Counselling in Scotland

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COSCA
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Contents

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Editorial

John Dodds

I was chatting with a counsellor friend over a meal this week and the subject turned to 'choices'. Everyone, particularly marketeers selling the latest range in department stores, or supermarkets, or a variety of electronic gadgets, promote the value of choice. My friend made a good point, saying "They use choice as if it equals freedom. It doesn't". I agree. Sometimes choice equals confusion. And too much choice can cause anxiety. Doctors now don't necessarily advise on the best course of treatment, but instead will give you a number of choices. That way a doctor doesn't have to commit and risk getting it wrong or, at worst, in our creepingly litigious culture, being taken before a tribunal for simply making the 'wrong choice'.

We live in a culture of confusion, overwhelming choice and a sociopolitical climate which, conversely, is limiting our choices to one — take it, or leave it, or take it or incur a fine. Okay, that's a sweeping generalisation. My point is that choice can be a good thing, if you understand what the choices are about and what each might mean, but too many choices, with woolly justifications, are not good. And certainly don't equal freedom.

As counsellors, then, sometimes what we can do is help our clients at least understand their choices, and bring clarity where there's confusion. And yes, we make wrong choices, too. But who says making the wrong choice is a bad thing? It's often a great learning tool.

This issue, as ever, we offer more choices of what to read – heck, why not read the whole thing. A piece about gender in the counselling room, more on the developing regulation agenda, a first-time counselling learner's account, and conference reports. We hope you will enjoy the variety of articles, and urge you to give us your feedback, and to submit your own articles, too.

In conclusion I want to propose a topic for articles. Creativity in counselling. I'm keen on pieces about the use and function of stories in counselling — whether that's about working with dreams, or building narratives with clients as a therapeutic tool.. What about mythology as a baseline for working with groups? I'm thinking in particular of Theo Dijkman's use of the Grail knight Parsifal's journey as a key to unlock personal journeys in a men's group I was priveleged to take part in.

I hope 2007 has been a good year for you and wish you all a positive, creative and rewarding 2008.

John Dodds

Talking Cures
as Social Action

Brian Magee, Chief Executive, COSCA
(Counselling and Psychotherapy in Scotland)

Highlights of COSCA Counselling Conference 2007

With the introduction by Jonathan Wood, COSCA's Convenor, we began the conference by looking at the need for words and actions to be brought together, and for counsellors and psychotherapists to behave congruently and on a set of shared values. We were introduced to the idea that counselling is action, but what kind of action, whether individual or social, was raised more as a question than as a statement.

In the first keynote presentation, Dr Vicki Clifford, University of Stirling, began by asking us to think about how counsellors can qualify to be social activists. She raised the possibility that this doesn't necessarily involve counsellors being intentionally social activists, as we don't know the full extent of our work. Vicki then amazed us by showing us how Sigmund Freud's work made its way into very successful advertising campaigns in America and into the Holocaust machine during the Second World War. We were informed that Freud's converts targeted the unconscious mind – in the belief that if they changed the way people think they could change their behaviour. The methodology of transforming people's needs into their desires was so successful that it changed the culture of America from a culture of needs to a culture of desires. Vicki concluded by arguing strongly that psychological theories were exploited for different kinds of activities, begging the question: did Freud win or cause the war? Vicki's presentation raised questions among us about whether the aim of counselling and psychotherapy is to make people happy or middle class; about whether counsellors can be without desire for clients' well-being; and about manipulation and power in the counselling relationship.

The mood changed somewhat for us in the second keynote presentation by Professor Colin Feltham, The University of Manchester. It became dark and gloomy, and a bit scary at times. We were told that things are not well in the world: there is social cacophony evidenced by wars, horrors, terrorism, and climate change. Colin introduced us to his use of the term, anthropathology. This refers to the fact that there is a sickness in society and that there are deep inequalities among human beings in society. In this sense, society is pathological. Counselling, as it is, doesn't seem to be having much of an impact on changing the social conditions in which we live. The reason for this, Colin said, is that the effect of counselling is being diluted by people's genetic predisposition, deeply biological flaws, societal pressures, disasters, and national and religious conflicts. Colin then changed the tone of his presentation somewhat by arguing that the sources of dysfunction need to be addressed more within counselling. 'Counselling is not macho enough', I seemed to hear him say. Colin then argued that radical counselling is needed – we need to re-examine our assumption that counselling can address the issues and problems of today's society. He concluded by stating that there is a need to interlock counselling with other kinds of disciplines e.g. social philosophy, and to expand counselling beyond the learning and using of ideas from particular counselling models. In the discussion that followed, the metaphor for contemporary counselling of being in a minefield doing a jigsaw was offered. It was agreed that counsellors need to do the jigsaw, but that they also need to be much more aware of the context in which they are doing it.

In the third keynote presentation, Dr William West, The University of Manchester, used a song by the Scottish band, the Proclaimers, as an example of it not being safe to talk about the spiritual side of ourselves in certain contexts, including counselling. William gave us ways of defining spirituality: it's about the way people live their lives; it's about connecting to self and others; and it's about a sense of self. He talked very sensitively about the possibility of giving clients permission to speak

about their spirituality in counselling sessions. He also informed us of the seeming widespread and covert practice of counsellors praying with or for their clients, and this not being taken to counselling supervision. William challenged us to think about counselling as a cultural activity, both how it is an expression of a culture and a way of helping people to negotiate existing cultural norms. But which culture should this be, given that we live in a multi-cultural society was raised a question. He considered how counselling needs to work with what people perceive their needs to be and to fit with other encultured related activities, in the contexts of hope and love. William concluded by agreeing that we may need counselling to construct a more collectivist way of life, and then we can dispense with it.

Brian Magee
Chief Executive
COSCA (Counselling and Psychotherapy in Scotland)

Report to COSCA
on BACP Meeting

Jim Christie

BACP MEETING: BIRKBECK COLLEGE

LONDON
MONDAY 9 JULY 2007

I attended this meeting following a request to represent COSCA at it, having already been invited to attend by BACP on behalf of our Diploma course at the Garnethill Centre.

The meeting was entitled **'Seminar on External Validation'** and at first promised to be more like just an information-giving session. However, although a lot of information was given, there was also quite a bit of input from the floor, and the general level of discussion broadened out the matters being presented.

The letter I had received said that the purpose of the meeting was 'to inform courses of the structure of Higher Education qualifications and to explore possible validation routes'. Undeclared in this, though it was no secret at the meeting, is the momentum (or lack of it) towards statutory regulation of counselling as a profession, under the umbrella of the Health Professions Council (www.hpc-uk.org), which already regulates 13 professions.

> *Early on it was said that the government's timescale on this is likely to undergo 'slippage', which could effectively postpone the crunch moment, day one of the register, until 2009 or 2010.*

Although the meeting, and those present, were devoted in particular to exploring the situation and prospects in England (and Wales and Northern Ireland, which will have the same arrangements as England), there was a good level of awareness of the Scottish situation, especially on the part of the programme organisers, and it was referred to quite often.

Those present were from two main kinds of organisations: first, universities which either deliver counselling education courses in their own name, or have a 'partnership' with colleges and other institutions which deliver counselling courses and have them validated by the university in question; or second, institutions which deliver counselling training courses which may or may not be validated by BACP (or one or two other organisations: the Garnethill Centre's course, which I was also representing, was the only one 'present' which is validated by COSCA).

