

Therapy Today

For counselling
and psychotherapy
professionals

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The international issue

Counselling culturally 'lost' clients

Talking therapies: emergence and change worldwide

September 2013 Volume 24 Issue 7

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Sarah Browne
Editor

We know so little about the development of counselling and psychotherapy around the world so we have devoted this issue to emerging counselling internationally. Huge credit must go to Jacqui Gray, our international editor, who has worked so hard seeking out counsellors and academics in countries from India to Russia and encouraging them to write for us. What is clear is that in many countries there is a great hunger for knowledge about counselling and for training.

For example, in Pakistan awareness about therapy is growing as society becomes more urban and industrialised; there is a growing appetite for self-development but a lack of qualified practitioners. Pakistanis are looking to the UK and the US for training and in turn becoming trainers themselves. There are many cultural challenges for them to negotiate, not least that in Pakistan's collectivist culture saying 'It's my life' is socially unacceptable.

Counselling and psychotherapy were banned in Communist regimes but existed as underground movements in many Soviet bloc countries. Nikola Atanassov, himself a young 'underground' practitioner in the 1970s, writes about the growth of therapy in post-Communist Bulgaria and about how far the profession still needs to develop.

South Korea has one of the highest suicide rates in the world, and leehyok Woo gives us a fascinating insight into its culture. He explains how students who come to study in the UK, for example, can feel emotionally lost, their emotional coping mechanisms being so different from those in the West and so easily misunderstood. The world is shrinking as a result of online technology, but the cultural gaps between people may be just as great and potentially problematic. As BACP Chair Amanda Hawkins writes in her column, there is much that we as a profession can share at an international level and much that we can learn.

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Facebook use ‘impoverishes’ wellbeing

Using Facebook makes young people feel worse about themselves and their lives, according to the first ever study to examine the psychosocial impact of the online social network.

Facebook is widely regarded as a boon to social networking and a way to keep in touch with friends and family. The small-scale study, conducted by researchers at the Universities of Michigan and Leuven, in Belgium, recruited 83 people in their late teens/early 20s (53 of them female) to test this out.

Participants were text-messaged five times a day for 14 days with a link to an online survey asking ‘How do you feel right now?’, ‘How worried are you right now?’, ‘How lonely do you feel right now?’, ‘How much have you used Facebook since the last time we asked?’ and ‘How much have you interacted with other people “directly” since the last time we asked?’ (ie face to face or by phone). They also completed Satisfaction with Life Questionnaires before and after the 14-day period.

The researchers say the more the young people used Facebook the worse they felt and the lower they rated their satisfaction with life. Direct social contact had no such negative effects on their life satisfaction levels and made them feel better about themselves. Interestingly, the people who had busier social lives felt worse when they used Facebook than those with little direct social contact.

The researchers say the explanation isn’t that people are more likely to

use Facebook when they feel bad but that they are more likely to feel worse when they have used it. This may be because it triggers social comparisons with their friends and peers, they suggest, and if they have a normal social life, this effect gets magnified.

Facebook use, unlike other forms of social interaction, ‘impoverishes wellbeing’, they say and, given its ubiquity, further research into how and why it does this is vital.
PLOS ONE

Less dementia than expected



Rates of dementia appear to be lower among today’s generation of older people than among those born earlier in the last century, a new study suggests.

The population-based study, reported in *The Lancet*, used data gathered in 1989 and 1994 for a Medical Research Council Cognitive Function and Ageing Study (MRC CFAS I) of people aged 65 years and older in three geographical areas in England and Wales. Using the same methodology, fresh

interviews and assessments were conducted in 2008 and 2011 in the same areas for the second phase (CFAS II).

A total of 7,635 people were interviewed in CFAS I; 7,796 were interviewed for CFAS II. If the CFAS I estimates of prevalence were standardised to the 2011 population, 8.3 per cent (884,000) would be expected to have dementia in 2011. However, the prevalence was just 6.5 per cent (670,000) – 1.8 per cent lower than expected.
The Lancet

Female offenders need care

Women offenders should be given non-custodial sentences in all except the most dangerous of cases, a group of MPs says.

The cross-bench parliamentary Justice Committee has been reviewing progress since publication of the 2007 *Corston Report* on the care of vulnerable women in the UK prison system. This recommended making greater use of community-based support and non-custodial sentencing.

The MPs say there has been a fall in the use of custodial sentences for women offenders since 2007: the annual average women’s prison population has gone down by five per cent; the number of women entering prison has dropped by 17 per cent and there has been a 28 per cent reduction in the number remanded in custody. But they say the Government has not done

enough to implement the Corston recommendations.

Prison is an ‘expensive and ineffective way’ of dealing with many women offenders who do not pose a significant risk of harm to public safety, the MPs say. More care, not custody, is needed and more access to therapeutic programmes that encourage women to take responsibility for their lives while they are serving a custodial sentence. They argue that residential alternatives to custody and women’s centres are likely to be more effective and cheaper in the long-run than short custodial sentences.

BACP has welcomed the MPs’ findings. ‘Over 80 per cent of sentenced women entering prison have been convicted of non-violent offences. There is a strong case for diverting women from custody, particularly for those sentenced to the shortest terms,’ BACP Chair Amanda Hawkins said.

Bullying does long-term damage

Being bullied is not a 'harmless rite of passage' or an inevitable part of growing up. It throws a 'long shadow' over the lives of the bullies and their victims alike, a new study has revealed.

The study, by researchers at Warwick University and Duke University, North Carolina and published in the journal *Psychological Science*, followed up 1,273 children (equal numbers of boys and girls). The children were assessed annually, with their primary carer, from ages nine to 16 and then at 19, 21 and 24–26 years.

The assessments covered a swathe of psychosocial issues, including health, criminality, alcohol and drug use, sexual and social relationships, education, incomes, abuse and neglect in childhood, childhood mental illness and family functioning.

This is the first study to track the long-term outcomes of bullying into adulthood. It found that bullies, victims and victim-bullies alike all had worse outcomes across all measures than children who were not involved in bullying. They did less well

in school; they were more likely to be poor in adulthood, more likely to have difficulty keeping jobs and more likely to have poor family and social relationships.

Bully-victims had the worst physical and mental health outcomes in adulthood, and were most likely to smoke. Bullies also smoked more often and were most likely to be involved in crime and to use drugs. Bully-victims had the worst relationships with their parents, and were more likely not to have a best friend. Bullies reported most

problems with making and keeping friends and were most likely to have one-night stands. Chronic bullying and being bullied magnified the long-term ill effects.

The researchers say the explanation may be the physiological effects of bullying on people's stress and immune systems. But they say the long-term effects make it imperative that health and education services do more to tackle bullying to lessen its enormous costs to individuals and to society in general.

It's great outdoors

More people are spending more of their leisure time outside in the countryside, relaxing and enjoying nature, Natural England's *Monitor of Engagement with the Natural Environment* (MENE) survey reveals.

Adults in England made 2.85 billion visits to the countryside or green space venues for health and exercise between March 2012 and February 2013 – an increase from just over one third of adults in 2009 to 44 per cent in 2013.

People said that being out in the natural environment made them feel 'calm and relaxed' and 'refreshed and revitalised'. Those most likely to visit the countryside were aged 25–64, living in rural areas, in employment, and affluent. Younger adults (aged 16–24) and those living on low incomes were least likely to visit the countryside.

My Sister's Place wins again



My Sister's Place celebrates with X Factor star Jahmene Douglas

My Sister's Place, a BACP award-winning project that provides counselling and support to women experiencing domestic abuse, has been voted the nation's favourite voluntary/charity project in this year's National Lottery Awards.

The awards are an annual national poll in which the public votes for its favourite Lottery-funded projects. A total of 49 projects reached the finals. My Sister's Place, which is based in

Middlesbrough, received 6,714 votes in the charity/voluntary project category, coming top over six other projects.

'We would like to say a huge thank you to all who voted for us. We have been overwhelmed by the support not only for raising awareness of domestic abuse but also for the service,' Ejaye Moran, Counselling and Therapeutic Services Manager, said. My Sister's Place won the BACP Outstanding Project award in 2011.

Outgoing people happier

People who are more outgoing or more emotionally stable in early adulthood are happier in later life than their more introverted or less emotionally stable peers, new research by the University of Southampton has found.

The study followed up 4,583 people, all born in 1946, who were assessed in the National Survey for Health and Development at ages 16 and 26. Of these, 2,529 were still available to contact at ages 60–64.

The study found that those who were more extrovert in young adulthood had higher scores for wellbeing and satisfaction with life in older age. Those with higher levels of neurosis in young adulthood were more likely to have anxiety and depression and physical health problems in their 60s. *Journal of Research in Personality*

CQC raises concerns about students' 'smart' drug abuse



A steady rise in prescriptions for the stimulant Ritalin may reflect the prescription drug's increasing use by university students to boost their academic performance, the Care Quality Commission (CQC) has warned.

According to the 2012 annual report on *The Safer Management of Controlled Drugs*, there has been a 56 per cent increase in prescriptions for methylphenidate (marketed as Ritalin) since 2007. Ritalin is mainly prescribed to treat Attention Deficit Hyperactivity Disorder (ADHD).

Prescriptions by GPs for Ritalin have risen steadily over the past six years, and rose by 11 per cent from 593,147 items in 2011 to 657,358 in 2012. The CQC says this reflects a trend towards increased diagnosis and treatment of ADHD in primary care.

There has also been a 24 per cent rise in private prescriptions for methylphenidate over the same period, which the CQC says is probably due to more adults being diagnosed and treated for ADHD, in line with NICE guidance.

There is little hard evidence on the use of Ritalin by students as a performance-enhancer, but the CQC references reports in the media and research journals suggesting this is becoming increasingly common. It recommends that use of methylphenidate should be closely monitored to ensure it is not being abused, as 'the long-term risks are not known'.

A report from the Wellcome Trust Monitor earlier this year found that two per cent of adults and one per cent of children had used so-called 'smart' drugs to boost their mental performance. A 2009 survey in Wales similarly found that one per cent of 505 university students had used prescription stimulants to help them study. But in a 2009 poll by the Cambridge University student newspaper *Varsity* one in 10 said they had used Ritalin and other stimulants and in an informal survey by *Nature* journal in 2008 the rate was one in five.

Cannabis and mental health

A new study has found no direct link between cannabis use and the mental health of young people.

While links have been found between cannabis use and some psychiatric illnesses, this study, by researchers at the University Medical Centre Utrecht, found no evidence for a direct association between smoking cannabis *per se* and school students' general mental wellbeing.

The researchers surveyed 10,324 secondary school children aged 11–16 years. Cannabis use in the previous month was linked with poor psychosocial functioning but so too were a number of other factors, including low levels of education, alcohol use, cigarette smoking, hard drug use, frequent truancy, poor school performance, feeling unsafe at school, being bullied, frequent absence due to illness, a mentally ill parent, parental abuse, financial problems and greater exposure to adverse life events.

Once these factors were taken into account, there was no statistically significant link between general mental health problems and cannabis. Young people who used cannabis were also more likely to drink alcohol, use hard drugs, smoke, truant from school and take days off sick.

Cannabis might be more accurately seen as one of a number of factors indicating poor mental health in young people, the researchers say. *Psychological Medicine*

Obsessive hoarding as common as OCD

Obsessive hoarding can start in childhood and adolescence and may be more common than obsessive compulsive disorder (OCD) among young people, a new study suggests.

The study of 3,974 15-year-old twins, published in *PLOS ONE*, found symptoms of hoarding in two per cent – similar to the prevalence found in adults. Teenage girls were more likely to hoard

than teenage boys, and their rates were higher than among adult women. The prevalence rose to 3.7 per cent when allowance was made for parental constraints on a teenager's ability to hoard.

The survey also found symptoms of OCD in 2.9 per cent of young hoarders and non-hoarders alike, which the researchers say challenges the assumption that there is a link

between the two disorders. They say hoarding should be considered a disorder in its own right. They also found only moderate evidence of heritability, unlike in adults, where evidence of heritability has been clearly established. They argue that hoarding may become more heritable as certain genes kick in with age and when the young person leaves home.

East meets West on the Trans-Siberian railway



Delegates take a break en route to Vladivostok

More than 2,000 counsellors, psychotherapists and psychiatrists from over 40 countries attended the First United Eurasian Congress for Psychotherapy across Moscow in July. The event was organised by the Professional Psychotherapeutic League of Russia (PPL), the largest professional psychotherapeutic organisation in Russia, and was the first joint congress of the European Association for Psychotherapy (EAP) and the Asian Federation for Psychotherapy (AFP).

The theme of the three-day congress was 'Psychotherapy without borders: past, present, and future'. More than 750 papers were presented, with practical workshops running alongside. The congress also covered coaching and mediation. Young psychotherapists and students had a sector-specific conference within the main programme: 'PPL felt it was particularly important to attract a younger generation of therapists,' Ekaterina Makarova, PPL's Manager for International Relations, said.

Pre- and post-congress events attended by Russian and foreign psychotherapists took place in cities all over Russia and included several *Decadniks*, a unique Russian form of intensive immersion in the world of psychotherapy. *Decadniks* have their origins in the late 1980s during the Soviet era when psychotherapeutic training was scarce. Psychotherapists started organising one-week conferences, with very concentrated programmes, running almost 24 hours a day, so that practitioners travelling long distances from outlying regions could gain as much information as possible in the limited time available. Two thousand people attended the very first *Decadnik* in 1988, in Krasnoyarsk, and the format rapidly spread throughout Russia. The tradition of *Decadniks* continues today.

A post-congress conference in Vladivostok, 'Depression: methods of treatment', attracted psychotherapists, psychologists and psychiatrists from all over the far eastern regions of

Russia. The highlight of the post-congress programme was 'The Road to the East', an epic psychotherapeutic train journey from Moscow to Vladivostok, along the world's longest railway, the Trans-Siberian railway. Participants included psychotherapists from Germany, Austria, Serbia, Slovenia, Romania, Brazil and Russia. Workshops and talks were given by international psychotherapists throughout the six-day journey, and delegates also had the opportunity to meet local psychotherapists at stations along the route.

'Psychotherapy in the Russian Federation has been undergoing rapid change and, while it has been influenced by the globalisation of the profession from the West, it is developing its own identity, resulting in a unique marriage of both,' Ekaterina Makarova told *Therapy Today*. 'The 2013 congress has played an important part in helping to create a space where the psychotherapy of West and East can interface, and has given impetus to the development of psychotherapy in Russia and other countries of Europe and Asia.'

The full programme of the congress can be downloaded from www.eurasian-psychotherapy.com/congress-structure/programm.html. For further information about the Professional Psychotherapeutic League of Russia, email Ekaterina Makarova at kmoppl@mail.ru

Low self-esteem and prison suicides

Depression, hopelessness, low self-esteem and lack of friends and family networks for social support are important risk factors for suicide among male prisoners, new research has shown.

Prisoners are known to be at increased risk of suicide. This study, by researchers at Oxford University, sought to identify which personal and environment factors might heighten the risk. Interviews were conducted with 60 male prisoners who had made suicide attempts in prison and 60 male prisoners who had not. The prisoners who had attempted suicide had higher levels of depression, hopelessness, impulsivity and aggression and lower levels of self-esteem and social support.

Other risk factors included having served previous prison sentences, being bullied in prison, emotional and physical abuse and neglect in childhood (but not sexual abuse), more adverse life events, homelessness, and bereavement of a parent or sibling. At-risk prisoners were also significantly more likely to have been in local authority care in childhood.

The researchers say their study will help prison staff identify inmates at highest risk of suicide and ensure they get appropriate support and treatment.

PLOS ONE

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Stoicism in Tokyo

Sara Hitchens

I've been back in Tokyo a little under a year. I was first in Japan in the mid-1980s, when I stayed for four years. I've since retrained as a counsellor and I'm working in private practice in Tokyo, accepting referrals from an employee assistance programme, and also counselling in international schools.

It's a different world from the one I knew in London, but not so different from the one I first encountered 24 years ago. The rich and sophisticated cultural traditions, the respect and appreciation of nature, the simplicity of the aesthetic, as well as the general honesty and politeness of the people make this a fascinating and welcoming country.

Being a counsellor, though, I'm aware that strengths have their corresponding weaknesses. Back in the 1980s I remember hearing young mothers encouraging their toddlers to have *gaman*: they were not to whine or complain but to 'endure'. And *gaman* is still very much part of the Japanese emotional landscape. It comes from Zen Buddhism, means something like 'enduring the seemingly unbearable' and is a virtue closely related to self-control, patience and dignity. After the 2011 earthquake and tsunami in Northern Japan, the spirit of *gaman* helped affected communities to come through the most incredible devastation and personal tragedy. However, its shadow side is that if a Japanese person talks about personal problems it can be perceived (by other Japanese people) as weak and self-indulgent. Suffering is best countered with stoicism.

This makes counselling a culturally difficult concept for the Japanese. How, I asked

'If a Japanese person talks about personal problems it can be perceived as weak and self-indulgent. Suffering is best countered with stoicism'

a Japanese psychologist, did he encourage his clients to talk about their problems? Yes, it was a very difficult area... he wasn't sure that he would find it easy to talk to anyone himself. And then, after another long pause, he added that suicide was a particular problem in Japan.

Over the last decade, there have been more than 30,000 suicides a year in Japan, and approximately two thirds are men. In Japan suicide can be perceived as 'honourable' – taking, not abnegating, responsibility. The current economic hardships have given birth to a new term: *inseki-jisatsu*, or 'responsibility-driven suicide', when debtors, mostly men, take their own life so their family can claim on their life insurance. It used to be a condition that there would be no payout if someone committed suicide within one year of taking out life insurance. Suicide figures spiked after a year. When the time period was increased to two years, suicides spiked after two years. There just isn't the same stigma around suicide as there is in the West. Perhaps this is also related to the Japanese sense of the transitory nature of life, and Buddhist concepts of re-birth?

My clients, by virtue of being English speaking, most often come from the expatriate community, or are 'returnees' to Japan.

They have their own sets of problems. Japanese people who have lived overseas can find it hard to fit back into society; inevitably their perspective on life will be a little different... and this is particularly hard when society tends to value sameness over diversity, uniformity over difference. For a young person desperate for affirmation, this can be doubly difficult.

Also the working culture in Japan can come as a shock to expats and their partners. Working hours tend to be much longer than in the West and, on top of that, there is the culturally expected after-hours socialising. This can result in the non-working partner being left on his/her own several evenings a week, which, coupled with children settling into a new school in a different country, can place significant strain on the relationship. I think expat men married to Japanese women tend to have it a little easier as Japanese women more easily accept that husbands work and play hard, while they have the main responsibility for home and children. But modern mixed marriages pose their own problems, particularly if each person in the partnership has different cultural expectations.

In the end, despite all the differences, I think the answer is much the same as everywhere else in the world: to think, develop awareness and problem-solve. My challenge as a counsellor is going to be to find a culturally sensitive way to support clients in doing this. ■

Sara Hitchens has lived and worked in Spain, France, Pakistan and Japan, and has a particular interest in cross-cultural issues.

In the client's chair

Starting a new chapter

Dimitra

I am a Greek student, living in Athens, where I have just finished my first degree in early years education at Akmi Metropolitan College. During my studies I had two courses of counselling, each lasting a couple of months, to help me overcome my phobia and anxiety.

I was very anxious and stressed when I started counselling, and as a result both my quality of life and my academic performance were deteriorating. Part of my problem was that I had a phobia of pigeons. In Athens there are pigeons almost everywhere and my phobia meant that I was avoiding going to certain places and most of the time needed someone with me in case a pigeon made its appearance. I couldn't go out with friends to places where they might appear, and I was having mild panic attacks.

In Greece counselling is not very popular and people are hesitant about trying it. I think that generally they consider it a taboo. Many students still believe that you must be ill, crazy or deficient to seek counselling help, and they are afraid of being seen as such by others. Even though confidentiality is guaranteed, students still do not seek help.

My counsellor was very friendly, genuine and open to me and I developed a very good relationship with her. She always listened very carefully to my problems and concerns. She taught me a lot of useful techniques that have helped me to manage and reduce my stress, such as controlling my breath and relaxation. I also learned how to make anxiety productive and to distinguish between negative and positive stress. Importantly, I learned that

avoiding my phobias is a way to 'feed' them and that it helps them grow.

We talked about ways of facing my phobia and my counsellor set me tasks, such as going to a place where there are pigeons and staying for several minutes, and gradually increasing the time. We also talked about the mechanism of stress and the biological, psychological and social factors that are involved. We did guided imagery and progressive muscle relaxation and my counsellor demonstrated very useful exercises that I could practise at home. I have found these very helpful. After the counselling sessions, mostly I felt happier and more relaxed, even if we had talked about things that I found difficult.

The final session was dedicated to looking back on the course of counselling. We talked about my experience of the whole counselling process, the reasons I had come to counselling, the areas I wanted to develop, and how stress was preventing me from being in touch with my potential and believing in myself. We also talked about the changes that were occurring in me and in my life and what I had done to achieve these changes.

My counsellor suggested I make a representation of the course in any way that I liked – for example, a painting, or making a personal map and marking the stages that were particularly important and

'I think that having a friend who has had counselling and has found it helpful can motivate others to give it a try'

life-changing for me. I was moved and very proud that I had had the courage to try counselling, something new for me, and deal with my fears. I also had mixed feelings of both sadness and joy since, as my counselling was coming to an end, so too was a stage of my academic life. Many chapters in my life were closing, and I had still not opened the new ones.

Counselling has helped me a lot; it is not an exaggeration to say that I have seen dramatic changes in my life. I am aware that I manage my stress issues more effectively, and the same holds for my phobia: I can now be in a place where there are pigeons. I also feel more confident in unfamiliar situations and I have learned that asking for help and using available resources is very important. Being able to deal with life's challenges without feeling anxious has helped me in many areas of my life, such as in my academic progress. I learned a very important thing, which is that the best way to face your phobias is not to avoid them.

As for my future, I haven't thought in depth about it yet. I have just successfully completed my BSc and I intend to continue my studies on a postgraduate MSc business programme. I am now more confident and believe that I have the academic and personal skills necessary to have a satisfying academic and personal life.

Looking back, I feel that counselling has taught me important life lessons, and I have suggested the counselling service to some of my fellow students as I think that having a friend who has had counselling and has found it helpful can motivate others to give it a try. ■

Learning to honour my client

Archana Ramanathan

I grew up in a traditional Hindu family and had many influences from Hindu religious beliefs and mythological stories in my early life. As I got older, I began to question many of the norms, rituals and traditions, especially the ones that I believed were unfair to women. As a young girl, being independent and rational enabled me to live the way I wanted to, and my family helped nurture and foster those values. Today, having had exposure to many countries and cultures, I have built a new relationship with my own culture and traditions, embracing what I like and discarding what I don't care for.

Before I started training as a counsellor in Bangalore, I had worked for several years in the technology industry. I was feeling listless and disengaged with my work and was looking for direction. I felt convinced that training as a counsellor would bring me closer to myself and enable me to help others. What I was not quite prepared for was that, before I began to learn anything, there was much unlearning to do.

When I started out as a trainee counsellor, I realised that counselling is really at a very nascent stage in India. In urban areas there is a relatively better awareness but it is still not very prevalent. It is largely seen as a measure to take only when in a crisis.

