

# Intercultural therapy

**Ursula Troche** explains why an understanding is important for all practitioners

I want to argue and give reasons in this article as to why the concept of intercultural therapy is beneficial and enriching, not only to people of cultural origins different from the culture they/we currently live in – real or perceived – but to clients, counsellors and society in general.

## Development and definitions of intercultural therapy

In order to assess the need for intercultural therapy, let us first discuss what it is and how it developed.

Intercultural therapy is a growing field in psychology, counselling and psychotherapy that applies a perspective which goes beyond the ethnocentric perspective and which therefore is more holistic. Hence, approaches to therapy here are not limited to Freud, Jung, Klein, Rogers, Bowlby, Peris or any other of the ‘big names’, but also include those of cultures from other parts of the world: Africa, Asia, Latin and native America and so on. Further, ‘new’ cultures, ie cultures that have their origin in a diaspora and are thus the product of cultural contact, have an impact on the new discipline. There is thus a more holistic and wider focus than in ‘mainstream’ therapy.

Intercultural therapy grew out of a number of critical developments within the social sciences. The development of black studies, first in the United States, postcolonial studies and cultural studies have all influenced psychology positively. Just as the aforementioned disciplines were stepping out of Eurocentric boundaries, which were previously invisible or hidden for many scholars

and readers, the same was happening now to psychology and counselling. Academics and activists pointed out the euro- or ethnocentric boundaries of the discipline, and thereby introduced what has frequently been termed intercultural therapy, intercultural psychology or intercultural counselling. Another field that has been important for intercultural therapy is anthropology because it looks at the practices of cultures around the world. Despite its colonial roots, it has become an interesting form for cross-cultural debate, so it is now ideally suited to inform intercultural therapy.

It is interesting that in the field of psychiatry, the same basic approach and intention, ie to include perspectives coming from outside the ethnic and/or national boundaries, is usually referred to as transcultural (‘transcultural’ is also sometimes used for counselling, but the most common ‘combination’ of words denoting the same approach is ‘intercultural therapy; and ‘transcultural psychiatry’). And, just as with the previously mentioned disciplines themselves, the development of this approach does not only come from inside academia but often also from outside it. Black people in the western diaspora – and/or anybody outside their country of origin – have experienced, and been subjected to, behaviour-patterns by white people in their society of residence, which have not previously been expressed.

Often these behaviour-patterns, which seem to arise only in interaction from those inside a society towards those from outside – or from the

perceived outside – of the society, have been identified as racism. That gave rise to the question of why racism should occur, why it is there in the first place. Examining this is very important, and so the analysis and the awareness of racism and ways to prevent it have been another reason for the development of intercultural therapy.

In therapy, the phenomenon of racism often meant the recognition that black people and/or foreigners have not benefited from ‘ordinary’ (ie ethnocentric) therapy to the same degree, either because it did not address their situation, or because it was not offered to them in the first place.

In Britain, intercultural therapy has primarily developed at Nafsiyat, the first centre with a specific intercultural focus, set up by pioneer Jafar Kareem. A history and theory of the centre and the approach is in the book with the same title: *Intercultural therapy*<sup>1</sup>.

The debate on intercultural therapy does not actually criticise the therapeutic approaches of Freud et al per se. In fact, Freud’s underlying approach, which has now become mainstream and even ‘ethnocentric’, is implicitly intercultural in itself. That is because Freud himself was, even in his native Austria, somehow treated as an immigrant, due to his being Jewish. So despite the intercultural origin of therapy as such, the intercultural perspective is mostly implicit only, usually overlooked in practice and therefore goes unrecognised. Freud’s theory, coming from outside the ‘mainstream society’ has thus

been appropriated by the mainstream and made for its use – rather than for the use of those outside the mainstream, even though that is where it came from.

### **The need for intercultural therapy**

Intercultural therapy is always useful, I argue, and my argument follows along three lines. I leave this open to discussion but I personally have identified three main points on how to show the usefulness, and indeed the necessity, for intercultural therapy. The third, as I explain below, is my focus here; simply because that area has not been highlighted as much as the previous two in current debate.

First, cases where lack of cultural understanding – or lack of impartiality – leads to misdiagnosis and misperception. Black people, for example, are more often seen as aggressive instead of assertive. Labels are wrongly given, therefore black people are more often diagnosed as schizophrenic than are white people<sup>2</sup>.

Second, the central importance of struggle with identity. People who do not feel part of the ‘mainstream’ society – and people of a ‘different’ cultural background are over-represented here – place more emphasis on questions of identity. These people cannot identify with the dominant society, either because they do not share their culture or their colour, or simply their power. They often feel the emotional consequences of discrimination, which may manifest itself in oppression of economic terms (see Alleyne<sup>3</sup>) or simply in not being accepted as naturally and unquestionably as ‘the others’ of ‘the mainstream’ (ie, those who will not be asked when they are going back to where they are supposed to come from).

Third, and this is what I want to focus on in this article, the greater availability and means of interpretation of ‘problems’ or ‘issues’ lead to more accuracy in understanding oneself – native and foreign, black and white, alike. I will show with examples that in different cultures, different parts

of the self come into view and therefore, the more cultural references we look at, the more different perspectives of the self can be looked at.

### **Different ways of ‘knowing’ a person**

Different approaches of ‘healing’ – a word more widely used than psychotherapy in a global context – add to our overall knowledge of the self. Healing, apart from being a more cross-cultural term, also breaks the boundary between mental and physical problems, as many cultures are acutely aware of the link between body and soul. Western approaches share this awareness only to a relatively small extent, ie in the notion of psychosomatic problems. With all the knowledge of those other cultures we have more access to tools of how to solve problems. And we avoid the problem of being ‘ethnocentric’ and therefore of losing the benefits of the wisdom of the majority of the world’s cultures.

I said earlier that non-Western approaches – as well as indigenous black approaches – often make different interpretations from traditional Western psychotherapy. That implies that interpretation and diagnosis is also a practice outside Europe.

This may sound negative because the person-centred approach has already established itself as being anti-interpretation and anti-diagnosis. But I argue first that even the person-centred approach is not free from interpretations, and second that interpretation is not a bad thing: it merely states that the person thinking is shaped in some cultural framework, either his/her own cultural framework, or a combination of cultural frameworks including his/her own. The person-centred model has in general not seen the need to develop sensitivity to structural difference, ie culture, probably because it argues there is no such need because it is client-led anyway – an interesting point that needs further debate.

