up front

Winter's here, the days are short and the nights long. We talk about the warm weather and holidays, things that we hope we can choose for ourselves. Do our clients? I guess they do. But for all of us, client and counsellor, there is the reminder that living at close quarters to others can be claustrophobic and needs a set of choices to make it work.

So here is an under-used word that is very important – choice. Our clients are frequently unaware of this 'super-word' (think super-food here); having choice for the different aspects of our lives makes a huge change to the landscape of our lives.

We can identify choice in so many areas of life, and once we can see choices, we can act on them. If we are acting on them, we are in the driving seat, we have the power and control we know works best for us, and we are able to enjoy even dark, damp and cold days just as much as the wonderful spring, summer and autumn days where the choices are also many if we choose to look.

Regulation is a word that most of us know. Some believe it's a good word, but for others it is a frightening word. It represents change, the unknown and thus fear. Despite the hard work of Sally Aldridge and the many others at BACP to include choice in the regulation package, identifying our choices and thus our control and power for ourselves remains a work in progress.

Our choices will come from knowledge and understanding, from being able to pick a way through the denseness of information and identify our own choices. Sounds good, doesn't it? But how many of you – be honest here – have actually logged on to the BACP website (www.bacp.co.uk/regulation) and read Sally Aldridge's regulation updates? Do you know what your choices will be?

As counsellors, perhaps we should take a little time to read more, think things through and begin to identify our choices, in just the same way as we so adeptly help our clients to do. And of course, we can talk to each other! If you want to talk about your fears or worries, do please contact me or any of the executive.

Justine Oldfield-Rowell, AIP chair

AIP executive contacts

Justine Oldfield-Rowell, Chair
Tel: 0191 284 8179
email: jor@bacp.co.uk

Margaret Akmakjian-Pitz, Deputy Chair and Editor
Tel: 01994 232142
email: makmakjianpitz@googlemail.com

John Crew
email: jopacs@tiscali.co.uk

Wendy Halsall
email: wehalsall@yahoo.co.uk

Susie Holden Smith
Tel: 01322 558798
email: susan.holdensmith@btinternet.com

Tony Hutchinson, Finance Officer
Tel: 0870 405 1833
email: tony@softersolutions.co.uk

We welcome your letters and emails. Email Margaret Akmakjian-Pitz at makmakjianpitz@googlemail.com or write to Coed yr Iwan, Meidrim, Carmarthen SA33 5NX

The deadline for inclusion in the next issue is 30 January 2009.

Crossing cultural borderlands:
counselling in a non-native language

Beverley Costa, director of Mothertongue, is inspired by articles in *therapy today*

The July 2008 issue of *therapy today* included three articles that excited me and inspired me to write this one.

Their themes of migration, cultural identity, worldviews and language permeate this article, which looks at the experience of migrants living in the UK whose first language is not English. I intend to explore the way in which counselling and psychotherapy services can respond to their needs and I will draw on experiences and examples from Mothertongue, a multi-ethnic counselling and listening service. Although I will address the issue of counselling in the mother tongue and through an interpreter, I will concentrate on the implications of working in a second language for both client and counsellor .

Language, culture and identity

Language is at the centre of our ability to structure and provide meaning to our experiences, to form relationships with others, express our needs and feelings, conceptualise ideas and to give shape to our imaginations.

Hudson[1] defines cultural knowledge as knowledge that is learned from other people. Language must, by definition, be included in this category. Not only does language help us to convey our needs and meaning, it also teaches us our cultures and provides a frame of reference for our identity.

Teaching Spanish to my teenage son and his friend this summer, I was struck by the fact that they had to learn about the philosophical basis for the language. There are two words for 'to be' in Spanish and they indicate different modes of being. To get a feel for which one to use in which context, you need to understand something of the worldview that has led to this linguistic development in one European language.

The way in which language is used to communicate is a reflection of social and cultural norms, which help to regulate the individual and the community. It is easy to misunderstand the utterance if the cultural context is not a familiar one.

For example, there are often misunderstandings over the use, or not, of words such as 'please' and 'thank you'. In this country and culture we use a direct form of communication. If, for example, we are unhappy about something, we make a complaint. If we are grateful or appreciative, we say so by using the phrase 'thank you'. In other cultures, gratitude or appreciation are shown in other ways – by praising someone's cooking, for example, rather than using the words 'thank you'. This is an example of an indirect form of communication.

These kinds of subtleties symbolise networks of relationships and mediate between formality and intimacy. I once taught English to a group of Spanish nurses based in the UK. We had a discussion about the role of 'please' and 'thank you' in this culture, and they noted in a subsequent session how much they had observed they were being used and that they were increasingly using them themselves.

On her return from a short visit back home to her town in Spain, however, one of the group recounted the following. She had made a trip to her local butcher's shop. The butcher was someone she and her family had known for many years. At the end of the transaction in the shop, he had handed her her purchases and she had thanked him. At this point the butcher became annoyed and asked her why she was treating him like a stranger when they had known each other for years. For him, saying please and thank you was a way of marking a distant and formal relationship with someone.

In mainstream UK culture, children are taught to say please and thank you even in their closest and most intimate family relationships.

It follows that if you expose people to other people they will learn other things and their culture will change. Imberti[2] says: 'When we change languages, both our worldview and our identities get transformed. We need to become new selves to speak a language that does not come from our core self, a language that does not reflect our inner-connectedness with the culture it represents.'

Not to be able to speak your native language – and to speak another language only partially – brings with it a sense of loss and inadequacy at one's inability to converse fluently. This is often accompanied by a sense of infantilisation; of being

able to operate in society only in a restricted and childlike way.

Migration, by its very nature, is defined by the notion of change. Quite how much changes is often beyond an individual's control and this can be a source of great stress. You may feel that you can move to another country, gain what you want and preserve what you want. However, the moment you or your children go out of your front door you are exposed to another world in which you have limited mastery. One way to avoid that is, at least metaphorically, never to go out of your front door. You can socialise, shop, read the newspapers and watch television all within your own culture, traditions and language. That may be a viable option but for many of the people who use a service such as ours, that option can bring a great deal of stress. Children go to school and are daily immersed in a different world. If children are lucky, they are helped to negotiate 'cultural borderlands: the overlapping zones of difference and similarity within and between different cultures. Borderlands give rise to internal inconsistencies and conflicts, but also offer many potential points of human connectedness with others.'[3,4]

To illustrate this with an example, Gloria Anzaldua[5] describes a Mexican woman of Indian ancestry living in the USA who copes by 'developing a tolerance for contradictions, a tolerance for ambiguity. She learns to be an Indian in Mexican culture, to be Mexican from an Anglo point of view. She learns to juggle cultures. She has a plural personality.'

This plurality requires sophistication of thinking and behaviour and the language to mediate the negotiation of a pathway across the borderlands. Frequently, people do not have that language even in their own mother tongue. The new situation demands a new language (see figure 1).

Language and emotion

We learn our mother tongue in our early formative years so it is no surprise that we access our emotions more freely when speaking in our mother tongue. We also learn to repress emotions in our mother tongue. Therapy in a second language can sometimes reveal this. 'Sometimes the acquisition of a new language can provide a person with the "right expression" for a particular sentiment, and thus can be used as a coping mechanism to express emotionally loaded experiences. ...a second language serves as a vehicle to become more self-regulated by finding ways to verbalise feelings that were once censored or restricted by external forces'.[2]

While directing a psychodrama at a refuge for South Asian women, I had a colleague of South Asian origin. She had been brought up in this country, unlike the client who was a recent arrival. She was able to provide a double for the client and express anger on her behalf and to provide the role of ally even though the client was unable to do it for herself. (A double is a term in psychodrama for the role that is an extension of the protagonist or client and which can give voice to some of the protagonist's inner or inexpressible feelings.) My colleague was able to give words to something the client could not utter and to enact a role that had been lost to her in the process of migration[6].

