-pity are left to sweep up the mess, in the process lifting a mirror up to our dejected face.

We reach a lot of crossroads in life. I joked with a friend the other day that you’re not really an adult – not even close – until you’ve been married, had kids, lost a grandparent, suffered illness of some kind, worked for 35 years, got divorced and begun to question everything you thought to be true. The sad thing is, I’ve probably come to believe that. And yet I think I’m a good therapist because of this happiness and hardship. It has honed me. It has allowed me to see the real beauty in life – what we miss, what we value, what we long for, what we adore, and what makes us truly ache when it disappears.

Loneliness has a lot of ‘...clout [and] can... be triggered and compounded by adverse life factors’.¹⁰ Such a statement is irrefutable. It can be torn down though. The ‘slow choke of loneliness’¹¹ can be reversed. But the healing is often sluggish. Clients speak of an ‘...emptiness...

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“ I wanted conversations that stirred me. I wanted exceptional, uplifting, well-meaning exchanges

[the] desperation of wanting to allow people in but not being able to.¹⁰ This appalling situation suggests both a willingness and unwillingness to move life forward, almost as if the embarrassment of your plight or predicament is too permanent a stain to admit to.

‘Is this really how I want to present myself to the world?’ can be the underlying concern or mortification. ‘Is framing myself this way tantamount to nullifying my dignity?’ Music was said to be Richard Strauss’s ‘...chief refuge from the unspeakable within him...’¹² – loneliness, terror and death. When I have seen clients evidently running from the world, not facing it or doubting themselves, I tend to ask them one simple question: ‘What is it you’re proud of or like doing?’ Some will tell me about their love of music, like Strauss, but how they’ve neglected their instrument. Some will tell me about their art or great drawings, but how they’ve not attended to such endeavours recently. Some will talk enthusiastically about a project they’ve started (gardening or woodwork) but failed to finish.

Accomplishments. Enjoying things. Feeling at one with yourself. They all tend to restore something inside us and gear us up for the world. Without that creative spark, at whatever level, I believe people feel lost, not as brave, unworthy somehow. And this impacts our self-worth. To some, relationships, full stop, can be ‘...at best “...embattled togetherness”’;² which I found quite acute

and amusing; like being inside one is the equivalent to a readiness for war. This arguably teeters towards actively avoiding or resisting self-preservation, namely being on the outside. Better to *be* lonely, prize solitude and not indulge in the giant compromise that is love or friendship.

But then, is this ‘...silent stoicism [or] abject cowardice’?¹² We all need time away from crowds, people and loved ones, yet when this hurtles into resigned isolation, we must ask ourselves: What is the cause of this? Has the world taken a turn I’m simply not happy with? Has spending ‘...serious time out of circulation’⁷ multiplied my fears in an unfounded way? Or am I just bored with humanity and no matter what the anguish or consequences, I would prefer that to having surface conversations?

The past

Cowboys ‘...broken in body... twisted in spirit [and] bruised by debt, failure, loneliness... and most of the other afflictions of man [are said to be] extreme romantics [and] sentimental to the core. They are oriented towards the past and face the present only under duress, and then with extreme reluctance.’¹³ Sometimes I wonder if we reach an age where this becomes very telling and trenchant, when our lives definitively tilt towards the past because it represents an easier and richer time. This cannot account for all loneliness cases or even the majority, however, I’m inclined to think that we do begin to look at the past with fondness because it offers both certainty and guarantees (with a flash of warmth), while the future dangles things before us in an undetermined way. Moving beyond this stasis, while respecting the past, is the ultimate test. Finding a way through the ‘glass wall’,¹⁰ which seemingly separates us and others, us and the ‘content crowd’, us and ‘normality’, is the real challenge.

I was sat at a restaurant table the other night with 15 work colleagues. It was pleasant enough, a nice send off for someone whom I’d known for 25 years, but I felt a little worrisome. No one could see that. I put on a reasonable act. I’m in the habit of becoming extremely quiet if I’m reflecting on life and maybe that’s more of a red flag. On this occasion, I was relatively OK. I’d even chosen a chair among people who I was less forced around. But, and here’s the big but, it wasn’t sufficient or adequate. I was keen to get home and relax properly. Why? Because I wanted

conversations that stirred me. I wanted exceptional, uplifting, well-meaning exchanges.

Such a comment will insult many people, but I’m just being emotionally honest. And it’s largely why loneliness creeps up on me at times (perhaps out of disappointment that no one wanted to chat about the new Bob Dylan biopic, *A Complete Unknown*, or the new Maria Callas biopic, *Maria*). They were my teammates, but they weren’t my tribe. I indulged in self-preservation to a degree, but to retain my sanity I’ll avoid going out with them for the next four months. Being myself for a good, solid chunk of time in the foreseeable future is essential to my wellbeing.

Olga Khazan, in 2017, wrote: ‘People with few social connections experience brain changes that cause them to be more likely to view human faces as threatening, making it harder for them to bond with others.’¹⁴ I see the logic. I see the spinning fruit machine that wishes to line us all up like lemons. But it’s the *type* of bond which is important. Shared interests. Depth. Tomfoolery. Whatever moves you or fulfils you. There’s no escaping that, unless you wish to hang out with incompatible souls. I think loneliness deserves better though. I think it deserves warmth and wit. ●

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YOUR THOUGHTS, PLEASE

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CHRISTINE SCHNEIDER

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Artificial intelligence has evolved at such astronomical speeds that entire industries... are scrambling to keep up



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No, this feature wasn't written using artificial intelligence (AI). That's the sentence I now feel compelled to write, after the recent rejection of two of my articles by a publishing platform I use to reply to journalist requests. Within minutes of submission, both articles were volleyed straight back at me and flagged as 'possibly AI-generated', with an additional explanation that '...while it doesn't mean that they were, we use the same AI detectors as journalists, and we don't want to risk any potential issues'. What was so laughable about it was that these pieces had been written in a more conversational and chatty tone than usual, as I was trying to come across as more personable, and, ironically enough, human.

Let me explain: the original articles were responses to journalists seeking expert commentary on general mental wellbeing topics, such as avoiding burnout or improving sleep health. They were aimed at a very broad and general audience, and to make them more accessible, I had adopted what I thought was a friendly and approachable tone. As a result, my writing was flagged as sounding suspiciously artificial. In trying to sound more approachable and engaging, I'd inadvertently created the linguistic equivalent of an uncanny valley: my words weren't human enough to pass.

When the revised drafts came back, I hardly recognised them. What had started as engaging, conversational prose was now reduced to a few superficial bullet points and empty platitudes. The new drafts that I was supposed to submit instead, were utterly devoid of any soul and, to me, sounded like something a robot might write.

