

Counselling in Scotland

S P R I N G 2 0 0 5

COUNSELLING AS PERSONAL
AND SOCIAL ACTION

NARRATIVES OF CHILDBIRTH

COUNSELLING SKILLS TRAINING
IN THE DEAF COMMUNITY

COUNSELLING NEEDS OF MAURITIANS



COSCA
Counselling & Psychotherapy
in Scotland

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Jonathan Wood staff@number21.bosr.org.uk
Brian Magee cosca@compuserve.com

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TO the Spring 2005 edition of the COSCA journal. This edition feels particularly hard-won, and has taken a long time in coming, basically because it has been so difficult to get articles submitted. The COSCA journal – like so much about COSCA – really depends on the participation of its members for its existence. So I would ask you to take a little time to think what it is that you might want from such a journal, and then to consider what part of that you might contribute yourself.

A couple of suggestions occur to me. There are so many case studies written up by counsellors for a variety of reasons. Might these – properly anonymised, and with appropriate permissions of course – form the basis for an article? Similarly with essays, journals etc. written for

courses – might some of these be adapted or expanded. Every counsellor will have done some writing about his or her profession. What a wealth of experience and knowledge there is out there – this could be an invaluable resource for a journal such as ours.

A year or two ago, we sent out a questionnaire to all COSCA members who received the journal. Only four came back. We were asking what people wanted from the journal, and how they might participate in it; so it was a shocking response, given the amount of work that a small group of people – contribute to the journal to keep it running.

No questionnaire this time! Just a heartfelt request for contributions, and suggestions! We hope you enjoy the journal.

Counselling as Personal and Social Action

Is counselling a form of individual or social action?

Setting aside for a moment our work with couples, families and groups, we should acknowledge that most counselling is work done with individuals. That is a descriptive fact. It amounts to an acknowledgement that it is single human beings who press the bell at the door of Number 21, or Wellspring, or Cruse, or Alcohol Focus Scotland. They are individuals: they cannot be further divided physically without pain or death, although they are often painfully divided psychologically. But to concede this point is to concede nothing, for two reasons. First, the fact that individuals seek out counsellors to work with is an affirmation that counselling places a high value on the person and the personal. Second, once we move from the point of view of the dispassionate outside observer to the points of view of the emotionally and relationally engaged insiders, the client and the counsellor, we instantly enter the realm of the social.

Counselling is always social and cultural as well as personal in the narrow sense. Indeed, the conclusion is inescapable that, contra Thatcher, there is no such thing as an individual, only persons in socio-cultural relations extending spatially and temporally in every direction. To express this insight imaginatively, I would like to quote from a meditation by the English poet, John Donne:

No man is an island, entire of it self; every man is
A piece of the Continent, a part of the main;

(Devotions upon Emergent Occasions, Meditation 24. 1624)

Here the phrase, 'a part of the main' means a part of the continent, and the island and continent Donne has in mind could well be the island of Britain and the continent of Europe. The Scottish poet Tom Leonard turns Donne's point round with a witty aperçu relevant to our work as counsellors:

No man – or woman – is an island.

Oceanography, however, is not a science to be despised.
(This Island Now, in Poems, 1973)

What I think Leonard is saying here is, yes, Donne is right. We are all parts of the main, but we manage quite often to get ourselves helluva isolated: there are plenty of human islands out there in the sea of life.

The counselling relationship is social in that a person who is enmeshed in society by virtue of having been born of woman into a family or other social care situation, with current relations of friendship or hostility in home, work or unemployment, in cultural and recreational settings, with unavoidable relations with the state in terms of education, tax, health and social security – such a person seeks help from another human being who is likewise enmeshed.

All the presenting troubles of the client have interpersonal and socio-cultural dimensions as well as being uniquely personal. And contrary to the myth of the dispassionate therapist, the so-called blank screen, this social turmoil in the client immediately makes a new social impact. It stirs things up in the world of the counsellor, it generates sympathy in the strict sense in which Adam Smith uses that term: when you pluck a string on a violin, the next string begins to vibrate at the same frequency. The client stimulates all sorts of resonances, physical sensations, feelings, fantasies, thoughts, evaluations, and memories in the counsellor. The counsellor's own present and past world of relationships is animated by the impact of the client. I use the word animated because it allows me to introduce the relevant word from John Donne: interinanimation. The relation of love, says Donne in his poem *The Extasie*, 'interinanimates two soules'. So do the relations of hate, resentment, confusion, misunderstanding and alienation. It is a special version of this kind of interinanimation which goes on in the counselling relationship. The counsellor has been trained to cultivate his or her knowledge of self and other, so that s/he can use herself as a human

barometer in experiencing and reflecting upon the impact of the client on herself.

It might be imagined that some aspects of what the client brings have to do with their relationships with other people, and some have to do with themselves as individuals. This looks as if it ought to be true, but it is a misconception. Even in the intrapersonal domain we are in the realm of the interpersonal and social-cultural. Such therapists as Ian Suttie, Harry Stack Sullivan and Susie Orbach have emphasised that personal identity is deeply and pervasively interpersonal and cultural. I had a male client whose parents were mentally ill who convinced me that the TV in the living room played a significant part in bringing him up. The same can be said of the part played by his father's reading of the family bible or the folk tales his mother told him in the development of the identity of Robert Burns. These examples illustrate how interpersonal and cultural the intrapersonal is.

Setting aside for a moment these under-acknowledged cultural factors, the Scottish psychoanalyst Ronald Fairbairn's great contribution to our understanding has been his outline of how, in the development of the inner world of each of us, there are at least three interpersonal pairings: first, there is a conscious self, relating to a conscious sense of the other construed as an ideal; then there are repressed or dissociated self-other pairs operating out of conscious awareness. One of these operates around experiences of need and longing: the needy, longing self seeking the exciting, promising other. The other operates around experiences of rejection or punishment: the rejecting or punishing other relating to the internal saboteur which in turn attacks the needy, longing part of the self. And along comes Harry Guntrip, confirming Fairbairn's picture and adding his own account of how the needy self, so vulnerably exposed, its needs unmet and subject to attack, withdraws into a protective citadel and refuses to come out. Oceanography, or fortressology, is not a science to be despised. And along comes Harry Stack Sullivan to illustrate how the conflicting social class

affiliations and cultural aspirations of his catholic mother and protestant father entered his soul at an early age and contributed to his own social withdrawal and also to the development of his capacity to empathise with deeply withdrawn clients.

The client brings his present interpersonal concerns at home, at work or in unemployment, intertwined with his engagements in social institutions and with his cultural interests. Usually these concerns are the primary focus of the client's work in therapy, often with particular emphases on intense feelings, or difficulties in relation to significant others, tasks and aspirations. Particularly when counselling relationships continue for longer periods, however, counsellors are aware of the need to be sensitive to the simultaneity, the close interweave, between the present interpersonal, the intrapersonal and the socio-cultural dimensions of the person, to the last of which I now turn.