And when my very first client walked into the counselling room, it was like being caught in a storm. She spoke relentlessly. A 40-year-old single mother, she had been living with her own mother, who had died a few days before. She came seeking help with her career

'What I was not quite prepared for was that, before I began to learn anything, there was much unlearning to do'

and refused to talk about her mother. Her life, in a large extended family, was full of upheaval: abuse, financial hardship, job instability, ill health and homelessness. I felt swamped by her story, but gradually I saw I had to hold the storm and give room to her torrent of words. This was her space. When she came in for the third session, she looked calm and fresh in a traditional sari and had jasmine flowers in her hair. She spoke gently of her mother; she had given herself permission to grieve. And I was face to face with my own grief as well.

Then there was the young woman of 25 who had found her way from her rural village, where she had lived all her life, to a shelter in the city after being banished from her home by her husband and his parents. She was working in one of the burgeoning city malls to provide for her children back home. She spoke of the incidents that led to this, her struggles to make a living, and her husband's HIV, which was a closely guarded secret. She quoted eloquently from the epic *Ramayana*,* about 'Sita' and her struggles, and drew a parallel with her own life. I was overwhelmed, shaken and enraged all at the same time. She came from a religious faith, culture, language, socio-economic and educational background that were different to mine, and I wanted to help her change her life and empower

her. But I had to fight my views and stay with her current 'here and now' crisis. It was a hard battle; I had to learn to honour her need first.

My supervisors helped me see what I was doing well, where I was stumbling, and how much of my 'self' could be playing out. It helped me take those issues back to my personal counselling, which was mandatory throughout my entire training. When I sat as a client, I recognised what it might feel like for anyone to be in that chair. I was opening up to my vulnerabilities and it became my space to talk. This became the birthplace of my personal journey.

My clients have offered me many glimpses of their lives, struggles, hopes and dreams. I have had poignant moments of fulfilment, and doubtful moments of fumbling and failing. Each one of these experiences has raised questions for me about how I view my own cultural identity. I have felt the need to educate myself at times and also to confront my assumptions and prejudices. It is an ongoing journey to learn and adapt my skills to the unique cultural identity of my clients. Yet there is always the mirror that clients have held up to me when they leave the room, and I catch a glimpse of myself. It makes me believe that I can touch their lives as they have touched mine. ■

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** The Ramayana is one of two great epics of India and depicts the duties in relationships, such as the ideal wife or father.*

The researcher

The global researcher

Lynne Angus

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While presenting a paper at the International Society for Psychotherapy Research (SPR) conference in Brisbane, Australia in July, I had a sudden realisation that, at one point or another, I had been a research collaborator with each of my co-presenters on the panel, who in turn represented a United Nations of different cultures: Argentina, Canada, Chile, Denmark... Their psychotherapy orientations were similarly diverse, as were their research methods and fields of interest.

As a Canadian, my participation in an international organisation such as SPR has provided me with an unparalleled opportunity to learn from practice-informed researchers and research-informed practitioners from all around the globe. They, in turn, have shaped my investigations into the contributions of narrative and emotion processes to effective treatment outcomes¹ and directly informed my work as a psychotherapist,² clinical supervisor and workshop facilitator. Perhaps even more importantly, it has allowed me to form special friendships with colleagues around the world.

It is clear to me that a crucial element of my own development as a psychotherapy researcher and practitioner has been my ongoing engagement with this international community of psychotherapists.

In particular, participating in SPR has afforded me a rich opportunity over the past 20 years to develop collaborative research partnerships in many countries.¹ In turn, when Les Greenberg and I co-developed the York I Depression Study transcript database at York University

in Toronto Canada,¹ we had no idea it would spawn a host of international research collaborations with SPR colleagues, culminating in the publication of a Special Section of *Psychotherapy Research* in 2008.³

Similarly, Michael Barkham managed to assemble a cohort of 12 colleagues from the USA, Canada and the UK⁴ to address the important question of whether therapists in randomised controlled trials achieve superior outcomes to clinicians in community-based practice settings. This study provides an excellent example of the benefits of developing international research relationships for the completion of broad-based clinical studies in the UK.⁵

Interestingly, the results of Michael and colleagues' study showed only a modest advantage (12 per cent) for randomised controlled trials even though the practice-based community samples often included more psycho-diagnostically complex clients, who are under-represented in research clinical trials.

As well as supporting the development of collaborative researcher networks, an increasing focus of psychotherapy research organisations such as SPR has been the engagement of clinical practitioners in the development of international

research programmes addressing real world issues affecting client engagement in psychotherapy and treatment outcomes. For instance, David Orlinsky and Michael Helge Rønnestad⁶ have spearheaded an SPR research collaboration focused on 'the person of the therapist'. This has resulted in the creation of an international consortium of over 10,000 therapy practitioners and researchers, who all took part in a comprehensive, cross-cultural investigation of therapists' core values, attitudes, satisfaction and challenges in clinical practice around the world.

More recently, a special interest group focusing on the investigation of practice-informed research questions around clinical supervision and training has emerged within SPR, with broad participation by both clinical practitioners and researchers. This special interest group will be hosting a meeting at the UK Chapter of the Society for Psychotherapy Research conference in Oxford, 12–14 September. As keynote speaker for that conference, and a past president of SPR, I encourage all counselling practitioners interested in supervision and training research to join us.

From my own experience, such events provide a unique opportunity to form lifelong friendships with colleagues who engage in different therapy approaches, research interests and cultures. That is for me what is so very special about being part of an international research society such as SPR, and I hope it will be for you too. ■

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A crucial element of my own development has been my ongoing engagement with this international community of psychotherapists'

Rebuilding broken communities

Catherine Jackson asks how, post-conflict, Western aid agencies can best support traumatised people to overcome the psychological damage and rebuild their shattered communities and lives

'You know the most important thing if you are taking care of someone is to give someone hope... What I went through, it was for the benefit of the community. So I carry what I went through to help this one... that is why we want to introduce courses whereby some of them who were abducted can do a course, to do a profession, to have something for the survival for your family.'

Mary (a pseudonym) is 37, which makes her an 'elder' in her community. She is a survivor of the 23 years of brutal internal strife, abduction, killing and rape unleashed in Northern Uganda in the mid-1980s by Joseph Kony's Lord's Resistance Army (LRA). Some 25,000 children were abducted during the conflict. Boys were forced to become child soldiers and terrorised into committing terrible atrocities on their own families and communities; girls were raped and killed or forced to become wives of LRA commanders. The civilian population was caught between the LRA fighters and the government forces; some two million people fled their homes to overcrowded IDP (internally displaced people) camps that became, effectively, open prisons, their inhabitants too scared to leave lest they be killed or abducted.

Mary is a peer counsellor trained through a Western humanitarian aid programme to provide group and one-to-one psychosocial support to the people in her community, many of whom are still suffering post-traumatic stress from the toxic legacy of the war and the horrors they experienced and witnessed. She is one of six psychosocial support workers interviewed by counselling psychologist Claire Marshall for her doctoral thesis. Marshall believes

psychologists could and should be doing much more to contribute to humanitarian interventions in low- and medium-income countries (LMICs) torn apart by civil war, invasion and natural disasters. Her study sought to explore what people delivering psychosocial support felt about it, how useful it really was and how relevant it was to their cultural context and environment.

There is certainly a need. A recent WHO study of 21 LMIC countries found widespread psychological trauma: more than 10 per cent of people reported witnessing or personally experiencing violence, accidents, exposure to war, or trauma to a loved one. Some 3.6 per cent of the world's population suffers post-traumatic stress disorder (PTSD) in any one year, the same study showed.

But research into the benefits and outcomes of psychosocial humanitarian interventions is rare. International guidelines on how to address mental health needs in humanitarian aid packages have only been available since 2007, when the IASC (Inter-Agency Standing Committee) consensus *Guidelines on Mental Health and Psychosocial Support in Emergency Settings* were produced by a coalition of aid agencies. In July this year WHO published guidelines specifically on *The Management of Conditions Specific to Stress*. Says Mark Jordans, Head of Research at the Dutch aid agency HealthNet TPO: 'Psychosocial care is in the system now. Most acknowledge that it should be an integral part of any aid package. But the research into what works is marginal compared with high-income countries, of course. There are some reviews and summaries

of evaluations but not a lot and there is a lot to be done.'

Network for Africa (N4A) is a UK-based charity that works with post-conflict communities in Rwanda and Uganda, providing training to local people to deliver psychosocial support to their peers. In Uganda, their work has been focused on Patongo, a camp for IDPs in the north, near the border with Sudan. Once a small farming community of 6,000 people, it had become home to some 65,000 Ugandans by the time the war ended in 2006, when the camp was closed and people began to drift back to their homelands or were encouraged to move to the satellite villages being established locally. With a population of around 28,000, it is now the administrative centre for the district.

Some 83 per cent of the people in Patongo witnessed torture; 73 per cent witnessed killings. Some were away from their homes and families for 10–15 years. When they came back they might be ostracised by their community. Women might have returned with a child fathered by an LRA fighter. The men still feel ashamed and guilty about the terrible things they were forced to do by the LRA; suicide rates are high. 'They feel alone and can't connect with anyone. They don't understand why this has happened to them and their emotions are bottled up. This has led to a lot of problems with alcohol. Partly it's because the men have nothing to do. The women do it all. But, when you ask them, they say they drink so heavily because they want to forget,' says Sophie McCann, N4A Executive Director. 'Network for Africa tries to get to places where humanitarian aid has pulled out and development aid has come in, where there is often a gap.



‘There is increasing awareness in the humanitarian aid community that trauma counselling and psychosocial support are needed but it is very underfunded and it’s not seen as a priority’

There is increasing awareness in the humanitarian aid community that trauma counselling and psychosocial support are needed but it is very underfunded and also it’s not seen as a priority, partly because mental health problems are often difficult to identify and the benefits of counselling can be quite hard to record. So the emphasis is on rebuilding houses and schools, providing water, health facilities. But the invisible health needs are neglected. We focus on psychosocial support and unlocking people from the paralysis that trauma can cause.’

Overwhelming problems

Barbara Bauer, a US psychologist, first came to Patongo with her colleague, counsellor Shelly Evans, to offer psychosocial training in 2008. They had previously worked in Rwanda and brought to Patongo the model of peer counselling that they developed with the displaced and traumatised people there. ‘We started by teaching them simple trauma interventions: listening skills, relaxation techniques, how to hear people and let them talk about their experiences, the use of imagery, some techniques for helping to contain nightmares. We said we would train 40 people and 40 people came, then 50, then 65.... We had people lining the walls; it was overwhelming. So we decided instead to select a smaller number to be our advance group,’ Barbara says.

It is this group of 26 people, equal numbers of men and women and representing younger and ‘elder’ age groups, that still delivers psychosocial support across Patongo and its satellite villages. But what they offer has evolved far beyond the trauma counselling brief.

Barbara and Shelly return regularly to Patongo, for several weeks twice a year, to help the psychosocial workers update and extend their skills. In November they will make their 10th visit. First they added training in leadership skills, then conflict resolution, because land disputes have become a major source

of contention as people return to their homes to find natural boundary markers and local knowledge have been wiped out. Then they addressed domestic violence, and gender-based violence more broadly – both major problems in Patongo. An even greater problem is alcohol – Uganda has the highest per capita consumption of alcohol in the world, and in Patongo it has the additional deadly effect of making people blind due to contamination from the metal containers in which the alcohol is brewed. Drug abuse is also common. As elsewhere in Africa, there’s widespread HIV and AIDS, and the counsellors needed to know both how to educate people about prevention and also to ensure they continued to take their medication. Family planning was another important issue in an area where polygamy is common and men may have two or three wives and 12+ children.

‘Our initial reaction as therapists was initially to be overwhelmed by the scale of the problems. We didn’t know where to start. Do you deal with the domestic violence? But then you had to deal with the alcohol, and if you want to deal with the alcohol you had to address the trauma too. Everything is interlaced,’ says Barbara.

‘Every time we go we meet with the counsellors and continue their training. In the interim, we have set up peer supervision and they meet together to talk through the issues and problems they are facing. All our training materials have been written and translated into the local language, and they do additional training among themselves, reviewing what we teach them when we come. We have a unit on “Helping the Helpers” and how you avoid getting overwhelmed. All our counsellors are paid. It’s a small stipend but to have any income at all is a good thing in Patongo.’

The counsellors mainly work in pairs, one male and one female, bicycling out to the villages to run groups of up to 30 people. They also offer one-to-one counselling and advice if needed, on

a huge range of practical, social and psychosocial issues. Sophie McCann says they are currently seeing some 840 people through the groupwork and over 1,000 people have received individual counselling in the past six months. ‘We’ve also been doing advocacy radio broadcasts to encourage people to access the counselling centre and to raise awareness of what trauma and counselling are.’

In 2010, with the support of N4A, the counsellors formed themselves into the Patongo Counselling Community Outreach (PCCO) and opened a counselling centre in ‘downtown’ Patongo, where people can come for individual counselling. ‘My thought was that no one would come because no one would know what it was all about but, as our counsellors go out to the villages and the word spreads that they really can help, people are coming into the centre and asking to speak to a counsellor. It’s really catching on,’ says Barbara.

Rebuilding the community

Claire Marshall’s interviewees had a very clear understanding of the problems afflicting ravaged, displaced communities like their own, their origins and the need for people to rebuild a sense of community and autonomy, to move on from dependency on outside aid organisations.

They had ideas too about how to address the problems using methods very like Western psycho-education and groupwork techniques. The psychosocial support should be delivered by local people, trained by ‘experts’ like Barbara, Mary argued; it was important that communities should not be reliant on Western counsellors parachuted in. Ocan, a 27-year-old man, talked about traditional ways of rebuilding community resilience using dance, drama, song and spiritual faith: ‘... resurrection of the cultural gathering... traditional dance... When this kind of dance is organised I think even the children will learn about the

‘When people say we are imposing Western ways of coping with problems, we argue that we are tapping into something that had existed but has been erased by war and genocide’

culture. Unity will come in. Socialisation will also develop. People will feel that they are really busy, they are committed, instead of one being idle or being isolated, thinking about something that has happened to his or her life,’ he said. But it would take time: ‘It is not an easy task. You cannot get finished tomorrow.’

Mary wished the support had been available sooner, when the people first came to the camps: ‘...the culture had really been destroyed when we were in the camp... Respect for our parents was lost... Your father is so drunk here and talking abusive words... Fathers started sleeping with their daughters, their relatives, incest – something that was not happening previously in our villages... everything was changed,’ she said. ‘Of course the teaching of hygiene promotion was there – “Keep your toilet clean, keep your house” ... there was anger, domestic violence, people would fight, you know, all these things. If there was counselling going on, a group counselling within the camp... but there was nothing like that.’

Interviewees described the steps being taken already to rebuild their community. One woman, Ayaa, had set up an orphanage: ‘These children are the future generation... I want to help this generation,’ she told Marshall.

David described how the women in his community have formed small self-help groups that provide both emotional and practical support: ‘... they are being counselled together and then they are also being taught to save money whereby every Sunday, at least one day in the week, they would be saving money... So the women have become very, very responsible.’

‘We know what works from our research in the West but we have to be open to the fact that this is a completely different context,’ Marshall says. ‘My sense from the interviews is that they needed to restore their community narrative and they needed to do it in their own way. If we do not respect and work with that, our interventions risk

becoming another imposition packaged up as charity.’

Sophie McCann at N4A echoes this understanding: ‘People’s traditional coping strategies have been completely lost in the camps. Families have been split up, elders have been killed. The knowledge that would have been passed down from generation to generation has been lost. So when people say we are imposing Western ways of coping with problems, we argue that we are tapping into something that had existed but has been erased by war and genocide. These communities have always had their wise women, their elders who meted out advice and justice in disputes; it happens in all countries and communities; what varies is how formal and structured it is.’

‘In Patongo we haven’t found anyone who isn’t appreciative of what we are doing,’ says Barbara. ‘We’ve had numerous requests from other villages wanting counsellors and training because they have seen the difference it makes. They hear that so-and-so was suicidal and they saw a counsellor and they are still alive and they want some of that too. The counsellors are telling us that they are using what we have taught them and that they are working with returning soldiers and young mothers and having some pretty good successes with it.’

What works when

N4A is now turning its attention to poverty, another legacy of trauma and the war. It has been helping the Patongo counselling groups to set up group savings and loans schemes; the peer counsellors have been trained to support small income-generating projects; a project to support people living with HIV to run a small dairy farm is under development and N4A is exploring microfinance schemes to help women set up agricultural enterprises.

‘Addressing trauma through psychosocial interventions has started the process of regenerating the community,’ Barbara Bauer argues. ‘When I was with *Medécins Sans*

Frontières in Nepal doing similar work with traumatised women, we found they were much better able to take advantage of the vocational skills training, microfinance and other programmes if their trauma was addressed first.’

That people traumatised by war and sexual violence may first need help with the psychological effects before they can start to rebuild their lives makes intuitive sense. A recently published study of a programme in Democratic Republic of Congo provides convincing evidence of the benefits.¹ The study was conducted by researchers from the Johns Hopkins Bloomberg School of Public Health and the University of Washington with the International Rescue Committee. It compared two groups of women drawn from several villages in eastern Congo. Half were offered a 12-week programme of cognitive reprocessing therapy (CPT) and half received individual psychosocial support, both delivered by trained local ‘paraprofessionals’. Just over half the 400 women in the study completed the programme. Both groups benefited from the interventions but the women who received the CPT benefited much more: six months post-intervention only nine per cent of the CPT group still had symptoms of anxiety, depression or PTSD, compared with 42 per cent of those who received individual support. The researchers say that this demonstrates that interventions developed in the West to help traumatised people are equally effective in low-income countries with little access to qualified mental health professionals.

HealthNet TPO has amassed a large body of research on the effectiveness of humanitarian psychosocial interventions in LMICs from its involvement in projects in both Africa and Asia. Mark Jordans says their evidence supports a different approach: that trauma may not necessarily be the priority in a humanitarian emergency. ‘There has been a lot of focus on trauma interventions and they have been found

‘So far, we have been unable sufficiently to address how to deal with whole communities that have been devastated. It is often easier to target individual problems’

effective to reduce traumatic stress symptoms, but the question not sufficiently asked is whether trauma and PTSD are the chief complaints we should be targeting, and at this point we think they are not,’ he argues.

He is emphatic that people’s trauma does need to be addressed. ‘We do need to be sensitive to the trauma and respond to possible PTSD problems but we find that trauma-related problems are only a small part of the difficulties people are suffering from. The latest research is showing that the negative impact of traumatic events on the mental health of people in an emergency situation is to a large degree mediated by daily stressors. If you ask people post-emergency what are their biggest concerns, it is dealing with daily stresses and hassles, including poverty or ongoing conflict or divisions in the community.’

These are the issues with which the people involved want help. ‘So far, we have been unable sufficiently to address how to tackle these social components, how to deal with whole communities that have been devastated. It is often easier to target individual problems within the community,’ Jordans believes. This is now an important focus of HealthNet TPO’s development work – a ‘community systems strengths approach’ that integrates community resilience-building with other humanitarian initiatives and programmes. ‘We are looking at ways to help communities rebuild community efficacy so they can take actions to address their social problems, because outside agencies should not and cannot address all these issues for them; our role is maybe to start the process,’ says Jordans.

Mental health gap

Another important finding emerging from HealthNet TPO’s work is that, while what they call para-professional counsellors – well-trained, well-supported local people delivering psychosocial interventions – are effective in tackling some of the mental health

problems in these communities, they are not enough on their own. People have been suffering severe mental illness before the conflict, and continue to do so afterwards. To address WHO’s ‘mental health gap’, what is needed is a ‘multi-layered’ system, covering the range of needs from health education and resilience building through family interventions, individual counselling and psychosocial support to medical care and treatment for children and adults with severe mental illness. And these systems of mental health care need to be embedded in the country’s own health care structures, to ensure sustainability. But with most LMIC countries able only to invest a tiny proportion of their public spending on health (let alone mental health), establishing such systems remains a major challenge. WHO has been seeking to address this through its Mental Health Gap Action Plan, first launched in 2008.

Another UK-based charity, BasicNeeds, has developed a model based on community development principles in a bid to fill this gap. It runs what we in the West would call peer support and recovery programmes, working with and through local partners and government organisations in 13 LMICs worldwide. BasicNeeds is concerned primarily with supporting people with mental illness or epilepsy in the world’s poorest countries where there are few if any psychiatric resources. Its founder and director Chris Underhill has a background in a farming, agricultural development and social entrepreneurship, which is reflected in the organisation’s model of intervention.

This has five ‘modules’: capacity building, community mental health, livelihoods, research and collaboration. It aims, put very simply, to ensure people with a mental illness or epilepsy are able to get a diagnosis, begin treatment, join a self-help support group and become well enough to undertake some kind of work to generate their own income and become part of their local community.

In the countries where BasicNeeds works, there may be just one psychiatrist for every one and a half to two million people. Volunteers do much of the work of identifying people who might need their help and supporting them to access treatment and move on towards recovery. With such a paucity of formal psychiatric resources, Underhill says the notion that they are exporting a Western medical model is laughable. ‘For most people, attendance at a clinic is only a small part of their monthly activities. Much of the work that BasicNeeds encourages is related to economic and social activity, self-help and advocacy inspired by and managed by people with mental health problems themselves.’ Some 80 per cent of participants have been able to recover or manage their symptoms sufficiently to start earning their living again, Underhill says.

While formal counselling or psychotherapy rarely if ever features in the projects BasicNeeds supports – ‘It’s hard to imagine one-to-one counselling in such resource-poor areas,’ Underhill says – the self-help groups provide a vital peer support function. ‘These groups are not overtly therapeutic; they are designed to help the participants save and provide credit to each other and to represent the views of mentally ill people in a given district, and in other social and civil activities. But these inclusive structures do help to make people feel less alone and more valued and, of course, working on issues that are important to them and their community is crucial to survival.’ ■

For further details about the projects in the article, see www.network4africa.org; www.basicneeds.org; www.healthnettpo.org

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How I became a therapist

Olga Lukina

Olga Lukina helps entrepreneurs in Russia break free from the life scripts they learned under the old Soviet communist regime

I was born in a small town near Moscow in 1969 and grew up in a typical Soviet family. My mother was a psychiatrist in a mental hospital for the long-term mentally ill, and I have powerful memories of being taken to work with her when she was on night shift, when I was about four or five. I was scared of the patients at first, but my mother taught me to respect their rights and emotional needs and to value them as people, as she did. Her attitude was radically different to the official model of Soviet psychiatry and from that early age I wanted to become a doctor.

I did my psychiatric training in the medical department of Patrice Lumumba International University in Moscow, living on campus with students from all over the world. This was unique in the Soviet Union as contact with foreigners was vigorously discouraged and the experience had a huge influence on me. Once qualified, I soon realised that the only treatment available to psychiatrists was to prescribe medicines, which reduced patients' symptoms but did not address the underlying reasons for their illnesses. At that time there were no such professions as psychotherapy or counselling in the Soviet Union.

I was really interested in working with such people, but I needed new skills and knowledge, so in the early 1990s I took a number of courses in clinical psychology and began to familiarise myself with foreign textbooks about psychotherapy and psychoanalysis. In Soviet time such books, including the works of Freud, Jung and many others, were banned



in the Soviet Union, so the only texts available were illegally translated copies that were privately distributed among trusted contacts.

