



Counselling in Scotland

SPRING/SUMMER 2021

A Philosophy of Care

COSCA COVID-19 Survey 2021

COVID-19: Stress and Resilience

**Reflections on My Transition to
Working Remotely due to COVID-19**

Gains and Losses of Online Learning

The Unfolding Life

The Process of Writing

Book Review



COSCA

Counselling & Psychotherapy
in Scotland

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Editorial



John Dodds

AS I feel sure you all know there has been a fairly dramatic increase in reported mental health issues during the pandemic, not to mention the incidence of domestic abuse and rise in suicide rates. Although the statistics have been showing some decline here and there, according to the Mental Health Foundation Scotland, there is a divergence:

“Differences in people’s response to the pandemic are not randomly distributed across the Scotland – they arise from people’s social and economic position in society. Groups affected by socioeconomic inequalities have been more likely to experience anxiety, panic, hopelessness, loneliness, and to report not coping well with the stress of the pandemic. Most worryingly, as of the end of June (2020), just over one in ten people in Scotland reported having had suicidal thoughts or feelings in the past two weeks, and in certain disadvantaged groups there are even higher proportions of people with suicidal thoughts and feelings.”

I felt it appropriate, therefore, to invite some pieces for the journal reflecting on the experience of the counselling profession. We have four included, about stress and resilience among psychology practitioners, another around a questionnaire from COSCA with statistics for the responses, one about transitioning to online counselling and a final one about the experience of doing a counselling course online.

A figure that stood out for me in the statistics article is that 98% of the practitioners who responded said they had switched to working online, something that Jan Kerr’s article will provide you with some insights into what that feels like.

The first article this time is by Mary McCallum Sullivan, offering a fascinating insight into the life and work of Jock Sutherland, who was involved in the development of psychodynamic theory and who influenced an interest in Ronald Fairbairn’s “object relations” in the America.

Following the COVID-related articles, we have a new piece from Mike Moss called *The Unfolding Life: An appreciative view of the therapeutic relationship*. In it, he develops his thinking following on his 2018 essay, *A Question of Miracles*, with his aim “to help people become more freely able to find their way in life”.

It is always interesting to get the client perspective of the experience of counselling, and that is exactly what we are offered in Eina McHugh’s well-received book, *To Call Myself Beloved*, which the author discusses in a piece especially for the journal. You will also find an extract as a taster.

Another book I wanted to highlight this issue is *Couch Fiction*, subtitled “A graphic tale of psychotherapy” (as in “graphic novel” rather than “explicit” though there are some explicit elements) by Philippa Perry and Junko Graat. I read it recently and decided to review it for the journal.

I hope you enjoy this issue and as ever I invite ideas for future submissions. Print versions are on hold for now, but it would be useful to get your comments about the .pdf format and comments about whether you would find other formats useful, for ebook readers like Kindle, for example.

Note: in the article about stress and resilience among practitioners (p.12) the authors refer to “service users”, whom we would call “clients”, but I left this as this is their original text and already published in a blog.

John Dodds, Editor

A Philosophy of Care:

Jock Sutherland and the Psychodynamic Perspective



Mary MacCallum Sullivan

As a Scot born and bred, John Derg (Jock) Sutherland (1905–1991) spent many years in London at the Tavistock Clinic (Director from 1947–68) and Editor of the IJPA (1960–68), developing the practice of psychoanalytic and psychodynamic thinking. He also strongly influenced the interest in and development of Ronald Fairbairn’s “object-relations” thinking in America.

Coming back to Scotland on retiring from the Tavistock he was a co-founder of the Scottish Institute of Human Relations in 1970. A practitioner first and foremost, he was most influential as a facilitator, a leader, promoting Fairbairn’s work in a context of openness to learning, not only from clinical practice, but from other disciplines and developments, notably infant research, systems theory and the nascent neuroscience.

Sutherland was clear on the significance of Fairbairn’s contribution:

that Fairbairn was the first to propose, in a systematic manner, the Copernican change of founding the psychoanalytic theory of human personality on the experiences within social relationships, instead of on the discharge of instinctual tensions originating solely within the individual. In short, he replaced the closed-system standpoint of 19th-century science with the open-system concepts evolved by the middle of the [20th] century to account for the development of living organisms in which the contribution of the environment has to be considered at all times (Sutherland, 1989: 162).

Sutherland worked to promote this perspective across the “caring” professions. Now, in the still-young 21st century, facing enormous and urgent challenges across the planet and across human societies, Sutherland’s vision of psychodynamically-informed thinking and reflective practice is even more urgently relevant.

The Psychodynamic Self

Sutherland describes a post-Freudian developmental view of the person¹: that, in the very early development of the infant, a basic psychological structuring takes place that determines the whole of its future development (Sutherland 1979, 1994, p.274). From birth onwards, the potential self becomes personified into an “I” by the experience of a good fit between the personal care and love of the (m)other² and the infant’s needs. Good-enough satisfaction of bodily needs reinforces the experience of recognized as a person and being loved for itself. The self then acquires a feeling of being integrated with the outer world in a way that promotes positive interaction with it. “Good” and “bad” experiences cohere into the first divisions within the self, namely, a “good” (m)other/world system and another “bad” one.

In the Fairbairnian psychodynamic perspective described by Sutherland, the good self occupies a central position that enables it to be enriched by all the learning experiences within the powerful impetus towards independence. Simultaneously, frustrations lead to the creation of an inner world in which the self relates to a range of figures representing aspects of the frustrating situations. Thus,

1 He cites Balint (1968), Winnicott (1971), Fairbairn (1954) and Guntrip (1969) as supporting this perspective.

2 Without diminishing the importance of the embodied relationship between infant and birth mother, this notation is intended to denote the primary caregiver.

some have a frightening persecutory quality while others are excitingly gratifying. These inner relationships are imaginative creations that are actively expressed in play and fantasy in childhood. When the foundation self is established with security and confidence, the inner world is progressively modified towards the real external one in the ongoing interactions of the ordinary good family in which father/other, siblings and other family members play a more and more prominent part. In the early phases, intense love and hate, and magical omnipotence, characterise the inner relationships in keeping with the dominance of the intensity of the child's feelings. Infantile sexuality is assimilated into the self with the establishment of a sexual identity – one which may not be consolidated until after adolescence.

With “normal” good experience, the inner relationships are merged into patterns for relating to others as they understand themselves to be, for enjoying the “otherness” of others. Such a person is not unduly tortured with doubts about living but enjoys a spontaneous creativity in everyday activities. Of course, none of us are free from conflict arising from the inner cast of figures with whom we are identified but conflicts are ordinarily manageable. “Normality” (which must always be a contested concept) designates a capacity to give and take freely with others on a basis of realistic appraisals of oneself and others.

When relationships with parents or carers are disrupted or seem unsatisfactory, then these relationships acquire distorted or compliant patterns – as if the manifest ones are maintained with an outer layer of the self while the inner relationships are intensified to provide satisfaction in fantasy, both loving and hating. And the most primitive violence belongs to this area of having to fight to maintain one's self in a state of adequate autonomy against what are felt to be the parents' or carers' destructive attitudes and lack of trust in the spontaneous expressions of the child's emergent self.

The inner relations then operate in a maladaptive way by unconsciously dominating the relations with people in the outside world. The latter are responded to, not as they may really be but as they are perceived through the patterns of the inner figures. The permutations of the inner relationships are endless, but it is the dominance of their patterns in relationships that gives rise to conflict.

The self is thus seen as a dynamic matrix with a predominant central identity. The self is established in relationships and preserves itself through constant relatedness in a dynamic equilibrium (p.275). Cut off this relatedness and the whole person, mind and body, begins to fragment or deteriorate. When people lose their main source of relatedness or significance, through adverse childhood experiences – child sexual abuse or other trauma – or as refugees and migrants, or through long periods of chronic and despondent unemployment, they become ill in some way or other.

A Caring Society

The word “care” for Sutherland means both the burden that weighs on people and also the act of relieving the person of this load; it signifies a relationship that fosters growth and development. The caring relationship may have a resonance with good parenting, the aim of which is, ultimately, to secure independence, a sense of wholeness and responsible autonomy. Good care focuses on the person at her core, because psychodynamic thinking understands the human as complex, including both conscious and unconscious concerns and processes. True care will require a sustained reflective and ethical stance which will work to see beyond possible initial self-presentations to recognize something in the person more akin to Winnicott's “true self” (Winnicott, 1960).