Before I attended the meeting, the discussions I had with COSCA suggested that the event was a polite way of enabling universities to invite courses which did not have a university link to apply for such with themselves; to put it to non-attached courses that it would be in their interests to do so; and for BACP give a fair wind to universities to do this. Although this was, in a general sense, true, the context in which all this unfolded was quite different, and this became apparent as speakers delivered their messages.

The main difference of context referred to above referred to the forcefulness (as it was perceived) with which Government (Westminster), since its recent White Paper, is seen now as giving its backing to only one way in which all this is going to take place: namely, by including Counselling As a Profession (my capitals) in the Health Professions Council along with the 13 other professions which are already regulated by the HPC. A single framework for the process whereby all professions within the HPC will educate or train people for *Entry to the profession* is already in place, and the profession of counselling will have to conform to this framework. The framework refers to the academic level at which academic work is to take place; what kind of university awards will come with completion of the training; the nature and characteristics of clinical placements eg how many

fully-qualified members of that profession have to be in post at the placement, and what kind of training and support these members will provide for trainees.

Here I provide a few notes which draw attention to distinctions which were around and at least implied by speakers:

- 'Entry to the profession' (which is not at all the same thing as 'Entry to training') occurs when the person acquires the qualifications required to become a fully-qualified member of that profession. Thus, when it is said that a profession has 'graduate entry' (as was said of counselling) this means entry to the profession, and that the trainee would acquire a degree as part of getting the professional qualifications – as, for example, with the EdB for teachers – while 'post-graduate entry' (as was said for psychotherapists) would mean that typically that trainee would have a degree at the outset and acquire a Master's degree as part of the training process. While this matter was discussed it became apparent, at least to me, that some of these requirements have an 'or equivalent' clause, ie 'degree or equivalent'; though the expectation coming from Government would appear to be that, in a particular case, a non-degree equivalent would be regarded as unusual and might have to be fought for by the profession in question. There was no sign that universities would want to fight much for this, though some of those represented seemed quite content that the equivalent in question could be a university diploma (or other award) which indicated education at the same level as a degree, whether or not the diploma could count towards a degree. But the 'benchmark' for all these trainings would be two years of full-time education at university level.

- Although I have used the word 'training' quite a lot so far, it was not used very much at the meeting; the word is 'education' and the almost total expectation is that this will be at a university or an institution which is in partnership with one. Indeed the meeting was notable for the almost complete lack of reference to 'experiential training' or 'experiential learning'; and although it was acknowledged that some psychotherapy trainings include personal therapy as an integral part of their training programme, it seemed obvious that such a matter is simply not in Government's mind: nor indeed, to any great extent, in the minds of those present.

- I thought the rules in the HPC framework, regarding clinical placements, indicate an implied, default mindset on the part of HPC (and thus of Government) that the placement is where clinical training will take place, and that this will be more like an apprenticeship than a programme of experiential learning. This mindset is based, of course, on NHS units. If the clinical training takes place at the placement this leaves the universities free to get on with their academic work. At the meeting there was no reference to skills training as such in a classroom context; and the point was made (to no avail) that the more academic an 'education' is, the less justification is there for putting it under the HPC.

The 'benchmark' for professional education, throughout the HPC, will be two years of full-time 'education' at university level, and that this could usually be spread across more than 2 years part-time. But here there was some ambiguity, for it was said that some professions use a training scheme which involves giving trainees a full-time job, with 'education' included in their programme. It appears that this is regarded as 'full-time education' – sometimes with pay. The point was made clearly from the floor that these arrangements would be virtually impossible for counselling as a profession, and would lead to the demise of some of the courses represented at the meeting.

The general drift of the meeting quite soon became that all this will 'have to be' complied with by Counselling As a Profession, and course providers. In compliance with the general framework of HPC each profession writes its own requirements for entry to that profession, and gets this approved; it is then able to vet courses to establish whether they fulfil these requirements. Here, the attitude of BACP was twofold: first, that it does not foresee that it will be the sole voice of the *profession* as a whole (though no doubt an important element of that voice); two, that the fact that a course is Validated by BACP at the moment does not guarantee that it will pass muster in the new vetting *but it was affirmed more than once that individuals who are already fully-qualified members of the profession will have a grandparenting clause: 'fully-qualified' meaning 'accredited').*

The attraction (probably the necessity) for a course which does not have a university link, to get one, is thus apparent; and this clarified the reasons for universities to be represented at this meeting. There was necessarily a degree of comparing notes and prices (e.g. for the later, £x as a one-off fee to create the link, followed by £y per student per course, compared with £x-3 plus £y+2 from another university), but on the whole I found it helpful to get the information. Some of the universities were clearly well geared up to giving external validation to counselling courses, and affirmed that they would welcome more applications at reasonable cost, while leaving a great deal of self-determination to the approved institution in how it runs its own course. It was also hinted that some universities are able to apply their grant money to counselling courses, which would enable a lower fee to be charged. There was, however, no Scottish university represented (BACP's official said that more than 100 organisations had been invited: about 20 to 25 turned up).

The question of the Scottish situation, and the effect on it of Devolution, was touched on. BACP's view was that although Westminster will publicly assert that devolution is being honoured, in reality the whole matter will be dictated to Holyrood by Westminster civil servants. For the sake of comparison it may be worth mentioning here that it was said openly "Westminster is currently bullying the British Psychological Society to toe its line."

So, was their any good news, you may ask? Possibly two bits. One, that when these changes go through they will bring parity for counselling with other professions, especially others within the HPC. Second, that they will also signal the end of the road for unqualified counsellors. I don't think these outcomes will be different in Scotland.

Jim Christie 14 July 2007

Who put the 'Hetero' in sexuality?

Angie Fee

November 2007 Cosca Research Conference.

A paper based on PhD research which explores how people who self–define as 'transgender' experience sexuality and gender.

Heterosexuality is viewed by a substantial percentage of the population as the expression of some essential sexual nature and is based on what is 'real' and 'natural'. Normative heterosexuality is based on the notion of 'difference', namely sex and gender difference. The difference between the sexes emphasises the biological difference between men and women and gender is mapped into this. This binary model sets up the idea of 'opposite sexes' with two opposing male and female characteristics and describes the boundaries of expression and social acceptance by defining what is natural and unnatural. Heterosexuality is not simply a form of sexual expression or practice; it's institutionalised through the law and the state and is embedded in social interaction and practice.

The field of psychology has developed within a heteronormative framework that promotes a set of beliefs where heterosexuality is normal and natural and superior to homosexuality – normative meaning the values and beliefs that then become assumptions that are taken for granted. How does this influence the ethical commitments to inclusivity, respect and equality which means all counsellors are expected to work with lesbian, gay bisexual and transgender (LGBT) clients?

Normative heterosexuality has become constructed as benign and unremarkable to the point of us becoming embedded and entwined in its belief systems. Heterosexuality is continually produced and reproduced in social practice and psychological therapies, without any exploring and inquiring into how the concept of heterosexuality came to be constructed. We rarely study the social process of normalisation – it's easier to probe and study the abnormal and the deviant.

The counselling and psychotherapy world has become part of an unobserved process which fails to engage with the complexities of people's identities, with the heterosexual discourse regulating the expression of emotional behaviour and policing the way we experience and think about our desires and our clients desires.

Instead of thinking of heterosexuality as a natural inevitability, can we think of it as an unquestioned ideology? But first we need to examine the concept of heterosexuality and its influence on how culture organises sexuality, gender and desire?