Theoretical and practice-based accounts of counselling have always tended to underplay the socio-cultural preoccupations of both client and counsellor, or acknowledge them merely as social context, a kind of backcloth or set to introduce a theatrical metaphor. My line of argument here is that these preoccupations are vital and central to the work of counselling. The individual person is part of the main. He or she is not only spectator, but also part of the stage and the set, several of the actors and one of the scriptwriters of the socio-cultural dramas in which we partake. In a very real sense, the socio-cultural is me. It happens in us as well as outside us, whether we are willing, unwilling or unconscious actors. Bertrand Russell was making an analogous point when he wrote: 'the stars are in my mind'. There is nothing mystical about this. Why do you think contemporary politics has resolved itself into a constant investigation by means of increasingly sophisticated forms of social research, of the preferences and opinions of ordinary people? The politicians need to know how we are construing what is happening, so that they can change their tack and adjust their sails.

I want here to crystallise one particular aspect of the socio-cultural dimension of client concerns. There is a huge values dimension in the lives of both client and counsellor, and in their relationship. Counselling training discourse sometimes tends to reduce values to concerns about codes of ethics and practice. In my experience, clients are concerned about how to live their lives in a way that is right for them. Traditionally, institutional religion claimed to do a lot of that for us, but now that most of us have chucked religion out of the window, we find ourselves in an ethical forest, the selva oscura of Dante's Inferno, in which competing ethics and anti-ethics battle to possess us.

To summarise this point: we do not sufficiently recognise that the counselling dialogue is a dialogue about how to live this particular life, how to conduct these relationships, in this family, in this workplace, with these health and money problems, in this society, culture and world about which both of us have such strong and sometimes conflicting views, hopes and fears.

Conclusion

Counselling is a form of personal action and we need not be ashamed of that. A senior counselling trainer in the USA, embarrassed by his relatively privileged position and wishing to dissociate himself from the individualistic culture of the States, told me recently that he and his colleagues had now completely given up training for one to one work and were concentrating exclusively on social interventions. I nearly fell off my seat. As if work with an individual was not a social intervention! This trainer's view represents a conception of the individual as isolate, as island, as solitary victim or solitary predator. The view of the person which I am proposing is inherently social, but not in the crude collectivist sense. We are, in John Macmurray's beautiful phrase 'persons in relation'. Persons, Macmurray argues, are actually constituted by their relations with other persons.

Counselling individuals is no more individualistic or anti-social than hearing the confession of an individual penitent before communion. Of course, there are major differences, the principal one being that the institutional church held out an integrated vision of values and rules, guiding the person as to how they should live their lives. Our culture, for the time being, has thrown over the traces of what it perceives as the authoritarian church and its commandments. But we cannot so easily avoid the questions the churches were trying to address: how am I to live in this society, in such a way as to pursue and constitute my own good, that of others and of society as a whole? Here I am borrowing the language of another Scottish philosopher, Alasdair MacIntyre.

Counselling, according to this perspective, represents the re-emergence, in an increasingly atomising devil-take-the-hindmost, post-scarcity culture, of a personalist and communalist perspective of the kind defined by John Macmurray. It consists of the offering of the self of the counsellor to the self of the client, in an act of supportive care, an act of agape, in an attempt, together, to create an interpersonal environment in which the client can be safely vulnerable, re-experience themselves in terms of their genetic givens, their intrapersonal world, and their interpersonal and socio-cultural world, with the hopeful aim of re-evaluation, restoration and return to the relational fray: *reculer pour mieux sauter*. Doing counselling, to quote John Macmurray again, is 'consciously behaving in terms of the nature of the other'. It is not, by itself, alone, the means of creating the good society, but it makes a worthwhile contribution to that end, through interpersonal actions which are constitutive of it. In a culture which has overvalorised a conception of society as consisting of Hobbesian individuals managed by large-scale policies and structures, it reaffirms the centrality of the practice of the personal.

Qualitative Research and Narratives of Childbirth

Marilyn Nicholl

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This is the first of a short series of articles on the family by Marilyn Nicholl, counsellor, lecturer and researcher. Here she explores parenthood and the therapeutic role of talk in working towards a positive taking up of the role of 'mother' and of 'father'. The article focuses principally on mothers. Later in the series, research in relation to new fathers is explored, along with an analysis of participants' discourses.

Women 'Wittering'...

Exploring the nature and therapeutic purpose of stories of childbirth in the transition to parenthood.

Introduction

Following the birth of a first child, there may be a need for many women, and indeed for many men, to recount in detail the birthing story, to retrace, to re-capture and to revisit the process of childbirth. I wanted to investigate the meaning and relevance of childbirth narratives recorded at this crucial crossroads in parents' lives. I collected these personal stories by meeting on three occasions with each parent. These interviews generally took place:

- shortly before the birth of a first child,
- in the three weeks following the birth
- around three months post partum

During our sessions, all of which were recorded and transcribed, I sought to assist individuals to relate their experiences as they moved through pregnancy and into parenthood. The person centred framework and reflective listening interview technique offered participants the opportunity to freely develop their thoughts and feelings at this very precious time in their lives.

Listening to mothers and to fathers

To achieve a truly multidisciplinary, holistic framework, I wanted to include the narratives of both fathers and mothers in this qualitative exploration of the transition to first time parenthood.

Current health care attitudes towards the inclusion of fathers into the birthing process may be on the surface positive, but it becomes evident from their accounts that they often feel that they have no real role or voice, either in the anti-natal care appointments or indeed in the birthing process itself. (See future issues for more on fathers' voices)

The vulnerable self of the mother

As I listened to their stories, I had a curiosity about why the recounting of the birthing process seemed to leave some women feeling status-less. Mothers regularly apologized for talking too much, for 'wittering on', for taking too much time, for being 'baby bores'.

It is useful to consider this phenomenon in relation to critical language theory and narrative analysis, both of which constitute language as 'social action'. Hollway (1997), working from a perspective which links critical language theory with psychoanalytic thinking, examines discourses within a context of individual history, affected by conscious and unconscious influences, with an emphasis on intersubjectivity as formative in the ongoing reconstruction of self.

Working within a post-modern framework, there is a focus on the constructed nature of reality and of individual identities. Talk is situated as action: as we talk we constantly create, dis-assemble and recreate ourselves. In the examination of what makes us who we are, there is no one truth, but rather a situation of constant flux and readjustment of our thinking and our identities as we react to the events in our lives. Human social interaction can be seen as a means in which to

integrate sequences of actions and talk about those actions. Narrative analysts and narrative therapists would agree with this position - how people live out the lives they tell themselves.