In Sutherland's perspective, this would put “care” at the centre of the social system. A caring system becomes an essential component in all the main institutions of our living and so a built-in requirement in all social planning. A concept of active development of the person in her social relations is the foundation for a “good society” that can encompass care for people in their context, that is, care also for community, for the environment, and even for the state and larger international and global concerns. Sutherland's psychodynamic image of the relational human being becomes the organising principle, “the progressive organisation of relatedness”.

Sutherland goes on (p.271) to identify a new paradigm of social welfare, informed by such an organising principle and secured by personal development, working to improve the human and physical environment and personal resources through education, better conditions of work, more autonomy. This is an approach rooted in the human sciences, and thus with an evidential underpinning. In the 21st century, we would now wish to add an awareness of and concern about human interaction with the rest of the living world and the influence of such interaction on all human well-being.

Sutherland believed that, unless modern societies become adaptive learning systems, they will perish. They must constantly develop, that is, meet challenge with creative changes in their internal structures. In our current situation, I suggest, he would propose that western democracies are more likely to thrive if they can seek to develop all members of society towards a higher quality of life for the individual, the family, and for workplaces, schools, and the community.

Where to Now?

The current philosophy of care within public institutions and services, I argue, is influenced, as Sutherland puts it, by a technological or scientific reductionism, that is, “the belief that the complex processes at a higher level of the personal organisation can be explained by the properties of lower order activity, that the whole does not have properties that cannot be accounted for with knowledge of the parts” (p.279). This attitude represents a preference for “shortcut” solutions, because the person does not then require to be taken seriously, and a policy can be developed at a high level and handed down (“command and control”) in the form of “guidance” and “targets”, to be implemented in accordance with the protocols. No real human agency or personal relatedness is required, whatever the rhetoric and stated “values” protested by any particular organisation. Any “caring” encounter will have the creativity and meaning drained from it.

Sutherland’s proposed paradigm shift, on the contrary, contests the reductionist tendency via an obstinate and tenacious focus on the self: “Is anything more “real” for us than our “self” as a free agent?” he asks (p.279). It is this that must be recognised as “scientifically” and evidentially valid: “The self can be studied directly in action only within a therapeutic relationship” (loc. cit.). There is a conflict between the therapeutic motivated and governed by “care” – and the requirement for “evidence-based practice”; the science can never be adequate to the complexity of the person-in-relation. “Practice-based evidence” may help to demonstrate the effectiveness of an ethically-framed encounter that is an act of human concern resting on “the adequacy of our validated knowledge” (p.281).

For Sutherland, the value of therapy is in the knowledge it generates that can permeate and underpin many strands of human undertakings and activities, not least, the caring, or people-facing professions, the human and the social sciences, and, for us now, our actions in relation to the climate emergency we all now face. The learning from therapy offers ethical principles that provide the essential framing of a “safe” environment in which people can bear to meet each other, and where we can be free to “care” in a society consisting primarily of persons-in-relation.

Note on language:

Where Sutherland’s language in the original essay may unduly emphasise mid-20th century usage and preferences as a middle-class professional white male of his time, I have sought to bring into view, at least, those preferences and biases. Elsewhere, I have tried to recognise in my language a greater diversity of possibilities in relation to the care-giving roles than might immediately have occurred to Sutherland, and also in relation to ideas at that time of what constitutes “normal” human development.

Biography

Mary MacCallum Sullivan has a long experience of psychotherapy practice and education and as a consultant to the professional field in governance and organisational ethics.

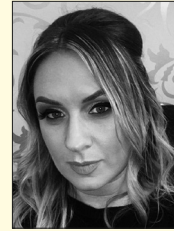
She is co-author with Harriett Goldenberg of *Cradling the Chrysalis: Teaching and Learning Psychotherapy* (2015), and also of 'Psychotherapy, relationality and the Long Revolution', in *The Psyche in the Modern World* (2015), edited by Tom Warnecke, both the UKCP/Karnac series.

She is currently a trustee of COSCA, and of HDS (Human Development Scotland), and a member of the Ethics and Governance Board of Khiron House, an innovative residential mental health facility.

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COSCA COVID-19 Survey 2021



Ashleigh Greechan / Jenna Fraser

The practice of counselling and psychotherapy in the UK had to shift almost overnight to a remote approach when the UK went into lockdown during the height of the global COVID-19 pandemic in March 2020. Now, a year on, COSCA was interested to find out how COVID-19 had affected counselling and counselling skills practice in Scotland and how it may continue to affect practice in the future. COSCA sent out an e-bulletin to all its members in February 2021 in which there was a call for participation from both individual and organisational members of COSCA to complete a survey of just eight open questions. The questions asked how COVID-19 had affected them and their practice of counselling and counselling skills in the past year. The survey was open for responses from the 24th of February to the 19th of March 2021, and all responses were anonymous with no questions eliciting personal or identifying information. There were 81 completed surveys returned, this sample represents around 7% of COSCA's total membership. The survey focused on a number of key issues related to the new way of working during the pandemic which included:

- How practice has changed during the pandemic
- How this change felt initially and now (a year on)
- What supports were drawn on
- On reflection, what would have been done differently?
- Are there changes that will remain in future practice?

The survey produced both quantitative and qualitative data with the latter being subject to a thematic analysis. The responses from the completed surveys were put onto a spreadsheet and coded with shorthand labels to describe their content. Themes were then generated through identifying patterns in the responses, these themes were reviewed and named then the analysis and write up was carried out. The insights they provided are discussed below.

1. How has your practice changed during COVID-19? What have you been doing that you haven't been doing before?

98% of those who responded said that they had switched to working online. 1% started volunteering and 1% took a break. This was what was anecdotally expected; the vast majority of counsellors and counselling skills workers switched to working online after being advised by the Scottish Government to work from home in March. This was a huge shift to the way counselling and counselling skills had been delivered by COSCA members before when the vast majority of services had operated face to face.

2. How did the process of change feel for you? What supports did you draw on?

There were mixed responses to the first part of this question: difficult (22%), daunting (7%), anxious (7%), frustrating (4%), challenging (7%), fine (13%), scary (2%), confident (11%), uncomfortable (4%), apprehensive (2%), reluctant (2%), sudden (11%), strange (4%), intimidating (2%), easy (2%), isolating (2%).

22% found it difficult, followed by 11% who were confident and 11% who found it sudden. It was interesting that only 69% of those who returned the survey responded to this first part of the question. This may suggest that it is still too early to know the effect of the past year emotionally on our members' practice until there has been time to look back and take stock.

The second part of this question suggested a wide range of supports have been used. Peer support (21%), supervision (17%), support from organisation (14%), training (20%), guidance (9%), professional body (8%), self-care (2%), experience (9%).

Most support came from peers (21%) and training (20%), closely followed by supervision (17%). It is interesting to note that only two people (2%) cited self-care as a support that they had drawn on. Perhaps self-care can be as difficult for counsellors and counselling skills users as it can be for clients and service users; especially when demands on counsellors and counselling skills users are high.

3. How do you feel about these changes now, nearly a year into COVID-19 lockdowns/restrictions?

Responses to this question fell into two groups: Looking forward to returning to face to face (45%) and will continue to offer remote services (55%). There was a total of 101 responses to this question from the 81 respondents so it looks like we will be seeing a lot more blended services in future; and those offering a combination of face to face and remote services as well as some that will switch entirely to remote delivery. To quote one of the responses:

"I am missing the face to face with my clients and look forward with a view to hopefully returning face to face within the year. I have adapted to working from home and plan to continue offering remote if clients want to access it."

4. What has encouraged you, what has disillusioned you?

Respondents to the survey were encouraged by a number of things: client's response and ability to adapt to changes (60%), support from counselling community (25%), supervisor (5%), peer support (3%), less travel (5%), ability to continue working (3%).

A very large 60% were encouraged by their client's response. It is good to see that with the support of counsellors and counselling skills users that clients and service users were able to make good use of remote services. A couple of quotes from respondents were:

"I have been encouraged when I see the clients doing well and all their hard work has paid off."

"I have had positive outcomes and feedback from clients I have supported by telephone."

More concerning is that only 3% said that they were encouraged by their own ability to keep working. 98% reported in question one that they switched to remote working and they hadn't done this before. This was a huge undertaking: gaining or upgrading technical skills; getting the necessary counselling/skills training; and supporting their clients and service users to adapt to this new way of working. This huge amount of work and stress in a time of collective trauma caused by a global pandemic should not be dismissed.

Disillusionment came in a few different forms: finances (3%), mental health (3%), government response/ guidance (30%), isolation (17%), lack of access to technology (13%), effectiveness of remote delivery (13%), lack of support from employer (13%), news/media reporting (7%).