“The person-centred model has in general not seen the need to develop sensitivity to structural difference, ie culture, probably because it argues there is no such need because it is client-led anyway”

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An interpretation can follow an assumption – which may well be judgmental, but an interpretation can also be due to knowledge. In non-Western cultures this knowledge is usually derived from spirituality. And it also shows that different cultures may ‘pick up on’ different parts, or aspects, of one’s character or one’s personality. Let us look at some examples of the benefits of different interpretations.

Freud believed in a three-fold structure of the self, as we know: the ego, the id and the superego. African belief systems, on the other hand, believe in the person as related to his or her community as well as the person as related to his or her ancestors. It is a highly interactive way of viewing things, because the person is seen usually in relation to an other or others – but that difference to the ‘other’ is not in terms of opposition but in terms of complementarity. As much as it is interactive, it may sound restrictive in other cultures (is a person not also important on their own/in their own right?) but in fact, this view does not mean to be restrictive, the purpose is to have an arena where the person can know him/herself and develop him/herself, including specific talents and character. An individual accustomed to this view is thus less likely to suffer from ‘inner emptiness’ and ‘being lost’, unhappiness and low self-esteem, because knowing what to do in life brings inner strength and satisfaction to the soul.

Within Africa, there are again different beliefs. In Congo, for example, the person’s shadow contains the self-concept<sup>4</sup> which sounds like an interesting psychological construction and means of interpretation. These are *different ways of ‘knowing’ a person*.

There are many different kinds of spiritualities which all have a similar purpose in ‘finding out’ about a person, in gathering knowledge about a person.

In the traditional areas of most, if not all, parts of Africa, a baby will be

‘analysed’ with the help of ritual even before birth. Each individual is said to be born to a purpose: ‘When a woman is pregnant, a hearing ritual is performed. In this ritual, elders ask the unborn child, *who are you... what can we do to ease your journey?*’<sup>5</sup> The psychological effect of this ritual is recognised: ‘The absence of a welcoming village around a newborn may inadvertently erase something in the psyche; that loss, later in life, will be felt like a huge gap.’<sup>5</sup> This purpose for each person is also referred to as ‘predestination’: ‘Illness and health may depend on keeping in harmony with one’s pre-life accord.’<sup>6</sup>

An equivalent – or perhaps an alternative – way of finding out about a person’s soul may be astrology in so far as it also ‘finds out’ the character of a person (though it may lack the psychological effect of the ‘welcoming process’ within the ritual).

Tropical astrology (ironically the one widely used in the West) looks primarily at the month I was born in, my star sign. This leads to assumptions about my character. The Chinese horoscope, by contrast, would look primarily at my year of birth and would find that the qualities of that year correspond with all those born every 12 years after me. The Dagara cosmology of Burkina Faso – the same African group of people as described above – would also look at my year of birth and would find the qualities of that year correspond to all those born every five years before me and all those born every five years after me.

So, all these different cultures see me through these different eyes, as those cosmologies or ways of thought emphasise different qualities within me, have different ways of analysing me and I may develop according to what is seen by the people who surround me. But if I then get stuck or feel restricted, I may benefit from looking at my self differently, by trying to look at myself with different eyes. *These, too, are different ways of ‘knowing’*

*a person*. Thus I can understand more of my self, my self in different contexts. I do not want to dismiss any of this, rather I like to see how all of this is a puzzle and how I can put the different pieces together. The examples also show how there are in fact many truths, and how highly postmodern intercultural therapy is.

Here is another example of varied interpretations of the same ‘problem’. I used to squint with my eyes. My left eye was ‘looking outwards’ so that my overall vision was larger than the ‘normal’ vision. A transpersonal counsellor interpreted that to mean that I was able to perceive life with a ‘larger’ vision, that I was able to arrive at conclusions which were too ‘far away’ for others to grasp. A healer trained in Indian chakra and aura healing, however, interpreted squinting to mean that I was trying to overlook a problem in my life, that I did not want to face a problem head on<sup>7</sup>.

The fact that I ended up having not a single explanation for my problem, but two explanations, originating from different frames of understanding, broadened my view. I felt enriched, and acknowledged both interpretations to be part of the truth, as stated earlier.

### **The therapeutic value of knowing**

It can be argued that the above-mentioned techniques and spiritualities of ‘knowing’ a person can have an anti-therapeutic effect because they pin the person down into a particular role. However, I want to argue, that this criticism only arises on the surface and is only temporary, because there comes a point when we want to know why. In all kinds of therapies in the West, the ultimate purpose is for clients to ‘find out’ about themselves, to get to know themselves and to understand themselves. When a client arrives at that point, healing begins and the person’s confidence grows. And this is where most approaches the world over meet: when understanding is accomplished, the person heals, changes, makes progress.

All possible approaches to this same problem or concept of self are different means to the same end, so to speak, different aspects of the same whole. Some may ask whether many diverse interpretations are confusing, but I think that – just like multiculturalism itself – diversity of interpretation is enriching. In trying to understand all these different frameworks cultures and ways of thinking, we find more and more truths and more and more ways of being, which may liberate clients, especially those who are from diverse cultural backgrounds. Further, as clients benefit more from psychotherapy, they would also feel more attracted by it in the first place and not reject it as irrelevant to them.

As much as we all belong together as a human people, all our backgrounds, cultural values and interpretations also belong ideally together and have something to say to each other. We all have to give to one another and take from one another. ■

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*This article was originally published in Ipnosis No 17, Spring 2005 and is reprinted here with permission of the author.*

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# Letters

I was a bit surprised that the article on boundaries (Being clear about boundaries, Jonathan Coe, *The Independent Practitioner* spring 2008) was so conservative, in the bad sense. It quotes the psychoanalyst Pope who is notorious as an over-controlling writer in the field. The whole 'slippery slope' argument has been disputed in the major work on the subject by Lazarus and Zur.

Nor is there any awareness of the important ethical points made in, for example, the excellent book by Len Sperry, where he distinguishes between a 'rules and standards' approach – where there is a belief in a book of rules somewhere – and a deeper appreciation of the quality of the relationship and a deeper care for the interests of all parties.

There is an air of panic about the whole article which I do not care for, and which I think is misleading.