The grammar of language and communication

English, like most languages, is complex and full of irregularities and subtleties of usage. Traditionally, this has been dealt with by our primary and secondary education system by ignoring it as an academic subject. Consequently, most of us who are native English speakers have very little awareness of the grammatical structure of the language we use on a daily basis. This means we are not going to find it easy to reflect on the way in which we may be using language to obscure rather than clarify meaning when speaking with a non-native speaker.

For example, Lyons[7] points out that in English we often do not distinguish between tense and mood so that if someone says, 'I wanted to ask you whether you needed the car today', they are more likely to be making a tentative or hesitant request than to be describing some past state of consciousness.

STOCK ILLUSTRATION SOURCE/GETTY

	Mother tongue (fluent)	Other language (no proficiency)	Other language (some proficiency)
Access to emotions	Some	None	Additional
Cultural identity (probable)	Single		Plural

Figure 1. Language, cultural identity formation and emotional expression in therapy

The list of potential confusions is endless. If we take equality of access seriously, we are going to be working therapeutically in English with people for whom English is not their first language. We therefore need to be thinking seriously about how we use English in order to enhance the possibility of real communication taking place.

In practice

Although much of the work at our agency is done in the client's mother tongue or through an interpreter, we conduct a large number of sessions in English, which may not be the first language for either the client or the counsellor, for a number of reasons.

Sometimes clients prefer to speak in English because it gives them a safe emotional distance, which they may need as a defence in order to be able to approach distressing material.

Clients, for a number of reasons, may not feel they can trust anybody from their own community. That may of course be hugely important material for the therapy, but will be no therapy at all unless the client attends a session in the first place. The fear of their own community may also be a real-world worry for a client who has come from a country torn apart by civil strife.

Sometimes our service cannot find an interpreter with whom we feel confident to work in a counselling context. All interpreters who work with us are trained in our model of interpreting within a therapeutic context; sometimes there is no one suitable for us to train.

With care and attention this need not prohibit productive therapy or counselling. For example, when we asked one of our clients about the experience of having the counselling without an interpreter, she replied: 'I have been understood from the heart.'

We have become more aware of how to communicate effectively where there is limited language and we do not see that limited language is a legitimate reason for deciding that therapeutic work is not possible.

We create a space and value for the mother tongue in the sessions and we may incorporate the client's mother tongue into the sessions in a number of ways. For example, when a client is struggling to express something, we will ask the client to say it in their own language, even if the main language used in the session is English. Even though the counsellor does not understand the words, the emotions will speak for themselves.

At other times, we may ask a client to teach us a phrase in their language. For example, when a client became anxious about trying a relaxation technique, we asked her first to tell us in her language the phrase she would use, or would want us to know, if she wanted to stop. We also asked her to teach us a phrase that she would find soothing to hear from us.

In her article in the July 2008 *therapy today*, Helen Claire Smith[8] refers to inequalities in access to mental health services for black and minority ethnic communities. If we truly mean to be accessible then we have to consider how we use English for successful communication with people for whom it is not a first language. Otherwise we are in danger of excluding a large part of our population.

There is another positive reason for working in English. As a counsellor, you may be providing for the client the only safe space where they can practise using English to talk about complex and sophisticated issues, without feeling their language skills will be judged. For people who are learning English – feeling little control over their environment and reduced to a childlike state in their attempts to communicate – this can be a very empowering experience that can help them negotiate more successfully the world outside the counselling room. Lev Vygotsky's[9] socio-cultural theory includes the concept of scaffolding, whereby a facilitator provides the structure to bridge their students from one achievement to another, until they are ready to perform without the supporting structure.

Conclusion

Migration is often described in terms of loss and stress but it can be a source of connections with others, greater understanding, tolerance and harmony, and it can be an enriching experience in people's lives. As counsellors, we can fulfil an educative role, providing linguistic and cultural scaffolding for clients who are negotiating their way across the cultural borderlands. ■

References

1 Hudson RA. Sociolinguistics. 2nd ed. Cambridge: Cambridge University Press; 1996.

2 Imberti P. Exploring and understanding the language experience of the non-English-speaking immigrant. Families in Society: The Journal of Contemporary Social Services. 2007:71

3 Rosaldo R. Culture and truth: the remaking of social analysis. Boston: Beacon Press; 1992.

4 Falicov CJ. Training to think culturally: a multidimensional comparative framework in family process. New York: Blackwell Synergy; 1995.

5 Anzaluda G. In: Falicov CJ. Training to think culturally: a multidimensional comparative framework in family process. New York: Blackwell Synergy; 1995.

6 Costa B. Psychodrama across cultures. British Journal of Psychodrama and Sociodrama. 2002.

7 Lyons J. Language, meaning and context. Fontana Press; 1981.

8 Smith HC. Bridging the gap: therapy through interpreters. therapy today. July 2008.

9 Vygotsky LS. Mind in society. Cambridge, Mass: Harvard University Press; 1978.

Mothertongue, a multi-ethnic counselling and listening service in Reading, was presented with the 2008 BACP award for excellence in the practice of counselling and psychotherapy. For further information about Mothertongue, visit: www.mothertongue.org.uk

Should I stay or should I go?

Michael Alexander ponders the adolescent male's need to separate

Should I stay or should I go? is a song by The Clash that in many ways fits the subject of this article about male adolescent separation from the mother, although those lyrics were about a somewhat different relationship to the maternal one discussed here.

The umbilical attachment to our mother sustains us during pregnancy and in many senses remains a metaphorical attachment well after birth. We are then subject to the tidal influences of development, the turmoil of satisfying our infant needs and attachment to our mother, and the oedipal forces that arise when we become aware of the father entering this relationship. Exploring the world involves a gradual drift away.