Talk, then, is one way of assimilating change. The transition to parenthood is a difficult and demanding time, a time when some families succeed in adjusting and others fail to adjust. It is a time when men and women are at increased risk of depression.

What is purposeful talk and what is worthless? And who gets to decide?

When you ask a woman about the birth of her baby it can awaken a rich and full story, punctuated with exact dates and times, with details, with feelings. It is often an intensely moving story, for the teller and for the listener. And then, at the end, she very often makes an apology for 'wittering', for 'going on too long', for getting 'carried away' in the telling of it. Despite being given a clear invitation to talk, many of the participants I interviewed apologized repeatedly for their own story telling, wondering why they have offered me such a full account. Where do these negative messages come from which the mother has embodied?

Media stereotypes present, as a comic form, the chatterbox woman, the one who goes on and on, mindlessly discussing. Often alongside her is the silent male, who may have his own comic side, but whose silence is offered like a continuing reprimand to the woman, a reminder of what is not important. With his tolerant silence he is communicating both a mocking of the woman and offering an assumption of his own intelligence. His status is confirmed by her hysterical presence. It is not by accident that these television/cinema couples fall into such gendered differences. They are a reflection of something which exists already in society. It is making that connection, the exaggerated in relation to that which socially actually exists, which makes it funny. So who gets to

decide who is talking and who is wittering?

It is useful to consider the female participants' self-effacing discourses which recurred in these interviews alongside current pregnancy health care practice.

- The medical model of motherhood relates principally to the safe delivery of a healthy baby. Care is most often infant-based rather than mother-centred or parent-centred. Is the mother bonding with the infant or failing to? Is she well adjusted post nately or does she show symptoms of postnatal depression? The question of a mother's emotional state post delivery is discussed in terms of pathology, rather than her emotionality being supported as a natural part of the process of giving birth.
- Feminist social psychological critiques emphasize the disempowerment of women in the face of the increasing medicalization of the birth process. This view positions women as having to face procedures in hospitals built up by patriarchal decision-makers who seem determined to control this most natural process. Certain feminisms may also carry a subtext of anti-motherhood discourse, particularly for 'stay-at-home' motherhood, advancing the notion of motherhood as an abdication of political opportunity and responsibility. Such feminist discourses seem to interweave and overlap in a curious way with patriarchal views in relation to the low status of mothers.

On mothers and therapeutic talk. Exploring women's words...

Looking at the derivation of words allows a fuller access to the meanings they carry. When women 'witter' what

might they be doing? The dictionary has it thus:

to witter : (intr.; often followed by "on") to chatter or babble pointlessly or at unnecessary length (from obs. whitter to warble, twitter)

So it is suggested that there is something frivolous and insignificant about such talk. It holds no meaning and cannot be seen other than in a vaguely pejorative sense.

Indeed, in our present culture, research indicates how there is a tendency for "male talk" to be more valued - that is to say, action oriented, task oriented talk, objective talk (Gilligan 1982). In raising this gender based discourse I have some discomfort about the very inclusion of a debate which offers a potentially polarising view of what may be "male" and what may be "female". Even to talk about male/ female in this way can be seen as an aspect of an accepted male form of the examination of an issue: discussion in terms of polarised opposites. Perhaps it is more useful to talk in terms of masculine process and feminine process.

Both feminist psychologists working on motherhood (e.g. Ussher 1991, Nicholson 1990) and feminist thinkers working from a psychoanalytic orientation (Chodorow 1978, Hollway 1997,) report how patriarchal values are to be found in the very body of language itself.

This view suggests that male talk is privileged over female talk, the former being based more on happenings in the 'real', external world rather than the individual's internal world. 'Talking facts' is what drives our society.

Halla Bellof has pointed to the fact that women appear to be more interested in studies of identity and how we present ourselves, perhaps because the existing male/female dichotomy view suits men and existing

power relations. Indeed, female experience is often ignored or trivialised by researchers in a way which reflects perhaps what Kitzinger (1988) has called 'a deep-seated suspicion of women's own accounts'. The male-orientated research world prefers to assess by means of 'observable facts'. Gilligan (1992) discusses this tendency in women's talk towards self-doubt and qualification, towards "divided judgement, a public assessment and private assessment which are fundamentally at odds".

And yet, in light of the examination of the processes which talk engages us in, in light of what talk may mean for us in the assimilation of events into our shifting sense of identity, it may be that women devalue their talk at the expense of themselves and of their mental health.

It is evident that all of this knowledge has been in an academic domain for many years. And yet it still fails to be in the public domain where it might better serve us to make sense of our lives and to adjust in more positive ways to the crises integral to the lived life.

Talk plays an active part in the construction of individual experiences of men and women and contributes to their developing identity. But actually very many women (and men) do not know that. They seem unaware that what they are engaged in may be vital to their emotional health and well-being. And so women continue to devalue themselves and the rich process of self healing that they can engage in through language. For they are, through their dialogues, unconsciously striving to assimilate what has been a traumatic event, (true whatever the birth process) as they begin to form their new identities as mothers. Social pressures which discourage this may be to the detriment of themselves, their partners and the infants they raise.

Stories provide a vehicle through which to tie up and make sense of the events of one's life. Green and Murray (1993) suggest that having no one to talk to around the transition to motherhood is linked with a higher risk of depression in mothers both ante-natally and post-natally. Postnatal depression following childbirth lies currently around 10%. (Cooper, P.J. and Murray, L. 1995) For women who are depressed, opportunities for empathic discussion has been shown to be directly therapeutic. Riley (1995) states that:

"Very simple interventions can often be most helpful. The first requirement is to listen and to validate the feelings of the pregnant woman by giving her time and attention." (p6)

So being listened to is helpful. Contact with an empathetic listener is helpful. But something else is going on as the mother or father tells their story. Williams (1984) suggests that "narrative reconstruction is an attempt to reconstitute and repair ruptures between body, self and world, by linking up and interpreting different aspects of biography in order to realign present and past and self with society" (p197)

Now it may be that men and women happen to do this ongoing work of reconstruction differently. Perhaps men may do it inwardly, without outward expression. But it seems that, for many women, their unconscious need, or wish, may be to talk and so to facilitate ongoing construction of identity in an externalising way. And at particular times of our lives, as with childbirth, there may be an urgent need, for some women at least, to do this work, for it is work, and for their talk to be supported. This is not mere impression management - it is fundamental to the formulation of our ongoing identities. There is not idle talk to be disregarded and discounted, by both self and others. This talk may be about communicating with and attending to the self. And in "communicate", there is something quite different from idle chattering:

to communicate : 1. to impart (knowledge) or exchange (thoughts) by speech, writing, gestures, etc. 2. to transmit to 3. to have a sympathetic mutual understanding 4. to make or have a connecting passage (from Latin *communicare* to share)

"To make or have a connecting passage." In relation to the psyche this may mean more than mere surface connections. The 'passage' may be from within the depths of trauma experienced by the inner self, to connect with and assimilate events in the outside world, so that a meaning is created which allows for healthful reworking of identity. This is the part of 'telling one's story' that may lie outwith the awareness of these women storytellers. They talk, they share and they apologise. They may not realise that in the very action of storytelling they may be making a profoundly important step to maintain their emotional well being.