Only 37% of those to return the survey answered this question, suggesting a positive focus to the question. Thankfully the effect on finances and mental health appeared to be quite low (3% each), but having seen the lack of self-care in Question 2, respondents may be underestimating the effect of the pandemic on their mental health. By far the highest response to this question was a lack of

government guidance (30%) with isolation the next highest at 17%. It is also interesting to note that effectiveness of remote delivery (13%) may indicate that remote working is not effective for all counsellors, skills workers, clients and service users so it is important to continue to offer face to face work particularly when people may be isolated or have a lack of access to technology.

5. What advice would you give to yourself that was starting out in the COVID-19 world?

Responses broadly fitted into ten categories: upgrade technology (7%), be kind to self (5%), take more time for self-care (21%), be more open to change (12%), get more training (22%), keep in contact with support network (10%), be more flexible (14%), be more patient (7%), trust the process (2%), don't listen to the news (2%).

It is interesting that 22% felt that they should get more training. From the wording of the question, it can be assumed that this refers to training at the start of the pandemic. Possibly this was due to the pressure to not let down clients and service users, when taking a break and doing the training first may have been more beneficial. It is good to note as the survey is asking self-reflective practitioners about their experience that 21% said that they should have taken more time for self-care. It looks like nearly a quarter of respondents noticed that they needed to take more time for themselves.

One response stated:

“Take your time, nurture yourself, this will change”

It is easy to miss in the rush to learn new skills to continue to support clients and service users that self-care is even more important than when there isn't a global pandemic!

6. Are there any changes that you wish to maintain in the post COVID-19 world? Why?

The main answer to this question could be expected from the response to question 3.89% said that they would continue to offer remote services. The other responses were less expected: increased hygiene in therapy room (4%), no – will return to face to face service (3%), more self-care (1%), will connect more with others (3%).

I would be hoped that the 1% who said they would maintain more self-care would be joined by at least the 21% in Question 5 that said they needed more self-care during the pandemic.

7. Are you an Individual Member of COSCA/Organisational Member of COSCA?

94% of those who returned the survey were Individual Members, suggesting close links with COSCA and the support that being part of a PSA accredited professional body offers. It would be interesting to see how many of those individual members work for an organisation and how that affected their experience of the pandemic. Was there more isolation perhaps with those who were working in private practice?

8. What Health Board Area do you live in?

There was representation from most Scottish Health Board Areas: Highland (11%), Tayside (6%), Grampian (13%), Lothian (26%), Orkney (1%), Glasgow (15%), Borders (4%), Fife (5%), Forth Valley (4%), Ayrshire & Arran (4%), Lanarkshire (5%), Shetland (1%), Dumfries and Galloway (3%), Other (4%).

It can be assumed that that majority of people work in the same health board area in which they live. Most respondents were from Lothian and Glasgow, as to be expected from the population of those areas, but most of Scotland has been represented here from Shetland in the north to Dumfries & Galloway in the south. This is a pretty representative sample of counselling and counselling skills in Scotland.

Conclusions

It looks like there will be a great deal more remote provision available for counselling and counselling skills as practitioners gradually decide how they want to work when the initial COVID-19 response has ended. This could be as part of a blended approach of both face to face and online or as an alternative to face-to-face services. It looks like the initial challenge brought up a lot of emotions, many of which are still to be processed, and that perhaps COSCA Members could do with taking a little more time for their own self-care. While members have been encouraged by the response of their clients and service users, COSCA has been encouraged by COSCA members and how they have adapted to the circumstances of the past year. It has taken a great deal of work and emotional toil when Members have been part of the global trauma that has been the pandemic themselves. Training has been so important over the last year to enable practitioners to operate safely and ethically. Hopefully that surge in enthusiasm and availability of extra training online will continue, perhaps at a more leisurely pace and with more time to reflect. COSCA would also argue that members have learned more than just the technical skills of working online. Hopefully, with lockdown beginning to ease, members will have the time to look back and reflect on the many other ways they have adapted and changed over this year and be able to decide what they want to continue and what they want to change. What is certain is that counselling and counselling skills in Scotland has seen a great upheaval and will be forever changed. What COSCA can see from this survey is that the dedication to work ethically and in the best interests of clients and service users has stayed the same.

Biographies

Ashleigh Greechan is Administrator at COSCA, a Student member of COSCA and currently studying a diploma in *Counselling and Groupwork: A Cognitive Behavioural Approach*.

Jenna Fraser is the Recognition Scheme Development Officer for COSCA helping organisations to gain COSCA Recognition and provides support for the Recognition Scheme community.

COVID-19:

Stress and Resilience in Mental Health Psychology Practitioners

Dr Annita Ventouris et al.

Dr Annita Ventouris¹, Dr Amanda Comoretto², Dr Constantina Panourgia³, Dr Agata Wezyk³, Dr Ala Yankouskaya³, & Miss Zoe Taylor³

Mental health psychology practitioners (MHPPs) are likely to experience stress related to the responsibilities of their role as it exposes them to other people's traumatic life experiences, a phenomenon called "vicarious traumatisation." This refers to the emotional and cognitive disruptions faced by therapists, as they engage in therapeutic relationships with survivors of traumatic events. During times of excessive stress, such as the COVID-19 pandemic, it is important to examine the factors that might enhance coping skills and resilience in this group of professionals, as their role in fighting off the negative psychological effects of COVID-19 is crucial. The term "resilience" refers to a group of factors that promote positive mental health and well-being in individuals exposed to threatening conditions, traumatic experiences, or severe adversity.

In a study conducted in the UK by researchers at several European universities, participants were invited to talk about their reality, including the effects of vicarious traumatisation on their well-being and strategies they employed to sustain positive mental health and demonstrate resilience.

According to the MHPPs who participated in the study, the pandemic affected them and their clients in different ways. Frequent occurrence of relationship violence, the effects of unemployment, suicide attempts, loneliness, and increased use of alcohol were among the topics their clients highlighted as factors affecting their stress and well-being. Also, the unavailability of stress relief strategies that people usually employed, such as going to the gym or taking trips, rendered MHPPs' roles in supporting their patients more vital than ever. However, many of them perceived this as an extra burden and reported feelings of inadequacy and anger (they felt they could not "help patients properly"). Sleeplessness, flashbacks of their clients' stories, helplessness, vulnerability, identification with patients' fears, as well as a tendency to question their abilities as practitioners, were among the symptoms MHPPs experienced.

The MHPPs who participated in this study also reported several mechanisms they employed to maintain positive well-being and develop resilience during these unprecedented times. The importance of frequent, systematic supervision sessions was described as the key factor affecting their well-being and helping them set boundaries between their personal and professional lives. Moreover, practising yoga, meditation, and mindfulness were described as useful tactics in building stress resilience, along with taking up new hobbies and avoiding social media. Finally, seeking social support, having self-awareness, and being able to manage their emotions were reported as key factors in helping them distinguish among their different roles (parents, friends, and therapists) and perform their duties.

The need to train and prepare MHPPs for situations that can be described as collectively traumatic was highlighted by this study's results. The development of strategies and follow-up care programmes to alleviate the symptoms of vicarious traumatisation might help this group of practitioners develop resilience and be less susceptible to occupational risks, resulting in better outcomes for service users.

For more details: www.uwlpress.uwl.ac.uk

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Reflections

on My Transition to Working Remotely due to COVID-19



Jan Kerr

Introduction

I would like to reflect upon how my practice prior to lockdown influenced my transition to working entirely remotely since March 2020. I will consider the learning that I have taken from these experiences.

Experiences, past and present, before lockdown

Over the years, I have worked in a whole range of settings and adapted to different locations, client groups and their needs. I have also engaged with clients in person and remotely. My past positions have included telephone counselling for an EAP company and lead counsellor/supervisor/trainer with a cancer charity whose clients were located throughout the North East of Scotland, Orkney and Shetland. Given the geographic locations and clients' diverse needs, flexibility was required in how and where sessions took place. Open-ended person centred counselling was offered via telephone counselling, video calls, home and hospital visits and flexible appointments.

This adaptive way of working was implemented after discussions in supervision as I tussled with beliefs that therapeutic work could only happen within a specific setting with chairs angled and a certain distance apart, soft lighting, clock and the mandatory box of hankies. Beginnings in counselling had created this image as being the required way in which a therapeutic and ethical relationship could take place. Deviating from this felt risky and I had the sense of the Sword of Damocles ready to swoop down in judgement at any moment. However, I saw therapeutic relationships flourish and connections deepen as I adapted to my clients and their needs. At all times, I aspired to work professionally, ethically and within my levels of competence.