I couldn't help but feel a sense of loss. Those articles were my creations, containing my personal insights and talking about my own professional experience. Now, they were missing any real depth and the additional information that I'd originally included, as I was trying to give the readers value and some tangible insight into the topic, instead of just filling the page with something so obvious it has been listed hundreds of times before. Yet, to avoid the risk of setting off AI detection tools, I was expected to present something that felt entirely artificial and robotic. Worst of all, I was supposed to submit these articles under my name, which was something I didn't feel comfortable doing, as I hadn't written any of the new content – not a single word.

Having had two of my articles rejected wasn't that big of a deal for me, but for others, the stakes are much higher.

I regularly hear from students who've been falsely accused of using AI in their work. They are effectively being accused of cheating and face severe consequences, from academic penalties to expulsion. Often, they're not even given a chance to defend themselves or register an appeal. This is extremely worrying. Then there's the additional issue of those using AI detection tools, themselves relying on AI, which could spark an entirely separate ethical discussion.

I've since spent some time playing around with AI detection tools, and the results I got were wildly inconsistent. Original texts were sometimes flagged as over 90% AI-generated, while whole paragraphs that had been entirely written by AI passed as human. I tried out a variety of resources, and different tools produced different scores, highlighting just how arbitrary these judgments can be.

My main concern is that those using these tools may forget that AI detection is, by its very nature, imperfect. These systems operate based on patterns and probabilities, without any actual understanding of intent or nuance. So, what kind of writing are we encouraging in an age of AI detection? The edits I was expected to submit, so that my articles wouldn't raise any red flags, sacrificed tone and creativity for safety. They came from a place of fear, not wanting to risk upsetting the journalists who'd asked for comment, and they completely deleted my own voice in the process. While their caution was understandable – no one wants to risk reputational damage – it certainly came at a cost. When fear dictates how we write, authenticity and creativity invariably suffer.

To me, the biggest risk right now is that we're all navigating uncharted waters. AI has evolved at such astronomical speeds that entire industries, as well as publishing and academia, are scrambling to keep up, while relying heavily on imperfect tools. If these systems can so easily mistake human creativity for machine output, and if the proposed solution is to make our writing less personal, then what does this mean for the future of creativity itself?

For now, I have no definitive answers. What I do know is this: my original articles weren't allowed through on a platform gatekept by machines, but I was expected to submit versions that didn't include a single word written by me. That contradiction feels like the starkest irony of all. ●

Therapists who self-harm

Counsellors who have a history of self-harm may bring a unique perspective to their work, writes **Paul Demetriou**

In the realm of mental health, the journey of recovery often transforms personal pain into professional purpose. This article explores the unique experiences of three therapists who have navigated the challenging path of self-harm and emerged with insights that now shape their therapeutic practices. These narratives not only highlight the resilience and dedication of these professionals but also offer valuable perspectives on integrating lived experience into effective, compassionate care.

The term 'self-harm' is used to describe all intentional acts of self-poisoning (eg overdoses) or self-injury (eg self-cutting), irrespective of degree of suicidal intent or other types of motivation. Self-harm has been a growing problem in most countries over the past 40 years. In the UK, it's estimated that there are now more than 200,000 related presentations to general hospitals per year.¹ In addition, self-harm often occurs in the community and doesn't result in presentation to hospital or other clinical services.¹

Self-harm is a complex and often misunderstood behaviour that can affect individuals across various demographics, including mental health professionals. Despite their knowledge and expertise in dealing with

mental health issues, professionals in this field are not immune to the struggles that lead to self-harming behaviours.

Research indicates that the prevalence of self-harm among mental health professionals, including counsellors, psychologists and social workers, is significant.² For instance, a recent survey revealed that approximately 15% of mental health professionals reported a history of self-harm.² This rate is comparable to, or even higher than, the general population's self-harm rates, which range between 4% and 23%, depending on the demographic and study.³

Self-harm among counsellors, though less frequently discussed, can occur as a maladaptive coping mechanism in response to the unique stresses and pressures inherent in their professional roles. Counsellors are trained to manage and support the emotional and psychological wellbeing of their clients, but this responsibility often comes with significant emotional burdens, which can sometimes lead to self-harm.⁴

Counsellors often work with clients who have experienced severe trauma, abuse and other distressing life events. The process of empathising deeply with clients' pain and suffering can lead to vicarious trauma, where counsellors begin to experience symptoms like those of trauma survivors.

This constant exposure to traumatic material can result in compassion fatigue – a state of physical and emotional exhaustion that reduces the ability to empathise or feel compassion for others.^{5,6} When counsellors are overwhelmed by these feelings, they may turn to self-harm to cope with their own emotional distress.^{7,8,9}

Counsellors, like everyone else, have personal histories and vulnerabilities. Some may have experienced their own traumas or mental health issues, predisposing them to self-harm. The stress of their work can exacerbate these vulnerabilities, leading them to revert to self-harming behaviours to manage overwhelming emotions.^{10,11}

Some interpersonal models also suggest that self-harm behaviours are associated with

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Self-harm is a complex and often misunderstood behaviour that can affect individuals across various demographics, including mental health professionals



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Research indicates
that the prevalence of
self-harm among mental
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is significant

an individual's past and present relationship factors, such as abuse, attachment styles, rejection, loss and conflict.¹²

One respondent, Liza, said: 'It was never suicidal with me. It's a cry for help. I've never really, uh, well I only went out to try to kill myself twice but otherwise my self-harm hasn't been associated with suicide. Like a soothing blanket, even when you're cutting, it's soothing, it gives you that comfort that you're not getting from other people.' Janette said: 'I was fleeing violence from a very violent husband and the police sent me to a hostel. He attempted to try

and kill me a couple of times, so it was for my own safety really. During this time, I just self-harmed in any possible way I could because that's what I knew how to do best.'

Personal change

Changing their behaviours was a complex and challenging journey that required a multifaceted approach, which included professional support, strong support systems and developing healthy coping mechanisms, but ultimately it was decided by external circumstances, according to the three respondents.¹³ Carolina said:

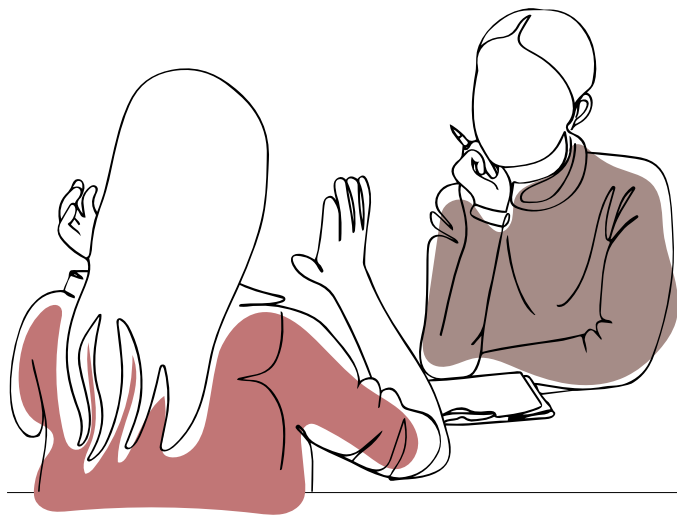
'I began to make the change when it was becoming increasingly difficult to sustain in my life.' Liza said: 'There must be a resonance at the core to reconcile the conflict. Two years of therapy made a big difference but the time for change had to be right. I had to be at the right stage of my life, and this is something that I work on with my clients.'