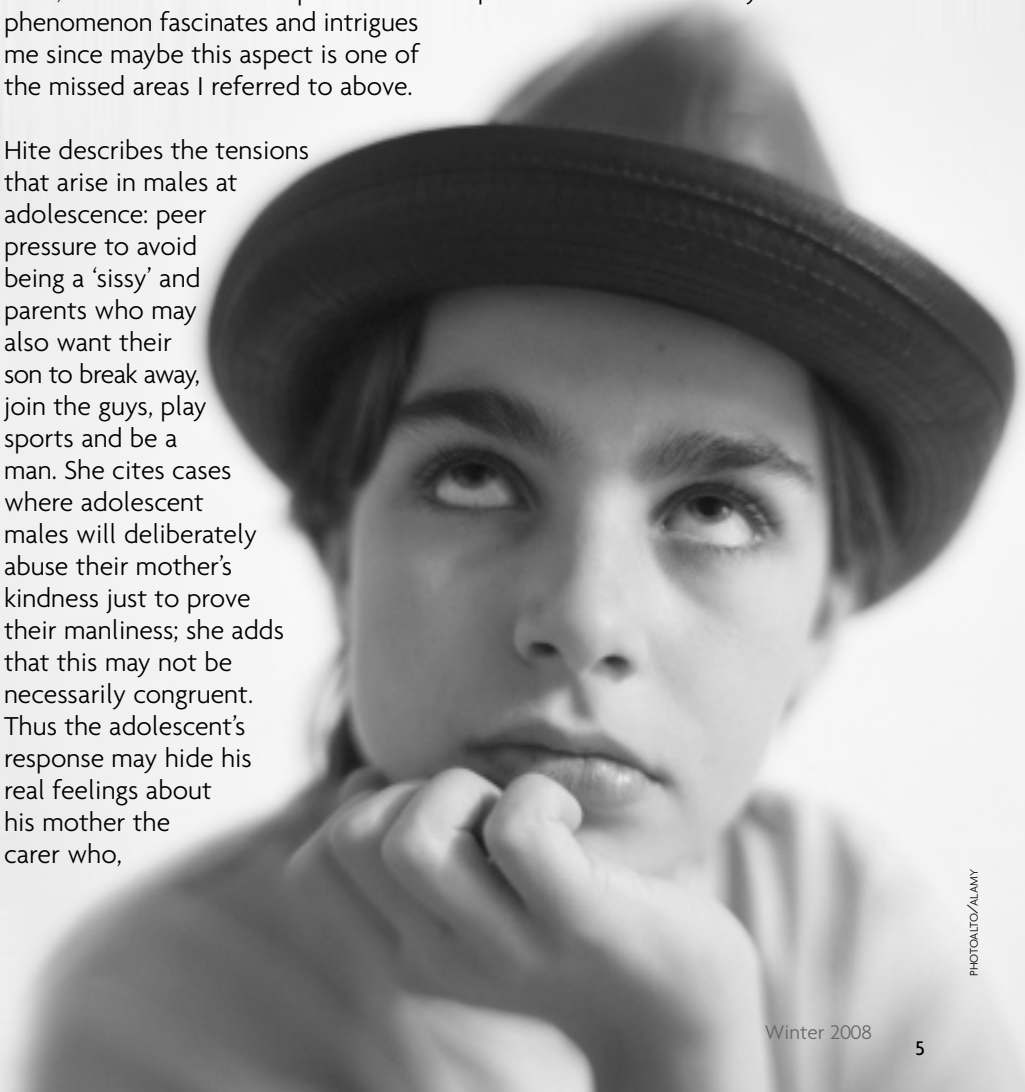
A major event in this tidal scheme of things occurs at or near adolescence when the timelessness of childhood fades and is replaced by a dawning adulthood. At this time males mostly resist the gravitational pull of their mother and separate, entering a period of masculinisation, or so the theory goes. Aspects of this phenomenon are worthy of attention by counsellors and psychotherapists because the aftershocks of a problematic separation may rumble on into adulthood. In this article I give an overview of some findings and consider whether we take this process of separation into account in therapy.

I often sit opposite middle-aged male clients who come to counselling when some part of their life no longer fits with the rest. It may be alcohol use becoming more habit than pleasure, or a feeling of meaninglessness about life or maybe a sense of general dissatisfaction. Generally, they come through their difficulties and begin to recognise what they need to do to start living again. Our journey together is rarely a short one. In reflecting on these clients I often feel that I may have missed something in the process.

Shere Hite's *Oedipus revisited*[1] highlights the difficulties some males have with the adolescent break from their mother. It brings difficulties and tensions that may have repercussions throughout the rest of a person's life. Freud's ideas about the oedipal aspect of young children's development were quite clear, but this later developmental phenomenon fascinates and intrigues me since maybe this aspect is one of the missed areas I referred to above.

Hite describes the tensions that arise in males at adolescence: peer pressure to avoid being a 'sissy' and parents who may also want their son to break away, join the guys, play sports and be a man. She cites cases where adolescent males will deliberately abuse their mother's kindness just to prove their manliness; she adds that this may not be necessarily congruent. Thus the adolescent's response may hide his real feelings about his mother the carer who, after giving birth to him, fed and nurtured him for maybe 12 years. In addition, Hite believes that the tensions may lead to woman-hating pathologies. She feels that the traumatic psychological and emotional change at puberty, when young males are pressured to break free of mother, has not been taken seriously. This view is profound considering the extent of erratic male behaviour and violence towards women[1].

A quarter of a century ago Carol Gilligan developed a hypothesis on gender differences: essentially, masculinity is defined through separation while femininity is



PHOTOALTO/ALAMY

defined through attachment[2]. Nancy Chodorow's work emphasised that 'women themselves are mothered by women, they grow up with relational capacities and needs, and psychological definition of self-in-relationship which commits them to mothering. Men, because they are mothered by women, do not.'[3]

So, way back then, separation of males from their mother was a key issue voiced by psychoanalysts who were examining the role of women in a patriarchal society.

Thomas Nagel[4], in his philosophical approach to human consciousness, asked what it is like to be a bat; a similarly philosophical question might be 'What is it like to be a man?' Greenson[5] and Stoller[6] felt that perhaps the most significant aspect of being a man is not being a woman[7]. The young male, they believed, has to dis-identify with his mother, to break away from her to achieve masculinity. Separation from 'the other', then, is a defining moment in developing masculinity. This is a somewhat harsh terrain for young males to navigate and seems more like a sentence than a developmental stage.

More recently, a slightly different perspective on the dis-identify theory has been developed. The process of breaking with the mother is viewed not as a dis-identification but more as a transitional phenomenon[8]. The loss felt allows the young male to internalise important aspects of his relationship with his mother. These parts of his psychic structure, the identifications of his mother and father, become more accessible as the young male matures. A young male's sense of having a masculine identity develops from the boy-to-mother attachment and not from their separation[9-10].

Ruth Lax[11] tells us that in some primitive societies, boys are initiated into manhood through sexual ceremonies and processes to emphasise that the boy has crossed a line in his development. She does not raise the issue of what happens to boys who fail or do not wish to participate. Of course the situation of the western nuclear family with the extended period of childhood makes potential identification with the mother more difficult to break[12].

If the transitional process of separation fails in some way then, as Diamond[7] writes, the young boy is prohibited from knowing or valuing his loss and is coerced to deny his need for his mother. Feelings of abandonment at this point may run in parallel with feelings of shame at identifying with his mother. This may make the man impenetrable since he must, at all costs, stave off the shame[13]. In this situation there is a possibility that woman-hating themes described by Hite[1] may be predominant. How many of us have encountered impenetrable male clients or worked with misogynists? Quite a few, I suspect.

But where is the father implicated in all this? Certainly an available father or surrogate can moderate the loss felt when a young male starts to break away from his mother[7]. The father operating as an engaged parent is thought to modulate the young male's relationship with his mother, allowing the child to begin to find himself within the family relationship. The father's ability to allow the young male to also break away from him is another factor in supporting the young male's masculine development.

The nature and quality of attachment – from secure, avoidant and ambivalent through to disorganised forms – has been described following the work of Bowlby[14], Ainsworth[15], Holmes[16] and Brisch[17]. It seems likely that a male child with a less-than-secure attachment to his mother may have difficulty with the break that occurs at adolescence. Parkes[18] has shown how the quality of attachment influences responses to loss. Individuals with less-than-secure attachment were shown to respond adversely to loss and bereavement. Thus, a young male, perhaps resisting the calls to join the guys, who had a difficult attachment to his mother, may fall into such a category.

A song written by Eddie Reeves and Alex Harvey, called 'Rings', has been interpreted by Leo Kottke[19] to describe a man who, for a long time, didn't find the courage to tell his partner that he wanted to leave her. Eventually she told him she was leaving him; a momentary happy moment passes before he realises his loss and he spends the rest of the song moping about her absence. Only when she returns, at the end, does he recover from his loss and isolation. Reflecting on this makes me wonder whether he found separating from his mother painful. Maybe he was less than enthusiastic about sports and being with the guys and all that stuff.