Fortunately around this time British psychotherapist Jennie McNamara and her team were organising the first comprehensive and systematic courses in transactional analysis in Russia. For the participants, who ranged from clinical psychiatrists to senior professors of psychiatry, it was extremely challenging as they found themselves for the first time in the role of clients receiving psychotherapy. For the English trainers, too, teaching in English with Russian translators while being the participants' psychotherapists was not easy. Both tutors and tutees were true pioneers.

I have always been interested in inner freedom. The works and thoughts of Erich Fromm and Abraham Maslow greatly influenced my view of psychotherapy. I see it not only as a means of achieving emotional stability but also of helping develop people's abilities and self-realisation. About 10 years ago I noticed that more and more business people and entrepreneurs were coming to my practice and that, very often, problems in their businesses were actually connected to their personal limitations. What's more, these clients were asking

to continue with treatment after the initial problems were under control as they were interested in understanding how to avoid making the same mistakes again.

Many Russian business leaders were non-conformist 'rebellious' leaders in their earlier lives. From childhood they protested against the narrow strictures of the Soviet system and, by being non-conformists, gained emotional freedom. Russia today is dramatically different. The man in the street has as much freedom as his Western counterparts but, subconsciously, some of these entrepreneurs continue to break social rules and norms, creating problems in their businesses and private lives, because they remain prisoners of their old learned life scripts.

Working with these business leaders has become a mainstay of my practice in the past 10 years. In 2005 I founded the Institute of Integrative Psychotherapy and Coaching, enabling business leaders (and counsellors) to take courses in emotional literacy to help them understand their emotional and personal needs and how to manage and motivate their employees and thereby develop their businesses. I am glad that today opportunities are increasing for Russians to receive psychotherapy and so have the chance to improve their lives. ■

Olga Lukina is a Moscow-based licensed psychotherapist, in practice since 1995, with a PhD in Medical Science. She is also author of Business and/or Freedom, Бизнес и/или Свобода, published by МАИСТП in 2012 (available in Russian only).



The world is rapidly shrinking as the result of emerging new technologies but broad cultural gaps between countries still exist and, in my view, have a huge influence on people's attitudes and way of thinking. For example, in South Korea, my homeland, emotional coping mechanisms are very different to those in the West. As overseas travel for study and business increasingly takes Koreans to Western countries, including the UK, where ways of behaving and expressing emotions are very different, South Koreans can find themselves emotionally 'lost' without the supporting structure of their culture around them.

Take the example of a South Korean student, let's call him Kim, who has come to the UK to study. He is meeting his university tutor for the first time to discuss his study schedule. Kim is amazed when the tutor goes off to bring them both a cup of tea, and stands up immediately when the tutor comes back into the room. Throughout the meeting Kim nods compliantly, showing his highest respect, even when he disagrees with the tutor's proposed timescale for his studies, knowing that it will be unworkable for him.

This is a typical example of the behaviour of a young Korean student whose attitude has been strongly influenced by Confucianism. Kim's dilemma is that, in a different country, his meek behaviour may not work as it does in his own culture, since the tutor may assume that he has completely agreed with all he has said. In Korea, nodding politely doesn't necessarily imply agreement. Troubles may well occur later when Kim finally cannot cope with his studies and speaks to his Korean friends, who support his

view that his tutor never understood him. Kim starts to get worried that he may fail his course and the consequent disappointment of his parents. This anxiety stops him sleeping and he begins to avoid socialising and starts missing classes. These worries lead to him feeling depressed and even suicidal. At this point, he may well turn up as a client in the counselling room.

The suicide rate in South Korea is known to be one of the highest among OECD (Organisation for Economic Co-operation and Development) countries,¹ particularly among young people. One of the main causes is academic failure and young people's fear of being abandoned by their parents as a result.² This suicide risk is likely to increase when Koreans are exposed to cultural change and are unable to adapt to the new culture effectively. The Korean Government has recently taken initiatives to reduce the suicide rate, including the introduction of local school counselling centres.

Social and cultural expectations

To understand the Korean perspective on life, you have to understand the country's cultural background. Confucianism is an ethical and philosophical system developed from the teachings of the Chinese philosopher, Confucius, and has had more influence on Korean life than any other religion or philosophy.³ Underpinning Confucianism is a set of principles that define social relationships. The formula for expressing these is called the *samgang oryun* – the three bonds and the five cardinal relationships. The three bonds are sovereign and subject, parent and child, and husband and wife. The five cardinal relationships

are justice between sovereign and subject, closeness between father and son, separation of duties between husband and wife, order between senior and junior, and trust between friends.

There is a strong hierarchy in human relationships, according to Confucianism. In his book *Outliers: the story of success*,⁴ Malcolm Gladwell points out the communication difficulties that can arise as a result. On the morning of 5 August 1997, Korean Air flight 801 was descending towards Guam Airport. The pilot was making a visual approach, as the airport's glidescope was under repair. The first officer was getting anxious about the pilot having no back-up plan, despite the terrible weather. However, he merely hinted but did not say outright that they needed to prepare a back-up plan, because he was hierarchically 'inferior' to the main pilot. Even when a warning went off and the main pilot became completely confused, the first officer did not seize control of the plane. This tragedy shows clearly how difficult it is for a Korean person to escape his cultural conditioning, even when his life is in danger.

We-ness⁵ – that is, the predominance of collectivism in daily life – is another very important concept in Korea. In Korean language 'I' or 'you' are rarely used because of the lack of importance placed on the individual. Differentiating me from you is not important as we are in the same group. There is no such thing as *my* car; it is *our* car, even though I drive the car and use it for the family only at weekends. Revealingly, the Korean symbol for 'human' is two sticks leaning against each other. The priority lies not with the individual's interests but with the interests of the group to

When cultures collide

Iehyok Woo explains how South Koreans, used to very different ways of dealing with emotions, can struggle to adapt to Western culture *Illustration by Elis Wilk*

which they feel they belong, and anyone attempting to disobey the group's golden rules is regarded as a 'traitor' and removed. In Korea one of the most feared types of bullying is being treated as an outcast and ostracised by friends and peers; in extreme cases, victims who feel they do not belong choose to end their life.

In such environments, it is extremely difficult for individuals to express themselves for fear of challenging the group's authority, which would risk their membership. A common example is drinking after work. Work colleagues regularly meet for a drink in a restaurant after work. If you do not drink or turn up, you are regarded as someone who spoils good team spirit. More importantly, you must not refuse a drink offered by your boss because this would be considered highly offensive; it would adversely affect your reputation in your company and go against you in your performance report.

Han – a Korean emotion

An old Korean folk song tells the story of a woman who has been abandoned by her lover. After she is abandoned she wishes her lover a sore foot – a passive form of aggression, rather than expressing her anger and actively challenging his leaving. The woman's emotion, which so many Koreans connect with, is known as *Han*.

Han is an emotion that most Koreans would regard as being unique and differentiated from Western culture. 'It is a feeling of unresolved resentment against injustice suffered, a sense of helplessness because of the overwhelming odds against one, a feeling of acute pain in one's guts and bowels, making the whole body writhe and squirm, and an obstinate urge to take revenge and to right the wrong – all these combined.'⁶ Historically, Koreans have been in *Han*-provoking situations for a long time. They have suffered at the hands of foreign invaders

'In Korean language, "I" or "you" are rarely used because of the lack of importance placed on the individual. Differentiating me from you is not important as we are in the same group'

and experienced excruciating poverty. In the face of perceived international indifference, the total accumulated *Han* in Korea is enormous.

Typically, *Han* is evoked in situations where some injustice has been done to oneself. This injustice could be inflicted by a foreign power, on employees by their employers, on citizens by their government, on a daughter-in-law by her mother-in-law, on a wife by her husband, on a poor person by his rich neighbour – *Han* is anything that is perpetrated on a person/group and is permanently imprinted in their psyche as injustice. This specific emotional coping style not only protects Koreans from experiencing the negative effects of chronic stress, it has also built the character of Korean people, both nationally and individually.⁷

In extreme cases, those who are unable to accept their *Han* take their own life as a way of showing their anger and discontent. Others often develop a culture-bound syndrome known as *Hwa Byung* – a type of somatisation disorder that occurs when people are unable to confront their anger as a result of unfair conditions.⁸ The repressed emotions manifest as physical symptoms, which are acceptable to talk about in Korea, while the culturally 'unacceptable' underlying emotions remain safely hidden. Therefore 'digesting' one's suppressed anger is vital to a person's survival in Korean society.

Sometimes, however, those suppressed emotions are released; for example,

Koreans believe misbehaviour caused by drinking is an acceptable way of venting their anger.

Hwa Byung can be illustrated by the case of H, a married woman in her 40s, who has been working in a local market as a cleaner. She is the main breadwinner as her husband is an alcoholic who often becomes violent towards her, yet she has not been able to divorce him because she fears her two children would be subject to social ostracisation if they did not have a father. H has anxiety attacks, usually a couple of weeks prior to the festive season when she goes to her parents-in-law, where she is always reprimanded by her mother-in-law for not being able to cook or clean well. H has recently developed chest pain and headaches for which no medical cause has been found. One of the characteristics of H's *Hwa Byung* is complete denial of her extreme anger towards her husband and her frustration about her situation. These emotions have been transformed into physical symptoms, which now attack H herself. The rest remains in the form of *Han* in H's mind, which she is conscious of and which is safely accepted by her culture, both internally and externally.

H's *Han* may be resolved many years later by the success of her children, for whom she has endured hardships and sacrifices, since children often become the vehicle through which mothers cope with their *Han*.⁹ In East Asia children are expected to feel indebted toward their parents for all the devotion, indulgence, sacrifice and love that they have received from them.¹⁰ It is not unusual for Korean young people to feel guilty if they fail exams, thinking they have let their mother down and that therefore she will not be able to resolve her *Han*. In fact, there is a study suggesting that Korean students with guilty feelings achieve more academically.¹¹ When guilty feelings become too severe,

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however, young Koreans may get angry with their parents, feeling they have expected too much of them and put them under a lot of pressure. This hatred towards their parents may cause them to self-harm or sometimes even to take their own life as a way of retaliating by destroying their body, which their parents are trying to take control of.

Han in the UK

Jisu was a 19-year-old girl who came to the UK from Korea four years ago to study at boarding school, and had recently started a course at art college. Jisu's college mentor noticed her academic performance was lagging behind and she kept missing deadlines. Jisu admitted she was struggling to attend classes and revealed that she was having suicidal thoughts. Her mentor advised her to seek professional help.

During the first session of psychotherapy, Jisu reported difficulty in thinking or feeling anything except a constant wish to take her own life. Interestingly, this didn't make her anxious and she often dwelled on thoughts of how she would do it. When she shared her suicidal fantasies with her friends, they were shocked by how extreme they were and by how little she seemed to value her life.

Jisu's father was a successful businessman who, when drunk, often became violent towards his wife, Jisu and her sister. Jisu revealed her hatred towards her father, yet did not feel sympathetic towards her mother, who she believed had failed to protect both her and her sister. Since coming to the UK, Jisu had worked hard to get a place at art college. However, after she started college, she began to struggle to keep up with deadlines and lost confidence in her ability as she felt 'discriminated against' and 'neglected' by her tutors. She was unable to share her frustration with her mentor as she was worried that it would

'Revealingly, the Korean symbol for "human" is two sticks leaning against each other. The priority lies not with the individual's interests but with the interests of the group'

negatively affect her grades.

What drew my attention was that Jisu felt relieved after she got into art college but felt lost soon afterwards. It sounded as if she had worked hard to earn her parents' approval and love. She became disappointed when she saw her younger sister now getting more parental attention as she prepared for her 'A' levels. As her dream of regaining her parents' love was shattered, her frustration and anger built up, before she turned the anger towards herself. She felt compelled to abandon her parents by killing herself, which mirrored the abandonment she felt from her parents. Jisu spoke of her confusion about the different culture she encountered when she first came to the UK. She had felt isolated, had no one to talk to, had difficulty speaking English and could not tell anyone she did not like her school in the UK and wanted to go back to Korea because she knew how much her parents were sacrificing for her studies.

Jisu had become very self-critical of her academic failure, which was projected onto her mentor, whom she also regarded as being neglectful and unprotective of her, just like her mother. Jisu identified her mentor with her mother, whom she felt abandoned by and angry with.

Regular psychotherapy with me revealed her longing for her mother. Jisu was able to talk about her guilt at failing to rescue her mother, whom she came to see as a victim. Jisu became angry when she realised that parents

who were violent towards their children could be charged with a criminal offence and jailed in the UK. Being away from her father also made it possible for her to reflect on what he had done to her and her family. This provoked intense anger towards him and raised a dilemma because she was financially dependent on him for her studies.

Conclusion

We-ness and Confucianism both contribute to Koreans' strong obedience to authority and unconditional loyalty. *Han* is a Korean way of coping with intense anger and dealing with the emotions evoked when a person has no power to challenge an injustice. It encompasses various forms of self-punishment and strong negative feelings about oneself. When a Korean is exposed to a different culture, she has to re-evaluate her previous experiences in a new framework, which often provokes extreme anger and guilt. It also causes a strong resistance, which therapists often fail to understand if they are culturally unaware. This means it is important for therapists working with Koreans to bear in mind their strong wish to be heard but also their feeling that they cannot reach out for help. This poses enormous challenges when working with clients who have moved from one culture to another, especially if they are still establishing their identity in the course of their psychological development or have not accomplished this, for whatever reason. It is important therefore to be vigilant for signs of trauma resulting from cultural relocation. ■

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An illustration on the left side of the page shows a person in silhouette, wearing a backpack and climbing a large, red, textured mound that resembles a giant foot or a steep hill. The background is a solid green color. The person is positioned on the left side of the mound, reaching up with their hands and feet. The mound is a vibrant red with a grainy, textured appearance, and it sits on a yellow base. The overall style is graphic and artistic.

Out from the underground

Talking therapies, previously outlawed in Bulgaria, are making headway since the fall of communism but there is still a long way to go, writes *Nikola Atanassov* Illustration by *Elis Wilk*

Up until 1989 Bulgaria was a communist country with a Soviet-style totalitarian government. Now it is a parliamentary democracy and a member state of the European Union, but it is still a poor country: a significant proportion of the population lives below the poverty line and unemployment is high everywhere except in the capital city, Sofia, and the Black Sea region. In February this year social unrest, in response mainly to poverty and high electricity prices, brought about the resignation of the right wing Government and led to snap elections in May. Matters were so bad that the President, Rosen Plevneliev, called on all the country's faith leaders to hold three days of special prayer, after seven people set themselves on fire in protest at the poverty and corruption and five of them died.

There is a widespread discontent with the whole political system. In the newly elected parliament the majority belongs to the so-called 'Frankenstein coalition' between the Socialists (former Communists), the party of the Turkish minority, and its archenemy, the ultra-nationalist Attack party.

Totalitarian rule caused a slowdown in the development of Bulgarian society as a whole, and this relative immaturity is reflected in the immense difficulties accompanying the transition to democracy and especially in the spiritual and mental aspects of social life. It is in this context that the history and current status of psychological help in Bulgaria can be best understood.

Even before World War II, a small number of intellectuals in Sofia were interested in psychoanalysis and psychotherapy. Some Bulgarian psychiatrists created psychotherapeutic methods of their own, reminiscent of hypnosis and the cathartic therapy that Sigmund Freud applied before he

discovered psychoanalysis. However, psychotherapy and counselling did not develop in Bulgaria until the end of the 20th century.^{1,2} This was because during the Communist era psychology and psychotherapy were declared 'bourgeois science', incompatible with Marxist philosophy, and were banned from universities. Students have been able to study psychology at Sofia University since the early 1970s, but training in psychotherapy – and in any kind of clinical psychology – remained unavailable until the fall of Communism.²

Mental healthcare

In general, mental healthcare generally in Bulgaria is lagging behind much of the rest of the world. As mentioned, there was no psychology during the Communist regime and psychiatry was the black sheep of medicine. Bulgarian psychiatric hospitals were in a deplorable condition, and psychiatrists were regarded (and sometimes also regarded themselves) as second-rate doctors. When I started my professional career back in 1981 there were only four or five psychologists employed in psychiatric clinics, and only two or three of them had training in psychology; the others were graduates of other professions. Psychologists were asked to perform psychological testing, but not psychotherapy or any other psychological intervention, and patients were treated with medication only.

Unfortunately the situation has not changed very much today. Some of the psychiatric hospitals are reminiscent of 19th century asylums, and the number of psychiatrists is decreasing. The number of clinical psychologists and clinical social workers has remained as small as it ever was. As a rule, a state psychiatric clinic will employ one clinical

A day in the life

Inna Braneva describes her typical working day as a psychotherapist in Bulgaria

I have worked in Bulgaria as a psychotherapist since 2003. In my first year I had just three clients – by my seventh I was seeing two to four a week, including some long-term clients. Now, 10 years into my private practice, I work two or three days a week, seeing up to six clients a day.

When I began in private practice the hardest part was feeling that I was alone, without an organisation behind me. However I have the support of my colleagues, whom I have known for years since we trained together and who are also my friends. Together we have created a supportive professional community where we discuss and compare our experiences and also organise professional events.

My day starts at 8am. My first client is a 44-year-old married man with a successful career. He initially came to see me with ‘family communication’ problems but after a couple of months he reformulated that to ‘something is missing’ and we focused on his childhood and experience of growing up. Because of his work we moved the therapy sessions to the evening but after three sessions he asked to go back to mornings because he said in the evenings he was too tired and couldn’t cry.

My next client is a 27-year-old woman with psychosomatic problems and panic attacks. She lives with her parents, which is not unusual in Bulgaria, and has two university degrees but, because of the panic attacks, cannot work. She seems to take pleasure in declaring, ‘Nothing good happens in my life so why did my parents bring me into the world, knowing that?’ During the therapy session she is angry, emotional, self-deprecating. She wants me to try to convince her that the opposite of what she says is true and when I don’t do this she vents her anger towards me.

10am is reserved for a client from the Roma minority ethnic group. The Roma, or gypsies, live in close communities and follow their own traditions. They carry out many of the low-skilled jobs such as street

cleaning in Bulgaria. My client works in a hospital as a cleaner. Caught between the pressures of her culture and her teenage son, she comes to me to talk about books. She reads a lot and tries to offer some books to the patients at the hospital, but the doctors there think her efforts are ‘all nonsense’. She just wants to be ‘useful’. I charge her a reduced fee of 30 per cent of the full rate.

At 11am I see a nine-year-old boy with a sleep disorder that started after the earthquake in May last year. The boy is very nervous. We talk about his earthquake fear and I offer to try a psychodrama technique with him – he will take the role of the earthquake and explore his relationship with it. After the role-play he is visibly more relaxed. I’m waiting for him to speak. Suddenly he starts to talk about his father, who is a driver and who often works away. He tells me that when his father comes back home his parents quarrel a lot. He talks without stopping. In his monologue I hear a request. I offer to meet with him once a week and to talk about the things that make him anxious. At the end of the session I invite the parents in and we all agree a therapeutic contract to work to and rules of confidentiality.

At 12.30 I rush off to meet my supervisor for our fortnightly meeting. In the afternoon I make my way to the day centre for children with disabilities where I conduct supervision once a month, and at 6pm I give a talk to parents in a kindergarten. I finish my working day at 7.30pm by preparing for a trip the next day to a nearby city where I carry out supervision at an institution for abandoned children and also give therapy sessions.

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psychologist and one clinical social worker. What has changed, however, is the involvement of private practices and non-governmental organisations in helping people in mental distress, to which I will return later.

According to Eurostat and the World Health Organization, Bulgaria has the lowest health spending per capita in the European Union. The spending on mental health is about two per cent of the health budget – much lower than in other countries. So, although the mentally ill receive high quality medication, there is an almost complete lack of other forms of care such as psychotherapeutic support, social services, day care centres etc. In fact, many psychiatrists, even when working in private practice, would not refer their patients to a psychotherapist.

In the same vein, governmental institutions seem to be unaware of the existence of counselling and psychotherapy: there is no government funding for these activities and nor are they covered by health insurance.

Developments in psychotherapy

Despite this unfavourable situation, psychotherapy and counselling have managed to undergo rapid development, particularly during the last 10 years. In 2013, thanks to efforts by mental health professionals, the National Classification of Occupations, issued by the Ministry of Labour and Social Care, for the first time included ‘psychotherapist’ as a recognised profession, alongside ‘family and marriage consultant’ and ‘child and adolescent consultant’. However, there are still no training programmes for counsellors, and among mental health professionals counselling is regarded as one of the services offered by psychotherapists, psychiatrists and clinical social workers. Some therapy organisations, such as the Bulgarian Association of Cognitive-Behavioural Psychotherapy, offer training courses for counselling that are shorter versions of their psychotherapy training (eg 600 hours instead of 1,200), but they are only open to people with a relevant degree in, for example, psychology or social work.

In 1989 there was not a single psychotherapist in Bulgaria trained to any recognised standards. In the 1990s several psychotherapeutic schools sprang up in the country looking for people interested in becoming psychotherapists. They found themselves on fertile ground because there was already a group of young professionals who had been practising

‘In Bulgaria if you call yourself an “extrasensory healer” or a “clairvoyant-psychotherapist”, you stand a good chance of attracting more clients’

psychotherapy ‘underground’ since the late 1970s³ and were ready to start their training. These professionals, of whom I was one, included psychologists and psychiatrists working in psychiatric clinics. We had no proper training in psychotherapy, relying instead on books and peer supervision, and sporadic meetings with Western psychotherapists. Each Friday we would meet to discuss clinical cases and theory. We worked mostly with patients from the mental health clinics, but the psychotherapy was not ‘officially’ prescribed to them and was not included in their medical records.

Today we have training programmes in the following approaches: psychoanalysis, Lacanian psychoanalysis, group analysis, Jungian analysis, cognitive behaviour therapy and systemic family therapy. Humanistic therapies include psychodrama, body psychotherapy, positive psychotherapy, brief psychotherapy and music therapy.

Gestalt therapy and transactional analysis are the latest developments. Training in these approaches started just a couple of months ago. Although there are some individuals trained in the person-centred approach of Carl Rogers, there is no training programme yet in this modality. Other methods practised in Bulgaria are hypnosis, NLP and transpersonal psychotherapy.

This flourishing of newly-fledged training programmes should not, however, lead to the deceptive conclusion that at last there are enough psychotherapists in this country. In fact fewer than 100 therapists have finished their training, and the country needs many more.

Today talking therapists – psychotherapists, psychologists or clinical social workers in their capacities both as psychotherapists and counsellors – work predominantly in the private and the non-governmental sectors. As well as individual and group practices there are also a number of private clinics and non-governmental organisations working with drug addicts. Drug addiction is probably the most severe mental health problem in Bulgaria, at least in terms of the number of people affected. There are also centres dealing with family violence, battered women and victims of political persecution. These non-governmental organisations employ more clinical psychologists and social workers than the state mental health system, and they also offer counselling services as well as psychotherapy. There are also a few university counselling centres, such as at the American University in Blagoevgrad.

The number of psychologists in schools is slowly increasing, and some kindergartens, too, employ psychologists. ‘Schools for parents’ – educational forums where qualified psychotherapists teach parents about the psychological aspects of the parent-child relationship and the possible psychological problems that may arise – are becoming more and more popular.

During the last couple of years the health system and the state system of social services too have become more open to psychological services.