Another former role as an out-reach counsellor necessitated meeting in an assortment of buildings. Some rooms were so cramped that it was challenging to fit in two chairs. Others were cluttered with boxes, unused furniture and a whole array of miscellaneous items that it was difficult to clear enough space to sit comfortably. One lasting memory was using a room where the ghastly smell was explained away as a previous user's German Shepherd dog having emptied his bowels that very morning. These experiences helped reduce my sense of the preciousness of the counselling room; rather it was down to the presence and consistency offered by the counsellor which allowed therapeutic work to happen.

I am reminded of discussions while training with Professor Dave Mearns, the first Professor of Counselling at the University of Strathclyde, about the different ways in which we can bring our humanity into our counselling relationships. Both Mearns and Thorne address this within *Person-Centred Therapy Today: New Frontiers in Theory and Practice* (2000) and remind us that it is not always necessary to constrain how and where we practise.

“Work is not made more ‘professional’ by restricting it to a physical office and regular time slot.” (pp19. 20)

I was also open to being flexible for clients in my private practice. Based in the north-east, several clients worked in the oil sector involving regular travel. This necessitated scheduling appointments around shift patterns and/or connecting via video call.

Since relocating to Fife from the North-East in 2015, I became accustomed to a blended style of working as several existing clients and supervisees chose to transition from meeting in person to connecting via online platforms and telephone, while those who were locally based, attended in person.

Before lockdown, counselling friends would gently challenge my blended working arrangements and considered anything other than meeting with clients in person as “less than” and very much a “poor substitute” for the real thing. When I explained my rationale behind my choices, I was met with disbelief that any deep and meaningful therapeutic work could possibly take place. The messages that I received were that it might be fine for me but definitely not for them.

In spite of these veiled criticisms, I felt comfortable knowing that my clients and my supervisees had chosen what felt right for them and during our contracting, the options were clearly discussed. One client who attended in person for several months, asked if she could have intermittent sessions by video. She noted that on days when she felt most vulnerable, she was concerned about driving and considered it safer to meet with me from the comfort of her sofa where she could offer herself as much self-care during and after our session, as required. Time was taken at the end of our sessions for emotional regulation, checking in how she was and grounding her, before signing off.

On reviewing these sessions, she acknowledged that she often felt closer to me at these times; held by me; met by me and knew that I “got” her. The fact that we were in different locations was irrelevant: for her the relationship transcended geographic distance. My memory of these sessions is similar – at these moments I had a sense of meeting her at relational depth, there was an intensity to our connection and a real knowing of each other.

Since March 2020: clients and supervisees

After lockdown was announced in March last year, unexpectedly, my past experiences proved incredibly helpful. I felt grounded knowing that having worked in a blended, expansive and flexible style for many years, the adjustment to the imminent changes would not be too demanding for me. Zoom and Hangout and the relevance of using an encrypted service were part of my everyday life.

Prior to lockdown, I discussed practicalities with clients and supervisees who normally attended in person. I proposed that each week prior to our appointments, I would set up sessions via an online platform and forward each link including embedded passwords. I verified that we had current phone numbers and agreed that if the internet connection dropped, I would phone straightaway while attempting to reconnect online. This helps minimise any disruption, offering reassurance that I am not panicking about the situation and will continue the flow by picking up the threads of what we were exploring.

If the internet signal is unstable, sometimes it is possible to keep the visual open, mute the sound while speaking on the phone. When clients have connected with devices outdoors and from cars to ensure privacy, I have checked in if they are still comfortable or if they would prefer to stop sooner.

With new clients and supervisees, I have taken a few moments to describe my setting and to confirm that we have complete privacy. This gives the individual space to mention whether there might be interruptions from their location and we can determine how best to manage these if and when they occur. As with existing clients/colleagues, I have explained that if the internet drops, I will call them immediately.

Other options of contact are also considered: one supervisee without a computer and who had a flaky phone signal, suggested meeting for “walk and talks” while maintaining social distancing. This was not a new experience for me as one of my former supervision relationships regularly took place walking over open countryside. My personal therapist had introduced me to this concept of “walking and talking” in a therapeutic relationship. Also, I volunteered for several years at a retreat house and as a befriender accompanied retreatants on daily outings – being at one with nature in itself can be therapeutic.

Since March 2020: training work

As a tutor on a diploma course, by late February 2020 I anticipated the possibility of online teaching. Although the general consensus on campus was that we would stay open until at least Easter, I discussed the practicalities of transferring teaching to Zoom with my co-trainer and cohort of students as a contingency plan. Being *au fait* with the resources within Zoom helped reduce the group's concerns. Just a few days later the university confirmed that classes on campus were suspended and would not recommence for two weeks online until staff had completed online training. Our planning had proved fruitful as we continued our course without interruption and with everyone successfully signing in.

Several positives arose from teaching through online methods:

- Full attendance for the rest of the course
- Additional time for individual meetings with students and colleagues – travel time no longer a concern
- Ease of arranging break-out rooms – usually a challenge on campus

Being mindful of the remote settings, we took additional breaks and provided informal space for the students to gather by leaving the Zoom link open at breaks and over lunchtime.

To support the students in their transition to remote working, I presented a seminar on telephone and online counselling. To refresh my own skills and knowledge, I completed a telephone/online counselling certificate course.

CPD events via Zoom for two counselling agencies, one local and one national. It was gratifying to see participants from all over Scotland attend the national charity's seminar without having any travel time and costs: another advantage of using online platforms.

My reflections

I have found this past year easier than I could ever have imagined. I know I have been fortunate continuing my practice with the minimum of change. Nevertheless, I fully appreciate that this has not been the case for others. The challenges have included:

- Being furloughed as client work suspended
- reduction of client work as many potential and existing clients found it impractical to engage from home
- trying to counsel clients in confidence while juggling the demands of home-schooling and child-care
- sharing IT devices with family members
- finding personal space to prepare for therapeutic work
- coping with interruptions from practitioners' and clients' homes

Add into the mix, the technical hiccups: it is not ideal to be in the midst of a session when the internet connection drops especially if using the technology is unfamiliar for the counsellor.

Working remotely has created greater uneasiness for practitioners around the issue of clients' safety. I have found setting clear guidelines and collecting emergency contact details when contracting, goes towards reducing concerns.

Online 'disinhibition effect' (John Suler, 2001) has been a frequent topic in counselling circles. Suler's hypothesis that clients will feel more relaxed in their own environment and subsequently, having reduced feelings of vulnerability, may disclose personal information too quickly and

subsequently become overwhelmed. As counsellors, we may choose to share this information with our clients as part of our contracting and psychoeducation. We may also tread carefully in the first session and focus on the client's emotional regulation.

We need to be mindful that we too may be disinhibited by home surroundings and lapse into self-disclosure and an informal approach. Some of our disclosures may be visual – we may have to resort to connecting from unusual spaces and need to consider the potential impact. One friend shared that a client was quite angry at seeing her in her bedroom and she was taken aback by how much this had affected the client with whom she had worked for many months. Taking time to consider our location and background is essential preparation and using a virtual online background or connecting by phone would avoid such situations.

While I believe that we should be mindful of the potential of the disinhibition effect leading the client to bare all, I also hold in my awareness the complete openness clients attending in person may demonstrate in a first or subsequent session. They can find themselves surprised or shocked at the depth of their feelings and the immensity of what they have shared. At these moments, clients may say “I haven't shared this with anyone before and I didn't expect to, today.”

Would it not demand a similar response from ourselves whether they are on screen or sitting with us in the room? Would it not be our responsibility to honour what has been shared, acknowledge the intensity of feelings and suggest taking some time together for the client to “return” into the room? In other words – emotional regulation – and encouraging the client to self-care after our session has ended. I wonder whether there is a risk that we as practitioners become deskilled and feel unable to stay steady when our clients become overwhelmed on the screen in front of us? Something for us to ponder.

I am reminded of the learning that I received from my client who I mentioned earlier, and the personal insight that she trusted to tell herself when it was safer to stay home to go deep rather than make a lengthy journey to be alongside me physically. By respecting her autonomy, I too trusted her own sense of what felt right for her. At all times, I took the lead from her and went at her pace. If and when she became overwhelmed, I stayed steady alongside her, giving her space to recover and affirming all of who she is and valuing all that she had shared. These moments were precious, and we took time to step back out of her feelings and narrative and return into the space between ourselves. Time to process what had been shared and a checking-in when she was ready to sign off. If the session had been particularly intense, we contracted that she could check in by email later and I would respond. We held our contractual boundaries, so this did not become a “ping-pong” series of emails; simply hers to me and mine to hers acknowledging where she was in herself.