Engaging with stories helps to increase our theoretical understanding of the individual's passage into parenthood. It also informs the debate about what constitutes best practice in terms of health service provision.

In addition, I found that participants named the very act of collecting these stories as a therapeutic and helpful process. The sensitive witnessing of accounts around the time of childbirth can act therapeutically in the emotional lives of parents, who may then be better positioned to support each other, and to nurture a more positive taking up of parenthood.

References

Brown LM. & Gilligan C. (1992) Meeting at the Crossroads: Women's Psychology and Girl's Development. Cambridge, MA, Harvard University Press.

Chodorow N. (1978) The reproduction of mothering : Psychoanalysis and the sociology of gender. Univ. of California Press

Cooper PJ. and Murray, L. (1995) Course and recurrence of postnatal depression: Evidence for the specificity of the diagnostic concept. In British Journal of Psychiatry, 166, 191-196

Gilligan C. (1982). In a different voice: Psychological theory and women's development. Cambridge, MA: Harvard University Press.

Green J. and Murray D. (1993) The use of the Edinburgh Postnatal Scale in research to explore the relationship between antenatal and postnatal dysphoria. In Cox JL. and Holden JM. (Ed) Perinatal Psychiatry. Gaskell.

Hollway W. and Featherstone B. (eds) (1997) Mothering and Ambivalence. Routledge: London and New York

Kitzinger S. (1988) Midwife Challenge London

Nicholson P. (1990) 'Understanding postnatal depression: a mother-centred approach.' Journal of Advanced Nursing, 15, 689-695.

Riley D. (1995) Perinatal Mental Health Radcliffe Medical Press Oxford and New York

Ussher J. M. (1991) Women's madness: misogyny or mental illness? Harvester Wheatsheaf

Williams 1984 "The genesis of chronic illness: narrative reconstruction" in Sociology of Health and Illness. 6, 175-200 p197



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Scottish Council on Deafness Counselling Training Project

In this article I will talk about the Counselling Training Project that was started in April 2004, funded by Scottish Executive Section 9 Training Grant and Community Fund for three years of 2004-2007. And also my own experience in the Certificate course at City University in London to define how important it is for deaf people to have this kind of project which would give them full access to counselling training.

The above-mentioned funding funds one full-time Project Co-ordinator, fees for tutors and other freelance workers, communication services and other project expenses. I am one of the two part-time Project Co-ordinators, appointed in April and a second part-time Project Co-ordinator will be appointed sometime in the autumn.

SCoD (Scottish Council on Deafness) who secured the funding for the Counselling Training Project is a national co-ordinating body with a diverse membership representing the statutory and voluntary sectors. It is the only umbrella body representing the interests of local and national voluntary organisations, local authority social work, education and health departments working with Deaf, deafened, deafblind and hard of hearing people. We work together to improve the quality of life of all deaf and deafblind people in Scotland.

There are only two trained and qualified deaf counsellors who have communication skills with deaf* people who are Michael Davis and myself. Before the project was set up, there were no counselling training courses that are fully accessible for deaf people in Scotland and also there was no training programme for mainstream counsellors to increase their awareness about deaf and deafblind issues.

SCoD set up a Counselling Sub-group in 2002 to identify gaps in counselling services for deaf and deafblind people in Scotland and to see how training opportunities could be created for deaf people interested in working with deaf and deafblind people in Scotland. Members of the Counselling Sub-group members are Deafblind Scotland, Deaf Connections, COSCA and Michael Davis, a deaf counsellor. The project's aims are: –

- To provide Counselling Skills courses (two 60-hour modules over two years) specifically for deaf people. It has already been arranged with the University of Strathclyde to have a first course starting in the autumn 2004, plus two more courses in 2005-2007; and
- To provide deaf and deafblind awareness training for mainstream counsellors – up to about 12 one-day seminars in the next three years – plus guidelines advising mainstream counsellors on how to make their services accessible to deaf people.

These Counselling Skills courses will be fully accessible to deaf people with a full range of communication support provided, e.g. British Sign Language (BSL) Interpreters, Deafblind Interpreters, and Speech-to-text operators. All interpreted lectures will be videoed so that Deaf BSL students can have their 'notes' in BSL instead of written notes. Also there will be Speech-to-text notes available for deafened/hard of hearing students. There will be deaf sessional tutors who will deliver training in BSL and allow Deaf BSL students deliver their assignments in BSL. Deaf students are expected to complete and if successful, will be awarded the COSCA Counselling Skills Certificate.

As for deaf/deafblind awareness training, mainstream counsellors will be given a certificate of attendance. Counsellors will also be expected to use the guidelines set by the Counselling Sub-group and the SAIF Information Standards (which should be ready by the end of 2004), so that an increased number of counsellors will be able to communicate with deaf people better. If you are interested attending these seminars, please do not hesitate to contact me, with contact details below.

As for my own experience, I qualified as a counsellor in 2001 at City University in London and had worked with deaf clients and other clients with a wide range of diversity, e.g. people with a learning disability, disabled people in the last five years. I recall my own experience as a student in the Postgraduate Certificate course in Psychological Counselling, which was not easy, as I did not enter into the course

'straightforward' like any other students. For example, I had to ask the University to book an interpreter for the interview and even gave them contact details, as they did not know whom to contact. By the time I found out that I had been offered a place, I had to find my own interpreter and even look around for funding to pay for the interpreting service. The University offered to pay 50% of the interpreting costs, which certainly helped a bit, but it gave me a lot of paperwork to ask around for funding, not for the course fee, which came out from my pocket.

When I finally started the Certificate course with an interpreter in place, I enjoyed it very much but it was impossible to write my own notes, as I had to watch the interpreter during lectures. Therefore I had to ask students to let me photocopy their notes instead but sometime it was difficult to read as they wrote it in their own style, which obviously did not suit me. By the time I had to write my own coursework, which was not a problem but I had to finish it a long way before the deadline so then it could be proofread before I could pass it to the course tutor which gave me a little time to research my work because English is not my first language.