*Dr John Rowan*  
[www.johnrowan.org.uk](http://www.johnrowan.org.uk)

*Jonathan Coe responds:*

I hope that practitioners do feel a sense of urgency about improving client protection as there has historically been a significant avoidance of the hurt caused by serious boundary violations in the psychological therapies. The reality regarding the so-called 'slippery slope' is this: all sexual boundary violations, barring straightforward assault, are preceded by a series of increasing boundary crossings. The research evidence for this is clear and is backed by the experience of the thousands of people who have called our helpline. However: of course crossings do not of necessity lead to violations. I agree that Lazarus and Zur make some useful points but for me their contributions are incomplete and far from definitive. If Sperry is saying rules or appreciation, then I think this is very much mistaken and would say that an awareness and commitment to each is both vital and possible. Of course there is a book of rules (and quite right too) and we all need to make sure it doesn't get too long. An overly rigid approach can be very anti-therapeutic it is true, and Glen Gabbard, the American psychotherapist and leading writer in the field, has struck an excellent balance in his book *Boundaries and boundary violations in psychoanalysis*. Readers may be interested to know that a new American TV series has been providing perhaps the best ever small screen account of psychotherapy, and of boundary violations 'In Treatment' is available free on iTunes.

*Jonathan Coe, Chief Executive, WITNESS*

# Green rooms

Consider the room in which you work, suggests **Selena Chandler** – it may well have an impact on the therapeutic process

Responding to the raising of environmental concerns in recent editions of *therapy today*<sup>1</sup> and inspired by Elizabeth Hewitt's article regarding 'the consulting room'<sup>2</sup>, I have been prompted to consider how the room in which we offer therapeutic engagement contributes, beneficially or otherwise, to an enhanced experience of wellbeing for our clients, ourselves and the environment.

Consider the room in which you work. It may be a separate space in your home, a borrowed multi-functional room in a community building, a designated room in a medical healthcare setting, or somewhere similar. How do you go about shaping it as a therapeutic space? What are the visible tools of your practice? Is there a clock, a box of tissues and a waste bin, what kind of seating is there and how is it positioned? Are there official documents and signage on the walls? Depending on your modality there may be a flipchart, materials for creative expression – colours, sand, clay, cushions, a required amount of floor space and room for movement and relaxation – a whole variety of possibilities.

Consider now – is there a window? What view does the client see from it? What view do you get? Are there plants or flowers in the room? If there are pictures, what are they of?

In two of the rooms that I currently work from with clients, one has a

window looking out onto a busy road, and the other looks out to a car park, although in neither case can clients see out of the window when sitting in their bright red or dark green chair. One room has a flipchart on the wall, a desk and a graffiti image picture, and the other has a low table with a basket of pebbles on it and a small print of trees on the wall behind the client's head. Both rooms are multi-use.

I also work from a room used only for counselling. Although spacious, it has no windows, no natural lighting, and no plants. There are many post-cards and tactile objects in the room, and in writing this piece I have considered them more closely and found that the images and objects are largely abstract, plastic and brightly coloured.

Hopefully, these questions regarding windows, plants and pictures have engaged your curiosity, so what relevance do they have for therapy?

The biophilia hypothesis<sup>3</sup> suggests that we have an innate emotional affiliation with nature, the nature of which we are a part and from which, in Western urbanised society, we have become increasingly disconnected. Ecopsychologists work from the premise that it is this disconnect from an integral part of ourselves that contributes to increasing levels of mental ill-health and to increasing stress on the Earth. Therefore it is a necessary task of therapy to bring

this disequilibrium into awareness and to create opportunities for redressing this balance.

So, given that there is much that we already do as therapists which influences the context within which a therapeutic alliance is established and maintained, a range of research suggests that there are some simple steps we can take that may potentiate and enhance the healing and therapeutic environment for client and therapist alike, in addition to being beneficial for the environment.

## Pictures

With regard to pictures, Jules Pretty and his colleagues at the University of Essex<sup>4</sup> have built on previous studies, which suggest that pictures of natural landscapes can reduce the symptoms of stress and anxiety, thereby providing some respite and increasing access to our natural resourcefulness. Using the Profile of Mood States questionnaire and the Rosenberg Self-Esteem scale, they found that images of pleasant rural views have a beneficial impact on health and mental wellbeing.

This study also highlighted how, even though most of the landscape in the UK has been altered and influenced by human activity, our concepts of 'nature' and 'natural' are significantly consistent across a diverse population. Images such as water, trees, spatial openness, blue sky and clouds, grass and greenery, can positively enhance mood and boost self-esteem.

These themes were also reflected in an art competition organised by Mind<sup>5</sup>. Participants were asked to design an artwork that would improve a space they were familiar with 'for better mental health', and 10 of the 12 finalists produced images of nature.

I wonder then, is it possible for you to gather together some photos, postcards, shells and stones and for you to bring images of nature into your counselling room?

### Views

Similarly, both Ulrich<sup>6</sup> and Kuo<sup>7</sup> report that the view from a window, when it is of trees and greenery – and in some cases only a small glimpse of these – can beneficially affect rates of sickness and distress. Such views can lower the demand for pain relief, reduce impulsive, aggressive and violent behaviour, improve concentration, buffer against stress, and reduce irritability and frustration.

These findings draw on the idea that views of nature are restorative for our brains, requiring less focused and directed attention than is usual in our day-to-day lives, and as such they are linked to being better able to cope with major life issues. Dr Bird<sup>8</sup> suggests that this gives individuals 'a better chance to make difficult decisions, to regain some control in their life and to be better able to cope in general'.

Consider, then, are there times when you can draw back the window blinds, or open a window or door to let the sounds, sensations and smells of nature into the counselling room?

### Plants

In relation to plants there is evidence<sup>9</sup> to suggest that people keep indoor plants, or put up pictures of landscapes, to protect themselves against the negative effects of stress, as they find them calming and relaxing. Not only do plants and flowers help reconnect us to the changing seasons and the ongoing cycle of life, specific varieties such as aloe vera, spider

‘The view from a window, when it is of trees and greenery – and in some cases only a small glimpse of these – can beneficially affect rates of sickness and distress’

plants, ivy, chrysanthemums, azaleas and poinsettia can also make it possible for us to 'breathe a little easier'<sup>10</sup> by reducing airborne toxins and directly improving the quality of the environment.

So, what opportunities are there for you to enliven the room in which you work with a vase of flowers or a potted plant?

### Green rooms

Therapists in the UK are beginning to speak more openly about their eco-therapy-based interests and practice, and to extend their awareness of the psychological benefits of outdoor green space and reflective activity in natural places, and more practitioners are beginning to actively explore the possibilities of working therapeutically outdoors with nature. Alongside these developments there is also much to be gained from diffusing our human-nature, indoor-outdoor disconnect by consciously bringing wider nature into our therapy rooms in both the intangible, process forms suggested by Mary-Jane Rust<sup>11</sup> and the more tangible, object forms suggested here.