Thomas (1990) Lacqueur, a historian charts how bodies and sex have changed over the centuries. He argues that, until the late eighteenth century, medical theory and scientific thought suggests there was only one sex in which male and female bodies were not thought of in terms of difference. As different sex roles developed for males and females, awareness of biological differences grew which is how 'natural' inequalities were constructed but this two-sex model developed only "until such differences became politically important" . The eighteenth century laid the groundwork for the binary system of sex and gender by emphasising the physical differences between men and women. This led to the early sexologists of the late nineteenth and early twentieth century believing in the essentialist and naturalised model of sex and gender and it is within this context that the multidisciplinary field of sexology developed.

Katz's (1995) study of the evolution of the term heterosexual traces it back to early twentieth century when the term 'sexual instinct' was concerned with procreative sex and 'pathological sexual instinct' was used to describe non procreative sex. Katz notes that the term 'heterosexuality' made its first appearance in 1901 in Dorland's Medical Dictionary where it is defined as 'abnormal and perverted appetite towards the opposite sex'. In

1923, 'heterosexuality' entered Webster's New International Dictionary defined as 'morbid passion for the one of the opposite sex'. Heterosexuality was not equated here with normal sex but with perversion and this definition lasted until the 1930s.

In Katz's (1995) exploration of the concept of heterosexuality as a twentieth century creation, he suggests that Freud turned heterosexuality from a perversion into a category that has become normal. This new normality resides in different-sex desire, subsequently leading to a heteronormative theory of dichotomous gender development and is a cornerstone of psychological theories in the twentieth century.

Freud's theory of the Oedipal complex both relies on and creates the institution of heterosexuality and it is this particular arrangement of gender, sex and desire that influences the way people experience and think about their sexual and gendered identities. Freud (1856–1939) theorised that gender identity emerges when children identify with their same sex parent. Healthy gender development depends according to Freud, on disidentifying from the 'other gender' which then helps develop a normative heterosexual identity. Freud's theory of the Oedipal complex leads to a heteronormative theory of gender development where difference or otherness is a condition of sexual desire. The Oedipal complex is seen to structure the direction of identification and desire, in that identification is what one would like to be, and desire is what one would like to have but one cannot identify and desire the same object. In this way, the concept of identification is gendered and heterosexual.

Katz (1995) describes Freud's theory of psychosexual development like an ethical journey with the individual working through the various stages of immature to mature sexuality. This suggests that heterosexuals are made, not born, which is actually a very subversive idea. Freud was revolutionary when he argued that binary gender and heterosexuality are hard earned psychic achievements that need to be learned. This had a huge effect on society's view of homosexuality where heterosexual implies a full adult ideal heterosexual against the negative failed homosexual.

The LGBT movement has undoubtedly contested this and on one level, western society has accepted that 'other' possibilities exist. But I argue that heteronormativity remains immensely dominating and constraining. While the world of counselling and psychotherapy has become more tolerant and accepting of LGBT 'lifestyles', these choices continue to carry the mark of 'otherness' or 'difference'. In other words, lesbian and gay parenting may be accepted but only if people model their families on a heterosexual norm.

Heterosexuality

Heteronormativity is the term that's used to describe the social norm of heterosexuality which has become embodied and is lived without question. One of the most common heteronormative assumptions is that woman and men are 'made for each other' with vaginal penetration of the penis seen as 'the sex act'. This assumption is as entrenched as ever, along with the belief that male and female sexuality are seen as naturally different. This is continually produced and reproduced in social practice. An example of this is in Celia Kitzinger's (2005) research and discussion of displays of heterosexual identity through talk. She found out that many people have a normative understanding of families as related by law and blood. Studying everyday social interactions make visible the mundane ways in which people, not on purpose, reproduce a world that marginalises non–heterosexuals. She illustrates how dependence of kinship on biology is manifested when the families of origin of non–biological parents refuse kinship roles with a child – for example, the mother

of a lesbian who's partner had a daughter and when the mother was asked to treat the child as her 'granddaughter', she couldn't – and called her ' my daughter's friend's daughter'; Epstein 1994:83)

The heterosexual family produces family terminology that takes for granted non-recognitional person references such as wife, husband, son – membership categories that don't require you to use the person's name. There is no name for an intimate caring social unit that does not rely on a normative understanding of family which comprises of one father and one mother.

Heterosexuality is a particular historical arrangement of human relationships, of the sexes, their pleasures and desires and it can limit our vision of any other sexed community. Can we create a space outside the assumptions of heterosexuality and would this change the way we understand ourselves and open new possibilities for sexual expression, awareness and acceptance?

In order to begin to imagine this, we need to become more aware of how it's woven into everyday social life and practices that take for granted pre assumptions related to sex and gender. These include the presumptions that there only two sexes; that it's natural or normal for people of opposite sexes to be attracted to each other – opposites attract; that these attractions may be publicly displayed and celebrated and that the social institution of marriage and the notion of family are all organised around the opposite sex coupling. Thus 'same sex' couples are, if not 'deviant' seen as 'alternative'. In these ways, heterosexuality is continually reproduced as natural and unproblematic.

Recent work

There are several social and political movements that need to be acknowledged in their efforts to destabilise this heterosexual ideology. The last 30 years have seen the development of theoretical scholarship that has challenged heteronormativity – namely gay and lesbian political groups, feminist theory, cultural studies and queer politics, feminist psychoanalysts, and social geographers.

In the 1960s and 1970s, the idea of sexual politics developed and the feminist movement linked the sexual with power and politics, creating one of the first feminist critiques of the social structuring of heterosexuality. The growth of gay and lesbian political groups and declassification of homosexuality also affected how people began to construct their identity differently. The coming out stories, originating in the 1970s in the gay and lesbian communities paved the way for discovering new identities which in turn continues to build a community that defines a reality different to heterosexuality. In their respective recent articles in Therapy Today, Davies (2007) and Taylor (2007) highlight heteronormative assumptions made in therapeutic trainings and how this results in the marginalisation of LGBT people.

Feminist theory (Richardson 1996, Wilkinson and Kitzinger 1993) has been examining how 'normative ' heterosexuality affects the lives of heterosexuals, with Jackson (2006) keen to remind us of a neglected legacy that 'institutionalised, normative heterosexuality regulates those kept within its boundaries as well as marginalising and sanctioning those outside them'. (105–121) This illustrates a key point here, that heteronormativity is concerned with not only normative sexuality but normative ways of life.

In the 1970s, towards the end of the so called sexual revolution, French philosopher Michel Foucault wrote the first volume of *History of Sexuality*. He was a key thinker and social critic who challenged the idea that sexuality is a natural 'truth', arguing that it is a constructed category of experience which has historical and cultural origins. Cultural studies and

queer theorists (Plummer 1995, Butler 1999, Halberstam 1998, Stone 1991) have brought Foucault's ideas into theoretical models of gender and sexuality in order to explore the processes of normalisation that sustain the current heteronormative paradigm with one of the key questions being 'what is natural?'

Feminist psychoanalysts (Goldner 2000), (Benjamin 1995), (Corbett 1996), (Dimen 1997) are contesting the normalising knowledge of heterosexuality. They are all engaged with the question of sexuality and their critical thinking is helping to destabilise the presumptions that have settled into the insular consulting room. Benjamin (1995) suggests that maternal and paternal figures act as permeable sites of identification for children of both sexes; 'each love object embodies multiple possibilities of sameness and difference, of masculine and feminine and one love relationship may serve a multitude of functions (1988,126)

Social geographers such as Hubbard (2001), Nast (1998) Bell and Valentine (1995), Domash (1999)) and Bondi (1998) have began to examine how space has been organised in western societies, serving to naturalise and reinforce heterosexual identities. This also has the effect of controlling and regulating access into the public realm, keeping them hidden and in the private realm, as 'partial citizens'.