With the group work sessions, which I found very interesting but it had been difficult for the interpreter, as most students would talk at the same time, which would leave the interpreter at a loss. Sometimes the interpreter was lagging behind, say 10–15 seconds behind and therefore it was difficult for me to have a say in the group discussion as everyone else might move onto to a different topic, while I wanted to talk about what they had discussed earlier. That kind of group work can become 'dynamic', giving the interpreter a lot of work and leaving me feeling rather passive as I could not get a word in because the interpreter was too busy translating from English to BSL.

It was not all doom and gloom for me; I made some of friends throughout the course and had worked with some students to develop project work that I found challenging. What I had been through these issues above did not include my experience in the diploma course – I would have to write

another article about that! You can see how much preparation I had to prepare instead of being a 'cool' student going in the lecture room, sit down, listen and write down notes.

Any student would learn a great deal from talking to other students about their opinions/views on counselling in a dining room, student's room, etc. but I did not have this kind of access. Therefore I thought it was great that SCoD's Counselling Training Project is set up specially for deaf people so deaf people can work together with communication support provided and to share their own views/opinions about counselling.

With my part-time project work at SCoD, I continue to do freelance counselling work with deaf people. I am excited about the Certificate course starting in October 2004 at the University of Strathclyde. There had been a "Taster" Weekend Course for deaf people last June at the University of Strathclyde where over twenty deaf people attended. It went so well that the tutors at Strathclyde are now excited about teaching deaf people on the COSCA Counselling Skills certificate Course starting this autumn. As fifty deaf people have expressed interest in counselling skills training courses, "Taster" weekend courses will be repeated in 2005 and 2006.

If you have any queries about the Counselling Training Project, Deaf Awareness/Communication Tactics training days, please do get in touch with me at trudi@scod.org.uk

Trudi Collier
Project Co-ordinator
Counselling Training Project
Scottish Council on Deafness
Central Chambers, Suite 62
1st Floor, 93 Hope Street, Glasgow G2 6LD
Tel: 0141 248 2474 Fax: 0141 248 2479
www.scod.org.uk

* The term 'deaf' comprises all those, adults and children, with the full range of hearing loss and include those who are Deaf Sign Language users, deafened, hard of hearing and deafblind people.

Counselling needs of Mauritian In the United Kingdom

A First Exploratory Survey

Professor Sam Lingayah's (2004) sociological survey of the gradual exit of Mauritian immigrant pioneers in the United Kingdom explored the taboo subject of death among Mauritian immigrants. His study revealed that the first generation UK Mauritians are slowly opening up against the fear of death and pointed out that many of them are not aware of bereavement counselling. He suggested that a study should be undertaken with a view to developing "a counselling service relevant to the needs of UK Mauritians confronting emotional and psychological problems in different areas in their day-to-day life."

As a British citizen of Mauritian origin and a counsellor living in Scotland for well over 35 years I decided to take up this challenge and conducted this preliminary survey to examine the experiences of Mauritians with regard to counselling in general. Tentatively I sent out 50 questionnaires with self-addressed envelopes to random address of first generation UK Mauritians living in Scotland and England seeking their responses to these four questions:

- (1) List problems / areas of difficulties / concerns for which counselling was/is sought /received. Please expand to the extent you feel comfortable.
- (2) For the issues you might have identified, did you feel you needed or still need some form of counselling / therapy for their resolution? Please comment.
- (3) What introductory information/explanation (written / verbal) was given on first meeting; Please describe in as many words as possible.
- (4) Outcome: Did you leave feeling Better () ;worse () ;neither better nor worse ()?

Twenty-five returned questionnaires revealed that the respondents had no issues that could have been or can still be helped through any form of counselling; they stated that the Mauritian community is very strong and that they received all the support and assistance from within the circle of friends and family. They don't have problems; they do not need therapeutic counselling. Five questionnaires (10%) came back blank, wishing me good luck with the survey. Of the other twenty (40%) stated they had problems but did not seek counselling for fear of stigma but they wished they had done so with respect to work issues, family relationship, marital breakdown; the others were quite open with their issues for which they had received support and counselling as they could not rely on family support as this was practically non-existent.

Most respondents were men; even if the questionnaires were sent to Mr and Mrs it was the man of the house who completed it in his own name and returned in stating "NO problems for which I required counselling from experts; or, I might seek it in the future should the need arise; however, the Mauritian community is so helpful I can always depend on it." The first generation Mauritians could be right about the extent of emotional support they receive from their community.

This is in keeping with Coyle's (1998) observation that some ethnic minorities have a collective society as a cultural background. This may be associated with the notion that it is experienced as a stigma to benefit from counselling services and that many people rely on symbolic healing or culturally traditional approaches to personal development than on western models.

My literature search revealed that there has not been any study of Mauritians receiving counselling. I believe by conducting this piece of research among my compatriots I am contributing possibly the first study of its kind in the area of counselling of this particular group of people. I found that although many of my respondents are still convinced that their community is

helpful in meeting their needs in many ways, others are already reaching out for outside assistance and being brave and independent enough to work out their issues through counselling/therapy. Several respondents have noted that "The community spirit among the Mauritians has disintegrated; one cannot rely on this any more; we must look outside."

Personally, I agree with this group that we do not need to "develop a counselling service relevant to the needs of UK Mauritians confronting emotional and psychological problems" as Prof. Lingayah has hoped. The mainstream agencies already in place, be they private, voluntary or black-led are already responding to their needs as I found out from my British colleagues who have Mauritians among their clients although I have never had the pleasure of having one.

The community spirit that existed in the 1960 has indeed disintegrated as Prof Lingayah (1991) pointed out in "Comparative Study of Mauritian Immigrants in Two European Cities: London and Paris": 78% of his study population in Britain had lost faith in the Mauritian community; 12% fully supported a community and 10% were indifferent. He wondered as to the cause of this dissipation; and recorded the following as an answer:

"The Mauritian immigrant are today more affluent, with houses (75%), cars, personal means of entertainment (radio, TV, music centre, video recorder, games, etc), and the savings to use for holidays mainly in Mauritius. In addition, the children, who have reached adulthood, have replaced the companionship of former friends. As a consequence, there is no time or there is no need for socializing in the larger community of Mauritian compatriots" (p.106).

The first generation Mauritians are still holding on to the dream of a dynamic and highly mutually supportive community which meets their counselling needs when in fact it is disintegrating. As a result of this change now

Prof Lingayah latest sociological study has suggested that "there is a growing awareness among the new generation to seek help of a psychological nature." They begin to make use of the mainstream counselling services to come to terms with their issues. This is a very healthy sign.