And finally...

It has seemed strange not welcoming clients and supervisees physically into my working space. Equally it has seemed strange not having family and friends to visit and being restricted from travelling out of my local region. Using Zoom, Teams, Hangout, Facetime and other platforms has now become common-place and these words have entered everyday conversation. I remember when Zoom was simply the name of a rocket-shaped ice lolly! In November 2020, it was announced that Zoom had become one of Oxford Dictionary's Words of the Year.

As lockdown restrictions are relaxed and we interact in person again, it will be interesting to see how things evolve in our approach to working with clients. Moving forward it may be that working online will no longer be viewed as “less than” and a “poor substitute” for the real thing. As practitioners, will we consider entering into a dialogue with our clients to ascertain what would be their preference? Will we return to the assumption that therapeutic work can only happen if the client is physically in the presence of the therapist? Will we take a risk to be adaptable and consider a blended practice? In recent years some clients chose to work with me *because* I offer video links. We have never met in person and yet have been able to develop trusting relationships in which therapeutic work has taken place.

From recent conversations with some friends and colleagues, I have noticed the shift from full-on resistance to working remotely to a surprised acceptance and for some, even a preference.

As I share these thoughts, I reflect on where I am in my practice at this point and very much value the skills and knowledge that my blended approach had developed. I recognise that these helped me:

- bring all of myself to each aspect of work
- support clients, supervisees and students in the transition to connecting remotely
- guide supervisees and co-trainers by sharing my knowledge of working online

I fully believe that as long as we are consistent, our clients can hold a steady picture of us in their minds, regardless of our setting and from there the work progresses. When discussing this point with a retired counsellor/friend, she smiled and said “absolutely, if the client has a sense of our consistency it wouldn’t matter if we were up a tree!” I don’t plan to experiment with this idea however I very much agree with the sentiment behind it.

Biography

Jan Kerr is a person-centred counsellor, supervisor and trainer in private practice. She has taught at the University of Aberdeen and more recently the University of Highlands and Islands. In September 2020 she was appointed Chair of COSCA.

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Gains and Losses of Online Learning



Jennifer Shanks

Having applied to enrol on the Person Centred Counselling course at Inverness College in the knowledge that it would mean a 250 mile, six hour return journey every week, I must have been one of the few people to feel a semblance of relief at the prospect of undertaking our course through online learning. I wouldn't have to set the alarm for 5.30am or driven over the Kessock Bridge at rush hour. But I was also aware that there was a reason that COSCA validated counselling courses simply weren't offered online. The very nature of the course is person centred. Instead of being in a room with fellow students and our tutors in all our dimensions, we would each be sitting in our own homes, only visible in 2D from the shoulders up.

The simple fact of the matter, as stated from the outset by our course leader, is that it was either online or not at all. It was an easy choice. I had been hoping and planning to get on this course for about two year – a global pandemic wasn't going to get in the way. But there was much to overcome, not least technical issues. When I went to Uni first time around, we had pens, paper and lecture halls. This time, there were apps, Webex and the dreaded little yellow triangle. As nerve-wracking as it was to go back into education at this stage of my life, it was the fear of the technical element that kept me awake at night. That said, at that stage I also thought that embarking on a journey of self-awareness was going to be easy because I already knew myself.

In a normal class setting, myself and my fellow students would have had the chance to get to know each other during breaks, lunch times and before and after class. These little snippets of time are not now spent figuring out that our grannies went to school together, or that we once worked for the same company but never crossed paths. Rather, a brief recess and moment away from the screen now involves hanging up a washing, throwing something in the slow cooker or giving the living room a quick Hoover. Our housework may be getting some extra attention, but the ties that bind us outside of the classroom have been longer in the making than they might otherwise have been. Fortunately, the group chat is able to facilitate these kinds of connections, but certainly more slowly than if they were done in person.

Conversely, an element of this mode of study has allowed us to come further, faster within our group. Skills practice is an integral part of the counselling certificate, and much of our learning emerges from the group work we do. The practical and academic complement each other, but I feel that the latter is hard to contextualise without the former. In this sense, the comfort of being in our own homes, particularly when taking up our role as speaker, has facilitated a greater sense of ease and comfort within the group, thus allowing us to be more open than we may have felt in a sterile lecture hall or conference room. Sitting on our own comfy couches, we are already primed for intimacy in a way that we cannot be in a lecture hall on a flip-down plastic chair. The effect here is that our listening skills can be honed in a more meaningful way, more quickly than we perhaps would in a conventional setting. This has a knock-on effect on how we relate to the academic work so, despite missing out on casual chit chat, we have been able to form genuine bonds.

We are, however, struggling with other elements of the domestic setting which may not lend themselves to the nature of our work. Whilst yes, it is very easy to talk freely in our own front rooms, it is not so easy to open up as a speaker or in a group discussion about personal relationships when pictures of our family members look back at us. In some cases, the individuals we talk about may even be sharing the house with us in this time of working from home and home-schooling.

There is not only the matter of not being overheard to deal with, but the more acute sense of betrayal – it can feel hard enough to discuss loved ones with a relative stranger, worse still when they may be mere feet away from us. These mental and emotional obstacles are just some of the issues. The practical matters – in our cases – have included landlines ringing in the background, builders working noisily nearby, parcels being delivered, unexpected callers and children being dropped home early by mistake. More than one of those has happened to me. As frustrating as these experiences have been for the person in question, they are usually laughed off by the rest of the class. I have also found important learning in them. I was in the middle of my first assessed skills practice when someone came to my door unexpectedly. In the ensuing panic, I lost all track of what the speaker was saying. I got so flustered that I came out with what can only be described as “word salad”. My tutor was able to discern exactly the point at which the incident occurred, because I had been doing a reasonable job of tracking the speaker to this point. Although mortified, I was grateful that my tutor assured me that there would have been no harm in admitting to the speaker that I had been momentarily distracted, and that I could politely request she repeat herself. Indeed, this would be the authentic response. Little did my friend know that their sudden knock would provide me with a chance to understand the importance of congruence.

A key learning for us this year is on the importance of connection. We are learning how, despite the apparent obstacles, there are ways and means of connecting, even if we are using digital media in a distinctly analogue craft. We may not be able to share the same physical space, but perhaps this enhances our understanding of how simply being there, beside the speaker – even if you are a hundred miles away and all that they see of you is your face – can be sufficient. As it is, we are simply not able to place a reassuring hand on a speaker during a difficult moment or offer them a hug after a particularly draining session. In the certificate course, we have not yet looked closely at the significance and appropriateness of touch in the counselling setting. I am personally not very tactile, which may make me one of the few folk who are quite happy with social distancing policy. That, however, is something for me to reflect on. When it comes to thinking about touch in the therapeutic process, it will be interesting to see if our instincts have been in some way stunted by our inability to do so through this medium. Or perhaps the response will be the opposite, maybe we will wish to embrace as though there is no tomorrow after the drought of human contact. Regardless, we have been able to offer and to infer empathy without sharing the same physical space.

The technical side of this mode of learning has challenged us all to varying degrees. We have had to navigate the minefields of poor connectivity, elderly laptops and fuzzy headphones. I am very grateful that the power cuts that are par for the course in my part of the country at this time of the year have decided not (yet) to hit us on a Friday. We’ve been left waiting in virtual lobbies, unsure if anybody was aware of our presence. We’ve been unceremoniously kicked out of breakout rooms, only to come back in and find ourselves alone in an empty room. We’ve been seen but not heard, heard but not seen and, in some cases, we’ve been completely green. All this, in spite of our Uni doing a phenomenal job of keeping our course up and running and largely successful. That said, I am aware that I have had very few problems in that regard, so my assessment may be more favourable than that of my colleague who, for several weeks, had to rely on the chat box to communicate with us. In a course which is utterly dependent on communication, this experience must have been frustrating in the extreme.

The social *faux pas* of two people starting to talk at once is amplified in this setting. The pregnant pause before anyone in the class dares to offer a point of view is often broken by the scrambled sound of simultaneous voices, each invariably apologising and desperately trying to mute themselves once again. The challenge of being a listener in skills practice – still an acutely stressful time for many of us – is made all the more traumatic when the speaker appears to be still, but you cannot tell if they have simply stopped talking or if their screen has frozen. In our larger group setting, we watch as somebody animatedly shares a point, only for the rest of us to point our ears to the screen to try and physically convey the phrase of 2020: “you’re on mute!”. They invariably unmute themselves, embarrassed, and we receive a briefer, less passionate account of their idea.