Somewhere in the crevices and folds of some male psyches, the fissure and pain of separation may still be present, although it may show itself through a variety of mechanisms. I work from an integrated approach that leans more towards the person centred than the psychoanalytical. I deliberately do not touch on the adolescent separation of most of my clients. For males, at least, this developmental waypoint may be more significant than previously considered and I am certainly beginning to take this into my practice.

The questions that come to mind as I consider male separation are:
- How do I touch on this particular fissure in a male client's life story?
- What strategies might allow clients to explore this terrain, if it is accessible?
- Is there a conscious awareness in males of this separation?
- What are the consequences of missing this facet of masculinity during the counselling process?

I wonder if other counsellors have asked these questions, and whether they have some answers.

Returning to the male clients I described earlier, a sense of loss in these men is evident; some have lost partners and careers, not to mention 'the way' through their lives. While I might be aware of one of the deeper factors responsible for these men finding their lives difficult, for me

the question is how to include the findings of Shere Hite and others in my counselling practice. ■

Acknowledgment
I am indebted to Bob Smith for his advice and guidance in constructing this article.

References

1 Hite S. Oedipus revisited: sexual behaviour in the human male. Arcadia Books; 2006.

2 Gilligan C. In a different voice. Cambridge, Mass: Harvard University Press; 1983.

3 Keller C. From a broken web: separation, sexism and self. Boston: Beacon Press; 1988.

4 Nagel T. What is it like to be a bat? Philosophical Reviews. 1974;435-50.

5 Greenson RR. Disidentifying from mother: its importance for the boy. International Journal of Psychoanalysis. 1968;49:370-4.

6 Stoller R. Sex and gender. Vol 1: The development of masculinity and femininity. London: Hogarth; 1968.

7 Diamond M J. Masculinity unraveled: the roots of male gender identity and the shifting of male ego ideals throughout life. Journal of the American Psychoanalytic Association. 2006;54:1099-1130.

8 Diamond M J. Fathers with sons: psychoanalytic perspectives on 'good enough' fathering throughout the life cycle. Gender and Psychoanalysis. 1998;3:243-99.

9 Fonagy P. Attachment theory and psychoanalysis. London and New York: Karnac; 2001.

10 Lyons RK. Rapprochment or approchment: Mahler's theory reconsidered from the vantage point of recent research in early attachment relationships. Psychoanalytic Psychology. 1991;8:1-23.

11 Lax R F. Boys' envy of mother and the consequences of this narcissistic mortification. The Psychoanalytic Study of the Child. 1997;52:118-39.

12 Kimmel MS. The gendered society. Oxford University Press Inc USA; 2000.

13 Elise D. Unlawful entry: male fears of penetration. Psychoanalytic Dialogues. 2001;11:499-531.

14 Bowlby J. Attachment and loss. Vol 1: Attachment. New York: Basic Books; 1969.

15 Ainsworth M. Patterns of infant-mother attachments: antecedents and effects on development. Bulletin of the New York Academy of Medicine. 1985;61:771-91.

16 Holmes J. Attachment theory: a biological basis for psychotherapy. British Journal of Psychiatry. 1997;163:430-8.

17 Brisch KH. Treating attachment disorders. New York: Guilford Press; 2002.

18 Parkes CM. Love and loss: the roots of grief and its complications. London and New York: Routledge; 2006.

19 Kottke L. Home and away. DVD. Wienerworld; 2007.

Data retention

AIP Chair Justine Oldfield Rowell received the following question from Dawn Jagdev, Wolverhampton Domestic Violence Forum administrator: *According to the Data Protection Act, how long can client records be kept once the relationship has ended? Do we have to destroy a client record if the client requests this?*

BACP Information Officer Wendy Brewer provided the following response: *With regard to the query about a client's right to have their records destroyed, if they request it: that would depend on the contract of the organisation with the client. Although there is no legal requirement for counselling notes/records to be kept, BACP's* Ethical Framework *states that 'practitioners are encouraged to keep appropriate records of their work with clients'. We, as part of the Ethics Helpdesk, suggest that the law might take a dim view of notes that were destroyed (eg because they included information about a crime) when it was the normal practice of the organisation, or individual therapist, to retain notes for a specific period.*

Suggestions about how long notes should be kept can be found in the following extract from a soon-to-be-published BACP information sheet:

Time limits for retaining counselling and psychotherapy records

Personal data should not be held any longer than necessary for its purpose. Certain types of records, eg NHS records, are classed as 'public records', with specified periods for retention. For example, records of patients defined as 'mentally disordered' are kept for 20 years after their last treatment, or eight years after the patient's death. Where there is no set time limit which applies to therapeutic records, therapists and their organisations need to decide an appropriate time limit for keeping records before destruction. These might be set to accord with the relevant time limits for responding to a complaint against a therapist or agency under BACP or other professional conduct procedures, or to comply with the time limits for legal actions. The normal time limit for legal action by the client for personal injury is three years from the incident or three years from the date when the individual could have reasonably known the problem had arisen. The time limit on legal action for breach of contract is six years. For a fuller discussion of this complex topic, and explanatory tables, see chapter seven of *Confidentiality and record keeping in counselling and psychotherapy* by Tim Bond and Barbara Mitchels (BACP and Sage, 2008).

The Ethics Helpdesk are always happy to respond to queries of this nature and the AIP executive likewise are happy to pursue such questions and provide the appropriate answers. ■

Relax – do it!

Something for your toolbox

A significant number of my patients arrive at my consulting rooms in considerable distress due, perhaps, to PTSD, anxiety or workplace stress. I often find that the first task we address is some self-soothing strategies before we can begin a programme of cognitive behaviour therapy (CBT) or eye movement desensitisation and reprocessing (EMDR) to address the problem. Here are some of my tried and trusted methods, ways we can use both relaxation and visualisation techniques to help our patients, especially those who present with difficulties such as anxiety, stress and depression, and sleeplessness, which may go hand in hand with many life issues.

Breathing

The simplest and most effective way of calming oneself is to learn to use breathing to manage distress. This helps the patient to slow down, and that in itself is enormously helpful. Most anxiety and panic comes about because the patient finds themself in a vicious circle of negative thoughts that trigger the limbic system to produce the 'stress' hormones of adrenalin and cortisol. These in turn have somatic responses such as fast breathing, increased heart rate, churning stomach, clammy hands and the like. After a few experiences like this, the patient easily slips into a behaviour cycle that repeats the symptoms whenever a stressful or potentially stressful situation is experienced. To avoid this, patients may develop avoidance behaviours such as staying at home, not going to busy shopping centres, not flying etc. If you know how the physiological aspects of anxiety work, it is usually helpful to explain it as this de-mystifies the process and that alone can be soothing. If you have a patient who is anxious about chest pains or breathing difficulties and who has not seen a GP, you should ask them to see their GP as soon as possible. Good patient care, in my book, says that I only work with this symptomology after a physical explanation has been eliminated and the doctor is thinking of a stress-based condition. The doctor may have already prescribed some medication such as a mild tranquilliser or a beta-blocker, and the following exercises are supplements, not replacements. With all these exercises, I suggest you do them with the patient and move your chair so that you can observe but allow the patient to look straight ahead. This allows them to focus more easily.

The five-minute stress buster

This is best done after a basic breathing exercise (instilling a sense of calmness in the patient) as it builds on it. I have found it very helpful with people who report restless sleeping patterns. It introduces the basic concept of learning how to still the mind as well as the body.