The therapeutic relationship and self-harm

The therapeutic relationship is central, providing confidentiality, acceptance, equality

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and sensitivity. This is particularly true for those counsellors working with clients who self-harm. In those cases, the role of the counsellor in the relationship is obviously pivotal. Counsellors who have a history of self-harm may bring a unique perspective to their work. For example, they may experience heightened levels of empathy and unconditional positive regard, which can help to create a stronger therapeutic relationship. According to Janette: 'When clients say to me, "It's also kind of like an achievement, successfully cutting or creating a scar or incision, for myself it's powerful and that. There's an element of accomplishment, success, gratification and reward", I can totally empathise because I've been there, and I've felt the same.'

Drawing on their own experiences and emotions, they may be able to work more effectively to reduce these feelings of stigma and shame in their clients, fostering a more open and accepting dialogue about self-harm.¹⁴ Liza said: 'Maybe having experienced the same thing means that I find it easier not to judge them or moralise... maybe I'm more there for the client, more accepting.'

It can also provide them with a greater understanding of the non-linear process of recovery, and make it more likely to persist with clients through setbacks and relapses, providing consistent support and encouragement. For example, all three respondents were opposed to using counselling contracts that ask clients not to self-harm while undergoing therapy. Liza said: 'Are they to protect the counsellor rather than the client? If we ask this person to do this then we're taking away the very act that helps them to continue living... so to deny them that opportunity might be to deny them the one thing they have to help them at that time.' Janette said: 'I really think that's about the counsellor more than the client. People who

self-harm, they need that behaviour, especially when they're working through very painful issues. It's their crutch, they need it.'

Therapists may also face specific challenges when counselling clients who self-harm. It may bias their perceptions and interventions, and they may assume that what worked for them will work for their clients, potentially overlooking individual differences in experiences and needs. Or conversely, they may be overly cautious or judgmental, based on their own struggles with self-harm, which can hinder the therapeutic process. They may experience countertransference as they find their own past experiences triggered by their clients' behaviours and stories. This can lead to intense emotional reactions that are difficult

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The process of empathising deeply with clients' pain and suffering can lead to vicarious trauma...

to manage.^{15,16} There's also the risk of projecting their own feelings, experiences and recovery processes onto the client, which can cloud professional judgment and objectivity. Carolina said: 'It's not easy, when you're working with someone who's covered in marks, and if that's going to mess you up through the countertransference, then you're not the person to be in that room... It's about recognising your limitations.'

There's also the potential that counsellors might over-identify with clients who self-harm, leading to blurred boundaries and becoming too emotionally involved, which can affect their ability to maintain professional distance

and provide effective support. Liza said: 'One of the hardest things for me is to hold my client's pain without allowing it to overwhelm me and trigger the same feelings as they're currently experiencing.'

Therapist self-disclosure

Although different therapeutic schools have viewed the role of the therapist's self through different lenses, some research has emphasised the importance of the use of the therapist's self in therapy.¹⁵ Within this process, there's a conscious integration of the therapist's personality, experiences and feelings into the therapeutic process.

Some studies argue that therapist self-disclosure can break down power dynamics and enable clients to relate more easily to their therapist, to see them as more human and to foster greater transparency in the relationship.^{17,18,19} It can also promote insight and exploration by the client and help them examine, in collaboration with the therapist, areas they might feel hesitant about. Or it could help to build greater self-esteem and self-compassion by addressing and normalising the feelings of shame and guilt, which are crucial for recovery.^{14,15}

According to one of my respondents: 'I feel that my self-disclosure can help to normalise their experiences, allowing them to learn that their thoughts and anxieties, and the stigmas they attach to their self-harm are not uncommon or abnormal.' It's not always necessary to self-disclose, however, as sometimes clients can often pick up on subtle cues themselves. This can lead to ambiguous messages being sent by the therapist, however. For example, if a counsellor has visible scars, bandages or other signs of self-harm, the client might

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There's also the potential that counsellors might over-identify with clients who self-harm, leading to blurred boundaries and becoming too emotionally involved

interpret this as an indication that self-harm is an acceptable or effective way to cope. Carolina said: 'When I was in my teens, I went through a phase where I used to cut myself when my mum brought a new boyfriend home. When I got older, the scars never really bothered me. It was only when I started to work with young people that I began to realise the message this could be sending, so I decided to cover them with sleeves [a type of tattoo].'

However, Janette said she would never self-disclose her history to clients: 'I think it would be counterproductive in terms of the transference. When clients come to counselling, I know they're saying to themselves: counsellors are role models to look up to. They're the strong ones... disclosure would unbalance the dynamics of the relationship.'

Self-care

Much recent research suggests that although self-care is often talked about within the workplace, it's seldom practised until the therapist is already at the point of prolonged stress or burnout.^{6,7,20} Some of the key methods used by counsellors in times of distress include personal and professional relationships, physical exercise, being outside in nature and self-reflection. Carolina said: 'I'm more aware of warning signs of when I need to pull back, although I live a very busy life these days, so self-care is also being attuned to when I just need to slow down a bit and do some good stuff.'

In addition, supervision plays a multifaceted and supportive role. It's been argued that acceptance and non-judgmental approaches are central to supervision. Much research shows that counsellors must feel they're understood and not being judged by their

supervisors for it to be a positive developmental experience.^{20,21,22} It emphasises that counsellors should experience their supervisor's complete trust and acceptance, and the relationship must be ongoing and reliable for them. According to two of my respondents, this is more easily said than done. Carolina said: 'Most of the wounds of self-harm go very deep... when you get to the core of the self-harm, it's terrifying... terrifying for me even going there with my supervisor.' Liza said: 'I used to feel really embarrassed about discussing it with [my supervisor] because of the shame I felt and also because, in the back of my mind, I always feared that she would report me to BACP or the university as unfit to practise.'

For one respondent, Janette, the therapeutic relationship with their supervisors and therapists will always remain central: 'My personal therapy is still powerful for me... I feel for me, my self-care is a work in progress, there's no end point to my struggle and the importance for me is to never lose this awareness, nor of the barriers.' ●

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YOUR THOUGHTS, PLEASE

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A double leap of faith

Joseph Harney explores the challenges and opportunities that lie ahead as he works to establish a functioning private practice outside the UK

Sometimes in life, a leap of faith is a necessity. Best laid plans are, however, still at the mercy of degrees of fate. In September 2024, on turning 42, I took such a jump, quitting the security of a lecturing post to establish a private practice. The challenges have been compounded by a second great shift – quitting the UK for Denmark.