When it comes to comparing this mode of study to the traditional setup for a counselling course, I simply have no point of reference. Other than those who are at the same level of study as we are, all of you will have completed this course in the conventional manner, face to face. I can weigh up the pros and the cons. But, fundamentally, the question was to do it or not to do it. This wasn't even a question for me, and I have no regrets about undertaking the course in this format. We have learned that it is absolutely possible to offer the core conditions through this medium – as long as I remember to let on that somebody is knocking at my door. And, in a world that has adapted in ways previously not thought possible, it may be that many of us will spend a great deal of time counselling clients online. For me, the experience has been hugely positive but, Kessock Bridge at rush hour or not, I do sincerely hope that we get to spend our second year in the same room! Perhaps then I can offer a more balanced view of the gains and losses of online study.

One of our tutors posited a new level on Maslow's Hierarchy of Needs. Before all else, we need Wifi!

Biography

Jennifer Shanks a first year student at Inverness College UHI, studying the Counselling Skills Certificate. She is a stay-at-home mum to two children and a partner in her husband's construction firm.

The Unfolding Life:

an appreciative view of the therapeutic relationship



Mike Moss

Mike Moss has been inspired by Carl Rogers and Milton Erickson two important figures in the evolution of psychotherapy, whose work has helped him understand his own development as a therapist. In 2018 he was inspired to write a paper called *A Question of Miracles* for a solution-focused workshop which was published online and then wrote an article based on this paper which was published in *The Milton Erickson Foundation Newsletter* and more recently the *Person Centred Quarterly*. This new article represents the further development and unfolding of his ideas and his experiences to help people become more freely able to find their way in life.

Introduction

“People are just as wonderful as sunsets, if I can let them be. In fact, perhaps the reason we can appreciate the sunset is that we cannot control it. When I look at a sunset as I did the other evening, I don’t find myself saying, ‘Soften the orange a little on the right hand corner, and put a bit more purple along the base, and use a little more pink in the cloud colour’. I don’t do that. I don’t try to control a sunset. I watch it with awe as it unfolds”. – Carl Rogers, 1980, p.22

In my role as youth worker and now as a counsellor I have had the genuine privilege of watching a person’s life unfold, been inspired many times and have been in awe. In this article I want to share some of my thoughts and experiences about the therapeutic space I endeavour to create with clients to help their lives unfold. I believe there are a combination of elements (which I have consciously and unconsciously experienced) that transform and heal and that come from both client and therapist. In this article, I will share some features of solution focussed and person centred therapy that therapists of different modalities may find useful to help them with their clients.

I first came across the concepts of solution focussed thinking around 20 years ago when I was a youth worker and learned people could adopt an alternative outlook. Rather than focussing on what was not working, which often seemed to be the case in my experience, I learned I might help people better by focussing on what was working for them.

I soon realised that just by noticing how the client had taken a tremendous step towards change by sitting in front of me, was a helpful start.

I was also intrigued by the notion that the way we look at things can influence our experience, and if we can alter our perspective, no matter how small, we might change that experience. I went on to do more reading about solution focussed thinking and attended further training and it felt like I was becoming more involved in how growth and change occurred in clients, as indeed change and growth was happening with me also. I felt a greater sense of hope in my work, and I began to experience using more of my intuition, my imagination and learning about stories and metaphors and the use of language. I still enjoy these creative elements in connecting with people. Sometimes there is an intuitive response in me when working with a client that seems right to follow, and other times just noticing my response, continuing to listen deeply and being led by the client is all that is required. There have been times I have responded in ways that do not seem to have had any impact or seem that helpful, and I am always careful to check what feels right for both the client and me. For me, the therapeutic relationship has felt exploratory and collaborative. Whatever I offer is in the spirit of being curious and wanting to help and

I trust the client will find their way towards change, even if I do get in the way sometimes. As a general rule, the direction the client and I follow is never fixed and has many different paths.

Is there a theory or just a way of being?

Milton H Erickson (1901-1980) the American psychiatrist whose work inspired the origins of solution focussed therapy and Carl R Rogers (1902-1987) the American psychologist who founded person centred therapy both seem to have appreciated the notion of an unfolding of life in their work. They appear to have moved in parallel directions and are closely linked in having a fundamental desire to help people find their own resources towards, healing, growth and change. (Gunnison, 2003)

Rogers can be described as non-directive in his approach and Erickson as directive and they have both inspired many therapists over the years and their influences in solution focussed and humanistic therapies are still very much present today.

They both grew up on farms in the mid western United States and appear to have had a similar view of the natural order of things. Rogers told the story of how, as a child, he noticed some potatoes stored in a shed without a source of light. They had evidently been there for some time yet were still able to grow spindly shoots. He recognised, even in the poorest of conditions, there was an inherent striving in the organism towards life and began to understand this process more later on in his work with people. He believed that no matter what conditions a person may find themselves in there is always the potential for change and growth, and he called this the “actualising tendency”. (Rogers, 1961, p.351)

Erickson also had an important experience as a boy. One day he came across a horse that had appeared outside his farm without a rider. He decided to get on the horse and see which direction it would go. He trusted the instincts of the horse to show him the way back to its owner, which apparently worked. When asked later by the horse’s owner how he had known where the horse belonged, he said he didn’t know, but the horse knew! Erickson had simply utilised what he believed was already known, and throughout his lifetime’s work he always maintained a reliance on the patient and therapist to know consciously or unconsciously what was needed for their healing. (Gunnison, 2003) He always trusted both the instinct of his patient and the therapist at some level to know which direction they needed to go. Interestingly (Leva, 1987, p.71) finds this an elegant description of combining the “utilization” approach Erickson used with the person centred approach.

Erickson is also remembered for telling stories to his patients that have been described as ingenious and enchanting. Even if a story was not entirely “true” in the sense that it may or may not have actually happened, it appeared to create an effect that could inspire and encourage someone to be curious and try something different to see what might happen. What also stands out in contrast to Rogers is that Erickson would introduce clients to a trance state where he believed unconscious patterns of behaviour could be directly influenced and he would intervene in ways to help the client change. Erickson was well aware of the benefits of exploring the unconscious and believed it was always accessible in the therapeutic relationship and he relied upon its gifts and resources for healing (Zeig & Munion, 1999). Rogers never used trance or hypnotherapy, but he did acknowledge the value of Erickson’s work, and in regard to the unconscious he considered Erickson had “...a very great gift for this kind of mysterious communication.” (Gunnison, 2003, p.193).

In further comparison Rogers agreed with Erickson’s belief that people have the necessary resources stored in their unconscious or non-conscious “..to transform their experience”. (Rogers1987:180) He also recognised his own intuitive responses at times being able to help the client transform and heal and believed we limit ourselves by only considering matters of the conscious mind and had ‘..come to value highly these intuitive responses’ (Gunnison, 2003, p.193). Although it was yet to be studied empirically, this view seemed to be unfolding from Rogers’ experiences with individuals and groups before he died. I think one of his greatest contributions was to evidence from his research that for psychological growth or change to happen in the therapeutic relationship, certain conditions have to be communicated by the therapist. They have to be understood by the client and also be present to a minimum degree.

These conditions were described as an attitude the therapist holds towards the client, and the main qualities Rogers believed which were both necessary and sufficient, and which have become known as the “core conditions”, are empathy, congruence and unconditional regard (Rogers, 1957).

Similar core conditions can be found in Erickson’s work and Solution Focussed Therapy where “The helper empathically acknowledges the concerns and feelings of the client and develops rapport through a warm, positive, accepting relationship in which the client can feel safe, understood and respected. This experience in itself is potentially transforming.” (O’Connell & Palmer, 2003, p.6)

The Miracle Question

For me one of the main attractions to Solution Focussed Therapy has been what is known as the “miracle question” (De Shazer, 1988) which is claimed to have been inspired by Erickson and others. (O’Connell & Palmer, 2003) The miracle question aims to offer the client a transformative experience of imagining what might be different in their lives without the “problem” or if the problem is reduced. Clients are invited to imagine a day without the problem and to experience how it would feel. The belief here is that some of the clients struggle holding them back might be due to both conscious and non-conscious thoughts. The therapist, without judgement, helps to explore a possible future with lots of supportive and genuinely curious questions and empathic resonance. Rather like Rogers core conditions, to imagine their day and to learn new ways of being as the day unfolds.