Get your patient to settle and begin breathing slowly and regularly. After a minute or so, say to them: 'Now I want you to focus on your body as you continue to breathe for the next minute or two and then I'll ask you for some feedback.' Continue to do it with them.

After a minute or two, say calmly: 'Now I want you to scan your body. Some folk like to start at their head, others with their feet; it doesn't matter which. Just notice what you notice.' Then ask 'How was that for you?' followed by 'What did you notice?' This produces a number of answers, most frequently 'I noticed my neck felt tense/tension in my arm/feel a bit clammy etc'. Again we are avoiding any suggestion that *something* should be happening. If it is something like 'I feel tension in my neck', say to the patient: 'Let's continue for a few moments longer and I would like you to focus on the (tension in your neck).' Ask again: 'What's happening now?' Usually the answer is:, 'My neck feels less tense.' Sometimes you may have to have several attempts to get to this point or sometimes the patient says: 'My neck feels better but I've got tension in my leg.'

Repeat the sequence until the patient is quiet and focused on their body, and then say: 'Now I want you to spend a minute becoming aware of what's in your mind.' Allow them a minute or so to do this and then say: 'For each thought, say to yourself: 'I'm thinking about ... and it's OK for me to be thinking about ... and notice how the intensity of the thought lessens when you do this.' This is the hardest part of the exercise and it takes practice. However, if the patient practises, they will quite quickly get to that peaceful state when there is no obtrusive thought in their head.

Visualisation

Visualisation is another useful tool for our patients to learn although some seem to struggle with this technique. Perhaps in another article I will explore ways of overcoming this difficulty as these self-soothing skills are really helpful for patients in a number of applications as noted above. I also hear stories from patients of various (unsuccessful)

attempts they may have had in the past either on their own or with a therapist/teacher. What appears to have gone wrong is that the latter is working with their own images rather than the patient's and therefore does not always 'connect'. I remember a rather extreme version of this a few years ago when I was working with a patient who was involved in the tsunami in Thailand. The mere sight of the blue carpet in my consulting room was enough to send her into a spin, so calming pictures of sandy beaches and turquoise seas was obviously not what she wanted to hear. Always work with the patient's material, real or imagined, and build it up in the following way. Suppose the patient has chosen sitting in her back garden on a summer's evening. Say to her: 'We're now going to make your picture more real by focusing on the five senses. Notice how your picture is now and see if it is any different when we've finished.' Ask five questions relating to the five senses and give the patient time to build up the images in their mind:

■ What do you see? Look round and notice what flowers you can see.

■ What can you hear? Maybe it's the birds singing in the trees, the bees.

■ What can you smell? What scents from the flowers, new mown grass?

■ What can you feel? By 'feel' I mean something you can touch: maybe you're holding a flower or you reach down and put your hand on the ground.

■ What can you taste? Perhaps the freshness of the evening, your drink that is on the table.

When you have finished, ask: 'How real is your picture now?' Most often they will say that it seems more real, the colours are brighter. 'It seems like 3D,' one person said to me. Then ask: 'On a scale of zero to 10, zero being the most relaxed you've ever felt and 10 the most tense, where are you right now?' If the answer is five, it is better to say: 'What do you need to do in your picture to get you from five to three?' Whatever the answer is, do it with them. If you are using this as a relaxation exercise, you need to help them get to about a one or two.

Although I said the therapist should always use patient material in a visualisation, I offer here a set visualisation that is generally very effective. Nevertheless, you do need to check out that the patient is not frightened of water first.

Set visualisation

I want you to imagine that you're in a forest by a mountain pool. There is a waterfall rushing down the side of the mountain into the pool and you can hear the sound the water makes. Take some time to look around and notice what you see: the sunlight shining through the trees, the reflections on the surface of the water in the pool, the smell of the forest and the refreshing dampness. Perhaps you are sitting on a rock by the edge of the pool. Reach out and touch the damp grass and notice the rainbow made by the spray in the light. Now I want you to put your hand in the water, it's ice cold. Move your hand around in the water for a while and just take in the picture and notice how relaxed you feel...

I have had patients do a variety of things with this visualisation. One decided he liked it so much that he stripped off his clothes and went for a swim in the pools round and behind the waterfall! All visualisation is a powerful tool because as far as we can see, the areas of the mind that would 'fire up' if a person was experiencing the scene for real, 'fire up' in the imagination and bring the experience of calm and wellbeing.

Experience tells me that these skills can be really helpful to patients because they can bring about a sense of relief to the person's symptoms of distress. Obviously they don't work for everyone but being able to self-soothe is a fundamental for most anxiety-based conditions. ■

One client liked the visualisation so much that he stripped off his clothes and went for a swim!

On the receiving end

Helen Pattinson presents her 'Idiot's guide to counselling me'

I am a service user with 'complex and challenging needs'. This essentially means that I do not fit into any diagnostic or treatment boxes. I am too functional to be ill, too disordered to be managed in primary care, and too stubborn any longer to be palmed off with no care at all. Diagnostically my doctors say that I have a personality disorder; I don't think I do. Are you getting the picture?

Therapy has been both a waste of time for me and one of the most useful things I have ever done. It has brought many tears, both from frustration through not being able to make my therapist see what I am trying to say, and from uncovered pain. For years I have wanted to design an 'Idiot's guide to counselling me', to be presented to my counsellor at the first session of any new therapy contract. I guess this opportunity is the nearest I am going to get, so here goes:

■ If something is not working, change it. For example, I find it hard sometimes to talk in a restricted setting such as a conventional therapy room, and feel there is little point in sitting in silence for an hour while I get more wound up and less able to speak. Three of the best therapy sessions I have ever had have taken place in a bus shelter, walking a dog, and sitting in a field in the sun.

■ If I tell you the answer to something once, do not keep asking the same question in the hope that you will get a different answer the next time. If the answer was no the first time, it is still going to be so the fifth time, and I am going to be considerably less tolerant.

■ Do not make assumptions. Yes, I can hold a full-time productive job while being mentally ill, so suggesting lots of really good services that are available during office hours on Monday to Friday is not useful, and will just make me believe you have not listened to me.

■ Be non-judgmental. I already feel as though I have not had a 'bad enough' childhood to qualify for the problems I have. Please do not reinforce that. The best counsellor I ever had said something along the

IMAGE BANK/GETTY

> 'On one occasion I was told I had upset my counsellor so much by being silent that she was quitting counselling!'

lines of: 'It really doesn't matter that the books say that abuse or neglect should have happened. You have dealt with what you have dealt with and that is what we need to work with.'

■ Be open-minded to trying new things. Until my current psychologist bullied me (in the nicest possible way) into trying, I had no idea that writing could be such a useful and productive way of working. I now email him a collection of thoughts and details about the previous week's session a couple of days before our next one; we both have time to think about it, and it solves the problem of how to start the conversation.

■ Starting a conversation can be very hard. Even if your therapeutic approach dictates it, please do not just sit there in silence. It really does not matter what you say as long as you say something. And for goodness sake, in conjunction with this, think laterally! I have heard and answered the conventional assessment questions more times than I can remember, and will answer them with my brain disengaged. Try something different: word associations, drawing pictures, whatever, as long as it kicks my brain out of its semi-sleep assessment mode.

■ Therapy requires input from both sides. If you are sitting there twiddling your fingers and looking at your watch every five minutes, you must forgive me if I do not spill any of my deepest darkest secrets.

I have found good therapy to be challenging, thought provoking, relevant and useful to my current situation, and a two-way process.