I've set sail heeding love's call; my partner and I having maintained an enriching seven-year long-distance relationship. For my private

life, the timing is perfect; professionally, I have yet to be sure. In this article, I explore some of the challenges and opportunities that lie ahead as I work to establish a functioning practice outside the UK. I write on the cusp of opening to clients.

My journey into private practice

I first encountered therapy and counselling in 2003, during my undergraduate psychology degree at University College Cork, Ireland. The warmth, kindness and charismatic glow of our group processes lecturer sparked something I was ultimately primed to return to. Learning about ourselves, about the self in relation to others, proved the most fascinating module. I spent much of my 20s, however, immersed in music, the creative arts and community outreach projects, before a gradual transition into the education sector once my 30s set in. Working in Scotland's FE sector meant making fullest use of my primary degree. My teaching career began with supporting learners and their personal development. These were teens

and young adults living through horrendous life circumstances that derailed high school.

Working with these groups goes far beyond mere teaching. More time is spent on pastoral support and on building self-esteem and self-efficacy. It's wholly relational, too. You adapt what you can for each individual, according to their needs. Above all, my experience taught me to just find *some* way of gaining a modicum of each individual's trust. This rewarding, yet emotionally exhausting work, led me to seek out a part-time counselling course in my second year. My goal was to enhance skills with embedded counselling. However, my institution subsequently nudged me towards higher, more formal levels of teaching, attuned to this broadening psychology background.

When the pandemic hit, that background notion of someday becoming a therapist came to the fore. I switched jobs to a distance learning institution and began the MSc in pluralistic counselling and psychotherapy at Abertay University, returning to the brilliant

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Establishing my private practice and its associated business structure has been fraught with unanticipated delays, dead ends and layers of bureaucracy

team who had taught my skills course. My professional circumstances were feeling optimal for a move to therapy practice. I had accrued a breadth of professional skills, experience and relevant knowledge. I had matured as a person, becoming positively comfortable with aspects of identity like my homosexuality and passing 40 years of age. Teaching had grown overfamiliar, and I was ready for new challenges. Here lay this vast plain of a profession on which perennial self-discovery, skills development and working closely with others are primary. Midway through the MSc, however, I complicated things by crystallising plans to relocate. If not now, when?

Moving to Denmark

The move to Denmark has brought a wealth of positive change to my personal life. I get to see my partner every day, without mere glimpses through a phone screen or having to manage airports and hectic travel weekends. I'm part of a significant community of immigrants and expatriates here, which, owing to both Nordic and European ease of movement, feels more

dynamic than post-Brexit Scotland. It's all a blast of freshness, newness and possibility.

Professionally, I've been glad of that energy to sustain me. Establishing my private practice and its associated business structure has been fraught with unanticipated delays, dead ends and layers of bureaucracy. To begin, my settling status was quite particular: an EU (Irish) citizen relocating with 'sufficient funds' to support themselves. This ground my non-priority entry into Danish officialdom to a snail's crawl. It took two months for an EU cert (ie, a 'right to remain' document) and social security number to be issued. Nothing else could unfold without these. A job contract would have fast-tracked these processes, something no private practitioner can readily produce. A third and fourth month were then spent waiting on other matters, such as the business bank account legally required for accounting purposes. Denmark has strict money-laundering laws, so finding a bank to work with a new arrival, without a job contract, was challenging.

I was politely advised by Danish friends to be prepared to wait for everything. Experience is teaching me that email replies take two weeks, not the two days I'm used to from UK work culture. I've tried to embrace this laidbackness for what it is; perhaps that will become easier once my practice is functional and providing a means of income.

Overall, bureaucratic matters are efficient once you get 'into' the system. Counselling and psychotherapy have a specific tax code

here, which streamlines how the business is registered for connection with other business services. Yet, I cannot help but compare with my UK-based MSc learning peers who were able to launch private practices, seamlessly, within mere days. While living in the UK, I had some self-employment income and found the simplified processes infinitely easier to navigate. These are not language barrier problems; the Nordic high-tax jurisdiction just wants a lot more information on you.

Clients in Denmark and their needs

I've been repeatedly anecdotally informed that demand for private therapy in English is high. Indeed, last year the Danish Government committed to higher spending on mental health provision to reduce public wait times.¹ Most of Copenhagen's foreigner community speak English, and most Danes in the metropolitan area are proficient. This makes for many potential clients seeking an English-speaking therapist like me. I'm already attending Danish lessons, but it will be years before I appreciate its playful shades of meaning well enough to offer meaningful therapy through it.

There are major cultural variations in discourse around mental health and wellbeing,² so there's a need to attune my own thinking to how residents think, talk about and frame their problems. I have, for now, advertised my services as specialising in working with relationship and identity problems, as well as LGBTQIA+ life: the three areas of dedicated study and practice focus from my MSc time in the UK. My time in placement also involved a lot of work with clients experiencing depression, another life problem I specify working with.

I've used my 'waiting-around' time to gain a thorough understanding of the support landscape for mental health here, to best understand where I fit as a therapeutic service. I've also researched what appears to be a major client issue, according to local therapist websites – acculturation. The wealth of literature^{3,4,5} on the psychological challenges of adjusting to a new culture has been enjoyable to dive into, given that it's a process I, myself, am undergoing. I've also been able to connect with an anthropologist researcher at International House, a centre for immigrant integration, to sharpen my

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I've tried to embrace this laidbackness for what it is; perhaps that will become easier once my practice is functional and providing a means of income

understanding of acculturation challenges unique to Denmark.

The features of pluralism

My MSc studies were grounded in pluralism, the approach pioneered by eminent academic therapists Mick Cooper and John McLeod.⁶ Commitments to power-sharing, collaborative case formulation and cultural humility are embedded at the heart of how pluralists practise.⁷ This attunement to cultural factors should prove particularly valuable as a practitioner abroad.

Pluralism accepts that problems in living may originate from different dimensions of the human condition⁸ – psychological, physiological, spiritual or socioeconomic. Therapeutic flexibility, responsiveness and openness to the client's unique life circumstances are key. How clients understand their own problems, within their own cultural points of reference, is critical to engage with. A client's skills and cultural resources are always held in conscious focus. Pluralists also nurture healthy therapeutic alliances in therapy through metacommunication and engaging with regular client feedback. The wealth of evidence showing an effective working alliance is key to helpful therapy,⁹ justifies this relational focus. I've seen its success in the quietly brilliant work of my pluralistic team while on study placement. Our principles for practice also resonated with what worked, during my time in education, with the most challenging of young people – building trusting relationships. All considered, I readily describe myself as committed to our approach.