By bringing nature into our therapy rooms we enhance the environment

not only for our clients and ourselves, we can also offer nature's presence as a gift to those other people who share these spaces. In so doing we can enter into an ecologically beneficial feedback loop whereby in being nurtured by nature we also begin to be nurturing of nature<sup>10</sup>. ■

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# Attachment

Letting go can help clients move forward, explains **Jack Allen**

The purpose of this article is to look at attachment and its relevance to counselling practice. I do not intend to look at the different forms of attachment in the manner of John Bowlby nor to restrict myself to the attachments that occur between people. My ideas do encompass everything from attachment to a favourite pair of shoes to the loss of a child.

Since I have been practising as a counsellor it has struck me that everyone's problems have an attachment to something at the heart of it. I am always reluctant to claim 100 per cent for anything but I suspect that it does apply to all the clients seen by counsellors and psychotherapists.

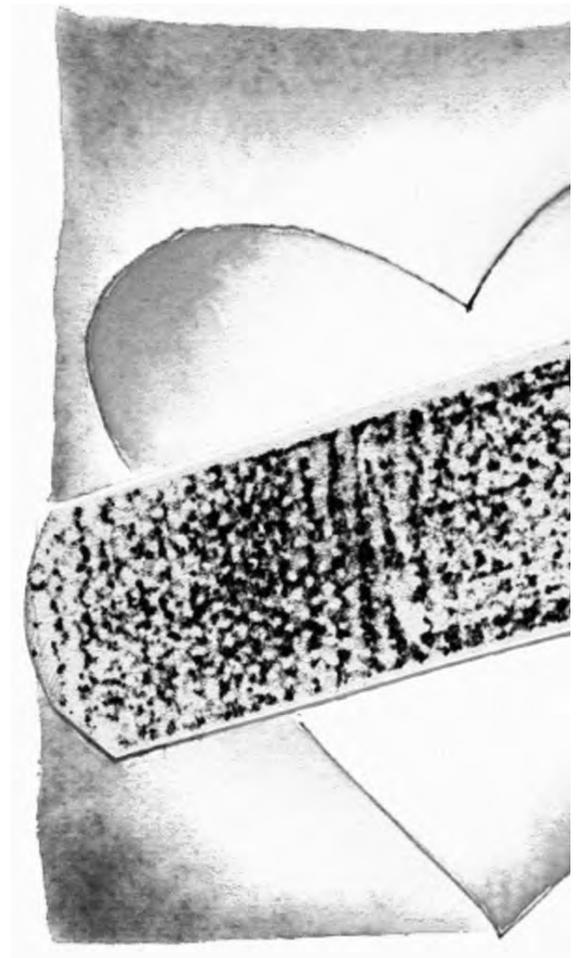
The attachment may be to a possession, a person, health, a belief, a job, a way of life or life itself. It therefore follows that if the client's problem stems from attachment then the practice of non-attachment will lead to a reduction or removal of the problem. I do not mean that the practical nature of a problem will be dealt with but the psychological consequences will be. For example the consequences of the loss of a job may be financial, status, loss of self-esteem and anxiety. By learning how to be non-attached to the consequences of losing the job, concerns about status, loss of self-esteem and anxiety will disappear. The practical problem of lack of money may remain but that may become easier to resolve if the solution no longer has to result in replacing all that has been lost.

I will return to the favourite pair of shoes. They may appear to be the best ever but like all possessions they deteriorate through use. Eventually they become too tatty to wear, the owner is upset and decides to buy another pair just like them. Unfortunately the fashion has moved on and they cannot be bought. If the attachment is strong then so will the distress be and the futile effort to find a new pair will be great. By letting go of the attachment one is no longer upset and is free to enjoy the next pair.

At the other end of the scale is the death of a child and at first sight it is hard to see how non-attachment is realistic here. At this point I feel that it is important to discuss what non-attachment is not.

It is self-evident that strong attachments form between people. It would be foolish to deny or criticise the bonds that develop between husband and wife or parent and child for example. Without this our children would not be nurtured to a time when they too can play their part in maintaining the human race. Attachment can therefore be a positive thing. The attachment a client may make to a therapist will often be valuable while the client works through his or her problems. When the work is done the ability to detach from the therapist will avoid a prolonged dependency.

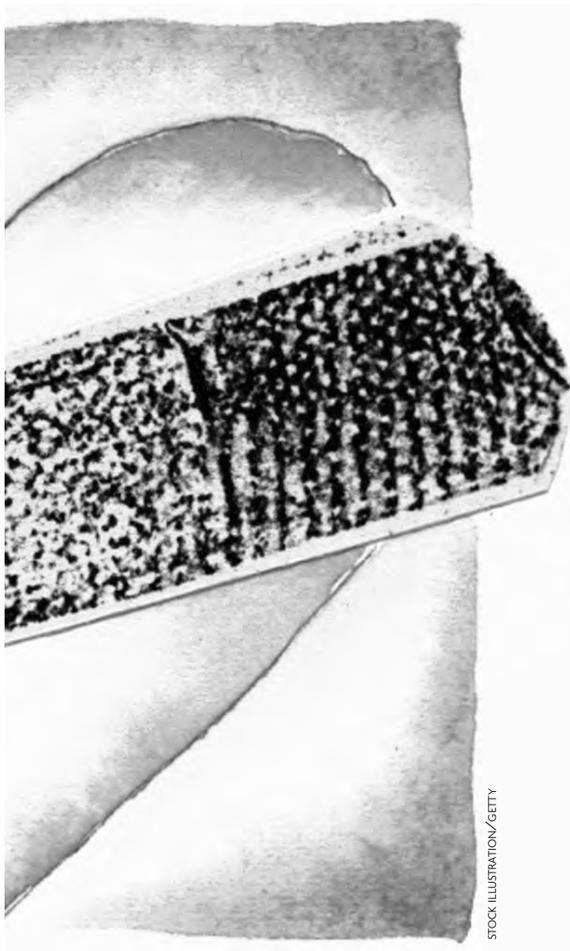
Pain is introduced when the attachment becomes inappropriate. The husband or wife is required to go away for a few days for work



reasons. The spouse gives the other a really hard time over it. They part angrily and are still upset when they are reunited. There has been no value to either party by the effects of that spouse's unreasonable attachment to the other who was required to go away.

This example could be seen from the opposite point of view. Where a job is always taking the person away to the extent that home life is being damaged from the attachment to that job, then this too may become the issue.

Getting back to the death of a child one would expect a parent, however psychologically strong, to be deeply distressed and for the child to be remembered every day of the parents' lives. Any therapist who has worked with bereavement will be familiar with how strong the denial stage can be<sup>1</sup>. When a bereaved parent keeps a child's room just the way it always was it has sometimes been referred to as a shrine. Yet the truth is usually that they cannot accept that their child has gone for ever. The child may need the room and possessions again!