Bad therapy has left me feeling inadequate, self-hating and worthless. On one occasion I was told I had upset my counsellor so much by being silent that she was quitting counselling! Chances are that I had not come out of that encounter feeling great either. Needless to say it was a long time before I tried counselling again.

Please remember what a big responsibility you hold when we walk into your office. I am fragile and vulnerable no matter how hard I try to hide this so please treat me in this way. ■

This article was first published in the Healthcare Counselling and Psychotherapy Journal *(HCPJ Vol 8, No 4), a quarterly journal of the British Association for Counselling and Psychotherapy.*

IT unplugged

I suspect some of us in AIP are IT immigrants rather than IT natives. That is, we have had to learn slowly and painfully this new, almost magic way of organising our lives, our data, our everything. With this in mind we will, from time to time in the journal, include a column on using IT to help in the daily tasks relevant to practitioners.

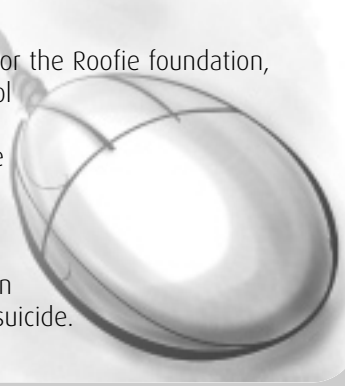
We are starting a collection of words and phrases in current use, and simple instructions on how to do something small but meaningful on your computer.

Email us, please; otherwise ring us. Share with us your questions about words, or simple actions that you get stuck with or don't understand, and we will find a knowledgeable person who speaks the language and can explain the answer. Whatever you've always wanted to ask about but were too shy or plain scared, start now. The answers will be posted on our new-look website at www.aiponline.org.uk and appear in our journal. Likewise, if you have a tip, a technique, or a conundrum, please send it to the editor for future editions of this column.

CORE Net

As you may remember, AIP has planned a pilot study exploring counselling outcomes using CORE Net (the web-based version of Clinical Outcomes in Routine Evaluation). Arrangements between BACP and CORE Net to begin the pilot study are now in place. If you would like to take part please contact Justine Oldfield Rowell as soon as possible (details p1).

Useful websites



www.roofie.com is the website for the Roofie foundation, which deals with drug and alcohol assisted rape, drink spiking, date rape etc. Their helpline telephone is 0800 783 2980.

www.uk-sobs.org.uk is the website for the organisation for survivors of bereavement by suicide.

Therapist Web Sites

FREE Web Site Design

A personally designed Web site with hosting for just £10 a month*

Moore Technology Solutions

www.mtswebdesign.co.uk **01782 751633**

*Normal price £25 a month, offer available to Independent Practitioner readers quoting ref IP09

Taken to supervision

John Rowan offers a moving account of how supervision enabled him to keep going in what seemed to be an impossible situation

Following on from the interesting issue on supervision (*The Independent Practitioner*, autumn 2008) I thought it might be of interest to look at an actual case where I took my work with a client to supervision.

The client and I got into a very deep level of work and then found that somehow her deepest self had some kind of antagonism or experience of threat from my deepest self. This made me feel very hopeless about the whole enterprise, and I thought very seriously of asking her to go to another therapist. It seemed that the whole basic level of trust on which therapy depends was threatened. She found it difficult to come into the room with me and when she did, she felt small and threatened. It felt like some kind of very fundamental difference between us, something too deep to resolve.

It felt like the end of the road. I had been seeing the client for nearly three years and had been through some difficult times before, but this felt worse than any of them. I went to my supervisor saying that I felt really despairing about it, and unable to continue. I felt as if I were touching rock bottom. If there was this deep a rift, how could therapy continue? It seemed as though somehow her basic fault had come into contact with my basic fault, and they had turned out to be incompatible. My supervisor brought out the ways in which this was a repeat of my inability to reach my mother, and my inability to reach my ex-wife. She encouraged me, I felt, to continue with this client.

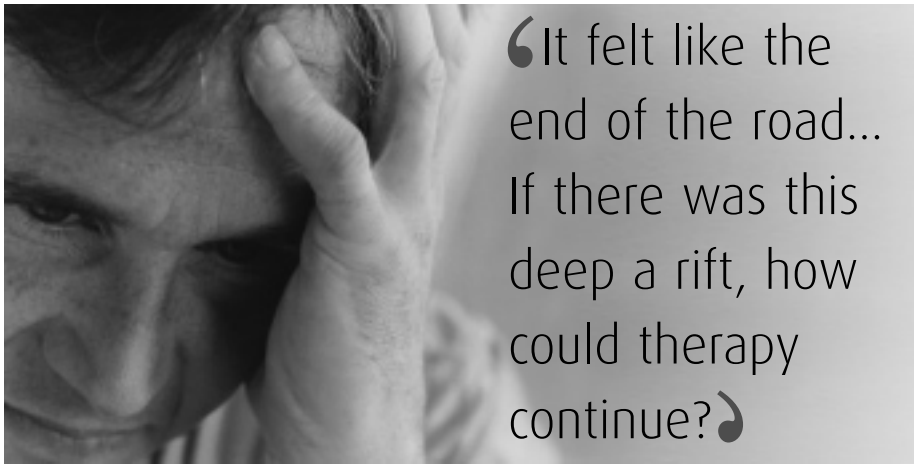
What I did was to tell my client about my despair and my inability to handle it. Her first response was to feel rejected, as if I had said to her that she was unacceptable and that I did not want to work with her any more. But as we went on talking it seemed as if there were some spark of something still there.

But I still did not know what to do. It seemed that if I suggested any technique it was rejected, and if I did nothing she felt abandoned. Then I came across an article in *Energy & Character* on the borderline patient, where Jacques Berliner reconstructs what such a patient might be inwardly saying:

*You think that it will do me good to make me cry, strike out, sob and even breathe deeply in therapy, but I know that it will make me even more crumbling and terrified... Don't be silent, it makes me anxious. For me it's a matter of life and death that I feel your warmth, your support, hear your voice, I'm so afraid of emptiness... Don't go too far away (so I can feel you're alive) but don't come too close (all your warmth can burn me). I want to be the one who controls our distance from each other. The most important thing is not what we are going to '*do*', but that we '*should be OK together*'; that I should feel good with you, and that you should feel good with me. I need to feel you there, present, solid, but not overwhelming. I want you to understand me so completely that you know what I'm trying to say, even before I say it, to divine me with your hands, your body, your breathing, even more than with words. I want to make you feel something, to prove my newborn power; I want you to do things for me without my having to ask for them or do anything in return.*

I showed her this article and she said 'Yes, that's it, that's exactly it. How come you can hear it when it's in some journal article written by a man, but you can't hear it when I say it to you?' We went on talking around this, and ultimately arrived at the idea that one thing we could try would be to use Plasticine as a sort of transitional object. So at the next session I gave her some Plasticine to play with. She then constructed a perfect representation of the therapy situation and we did some good work on it.

There were other difficulties later but we seemed to get over them more easily because of that very deep moment of failure. ■



PHOTODISC/GETTY

> "It felt like the end of the road... If there was this deep a rift, how could therapy continue?"

What would you do?

The following supervision ethical dilemmas were posed in the last issue of the journal. Here are your responses...

Dilemma 1
Jack's client, Kevin, is a lonely and very isolated man. He was grossly mistreated by his parents in his childhood and he has found it impossible to make close relationships with people, so he has thrown all his energy into work and is now very wealthy. Jack and Kevin have been working together for 18 months or so and Kevin has become very dependent on Jack. He believes that without Jack he would have committed suicide; he has never known care like that offered by Jack before. Last week Kevin told Jack that he has rewritten his will and has made Jack his beneficiary. How could the supervisor help this counsellor?