McLeod (2001) observed that "research in the client's experience of counselling and psychotherapy has been an important and growing area of inquiry over the past 20 years." The uptake and experiences of Asians in general, let alone Mauritians, is very poor. He also noted that there has not been a review of research into client experiences of therapy since 1989 and that "It may be time for an up-dated review."

One hopes that the next review will include the real reasons why Mauritians do not use counselling services to meet their needs. It is also a worthwhile aim to investigate if it is really true that they are to find their emotional and psychological concerns met by the presumably strong community feelings and spirit that exist among them in UK. In A Introduction to Counselling, McLeod (1993:p.118) stated that: "The field of cross-cultural counselling has received relatively little attention in the research literature."

I am hoping that this current exploratory work will serve as a listening device to understand what Mauritians have to say about their experiences or lack of it with regard to counselling in general as a kind of test of the theory. This is an awareness raising exercise among my compatriots in the light of the study by Prof Liz Bondi et al (2001) A suitable space: Improving counselling services for Asian people.

Some samples of responses from my respondents:

1. "A neutral third party would be useful to express feelings of anger."
2. "Never received any counselling; tried to cope alone. I wish I'd got some counselling."

3. "I felt I had to speak to somebody."
4. "He gave me plenty of time to air my problems."
5. "My work and my relationship with colleagues at work improve."
6. "Friends are useful; families are not that helpful as other issues creep in and get more complex."
7. "I've never used counselling; if I've a problem now I would consider counselling."

References

- Coyle, A (1998). "Qualitative research in counselling psychology: Using the interview as a research instrument" in *Counselling psychology: Integrating Theory, Research and Supervised Practice* (ed) Petruska Clarkson, London:Routledge.
- Lingayah, S (1991). *Comparative Study of Mauritian Immigrants in Two European Cities: London and Paris*. London: Mauritian Welfare Association.

Lingayah, S (2004). *The gradual exit of Mauritian immigrant pioneers in the United Kingdom*, Mauritian Abroad, vol.9.Issue 4 June, 2004. Kent: Sanskris Publishing.

McLeod, J (1993). *An Introduction to Counselling*. Buckingham: Open University Press.

McLeod, J (2001) Introduction: research into the client's experience of therapy, Vol 1, No1. p41. *Counselling and Psychotherapy Research*, April 2001. BAC, UK.

(For the attention of Mr. Brian Magee, as requested through Priya Sood; please edit to the Journal's purpose. Some personal details about me are on the back cover of the booklet I sent recently. Thank you. David).

Abernethy House

At Abernethy House in South Edinburgh personal counselling is available for those who work in the field of therapy, as well as regular one-to-one supervision for practitioners.

Hourly Rates: Work with an experienced practitioner/lecturer/counselling trainer (COSCA accredited at Diploma level) Fees £45.00 - Personal Counselling £50.00 - Supervision

Lecturing/Counselling Training:

Associates of Abernethy House are available to work on a consultancy basis. Fees for Consultancy Work upon application

Adjusted rates are offered by experienced practitioner (graduate with diploma in counselling) for students of counselling who are engaging in personal therapy.

For further details please telephone 0131 667 2526 E-mail: abernethyhouse@ednet.co.uk www.ednet.co.uk/~marilyn_nicholl/counselling

Abernethy House is in Mayfield Road, directly on the 42 and 24 bus routes and close to the 3, 31, 7, 8 Services. Easy access to free parking.

Scottish Marriage Care

assisting social inclusion in Easterhouse

Johanna Field

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Scottish Marriage Care is a family support charity specialising in relationships. We have 40 years experience in providing relationship counselling and pre-marriage services. Over the past 3 years we have developed and expanded our portfolio to include relationship youth work and various relationship education initiatives in communities throughout Scotland.

Scottish Marriage Care is committed to social inclusion and our service is offered free to the whole community without judgement or discrimination on any grounds. Our nine Scottish service centres are city centre based and we were concerned that community members in disadvantaged areas did not have access. As poverty can increase tension and conflict in a relationship (Conger et al, 1990), it is often people in socially excluded areas who would need our service most.

This led us to investigate the possibility of setting up outreach centres in Social Inclusion Partnership (SIP) areas. Over the past two years Scottish Marriage Care has piloted various relationship initiatives in Easterhouse in Glasgow, the majority of which have been for young people. These included relationship youth work in informal youth groups and a counselling service for young carers. This was one of the few youth counselling services available in the area and provided a useful resource for young people, one of whom described it as: "a good chance to talk about things and get stuff off my chest." Scottish Marriage Care also piloted a relationship counselling outreach for couples and individuals in Easterhouse during the 1990's, which was also well accessed.

The Community Project

Following on from our pilot work, we are now ready to establish our first ever community project in Greater Easterhouse SIP area. This project is an exciting development not just for Easterhouse, but also for Scottish Marriage Care. The project will operate from

January 2005 and once it is firmly established we aim to roll out in other SIP areas.

The project will initially create three new posts – a Project Co-ordinator, a Youth Worker and a Young Parents Development Worker. There will also be six volunteer relationship counsellors based at the project.

Inclusion for community members

To begin with local people will be involved in the project mainly as service users. However during the three-year project term we will enable significant numbers of community members to become involved in volunteering, managing and delivering the services, e.g. as relationship counsellors.

Local people will have the chance to train towards our own university-accredited qualification in relationship counselling and we will also offer the COSCA Counselling Skills course. As well as advancing skills in communication, listening and relationships, both these courses will increase employability.

The specialist young parents service is user-driven and will involve community members from the start. There will be opportunities for 2-5 young parents to train as peer-educators and work towards a Youth Achievement Award. This will be an exciting opportunity for the peer-educators to gain new skills and will also ensure that the young parents themselves have real ownership of the service.

Community Project services

The community project will provide professional relationship services to the Easterhouse community including:

- Relationship counselling for couples and individuals
- Relationship youth services (counselling; workshops; skills courses; mentoring/buddying; leisure activities)
- Specialist relationship services for young parents

In general the project will benefit community members by increasing self-esteem and building awareness of important relationship skills, such as communication and conflict negotiation. In turn this will facilitate the ability to build positive healthy relationships. This does not only include intimate relationships but also relationships with extended family, peers, employers and other community members.

Relationship counselling

Specifically, the relationship counselling service will focus on providing adult couples and individuals with the opportunity to explore relationship issues and practice problem solving strategies. Those accessing the service will also benefit from increased understanding of relationships, increased self-awareness and personal development. A fundamental outcome of relationship counselling is that it reduces stress and enables the couple, or individual, to manage their family situation much more effectively. Our service will improve family stability and strengthen family life for those accessing it. The effects of counselling also impact positively on children, health, employment and the wider community. Counselling also minimises the negative effects of relationship breakdown by helping separating couples to achieve a more amicable split, thereby stabilising the transition for both children and adults.