STOCK ILLUSTRATION/GETTY

“The more we are able to move towards non-attachment, the less pain we will suffer”

If any person is to work through a bereavement then passing through the denial stage (where it occurs) is important. This is about letting go of the attachment to needing the one who has died to still be with them on this planet. The amount of suffering will be decreased to the extent that letting go of that attachment occurs. This has got nothing to do with forgetting the person, which is neither realistic nor desirable.

My final example to illustrate what I mean by non-attachment is in relation to a teenager's room. Very few parents

who have got beyond the teenage stage with their children will not have experienced the problem of the untidy room. Do you battle with your children daily building up your stress level as you go or do you shut the door on it and leave the teenager in their own mess?

The latter way does have advantages if your aim is to reduce stress and conflict. However if you do shut the door but have not let go of your attachment to your teenager being tidy then the stress level remains high. Non-attachment is letting go at all levels of your being if serenity is your goal.

The basis of these ideas is not new as they are at the core of the Buddhist religion<sup>2</sup> and can be found in ancient philosophy as was discussed in *CPJ* in July 2005<sup>3</sup> in relation to stoicism. I have found it valuable to use the idea of attachment/non-attachment in my practice. Some clients have found this concept illuminating in trying to understand the way they behave and how they might move forward.

If total non-attachment is the goal then it will be beyond most of us. However the more we are able to move in this direction I believe the less pain we will suffer. It is like anyone seeking therapy. The client decides how far they are prepared to go and where they will compromise saying that they can live with this now. However there will always be the next step. ■

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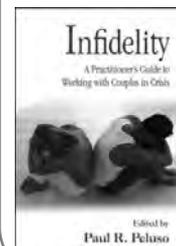
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### Books available for review

The following books are available for review. If you would like to review either of these books (and the book is then yours to keep) please contact the editor at the address on page 1.



*Counselling and psychotherapy in contemporary private practice*, edited by Adrian Hemmings and Rosalind Field, published by Routledge.



*Infidelity, a practitioner's guide to working with couples in crisis*, edited by Paul R Peluso, published by Routledge.

### AIP conference

As a prelude to the AIP conference later this year on the topic of 'Professionalism and supervision: preparing for the future', the autumn issue of *The Independent Therapist* will have as its focus 'Supervision: an aspect of professionalism'. If there are areas you would particularly like us to address, please contact the editor. Alternatively, please send in your contributions on this (or any other topic) to the editor at the address on page 1.

### Statutory regulation update

Many AIP members have expressed concern about the status of the anticipated regulation of counselling and psychotherapy. Sally Aldridge, head of regulatory policy at BACP, provides up-to-date information on what is happening, and what this will mean to all BACP members. To keep abreast of the most recent developments, you are advised to check the BACP website regularly ([www.bacp.co.uk](http://www.bacp.co.uk)). Updates and information will always be posted there at the earliest opportunity.

# Making sense of the world around us

**Julie Wales**, counsellor of parents and carers of disabled children for a small support group in the voluntary sector in Cheltenham, offers her thoughts and some suggestions

**M**y children sometimes struggle to make sense of the world and the world struggles to make sense of them. They have special needs ranging from mild to severe, but they also have great perception of others and caring natures (mostly) unless one transcends into a 'Kevin' teenager mode. Then we all take cover and sit it out.

As a parent and a counsellor it strikes me that in counselling clients – whatever issues they face – they, too, are struggling to make sense of the world. They ask 'Who am I? What should I do?' They confuse body language, gestures and facial expressions and conclude their own answers without finding out the real reason someone responded in the way they did. Personalisation, generalisation and other defences are their way of coping in their struggle to express themselves to people who may judge them and so they keep quiet and are never really heard. This is no criticism, but a reflection on our way of coping with life as a 'disabled' family and the world around us.

We rush around in today's modern society without really taking much

notice of other people's feelings or just slowing down enough to listen to someone by hearing their 'pain' and observing their body language and facial expression. In counselling it is sometimes 'hearing' what is not said and using advanced empathy and understanding of others that is healing and developmental to the client. Some people walk around holding emotional 'pain' within their bodies and it can be held anywhere physically from the head to the toes. It is only perhaps when a crisis occurs that we are jolted into a reality check of how we live our lives and how we would like to be different and wish we were doing things differently.

Our bodies tell us to slow down when we get tense muscles, physical illness or ailments, headaches or sheer exhaustion and sleep deprivation. Our mind is constantly whirring away, night and day, never really resting, even through sleep.

You can easily recognise when you're suffering from an imbalance. Symptoms such as constantly being tired, feeling like you're running uphill all the time and getting nowhere, feeling like you have no choices, no control when life seems to be happening to you

instead of you feeling that you're managing it; when you can think of more things that aren't getting done than are; when you see more negatives in your life than positives.

Special needs people, young or old, and the emotionally fragile and exhausted clients are our vulnerable members of the modern society, whom we need to take care of and nurture so they can reach their full potential. It is a courageous thing to be able to take that first step to approach a counsellor who is a stranger for help. Counselling, both cognitive and humanistic, can give these client groups their lives back and enable them to see their world a bit clearer and come out of the 'fog'.

Alongside counselling a client can learn to relax at their own pace and style. Sometimes we need to be taught or reminded 'how to', as below.

## **Learning to relax**

Many people find that learning to relax helps them reduce worry and anxiety. It can also help improve sleep and relieve physical symptoms caused by stress, such as headaches or stomach pains. Learning to relax is a skill and takes practice before it

can be done properly.

You may already have learned a relaxation exercise or you may want to try a relaxation or yoga class at an adult education class or other centre near you. If not, here is a guide on how to relax. This exercise should take about 15-20 minutes. However, if you have only five minutes to spare, five minutes is better than nothing.

### 1 Find a quiet and relaxing place

Choose a comfortable chair where you won't be disturbed. Make sure you take the phone off the hook. You may need to explain to your family or friends what you are doing so that they do not disturb you. Telling them may also reduce any embarrassment you may feel.

### 2 Clear your mind

Try to clear your mind of all worries or disturbing thoughts. If these worries or thoughts drift back into your mind while you are relaxing, do not try to stop them, just let them float gently across and out of your mind without reacting to them. Let your mind be clear and calm.

### 3 Practice the slow breathing method

Breathe in for three seconds and

breathe out for three seconds, thinking the word *relax* every time you breathe out. Let your breathing flow smoothly. Imagine the tension flowing out of your body each time you breathe out.