This counts as a gift, and it is against the rules to accept gifts (other than trivialities, such as Christmas cards). You have to tell Kevin that this is not allowed, and encourage him to see and understand why. Explain that his relatives could challenge such a will on the grounds that a counsellor has the power to exert undue influence, and must have done so in this case.
John Rowan

Dilemma 2
Anna's presenting problem is her recent split from Harvey. She wants to examine her part in it and, if the relationship is really over, to find a way to move on by herself. After a couple of sessions she reveals that Harvey has said that he is also interested in working on their relationship and has sworn that his brief affair with Mary is over.
You suggest that Harvey rings for an appointment which he does. Halfway through the session he makes it clear that he is *not* there to work on the relationship, but on his own confused feelings. He left Anna because he never felt loved by her. You ask if he has ever felt loved and Harvey responds, 'I do now. By Mary,' and reveals that far from being over, his affair with Mary is continuing furiously and that he has no idea how to get himself extricated from the situation – even if he wanted to. And he is far from feeling that he wants to. You are seeing Anna the next day and feel sure she will want to continue working on their relationship, almost certainly to the extent of scheduling a joint session.

You have to tell Anna that Harvey is not willing to come to you for couple work. You do not have to give any reason for this, other than that Harvey has indicated to you that he is not up for this. You are happy to continue to work with Anna on her thoughts and feelings, without giving away any of Harvey's secrets.
John Rowan

My first reaction was that of divided loyalties. I have frequently been faced with a client who decided it would be beneficial to bring along their partner. This is fine but I believe that my loyalty lies with my client (during the one to one) and if the partner comes along (after discussion between us), it is on the basis that I see the client on their own or them as a couple, but definitely not either *partner separately.*

When they present as a couple I conduct the session without bias to either party (having first told the client how it works. I believe it is vital to tell the client that when we are one to one the contract is just that, but as a couple the 'couple' is my client.) I then proceed as usual with a couple, identify the problems as each sees them, then help them identify what they want from each other. Before they leave the first session I would engineer a contract between them so each was certain what they wanted to achieve before the next session.

(I was once put in this position because my clients were referred through an NHS hospital with whom I have a local contract. I was given a female client who subsequently formed a relationship with a colleague. She had not told me the name of this man. Without informing me and because she didn't know the 'rules of engagement' she recommended that her boyfriend seek counselling from me via their referral system. I saw him and only discovered towards the end of the first session that this man was the boyfriend of my original client. As it happened there was no actual conflict because their relationship was the only thing in their lives that wasn't in a mess, as they saw it. However, I did request another counsellor took on the male client after explaining my professional dilemma to the male client. I asked him to explain the reasons for this to his girlfriend (my client) so that I didn't have to breach confidentiality in any way by commenting about this development to my (original) client.)

To conclude, if the counsellor had really taken on the two as separate clients, s/he should suggest immediately they meet as a couple (with him/her) and pass on the advice that the couples process works only *if both parties can face and discuss the truth of their current feelings, wants, needs etc. At the end of the couple session the counsellor should agree to see them in future* only *as a couple and not as individual clients.*
Cathie Bardell

Agree? Send your thoughts to the editor at the address on page 1.

Book reviews

Assertiveness and diversity

Anni Townend

Palgrave Macmillan 2007
ISBN 978-1403993441 £25

Anni Townend set herself a substantial task in writing a book that seeks to recognise and develop assertiveness and diversity in the contemporary workplace, a workplace that is often part of a large, multinational corporation.

The scope of her ambition is reflected in the range of the book's chapter headings: from the philosophy and psychology behind assertiveness to personality differences; from racial and cultural differences to gender and sexuality; from the work-life balance of employees to assertive leadership.

Assertiveness is defined with reference to the established theoretical framework of transactional analysis and, in particular, its concept of an 'I'm OK: you're OK' life position (developed by Eric Berne in the 1970s). Added to this foundation are a number of concepts drawing from a rich and eclectic mix of current psychological theories. So, for example, attachment theory has provided a theoretical insight into an individual's need to feel personally secure, a need that applies in the workplace as well as elsewhere, if they are to develop an assertive attitude and to thrive

The number and variety of case studies give *Assertiveness and diversity* a grounded quality. Townend has attracted senior managers and business consultants to share openly and frankly their personal experiences and their often challenging processes of learning and development. From each of these vignettes she has extracted useful lessons that could be applied by other organisations engaged in similar processes.

It is the overlap between the personal and the organisational that makes the book particularly interesting. Through the case studies Townend shows how an individual's personal journey of increasing self-awareness and change is then used to shape the organisation's working practices. She cites a refreshingly frank example of how a senior executive in a major multinational company becomes involved in the company's leadership challenge programme. From feeling encouraged to disclose his own strengths and vulnerabilities, to his analysis of himself as aggressive/defensive, the executive discovered much about his leadership style which was partly protecting his own personal needs for security. Over time he used these learning experiences to develop and change his leadership style and to become a truly assertive leader, confident in his values and beliefs, in his relationships and work.

Through the power of repetition and example, Townend emphasises that assertive leadership and assertive organisations are those that are based on respect for others, trust, openness and honesty. Such respect and openness applies to all people within the workplace and includes respect for and acceptance of difference. She gives several examples of organisations that have initiated 'diversity committees' or 'all-women programmes' or 'diversity champions', showing how creative and motivated organisations can take direct action to promote acceptance and celebration of diversity in the workplace.

Townend describes several current methods for psychological profiling and shows how they may all serve to develop assertive individuals and organisations. In so doing she demonstrates that the means for creating and promoting assertive, respectful and trusting managers and employees are already there by making good use of existing systems, resources and staff. These mechanisms can be further enhanced, Townend explains, by selected use of external consultants and coaches as well as corporate ombudspersons, established counselling services and employee assistance packages.

The book has a strong 'can do' quality about it. Using large multi-national corporations in her case material she succeeds in suggesting that any organisation, whatever its size, can champion inclusivity and diversity and prioritise, initiate and stimulate assertiveness as an organisational worldview.

Christine Martin, psychotherapist and counsellor with Haswell, Martin & Rose.

One of the key messages in this book is the importance to organisations of treating employees as 'whole persons' with physical, intellectual, emotional and spiritual needs and differences. This is a message familiar to counsellors and Townend illustrates the centrality of this message for organisations, with vigour and clarity. Many organisations espouse values of integrity, openness, honesty, respect and trust but the real challenge, says Townend, is how to live these, day by day. This book attempts to address this challenge, in exploring the relationship between assertiveness and diversity.

Case studies and personal stories illustrate how individuals, teams and organisations can make a difference

and make it possible for everyone to be valued for who they are, respected for what they do, and enabled to reach their full potential.

If you are a workplace counsellor or coach, take referrals from EAPs, or have an interest in organisations, you will find this book of value.

Divided into five sections, part I gives an overview of the whole book. Part II describes what assertiveness really is, and offers a much more integrated and in-depth account than the usual pop psychology approach of presenting a few tools and techniques. Taking ideas from positive psychology, appreciative inquiry, affective neuroscience and attachment theory, including the usual 'life positions' theory of transactional analysis, Townend manages to integrate a coherent argument for assertiveness as essentially about self-, and other, awareness and respect. This section also includes information on managing conflict and dealing with bullying.