This is a version of the miracle question I have used: “Imagine when you go to sleep tonight a miracle happens that takes away all the worries you have talked about today. But you don’t know the miracle has happened. So, when you waken up what will be the first thing you will notice that’s different?”

Hello, Jay

I want to introduce you to Jay. They represent a number of clients I have worked with over the years who I have asked the miracle question. Their identity has been woven together as a composite to keep confidentiality and they prefer the pronoun they, them and their. Jay is 17 years old. They suffer regular panic attacks, anxiety and negative thoughts. I invite them to close their eyes and just imagine going inside. I also close my eyes. I ask what it is like for them. They say they are feeling anxious. I am curious as to how the anxiety is for them and how it is felt. Jay describes a feeling of grasping from their throat to the middle of their chest. As they were describing this I imagined a similar feeling in me. I could sense the feeling they described as if it were inside me too. There seemed to be an outline, or a faint trace of a familiar feeling I may have experienced in the past. I also noticed the word “grasping” seems to stand out for me in some way, and in my imagination I instantly think of chasing a butterfly and trying to catch it. I could see the picture in my mind. It felt as if it might have some importance as it has emerged from somewhere inside me. I hadn’t expected it or looked for it consciously. The image felt so strong, so I decided to share it with Jay. I let them know the word “grasping” had made me imagine trying to catch a butterfly. I can understand some readers wondering if I may have interrupted Jay in their experience of “grasping” and what more might have emerged if I had been silent and would Jay have learned something more from their own experiencing if they had been allowed. Sometimes I am aware of holding onto thoughts to allow more to emerge from the client or allowing thoughts and feelings to unfold while I am writing my case notes or my journal or in supervision. However, in this instance, I decided to take the risk of responding to a strong intuitive feeling. It turned out we were both able to acknowledge at least in that moment, it was indeed like we were both trying to catch a butterfly in our imagination. It gave us a picture we could share which seemed to help us connect and deepen our relationship.

Still with our eyes closed I then imagine putting my hand out and letting the butterfly land gently on the palm of my hand. And as I was thinking this Jay said to me almost in a whisper, “Maybe we could just put our hands out and let the butterfly land?” At that moment, their grasping was gone, even if just for an instant, and we both imagined this beautiful butterfly landing on our hand.

Later in our work together I asked Jay the miracle question. I invited them to imagine what it will be like if they woke up one morning and their worry about having panic attacks had gone. Jay thought

for a moment and smiled. They thought this was strange to think this way however they would give it a go. Here is a highlighted account of what they discovered.

“I will open my eyes and be feeling peaceful. The picture on my bedroom wall will be straight. I will get up and make my bed. I will have organised my clothes and bag for school the night before. I will get washed and dressed and then go for a pee with the toilet seat up. I will have time for breakfast. My mum will notice I am a bit happier and say wow! you are having breakfast. I will be able to talk to her more. I will not be fighting with my brother. I will be just talking normally to him instead. I will not have the grasping feeling. I will feel more open and notice things that are good, and I will feel a bit lighter inside me”.

“I will be able to just breathe normally at the bus stop. I will notice the cars and buses and people walking to work. I will notice the sky and the clouds and feel like I am someone just going to school. I will notice the birds. I will stop imagining people talking about me in the street and judging me. If I see someone looking at me I will accept I am also looking at them. I will also notice other people who are not looking at me. If I feel threatened by someone looking at me I will imagine them doing something nice like opening a Christmas present”.

Jay went on to describe other parts of his day. At the end of the day, he summed it all up: “I will feel more confident to be myself in the world that day. Also, if I start to panic I will just imagine a butterfly landing on my hand!”

Jay felt better over time and reported some of their anxiety had become more manageable. They were more involved in social activities and had applied for a part time job and they noticed themselves talking more positively about life. The miracle question had helped Jay feel the potential of something which felt achievable. It was as if the changes had been inside them all along, just waiting to be released. By focussing on what was different, Jay had experienced something new. Jay described our work together as being like looking through a filing cabinet with lots of sections where they had got rid of some things and kept other things and even discovered things they hadn't known were there.

Unfolding wisdom from our experience and trusting our own intuition deep from within may be what Rogers was talking about when he felt there were things that seemed unplanned and yet seemed to fit somehow, or when Erickson was inspired to tell a certain transformational (trance-formational) story to a patient.

Conclusion

In my attempt to try and understand the notion of an unfolding life for the clients I work with, I also see what has been unfolding in my life too as a helper. Those early ideas that I was attracted to of helping, have been growing in me and guiding me in my work. I know other therapists have their stories too which help them make unique connections with their clients. And by the very nature of our intention to help, we all create safe spaces as best as we can to help the clients lives unfold. And who knows, something new, something more than we know may begin to emerge.

And whether we try to control it, or make suggestions, or facilitate, or just sit back and watch in awe, the very nature of us being open to something unfolding in another person, is where the real growth takes place.

I began this article with a quote from Rogers and end with a quote attributed to Erickson.

“Life isn't something you can give an answer to today. You should enjoy the process of waiting, the process of becoming what you are. There is nothing more delightful than planting flower seeds and not knowing what kinds of flowers are going to come up.” (Leva,1987, p.70).

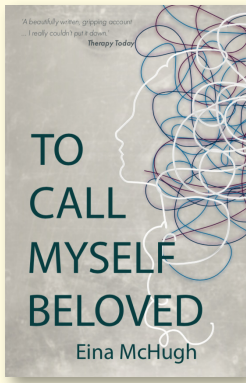
And finally, I see Rogers and Erickson on both sides of an imaginary therapeutic bridge, one of them being directive, the other nondirective. And I can hear Erickson saying to his patients as they leave, “My voice will go with you”. (Rosen, 1982). And I can hear Rogers saying to his clients, “Your voice will go with you.” (Moss, 2018). Both these may be reassuring for us, as perhaps we are all on the same bridge, and we all know the way.

Biography

Mike Moss is a counsellor and supervisor currently employed by The City of Edinburgh Council, Scotland working in schools. He also has a small private practice offering counselling, supervision and training. He has had a number of articles published and has presented his work at national and international conferences. He can be contacted at mike.moss@outlook.com

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The process of writing “To Call Myself Beloved”



Eina McHugh

Eina McHugh's critically acclaimed memoir, To Call Myself Beloved, offers a fascinating window into the power of the therapeutic experience, from a client's perspective, as well as a moving insight into the trauma of "The Troubles" in Northern Ireland. Here she writes about how the book came about.

For years I had searched in vain for a non-fiction book that would share what a contemporary psychotherapy could be like. I found rows upon rows of books written from the therapist's point of view, for professional therapists, peer to peer. I could not recognise myself in the accounts that I read. I longed for a fellow wayfarer to encourage me.

I had faithfully documented my experience in a series of letters to my therapist. I decided to relate the entire arc of a therapy – which included both individual and group therapy – only from a client's perspective. I wanted to write the book that I could not find, someone willing to share her authentic experience, in support of another.

I set myself certain guidelines: I would not fictionalise anything to make a better story; I wanted to use humour to ease the pain; I would use no academic words, no jargon; I would write to the best of my ability. It was as if I was repeating therapy again: trusting, sensing, and allowing form to emerge. Sometimes I worried that I had set myself an impossible task. I teetered on the verge of giving up (like therapy) yet kept going (like therapy).

By 2006, I had a rough draft – and I hesitated about doing anything with it. How could I make such a deeply personal story public, even though I had always believed in the importance of doing precisely that? Fear of exposure and the worry of hurting others held me back.

My father was ill, so I talked with my mother. In 2009, she gave me her backing to seek a publisher, in the hope that my work might help another and also give me pleasure as a creative act. I sent the manuscript to my former therapist seeking his permission. He gave it. He did not ask me to change a single word. My mother and former therapist both acted with extraordinary love and generosity.

To Call Myself Beloved was first published in 2012 by New Island Books, Ireland's leading independent publisher of non-fiction. I thought a mainstream reader might be interested to read how “ordinary” experiences of terrorism can be internalised. I soon came to realise that unconscious resistance to the pain of Northern Ireland is real. Anyway, my book had its own desires and wishes, wanting to move towards particular readers, to therapists (from different backgrounds) and to clients.

Dr. David McCormack, National University of Ireland Maynooth, was the first to write a long (over two pages) and wonderful review, published in the *British Journal of Guidance & Counselling*. He wrote: “I cannot recommend this book highly enough... It is an important book in the context of the discipline and practice of psychotherapy and will be of use to clients, trainees, trainers and therapists.”