There are many children in institutions in Bulgaria. They are mostly orphans and abandoned children but also children with severe disabilities such as Down’s syndrome or cerebral palsy. The living conditions in these institutions are sometimes appalling. In the Communist era, the prevailing attitude was that such children should be kept away from the rest of society and remain ‘unseen’. In recent years some psychotherapists and clinical social workers have drawn attention to the fact that these children are suffering psychologically and need help. The Bulgarian Government has now put forward a national strategy, part EU-funded, aimed at closing down the institutions and providing the children with the opportunity to live with foster families or adoptive families, if possible.

Psy-stigma

Psychotherapy and counselling have increasingly attracted public attention, partly because of growing media coverage and the numbers of internet sites dedicated to psychology and mental health, but also because many mental health professionals have been and are involved in the realisation of various projects sponsored by the European Union and other organisations. But it would be an exaggeration to say that the talking therapies in Bulgaria are well known to the public and easily accessible. There is a ‘psy-stigma’: everything beginning with ‘psy-’ is associated with shame. Many people think: ‘I am not crazy, why should I go and see a psychotherapist?!’ This equating of psychological problems with ‘craziness’ is partly due to the absence of psychology in the public discourse during the last decades. Obviously there are more people who know about psychotherapy in the capital city of Sofia and in the larger cities than in the small towns and villages, and people over 60 seem much less well informed than younger people.

Despite the progress in the professionalisation of psychotherapy,

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there are still many unqualified people who offer therapy or 'psychoanalysis'. Some of them don't even have a college education. However, in Bulgaria, if you call yourself 'an extrasensory healer' or a 'clairvoyant-psychotherapist' you stand a good chance of attracting more clients and setting much higher fees than a well-trained psychotherapist. Less educated people (and these are the majority in Bulgaria) would see an extrasensory healer in preference to a psychotherapist. Magical beliefs are common in the population. For example, an old blind woman who died in the 1990s was believed to be a clairvoyant and declared a saint. A church was erected near her home and is now a site of pilgrimage.

Standards and regulation

The only professional umbrella organisation for psychotherapy in Bulgaria is the Bulgarian Association of Psychotherapy (BAP). When it was founded back in 1993 it was called the Bulgarian Association of Psychotherapy and Psychological Counselling. This was because the founding members included some school psychologists and the idea was to create links between school psychology and clinical practice. Soon afterwards the Government for some reason decided to replace the professional title 'school psychologist' with 'educational consultant', with the result that many non-psychologists were appointed and many psychologists lost their jobs. Later on, after BAP became a member of the European Association of Psychotherapy (EAP) and adopted its rules, it removed the 'counselling' element from its name. The new name described it more accurately as the school psychologists had already left the organisation.

Nowadays BAP has more than 100 individual members – psychotherapists and psychotherapy trainees – and almost all psychotherapeutic societies representing the different modalities are group members. It holds annual meetings that attract hundreds of attendees. Besides forging connections within the psychotherapeutic community, its main goal is legislation to make psychotherapy a regulated profession.⁴ The legal drafting is in progress, and BAP is lobbying parliament in an attempt to ensure the legislation reflects its views. The legislation would include minimum standards for the training of psychotherapists, rules for the accreditation of training programmes, and requirements for the conditions for practising psychotherapy.

Other professional organisations open to counsellors and psychotherapists include the Bulgarian Psychological Society, which maintains a National Referral Bureau for psychological services; the Society of Practical Psychology; several psychiatric organisations, such as the Bulgarian Psychiatric Association, and a number of professional bodies for social work, the largest of which is the Bulgarian Association of Social Workers (BASW).

On the subject of fees, neither psychotherapy nor counselling are covered by health insurance; clients have to pay for therapy themselves, unless the services are provided within a sponsored project. Any free psychological counselling is offered predominantly by non-governmental organisations. In the last few years, however, it has become commonly accepted that victims of natural or man-made disasters, those injured in major traffic accidents and victims of school violence should get free psychological counselling as crisis intervention. So this has become probably the most conspicuous psychological activity from the point of view of the Government.

It seems quite likely that in the near future the number of those who wish to become counsellors or psychotherapists in Bulgaria will increase. There are a lot of training programmes already in place, but people refrain from applying for training because they fear they will not be able to earn enough to make a living if they work in this field. However, the professional identity exists, even if it is currently difficult to predict if counselling will assert itself as a separate profession, distinct from psychotherapy. In any event, we hope that soon the talking therapies will become regulated professions and that this will lead to further improvement of the quality of service and the image of the mental health field within Bulgarian society. ■

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Therapy Today.net

Visit TherapyToday.net to read Colin Feltham 'in conversation' with Nikola Atanassov.

Talking therapies in Singapore

Everyone is welcome here

Jeffrey Po, first President of the Association of Psychotherapists and Counsellors in Singapore, describes its genesis and aim to be a truly inclusive organisation

Singapore, my home, is a vibrant, multicultural, multiracial city, and I consider it to be a wonderful place to live and work.

But working life in Singapore is highly competitive. The urge to excel seems inbuilt within the Singaporean psyche, with the pursuit of money pervasive in most strata of society. Many would consider Singapore's pace of life demanding and stressful.

As a result, there has been an undesirable emergence of emotional, mental and psychological issues and a growing recognition of the need for greater counselling, psychotherapy, psychological and social work services.

With the exception of social workers, however, these professions are still unregulated by the Government in Singapore.

In Singapore counselling and psychotherapy are regarded as two separate professions. There are several separate professional associations for counsellors, psychotherapists and psychologists, but no one single organisation bringing them together.

Over many informal meetings in coffee shops at the end of 2011, I and some like-minded friends and colleagues discussed the possibility of having just such a single organisation. We decided that, rather than set up yet another exclusive professional body, we would create a more inclusive organisation. Our dream was to create an organisation for professionals and semi-professionals, with varying skill sets and from diverse related backgrounds and trainings, who could provide holistic services to those in emotional, mental and spiritual distress. They

would include counsellors and psychotherapists, and also hypnotherapists, early childhood therapists, play therapists, sand-play therapists, art therapists, and dance therapists, who might lack the traditionally accepted academic qualifications and clinical practice needed to join existing professional bodies. We hoped such an organisation could help them enhance their therapy skills and acquire further qualifications, as well as provide meaningful networking opportunities.

A pro-tem committee of 14 people was formed, the constitution drawn up, and in February 2012 the Association of Psychotherapists and Counsellors (Singapore) (APACS) was registered, with 14 chartered members.

The journey was not without mishaps and frustrations. Support and encouragement was in short supply, and there were those who jumped ship or for whom the original vision melted away. Many organisations and individuals expressed scepticism about the viability of such an organisation and stood on the sidelines, waiting to see how long we could last. Nevertheless, the remaining members weathered the stormy waters. Today, membership stands at 88.

APACS now has a Manual of Procedures and Code of Behavioural Conduct;

‘Our dream was to create an organisation for professionals and semi-professionals, with varying skill sets and from diverse related backgrounds’

it conducts counselling supervision courses accredited by ACA, the Malaysian Psychotherapy Association, the Asian Professional Counselling Association (Hong Kong) and the American Board of Medical Psychotherapists and Psychodiagnosticians; it publishes a quarterly in-house e-zine; it arranges monthly skills enhancement workshops; it runs bridging courses for members who lack the necessary academic qualifications to register as practitioners in counselling and/or psychotherapy. It also organises a quarterly membership networking event. In August we sent a delegation to the Third Asia Pacific Rim International Psychotherapy and Counselling Conference. And we are currently helping to start up a counselling and psychotherapy association in Indonesia, where none presently exists.

In February 2014 Prem Kumar, the current Vice-President, will succeed me. A visionary man, he hopes to take APACS to another level by connecting it with various institutions of higher learning. He also aspires to offer greater learning and career opportunities to members. APACS's long-term vision remains the representation of counsellors and psychotherapists nationally in Singapore. It is my firm personal belief that, in the end, organisations survive and prosper through their own internal dynamics and resources – in other words, their dedicated and committed members. ■

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A hunger for self-development

Nicola Banning describes the challenges facing counsellors and their clients as awareness of psychotherapy begins to extend beyond Pakistan's privileged middle classes *Illustration by Elis Wilk*

Pakistan is described in the *Lonely Planet* guide as 'one of the world's best-kept secrets'.¹ Unknown and unvisited by most people in the West, perceptions are shaped by a steady stream of news stories with little good to report. In a country renowned for its political instability, where 49 per cent of the population lives in poverty² and where there is no public health service, you might not expect to find the words 'counselling' and 'Pakistan' in the same sentence. But increasingly it seems that awareness about therapy is growing and the appetite for self-development among Pakistan's urban middle class is fuelling the gradual emergence of a counselling profession.

Nearly 30 years ago Professor Farah Ibrahim, specialist in counselling psychology and education, now of the University of Colorado, Denver, reflected on the pattern of other developing nations and envisaged the potential for counselling in Pakistan. She rightly predicted that, as the extended family gave way to the nuclear family and as society became more urban and industrialised, the demand for counselling in Pakistan would increase.³

For the urban middle classes able to afford counselling, the biggest obstacle to receiving it has been the lack of qualified counselling practitioners. Pakistani counselling trainees often access therapy while studying in the UK or US but discover, on returning home, that finding a good therapist is not easy. Meanwhile the most vulnerable members of Pakistan's society have little in the way of access to counselling support, other than that provided through the charities established by wealthy benefactors to help those in poverty.

A recent article in *The Lancet* drew attention to the scale of Pakistan's drug problem as one of the challenges the new government, elected in May this year, must face.⁴ It's estimated that there are 6.45 million drug addicts in the country and there is a growing need for treatment centres and hospitals equipped to address the problem and understand its links with poverty and abuse.⁴

It was this that led Abdul Allana, a businessman from Pakistan, to come to London 12 years ago to attend a residential diploma course on addiction, run by Lynne Kaye, Director of the Centre for Personal and Professional Development (CPPD), an established counselling training school in the UK. This meeting was the start of a relationship that continues to play its part in the development of the counselling profession in Pakistan. Having started Alleviate Addiction Suffering (AAS), a rehabilitation centre for some of Karachi's male drug addicts, Abdul saw a need to introduce counselling skills to his team of clinical psychologists, doctors and paramedics. He invited Lynne Kaye to visit Pakistan to provide some vital training on the subject of addiction and child abuse.

Counselling training

'I have never accepted an invitation from any trainee before but this one felt compelling,' says Lynne, who describes her first training experience in Karachi as 'utterly profound'. She explains: 'So many men were open about their own abuse as children; they did not hold back. There was an enormous humility, grace and openness; but the hunger for self-development among the people we met was absolutely overwhelming.'

Responding to this yearning for knowledge, CPPD has been delivering its own independent counselling training in Karachi since 2003, from one of Karachi's training venues. 'When we began offering counselling training in Pakistan there was no humanistic relational therapy training available to potential trainees,' explains Lynne who, along with fellow Director Jenny Sandelson, regularly travels to Pakistan to deliver the same part-time courses that they run in London at certificate, diploma and advanced diploma level. This year, for the first time, CPPD is running the same three-year BACP accredited training programme in Karachi that they have run in London, Malta and Northern Ireland.

'What has been most striking about trainee groups in Pakistan is their openness and enthusiasm for self-reflection and development,' Lynne says. 'There has not been an existing culture of therapeutic counselling training and the trainees have seized the opportunity to express their feelings.' A female lawyer in her 30s, now in training, believes: 'There is a huge need for counselling in Pakistan. There is a culture here of not talking about how you feel and constantly covering up what you feel. There is a lot of shame around topics such as sexuality, masturbation, abuse and not conforming to the "norms".'

Those accessing counselling or signing up for counselling training are predominantly urban professionals from the middle classes. 'Almost all the trainees have gone through university because education is so important in Pakistan. They come from the legal profession, or multinational companies, or they may be CEOs of charitable organisations, psychologists, teachers,



‘There is a huge need for counselling in Pakistan. There is a culture here of not talking about how you feel... There is a lot of shame around topics such as sexuality, masturbation, abuse and not conforming to the “norms”’

organisational or business trainers, physiotherapists and housewives (who are university educated). We have also had psychiatrists attending our training in Pakistan,’ Lynne reports.

Confidentiality and boundaries

‘In Pakistan our trainees know each other’s families, and their siblings, and may come from the same community. So if confidentiality was breached, it could have profound consequences, and lead to a rift or a break-up in a family,’ Lynne adds. Indeed, in the most extreme circumstances, it could endanger someone’s life. The groups are considered carefully therefore to ensure that siblings, relatives and spouses are not studying together.

As both clients and counsellors tend to come from the same sector of society, this can also pose problems for practising therapists. Atia Naqvi is a counselling psychologist trained with CPPD, with eight years’ experience and a successful private practice. Negotiating boundaries is one of the complexities she must continuously address in her work. ‘It’s a small segment of society who can afford counselling and so the likelihood of knowing someone is very high. Sometimes I work with someone for one or two sessions and then realise that they may be closely connected to someone who I know well. This can become very challenging in terms of how to manage the relationship with the client and I often need to refer clients on. This is a dilemma that happens a lot as a practitioner in Karachi.’

Farah Saeed, a counsellor and supervisor, describes how the cultural context in Pakistan has influenced how she has learnt to negotiate boundaries:

‘I don’t think in Pakistani culture the word “boundary” has a synonym. We have a rather staunch collectivist culture, where saying “It’s *my* life” is a crime and is mostly punished in the form of social isolation. The way we are raised, we are not taught to be on our own. Implementing boundaries with clients in this culture is a big challenge for me.’

Trauma is never far away and frequently emerges among trainees, who describe their experience of violence, muggings, car-jacking or of their loved ones being held at gunpoint. Says Lynne: ‘There is PTSD everywhere in Karachi. Almost half of the trainees in a recent cohort had been held at gunpoint and some three or four times. That speaks volumes in terms of what the trainees have to carry for themselves and, potentially, for their clients too.’

Counsellor Saira Shaikh reflects on the emotional fallout for her and her family when her father was held at gunpoint by burglars at home. It led to his breakdown and, with a lack of counselling provision in Lahore, he was treated with electric shock therapy and SSRI antidepressants and took several years to recover.

In Karachi, Atia Naqvi recalls a powerful experience when she was a counselling trainee: ‘My first awareness of a “safe space” came on the first day of training. Right before our first class I had been car-jacked. The robbers sat in my car and made me drive around for a while before dropping me and my two-year-old son on a secluded street and then taking off with my car and valuables.’

‘Throughout this ordeal I was only conscious of being concerned for my baby. When my tutor, Lynne, asked me, “How are you doing?” I found my eyes

welling up with tears, something that I wasn’t accustomed to. I realised I had no clue how I was doing!’

Unsurprisingly, with incidents like this being common among trainees, the need for therapy while undergoing training is very real. This has been particularly problematic because there have been so few qualified counsellors in practice. ‘Initially some of the trainees sought therapy with psychiatrists. This may or may not have been that effective but it was better than nothing in the early days,’ explains Lynne. ‘To provide support we would visit Karachi every two months and offer a combination of supervision and therapeutic work. The training is designed to be therapeutic. We allow trainees a lot of space and it is very process-orientated.’

Practicalities

The tutors travel to Pakistan several times each year to teach the courses. The days are long and the training intensive. But the main challenge is highlighted by Jenny Sandelson: ‘It’s the lack of a pre-existing infrastructure around the profession of counselling. This has meant that CPPD has had to build the infrastructure to support the training. It has also had to promote counselling as a profession to the wider community. This has taken time and has meant that the initial trainees had to create placement opportunities and practices.’

Trainees need to gain a placement and accumulate 220 hours of counselling practice. Placements now exist in hospitals, NGOs, prisons and rehabilitation centres willing to make use of the voluntary hours being offered by trainees. Maintaining contact with trainees from the UK and the logistics

‘In Pakistan, our trainees know each other’s families, and their siblings, and may come from the same community. So if confidentiality was breached, it could have profound consequences, and lead to a rift in a family’

of running a training long distance requires constant innovation. For example, supervision is offered by Skype. But, as Jenny points out: ‘The local market cannot afford to pay the going rate for supervision in the UK. We need supervisors in the UK who are willing to work at reduced session rates and in an entirely different context and culture’.

It seems that, whether living or working in Pakistan, there is a need for contingency plans. Atia Naqvi describes a typical day in Karachi: ‘It’s a very dynamic city: a great place to be and a scary place too. Today it was raining and there was no power, so it’s not a regular, predictable city where we can work to a planned schedule.’ Adapting to this unpredictability is essential for the trainers, Jenny explains. ‘We are to some extent reliant upon the internet, and in a country where there has been an unreliable electricity supply, this can be stressful. The country is also increasingly politically unstable. The number of sectarian killings and armed robberies has increased significantly over the past few years. This has meant that we have had to put in place alternative forms of reaching trainees if we are prevented from travelling there.’

Colonialism

Mindful of potential criticism that counselling training is being taken to Pakistan by the British to exploit the local market, Jenny points out that, while CPPD is quite naturally ‘pro-therapy’, all its work in the development of counselling overseas has been by invitation. Providing training in Pakistan is not about the financial reward, she explains: ‘At a

personal level, it is incredibly rewarding and innovative work. As a tutor, you can’t get stale when you work with difference on this scale.’

Inevitably, as more counsellors become qualified in Pakistan there will be a growing body of potential tutors to contribute to training programmes. ‘This year one of the first students we trained in 2005 is now going to be teaching counselling training on the certificate course,’ says Lynne. It is, she points out, a clear sign of how the training will develop in the future: once local counsellors are trained, they will become the educators in the field.

Elsewhere in Pakistan there are further signs of this. One of CPPD’s former counselling trainees is Tahir Ahmed. Spotting a gap in the provision, he has established his own counselling organisation, Therapy Works, in three major cities: Karachi, Lahore and Islamabad. Established to respond to the growing demand for counselling, Therapy Works has also expanded into training and now offers integrative counselling training courses at certificate and diploma levels, accredited by the Counselling and Psychotherapy Central Awarding Body (CPCAB) in the UK.

Last year Heather Price, CPCAB’s external verifier for Therapy Works, visited all three cities to assess the quality and standard of the courses. ‘What really struck me as I was reading some of their essays is the amazing journey that many people have been on during the lifetime of a course. They may have come from violent or abusive backgrounds and there is a lot of depression, oppression and anxiety. Their work using TA and other

theoretical approaches helps them to understand aspects of their “self”, their own life history and patterns of behaviour. Particularly, but not only, the women have often been kept subservient. The big thing that comes out of it in terms of their self-development is that the trainees realise that they now have choices,’ she says.

Showing signs that the profession could be expanding further, the founder of Therapy Works has some ambitious plans to extend the reach of counselling into rural areas. Through a programme known as ‘Barefoot Counselling’, Tahir aims to train 100 trainees to work with clients in their own towns and villages across Pakistan. The idea is to provide basic but much needed emotional support at a grassroots level and the opportunity for trained counsellors to earn a living from their work. If his hopes are realised, counselling will reach a whole new sector of Pakistani society.

Finding work

The familiar issue of finding work post-training for newly qualified counsellors in Pakistan soon emerges, as one trainee explains: ‘The biggest challenge faced by future trainees will be finding a stable income from counselling. While private practice pays well, the public sector does not. Salaries for trainee counsellors and counsellors are low and barely sustainable, which is why, even as a trainee, one has to be on the look-out for private clients to supplement income.’

Many practitioners drawn to counselling training are psychologists and psychiatrists, who are not trained to work relationally but who can adapt their learning to their professional

‘My first awareness of a “safe space” came on the first day of training. Right before our first class I had been car-jacked... When my tutor Lynne asked me, “How are *you* doing?” I found my eyes welling up with tears’

lives, as Jenny Sandelson observes: ‘There are few actual job opportunities in counselling at present and so undertaking training makes sense if trainees can incorporate it into their existing profession. The mental health field in Pakistan is very traditional and medicalised, so the idea of counselling is probably appealing to practitioners who are open to working in different ways.’

There is a growing recognition of the need for counselling within organisations such as hospitals, counselling psychologist Atia Naqvi says. But for now she, like many qualified counsellors, is working in private practice. ‘I am working 18–20 clinical hours a week. I get a lot of referrals from hospitals and referrals of clients with depression. There are lots of relationship issues, teenagers, drugs and abuse. But I and a lot of my colleagues have to send clients away,’ she reports.

Regulation and standards

As the number of counsellors in Pakistan increases, they speak openly about the challenges that lie ahead for their profession. In a country where there is an unsatisfactory legal system, where corruption and abuse are rife and where, as one counsellor pointed out, it’s impossible to get professional indemnity insurance to cover one’s work as a counsellor, there is much for them to be concerned about. The lack of a governing body is a central issue, as one trainee explains: ‘We have no regulator like BACP here. This leaves the profession open to be abused. There are a lot of unqualified counsellors providing their services to clients, which can be extremely dangerous.’

In the absence of a regulatory body, counsellors, trainees and training

providers in Pakistan are looking to established overseas professional bodies such as BACP to regulate the profession against unethical or unprofessional practice and to accredit courses. But a simple translation of the membership criteria from the UK to Pakistan appears to pose immediate problems economically, as Jenny Sandelson explains: ‘The cost of trainee membership is very high for the trainees in Pakistan where the average salary of, for example, an accountant is about £4,000.’ Counsellor Farah Saeed believes that future trainees and present practitioners need to organise themselves as a group force and develop an ethical code of conduct that is best suited to this culture. ‘We need to learn to work and live with these ethics and train, educate and support others in ethical practices,’ she says.

Conclusion

Against the odds or perhaps because of them, the seeds of counselling that have been planted are taking hold in Pakistan. Slowly the value of talking therapies is being understood and counselling is travelling from the realms of the privileged few into organisations and out into rural Pakistan.

However, the figures collected by CPPD reflect how far there is still to travel: ‘Since we began in Karachi, we have trained 44 trainees and we now have 14 proficient therapists practising in Pakistan who I would happily recommend,’ reports Lynne Kaye.

With an eye to the future, Jenny Sandelson has a strong sense of CPPD’s aspirations for Pakistan’s counselling community: ‘Our hope is that in the long term the graduates will take on

the running of the training and develop it to give access to wider communities. You have hungry trainees in Pakistan. Competition is needed which enriches the whole field.’

This appetite for more counselling training is summed up by clinical psychologist Atia Naqvi: ‘There is a genuine hunger for training, workshops and constant availability of resources in the field of counselling and psychotherapy. I would love to pursue a doctorate in counselling and yet the only doctoral programme available is in clinical or organisational psychology. I hope that soon we may have access to more training, but for now we can only read about it and wish it could be made available to us in Pakistan.’ ■

Nicola Banning is an MBACP accredited counsellor specialising in working with individuals and organisations. She is also editor of the BACP Workplace journal Counselling at Work. Nicola has a background in broadcasting with the BBC and is now a freelance writer on counselling, the workplace and professional development.

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Much has happened in the last two decades in India as far as the professional practice of counselling and psychotherapy is concerned. Indians today have moved from being a cautious nation that viewed mental health services as stigmatising to curious and bold consumers of psychological services, not shy of seeking psychological help for their problems.

The most significant reason for this shift is India's emergence as a major player in the global financial and industrial marketplace in the 1990s. With liberalisation and privatisation also came multinational companies that already had experience of counselling through employee assistance programmes. Today colleagues in India report that EAP services are well used, with some providers seeing more male clients taking up these services. Globalisation has awakened the Indian psyche to the potential of psychological services as an important tool in dealing with mental health issues and improving their quality of life.