Communicating the benefits of an emerging approach

As a nascent approach, pluralism is still in the process of establishing itself in the minds and imagination of the public. I'm finding clear communication of how I work to be challenging. For instance, CBT is widely available, embedded in both the UK¹⁰ and Danish¹¹ health systems. Many of its methods are used by digital mental health applications like Mindshift¹² and Happify.¹³ This supports communication of 'what happens in therapy' for CBT practitioners. Similarly, depth psychotherapies use methods familiar to clients, through relative ubiquitous representation in TV, film and literature. In contrast, the 'method' of pluralistic

practice is defined more by the principles (shaped by robust research findings on what works in therapy) that guide it, by adherence to its framework.⁶ By its very nature, this form of practice prescribes few fixed procedural elements.

Instead, therapeutic exercises used to address problems are negotiated with each individual client,⁸ depending on their outcome goals and drawing from what the therapist is experienced enough to offer. We think of our therapeutic menu, an accrual of disparate methods for exploration, gaining insight and building client skills. The trade-off for this commitment to flexibility is an amorphous process that makes confidence-inspiring communication challenging – an 'elevator pitch' problem. 'What will actually happen in therapy?' 'Whatever you need!' It's easier to explain for mental health professionals through recourse to research evidence and domain-specific academic language; perhaps less so for therapeutically inexperienced clients. When clients seek therapy, they arguably seek a degree of assurance that their therapist can actually help. The essence of complex, nuanced ideas rarely translates into marketable top-lines and lyrical soundbites, the hooks that convince people to just try something.

So, a tension emerges, likely familiar to those already in private practice, between the dual 'therapist' and 'business' hats you must wear. As I get started, I find myself constantly rewording 'what I do' and 'how I work' on public-facing information, to get its essence into sharper focus. Perhaps these iterations are a natural growth process as I continue to position myself for prospective clients in a meaningful, direct way. My own understanding of what I do will be in perpetual reflexive dialogue with what my clients teach me and need from me, after all.

A more positive effect of the tension is that, despite my worries, I feel an explorer's zeal — setting out with a novel approach to therapy. I know our approach can be helpful to clients, and trust that its usefulness will eventually speak for itself. There's something here to be proud of playing a part in. Pluralists also commit to the principle of lifelong learning, so there's endless scope for ongoing training to expand my repertoire of professional skills. Professional individuation is a slow process that cannot be rushed.

Maintaining a supportive network

Moving abroad has resulted in a physical dislocation from pluralistic communities of practice. These predominantly exist in the UK, and appear clustered within reasonable distance of the universities and learning centres that work with this approach. To the best of my understanding, I'm currently the only explicitly pluralistic practitioner in Copenhagen. Finding peers to connect with in person, who share my instinctive outlook, is therefore a challenge.

Thankfully, the digital world bridges much of that physical gap. My cohort of MSc graduates maintain strong, supportive communication links. I participate in the Creativity Gathering,¹⁴ a monthly event where creative ideas for practice are shared. The wider pluralistic community has a vibrant

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The wealth of literature on the psychological challenges of adjusting to a new culture has been enjoyable to dive into



network of groups, which meet to support its continual development.¹⁵ The open access *Pluralistic Practice Journal* has recently launched. Further, my supervisor here, an accredited Danish psychologist, is fully trained in both existential and family systems approaches. This gives him an acknowledged appreciation of the pluralistic perspective, our collaborative approach to case formulation and flexible interpretation of problems in living.

Being a BACP member abroad

BACP has been very supportive of my foreign endeavour thus far. My ability to display professional credentials is obviously vital. A modified member logo for overseas therapists removes the Professional Standards Authority information, as its register only applies within the UK's jurisdiction. So, I can still display my BACP membership number and link to the *Ethical Framework* on my website. BACP member services provided a support call with an ethics advisor. Practice hours accrued abroad still count towards progression from registered to accredited member, from column A to B under the SCoPEd framework.

There are no legal barriers to establishing a therapeutic practice in Denmark. However, there are some problems with how my BACP membership connects with Danish accreditation. Their system splits into two professional bodies that recognise

psychologists¹⁷ and psychotherapists,¹⁸ separately; counselling, as understood in the UK context, is not much of a concept here. BACP doesn't yet align with the European Association for Psychotherapy (EAP),¹⁹ so there's no ready pathway to the psychotherapists' society here. Perhaps this will come in time, for instance, the SCoPEd framework²⁰ taking firm root may permit greater international structural integration. Column C, for instance, aligns closely with the EAP's requirements from its members.

During my time in the education sector, I gained Chartered (academic) status with the British Psychological Society. This permits an application to the psychologists' organisation here, already submitted upon first landing. However, having foreign qualifications assessed by the state takes about a year, on advice of those who've undergone the process. Even the most eminent are anecdotally likely to experience this kind of wait time.

Without regional (ie Danish) recognition of my accreditation, there are implications. I must charge VAT on therapy hours. Advertising through many prominent databases of therapists, like *Psychology Today*, is not yet permitted. Securing practice insurance is expensive outside of Danish professional bodies, which provide insurance through membership fees. Use of certain terms, like 'psychologist', are also legally protected. Such restrictions disappear if and when my qualifications are deemed recognisable or, failing that, I complete additional mandated training. As part of my planning, I'm starting my practice slowly and intentionally, to ensure my workflow is organised and that I don't get swamped. As such, I'm opening to online clients first, with a move to physical premises later in 2025. Here, therapists, psychologists and psychotherapists alike, tend to organise themselves into 'houses'. This puts several complementary practitioners under one roof. It will likely be best for both collegiate peer support and professional development to explore joining one of these groups. If they will have me, of course.

In closing

BACP carries a great weight of reputation internationally. My membership is also meaningfully alive in how they continue to fully support and recognise my practice. It will be something of note for British, Irish and other

immigrants in Denmark. Particular opportunity may lie in providing 'counselling' in the form our culture knows and is familiar with – a more explicitly person-centred, emotionally supportive therapy process.

I can't escape the fact, however, that my pathway towards a vibrant, fully functioning private practice abroad becomes that much easier with supplementary recognition from a Danish professional body. Yes, of course, sharper advanced career planning on my part might have seen off some of these issues. But therapy training mid-adulthood doesn't occur upon the relatively blank canvas of the young person fresh from high school; it integrates into a life already in full motion. There's only so much you can reset. I regret nothing and have so much to forge ahead with. Whatever transpires, I look forward to simple connection with prospective clients, settling into the work itself and putting bureaucratic concerns out of sight. The privilege of wearing the therapist hat is the truly meaningful part. ●

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JEFF WESTON

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Sensitivity and language, *before* insights... are essential if the counselling rocket is to launch



Jeff Weston is a writer, existential psychotherapist and the author of *WAGENKNECHT: All men crack up at forty* www.helpineed somebody.org

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Why do we do what we do? Aged 45, when I began studying counselling under the tutorship of Clive Taylor, I'd seen enough of the world to want to help repair some of its holes. I knew I needed to speak at a depth society didn't afford me and therefore sensed other people must have this yearning too. I wanted to explore things, tap into reservoirs of hurt, and do my best through compassion (or whatever was inside me) to recognise clients' difficulties, hardships, traumas – the whole caboodle.