### 4 Relax your muscles

For each of the muscle groups in your body, tense the muscles for seven to 10 seconds, then relax for 10 seconds. Only tense your muscles moderately (not to the point of inducing pain). Don't try to relax. Simply let go of the tension in your muscles and allow them to become relaxed. Relax your muscles in the following order:

**Hands** – clench one fist tightly, then relax. Do the same with the other hand

**Lower arms** – bend your hand down at the wrist, as though you were trying to touch the underside of your arm, then relax

**Upper arms** – bend your elbows and tense your arms. Feel the tension in your upper arm, then relax

**Shoulders** – lift your shoulders up as if trying to touch your ears with them, then relax

**Neck** – stretch your neck gently to the left, then forward, then to the right, then to the back in a slow rolling motion, then relax

**Forehead and scalp** – raise your eyebrows, then relax

**Eyes** – screw up your eyes, then relax

**Jaw** – clench your teeth (just to tighten the muscles), then relax

**Tongue** – press your tongue against the roof of your mouth, then relax

**Chest** – breathe in deeply to inflate your lungs, then breath out and relax

**Stomach** – push your tummy in to tighten the muscle, then relax

**Upper back** – pull your shoulders forward with your arms at your side, then relax

**Lower back** – while sitting, lean your head and upper back forward, rolling your back into a smooth arc thus tensing the lower back, then relax

**Buttocks** – tighten your buttocks, then relax

**Thighs** – while sitting, push your feet firmly into the floor, then relax

**Calves** – lift your toes off the ground towards your shins, then relax

**Feet** – gently curl your toes down so that they are pressing into the floor, then relax.

### 5 Enjoy the feeling of relaxation

Take some slow breaths while you sit still for a few minutes enjoying the feeling of relaxation.

Practice once or twice a day for at least eight weeks.

During the day, try relaxing specific muscles whenever you notice that they are tense.

### Recognising tension

Many people find learning to relax difficult. This is because being tense has become a habit.

Write about the situations when you've noticed different muscles becoming tense. You might have been doing something (such as shopping). Or waiting to do something (such as a test). Write in what it was. Write it in next to the muscles which became tense.

As you become more aware of when you get tense, add the situations to your chart. In those situations, practise parts of your relaxation routine to overcome the tension. ■

### The following is an excerpt from *In praise of slow*, by Carl Honoré: 'How can I start slowing down?'

Embracing the Slow creed means rethinking your whole approach to life.

But everyone has to start somewhere, so here are five tips for decelerating:

1 Leave holes in the diary rather than striving to fill every moment with activity. Easing the pressure on your time will help you to slow down.

2 Set aside a time of day to turn off all the technology that keeps us buzzing – phones, computers, pagers, email, television, radio. Use the break to sit quietly somewhere, alone with your thoughts. Or try meditating.

3 Make time for at least one hobby that slows you down, such as reading, painting, gardening or yoga.

4 Eat supper at the table instead of balancing it on your lap in front of the TV.

5 Always monitor your speed. If you are doing something more quickly than you need to simply out of habit, then take a deep breath and slow down.

*In his well-researched and often amusing book, Honoré presents an eloquent case for a thorough re-examination of priorities and shows how even subtle shifts in the way we live can have a very real effect on our wellbeing.*

The Guardian

# Resolving conflict and solving problems

Relationship therapist **Madge Holmes** offers ways to help couples



## Resolving conflict

The first goal when working to resolve conflicts is to deal with the emotional aspects: anger, distrust, defensiveness, resentment, fear and rejection. Only after these emotional aspects have been dealt with and the emotions have receded can the next stage be reached: solving the problems or differences which caused the conflict.

### A. Focus on emotions

#### 1 Treat the other person with respect

Respect for another person is an attitude conveyed by specific behaviours. The way I listen to the other, look at him or her, my tone of voice, my selection of words, the type of reasoning I use: these either convey my respect or they communicate disrespect.

Unfortunately, a disagreement with another person's beliefs or values, or a conflict of needs, often degenerates into disrespect for both the other person's ideas and his or her personhood.

In conflict we tend to descend to meet. There is an interpersonal

gravitation that tends to pull us down to the level of disrespect for the other person. There is an inclination to stereotype the other. When this happens, we talk *at* each other or *past* each other, not *with* each other.

For many of us, an act of willpower is needed to fight the gravitational pull into disrespect. The exertion of moral force is required to treat the other as a person of worth with whom we will enter into a dialogue as equals.

#### 2 Listen until you 'experience the other side'

One of the best ways to communicate more accurately during disagreement and to resolve conflict is to institute Carl Rogers' rule: 'Each person can speak up for him/herself only *after* s/he has first restated the ideas and feelings of the previous speaker accurately, to that speaker's satisfaction.'

You listen and say back the other person's thing, step by step, just as that person seems to have it at that moment. You never mix into it any of your own things or ideas, never lay on the other person anything

that person didn't express. To show that you understand exactly, make a sentence or two which gets exactly at the personal meaning this person wants to put across. This might be in your own words usually, but use that person's words for the touchy main things.

The goal of listening is to understand the *content* of the other person's ideas or proposals, the *meaning* it has for him or her and the *feelings* he or she has about it. That means being able to step into the other person's shoes and view from his or her point of view the things s/he is talking about. When the other person feels heard, you have earned the right to speak your point of view and express your feelings.

#### 3 State your views, needs and feelings

After demonstrating respect for the other as a person and conveying your understanding of his or her feelings and point of view, it is your turn to communicate your meaning to the other. Four guidelines are useful at this step of the conflict resolution process:

1 state your point of view briefly

- 2 avoid loaded words
- 3 say what you mean and mean what you say
- 4 disclose your feelings.

There are some occasions when step three of the process (stating your own views, needs and feelings) is unnecessary. Sometimes one person is upset and the other is not. When the angry person vents his or her feelings and is accepted and treated with respect the conflict may end.

### B. Prepare to 'fight'

In order to resolve conflicts, there are necessary conditions so that the 'fight' – the engagement – is productive.

- 1 Does each of us have sufficient emotional energy for this conflict at this particular time?
- 2 Who should be there? As a general rule, the people who are involved should be there and the people who are not involved should not be at the scene of the conflict.
- 3 When is the best time?
- 4 Where is the best place?
- 5 Refrain from surprise attacks. The fight that begins with mutual consent and agreed-upon conditions (including focusing first on the emotional aspects) is off to a good start.

### C. Evaluate the conflict

After the fight it is a good plan to discuss with your fight partner how you fought and what you learned. The following questions may help:

- What have I learned from this fight?
- Can I learn anything from this fight about one or more of the things that tend to 'push my buttons' or push the other's buttons? Specifically, what triggering event started this fight?
- How well did I (or we) use the conflict resolution process: preparation, respect, listening, stating my view, evaluation?
- How badly was I hurt?
- How badly was my partner hurt?
- How valuable was this fight for my partner and me in letting off steam?
- How useful was it in revealing new information about myself, my partner, and the issue in contention?