It can be argued that heterosexuality is almost seen as a prerequisite for the traditional model of citizenship, if we view this concept as linked to political, civil and social rights. In the UK, homosexuality and deviant sexualities are seen as threatening the nuclear heterosexual family which is the cornerstone of most developmental theory and which has been seen traditionally as a unifying principle and focal point for holding together a sense of social order. This has huge implications for how our psyches are structured and the subsequent myths and norms that have been accepted unconsciously. These normalisation processes result in written laws and moral codes where in some countries and cultures it is explicitly against the law to be anything other than heterosexual.

Being part of an established and recognised group in society is an important aspect of developing self esteem and an identity. As therapists we believe that the formation of an identity requires recognition that one exists, and we are dependent on what's outside of ourselves to reflect back to us a sense of our being. Personally and professionally, I argue it is a struggle for many people to become an intelligible and recognisable human within the current theoretical and political discourse of heteronormativity and the laws of desire that operate within this. Heterosexuality is a potent sign and influences how we live our lives, how we learn and how we see desire and that's why it's so difficult to destabilise.

Conclusion

In my experience as a psychotherapist and a trainer in sexuality and gender, I believe that current classification systems do not adequately describe the complexities of sexuality and gender. As much as my research with transgendered people has highlighted the limitations of current gender and sexual labels, my aim was not to set transgendered people up as objects of fascination. One of the outcomes of my research has been to be able to think about and conceptualise the limitations of heterosexual ideology for many of us – as has been apparent in my sex and gender training work with students and psychotherapeutic work with clients which continually exposes the contradictions and subversions that are taking place in people's experiences.

As long as we are using the heteronormative paradigm of thinking about desire, the dichotomous sexual and gender regime creates exclusive

categories of sexual and gender identity, leaving no room to imagine liminal identities.

I propose that central to exploring sexuality and gender identities with clients is an acknowledgement that these concepts are not a static fixed identities but a process that is influenced by a set of complex social and political relationships.

In destabilising dominant heteronormative relations, I'm not suggesting that we transcend heterosexuality or turn away from psychological theories, but to contest their assumptions and begin to ask some questions in order to begin shifting the boundaries for thinking about desire as a historically and culturally grounded process. The challenge of this paper is for therapy trainings to begin to think about addressing the role heterosexuality has in their theories which I believe, will then enable a more flexible psychic and social space for thinking about clients desires out with a heteronormative paradigm.

Angie Fee

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PhD student at Edinburgh University.

Competencies and Regulation

a counsellor's perspective

Kay Kennedy

In researching this article, I found that some of the arguments against regulation from 2000 and 2001 made me feel anxious in a way I haven't felt for a long time. Back in the 1980s when I did my first training in psychotherapy, many schools of thought did not believe in formal qualifications and believed that it should be the quality of the counsellor / psychotherapist that was more important than any document hanging on the wall. Whereas I still mostly agree with this, the problem was that it left the definition of what actually constitutes therapeutic practice wide open to interpretation and there were no formal structures to keep practitioners accountable for their actions. There were many people who got very hurt in the name of 'creative' counselling and psychotherapy, myself included, and there was nowhere objective to go with a complaint.

In my case, the best I could have hoped for was some kind of mediation, but by then I had no faith left in anyone in the organisation to be neutral or even to take my distress seriously and not dismiss it as just one of my 'issues'. The experience for me was so profound however, it has shaped the rest of my life. The normally caring and empathic people involved had completely lost all sight of reason and respect in a way that Milgram demonstrated possible in the '60s. If I didn't already know first-hand the power of healing that counselling and psychotherapy could offer and so could recognise this, I might not actually be here today.

Since then I have had a passionate interest in the development and maintenance of ethical practice and have made this my life's work. I have heard many horror stories over the years of neglect and abuse by counsellors and psychotherapists, some of whom were misguided, some well-meaning but careless, some intentionally malicious or some just plain narcissistic.

I have been greatly relieved to see the counselling and psychotherapy world becoming increasingly aware of the need for ethical frameworks and formal structures to make everyone more accountable. This doesn't wipe out unethical practice and I think it never will, but at least standards of practice are now more open and accessible to the public and there is a language and method of investigating a complaint. I am also aware, however that this can go the other way and I know counsellors who have been very hurt by the same process.

On the other hand, however, having been in the field of health and social care all my working life I am only too aware of how rules and regulations that are too rigid can drive creativity underground, and how much bending of information has to go into filling out forms if one is to keep one's job. I am also painfully aware of how the crushing weight of paperwork can become more important than the work with one's clients and can seriously reduce the personal fulfilment of the work.

Clearly the challenge is to achieve a balance between no holds barred 'creativity' and rule-bound bureaucracy in a way which protects and preserves dignity and respect within the uniqueness of the therapeutic relationship.

When working as a teacher or a practitioner of counselling and psychotherapy I am constantly mindful of the ethical framework which shapes our relationships and guides our practice. I am familiar with the COSCA *Statement of Ethics and Code of Practice* (not least because I was on the committee which developed the first version and I was a complaint investigator for COSCA over that period.)

In teaching various counselling skills courses (as we all do), I invite students at regular intervals to make comparisons between the code of ethics of their primary profession with COSCA's version. This is in order to develop their awareness of the different

emphasis each code has on the same ethical principles which form the framework of their practice – counselling being primarily focused on the development and maintenance of a trusting relationship. The relationship actually is the therapeutic medium and this is what makes our way of working different from other professions in health and social care, where a change of staff member would not necessarily mean a big disruption to the therapeutic work.

In another life I am an occupational therapist, which is one of the 13 professions regulated by the Health Professions Council (HPC). I have been on the HPC register since it took over from the Council for Professions Supplementary to Medicine (CPSM) in 2002, and also a member of the British Association of Occupational Therapists (BAOT), so I have been through the process of being transferred from another register. (There are two other routes also – the grandparenting route for new professions and through a UK approved course). I vaguely remember having to redo data and direct debit forms, but not much else at that stage. From 2005 it has been a requirement to actively engage in Continuing Professional Development (CPD) and keep a record of these activities. From October 2009, 2.5 per cent of the occupational therapy profession will be audited every two years (as will the others at different points over the next few years). This will be a random sample chosen from the register who will be sent a CPD profile to fill in. (All of this information can be found on the HPC website.)

As I also said before, I teach ethics to health and social care students of some of these 13 professions. I am therefore familiar with the HPC's *Standards of Conduct, Performance and Ethics* and their *Standards of Proficiency* for each particular profession.

In addition, I am somewhat familiar with some of the specific codes of ethics from the various professional bodies themselves. I thought it might be a good idea to dig out copies of the codes and read them all again, side by side. Doing this was really useful as I began to see the significance of certain aspects of which I had been only vaguely aware.

Both the HPC's *Standards of Conduct, Performance and Ethics* and their *Standards of Proficiency* appear fairly minimal compared with the detail of the codes of ethics from the various professional bodies, however the content of each is clearly recognisable in these terms. Both are at pains to point out that they are not a complete list of do's and don'ts and that, particularly with the *Standards of Proficiency*, they are 'the minimum standards we consider necessary to protect members of the public' and 'complement information and guidance issued by other organisations, such as your professional body or your employer'. (HPC *Standards of Proficiency*, p.2)

Maybe I have been too long in the field of health and social care to see it purely from a counselling and psychotherapy perspective but, despite many and various criticisms throughout the literature I reviewed, the HPC documents are not written for medical personnel alone.