The total workforce involved in the IT and outsourcing sectors in India is staggering and all major metropolitan cities are growing exponentially, attracting heavy investments in many sectors. But with this come the unique challenges of a rapidly globalising economy, including higher rates of mental health problems. It is interesting to note that in many cities the number of family courts has risen sharply in the last 10 years and there has been a surge in the number of couples seeking divorce. There has been a 200 to 350 per cent increase in the number of petitions for divorce in India in the last few years, with 70 per cent of the applicants aged between 29 and 35.¹ Marriage and couples counselling is therefore emerging as a

much sought-after form of counselling in urban India, as what was once provided by the clergy, family and religious leaders is now recognised as a valuable service that can be offered by professional counsellors and therapists.

Counselling in schools

Education is another sector actively using counselling and psychotherapy services. Indian cities all have a large number of private schools, some of which use international curricula, and many Indian school boards have appointed qualified counsellors in recognition of the role of good psychological health in improving academic performance. Many counselling psychology interns are based in the school system in India, and their work reveals that children have psychological needs that require counselling intervention. A sizeable number of postgraduate students who complete their master's education in counselling psychology or clinical psychology are employed as school counsellors across the country. Consistent with the World Health Organization's prediction about developing countries, urban and semi-urban Indian children spend more time at school than at home, indicating schools to be an important site for the provision of counselling services.²

The changing social support structure in India is also contributing to the increasing mental health needs among children, as young people grapple with issues related to body image, substance use, relationships, sexuality, reproductive health and parental conflict. In 17 years of practice and work with schools, I am now seeing an alarming increase in the challenges faced by children and adolescents. In India 21.4 per cent of the population

are adolescents and about 16 million girls aged between 15 and 19 give birth every year. Nineteen per cent of the world's children live in India, making every fifth child in the world Indian.³ The sheer numbers indicate the challenge in providing mental health services.

The Indian Paediatric Society, in its list of top challenges faced by Indian adolescents (they include anorexia nervosa, adolescent pregnancy, behavioural problems, substance abuse, study problems, identity issues and emotional problems), cites nine out of 10 issues as being of a psychological nature.⁴ A recent report indicated that close to 40 per cent of 7th to 12th grade pupils (aged 13–19 years) in Indian schools use drugs of some kind or other.⁵ Substance use today is a major issue confronting school counsellors. A need for models of counselling and psychotherapy that can address these needs, in partnership with other mental health providers such as child and adolescent psychiatrists, is emerging.

The media has played a crucial – and positive – role in enhancing the image of counselling and psychotherapy in India over the last few years. Previously the public's main exposure to therapy was its rather confusing depiction in popular Indian cinema. The talking therapies are now the subject of well researched and accurately written media features and columns, with high profile figures talking more openly about the benefits of psychological help. In many ways this has reduced the stigma associated with seeking mental health services. Several newspapers also provide therapeutic counselling guidance through Q&As, counsellors' and mental health professionals' views are sought in reporting issues of social importance and radio channels broadcast dial-in

Awakening India's psyche

India's emergence as a leading industrial nation has improved public perception of psychological therapies, but rapid social change has brought its own problems

By Tony Sam George and Elizabeth Thomas

programmes where counsellors provide answers to callers' problems. Television too has started to air programmes where counsellors discuss mental health issues.

Until recently, with few exceptions, counselling had been a practice confined to psychiatric hospitals, residential psychiatric centres and a small number of non-profit government organisations. Now, counsellors and psychotherapists in private practice make up a significant sector of the helping professions. A simple online search for 'psychological help' will yield a number of counselling and therapy centres in most Indian cities, staffed by professional and well-trained counsellors and therapists (many trained internationally). In my experience, counsellors in private practice report no dearth of clients seeking help, with more and more therapists having to place clients on waiting lists or refer them to colleagues. All this would indicate that public demand now is very high in urban India.

Training standards

Training in counselling and psychotherapy in India has also seen considerable development. The first master's programme in counselling psychology was started by Sampurna Monfort College (www.sampurnamontfort.com) and subsequently a few other universities and colleges began to offer similar programmes. Well-respected training programmes today focus on the personal development of the counsellor, require personal and group therapy, provide supervision and enlist counselling and psychotherapy practitioners as trainers. In a survey conducted by the co-author of this article, postgraduate students of counselling psychology indicated that their own experiences self-growth

and awareness in response to therapy had been enlightening for their families. Counsellors and therapists have established their presence in meeting the growing demands of the Indian public while at the same time maintaining ethical standards. (See www.talkitover.in and www.mindvidya.com for examples of initiatives started by peers and alumni of leading institutes that provide postgraduate training in counselling and psychotherapy.)

Postgraduate training in counselling offers trainees a variety of models to work with, and intensive internships and supervision help them to integrate their learning into practice. Employers of counsellors and psychotherapists prefer counsellors trained at this level. A few notable diploma programmes are also offered. I say notable because the field of counselling and psychotherapy has also seen a proliferation of short-term, poorly conceptualised training programmes with weak theoretical orientation that produce counsellors who are not competent, often leading to poor outcomes and infringement of ethical standards. An example of an effective training programme at diploma level is the one offered by Parivarthan (www.parivarthan.org). Similar programmes can be found in other cities and states.

Training has also benefited from the input of trainers from other parts of the world. For example, at the university where I work training by trainers from the UK in cognitive analytic therapy (CAT) as an integrative model has been offered for the past four years to master's students of counselling and clinical psychology (www.iacat.in). These programmes provide an opportunity for cross-fertilisation of ideas, practice concerns and models of care between countries and cultures

and have improved the competence of counsellor interns significantly (see www.internationalcat.org/index.php?p=1_11_ICATA-Official-Documents).

The emerging models of counselling and psychotherapy today in India appear to be moving towards more integrative models. Practitioners and trainees are finding the blending of Eastern and Western approaches useful in dealing with their multicultural, multi-ethnic and rapidly globalising Indian clientele, and the inclusion of traditional healing and spirituality into counselling and psychotherapy training is now gaining an impetus in counsellor education programmes. Collaborative programmes with many partners across the world through conferences and writing (see www.iccp2012.weebly.com) have proved to be effective ways of internationalising counselling and psychotherapy in India.

Psychotherapy in India is an emerging professional field facing many challenges⁶ posed by a rapidly evolving society that constantly stretches the social fabric of the community. Counselling and psychotherapy is increasingly addressing this need in India through greater public awareness and well-rounded training programmes, sharing of practice models internationally and the integration of cultural elements into practice. However, the magnitude of mental health needs in India is staggering and much still needs to be done to make services accessible and affordable to everyone. ■

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We are citizens of the world

Colin Feltham interviews *Courtland Lee* about his current involvements in promoting global literacy and supporting the UNESCO campaign to ensure everyone, worldwide, has access to a basic level of education

Courtland, you have a long history in counselling and counsellor education. Can you give us a compact picture of your path to your present position?

After I graduated from college I found myself teaching primary school in New York City. Since I was one of only a few male teachers in the school, the female teachers would send their problematic boys to me in the hope that interacting with a male teacher would be helpful. The school's guidance counsellor noticed that I had a gift for connecting with these students and suggested that I might make a good school counsellor. She convinced me to enroll on a counselling graduate programme and pursue my master's degree.

On completing this I was admitted to the PhD counselling programme at Michigan State University where I participated in a programme funded by the US National Institute of Mental Health to prepare doctoral-level professionals to work with ethnic minority client groups in urban settings. My post-doctoral career has consisted of faculty positions in counsellor training programmes at the University of North Carolina at Chapel Hill, the University of Virginia, the University of Maryland, and now the University of Malta.

Does school counselling and adolescent development still have a significant part in your professional activities and interests?

I continue to be interested in youth and their interactions with problematic and/or chaotic environments, be they home, community or school environments. I have a keen interest in furthering research about resiliency and self-efficacy. In particular, I am interested in the factors that appear to contribute to adolescent

males' success in challenging educational environments. For example, in many parts of the world the school environment is often heavily feminised, with the majority of the educators being women. Given this, male youth are often at a psychosocial disadvantage compared with their female peers. They often lack role models and mentors for gauging educational success. I am interested in the factors that help boys and male youth succeed academically. I am also keen on further examining how the factors associated with poverty and violence that characterise many home, community and school environments (particularly in urban areas) impact on male resiliency and self-efficacy.

Your training, writing and ambassadorial activities embrace, among other issues, multicultural counselling, social justice, global literacy, school counselling and counselling African American males. Where is your main focus today?

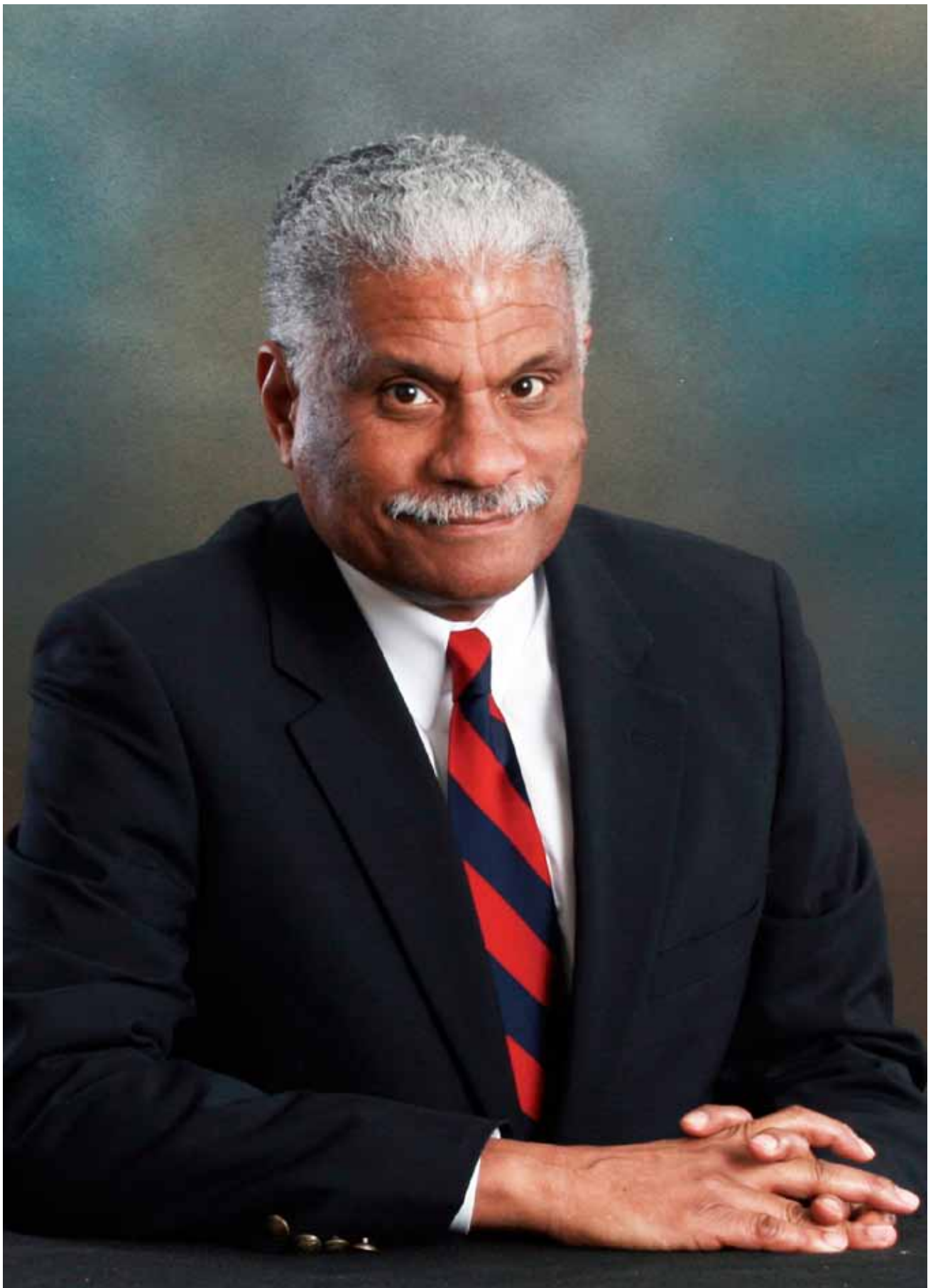
My main focus today is on the concept of global literacy, which grows out of my passion for multicultural counselling and social justice issues. Global literacy extends over the major domains of human diversity. It consists of the basic information that a person needs to know in order to successfully navigate life in the technologically sophisticated, globally interconnected world of the 21st century – a world in which people from diverse cultural backgrounds interact in ways that were inconceivable in previous centuries. A globally literate person exhibits ongoing cultural curiosity. He or she is open to engaging in new cultural experiences whenever possible. He or she embraces and celebrates cultural difference as opposed to fearing the

fundamental distinctions in worldviews that underlie human diversity. A globally literate individual approaches diverse lifestyles from a position that transcends tolerance and promotes mutual respect and understanding. Embracing a globally literate lifestyle also involves a commitment to social justice and social responsibility.

Within this context, the process by which one develops multicultural counselling competency is indeed challenging because it entails first developing global literacy. Successfully completing a multicultural counselling course is not an endpoint in one's development as a culturally competent counsellor. The major challenge is to live one's life in a manner that reflects a commitment to continually expanding one's cultural comfort zone, including knowledge of and active interaction with people from diverse cultural backgrounds. It also means that one is constantly aware of how events, both past and current, impact on people's wellbeing. Global literacy cannot be learned in a classroom; it is the attempt to become a lifelong student of cultural diversity and a true citizen of the world.

The terms multicultural counselling and diversity can be used in different ways. I think your publications (most recently the fourth edition of *Multicultural Issues in Counselling: New Approaches to Diversity*, published in 2012) address issues of race, gender, sexuality, age, disability and economic disadvantage. Do these neatly interrelate or are there any tensions?

This is an interesting question. I think that all aspects of human identity interrelate in a state of constant tension. I have begun to reconcile this idea with



The interview

the concept of *intersectionality* – the complex of reciprocal attachments and sometimes polarising conflicts that confront individuals as they seek to navigate among the racial/ethnic, gender, class-based and other dimensions of their personality. Given this concept, it is important to understand that at all times we are experiencing the world through a lens that consists of multiple consciousness.

What intersectionality has made me realise is that the fifth edition of *Multicultural Issues in Counselling: New Approaches to Diversity* will need to include a synthesis chapter(s) that addresses how issues of race, gender, sexuality, age, disability and economic disadvantage etc intersect in healthy psychosocial development.

Have you found in your association with the UK (as a Fellow of BACP among other things) that what is true for African American people is very similar for British African Caribbean people in terms of experiences of racism and social justice?

Yes, the issues for the two groups are amazingly similar. While the cultural context for the two countries may differ, black people in both countries appear to share similar experiences with racism and the struggles around social justice seem to mirror each other. Perhaps one striking difference between the US and the UK is that, since the election of Barack Obama, African Americans seem to possess a greater sense of optimism than British African Caribbeans.

I believe you've been involved, like many, in critiquing the DSM-5 (the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders), and you've used the alternative terms 'diagnosing from the heart' and 'existential diagnosis'. Can you say a little about your position?

Actually both of those terms must be credited to my friend and colleague Clemmont Vontress, with whom I have done several presentations on cultural issues associated with the DSM-5. Basically our premise is that the entire DSM series is heavily weighted toward Western cultural realities and reflects biases from that viewpoint. The two terms you mentioned express my belief that any clinical diagnoses must be considered in culturally relativistic terms and that a good counsellor will attempt to understand individuals within their cultural context before placing a culture-bound label on them.

In moving to Europe and to the University of Malta in later life,

what have been the major cultural impacts and learnings for you?

The impacts and learnings have been both professional and personal. Professionally, I am learning a new academic culture with a different perspective on counselling and how it should be taught to trainees. Personally, I am adapting to a lifestyle that does not include many of the American cultural realities that have defined who I am (everything from food to American football). However, part of this process has been the excitement of learning and experiencing the multifaceted realities of Maltese culture – which include driving on the other side of the road!

How far do you think global literacy and social justice are being well served at the micro-level by counsellor-led initiatives rather than macro-level political initiatives?

Again, a very interesting question. I think that the counselling profession, where it is well established, is not always seen as a progressive force for social change. This is because it is still perceived to be mainly a psychodynamic, one-on-one process between counsellor and client that often ignores the systemic impact on human behaviour. The social justice paradigm in which counsellors serve as advocates and systemic change agents both with and for their clients is very controversial in many quarters of the profession. However, as the counselling profession expands globally, I think there is certainly a growing awareness that in many societies the profession will only succeed if counsellors understand that their micro-level activities with clients must intersect with macro-level political initiatives.

Where do you see most hope and most concern in relation to oppression and disadvantage, and its internalisation? What good news is there and what are the most stubborn obstacles?

I have had the good fortune to travel to every continent save Antarctica. Throughout my journeys I have seen what the American educator and activist Jonathan Kozol has called 'savage inequalities'. These inequalities primarily result from economic disadvantage and oppression based on race/ethnicity, gender and religion. The good news, however, is that world bodies such as UNESCO are tackling these inequalities with initiatives such as Education for All (EFA), a global commitment to provide quality basic education for all children, youth and adults by 2015. Obviously, this goal will not be met, for many reasons, including stubborn attitudes in many

corners of the world about who should receive quality basic education. These attitudes are often entrenched in age-old racial, cultural and religious beliefs and practices that permeate government policy and social practices. Indeed, such policies and practices are often the most stubborn obstacle to social progress.

I am reminded of Malala Yousafzai, the 16-year-old Pakistani girl who has become a worldwide symbol of social justice. Her brave defiance of forces that violently sought to keep her from getting an education solely on the basis of her gender should be an inspiration to all counsellors – in particular those counsellors who, along with their clients, are fighting the systemic forces that stifle human development.

What are your plans now in regard to professional developments and personal ambitions?

Professionally, I am committed to helping the Department of Counselling here at the University of Malta develop into a world-class training programme. In addition, I want to help in any way I can in advancing counselling globally as a positive force for human growth and development. In my current role as Past President of IAC (the International Association for Counselling), I am interested in continuing my efforts to build collaborations among national counselling associations and other NGOs to take advantage of the growing interest in counselling worldwide. I think that there are two fronts on which IAC can really make a mark. The first is closing the mental health gap between Western and non-Western cultures. Mental, neurological, and substance use disorders are common in all regions of the world, affecting every community and age group. Yet most of the people affected – 75 per cent in many non-Western countries – do not have access to the treatment they need. Counsellors, therefore, have the potential to assist tens of millions with mental health issues to begin to lead normal lives, even where resources are scarce. The second front is promoting education for all. I want to help IAC continue to promote the added value that counselling can offer to the UNESCO/EFA initiative by collaborating with educators and related professionals to ensure global educational access and equity.

Personally, I want to take more time to engage in my passions: cooking, reading mystery and historical novels, travelling, and cheering on my beloved Washington Redskins – an American football team (even if I now have to do it from afar). ■

Being on the same side

I am writing in response to Elaine Davies' Talking Point, 'We are all on the same side' (*Therapy Today*, July 2013).

While I feel sadness at her experiences, I wonder perhaps if they are partly due to the level of despair and frustration felt by many counsellors who, since the conception and growth of IAPT, have found themselves marginalised, dismissed, devalued and often, sadly, facing redundancy.

Being on the same side will only be possible when all therapists from all modalities are treated and respected equally. I share Alan Pope's view in the same issue ('The depths of depression', *Therapy Today*, July 2013) that psychodynamic counselling and psychoanalytical psychotherapy have been sidelined by IAPT and NICE, and person-centred counselling has been almost wiped out.

I think I would prefer to cope with one delegate sniggering at a presentation than know NICE suggests clients choosing counselling should be warned of the uncertainty of effectiveness of counselling in the treatment of depression.

There is a wealth of research proving that it is the quality of the therapeutic relationship, the existence of healing through moments of meeting with an empathic fellow human being that promote enduring recovery, not the prescriptive delivery of interventions.

Horvath and Greenberg,¹ Howey and Ormrod,² Smith and Glass³ and Bordin⁴ all identify that a collaborative, therapeutic relationship provides the client with a safe environment in which to explore the self. The process of developing this kind of

'Being on the same side will only be possible when all therapists from all modalities are treated and respected equally'

relationship may also capture the client's key relationships, past and present.

Research by Norcross⁵ involving the analysis of thousands of studies of qualitative and quantitative reviews indicates that 75–80 per cent of clients entering psychotherapy show benefit. Research by Roijen⁶ suggests clients receiving counselling tend to be more satisfied with their treatment than clients receiving CBT. I am puzzled as to why this wealth of research has been studiously ignored in favour of CBT.

I personally became a victim of the removal of counselling from primary care trusts. I was made redundant from a counselling post in GP surgeries. Coping with the fear of financial loss and the sorrow of leaving a workplace in which I had built good relationships left me feeling angry and anxious. I found myself searching for employment and had no choice but to accept a trainee post as a psychological wellbeing practitioner (PWP) in an IAPT social care organisation.

I initially tried to embrace a return to university studies, but quickly realised that the concepts behind delivering low intensity CBT interventions did not resonate with my values as a therapist. Unfortunately I found the approach reductionist, medicalised and simplistic. Similarly

to Elaine Davies' experience of a tutor dismissing CBT, I experienced a tutor making it abundantly clear that counselling had no place in therapy, compared with CBT.

The majority of PWPs are university graduates in their early 20s, with little or no experience of mental health. They undertake a one day a week, one-year certificate course and on completion are deemed able to staff the front line. We were the first point of access for clients presenting with complex psychological symptoms. My background includes 15 years plus as an RMN psychiatric nurse in the NHS. I am also an accredited integrative counsellor with many years of experience in primary care. I felt equipped with the necessary skills to cope but many of my peers struggled. Assessing clients with high risk factors, presentations of addiction or complex enduring depression places demands on practitioners. My experience was that the wellbeing of PWPs held no priority over target achievement. As a PWP I had an expected target of eight to 10 client contacts per day. This left me struggling to adhere to the *BACP Ethical Framework* and, although I no longer work for that organisation, I still harbour feelings of guilt as to the quality of care I was able to give to the eighth client on each shift.

The wealth of knowledge and skills I gained on my two-year postgraduate diploma in integrative counselling was obviously academically superior to a one-year certificate course in delivering low intensity CBT interventions. Add to this the exacting standards of becoming BACP accredited and the need to secure many

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hours of clinical contact. And yet, on returning to a self-employed post in an IAPT mental health access service, counsellors were placed on a pay scale band 5. This is the same pay scale awarded to psychological wellbeing practitioners who, in effect, have learnt three basic manualised CBT intervention techniques. CBT therapists working alongside counsellors at step 3 are placed on band 7, counsellors on band 6. I am not particularly motivated by financial gain but fairness, equality and justice are important to me.

There may be responses citing 'evidence-based IAPT courses'. The pay bias in favour of CBT began from the start of the IAPT roll out, relying only on research pertaining to CBT.

I have already cited the vast amount of research proving the effectiveness of a relational, psychodynamic approach to therapy. I wonder if Elaine Davies fully understands the deep sense of loss and devaluation felt by counsellors, at a personal and professional level.

I am extremely fortunate to have finally found a counselling post in a small IAPT team that is part of a reputable counselling organisation. I also go to work with a spring in my step. The ethos, ethics and values from the organisation are clearly counselling-orientated. Both counsellors and CBT therapists are heard, supported and respected. While targets are always a feature, they are not at the expense of the wellbeing of the workforce or client care.