- Did either of us change our opinions at all? If so, what do I think of the new position(s) we arrived at?
- What did I find out about my own and my partner's fight style, strategy, and weapons?
- Are we closer together or farther apart as a result of this fight?
- What do I want to do differently the next time I'm in a conflict?
- What do I wish my partner would do differently the next time we fight?

### Solving problems

The steps to solving problems are not easy to follow. But if used appropriately, they *are* effective. However, they are not effective unless the emotions are first dealt with, as noted above in Resolving conflict: A, steps 1, 2, 3.

### B. State the problem in such a way as to include both persons' needs

This must be stated in specific terms by both persons. Example: Person A wants to watch football on television on Sunday afternoons. Person B wants to go out on picnics and hikes on Sunday afternoons. Once this is clearly stated in specific terms, a *problem statement* can be made. For example: *the problem is what we will do on Sunday afternoons.*

### C. Create alternative solutions

Once the problem is clearly stated, then alternative solutions can be set forth. In this creative process all persons in the conflict should participate. All suggestions should be listed. Think creatively – the wilder the solutions the better. *No* discussion, rejection or evaluation of solutions should happen at this stage. Creative thinking should continue until each person sees on the list several solutions which might be workable. It is vital to have enough alternatives from which to make the ultimate decision.

### D. Evaluate alternative solutions

Each person in turn evaluates the list of solutions. Solutions which are unacceptable for any reason should be eliminated, stating honestly why

they are unacceptable. It is essential that feelings and thoughts are expressed during this time and that the other person listens while the process of evaluation goes on.

### E. Decide on the best solution

Each person writes down the two or three solutions they consider best, in priority order. All persons then share their lists. Discuss which solution is the best of those on the lists and decide on one from each list. Evaluate each of them. Usually one solution will then appear better than the others. When the solution is chosen then determine (1) who will do what; (2) when; (3) where; (4) how often. It is important that these specifics are agreed on for the solution to work.

Example: Person A: *I will watch only one game on Sundays and will go on a picnic or hike with you before or after the match. I will decide on Sunday mornings which game it will be, will tell you, and will set a time to go on the picnic or hike.* Person B: *I will let you watch a football match and will not nag about it and will look forward to going on a picnic or hike each Sunday with you.*

### F. Implement the solution

You will need to act on the solution to the problem long enough to give it a sufficient trial period (in this example perhaps two or three weeks). Both persons will need to realise that it not easy to act in new behavioural patterns. The payoff for making the solution work is great, however.

### G. Evaluate the process

After the solution has been implemented for an agreed-upon period of time, both persons need to discuss and evaluate progress. If the solution needs adjustments, try to make them. Check to see that all persons agree with the statement of the problem. The problem may have become clearer or may have disappeared, or new problems may have arisen. If anyone is unhappy with the solution or feels it is unfair or won't work, repeat the process from the beginning. ■

# Diagnostic assessment and levels of counselling/psychotherapy

**Ray Landon** suggests some differences between counselling and psychotherapy

The process of making a diagnosis, of assessing the problem for which the client has sought help, is in large part influenced by the kind or level of therapy that is available. Ordinarily, we are taught to think the opposite: that the diagnosis will determine the kind of therapy offered. The economics of paying for therapy, however, often reverses the conventional wisdom in this matter. Insurance companies, EAPs and their coverage

have a significant say in the matter of what can be provided in therapy, as does the financial resources of the client, of course.

The following schema therefore attempts to summarise some useful distinctions in the process of making a diagnostic appraisal based on what kind or level of therapy is available to the client—for whatever reason.

| Level of therapy        | Working with surface material. Conscious level               | Working with subconscious patterns  | Working with the depth of the unconscious                                     |
|-------------------------|--|---|---|
| Focus of therapy        | The <i>pain</i>  | The <i>problem</i>  | The <i>person</i>   |
| Goal of therapy         | Healing, symptom relief, crisis management                   | Teaching, learning or behaviour awareness and change                                  | Working through childhood complexes, growth and development                   |
| Intervention            | Medication, hypnosis, stress relief, action taking           | Cognitive-behavioural, systematic desensitisation, self-hypnosis                      | Psychoanalysis, analysis, archaeological                                      |
| Diagnosis or assessment | Symptoms, complaints, the suffering and sources of suffering | Habits or traits that maintain the suffering, maladaptive ways, personality disorders | Pathological complexes or patterns of fixated development. Clinical syndromes |
| Treatment goal          | Relief   | Change  | Self-actualisation  |
| Length                  | 5-10 sessions  | 10-20 sessions  | Long-term therapy   |

# AIP executive committee

We are delighted to welcome newly co-opted members **John Crew** and **Wendy Halsall** to our team. They have responded to our call for interested AIP members to consider joining, and will be working with us from now on

## **John Crew**

*MA Dip. Couns. MBACP, BACP  
Snr. Accredited Counsellor, BACP  
Accredited Supervisor (of individuals).  
jopacs@tiscali.co.uk*

I have been working as a counsellor for 20 years, initially in the voluntary sector and then, following redundancy and further training, in private practice. Over this latter 10 years I have continued to train and have built up a thriving private practice as a counsellor, supervisor and trainer.

For several years I worked within a charitable counselling organisation which provided specialist support for adults abused as children. One of my roles was to train and supervise students on their second-year diploma placements, specifically to work within this emotionally demanding area. I came to realise that the level of support given during training faded away once students qualified and moved on from the organisation. This replicates my own experience of being very much on my own from the moment of obtaining my diploma. As I have become more involved in supervision and teaching/training (I teach to diploma level), I have become more and more aware of the isolation that can befall new counsellors moving into organisational or private practice.

The first years of practice are difficult with the need to network to build a career, develop personal skills and approaches and, at the same time, accumulate the hours necessary to move towards professional accreditation within a specified timescale.

During this time, the value of good, relevant, supervision and ongoing peer and professional back-up is vital.

I have been invited to serve on the executive committee of the Association of Independent Practitioners and I hope that by doing so, I can be involved in developing the organisation to encourage newly qualified counsellors to join the organisation and that we can between us develop such a support structure.

## **Wendy Halsall**

*BA Hons, Dip Counselling, MBACP  
Snr Accred, UKRC registered.  
wehalsall@yahoo.co.uk*

I work as an independent practitioner in a private practice in rural Lincolnshire. I also receive referrals from employee assistance programmes and occasionally work with trauma both in the UK and abroad. In addition I sometimes see clients at an

HIV/AIDS charity in Lincoln.