The *Standards of Conduct, Performance and Ethics* document is written, despite many criticisms, not just for medical professions but for all of the regulated professions, from biomedical scientists to art therapists, with occupational therapy somewhere in the middle.

With the *Standards of Proficiency* the main sections are generic and within these sections there are 'profession-specific' subsections for each particular profession. As I read them side by side I was particularly interested in the comparison between occupational therapy and art therapy because of the relational nature of their interventions (for occupational therapy, particularly in mental health) – there were points in each I could have easily have

said were relevant to the other. I could see that the profession-specific subsections were clearly written by committees from within the professions, defining aspects seen to be relevant to that profession.

Up until this point, although I had read and considered the Employment National Training Organisation's (ENTO) *National Occupational Standards for Counselling* and could appreciate how useful they could be, I couldn't quite see how they fitted in, given the 'psychological therapies' have so many different professional bodies. However, suddenly I could see that one area where they will be essential ie for defining the profession-specific sub-sections when a standards of proficiency document is developed for counselling and psychotherapy. I could see how it is crucial to identify common ground between us all to enable this to happen.

Because of the generic base of both of these documents there are areas and particularly the language used which will be found to be more or less relevant to each the different professions and therefore will have to be interpreted in context, eg 'understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and evaluations to meet their needs and goals.' (1b.1 p6.)

As with all documentation written for such a broad spectrum, what will be required will be interpreting the document according to the context and not the other way round eg 'be able to establish safe environments for practice, which minimise risks to service users, those treating them, and others, including the use of hazard control and particularly infection control.' (*Standards of Proficiency* 3a.3). (So, perhaps a supportive squeeze of the hand, even a chaste empathic hug, but definitely no kissing on the lips!)

In HPC-land the generic nature of their documentation makes them seem fairly impersonal and it requires some effort to interpret the language into context. I was particularly aware of this in relation to counselling and psychotherapy, since communication through language is such an integral part of the therapeutic relationship and also in defining our theoretical orientation.

In contrast, I enjoyed reading the *National Occupational Standards for Counselling* and in doing so, did an audit on myself. (I have discovered I am fine in many areas but there are a few in the administration side that need serious attention!)

In reading the feedback from various groups and individual counsellors and psychotherapists who took part in the questionnaire (shame on me!) I can see that there is much work still to be done to iron out the whoopsies in language and fitness for purpose to define standards for such an enormously pluralistic field.

So far, however, on the whole the document covers a broad spectrum of generic competencies that to me really do seem to map out the process, knowledge and skills in counsellor/psychotherapy-land and I could clearly recognise my work in them.

One of the complaints I have heard regularly over the years is that counselling and psychotherapy are not taken seriously as professions or methods of treatment. Despite the fact that they are being accepted more commonly as a legitimate alternative, or even complement to medical treatment, there still appears to be some mystique and scepticism surrounding them. No wonder! There is an enormous range of theoretical orientations and courses ranging from one weekend all the way through to masters degrees with no single standard or qualification.

Also through most of the documentation that I read on my journey in the process of writing this paper,

(and through my years in the field), it is clearly acknowledged that one of the difficulties in finding a consensual way forward is that the various schools of thought in the 'psychological therapies' are multitudinous and diverse and often have a hard time agreeing with each other.

As I see it, we have to be prepared to stand up and be counted side by side with other professions and adopt the generic standards which are primarily to 'protect the health and well-being of people who use or need (your) services in every circumstance' (HPC *Standards of Conduct, Performance and Ethics*, p4).

I agree with Baroness Pitkeathley, who said, in the House of Lords, Alderdice debate in February 2007: 'In my view, referral to a (psychological) therapist should be as ordinary as referral to have an X-ray. Taking the mystery out and putting the regulation in will benefit not just those who avail themselves of the services but the whole of our society. It will help us to understand better our mental and emotional health and needs, as we have begun in recent years to understand our physical needs.'

I say 'hear hear' to that.

An essential task in this process, however, will be to maintain a strong voice in the profession-specific interpretation of the generic standards. For that, we (and I now include myself in that 'we') have to continue the hard work which is being done towards developing a common identity and to be prepared to stand up and be counted as a profession, side by side with each other.

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Kay Kennedy is a lecturer at the Glasgow Caledonian University (GCU) where she teaches counselling skills and ethics to health and social care students on various programmes of study and She is the the programme organiser for the Counselling Skills Certificate course. She also has a private practice as a counsellor and psychotherapist.

Introduction to Counselling

An Experience

Rev. Donald Scott

The Rev Donald Scott reflects on his experience of the Introduction to Counselling Skills Course.

"I'm thinking of doing a counselling course."

"You want to be careful! Your bum might fall off from unravelling your navel!"

Helpful, encouraging words from a good friend, as I considered enrolling for the Certificate in Counselling!

The reason I'd started thinking about doing the certificate was work-related. In 2002, I began work as a chaplain in Polmont Young Offender's Institute. My job brought me into daily contact with young men, aged between 16 and 21, who had been sentenced to prison for a wide variety of criminal activity.

Amongst them, were some deeply disturbed and needy individuals, who wanted to offload some horrendous stories of violence, abuse and misery, both committed by them and against them.

Most of them were simply struggling to make sense of a pretty rough hand dealt by life. Many had suffered the loss of one or both parents early in life. Many had come from chaotic family situations, leading to confusion and hurt, and a deep sense of being misplaced or lost in their sense of themselves and their place in the world.

The chaplaincy enjoys a unique place in prison life. Those working under its auspices do so in a multi-faith and ecumenical setting. Chaplains are seen as safe to talk to, and not "part of the system" in comparison to other agencies. I quickly discovered that the population I worked with considered it my job to listen to their stories, and be with them as they got on with their sentences.

There is a general assumption in the community that ministers and priests are well trained in counselling skills. Within my formal training, I remember about four hours of workshop and lecture style teaching.

My clearest recollection was of the class collapsing with laughter as an earnest colleague suggested to a struggling alcoholic from a housing scheme in Edinburgh that he should replace his urge for the demon drink with a more wholesome hobby such as lawn tennis!

Some twenty years of ministry had given me a degree of confidence that I was better than that, but the depth and scope of my present position was challenging me to critically examine my practice.

In part, the Scottish Prison Service encouraged my thinking. The service promotes and encourages staff training and development, and strives for professionalism across all its departments. My line manager signed the forms, and not only was I allowed to negotiate time to do the course as part of my duties, the service contributed to the costs.

I had to decide where I would do the course. For a rookie with very little knowledge of the counselling world, there is a confusing array of possibilities, and little beyond personal recommendation (or personal damnation), to sort out the wheat and the chaff.

The prison service is itself a provider, but I made special pleading to take part in an external course. My reasons for doing so were probably a little muddle-headed, but I felt as a chaplain I wanted space for theological reflection on process rather than a theological component within the course. I therefore opted for the course offered by the Church of Scotland based Tom Allan Counselling Centre in Glasgow.

When I discovered that the course was offered as a full day, one day a week for twenty four weeks, I nearly changed my mind. Who could possibly give that kind of time and commitment, I asked myself? I had visions of spending long days listening to little old church ladies who had nothing better to do with their time.
The first day of the course certainly tested resolve and commitment. It began on the second Wednesday in

January 2005, the day after the worst storm for ten years in the west of Scotland. As the group slowly trickled in, with the water more than trickling off raincoats and umbrellas, I realised that my fears were unfounded. Certainly, as a male, I was in the minority (there were only two of us), but the group represented a wide cross-section of society, by no means all involved in the church, and by no means all coming from caring professions.