I have many friends who are CBT therapists and I believe we each have a right to practise within whichever

field we choose; diversity can only be of benefit to clients, who should be able to choose whichever form of therapy they wish.

I take heart that the tide seems at last to be turning and counselling and psychotherapy appear to be regaining credibility as therapy equal to CBT.

Sharon Dixon

*Integrative counsellor
MBACP/UKCP (Accred)*

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Room for us all

I was saddened and annoyed to read Elaine Davies' Talking point article 'We are all on the same side' (*Therapy Today*, July 2013) about the criticism she has faced as a CBT practitioner. My own view is that the counselling profession has a responsibility and a duty to effectively

demonstrate that talking therapies work, not least when expecting taxpayers to foot the bill. It is not the fault of CBT professionals, who have done a splendid job of providing evidence to persuade budget holders to release their purse strings; rather it is the fault of the other therapeutic approaches for not being so active and persuasive in this regard. Perhaps they should use their envy to spur them into action!

A criticism levelled at CBT (which Davies raises) is that it is superficial. My limited understanding is that CBT can be immensely useful for more down-to-earth clients and some CBT practitioners I know of work with clients with chronic conditions in-depth for several years. Let us not forget that there are drawbacks to all our therapeutic approaches but surely there is a place and room for us all.

Indira Chima

Psychodynamic practitioner

No hope of paid work

August 2013 sees me enter my third year of registered unemployment since qualifying as a humanistic counsellor (PGDip) in 2011. Called to account on a fortnightly basis at the Job Centre, I am well supported by their staff, who constantly express surprise at my unchanging situation, although as a 50-year-old woman I am all too aware that my prospects for paid employment in any field remain extremely limited at best.

During this time I have maintained my commitment

to voluntary counselling work for three local charitable organisations, grateful both for these opportunities and the richness of my experience. That clients with the most extenuating of personal difficulties continue their commitment with me must at the very least be a testament to my capability as a therapist. And that, above all else, is what keeps me going.

What continues to vex me, however, is the tacit lack of availability of paid posts in this field. So my question is this: how can it be ethical for universities and colleges to continue to offer training courses for counselling (as distinct from counselling skills) when there is clearly very little, if any, prospect of paid work in this field apart from private practice, where the ongoing costs of insurance, supervision, registration, advertising and professional development remain prohibitive?

Gail Miles

MBACP (but perhaps not for much longer as I cannot afford my subscription)

Money and the medical model

Oh how I agree with Pete Sanders and his rail against DSM-5 (*Talking Point, Therapy Today*, June 2013). However I am not so confident that the seductive culture of funding following 'evidence' will not prove to be a stronger voice than our own.

Having studied in the US, where knowing the disorders listed in DSM-5 and being able to 'diagnose them' is part of the curriculum, and having practised in their 'medically insured world' where, in order

to get your insurer to pay for your therapy, you have to have a diagnosable problem, I see how therapists have been forced into collusion with this system, often very much against their better judgment and ethical stance.

If a client needs help but cannot pay, what are they to do? Provide the required document for their insurer; help the client but sell their soul in the process? Therapists cannot work without pay but, in playing their part in this unhealthy industry, they assist it to continue and become further embedded as the norm.

We may believe ourselves to be sheltered from this because it is not medical insurers who hold the purse strings in the UK but it is often the medical model adherents within the health sector who do. Medical model diagnoses may indeed be 'simply a form of evil' but, when they are partnered with money, 'the root of all evil', we have a BIG problem!

Liz Cobb
MBACP

Space for gods and spirits

I was interested to see the serious attention being paid to 'Spirit-based healing in the Black diaspora' in the article by Roy Moodley (*Therapy Today*, July 2013). I am very interested in Santeria myself, for example, and have a banner of Obatala hanging in my study!

But one very important point needs to be made, I think. There is a real difference between pre-personal (pre-rational, pre-conventional) spirituality,

which is generally very narrow and fear-based (leading to the use of dubious expedients such as exorcism), and transpersonal spirituality, which is not based on fear at all but does have a space for gods, goddesses and spirits of various kinds. These transpersonal faiths have great usefulness, as Moodley points out, and are free from the dangers of the earlier, more superstitious approaches mentioned above.

Many people in the West do not make this basic distinction and therefore reject what they do not know, and this is a pity.

John Rowan

Pagan practices

I read Roy Moodley's article 'Spirit-based healing in the Black diaspora' (*Therapy Today*, July 2013) with interest. While I can appreciate an article that brings these practices into the awareness of the counsellor and highlights the need for sensitivity around this subject, I felt Professor Moodley's article went beyond that and instead sought to make these practices attractive to those of us living in the West.

I was concerned about the way in which Professor Moodley sought to make the practices of Voodoo, Shango and Orisha more acceptable by highlighting where they were used in conjunction with Western religions: namely Catholic, Jewish and, by implication of using the Bible, the Christian faith. However the article was very one-sided: Professor Moodley's knowledge of traditional

spiritual healing practices was well-researched but, sadly, his understanding of the Bible and the Christian faith was clearly less well understood, despite his 'credentials' of being brought up in the Pentecostal Church. Voodoo, understood as spiritual magic involving divination, animal sacrifice, conjuring and herbalism, uses practices very reminiscent of the worship of Baal and other pagan gods in the Old Testament. In the Old Testament, such practices angered God and he told His people to stay away from them: '... do not let your people practise fortune-telling or sorcery, or allow them to interpret omens or engage in witchcraft or cast spells or function as mediums or psychics or call forth the spirits of the dead. Anyone who does these things is an object of horror and disgust to the Lord' (Deuteronomy 18 v10-12).

The Israelites were only under God's protection when they obeyed His Word. When they were seduced by the worshipping of other gods then God's wrath was poured out upon them. The Bible tells us not to have any part in these practices; therefore to suggest in any way that these practices are acceptable to God shows a lack of Biblical knowledge and a scant regard for Biblical teaching. The Bible tells us that Jesus is the way, the truth and the life, and that there is no other way to the Father except through Him. To suggest that Christianity can sit alongside any other faith goes against God's Word.

This leads me to my uneasiness with the covert theme that we in the West, in being less accepting of these activities, are somehow less enlightened. I think the

article would have been of more value had the author spent less time aligning these practices and Western beliefs and concentrated instead on the counsellor's role when faced with a client who is a believer in these traditional practices. I have no issue in offering the core conditions to a client who is taking part in these practices but to accept these practices myself would compromise my Christian faith and I do not believe that this is required of me as a counsellor. As with all of my clients, I would be respectful and kind: '... if you have a gift for showing kindness to others, do it gladly,' as Romans 12: 8 tells us.

To finish, in my opinion this article was poorly researched and a little judgmental of those less willing to accept these practices. It saddens me that the editor of *Therapy Today* was willing to give credence to such a piece.

Sharon Burke

Dangerous and evil

I read with interest Roy Moodley article on 'Spirit-based healing in the Black diaspora' (*Therapy Today*, July 2013). I love the extensive research Roy has done and his presentation of the case. I quite agree with him on the aspect that there is a place and a need for exploring the spiritual in counselling and psychotherapy as some client issues may be rooted in the spiritual.

However I do not agree with the way he puts all spirituality (Voodoo, Shango, Pentecostal or Apostolic Christian healing) together

and assumes they are the same, because they are not. Voodoo and Shango and most of the traditional spiritual healings are dangerous and evil. I am pleased the West recognises this. Pentecostal and Apostolic Christian healing is from God and is good because Jesus who is alive is still healing today as he did in the Bible stories. I am speaking from my experience. If Roy wants to prove this, let him research into the clients healed by this different spirituality and the outcome of it in their lives.

Susan Abraham
MBACP

Self-harm as a coping strategy

This is a letter of gratitude to Lynn Martin for her article 'Self-harm: the solution, not the problem?' (*Therapy Today*, July 2013). Lynn writes on the subject with a level of understanding and compassion that speaks directly to my experience.

However hard it may be to hear about, I agree with Lynn that, as therapists, we must work to understand the role that self-harm plays in the lives of our clients. Viewed as a coping strategy and a means of emotional release, to deny clients that option until they have more functional means embedded may be very counterproductive. Indeed, to effectively seek to 'ban' the option of self-harm runs the risk of perpetuating in the client the very sense of shame that is likely to drive the behaviour in the first place.

It can be very distressing to bear witness to clients' pain

when it is expressed in the form of self-harm, but that is what they most need. Perhaps if we are unable to bear it sufficiently to understand it, then the most congruent response is an honest and compassionate referral.

Barry McInnes
Email barry.mcinnnes@virginmedia.com

Bearing a child's pain

I write to comment on the article by Joanna North 'When parents' aren't good enough' (*Therapy Today*, May 2013). While I agree with North's assertion that the vast majority of children coming into the care system do so due to parents who fail to provide good-enough care, her attitude seems to lead to a minimising of the experiences of abuse and neglect that the child endured, and therefore fails to address well enough the help required by these children to come to terms with what has happened to them.

North talks about 'treading carefully around the representations that a child may have of their abusing or less-than-good-enough parents'. While I accept that we should not immediately ride roughshod over the internal, idealised representations that a child holds of the often longed-for absent birth parent, it is these distorted idealisations that often prevent a child from coming to terms with the events of their early childhood, making better attachments to their new long-term parents, and moving towards healing and integration.

She also asserts that, as therapists, we should never 'name and blame' the parent responsible and certainly should not show strong reactions to the harm their hands have perpetrated and that to do so is to fall into a trap. But what sort of trap does she mean? While we should never give vent to vindictive blame, I would contend that it is vital to name the abusive acts of a maltreating parent as wrong, and show a child the appropriate emotional responses to these harmful experiences and the damaging behaviour that their parent has inflicted with deliberate or unconscious intent. Indeed, how else does a child learn that it is not alright to behave this way?

Her contention that in naming the experience 'it could be helpful and accurate to say "your parents loved you but did not know the rules of being a parent or have the skills to look after you"' simply fails to consider the experiences of abuse and neglect from the child's point of view. Of course we know that birth parents' own histories of early abuse, mental ill health, cognitive functioning and so on are often instrumental in their limited capacity to parent their children to a good-enough standard. But babies and growing infants cannot know this. When they are left for long periods of time hungry, distressed, not comforted, in soiled nappies; when their emotional world is not attended to with attunement and reciprocity; when the misattunements and absences or unpredictable responses of a parent leave them frightened, confused and uncontained, they are unable to process these

painful and difficult emotional states. To suggest that a parent who maltreated their child for whatever reason, understandable or not, loved them really but just didn't know the rules of being a parent is at best hollow and at worst a lie. For what love is it that behaves in this way?

Disabusing the child of the long-held idealised image of parents 'who loved them really' but treated them so badly is a slow and painful process. North believes that 're-writing the script' by giving children a story of another child's experience similar to their own may help to lessen the impact and 'make the pill less bitter'. While it may encourage a child to know they are not alone, this practice runs the risk of avoiding the facts of the child's actual experiences and is unlikely to help the child with the task of coming to terms with the details of their own story, so vital for their recovery.

Through many years of work, a colleague and I developed an approach that aims to do just that. This dyadic therapy seeks to convey to children a truthful narrative taken from official social services chronology and other documentation used to secure a care order and place children with long-term foster or adoptive parents. Having used this approach with a growing number of children it is clear that, while the process of hearing the painful, sometimes shocking facts of what happened to bring them into the care system is a hard one, and often resisted initially by the young person wanting to hold onto their idealised image of 'all-good parents', over time they become increasingly engaged

with the developing narrative, their behaviour in placement settles, and they experience relief at hearing the details that make sense of their removal from home and their life so far.

Lastly, 'holding back until the child is ready' may sometimes be the right approach, for instance if a child is not settled with long-term parents who will hold them through the process of learning the true details of their past, or going through particularly difficult transitions in school etc. But I believe that frequently the 'holding back' may come from the adults – social workers, foster or adoptive parents, therapists, mental health professionals and others, because the details of a child's life are so shocking and we naturally wish to protect children from more pain. But these children have lived through the events we are striving to protect them from and what they need are adults who can bear the pain with them and not avoid the awful truth that their birth parents were not just 'not-good-enough' but often cruel, abusive, maltreating and in no way 'loving' in their behaviour towards them.

Katherine Green
MA, MBACP (Accred)
psychotherapist

Friendly neuroscience

Richard House's letter ('Seductions of neuroscience' Letters, *Therapy Today*, July 2013) discouraging us from being informed by neuroscience is an embarrassment to this profession.

No one is asking you to put a brain scanner on your client's head during their sessions; simply to be aware of new findings and recognise that knowledge, far from being dangerous as you suggest, could be of value. While you are right to advise people to think critically about research before rushing to conclusions, I fear that casually pushing aside all of neuroscience is worryingly ignorant. To disregard anything that a) proves the efficacy of therapy – which may lead to desperately needed funding for services – and b) could help clients, is simply unprofessional and close-minded.

I'm worried that your attitude abandons us to an outdated, out of touch, 'hippy dippy' healer image. As a newly qualified humanistic/integrative counsellor (with a keen interest in neuroscience AND existentialism), I fear this is exactly the kind of image that does nothing to further the industry or break the stigma of mental illness by encouraging people to seek help.

Please don't be afraid of research – as Mick Cooper teaches us, the facts are friendly! Arguing about whether Carl Rogers would approve or not is pointless; neuroscience has come a long way since his day and I certainly feel it's possible to keep person-centred values at the core of my work while learning about what goes on in the brain.

You talk about ethical responsibility; I feel it is yours to not immediately dismiss what may be of benefit to your clients. It is then in the skill of the therapist, when relevant

and appropriate, to share knowledge with our clients in a meaningful way that might aid their process and recovery. Unlike you, I feel that knowledge is power – to shun neuroscience would leave us a less powerful force for the promotion of positive change in people's lives.

Natalie Marshall-Shore

Scientific proof

I have literally just submitted my dissertation to complete my MA in psychotherapy and counselling, and am sitting down with a coffee, having cleaned my fridge, to open my July copy of *Therapy Today*. I am first saddened by Elaine Davies' experiences of other practitioners (Talking point) and then amazed by the ferocity Richard House voices towards neuroscience ('Seductions of neuroscience' Letters). My stomach is now in a tight ball.

I have spent nine months exploring the phenomenon of 'insight' through a heuristic research process. I have been amazed by the neuroscientific developments that have substantiated for me the reality and trustworthiness of my felt experiences. This has empowered me to learn how I can improve the potential of the biological processes that exist when 'in relationship' with another; an awareness that the unconscious activity between two individuals can be equally detrimental as beneficial.

We cannot hide. This is what neuroscience is showing us: our work for the last 100 years has been appropriate; science has

caught up. Now its explicit and 'reductionist' approach can be an adjunct to support us in the current climate where knowledge formed in this way (in my belief, too, not always a helpful one) is the tool currently used to divide resources – resources we need.

Knowledge comes in many guises. May I tentatively suggest it is we who limit its usefulness if we choose to ignore some of its presentations.

Emma Dunn
Student member BACP

Explaining the brain

I wanted to reply to Richard House's letter 'Seductions of neuroscience' (Letters, *Therapy Today*, July 2013), to provide a few quick answers to his question: 'What conceivable relevance can neuroscience have to a client and me when we are sitting together?'

As an integrative therapist, I sometimes draw on neuroscience to explain to clients how trauma can affect their brain and that the symptoms of intrusive images and hyperarousal (ie PTSD) can be a 'normal' response to an unnatural event. Similarly, clients suffering from panic attacks can be reassured that their brain is misrepresenting 'threats' to them, and that this process can be interrupted. I even draw on analogies to the brain sometimes 'overheating with worry', which leads to exhaustion and tiredness for depressed clients.

All of these seem to be of great relevance to the client, who is sometimes greatly relieved that they are 'not

going mad' and that there is an explanation for the symptoms they are suffering. This is not to say it is a universal panacea, but I believe psycho-education has a role to play in 21st century therapy, when used with the right client at the right time.

Justin Havens

MBACP. Visit www.oceuk.com

Intellectual onanism

I should like to thank Richard House for his letter entitled 'Seductions of neuroscience' (Letters, *Therapy Today*, July 2013). It often seems to me that modern (particularly

Western) man's obsession with the brain and, by extension, his intellect is somewhat like the adolescent male's obsession with his penis. Having discovered this wonderful organ, he comes to believe that it can solve all of his problems. The consequences are similarly devastating.

It might in fact be quite useful to consider whether the human race is currently passing through a sort of evolutionary adolescence: irresponsible, convinced of its indestructibility, convinced also that the technological products of its own cleverness are superior to the slow evolutionary qualities of its animal forebears; out of control,

and in a constant state of war with its parent, nature.

It is questionable whether he will make it beyond adolescence and mature into some sort of creative adult. How might he achieve this, with no obvious mentor to guide him, having to reinvent every wheel entirely on his own; obsessed indeed with his technology to the point of addiction? All the hallmarks of addiction are there: the belief that repeating the same behaviour will bring about a different outcome; needing more and more to produce the same level of effect – look at the current maniacal rush for oil and gas; increasingly in pain as a consequence of his addiction; and in almost total denial.

I have used the male pronoun, since this does seem to me to be a predominantly male aspect of humanity. That does not, though, I think, let women off the hook, since both sexes are heavily engaged in the same obsessive pursuit of power and control through the intellect.

It seems likely that our parent, planet earth, patient though she is, will eventually say: 'Enough!' Whether she then pushes us out of the family home entirely or offers us another choice remains to be seen. I have a feeling that we have already been offered choices all too often, and these may well run out.

On the other hand, there may be room for optimism. My own experience of addiction, both personal and other people's, is that, in the period before real recovery can start, there is often an insane push to consume as much of the drug of choice as possible. It feels

like a need to let go all control and to prove to oneself that the addiction just does not work. In AA it is known as rock bottom. Some who reach rock bottom survive to become some of the most remarkable people I have ever met. Others, of course, do not survive. Collapse, almost to the point of death, is often the only way through.

Watch this space?

William Johnston

Relevance of neuroscience

In his letter ('Seductions of neuroscience' Letters, *Therapy Today*, July 2013), Richard House poses the question: 'What conceivable relevance can neuroscience have to a client and me when we're sitting in the room together, trying to co-create a healing encounter?'

I originally trained as a person-centred counsellor and subsequently in sensorimotor psychotherapy and feel that neuroscience (or, as I prefer to call it, neurobiology) does have something to say to the existential, meaning-making experiences within the therapeutic relationship. I can only speak from my experience of pluralistically¹ incorporating some of the new insights gained from this field into short- and long-term work, as a GP counsellor and in private practice.

I have found that the emerging understandings, particularly about the physiological drivers for our survival systems (which I believe form part of what Carl Rogers observed as the actualising tendency), can help to stabilise and

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reassure clients, thus opening up the possibility for change.

Some of my clients find their 'phenomenological world' and 'external behaviour(s) and reactions'² bewildering and problematic. They are unable to find the insight to change these habitual patterns and are so well defended that even the thought of change feels more threatening than their current situation, limiting their capacity to make use of the therapeutic relationship. But, according to Mick Cooper, these are among the 'strongest predictors of outcomes'.³

Rogers refers to different forms of insight that the client experiences and defines them as 'some relatively simple, [and] some highly complex and going to the root of the behaviour patterns of the individual'.⁴ I find that the psycho-education gleaned from neurobiology can aid this process of complex insight. First, it can re-assure the client that they are not mad, there is a physiological *logic* to their problematic behaviours (or symptoms). This often allows them to be more accepting of themselves. Second, the client starts to understand that change will only come from inside themselves. This fits well with the foremost principle of facilitating the self-direction and individual autonomy of the client,⁵ and relies on the client's own powers for the therapeutic change.⁶ This in turn allows the elements of insight cited by Rogers to grow,⁴ and 'the planning of new and more satisfying ways in which the self can adjust to reality'.⁴

I hope that my response encourages more curiosity about the applicable information that emerges

from hard science in clinical laboratories.

Sally-Anne Bubbers
MSc, Registered Member
MBACP

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Correction

I just wanted to send a correction to the article on Time and Temporality Therapy in June's *Therapy Today*. The author writes that Rumi said that God is closer to a person than their jugular vein and references a book by Yoltas. This is not a quote written by Rumi, though he made reference to it in his poetry. This is a verse from the Quran, chapter 50, verse 16: '... and We have created humankind and We know what their souls whisper to them, and We are nearer to each person than their jugular vein.' (My less than perfect translation!) Just wanted to let you know. Interesting article, thanks very much.

Joanna Moon
UKCP, MBACP

Obituary: Mark Prever

It is with great sadness, disbelief and a deep sense of loss that I find myself writing Mark Prever's obituary.

Mark was a well respected and much liked colleague, clinical supervisor and trainer whose presence within Open Door Youth Counselling in Birmingham brought a wealth of knowledge and generosity of spirit, combined with a great humanity.

For 23 years I shared a deep personal friendship with Mark. We also shared an exciting, complex and rewarding professional relationship as we worked closely to steer this wonderful organisation forward with a shared passion for the emotional and mental health and wellbeing of young people and the furtherance of the person-centred approach, both within and outside of Open Door.

Mark spent most of his adult life working in education. In his latter years he found the constraints of the educational establishment prevented him from working alongside young people in depth and in the person-centred way that he cherished so much. There will be many young people across the city who will have gained great insight and understanding of themselves through their encounters with Mark.

Mark's great love was his dear daughter Miriam, who is about to embark on university life. I know how excited Mark was for her and how he was looking forward to guiding and supporting her through this experience. It is so sad that Miriam will not have her dad by her side.

In the words of our senior counselling practitioner: 'Whenever I have thought about Mark Prever since his untimely passing earlier this year, I have experienced a kaleidoscope of memories and emotions. From the warm, comforting glow of having known him to the cold hollowness of disbelief at seeing his life cut so cruelly short. Even though his life ended prematurely, his presence and influence will remain permanently with us all at Open Door. Mark's humility and humour have somehow transcended the tragedy of the loss and are now indelibly woven into the fabric of who we all are.'

Mark was an author, wrote many papers and gave numerous lectures on the subject of mental health. He was always generous with his knowledge and time.

In Mark's own words, taken from a recent Open Door publication: 'I am never quite sure how many years I have been associated with Open Door. What is clear however is the impact the Agency had on me both personally and professionally. I am a different person in so many ways from the "young" teacher who arrived here all those years ago. I cannot deny that the opportunity to work with young clients has been a real thrill and a reminder of why I entered this work in the 1990s. I work closely with Carmel on a range of ethical, professional and developmental matters and feel that my input is valued. In fact, I would state that, in terms of professional self-worth, it is Open Door that gives me what I need to feel that I can make a valued and lasting contribution.'

Carmel Mullan-Hartley and the Open Door Team

Small slices of insight

The examined life: how we lose and find ourselves

Stephen Grosz
Chatto & Windus, 2013
225pp, £14.99 (hbk)
ISBN 978-0701185350
Reviewed by Chris Rose



In this small book, the psychoanalyst Stephen Grosz draws from his experience to present 31 thoughtful case studies portraying the struggle between conscious intent and unconscious desire. The book has already become a bestseller, much reviewed and acclaimed, but it has a particular resonance for those of us who share Grosz's efforts to 'listen for the gaps' in the words. We too know the tenacious imperative to keep things as they are while protesting that they must change.

The vignettes may be thought provoking; he suggests that paranoia is a valuable defence against the feeling that nobody is interested. They may seem reassuringly familiar: the man who silences and controls what happens in the room through relentlessly boring conversation. They are always engaging, written with respect and without recourse to jargon. The underlying pay-offs for seemingly irrational behaviour are elegantly unfolded in every chapter.