Individuals, as well as counselling and therapy organisations, began to advocate for the clinical value of *To Call Myself Beloved*, its open and honest realism, inviting me to participate in seminars and reading groups. Positive reviews appeared in the world of psychotherapy and beyond. My fear that

the psychotherapeutic community might not be open to an account written the "other way around" proved incorrect. What moved me most was the correspondence I received from clients, people seeking therapy, therapists, supervisors, and, particularly, therapists in training.

Recently I had the honour of giving a Keynote Reflection at a social justice conference organised by the American Counseling Association (ACA), the British Association for Counselling and Psychotherapy (BACP) and the Irish Association for Counselling and Psychotherapy (IACP). I read from my book in a way that I would never previously have had the courage to do in public. I was inspired by the presentation of Maureen Slattery-Marsh, Saima Nasar and Gavin Schaffer from Birmingham. That conference had a powerful impact on me.

Now there is a new reprint of *To Call Myself Beloved*. Margaret Atwood says writers often conceive of their work in terms of a boat. So it is that I release my boat into the river again. The little boat turns up on different banks and nets, people finding it, reading it, passing it on to someone else. Then it is placed back into the flow and off it goes again.

As a writer, I know my task is to trust, to let go. And the hope remains in my heart: may my book find its way to the readers who need it.

To Call Myself Beloved **extract**

Then there were my needs. Well, I had read a little of these matters and thought it best to pitch in with a thing or two. I stressed I could see him only for as long as I had the money. So how many months would it take?

"It is not possible to know that now. Each person is different. Some people come along and six months is enough. Other people have been working with me for three years."

An unthinkable swathe of time stretched out ahead. I would be ancient, and broke. There was trusting encouragement in his voice. "Things will take their course. We begin, and the way will unfold." I often wonder what would have happened if, at that moment, a mythical messenger had appeared and revealed the events that would come to pass. I would have been immensely intimidated and would have turned back.

But naivety is a valuable commodity in psychotherapy. It propels you forward, and the process itself strengthens resources you never knew you had and offers unexpected gifts in the darkest hours.

"OK."

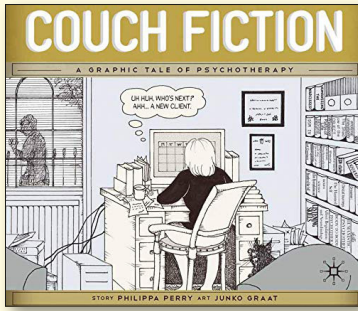
I would have to be one of those bargain-basement six-month people, wouldn't I? The negotiations turned to time. Was it possible to meet in the evenings because I was not sure if I could get out of work during the day? He told me there was a waiting list for evenings. Could I be added? He nodded.

The fact was he had no regular free time over the next few weeks. We would have to go along with whatever haphazard hours he could make available. It was the first indicator that it would take shared effort and goodwill, a joint pulling together, to make this thing work. We would see how we got on for six "sessions" – a new acorn for my linguistic store – and after that we would review the situation.

Agreed.

He was endorsing my courage in entering therapy, reframing it from an act of middle-class self-indulgence – how most of the media described it – to a heroic venture. I was grappling with difficulties, and these difficulties had repercussions for me, and for others. To attempt to understand them, to take responsibility, was an act of citizenship. He was invoking an uplifting context for our work, and the beauty of his words inspired my soul.

To Call Myself Beloved published by New Island Books. £12.99.
ISBN 978-1848401846



Book Review:

Couch Fiction, a graphic novel by Philippa Perry (text) and Junko Graat (art)

John Dodds

Having been a huge fan of comics and graphic novels since I was quite young and still read them now and again to this day, I was delighted to discover this work by someone I greatly admire as an artist. Although Philippa Perry did the text and not the artwork here, I was fascinated by the art she produced during the Channel 4 TV Series, *Grayson's Art Club*, alongside her husband, the Grayson Perry, transvestite artist *extraordinaire*. Note: if you haven't watched this series I cannot recommend it highly enough. The loose, cartoonish drawings do not detract from the seriousness and value of the book. Which is not to say it isn't entertaining, because it is, with moments of genuine tension, intrigue, and flashes of great humour.

There are two ways to read it. You can simply work through the narrative panels, which unfold the therapeutic relationship between the therapist, Pat and her barrister/thief client, James. Or you can read them alongside the commentary at the foot of many of the pages, which offer reflections on the process, a look into the mind of the therapist and discussion about the connected theory in practice.

Unlike watching, say, Dr Carl Rogers in the famous session with his client, Gloria (which available on YouTube), we are offered insights into the mind of the therapist during the process. Carl Rogers does introduce the session with his own reflections, but the graphic novel does this in another way entirely, step by step. We also get insights into the client's own thoughts, a benefit of the conventional thought balloons in comic books.

Because this is about psychotherapy, there are elements that might not be appropriate in counselling, such as suggesting what the client could be thinking, rather than asking an open-ended questions (the therapist mostly asks questions but here and there she interprets based on her instincts). You will also see elements which link to other approaches, such as the one about making a list of emotions, which could be used in cognitive behavioural therapy, as I understand it.

There is a raw honesty here and a recognition that no therapist is perfect or has all the answers. For example, at one stage, we see Pat thinking that her client is "quite fanciable", and moments when she realises she has made a mistake. The perils of transference and counter transference are also evident, though the pair manage to avert any serious consequences of those.

As you can imagine, the client is not a single one that Philippa had experience with but is drawn from different elements of a number of her clients and developed into a single fictional character.

I love the drawing, too. They are simple, elegant and almost childlike (though not childish) and convey a lot about both characters, even if you do not read the text. Nonverbal communication at work!

I appreciate that the graphic novel format is not for everyone, but even if your only experience is reading *The Beano* or *The Dandy* as a child, I feel confident you will find this a great read. On a side note, I recently recommended the graphic novel, *Persopolis* (about the author growing up in Iran at the height of the conflict with Iraq) to the book group I am in – I was not shot down in flames, as I anticipated, but the group decided they were keen to give it a go, so I hope you will feel the same about *Couch Fiction*.

A letter

to Brian Magee CHIEF EXECUTIVE COSCA

John Grant

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Dear Brian

I recently responded to an article in BACP's Therapy Today (November 2020). The article was 'The Big Issue: Is EAP counselling really working'. The article gave an impression of how interest in EAPs is widespread in England and I believe the same will be true in Scotland.

As a member of COSCA I have had EAP clients over many years (at least 30). I have provided counselling services to many EAP providers and have experienced a number of UK providers be absorbed into larger, international, provider companies. This probably reflects the fact that the companies commissioning EAP support contracts are often large international companies, seeking EAP support in many countries around the world. My guess is that many of the companies are contracting to provide counselling in their overall package of support on a UK or wider base. My experience also is that clients find the opportunity of some sessions of counselling provided by their company EAP to be very helpful.

For example, oil companies may commission EAPs in America for their personnel in many countries in which they operate including Scotland/UK. Likewise many finance companies have similar needs on an international basis. So my guess is that the article's suggestion that the concern is widespread is correct. I have personal experience of the type of issue a counsellor may face where a 'supervisor' in an EAP disagreed with my interpretation of a client's best interest – the issue was about procedure, not therapy – and I was informed in a letter from Dublin that no more clients were to be referred to me and that any concerns should be raised with an address in California! This was an example of a UK company being taken over by a US group.

As I write I wonder if it would be useful to hear from COSCA members about their experience of the EAP providers for whom they have provided counselling.

Yours sincerely,

John Grant

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COSCA

**Counselling & Psychotherapy
in Scotland**

VISION

A listening, caring society that values people's well being.

PURPOSE

As Scotland's professional body for counselling and psychotherapy, COSCA seeks to advance all forms of counselling and psychotherapy and use of counselling skills by promoting best practice and through the delivery of a range of sustainable services.

Forthcoming Events

Details of all events are on the COSCA website:
www.cosca.org.uk

Please contact Ashleigh Greechan, COSCA Administrator,
for further details on any of the events below:

ashleigh@cosca.org.uk
Telephone: 01786 475 140

COSCA Events 2021

COSCA 23rd Annual Trainers Event

Tuesday 8th June 2021 10am – 2pm – Zoom

Fully Booked – Waiting List Full

Theme: "Formative and Summative Feedback – Supporting Progressive Participant Development"

COSCA Recognition Scheme Annual Standards Event

Thursday 12th August 2021 2pm – 4pm – Zoom

Theme: What we have learned from the pandemic

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