My own difficulties drove my desire to enter this profession. Just before my sixth birthday, I nearly died following an asthma attack while on holiday in Anglesey. After that, my body felt more attuned to the environment around me. I could see stress, pollution and over-exertion more easily – those catalysts that triggered asthma, and a multitude of other negative states. I learned to recognise my breathing and what felt 'normal' and right.

I've taken this awareness into counselling. It keeps me calm and guides me, but also makes manifest the pain in someone's face, his/her current struggles, woe and adversity. Post-Anglesey and post-Clive, I've seen a world which has the habit of bringing people to their knees. Inside corporate walls, I've witnessed individuals being humiliated and bullied, on the end of random, capricious acts, which ended in dismissal, or resignation because the daily suffering became too much. Inside one counselling training centre, I witnessed a tutor – who'd bumped into an old client 'rambling' on the street about voodoo – regale our class with the line, 'She's not my problem anymore'.

Perhaps I'm naïve when it comes to decency and counsellors having their heart in the right place, but my immediate response was, 'That client should *always* be your problem'. Not in the sense of taking away agency or autonomy, but in the sense of that natural human response called *giving a damn*. It shocked me to hear such insensitive language, particularly in an environment which Clive had shown me was supposed to be considerate, reciprocal and warm-hearted.

'Trauma' is the Greek word for 'wounding',¹ and 'healing' comes from the Anglo-Saxon word for 'wholeness'.¹ Wholeness, after being lost, should ideally be built up inside us, restoring confidence, faith and trust. Harshness prevents this, however. I hear too many stories of clients being met with the rough, impatient manner of doctors' receptionists. 'You don't have anything until the

31st?' No 'sorry'. No attempt to accommodate. Just a flat voice without emotion waiting for the already upset person on the other end of the phone to respond.

My clients have spoken of shame, despair and loss of hope in these situations. So, when did the fundamentals of the health sector seemingly change? When did having zero affability become acceptable? I'd never attempt to tarnish the entire sector, but when clients speak of doctors stating, 'There's nothing wrong with you', or when they feel like they have to put on a performance to be taken seriously, then you have to question the efficacy of the typical 10-minute window, and those who shield and arrange such slots.

Some time ago, a new client entered my room and within minutes told me his mother tried to drown him when he was four. He spoke of his now understandably challenging relationship with water. Had I not offered him a form of oxygen, as I received in 1976, I suspect he might not have returned for a second session. Sensitivity and language, *before* insights and the technical stuff, are essential if the counselling rocket is to take off. And yet, barriers remain commonplace in many areas of the client journey, from tactless receptionists to the premature evaluations of doctors, through to our own breed of health worker, the therapist who disappoints by rehearsing lines and not being present, by firing too many questions at the vulnerable person in front of him/her.

Clive listened. He treated his students as equals. It was never about him teaching and learning nothing himself. He valued our voices. We enriched each other. He was therapy's equivalent to Tom Hanks. Approachable. Not superior. Engaging.

During my working years, from buying a house, to getting married and having children, I was part of a single-income family. Being the sole earner made me feel like I could make fewer mistakes in life compared to others. I had to be together, even if I wasn't. I had three dependants. Over time, I started to envy people who'd 'crack up', take six months off work, or those who could afford to change something pivotal in their lives.

This lesson, of needing to escape on occasions, has followed me into the counselling room. I believe I have a reasonable amount of empathy because of it. Stress, pollution (in whatever guise) and over-exertion, we learn to resist, hold or re-direct. And learning from my clients while seeing the underbelly of society feels like a daily authentic whisper. ●

REFERENCE

- 1 Jackson C. The big interview: healing the wounds of trauma. [Online.] <https://tinyurl.com/y3jus9t9> (accessed 27 January 2025).

GRAHAM EASON

“

Working too hard, too much, being tired and unwell
aren't what I want to show clients



Graham Eason MBACP
qualified as a counsellor in 2023, after working in business and running a classic car company. He volunteers for Cotswold Counselling and set up his private practice in January 2024. He also works as an automotive writer.
www.counsellingwithgraham.co.uk

I'm reflecting. It's that time of year when it feels officially required. And useful. I'm thinking back over a year in which I set up my private practice and began to find my feet as a qualified counsellor.

The word shining bright and flashing in my otherwise cloudy mind is 'resilience'. I started my private practice in January 2024, and was a bit like a bull in a china shop, busily setting up a website, directory listings, consulting room, insurance, clinical will, paperwork etc. It was scary and innervating at the same jumbled time. The first enquiries and then clients were exciting and frightening in equal measure.

Looking back, I can see how I got everything sorted except firm control of my boundaries. Despite agreeing days and times when I would operate my practice, I flexed them to accommodate clients and get started. I justified this by arguing I was being client-focused, that I needed to get started and to be careful of being rigid. How we find ways to justify things to ourselves... or certainly I do.

I accepted more clients than I'd told myself I would, finding convenient excuses: it allows for natural attrition; perhaps even a little bit of 'Look how popular I am!'. I love this work - why wouldn't I want to work with more clients? Those decisions, those flexible boundaries, worked for a while. I didn't notice the tiredness because I was riding a wave of enthusiasm and energy, newness and excitement. Naturally, that didn't last. I got tired. I got ill. I struggled on, because I didn't want to let clients down. That classic dilemma of the burning out counsellor.

I've always struggled with tuning in to what I need and to put value on it. When you don't put yourself in the picture, at the centre of things - or at least somewhere vaguely central if that feels too uncomfortable - then it's very easy to carry on bearing a heavy load because you don't even realise you're carrying it. Perhaps that's a challenge many counsellors face - after all, we've chosen to go into a profession that puts others first. One where we actively face difficulties, where we have the dilemma of processing others' pain. We don't have to do it, not many people would choose to do it, but we do. So, it took me a while to work out what had happened and even longer to think about how to sort it. I felt like I'd created a mess that I couldn't easily extract myself from without letting clients down. And yet, of course, being tired and burnt out is letting

clients down. If you feel like you're going through the motions, that you don't really want to be present, then you aren't present. It is likely that clients will notice.

It's a time-worn phrase but its time-worn because it has stood the test of time: we model ourselves for clients. Working too hard, too much, being tired and unwell aren't what I want to show clients. It was that - with the help of my supervisor and therapist - that helped me tune into how I was feeling. It was a valuable lesson. It was a reminder of how difficult I find it to tune into how I feel and to put myself first, and how this not only affects me but also my practice.

That tendency can be magnified in private practice. When we're training or when we have a counselling job or we're working for a charity, in fact when any other organisation is involved, there's a ready reckoner informally checking up on our balance of clinical work and self-care. In private practice, we have supervisors, but we're more reliant on ourselves to monitor how we are and our reserves of resilience.