As I got to know this disparate bunch of teachers, care workers, beauticians, fast food shop managers, and shall we call them, 'third agers', I began to marvel at the commitment and resolve of each of them, many of whom did not enjoy employer support, or even a steady income, but who were determined to give wholeheartedly to the process of learning and growing which is the Certificate in Counselling.

It is a process. As a group we went through the processes of forming and storming and the rest as we got to grips with what the course would mean for us. For some, the learning processes were too uninvolving. For others, the pace seemed frighteningly fast. Some couldn't wait to get into deep theory. Others found the course handbook challenging.

For everyone, the first triad group work came as a major challenge. There we were, three strangers, facing each other, having to fill FIVE minutes with personal details. Yet by the end of the first practice session bonds were beginning to form and time seemed to be disappearing effortlessly. By the end of the first module the idea of disrupting the cosy wee comfort zone of "our triad" was a big threat.

The challenges didn't stop there. As we traded stories of life experiences, we were confronted by our stereotypes and our prejudices. We also developed enormous respect for one another as we learned to walk in one another's shoes and see new perspectives in life's rich tapestry.

I learnt to stop trying to solve everyone's problems, and start listening in new ways. I had developed an interesting habit of turning a chair round and leaning against its back when I was talking to guys in Polmont. I found myself asking, "what was I hiding?" "What wasn't I prepared to give in these conversations?" In developing skills in active listening, I became much more effective as a chaplain, consequently increasing the burden I carried of other people's stuff.

The course took on the role of 'supervision' for me, where I was able to work through some of the issues and problems I was facing, in a setting which was safe and removed from my everyday environment. I valued this so much, that on completing the Certificate I resolved to establish a more formal network of supervision for prison chaplains, a work still in progress.

Other aspects of the course which I enjoyed were the opportunity to reflect critically on my practice at many different levels. Prison chaplaincy is no place for shrinking violets and those of an 'other-worldly' disposition. However, such an environment can quickly make the shocking event common-place and 'normal'. Participation in the course and watching the reaction of others to my stories helped me ground my work in a way which allowed me to be more fully present to the emotions felt by those I worked with, which were rarely expressed.

I also enjoyed watching my fellow participants grow in confidence as they developed, not just new skills, but a new sense of who they were as human beings. It is rare, in our society, to be allowed the experience of sharing the events which have shaped your life with people who are actively listening, with acceptance and empathy. It was powerfully life affirming for someone who deals daily with the worst society can do to people to share with individuals who were positive, committed to helping others, and basically "good".

The aspects of the course which I didn't enjoy are less important. The sections on counselling theory left me feeling that there was a political agenda, and I was being asked to choose which was best, without the knowledge and experience necessary to inform me properly. Sections of the handbook, particularly in module four, were badly written and didn't particularly seem to follow the ethos or approach to counselling in the rest of the course. If this is the worst I can come up with after six months, there must be a pretty good balance.

Certainly, my appetite has been whetted for further training. I'm currently researching where to do the diploma. I still refuse to declare myself for one particular approach, and I am most attracted to courses which offer a smorgasbord.

I'm happy to report that, so far, my bum is still firmly attached.

* The **Rev Donald Scott** is a Church of Scotland minister. He is a chaplain in Polmont Young Offender's Institute.

The Lothian Centre

for Integrated Living Peer Counselling Service

Ian Fuller

Part one *(see next issue for part two)*

The Lothian Centre for Integrated Living (LCIL) Peer Counselling Service (PCS) was a face-to-face service based in Edinburgh and West Lothian. It ran from 1992 until March 2006, when lack of funding led to closure of the service. It was the only counselling service in Scotland where a group of professionally trained disabled volunteer counsellors worked with disabled clients and their carers and family members.

LCIL also ran the only counselling Diploma training programme in Scotland aimed specifically at training groups of disabled people with a range of impairments as counsellors.

The service is reopening in January 2008, with funding from the Scottish Government, as 'Your Call', a telephone counselling service for disabled people across Scotland. Many of the volunteers staffing the new service are former PCS counsellors.

This is the first of two papers reviewing the work of the PCS up until March 2006. The aim is that the review might be a contribution towards informing the development of other counselling services and/or counselling trainings which work with and alongside disabled people.

This first paper will briefly describe the history of the PCS. It will also review the LCIL experience of running a face-to-face counselling service for disabled people (including people with learning difficulties), and discuss the effectiveness of the peer counselling model.

The second paper will focus on the LCIL experience of training groups of disabled people as counsellors.

History

The PCS developed from the recognition by LCIL Independent Living Officers (ILOs) in the early nineties that disabled people who were attempting to access Direct Payments (DPs) often required emotional as well as suporting them to move to living independently.

Attempts to place those DP applicants who wanted counselling with mainstream voluntary counselling services were often unsuccessful due to difficulties with physical accessibility, and on occasion difficulties with the attitudes of non-disabled counsellors. These counsellors sometimes assumed that the person's main issue was centred around their impairment, rather than on one of the many other issues which bring people to counselling. Attempts to place people with counsellors in private practise resulted in similar accessibility and attitudinal difficulties, with the further problem of the additional expense incurred by people who were in the main financially dependent on benefits.

The LCIL Peer Counselling Service developed against this background. One of the aims of the service was to challenge the barriers in society which prevent disabled people getting counselling and counselling training. These barriers include finance, physical accessibility, and attitudes. This mirrored the growing significance of the disability movement in wider society.

At the same time, the development of the PCS mirrored the increasing professionalisation of counselling in wider society.

Initially counsellors were untrained, then trained to COSCA Certificate level only. When it became apparent that this level of training was insufficient in the face of the sometimes profound issues counsellors were encountering in their clients (and in themselves), further training was contracted. At first, this took the form of modules on specific subjects, taught by individual trainers over a short period of time. Eventually this modular approach evolved into the LCIL Diploma in Integrative Counselling, with the core theoretical models of the person centred approach and transactional analysis.

At the time when the PCS closed at the end of March 2006, it was a three day a week service with 12 volunteer

disabled counsellors, ten of whom were trained to Diploma level over four years by accredited trainers. These counsellors offered one-to-one counselling for between 70 and 80 people a year. The majority of PCS clients were disabled people, including those with physical impairments and people with learning difficulties, although some family members of disabled people were also seen. In addition, the PCS had a limited telephone counselling and couple counselling facility.

The PCS was mainly based at one site in Edinburgh, but also worked with clients in day centres and hospitals, and had an outreach service in Livingston, West Lothian.

Running a counselling service for disabled people

Support for counselling clients can be divided into generic and individual support.

Generic Support

Despite recent changes in legislation, many counselling services are physically inaccessible to some disabled people. Most counselling services are keen to increase their accessibility, but are faced by financial constraints.

Many disabled people are financially dependent on benefits, and cannot afford the fees charged by counsellors in private practice. Lack of affordable, accessible transport can also be a barrier to disabled people wishing to access counselling.

The LCIL Peer Counselling Service provided a fully accessible physical environment, PA support and some help with transport costs. These factors served to increase the accessibility of the service to disabled people.

The counselling service premises in the Norton Park Centre in Edinburgh were fully physically accessible, with accessible toilets and wide doors. Counselling rooms were large enough to comfortably accommodate two wheelchair users. LCIL provided information to prospective clients in accessible formats, including large-format print, audio tape and e-mail. Appointment cards were also available in different formats.