I have been a member of AIP since 2000 and found their support and friendship invaluable when I was first setting up my practice. I had originally worked as a counsellor for staff and students in a college of further education for 12 years and in 2000 I was made redundant as a result of the closure of the counselling service, due to major financial reorganisation by the college. After my initial shock and dismay, I realised that I would probably not be able to find another similar position without uprooting myself from my family and the area that I love and decided to try and set up a practice on my own.

It took about two years to get established with a good caseload and it was during this difficult time that I was to find the members of AIP so helpful, generous and supportive. I shall always be grateful to them and that is why I am now willing and indeed keen to work with them. I have always enjoyed attending and participating in training days and now accept that it is time for me to give some time to help to organise future events for others.

Knowing first hand how daunting it can be to try to establish a successful

‘It seems to me that many training courses are very keen to attract new students but are not so concerned about helping them after they graduate’

practice, I have a particular interest in working in this area. It seems to me that many training courses are very keen to attract new students but are not so concerned about helping them after they graduate. I would be interested to know if any newly qualified counsellors would find it useful to have support in this area and if so, what sort of help they would find most useful.

The things I myself found particularly useful were the help I received concerning pro formas for notes, invoices and office stationery and support from my colleagues regarding working in isolation, as I had previously been used to working within a team. I also appreciated being able to attend the training days organised by AIP as these are so relevant to my work.

I have attended my first executive meeting as an observer and was very impressed by the professional attitude of the executive members and by the support given by BACP staff. Everyone is very enthusiastic and they seem to be so committed to giving a good service and working towards a successful organisation that it is indeed a pleasure to be working with them. ■

## News

**Happiness** is neither a right nor a given, nor can it be attained in an instant as the happiness industry would have us believe. It is a slow process, but scientific studies show that certain behaviours can enhance our pursuit.

A study in the *Proceedings of the National Academy of Sciences* revealed that scans of people’s heads as they donated to their favourite charity showed that giving money lights up the brain’s reward system in the same way that receiving money does.

Absorption in a single skill activity such as learning a hobby or skill instead of multi-tasking creates a ‘flow’ state of unselfconsciousness that helps to develop our higher-functioning cerebral cortexes.

A study by Japan’s National Institute of Industrial Health of 600 workers who had been taught to meditate found that they had improved emotional stability, showed less anxiety and neurosis and had fewer nagging physical ailments.

Texas University studies in the *Journal of Personality and Social Psychology* say that people who nurture their sense of gratitude raise their energy, optimism and enthusiasm levels. An *American Journal of Cardiology* study shows that gratitude boosts people’s heart health. There is a Tibetan saying that goes ‘*The moment we are content, we have enough. The problem is that we think the other way round: that we will be content only when we have enough.*’

(*Body & Soul, The Times*)



PHOTODISC/GETTY

**Who needs a therapist?** A study in the *Early Childhood Research Quarterly* adds to a growing body of research that throughout life, talking to oneself can carry significant benefits. The new study found that 78 per cent of children performed better on motor tasks when speaking to themselves than when they were silent.

It helps adults too. Psychiatrist Paul Horton says his survey of 160 men and women shows that talking to oneself can help to lift depressive moods. Says Brett Kahr, senior clinical research fellow at the Centre for Child Mental Health, London, in healthy people it can be a

way of approaching a problem from many different angles’.

It is important to note, however, that only *positive* self-talk is helpful. Other studies show that saying ‘I can’t do it’ isn’t going to help at all.

**On the other hand...** Talking may be helpful, but apparently writing is not always so. Novelist Patrick Gale states ‘Most novelists are mentally ill. Writing is a form of willed mental illness, a willed psychosis.’ However, he also says ‘writing is like therapy’ and that writing his novels has helped him to find ‘happy endings’.

# AIP conference

## Professionalism and supervision: preparing for the future

Exciting and different times lie ahead for the profession of counselling and psychotherapy, as regulation comes nearer. All of us need to be using the time till then to get ourselves in the best possible place, ahead of it. AIP, the association for those working independently, either privately or as affiliates or within agencies, recognises the need, as professionals, to sharpen our image. We are well served by BACP, with the latest information on regulation, both through *therapy today* and the BACP website, but we owe it to ourselves to ensure that our counselling and psychotherapy work is as sharp and up to date as possible, if we want to continue working post regulation.

The AIP conference is another in our series of conferences focusing on professionalism. The 2008 conference takes supervision as the aspect of professionalism in the floodlights. Delegates will be informed about imminent developments within the field of psychological therapies and the influences on independent practitioners and others. There will be elements covering the following: on BACP accreditation and its links to regulation; links between supervision and accreditation; recent research into the effectiveness of supervision and the development of supervision policy, especially relevant to members of AIP and an overview of what employers are looking for from a modern independent practitioner.

### Event details

**Cost:** AIP members £75;  
BACP members £90;  
Reduced fee members £60.  
**Date:** November 2008 (tbc)  
**Location:** London venue (tbc)  
**Contact:** To register your interest please email [katy.hobday@bacp.co.uk](mailto:katy.hobday@bacp.co.uk) and entitle your email 'AIP conference'.

*The AIP conference is sponsored by Howden Insurance.*



The autumn issue of *The Independent Practitioner* will feature supervision as an aspect of professionalism: see box on page 9.

### Your Conference Your Profession

**Conference announcement**

In terms of the prominence of counselling and psychotherapy, we live in both exciting yet challenging times. The profession has never been more high profile and prominent in the Government's mind, for politicians and policy makers, nor has it been more accepted and 'alive' in the minds of the general public than it is now. We will explore the seismic changes happening in the profession, what the future holds and how this will affect those working within this arena.

The conference is designed to appeal to a wide audience, and both students and



**bacp**  
British Association for  
Counselling & Psychotherapy

## Annual Conference & AGM 2008

17-18 October 2008  
Telford International Centre, Telford

experienced therapists will find sessions to suit their level of knowledge. Delegates will be able to choose from a wide variety of sessions each day with strands focusing on topics including therapeutic settings, methodology, the therapeutic relationship, client issues, regulation and IAPT.



**To register your interest in attending:**  
Call 01455 883346 or email [events@bacp.co.uk](mailto:events@bacp.co.uk) and title your email 'AC08'

**For further information:** [www.bacp.co.uk/conference2008](http://www.bacp.co.uk/conference2008)

**Rates per day (including lunch & refreshments)**

|                          |      |
|--------------------------|------|
| BACP Members             | £95  |
| Non-members              | £150 |
| BACP Reduced Fee Members | £50  |
| BACP Student Members     | £50  |