There are also other factors. Mainly, a need to earn a living and pay the bills. That gives private practice an in-built motor that, for those new to it, can perhaps blur how we see what we really need. We might not be hauling bricks around building sites or fighting fires in burning buildings, but counselling is as demanding as tough manual work. We're using our brains in intense and strenuous ways. This is a job that can be all-consuming if we let it. If our work was physical, perhaps we'd notice the need for self-care a bit more readily. But the outcomes can be the same - headaches, tiredness, irritability, exhaustion, illness.

To be 100% present for clients, we need to be resilient. To be resilient, we need to look after ourselves. We need to do that for our clients. And for ourselves. We need to be filling our glass as it empties. Take time out. Do the things we enjoy. If we're tired or wired, we should be asking, why can't we stop? What excuses are we telling ourselves?

Tuning in to how I feel. Being honest with myself about why I can't stop. Allowing myself to stop, to take my foot off the gas, have been my lessons for 2024. As I look forward to 2025, and all the exciting, unknown, surprising things that may happen in the next 12 months, I know that monitoring my resilience, feeding it and resting it, will be key. ●

LIZZIE THOMPSON

“

Labels abound. I'm not at all sure how helpful they are

Lizzie Thompson is a pseudonym.

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See Lizzie's blog at
www.theimperfecttherapist.com

I can't believe it's spring already. The snowdrops are over, the daffs have yet to arrive. Neither Boris nor Mrs D* are up yet, so I'm loving this peaceful moment before the working day starts. There's something about the British seasons and their different characteristics that make it hard for me to contemplate living elsewhere now.

I lived abroad when I was younger and the two main things I missed about the UK (apart from family and friends) were *Radio 4* and seasonal changes in the weather. Even now, I can remember walking through a foreign city with burning pavements and walls of hot air, and conjuring up the smell of a tray of stored Cox apples, just to evoke a blissful autumnal experience.

I can even picture the scene: I was 10-ish. We were having a brief foray into country living, and my parents had loaded the apple tray into our dormobile. It was a damp late afternoon. We had just had a walk on the Quantock hills with our golden retriever, Guida, a guide dog who had failed her sight test. This took me to another memory, lying on Guida's rug in the boiler room, my head against her belly, telling her how utterly unfair my parents were. I remember the warmth of her hairy body, her fur on my neck. The utter comfort of her presence. The power of sensory memory. The power of imagery.

'You're getting distracted,' yawns Boris, as he walks in and starts making his double espresso, laden with sugar. 'You're unhealthy,' I respond. Danny breezes in. Boiled water for her, with a thin slice of lemon, not a grain of sugar in sight. 'Ready for your 10 o'clock?' She has a way of ensuring that my diary bookings are engraved in my mind and not camouflaged by reverie.

Esme is my 10 o'clock. Coping with a new job, all marketing-speak, lots of vocabulary I have yet to learn and understand. And coping with a boss whom she's diagnosed as having ADHD but not autism. She's enough of an expert, apparently, having grown up with an autistic brother and a sister with OCD, not to mention a narcissistic mother. Labels abound. I'm not at all sure how helpful they are. 'I think you're a bit OCD,' offers Boris. I look around my kitchen, not particularly tidy, cookbooks are bunged on a shelf, washing and tea towels drape over the Aga. I frown at him. 'I don't think so.' He snorts. 'You have just spent the weekend arranging your books in alphabetical order.' Good point. 'Only the fiction,' I say. 'My other books aren't.' 'Your therapy books are organised by topic or theory.' Ah yes, this is true, and it gives me a sense of wellbeing.

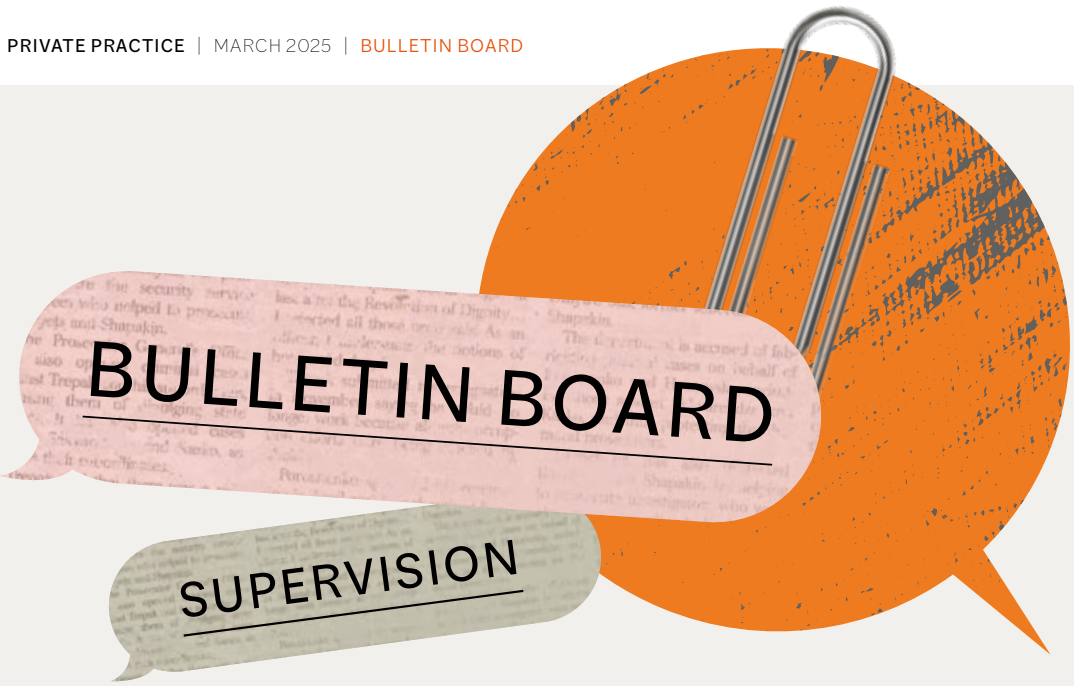
Esme is tense, burdened by the weight of multiple self-made diagnoses. She tells me about how her boss does x or y and how this obviously manifests his ADHD. She's clearly putting herself into victim mode and I could talk about power dynamics, management of certain behaviours and so on, but I'm pulled to do something more creative, to take her on a journey to a sense of wellbeing. The purpose? Who is this for? Me or her? Am I wanting to draw myself back into that crisp autumnal day when life seemed simpler? Or even further back to summer and its warm evenings when the garden door stayed open until the *10 O'Clock News*? When might she experience a sense of wellbeing? I wonder.

I ask, apropos of nothing, except that I don't want to talk about her boss and it's March, and the air is cool but not cold and the days are getting longer. 'Do you like spring?' Esme looks a bit surprised but respectfully answers (no doubt assuming I'm going to make some profound connection between ADHD and the season). 'Yes, I suppose. Why? Do you think spring could be making Alan [said boss] worse?'