Ideally, it would have been best to have premises on the ground floor of the building to allow for ease of evacuation for disabled people in the event of fire. However this was not the case; a lift brought counsellors and clients to the second floor where the service was based. Fire safety measures were addressed, for example by the use of `safe areas' in stairwells for people with impairments which affected their mobility.

Some help was provided with transport costs for those who needed it. In general, we found taxis to be the most reliable form of transport. Less expensive transportation methods catering for disabled people were less flexible than taxis, more likely to be unavailable due to heavy demand, and require booking sometimes up to three weeks in advance. Payment for client taxi journeys to counselling was negotiated at intake, depending on the client's ability to pay.

Support and administrative staff had wider duties in the PCS than they might have had in a mainstream counselling service. In addition to dealing with appointments, cancellations, record keeping and greeting clients as in any counselling service, they were required to help clients and counsellors in other ways. This would include, for example, assisting a counsellor transfer from a car to a wheelchair, or from a wheelchair to a chair in the counselling room. It might also include setting up a tape recorder for a counsellor to record a session for supervision purposes, or helping a client with personal care.

Finally, when disabled counsellors are working with clients, each counselling room needs some accessible form of communication equipment available to make support staff aware that the session has come to an end, or in case of emergency. In addition, some counsellors may have limited use of their hands, so the equipment must be easily operable. Other counsellors may have

visual impairments and need the equipment close to hand.

The PCS used a two-way radio, operated by a push button on the end of a flexible lead which was pressed by the counsellor, and set to elicit both an audio and a visual (in the form of a blinking light) signal from the receiver in the support staff office. It was important to ensure that the receiver was manned at all times when counselling was in progress.

Individual Support

It is important in a disability-oriented counselling service to take account of an individual's impairment at the practical and process levels.

Impairment – related issues can be very specific. For example some clients may need their feet or legs supported in the counselling room, others with memory impairments may need reminding of an appointment on the morning of an appointment, and some clients may only be able to communicate through a picture board. It may only be possible to work with some clients through a home visit or via telephone counselling.

Another impairment related issue is the impact of a person's energy level on their ability to attend counselling. This may mean more missed appointments than in a comparable mainstream service.

In the case of clients with learning difficulties, there was often a need to make arrangements through a third party, whether this is a family member or support worker. Some counsellors may not consider working with this client group; others may be cautious. However it has been the LCIL experience that it is feasible to work effectively with people with learning difficulties using the skills gained in a normal Diploma training, but with a little extra input specifically on this topic.

The term 'learning difficulty' covers a wide range of people, with an equally wide range of outlooks, capacities, willingness and ability to engage in the counselling process. Some of the approaches LCIL found useful with this client group include being flexible about the length of sessions, using drawing, toys, models or other creative approaches to help the client in telling their story, and allowing support workers to remain in the room to help with communication with the client, until the counsellor can communicate unaided.

In addition, clients with learning difficulties sometimes ask for the presence of a support worker during counselling sessions, even when the worker was not required to help with communication between client and counsellor. Sometimes this is because the client feels vulnerable, and sometimes it is because they want to give their support network a message and can't find any other way of doing it. The LCIL approach to this situation was to allow the support worker to stay present in the initial sessions, and to ask them to stay quiet. In addition the client was gently encouraged to relinquish the support worker's presence as early in the counselling relationship as possible. Generally this would happen after two-three sessions.

A related issue is that clients with learning difficulties are often referred to counselling via their support workers. These 'third party' referrals require careful attention from counselling service staff. It can be difficult to tell whether or not the client actually wishes to attend counselling, or whether somebody in their support network thinks it would be a good idea for them to attend. Sometimes this can only be ascertained with certainty during the initial meeting, or even later. Once the client's true wishes regarding counselling are ascertained, they are honoured.

Effectiveness of the Peer Counselling Model

Two final questions regarding counselling disabled people might be:

- Does a counselling service aimed at working with a

particular client group hold any advantage for that client group over a more generic counselling service?

- Is it an advantage for a disabled client to have a counsellor who also has an impairment?

In LCIL's case the answer to both questions would be 'yes'.

In terms of the first question, on a purely practical level, it would be very difficult for many of LCIL's clients to access other counselling services because of difficulties with accessibility and transport costs. Further, the PCS was based within a CIL (Centre for Integrated Living) with a range of resources and information available for its client base.

LCIL counsellors shared their experience of working with this client group in group supervision and built up a body of knowledge around common issues encountered (eg the impact of a person's impairment on their family life, methods of working with clients with learning difficulties, working with clients who are dying) which supported the work of all the counsellors.

In terms of the second question, there is evidence that the knowledge that their counsellor would also have an impairment made clients approach the service more readily. In a survey carried out for the PCS by RSR consulting in 2002, 63% of the 35 clients who completed questionnaires stated that they had chosen the PCS because they wanted to work with a disabled counsellor. This was the most common response. Respondents commented:

"I wanted to work with someone who would understand the limitations and restrictions which ill health cause… I thought that another disabled person would be able to relate better to these issues."

"I felt working with someone who has a disability would have a better of understanding of the 'ups and downs' and practicalities of living with a disability."

Respondents also indicated (80 per cent, or 28 respondents) that having a counsellor with experience of disability enhanced the counselling experience. Comments included:

"They can understand what pain is, therefore they are on a level with me."

"I felt she had more of an empathy with me, having faced the same kind of problems and prejudices."

"I felt more comfortable talking about disability issues."

These comments are an indication of the value inherent in training disabled people as counsellors.

Conclusion

The PCS was part of LCIL, which is a user-led disability organisation. LCIL operates from the social model of disability, focusing on removing the barriers within society which prevent disabled people from achieving their goals, rather than on the person's individual impairment. The PCS effectively removed these barriers for those disabled who accessed the service, and provided a resource which was widely appreciated by health and social care organisations in Edinburgh and West Lothian.

In January 2008, the PCS reopened in another form as 'Your Call' – a telephone counselling service which is open to disabled people across Scotland. The skills gained by PCS counsellors over four years of training and through their subsequent client work are now being put to further good use.

The 'Your Call' Appointment Line can be accessed by phoning 08088 01 03 62. Calls are free from landlines and most mobile networks.

Letters

to the Editor of Counselling in Scotland

Brian Thorne

Dear Editor,

Vicki Clifford's article in the Spring/Summer edition of *Counselling in Scotland* draws attention to a fascinating development in the world of counselling and psychotherapy during the past twenty years or so. I recall the first international conference of person-centred and experiential practitioners in Leuven, Belgium, in 1989 and how lonely it felt to be one of a very small group who were prepared openly to acknowledge the importance of the spiritual dimension in therapy. Even more risky was the public acknowledgement of my continuing and committed membership of an institutional church. Today the situation is very different. The exploration of spirituality is high on the agenda of many therapists across the different therapeutic orientations and in gatherings of person-centred therapists it is not uncommon to discover a substantial minority who are practising members of faith communities. I like to think that in the United Kingdom and further afield the extraordinary popularity of *Person-centred Counselling in Action* which I co-authored with Dave Mearns and is now in its third (substantially revised) edition, has done much to demonstrate that the deep mysteries and existential challenges of being human can be explored by atheists and members of faith communities in wholly creative partnership.