There is no point in becoming attached to these characters. Grosz presents just a small slice, a solvable puzzle for each person, and moves on. It is calm and tidy, even when the theme is the impossibility of solutions. We never experience here the way that every insight loses clarity as more complexity is revealed, despite this being long-term work with patients who come four or five times a week. And here I think my experience and that of many readers begins to part company with that of Grosz. My world seems much messier, much less available to be 'solved'. It is awash with issues of gender, social class, race and disability, set

in contexts of great economic and social pressures, uncertainties and injustices. The book portrays a privileged bubble where none of these factors appear to impact on the self-contained internal worlds it describes.

The book has been hugely popular, and I wonder if in part this might derive from its comforting, calm and contained atmosphere. In this place we can escape from meaningless chaos and impotence into a land where disturbances can eventually be understood. Here there is the reassurance that, even if solutions cannot be found, there will be satisfying explanations.

Chris Rose is a psychotherapist and writer

Revisiting the past

Psychohistoriography: a postcolonial psychoanalytic and psychotherapeutic model

Frederick W Hickling
Jessica Kingsley Publishers, 2012
218pp, £25.00
ISBN 978-1849053570
Reviewed by Divine Charura



The length of the title alone or the very concept of 'psychohistoriography' might be daunting to some readers but don't be put off; this book is relevant to all psychotherapeutic work, not just psychoanalysis, and throws great light on the cultural issues raised when working with people

from minority groups and disadvantaged communities.

Briefly, the book explains psychohistoriography, its theory and its practice. It is a practical, dynamic group process that psychotherapists can use with clients of Caribbean or black and minority ethnic origin to explore issues around race, identity and culture. Importantly, it also describes its application in a real-world setting (a case study set in Montreal).

In psychohistoriography members of a particular racial or other group or community are invited to narrate their own stories in the context of a relevant cultural or historical issue. The therapeutic process includes physical components, such as breathing and stretching, as well as group analysis and exercises that encourage participants to challenge dominant versions of historical events.

At its heart is the 'matrix': a time line of two threads – one showing the events described from a European perspective, and the other from a black perspective. The purpose of this is to demonstrate to participants how historical narratives are formed. The final stage is the production and performance of a group sociodrama to help clients understand and explore their feelings further.

The book's content presents a formidable challenge to the Western concept of psychoanalysis and its assumed relevance to a non-Western psyche. As a psychotherapist with an interest in transcultural perspectives, I found its discussions about cultural sensitivity when working with clients from different heritages illuminating,

relevant and powerful. I would recommend it to any practitioner seeking to broaden their understanding of these issues.

Divine Charura is Senior Lecturer in Psychological Therapies & Mental Health, Leeds Metropolitan University

Hope and hard knocks

Positive psychology in a nutshell: the science of happiness (3rd edition)

Ilona Boniwell

Open University Press, 2012

202pp, £11.99

ISBN 978-0335247202

Reviewed by Mike Shooter



Cards on the table: I am a doctor and psychiatrist, trained in spotting what's gone wrong and offering help to put it right. I've worked for the last 30 years with deprived children in deprived families in deprived communities, where a lot has gone wrong and there's not much room for improvement. So I could be accused of reading this book with exactly that negativity that positive psychologists abhor.

But I tried to put that to one side and approach it in a positive frame of mind. It is very readable, seductively so, and is no doubt as good an introduction to the subject as you can get. I applaud the emphasis on resilience. It is one of the rewards of working on 'sink' estates to find children and families who have not sunk at all. And happiness is not purely

to be equated with material welfare; some of the most deprived children I have come across have been living in sterile middle-class families. Emotional wellbeing is complex and there are useful insights here to shore up the flabby phrases tossed around by politicians. Finally, it's good to see a discussion of hope. It is one of our responsibilities to maintain a sense of optimism, though our clients may have to take it on trust when they are in the middle of the tunnel.

So why did I get annoyed? The author herself lists some of the problems with positive psychology, but here are a few gripes of my own. She claims that it differs from humanistic models in its belief in science. But what's here seems pseudo-science at best, backed up with simplistic diagrams.

The book is very adult orientated and therein lies another problem. Many of our clients have been so damaged by early trauma that they cannot make the leap to positive thinking about their lot. It might increase their sense of failure if you suggested they should. We need first to understand how their development has been dislocated and to repair it in our relationship with them. Then the author's exercises may come into their own. And to say that suffering may be necessary for development is just cruel. Some people do 'grow' as a result of trauma but they'd rather not have the opportunity, thank you.

So have I had my prejudices confirmed after all? Not quite. There are some parts of this book I will use and anyone who wants to find out about positive psychology should start here. But there is still a need for practitioners who

choose to work with disorder and the despair that goes with it and try to find remedies for what has gone wrong.

Mike Shooter is a child psychiatrist and President of BACP

Person-centred classic

Person-centred counselling in action (4th edition)

Dave Mearns, Brian Thorne, with John McLeod

Sage, 2013

228pp, £24.99

ISBN 978-1446252536

Reviewed by Val Simanowitz



This fourth edition of the classic *Person-Centred Counselling in Action* is a thicker and denser book than its antecedents.

When I first trained in the 70s there were very few books on counselling by UK practitioners. Later, in the 80s and by now a trainer, I was delighted to find the first edition of this book, which was the clearest, best exemplified, most vivid and most convincing explanation of the person-centred approach. It is focused on the humanity of the person-centred way of working and on clearly expressed principles rather than specific behaviours and techniques and this is what has elevated it to biblical status for many person-centred counsellors.

This fourth edition has all the strengths of the previous editions but includes a new chapter on recent developments

in person-centred theory and practice, as well as a chapter on developments in research by John McLeod. Rogers himself would certainly have approved of these additions as he was a pioneer of counselling research and he also contended that the approach must be open to fluidity or die. This might be heresy to the purists but it seems self-evident that all counselling approaches must evolve and adapt or they will become ossified.

Chapter two describes the recent developments, weaving together Rogers' original 'actualising tendency' with Mearns' and Warner's applications of the approach to working with more disturbed, unempathic and dissociated clients. I found this chapter the most heavily theoretical and, despite the authors' best efforts to explain their approaches, it was less clear than the rest of the book.

The chapter on research, which comes at the end of the book, is an excellent explanation of why person-centred practitioners must both be informed by and engage with research, which will totally convince the doubters (like me). Research will ensure that counselling has equal status, based on evidence of efficacy, with the other principal psychotherapeutic approaches. It is only with research evidence that we can convince the NHS and other funding bodies to commission our services and thus reach those who desperately need counselling/therapy and cannot afford to pay for it.

The book remains an invaluable introduction to person-centred concepts and can be used as both a

reference and a reminder for those already familiar with the approach, to inform practice, enrich supervision or as a study aid for students. It is a resounding riposte to those who continue to refuse to acknowledge the clinical relevance and proven efficacy of this approach.

Val Simanowitz is a person-centred BACP accredited counsellor and supervisor

Ecological anxieties

Engaging with climate change: psychoanalytic and interdisciplinary perspectives

Sally Weintrobe (ed)

Routledge, 2013

280pp, £27.99

ISBN 978-0415667623

Reviewed by Caroline Frizell



This book is a robust contribution to a body of literature currently shaping our thinking about psychic processes in relation to climate change. The interdisciplinary nature of the book is reflected in the range of contributors, which includes sociologists, academics and psychoanalysts, and also in the diversity of content and stylistic form. The writing is incisive, lively and at times riveting, and the themes are enriched and enlivened by research, literary references and anecdotal examples of lived experience.

The opening chapter sets out a concise historical context for our collective

denial in the face of the catastrophic reality of climate change. This theme prowls through the book like a nocturnal creature, thriving on the relationship between individual behaviour and the perversity of a must-have culture that seeks to quicken the capacity to 'fix' things. As children of a capitalist system, our minds have been colonised; an arrogant sense of entitlement and a capacity for ruthless exploitation have become embedded in our cultural norms.

The chapters evaluate psychoanalytic perspectives in terms of their potential contribution to the wider socio-political understanding of environmental degradation as an ethical issue. The analytic approach provides a frame to explore the potent realm between the conscious and the unconscious in an attempt to unearth the root causes of the madness and perversity of the cultural myths by which we live.

The structure of the book invites dialogue. An author adopts a theoretical stance, respondents comment on that stance and the author replies, giving us a sense that we are part of a conversation linking psychoanalytic perspectives to wider social, political, economic, cultural and ideological issues. This provides a springboard for thinking about the perversity of our collective behaviour.

Our expectations have never been so great, yet our future prospects have never been so tenuous. We defend emphatically against the unbearable anxiety evoked by this dilemma and continue to indulge in environmentally unethical behaviour, becoming stuck in a social and environmental

melancholia that prevents us from moving beyond ambivalent feelings about the destruction of the ecosystem. If we can face these uncomfortable feelings and mourn our losses, we can then engage in the complex task of discovering our capacity for restoration and reparation in a renewed relationship with the earth.

This book will fascinate practitioners who seek to unearth the perversity of our cultural norms and for whom therapy is about social and environmental justice as well as individual healing.

Caroline Frizell is a practising dance movement psychotherapist and ecopsychologist

Ethics and the law

Counselling confidentiality and the law

Peter Jenkins

Counselling DVDs, 2013

Running time 2h33m, £55–50

www.counsellingdvds.co.uk

Reviewed by Mo Perkins



This training DVD is essential viewing for all counsellors, counsellor trainers and students. It features Peter Jenkins, with whom many counsellors will be familiar as the author of several books on the law. Peter has a background in social work and is a counsellor and counsellor trainer with considerable experience in his field.

The aim of the DVD is clearly stated: 'for educational

and training purposes' and Peter Jenkins stresses that it does not constitute legal advice as such and that his comments are his opinion and interpretation of the law based on his experience and research.

The material is a double DVD set and is accompanied by a booklet that explains the context of the DVD and includes a précis of all of the salient points covered. It also gives guidance on how to present the material in a training environment. I'm not sure what more anyone could ask for.

The first DVD sets out various scenarios, including breach of client confidentiality in supervision, risk of suicide, issues around working with young people under 16 and much more. Each scenario is presented very briefly by a counsellor and followed up with a thorough discussion of the topic by Peter. The second DVD covers counsellor responses to requests for access to records by the client, the police, solicitors and the courts.

I was very impressed with this material, from the opening credits through to the end of the DVD. Peter Jenkins is very easy to listen to, has a relaxed and reassuring style and I think many counsellors would feel more confident about the tensions between counselling and the law after viewing this material. The DVD would be an invaluable addition to any training course on counselling ethics and the law and an excellent resource for all supervisors. *Mo Perkins is an integrative psychotherapist, supervisor and trainer. She works in private practice and runs Mosaic Counselling & Coaching*

Shared ownership

Therapy futures: obstacles and opportunities

Denis Postle
elpnosis/WLR Production,
2012
325pp, £12.99
ISBN 978-0954546632
Reviewed by Nick Totton



Denis Postle is a leading figure in the debates about regulation and the professionalisation of psychotherapy and counselling. He and I have often worked together, occasionally fought together, and sometimes just followed different paths through the jungle. In his latest book, Postle sums up the recent history of regulation and lays out an alternative.

This alternative – what Postle neatly calls ‘post-professional practice’ – draws on the important concept of the commons, which several contemporary thinkers use to denote the fundamental resources on which we depend: in the first instance air, water, soil and so on, but also the knowledge base and social production

that enable human culture. They argue that the commons cannot properly be owned by individuals or groups.

Postle applies this to what he calls ‘the psyCommons’: ‘the process of becoming a person, how to live, love and work in the world, is a matter of learning from experience and conversations with others about their experience’ (p32).

From this viewpoint, the professionalisation of knowledge about how to live repeats the 18th and 19th century enclosures, when individuals literally ‘enclosed’ common land and prevented others using what was once a shared resource. Professionalised psychotherapy, Postle argues, is a form of theft. ‘What the psychological therapies learnt in their relationships with clients was distilled into expertise, knowledge assets which... became increasingly walled off and enclosed in what amounted to gated communities’ (p 33).

The book’s first half lays out and develops this radical argument, and suggests an alternative model for therapy. The second half describes in great – sometimes perhaps excessive – detail the struggle over the proposed regulation of counsellors by the Health and Care Professions Council (HCPC). If you were in favour of HCPC regulation, or took no view on it, this book may not interest you. On the other

hand, the arguments are no less relevant in principle, and just as flammable.

Nick Totton is a body psychotherapist, supervisor, trainer and writer

Faith-centred counselling

Counselling and spiritual accompaniment: bridging faith and person-centred therapy

Brian Thorne
Wiley-Blackwell, 2012
353pp, £27.99
ISBN 978-1119950813
Reviewed by John Eatock



This is the work of a passionate apologist: ‘one who defends and commends the faith’. The faith that Brian Thorne defends and commends is two-fold and derives from his commitment to person-centred theory and practice and his deeply rooted Christian faith. It is a carefully ordered distillation of the best of Brian’s writing over 40 years and shows how he has integrated into his self a way of being in the world.

It begins with his experiences as a boy and follows through his early

years as a therapist, his training, his conversations with Carl Rogers, his experiences as a practitioner, and his growing understanding of the unfolding of his life’s journey and Christian belief. This is a book about being authentic as a person, a person-centred counsellor and a companion to others on their journeys. You may already have read the chapters taken from his books, but here they are presented in a new light.

Throughout is the conviction that there is another dimension to the person-centred approach that arises when there is real depth of relationship between client and counsellor. This is developed in the commending of tenderness, in passages on spiritual discipline and empathy, and where Brian demonstrates the fruits of recognising, respecting and valuing a person’s subjective experience.

He admits that some presentations of Christianity are not beneficial and it may be interesting to revisit his exposition of his person-centred philosophy that is, I believe, the essence of the Christian faith.

This is a ‘Brian Thorne reader’, and is to be commended to all therapists of all theoretical orientations. *John Eatock is former BACP Lead Advisor for Spiritual & Pastoral Care and Counselling*

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Counselling & Psychotherapy



Therapy in cyberspace

An international perspective and connectivity are increasingly important in today's cyberworld, writes
Amanda Hawkins

September for me brings with it a sense of a new beginning, which I think stems from my school days. I always want a new pen and a fresh, clean piece of paper. As much as I enjoy the summer break, there is also something nice about getting back to structure!

Structure for me this year will be presenting at the International Association for Counselling (IAC) conference in Istanbul, early this month. I am presenting on online counselling and its state of play in the UK, alongside Anne Stokes, who is one of the leading educators in this flourishing field.

Much of this issue of *Therapy Today* is devoted to the wider international counselling scene, and many of you may ask why it's important. Perhaps the development of online therapy gives us a useful framework to consider some of this. When you work online, you cease to work in a specific location. At times you may be working with a client who is based outside your own country. BACP is set up to hold standards for therapy within the UK, to offer a safe harbour for both professional and clients. We don't have jurisdiction beyond our shores. Online counselling happens in cyberspace and, I would argue, it is equally important to offer the same safe harbour in this landscape as we do in terrestrial UK.

Recently BACP has become far more present in the international counselling arena. Fifty years ago Hans Hoxter (after whom our educational bursaries are named) started an organisation called the International Round Table for the Advancement of

Counselling (IRTAC). Its predominate focus was to provide a space in one particular country, on an annual basis, to have a dialogue about counselling (sometimes just the function of listening) and how it was perceived by other countries. Ideas were shared and then IRTAC left. Over time this turned into IAC (the International Association for Counselling) and it still does something very similar – running dialogue conferences in places in the world where counselling exists but could use some support.

With the advancement of both technology and the increased experience of counselling worldwide, it's become a priority to be involved in such international dialogues and to have some very serious conversations about how we work globally and how we collaboratively manage an international cyberspace where therapy is taking place. With this in mind, BACP CEO Laurie Clarke and I attended a workshop in Malta earlier in the year to work alongside IAC to help them think strategically about some of the international counselling challenges and how IAC can work with national professional bodies to find solutions.

I think it's important to say that this international approach isn't about a bunch

of Western individuals wanting to impose a Western view of counselling on the rest of the world. One of the reasons that I support the work of IAC is because it has strong principles of equity and cultural appropriateness.

Maintaining a balance, as we all know, is important. Laurie and I keep a close eye on the focus of BACP. For many years we as a profession have been inwardly focused on negotiating registration, and there is always much work to be done on our own patch – questions to be answered, things to be reviewed. The work never ceases, but it's also important to maintain our connectivity with what the rest of the world is up to with regard to counselling, and balance internal work with international engagement. We can give a lot and we can also learn perhaps even more through this connectivity.

Returning to that 'fresh sheet of paper' feeling, I just want to remind you that, if you are not yet on the BACP Register, then perhaps this is your beginning of term task! If you are BACP accredited or have done a BACP accredited course, you are eligible to go straight onto the Register, but you do need to sign the terms and conditions. You should have an email in your inbox inviting you to sign an embedded electronic form. If you haven't had this email, then contact BACP Customer Services on 01455 883 300 or email enquiries@bapc.co.uk, or visit the BACP Register website (www.bapcregister.org.uk). If you don't meet these criteria, you may need to do the Certificate of Proficiency (see the next page for more details). Again, you'll find all the details on the BACP Register website. ■

It's important to balance internal work with international engagement. We can give a lot and we can also perhaps learn even more'

Update on the BACP Register

BACP members who haven't yet joined the Register need to do so now as they may be missing out on the benefits.

Prospective clients and employers are now calling BACP to check when they can't find a counsellor's name on the Register, which is open to public view via the BACP Register website. If the counsellor is not on the BACP Register then BACP can only inform them as to whether she or he is a BACP member.

The Professional Standards Authority, which has

accredited the BACP Register, is recommending that clients and employers/commissioners check that counsellors are registered before employing them.

Over 12,600 members have joined the Register; only about 1,100 accredited members have still to do so. All BACP accredited members and members who have completed a BACP accredited course automatically qualify to join the Register. All they have to do is visit the BACP Register website and sign the



terms and conditions. Non-accredited members need first to pass a Certificate of Proficiency (CoP) assessment

(see below). Please visit <http://wam.bacp.co.uk/wam/RegisterEligStart.aspx> to check your status.

NCS cold call emails

Some BACP members have received an email from the National Counselling Society (NCS) inviting them to join the NCS accredited register.

BACP would like to assure members that BACP has not released your contact details, and would not do so.

There are a number of counselling and psychotherapy registers. Some are linked to the completion of specific training courses; others, like BACP's register, are open to counsellors/ psychotherapists who meet the entry standards. BACP's register is the first in the field to be accredited by the Professional Standards Authority. The NCA's register has also now been accredited and three other counselling and psychotherapy organisations are in the process of applying.

We are now promoting BACP's register with employers and the public.

Further Certificate of Proficiency assessment venues and dates announced

The Certificate of Proficiency (CoP) is a computer-based assessment of ethical practice, decision-making and knowledge, which gives eligible members a way onto the BACP Register of Counsellors & Psychotherapists. To be eligible for the CoP, members need to be in either of the following categories: Individual Member (if they have joined this category since 1 April 2013) or MBACP.

The CoP will be your route to registration if you are not BACP accredited and have not done a BACP accredited course.

The CoP was launched earlier this year and events are being held across the UK. We will continue to add to the itinerary of dates and, once the venues are confirmed, you will be able to book your place online at www.bacp.co.uk/events/conferences.php. The map shows new locations



that have recently been added to the itinerary.

To read about how 20 counsellors working in Stoke-on-Trent successfully took the CoP and joined the BACP Register go to

www.therapytoday.net/article/41/82/categories/

For further information about the CoP, please visit the Register website at www.bacpregister.co.uk/prospective/CoP.php

Client management system launched

BACP is developing client management software designed for members working in private practice that will simplify administration and provide secure storage for client records

BACP is currently working with software development specialist Mayden to create a client management system tailored to the needs of counsellors and psychotherapists working in private practice. The collaborative project is known as 'project bacpac', and version 1 of the software is to be launched this month.

This project began with the aim of addressing a major concern of independent practitioners – the secure safekeeping of client records. Confidentiality and security of client information is one key area where client management software can really benefit practitioners.

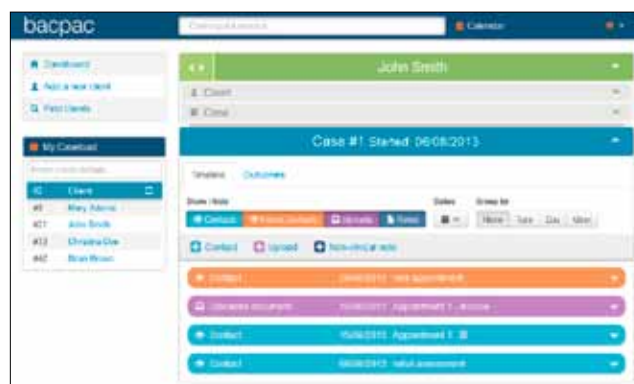
Mayden is the company behind IAPTus, the patient management software used by many of the NHS Improving Access to Psychological Therapies (IAPT) services. As such, the company has been vetted by both the NHS and MoD for hosting confidential medical information and Mayden's secure databases currently update a quarter of a million clinical records every month. The BACP client management system will have the same high level of protection as NHS and Ministry of Defence records. All confidential client information recorded in the system will be securely stored by Mayden. This means that users can be confident that all their records are kept safely, securely and backed up regularly.

Administration tasks can also be a major burden to independent practitioners, taking up valuable time and energy. This is another example of where online tools can help support therapy practice.

Chris May, Managing Director of Mayden, explains: 'We naturally wanted to take the best of IAPTus, making improvements in several areas, while also recognising that counsellors in particular have different requirements to IAPT which we needed to address. Simplicity was key.'

Mayden has been working closely with BACP and an advisory group of practising psychotherapists and counsellors throughout the development process. The aim has been to create user-friendly software that meets all the requirements of running a successful private practice. This includes booking appointments, recording and storing clinical notes, sending correspondence and managing finances. All appointments, patient information and financial details will be accessible, quickly and easily, all in one place. The system will also be able to store a wide range of questionnaires and to track outcome measures.

'We're very grateful to have been guided by such a strong team of therapists,' Chris Eldridge, bacpac project lead at Mayden, says. 'No one knows the ins and outs of counselling like those who



live and breathe it every day. For example, we spent some time designing a clever way of creating letters. Then our advisers told us that most correspondence is done by email now. So we are now working on a system to email appointment reminders to clients.'

A key feature of the system is its interactive help guide, which includes an online community for all counsellors and psychotherapists using it. Software is continually evolving, so Mayden has devised a way to ensure any developments reflect the priorities of their users. Users will be able to vote on their preferences from a list of upcoming features and developments. 'It puts the professionals in the driving seat and makes sure that the evolution of the system is focused on what matters most to the practitioner,' Chris Eldridge says.

The feedback so far from the BACP advisory group has been very positive. BACP and Mayden are now

ready to launch the first version of the system and are looking for members who would be interested in piloting it (see below).

Mayden is already working on new features for scheduling and keeping records from group sessions, for managing supervision sessions, and a host of other functions to help simplify running a private practice.

'BACP is very excited about the project. To be able to offer a subscription to a state-of-the-art client management system at a low cost is a great benefit for our members and will really help with the day-to-day running of their practices,' Carl Boucher, BACP Director of ICT, said.