Our own statistics show that people from peripheral housing estates do not use city centre services and until now very few members of the Easterhouse community will have accessed relationship counselling. Adults in Easterhouse have told us that they would find a relationship counselling service in their community useful; and the success of our 1990's pilot also highlights this need. We expect the service to be well accessed, thus facilitating social inclusion for the community.

Young parents service

Building upon our pilot youth work, this innovative element of The Community Project will take our

specialist relationship knowledge into the field of parenting. There is currently a growing body of research evidence to show that good parenting means that parents need to build good relationships with each other, not just with their children (Mansfield, 2004; Cowan & Cowan, 1997). This is true whether or not the parents still live together; a key feature of childhood is the relationship between the main adults in a child's life, whether it is their birth parents, parent and new partner, parent and sibling, parent and grandparent etc. This provides the rationale for Scottish Marriage Care to make the link between relationship skills and parenting as part of our project.

The young parents service will very much be user-driven but we expect to offer workshops, leaflets, signposting, issue based group work and activities such as sports competitions and field trips. The workshops and activities will be organised around the broad themes of self-esteem; teambuilding; communication; relationships; finance; and rights, responsibilities and participation. There will also be crèche facilities available. The parenting service will also make links with other parenting service providers in the local area, with a view to utilising each other's expertise.

There are large numbers of young parents in Easterhouse SIP - in 2003 there were 172 mothers under 25 years, which accounts for 48 per cent of all mothers in the Easterhouse area (Standard Immunisation Recall System Download, 2004). We consulted with some of these young parents and they said they would welcome help with managing relationships.

Donna a 22-year-old mother to 2 year old Jade said: "I think it's more than getting help with the practical things that you need. When you have a baby the people around you see you in a different way - it affects how they act towards you. You're the same person with different responsibilities but it's hard to get that across sometimes". Another young mother, Lauren 16, said: "When I first got pregnant everything went mad. It's hard to get your head round what's happening but a

course that can help you understand yourself better would be really good”.

Our service will greatly improve the lives of young parents in Easterhouse by providing them with access to services and a voice in shaping services. Attending the project will also reduce isolation and increase confidence and self-esteem. Further benefits include raised awareness of the changing stages of relationships, acquisition of knowledge and skills on how to develop and maintain relationships and the ability to manage the changes and transitions that can often lead to relationship breakdown and limited life choices. The young parents will gain a better understanding of themselves and their relationships, which will result in their growth as individuals. In turn this will have favourable outcomes for their children such as increased stability, security and emotional intelligence. By providing this service in the local community, the project will facilitate inclusion thus reducing some of the stigma surrounding young parents.

Youth work

The youth work element of The Community Project will plan and deliver a group work programme to young people in the community. We will deliver workshops and educational resources on emotional literacy, citizenship and relationships. We will also offer services to a range of targeted young people, including looked after young people, young people with special educational needs and young people at risk of offending. The project will establish a network of youth mentors and peer-educators and will also maintain existing links with other agencies, for example YouthLink Scotland and Glasgow City Council Cultural & Leisure Youth Services.

Young people in Easterhouse have told us that relationship issues are amongst some of the most pressing issues in their lives. The young people accessing our youth counselling service all had issues around relationships, e.g. with parents, peers, teachers.

External research data suggests that most disadvantaged young people suffer from low levels of self-esteem and poor relationship skills. Their difficulties are most likely compounded by inappropriate relationships that ultimately cause more damage. Our youth work programme will provide early intervention in this process, which helps to raise self-esteem and develop the skills necessary to build positive healthy relationships. Our Youth Work pilots were important for young community members. One 16 year old participant said: “it made me think more about how people see you and how you act.”

We expect around 600 young people aged from 12-18 to benefit during the three years of the project. The young people will benefit from increased knowledge of the many different types of relationships and a clearer understanding of how these relationships work. This will better prepare them for handling personal and social relationships. Our youth work programme will give young people in Easterhouse a better understanding of themselves and how they can impact on others. It will also encourage active citizenship by providing opportunities to contribute to their communities as volunteers.

Funding

After an initial bid to a larger fund was turned down, we pursued several other trusts and foundations for part funding of the project. The project achieved funding from five different trusts and foundations. One major funder is The Camelot Foundation who funded the young parents element of our project.

We are particularly fortunate that Camelot were keen to include evaluation costs in their grant. This means an extensive evaluation of the young parents service will be available at the end of year one. As this is the first time that relationship skills have been applied to a parenting programme, the evaluation will be really important in terms of how we are to progress and to pave the way

for similar projects in the future. This research will be carried out by our Research and Communication Officer, Johanna Field, in partnership with the Centre for Research on Families and Relationships (CRFR).

Scottish Marriage Care is committed to enhancing marriage, relationships and family life by providing professional relationship services to the whole community. Our new Community Project takes us one step further in our aim.

References

Conger, RD, Elder, GH Jr, Lorenzo, FO, Conger, KJ, Simons, RL, Whitbeck, LB, Huck, S, Melby, KJ (1990) Linking economic hardship to marital quality and instability. *Journal of Marriage and the Family*, 52, pp643-656

Cowan, C.P. & Cowan, P.A. (1997) "Working with couples during stressful life transitions." In Dreman, S (ed) *The Family on the Threshold of the 21st Century*. Hillsdale, NJ: Erlbaum, p.p. 17-48

Mansfield, P. "The Missing Link in Parenting Education and Support" *One Plus One, The Bulletin*, Vol. 8, No. 2 May 2004

NHS Scotland (2004) Standard Immunisation Recall System (SIRS) Download



Courses and groups in 2005

Foundation course in Gestalt Therapy

This one-year course provides a thorough introduction to the principles and practice of Gestalt Therapy. The course is suitable for those interested in furthering their counselling training and who have a particular interest in Gestalt. It can also constitute the foundation year for those wishing to train as Gestalt psychotherapists. Apply by 15 July.

Choice, change and creativity

This ongoing group provides a unique opportunity for you to develop your self-confidence and creativity at work and in your relationships. The group will be particularly of use to team members, managers and consultants who want to relate to others in more effective, satisfying and fruitful ways. It would form a suitable part of the 'Investors in People' initiative.

Being and belonging

This ongoing group provides an opportunity for you to develop a greater understanding of and confidence in yourself and your relationships. We will focus on personal exploration and self-awareness using dialogue, body process, meditation, dreams, and artwork. The group will be useful for anyone interested in joining a personal development group, as a support in their personal lives or as a potential for professional development.

Gestalt therapy group

This weekly group is an opportunity for you to look at yourself and your relationships with others in a safe and supportive setting.