During the last ten years of his life, I had the opportunity to have many profound discussions with Carl Rogers on theological and spiritual issues. We even attended together an extraordinary inter-faith, no-faith, humanistic Eucharist on Easter day in Madrid in 1978. Carl certainly did not like religion in its institutional forms and could not bear what he saw as the arrogant, guilt-inducing, power-mongering activities that characterise much institutional religion. His empirical fidelity and his openness to experience, however, compelled him during his later years to acknowledge the significance of what he described as the "mystical, spiritual, transcendent" aspects of the therapeutic relationship and of group life. In many ways, Rogers' own discoveries have been reflected in the history of counselling and psychotherapy in Britain in recent times. As therapists here become more consciously focused on their own experiencing and as they have listened more attentively to the needs and desires of their clients, they have been increasingly compelled to take the spiritual, existential dimension of the human predicament with the utmost seriousness. With this sometimes dramatic shift in emphasis, the treasure houses of the world faiths have become an indispensable resource for many clients and therapists alike. In Britain the institutionalised churches have often found themselves shaken and challenged by members from the therapeutic professions whose psychological awareness will no longer permit the worst excesses of patriarchal authoritarianism which so often obscure the life-giving essence of the religious traditions.

As I reflect on my own professional experience, I am glad that I have lived to see the developments of the last twenty years. There was a time when it felt more than a little exposed to be standing on a bridge between what felt at times to be hostile armies of therapists on one bank and co-religionists on the other. Now the bridge seems to be groaning under the weight of many fellow practitioners. No longer does it seem odd that the Diploma in Counselling in Person-centred Counselling at the University of East Anglia puts deliberate emphasis on the spiritual dimension and it seems the most natural thing in the world for the Norwich Centre, amongst its other therapeutic activities, to offer a Diploma in Spiritual Accompaniment. I don't think Carl Rogers would be dismayed.

Yours sincerely,
Brian Thorne
Emeritus Professor of Counselling, University of East Anglia, Norwich
Co-founder, the Norwich Centre.

Letters

Douglas McFadzean

Dear Editor,

I was saddened to hear of the death of Ronald Beasley and found the appreciation written by Colin Kirkwood with Pam Beasley to be a fitting and fascinating tribute to Ron's extraordinary life. During my time (1995–1997) as COSCA's Executive Director, Ron showed me considerable kindness personally, while his contributions to COSCA were invariably thoughtful and calming during a maelstrom of troubled times for the organisation.

However, there seems to be a remarkable incongruity between Ron's lifelong self-directed, vocational routes to gaining therapeutic competence and the government's naïve, mechanistic and poorly evidenced approach to regulation described in Brian Magee's article from the same issue of Counselling in Scotland. Brian's helpful discussion reminds us about the particular importance of voluntary counselling in Scotland and that "we have concerns about a qualifications-only route being implemented as this may exclude from the register the names of counsellors and psychotherapists who do not have formal qualifications, but who could demonstrate in other ways that they are competent to practise".

Although Ron himself was "committed to jumping over walls" regarding academic qualifications and professional status, other decent and perfectly competent practitioners may find the way through the government's regulatory battlements too bruising an experience. It would be a sad irony indeed, and probably an enduring insult to Ron's memory, if the government thought they were "protecting the public" by excluding dedicated and richly experienced folk like the Ron Beasleys of this world from counselling practice.

Yours sincerely,
Dr Douglas McFadzean

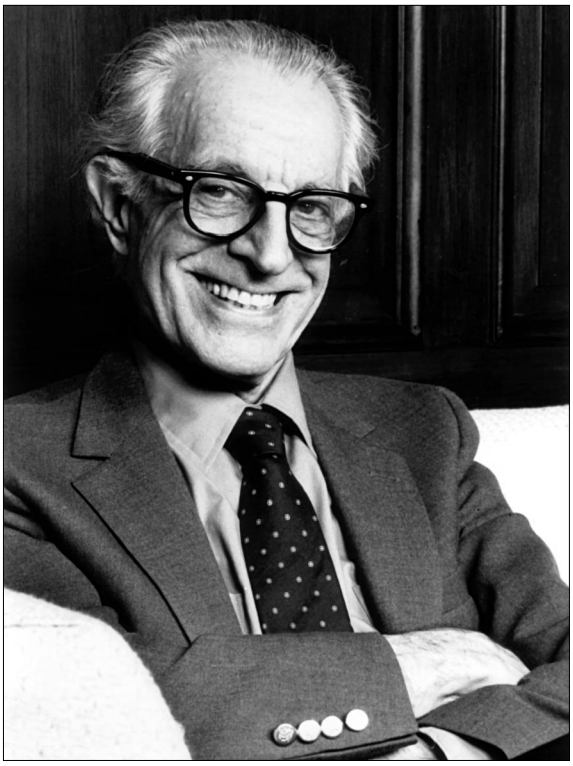
An Appreciation
of Albert Ellis

Marilyn Christie

27 September 1913 – 24 July 2007

Marilyn Christie, UKCP Registered Cognitive Behavioural Psychotherapist

Albert Ellis was a determined and provocative advocate of change in psychological treatment in the 20th Century. His belief in the importance of cognitive and behavioural elements in psychological therapy made him a controversial figure in the fifties.



Ellis was blessed with a forthright nature which enabled him to push forward his newly created Rational Emotive Behaviour Therapy (REBT). He showed this clearly when he personally tested his shame-attacking exercise by approaching 100 strange women in New York's central park and asking them to go out with him. Encouraged by a few kisses he reported having overcome his own shyness and gained the ability to approach women with the same request in his own social circle, reputedly with some success

My own interest in REBT grew from teaching it as part of the CSCT counselling course which I delivered to volunteer counselors at Ayrshire Cancer Support in Kilmarnock more than 20 years ago. This involved showing the famous 'Gloria' video which recorded Gloria having sessions with Rogers, Ellis, and Perls. The students, having been not too taken with Ellis' style were surprised to hear Gloria say she had found him helpful.

I too found his work helpful when I began private practice and encountered a client with road rage who felt in danger of physically assaulting other drivers. I was delighted to have an approach to offer which gave my client immediate strategies to manage his anger. The effectiveness of this approach then led me to increasing interest and involvement in cognitive and behavioural psychotherapies and thence to becoming accredited as a Cognitive Behavioural Psychotherapist.

Albert Ellis I salute you.

Gazette

Details of all events are on the COSCA website: **www.cosca.org.uk**
Please contact Marilyn Cunningham, COSCA Administrator, for further details on any of the events below:
marilyn@cosca.org.uk
Telephone: **01786 475 140**

2008

February (date to be confirmed)
CPD Workshop for Trainers

11 February
COSCA Policy Board Meeting

7 March
COSCA Diploma Trainers Providers Forum

13 March
COSCA Course Validation Panel Meeting
All papers for consideration require to be in the COSCA office by 22 February 2008

31 March
Deadline for receipt of COSCA Accreditation applications

8 April
An Introduction to COSCA Recognition Scheme
Edinburgh

10 April
An Introduction to COSCA Recognition Scheme
Glasgow

22 May
COSCA Course Validation Panel Meeting
All papers for consideration require to be in the COSCA office by 2 May 2008

29 May
COSCA Annual Trainers Event

June (date to be confirmed)
COSCA Accreditation Workshops

4 September
COSCA Course Validation Panel Meeting
All papers for consideration require to be in the COSCA office by 15 August 2008

30 September
Deadline for receipt of COSCA Accreditation applications

1 October
COSCA AGM 2008: **Stirling**

4 December
COSCA Course Validation Panel Meeting
All papers for consideration require to be in the COSCA office by 14 November 2008

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.

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