For more information, contact the BACP ICT Department on 01455 883300. If you'd like to be involved in the launch of version 1 and/or complete a short online survey on what you would need from a client management system, visit www.mayden.co.uk/bacpac

All change in the divisions

Several BACP divisions have announced new Chairs or are anticipating a change in their leadership in the coming weeks and months.

Charlotte Snoxall has, sadly, decided to step down early as Chair of BACP Universities & Colleges. She has been replaced by Barbara Lawton, a longstanding member of the BACP UC Executive and Chair of the Advisory Service Subcommittee, who will hold the post until June 2014.

Jo Birch steps down as Chair of BACP Coaching this month. Her successor has yet to be announced. Barry White, Executive Specialist for Professional Standards, has taken the position of Deputy Chair.

Melody Cranbourne-Rosser has been elected Chair of the Association for Pastoral and Spiritual Care and Counselling. Valda Swinton is Deputy Chair. Maureen Slattery Marsh has been co-opted onto the Executive.

Wendy Halsall will be standing down as Chair of BACP Private Practice later this year after three years in office. She will be replaced by the Deputy Chair James Rye. Wendy will remain a member of the Private Practice Executive.

For further information, visit www.bacp.co.uk/expert_areas/. If you are interested in joining any of the divisions, email Julie Cranton, Divisional Officer, at julie.cranton@bacp.co.uk

BACP Coaching handbook

BACP Coaching is working with Open University Press to publish a handbook on where coaching and counselling meet. The book will be edited by Jo Birch, Chair of BACP Coaching, Gill Fennings-Monkman, MBE, BACP Coaching Executive Specialist for Diversity, and Dr Trish Turner, who recently stepped down as Executive Specialist for Networks, all of whom are both coaches and counsellors.

A reference group of BACP Coaching members has been supporting the work. Potential contributors are now being sought. The book will include models, identify challenges and dilemmas and consider the issues around supervision and ethics. The intention is to publish by the summer of 2014.

Dr Trish Turner said: 'The aim is to provide real life examples of how practitioners of both coaching and counselling are working with clients. We hope to stimulate debate and give practitioners practical models and ideas that resonate with their own philosophy.'

Joint divisional conference planned

BACP is discussing with the divisions a joint national conference in 2014. The conference would run twice: a London conference in February and a conference at a northern venue in March. Final details of the events are still to be confirmed.

This is a new venture for BACP. Four divisions have said they would like to take part. They are the Association for Pastoral and Spiritual

Care and Counselling, BACP Healthcare, BACP Coaching and BACP Workplace.

The conferences would be structured to offer four parallel streams of keynote and workshop sessions. Delegates would be able to follow their own specialty or pick and mix across the streams. The content of the keynotes and workshops would focus on common themes, including policy,

innovation, research and practice development.

'This would be a pilot venture,' said Elspeth Schwenk, BACP Deputy Chair. 'We see the conference as an opportunity for BACP to showcase the divisions and what they offer members and for delegates to explore across different areas of specialist practice.'

For more information, email kathy.roe@bacp.co.uk

BACP Private Practice networking meetings

BACP Private Practice is looking for members willing to run regional networking meetings in their area. Several other BACP divisions, including BACP Coaching and the Association for Pastoral and Spiritual Care and Counselling (APSCC) already have network groups. The BACP Private Practice Executive feels they could be especially useful for its members, because of the

isolation of working in private practice and the importance of networking to building and maintaining a thriving independent practice.

If low-cost or free venues can be found, it is hoped that attendance will be free for BACP Private Practice members. The meetings would also be open to non-members, who would pay a small fee of £15. Three pilot groups, in Swindon,

Belfast and Leeds, are already planned. Members in these areas will be notified as soon as dates for the first meetings are confirmed.

BACP Private Practice members interested in running a group in their region, or requiring more information, should email s.uttingsimon@btinternet.com with the subject heading 'Regional Networking Meetings'.

Anne Calleja has been appointed as the new BACP Coaching Executive Specialist for Networks. Anne has been running the Oxford local network group for over two years. The next network group meetings are in Cambridge on 17 September, Central London on 24 September, Birmingham on 25 September, and Oxford on 1 October. For further information, please visit www.bacpcoaching.co.uk/Localgroups.php

New-look membership renewal letters

BACP has introduced a new membership renewal letter, following feedback from many members that the existing letter looked complicated and was time consuming to complete.

The new, redesigned letter aims to make renewing membership much quicker and easier.

The major change has been the removal of changes in personal details, employment details, practice details and specialist interests. You can still amend and update this information by logging in to the members' section of the BACP website and

clicking on 'BACP Account – Your Membership Details'. If you do not have online access, BACP Customer Services department will be able to change your details when you call.

BACP has also taken the opportunity to amalgamate the accreditation renewal form into the membership renewal letter to reduce the amount of paperwork that accredited members need to complete. Accredited members must now ensure that they complete the accreditation renewal section with their practice, supervision and CPD details

and return the whole letter to BACP to ensure their accredited member status is maintained.

Payment options remain the same: a single annual direct debit, 10 monthly payments by direct debit (BACP do not charge for direct debits), or a single full payment by cheque or debit/credit card.

Members who pay the full subscription fee may find it easier to pay safely and securely online by card through the members' area of the BACP website (visit www.bacp.co.uk and log in), remembering to

return the completed renewal letter if you are accredited.

The first new membership renewal letters will already have been received by members whose subscription is due in September. If you are not due to renew your membership in September your letter will arrive around six weeks before your subscription expires.

If you have any queries regarding your membership or accreditation renewal, please contact the BACP Customer Services department on 01455 883300 or email bacp@bacp.co.uk

Summaries of completed BACP consultations

Call for information about encouraging candour

Consulting body: Professional Standards Authority for Health and Social Care
Summary of BACP response: BACP said that candour when something goes wrong should be required of all those registered by the statutory healthcare regulators but this needs to be complemented with a change in culture in the healthcare environment. With regards to how professionals should be supported to be open, BACP said that regulators should ask for evidence of 'duty of candour' from professionals as part of their annual review, and also should be supported to report mistakes. BACP also emphasised the importance of giving an apology, as this can prevent complaints from escalating into full

investigations. It said that newly qualified professionals should be provided with literature by education/training establishments about the duty of candour and what it entails. BACP also pointed out that the role of the supervisor will be key in promoting this duty, and that junior and less experienced professionals need to feel comfortable and able to express their concerns to their senior colleagues.

Guidance on termination of pregnancy in Northern Ireland

Consulting body: Department of Health, Social Services and Public Safety
Summary of BACP response: BACP informed the DHSSPS that the BACP Register is the first psychological therapists' register to gain accreditation from

the Professional Standards Authority for Health and Social Care and that this means BACP members are approved by an independent body that is accountable to Parliament. BACP explained that the BACP Register demonstrates that a therapist has a minimum level of competence and upholds rigorous standards and that all BACP accredited therapists have to demonstrate that they have been in practice for three years and have completed 450 hours of timetabled learning and 450 hours of supervised practice.

BACP welcomes contributions from members to its responses to consultations. If you would like to contribute your views to current consultations, please email policy@bacp.co.uk. To view BACP's full responses to these and other consultations, visit www.bacp.co.uk/policy

More IAPT sites for CYP

The Improving Access to Psychological Therapies (IAPT) programme has selected 24 new sites to join its Children and Young People's programme.

The new sites will extend the reach of the programme across England so that, the Government says, more children and young people will benefit from improved mental health services that are personalised and individually tailored to their needs. The new sites mean that the programme will be working with services covering 54 per cent of 0–19 year olds in England by the end of 2013.

Care and Support Minister Norman Lamb said: 'This is an essential part of our commitment to improve the health and wellbeing of children and young people.'

Around the parliaments

July and August are quiet months in politics as the members of all four UK legislatures take a summer break. But before taking their leave they provided us with some interesting things to report.

First there was the comprehensive spending review, in which the Chancellor promised that efficiency savings in the NHS would allow for new investment in mental health. Looking deeper into the details of the review, a commitment was made to expand talking therapies in the NHS in 2015–16.

The issue of the regulation of the counselling profession reared its head in parliament again when Labour MP Geraint Davies asked a parliamentary question about NHS spending on and GP referrals to what he described as ‘unregulated counsellors and psychotherapists’ (see below for further developments).

We reported in July’s Around the Parliaments that Labour MP Sandra Osborne

tabled an Early Day Motion (EDM – a kind of petition for MPs) calling on the Government to investigate any NHS links with conversion therapists and to ban NHS-funded conversion therapy for under-18s. By the end of the parliamentary session, the EDM had received the support of 48 MPs. BACP used the opportunity to reiterate our position on reparative therapy by sending them a copy of BACP’s statement of ethical practice on the issue.

The Lord Bishop of Derby prompted BACP to get in touch by his parliamentary question on depression and older people. BACP wrote to point out that depression in people aged 65 and over is consistently under-diagnosed, often as a result of stereotypical views of old age, and that counselling is just as effective with older people as it is with younger age groups.

Other relevant issues raised by MPs and peers in the past two months include abortion and counselling,

access to talking therapies for young people with eating disorders and the availability of therapy in prisons.

The Professional Standards Authority for Health and Social Care – the accreditors of the BACP register – appeared before the Health Select Committee in July, giving MPs the opportunity to scrutinise the work of the new body, set up under the Health and Social Care Act 2012.

In Scotland, BACP responded to the Education and Culture Committee’s inquiry into the Children and Young People (Scotland) Bill. BACP’s submission to the committee – which was reported in the *The Herald* – welcomed the commitment to providing counselling for troubled families but called for clarity on the kinds of interventions being offered, said that a range of therapies should be made available and argued that the Bill should extend its commitment to providing counselling to children and young people.

Dementia care for BAME groups

Estimated numbers of people with dementia in black, Asian and minority ethnic (BAME) groups in England and Wales are far higher than previously thought, yet their needs are often being overlooked.

So says a new report from the All-Party Parliamentary Group (APPG) on dementia, *Dementia Does Not Discriminate*. The report of the APPG inquiry says there are nearly 25,000 people with dementia from BAME communities and this number is set to increase seven-fold to over 170,000 by 2051. This is significantly more than the two-fold increase expected in the rest of the population, because people who came to the UK between the 1950s and 1970s are now reaching their 70s and 80s and are at higher risk of dementia. Despite this increase in prevalence, awareness of the condition among minority ethnic groups is poor and provision of appropriate support is lacking, the APPG says.

The APPG is calling on Public Health England to fund a pilot awareness campaign to inform BAME communities about the condition and challenge stigma. *Dementia Does Not Discriminate* also urges commissioners to ensure appropriate dementia support services are available to people from minority ethnic communities.

Baroness Sally Greengross Chair of the APPG on Dementia, said: ‘Our focus now should be on ensuring high quality dementia support is available to all once they’ve received a formal diagnosis.’

MPs raise the issue of regulation again

Following his parliamentary question (see Around the Parliaments above), Labour MP Geraint Davies tabled an early day motion (EDM) in July calling for the regulation of counsellors and psychotherapists.

The EDM commented that anyone can set themselves up as a counsellor or psychotherapist without training or experience and the patient has no recourse

if something goes wrong. It argued that millions of people, often vulnerable and with mental health problems, are being given therapy in an unregulated industry with no uniform code of conduct or ethics. It called on the Government to regulate counsellors and psychotherapists by bringing them within the jurisdiction of the Health and Care Professions Council.

At the time of going to print Geraint Davies’ motion had received the support of 43 MPs. BACP has since written to all the MPs who have signed the motion, seeking to reassure them about the BACP Register and the robust standards that govern BACP’s members, including the BACP *Ethical Framework for Good Practice* and BACP’s Professional Conduct Procedure.

Annual Research Conference

BACP has confirmed the date and venue for the 2014 BACP Annual Research Conference.

The conference, titled 'Researching the special relationship: all relationships relating to therapy, supervision, training and research', takes place in London 16–17 May 2014. It will mark the event's 20th anniversary and will be co-hosted with the American Counselling Association.

The original research conference was founded by Professors Sue Wheeler and John McLeod in 1995, when a one-day annual research event took place in Birmingham. Once established, the event was 'gifted' to the then BAC in 1999, to be taken forward by the newly formed BAC Research Department, which first ran the 5th Annual BAC Research Conference in Leeds. It became a two-day

event in 2001, when it also became known as the BACP Annual Research Conference.

The conference offers a fully peer reviewed programme, bringing together researchers, students, practitioners, academics and trainers from different backgrounds and traditions for lively exchange and critical debate beyond the confines of theoretical schools, research methodologies or practice settings. The latest research findings are presented in the context of open debate on topical issues around counselling and psychotherapy. The link with an academic or sister organisation co-host enriches the programme and the overall experience for delegates.

The programme opens each day with an invited keynote speaker, followed

by a programme of research presentations in parallel, themed strands that include papers, posters, workshops and symposia. The 2013 conference showcased research from more than 100 individual researchers.

A growing number of international researchers have represented at the conference. They include researchers from Australia, America, Bahrain, Belgium, Canada, China, Denmark, France, Germany, Greece, Ireland, Malaysia, Nigeria, New Zealand, Norway, Portugal, Qatar, Singapore, Spain and the United Arab Emirates, making the BACP Annual Research Conference a truly internationally recognised event.

For more details, including how to submit your research for consideration, please visit www.bacp.co.uk/research/events

Training the trainers in research

The second of four linked workshops on training in research methods takes place on Monday 21 October in London.

The workshops will run over the next 18 months, each led by a highly experienced researcher in the counselling field. They can be taken together, as a linked programme, or singly. The aim is to provide trainers with an opportunity to update their knowledge and skills in research methods, in order to enhance their own teaching to students.

In the second in the series, Professor John McLeod will explore a range of strategies and exercises that can be used in teaching and supervising the qualitative research of students on counselling and psychotherapy training courses. Topics to be covered include integrating research skills and awareness into counselling and psychotherapy training, working with students to develop basic qualitative research skills, the role of the research supervisor, practical approaches to taking account of researcher reflexivity, criteria for assessing the validity of qualitative research, and writing up and publishing a qualitative study.

The workshop costs £85 for BACP members (lunch/refreshments included).

For more details and to book, visit www.bacp.co.uk/events/conferences.php or contact the BACP Customer Services team on 01455 883300 or enquiries@bacp.co.uk

Seedcorn funding offered to BACP members

BACP is offering three seedcorn funding awards of up to £5,000 each to BACP members wishing to undertake a research project.

The awards are part of BACP's research strategy to help build research capacity in counselling and psychotherapy.

One of the awards is for a general research project (application deadline: 8 November); one is for research into children and young people (deadline: 27 September), and the third is for research into older people (deadline: 27 September).

The research could be a pilot project that may lead to a larger study in the future or a small study that can be undertaken within a budget of £5,000. Any individual BACP member is eligible to apply for the funding and BACP is especially keen to encourage research proposals from practitioners. For more information, please visit www.bacp.co.uk/research/resources/seedcorn.php

Elizabeth Friere is a seedcorn funding award winner. Her paper, 'Person-centred and experiential psychotherapy scale: development and reliability

of an adherence/competence measure for person-centred and experiential psychotherapies', co-written with Robert Elliott and Graham Westwell, was published online in July 2013 in *Counselling & Psychotherapy Research*. See DOI: 10.1080/14733145.2013.808682.

The Research department facilitates a 'Finding funding' page on its webpages, which is updated with all the latest funding opportunities for counsellors undertaking research. The page can be accessed at www.bacp.co.uk/research/resources/funding.php

Research day in Dublin

The Irish Association for Counselling and Psychotherapy (IACP) is to host a research day in association with BACP in Dublin next month.

This event, to be held on 12 October 2013, will offer an introduction to research, with guest presenters John McLeod, Andrew Reeves

and Mary Creanor. The event aims to address issues such as how research can be as important as supervision or personal therapy, how research can make you a better therapist, and some of the fears associated with research from a practitioner perspective.

The benefits of practice research networks, small-scale qualitative studies and practice-based research will be discussed, and the importance of building a research culture within a professional body.

See www.irish-counselling.ie/page/all_events/116

Newly accredited counsellors/ psychotherapists

Michelle Aghion
Farzana Ahmed
Lindsey Allon
Jo-Ann Ames
Gustavo Angeli
Laura Arnold
Premila Ashcroft
Phaedra Athinodorou
Jan Bardua
Joy Behrmann
Sadie Betts
Sam Bishop
Vanessa Blades
Sally Bloor
Hilary Borrow
Julie Burgess
Linda Burke
Madeline Callaghan
Joanne Carwardine
Eimear Chambers
Jenny Chantry
Denise Christy
Susan Clayton
Sue Coulter
Susan Critchley
Patricia David
Sally Davies
Tania Davies
Mary Dawes
Wendy de Bolla
Fiona Di Leo
Patricia Doocey
Alicia Drummond
Jane Dunn
Holly Eggboro
Maria Evans
Sarah Farnell
Laura Featherstone
Rosie Fernandez-Eagling
Julia Fothergill
Andrew Garland
Gerry Gilmartin
Seb Goldfinch
Gail Goodwin
Justine Gore-Smith
Marion Gossman
Marcus Gottlieb
Catriona Gribben
Tina Griffiths
Louisa Grundy
Barbara Guess
Colin Hartley
Jacqueline Hayes
Sylvia Henry
Helen Hines

New toolkit for CYP outcome data collection

BACP has published a toolkit on collecting routine outcome measures for counsellors working with children and young people. It is free to download from the webpages of BACP's Children and Young People Practice Research Network: see www.bacp.co.uk/schools

The toolkit is intended as a practical guide. It explains

the importance of collecting routine outcomes, how to go about it, which measures to use and what to do with the data that are collected. The aim is to facilitate a shared collection process that all members of CYP PRN use so the data can be analysed centrally. BACP's membership of the CAMHS Outcomes Research

Consortium will also enable comparative analyses to be made with data collected in CAMHS services.

The BACP Research department will pilot the toolkit alongside an electronic system for data collection and analysis later this year.

For further information, please visit www.bacp.co.uk/schools

New Counselling for Depression textbook

A new textbook titled *Counselling for Depression* is to be published by Sage in early 2014.

The book has been written by Pete Sanders and Andy Hill to support students on Counselling for Depression (CfD) training courses and future research in this field.

It sets out the background to the development of CfD, and in particular evidence-based practice, NICE guidelines and the Improving Access to Psychological Therapies (IAPT) programme. As an integration of person-centred and emotion-focused therapies developed for

clients with depression, CfD is described both in terms of its underpinning theory and its therapeutic practice.

The significance of this text is that CfD is recommended by NICE for the treatment of depression and is unique in the humanistic field.

Searchable dissertation database

BACP has set up a useful Dissertation Database in Counselling and Psychotherapy. Developed and maintained by the Research team, the searchable database provides free access

to abstracts of Master's and PhD dissertations in counselling and psychotherapy. In many cases, the contact details of the author(s) are included, so they can be contacted

directly for more information.

To access the database follow this link: www.bacp.co.uk/research/dissertations.php. To submit your abstract, contact Charlie Jackson at charlie.jackson@bacp.co.uk

Rashida Holland
Tracie Holroyd
Cassandra Human
Carol Jackson
Mary Jeans
Anna Jezuita
Ellie Kemp
Patricia Kent
Jana Krecanova
Louise Kyffin
Laurent Lagasse
Ioanna Lamprinoupolou
Gillian Layton
Sarah Layton
Valerie Lee
Chamari Leelasena
Carol Lightowler
Rebecca Lindsay
Ernesto Lobera
Susan Lofthouse
Alexandra Maguire
Anandi Mahadeo
Louise Mahoney
Jon March
Caroline Marshall
Jacqueline Marshall
Ingrid Martin
Annamarie Matwychuk
Jacinta McAuley
Desera McCabe
Paula McCaffrey
Michele McCulley
Christopher McGovern
Kirsty McGovern
Ann McGuinness
Margaret McIlvenny
Jan McLean-Smith
Caroline McSharry
Jacqueline Megarry
Joanna Moore
Karen Morgan
Louise Moring
Carla Morrell
Georgina Morrison
Leanne Myers
Sam Neathey
Bernie Neeson
Jane Nicholls
Monique Notice
William O'Connor
Michael O'Meara
Susanna Odlin
Kerri Parke
Julie Pittock
Phillip Portway
Gillian Powell
Brian Pugsley
Linda Quirk

Heather Redwood
Jo-Ann Ridley
Glenda Roberts
Sari Robinson
Louise Rocks
Julie Rodgers
Susie Rogers
Helen Rose
Terry Rudge
Geri Russo
Jackie Scanlon
David Seddon
Jeremy Shaw
Matt Shinton
Madeleine Slack
Nigel Smaller
Mark Smith
Ann Smyth
Sarah Somner
Melanie Steel
Peter Thomason
Nicola Thornton
Hilary Tibble
Deborah Topping
Temi Towry-Coker
Mary Upton
Ellen Waldren
Fiona Walkingshaw
Laura Walsh
Lynne Walsh
Marie Watkins
Robert Witton
Susan Woodbridge
Ellen Wright
Karen Young
Rafia Yousuf

Newly senior accredited counsellors/ psychotherapists

Jane Balmforth
Niki Follina
Audrey Gachen
Sarah House
Naomi Rae
Susan Sawyer
Leanne Taghizadeh

Newly senior accredited supervisors of individuals

Helen Bowes
John Bradley
Mary Close
Jonathan Kelly
Elaine Leslie
Cheryl Overington
Rachel Purchase

Colette Robb
Madeleine Rollason
Carmen von Haenisch

Newly accredited services

Off Centre Young Peoples
Counselling
RASASC Cheshire &
Merseyside Counselling
Service
St Barnabas Counselling
Service

Members not renewing accreditation

Stephanie Adam
Jane Andrews
Sunita Auger
Hilary Banfill
Judith Baron
Jo Beecham
Susan Bittker
Alice Bree
Judith Bronnert
Irene Brown
Patricia Carrasco Fischer
Rachel Celia
Terrence Claessens
Sheila Cowan
Linda Darrell
Graham Davies
Judith Davies
Julia Davies
Jasmine Dowson
Nicholas Edwards
Angela Entwistle
Sue Farrow-Jones
Jeanette Gascoigne
Jeraline George
David Goodacre
Helen Hannick
Faye Hemington
Jan Holden
Carol Holtom
Daphne Iles
Mary Ireland
Barbra Irvine
Marion Jacobs
Salwa Jayyusi
Alison Jesson
Carolyn Johnson
Charlotte Johnson
Elizabeth Johnson
Marie Jones
Ruth Kenyon
Steven Kilrain
Pamela Kingham
Ann MacInnes

John Marsden
Jane Matheson
Christine McDonnell
Eileen McGrath
Paul Newton
Bill O'Connell
Annie O'Connor
Rosemary Payne
Linda Peile
Sarah Penwarden
Jane Perrin
Iris Pidgeon
Pauline Ponter
Stephen Radmore
Michele Read
Wendy Robertson
Georgina Russell
Adrienne Saunderson
Carole Scannell
Kathy Seaford
Jean Secular
Rob Shaw
Juliet Sheppard
Marianne Smith
Paul Smith
Naomi Smyth
Kim Spicer
Catherine Sutcliffe
Moirra Tattersall
Fay Townsend
Hilary Wakefield
Linda Watkinson
Janis Young

Members whose accreditation has been reinstated

Esther Cox
Marcus Gottlieb
Jane Phillips
Robert Robinson

*All details listed are correct
at the time of going to print.*