I think of frolicking lambs in the fields and enthusiastic birdsong, and for a moment wonder whether, indeed, there may be something in the bursting-forth energy of spring that may add energy to symptoms. 'Well, maybe... do you have a favourite season?' I continue. 'Summer,' she responds without hesitation. 'What do you love about summer?' I ask. Esme tells me. I encourage her to expand, and she does. She sits back in her chair and waxes lyrical about sitting in a street-side bar for a drink with colleagues. The working day done, the promise of a week or two off, her skin still warm with the sun, the laughter shared. I ask her what it's like to tell me. She laughs and says she's remembering various occasions and then others come into her head. What smells can she remember? The sun on dusty pavements. Boris smiles and mutters, 'I can remember that too. It makes me think of garlic bread.' I chuckle. Danny, tapping some ash from her ciggy, says, 'I can smell margaritas. They are my summer smell.' Chips, I think, salty chips eaten in cafes outside while on holiday. We're all allowing ourselves a little smile.

'What's it like to remember the smell of the sun on dusty pavements? Can you get in touch with that smell again?' Esme shuts her eyes. 'I can if I do this.' She's all relaxed. Tension gone. Job done. I remember my autumnal apples. Do apples smell of anything these days? I don't think they do. 'What about autumn?' I ask Esme. 'Nah, it's usually damp and horrible.' ●

*Boris and Mrs Danvers
(aka Danny and Mrs D)
are two of my inner critics.



BULLETIN BOARD

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Members of BACP Private Practice can post notices of up to 40 words free of charge on the Bulletin Board, promoting supervision services, networking opportunities and requests for research participants related to counselling and psychotherapy training. The editorial deadline for the June issue is **30 March 2025**.

Email: privatepractice.editorial@bacp.co.uk

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Contact: Caroline Powell-Allen MA, MBACP (Snr Accred)
Tel: 01371 873270
Email: capafugit@gmail.com

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Contact: Sandra Russell MBACP, MCOSRT
Email: sandra_d_russell@hotmail.com

BACP Private Practice mission statement

BACP Private Practice is the division of the British Association for Counselling and Psychotherapy (BACP) that supports members who are primarily in, or about to embark on, counselling or psychotherapy in private practice, including those who work in voluntary agencies.

The division has the following goals:

- to minimise the distortion of professional benchmarks arising from working in isolation
- to provide a supportive, encouraging and integrative network with opportunities to exchange ideas, work ethics, methods and styles
- to alleviate the loneliness of the private practitioner by disseminating relevant information, providing tips and techniques, and revitalisation
- to develop a comprehensive, appropriate and professional training programme primarily for those working independently
- to engage in and encourage constructive dialogue about the profession of counselling and psychotherapy, including explanation and discussion of BACP developments
- to offer therapists an opportunity to interact with the wider world of counselling and psychotherapy
- to protect clients by promoting BACP's standards and ethics.

The division provides a supportive network and training, with an emphasis on maintaining clear boundaries and having sufficient support and supervision. BACP Private Practice provides an interactive sense of professional belonging for all members of our multicultural therapeutic community. Equal opportunities are an integral part of this division's philosophy.

Visit the divisional website at www.bacp.co.uk/bacp-divisions/bacp-private-practice

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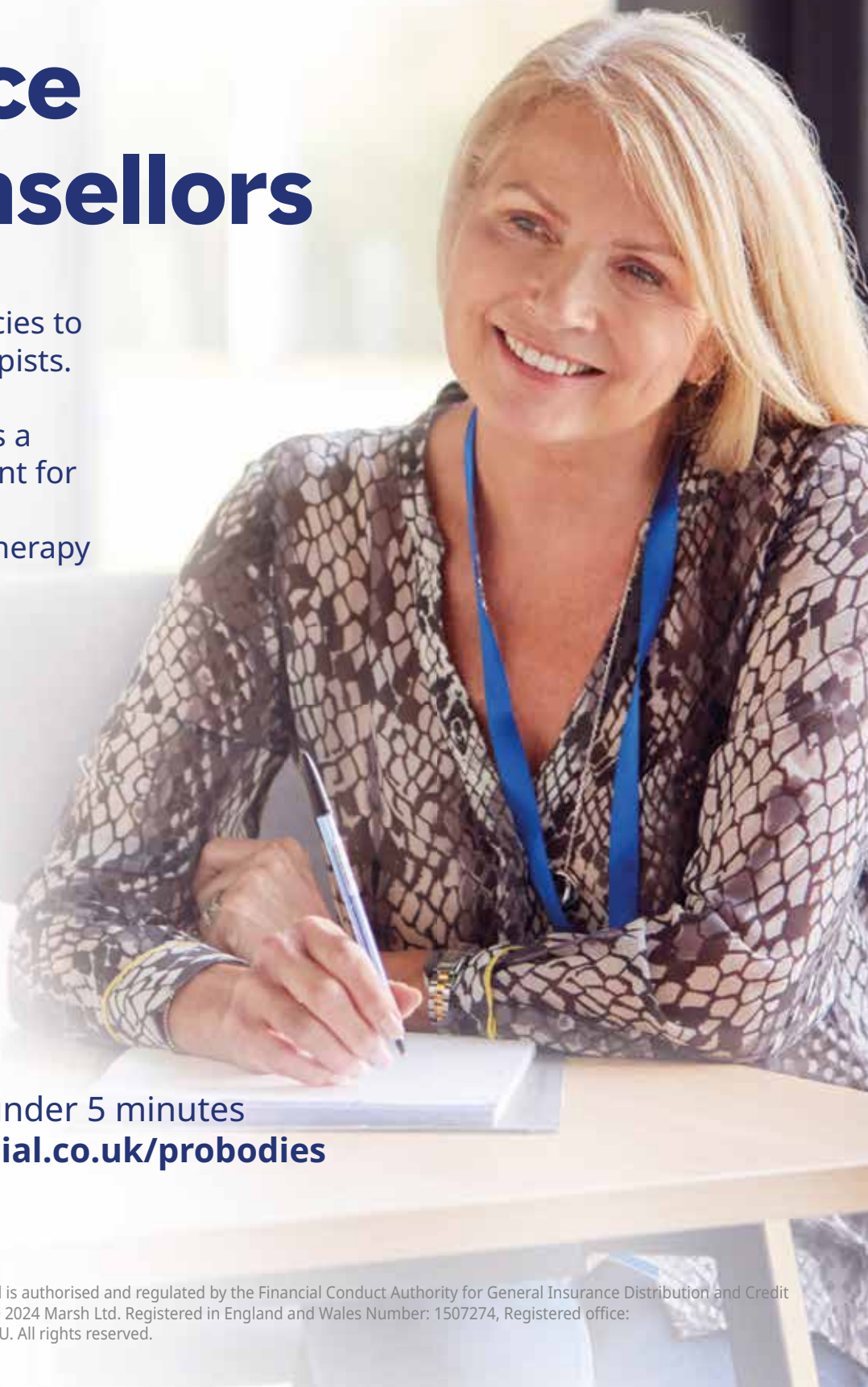


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