For more information:

mail: 51 Lothian Road Edinburgh EH1 2DJ
tel/fax: 0131 228 3841
email: egi@btconnect.com
web: www.edinburgh-gestalt-institute.co.uk

A Report on Joyce McMillan's presentation to COSCA AGM

As president of COSCA, Joyce was invited to speak to the COSCA AGM this year.

Joyce McMillan opened by saying that she was impressed with the shape of COSCA and although there are changes ahead, COSCA has the strength to carry them through. She praised the staff and volunteers who had worked throughout the year to bring COSCA to its current position.

Joyce went on to reflect on counselling issues in a rapidly changing world and this had been highlighted on her visit to see the film Fahrenheit 9-11.

On coming out of this film, she had found herself in tears. Joyce had not been particularly impressed by the political arguments of the film and her political views had not been changed in any way by the film. What had effected her had been the way the camera and interviewer had captured the people of America and these were the ordinary people, the working class of America- mothers with children in the Army, people living in old folks homes, people on the street. They were not the young, slim "gorgeous" people of America and yet the camera looked at and portrayed these people with love, attention and respect and showed they mattered. The camera portrayed the "beautiful people" as looking ridiculous. It was as if the camera eye was reversed. These people were the "real people".

Joyce went on to say she was completely moved by what she saw on the screen and it had made her think about how far culture had come. Our culture invites us to take personal blame if we are too fat, our relationships are not successful or we are not rich enough.

Fahrenheit 9-11 reversed these values and looked at people who were not rich and who will never be rich and portrayed them as important, significant, beautiful people.

In terms of talking, most people spend more time sitting in front of television than talking to friends.

What kind of culture forces us to take the blame for everything that goes wrong with us? Perhaps learning how to use counselling would give insight and empower us to be surer of ourselves. At the same time, Joyce felt that there was a slight danger that counselling individualised issues which needed to be looked at in a societal and cultural way. Counselling is also sometimes seen as a process of fragmentation of the individual.

Finally Joyce gave thought to the kind of collective groups that society alienates, and which may find expression in the counselling room.

- Muslim people are confronted with a barrage of attacks to their culture, while it is only a tiny minority who hold responsibility for the events of 9-11.
- Asylum seekers have hate and misunderstanding directed at them from both the press and the public.
- The opportunities of devolution, and the scandal of the building of the Scottish parliament have left positive and negative marks in the Scottish psyche. The separation of Scotland from England had also had an effect on the attitudes of the English to the Scots.

Joyce suggested that all of these things might appear in the psyches of people seeking counselling in Britain today.

The Convenor thanked Joyce for her interesting and thought provoking talk.

COSCA's 6th Annual Trainers' Event held at Forthbank Stadium, Stirling on 24th June 2004, explored the existing support structures for trainers. It identified how these can be improved, highlighted personal experiences within the training process and ways of learning from these, and provided an opportunity to discuss and review the Trainer Accreditation System.

This was an excellent opportunity for self-development and networking with other course providers and trainers. Delegates attended from all over Scotland, as well as in the person of Dr Kiyang Lee, from South Korea. Over fifty per cent of COSCA Certificate in Counselling Skills Course providers and trainers and sixty per cent of COSCA validated Diploma providers and trainers were represented at last year's Trainers' Event.

I would like to thank all participants, speakers and group facilitators for making this an informative and enjoyable day. Special thanks must also be given to my colleagues Brian Magee, Marilyn Cunningham and Allison Johnstone for their continual support, encouragement and valuable input, which contributed to making The Trainers' Event a success.

Feedback from participants was constructive and is an extremely useful tool in the planning and delivery of future events and workshops. A recurring suggestion in the feedback received, was the request for smaller such events to be organised throughout the year, allowing more opportunity for trainers to network with peers, and share training techniques and experiences together.

7th Annual Trainers' Event on Thursday 9th June 2005 from 10am – 4pm in the Stirling Highland Hotel, Stirling. Booking forms can be downloaded from our website: www.cosca.org.uk

Providers of COSCA validated courses are encouraged to have representation at this Trainers' Event by at least one trainer, and that attendance at this event is an

important part of a trainer's ongoing professional development and a requirement for the renewal of course validation.

For further information, please contact me at COSCA.

Best Wishes,

Priya Sood

Development Officer Individuals / Courses

CAT SCOTLAND

Presents An Introductory training in COGNITIVE ANALYTIC THERAPY

For only the third time, here in Scotland, there will be an opportunity to experience an introductory training in this therapeutic approach to psychotherapy.

What is CAT?

Cognitive Analytic Therapy is structured, focused, time limited and is flexible in that it draws on elements from cognitive and analytical forms of therapy. It thus provides a range of possible therapeutic strategies and different elements may be emphasised according to different patients needs.

Who May Attend? All counsellors and therapists with an interest in psychotherapy though not necessarily currently practising	Where Scottish Health Service Conference Centre Western General Hospital Crewe Road Edinburgh
When Mon 26th – Tue 27th September 2005 9.00 am – 4.00 pm	Costs £175 for the two days includes lunch

Who are the Trainers?

Maggie Gray Dee Affleck James Mackie Ken Dobson

All of the CAT Scotland therapists are accredited by the national body ACAT (London) and are based in clinical settings across the NHS in Scotland. Their areas of speciality include: eating disorders, anger management, supervision, complex trauma and research.

Aims

- The 2 days will provide the attendees with an overview of the philosophy, historical background and tools of this approach to psychotherapy
- This event will provide enough information and discussion opportunities for participants to review the possibility of incorporating aspects of CAT in their current practice.

Places are limited and will only be secured on receipt of a cheque for the full amount £175, made payable to CAT Scotland

For more information contact:

Forbes Craig, Insight Associates in Training, 16 Saxe Coburg Street Edinburgh EH3 5 BW	0131 332 4412 email forbesreidtrains@aol.com
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For more information contact:

Gazette

Friday 15 April
COSCA Spring Seminar
Edinburgh

Tuesday 10 May
Recognition Scheme Workshop for Organisations
Falkirk

Wednesday 11 May
Recognition Scheme Workshop for Organisations
Edinburgh

Wednesday 18 May
Recognition Scheme Workshop for Organisations
Perth

Thursday 19 May
Recognition Scheme Workshop for Organisations
Glasgow

Thursday 9 June
7th Annual Trainers Event
Stirling

Thursday 23 June
Counsellor and Trainer Accreditation Workshops
Glasgow

Wednesday 5 October
AGM
Stirling

November/December
COSCA / APSA Conference

Vision and Purpose

As the professional body for counselling and psychotherapy in Scotland, 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.

Contact us

18 Viewfield Street
Stirling
FK8 1AU

Tel 01786 475140

Fax 01786 446207

E-mail cosca@compuserve.com

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