Part III is about understanding personality differences and four models are described with case examples, including Myers-Briggs Type Indicator and the learning cycle model. Again, by understanding differences, individuals can increase their self-awareness and understanding of others. Building on this argument, part IV offers the reader a model of working with multicultural differences, race and ethnicity, sexual orientation and gender. If, as Townend suggests, it is not possible to be assertive unless we feel safe and secure, then for many people being the 'whole' of who they are at work is not an option, due to racism, sexism or homophobia. The 'target and non-target' approach described in this section offers a practical way of working with difference, albeit a challenging one, and is another example of the treasure trove of ideas in this book.

Part V shows how assertiveness and diversity go hand in hand in developing organisations that are inclusive and valuing of people and makes a strong business case for diversity. Workplace counselling and coaching are also included in this section as ways of supporting staff.

The book concludes with a wealth of resources and contact details around these intertwined themes of assertiveness and diversity. Overall an important and informative read for anyone concerned about making employee wellbeing a reality.

Pam Winter, BACP accredited senior practitioner in independent practice in Greater Manchester at The Relationship Centre (www.therelationshipcentre.co.uk).

Broken boundaries: stories of betrayal in relationships of care

Sarah Richardson, Melanie Cunningham et al

WITNESS 2008
ISBN: 978-0955852008 £9.99

This is a surprising little book to appear in the counselling literature but a very valuable one. It offers the personal accounts of seven women who have been abused over the last decade or so in the USA. Its publisher, WITNESS, is a charity for victims and survivors.

The stories are told in a straightforward way, each one a shocking account of mental, emotional and sexual abuse at the hands of 'helpers'. Six of the women are abused by men – a psychiatric ward nurse, a psychiatrist, a psychoanalyst, a mental health social worker, a health-centre based counsellor and a GP. The only female abuser is an individual and group therapist.

Towards the end, I felt like the despairing Macbeth, tortured by an unending line of horrible visions: 'Another yet? A seventh? *I'll see no more*!' The stories are short, and reading one after another was overwhelming; yet from my own long career in mental health and counselling in the UK, I knew that what I was reading was surely true, and the tip of a very large iceberg. The book is a necessary wake-up call for all professionals in the field.

For me, three points stood out. First, in all cases of male therapists, it was the old story of sex, power and domination. Second, whenever agencies and organisations got involved, the victims usually felt further abused by delays, intimidation and whitewash. Third, the picture was often confused, as the women were sometimes not sure if they themselves were wholly or partly responsible for what was happening to them.

Transference and power imbalances were misunderstood and/or exploited by the helpers. The women could no longer trust their intuition. Typical comments were: 'He was in a position to tell me what my reality was'; 'I was still lucid enough to know he was damaging me'; 'I would never have thought of my experience as abuse'. In the case of the mental health social worker, his client had no understanding of his role and was very afraid of his power with regard to being able to remove her children.

One case read very much like any sad, messy love story, lasting on and off over many years and breaking up the marriages of both. The major difference of course is that it began in the consulting room between a psychiatrist and his patient.

One woman got so caught up in the whole mystique of therapy that she felt she virtually lost her mind, and her memory was impaired for long afterwards. Some entered counselling training themselves. Nothing wrong with that; it must be common and can be healing, except that in some of these cases it was in danger of becoming a 'a little knowledge is a dangerous thing', and I was left

with the feeling of the blind leading the blind.

As a female counsellor and one who sometimes works with groups, I was most intrigued by the case of Anna, the one female counsellor complained about. I have to admit to feeling a bit sorry for Anna, vigorously pursued by an anxious client, at a time when she was fighting the breast cancer that developed during their 10-year relationship. One of the letters she received at this time posed 63 questions about the minutiae of the individual and group work; who said and did what to whom and what was meant by it etc. I quickly reminded myself that this client was in no way responsible for the whole sorry mess in which they both found themselves. The counsellor had allowed the development of an unhealthy attachment after the client sought a therapist 'who would give hugs'. To any supervisor the sound of warning bells must have been deafening, but Anna thought herself sufficiently experienced to work entirely without supervision even when moving her client into group work and doing some challenging – and apparently badly handled – psychodrama with her. While abuse is often perpetrated manipulatively and with intent, I felt that this therapist fell foul of her own ignorance, carelessness, arrogance and pride. Her client later accused her of 'basking in my admiration'.

If there is a weakness in the book, it may be the difficulty of reading this blow by blow, 'he said, she said' type of account. It is naturally repetitive, and if it were not so rivetingly horrifying it might be considered boring. Its major strength is paradoxically the same thing, the very ordinariness of the detail. The reader may wonder what the therapists' take on these stories might be but the book is necessarily one sided; it is a cry of protest from injured users aimed at professional therapists. In the UK we are lucky to have BACP with its comprehensive ethical code of practice. I doubt if more regulation is the answer to such lapses of professionalism but if by insisting on those standards we have, and on excellent supervision, we can increase therapist self-awareness and adherence to the codes, the cry will be heard.

There is an enlightening foreword by the director of the walk-in counselling centre, Minneapolis, and a useful list of further reading on boundary abuse, regulation, history and law.

Beryl Crawford, counsellor, teacher and supervisor and former community psychiatric nurse.

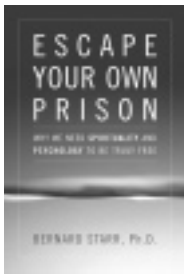
Addendum: Since submitting this review I have become aware of the controversy in previous issues of this journal about boundaries in therapy. Some argue that the use of a textbook approach can be just as damaging to a client as a more personalised practice. I would agree that to withhold genuinely felt warmth or appropriate self-disclosure would be to deny the client the best you can give.

My understanding is that counselling and psychotherapy is an art rather than a science; the therapist uses themself and the relationship as materials. No artist worth their salt lacks the creative spark, and some of the best are innovative and even shocking. But while artists are not usually in direct danger of damaging vulnerable people, therapists often are. It is for this reason that professional practice needs clear boundaries. I have been asked for supervision 'with something more'. It is up to us to find and use boundaries that are not too restrictive but that protect both client and counsellor from misinterpretation.

Finally, I cannot see the coming government regulatory body taking too kindly to explanations of therapist freedom and creativity when members of the public complain of abuse. I reiterate that sound ethical guidelines and excellent supervision are key.
Beryl Crawford

Escape your own prison: why we need spirituality *and* psychology to be truly free

Bernard Starr
Rowman & Littlefield 2007
ISBN: 978-0742558397 £10.99



Unfortunately, I can only say this book was a huge let-down. I found it monotonous to the point where I could only bear to read a few pages at a time. I was initially captivated by the title and began the book with enthusiasm and excitement but found myself feeling trapped into reading it due to my commitment to review it for this journal. Otherwise I would have probably discarded it very early on. I am now relieved to escape from the chore of reading it.

I am usually one of those people who can read a book in a day or so if it interests me, but this has taken me many weeks of hard labour. Of the hundreds of counselling and self-help books over the years I have read, I am afraid that this would be at the bottom of my list. I would not feel able to recommend it to either other therapists or to clients.

The book's back cover proclaims that it lays a 'groundbreaking path to deep personal freedom' but for me it did not live up to this fine promise. I do acknowledge that it might provide a different experience to others.

The author, after many years as a successful psychologist, has attempted to draw together western and eastern beliefs and traditions, to provide a way of living and being that would lead to people living their own genuine lives and identities, away from the more 'materialistic' and 'egotistical' values of society and their own self-ego. Some of his concepts are controversial in that they challenge

the usual paths and techniques of counselling and psychology.

The author calls his approach 'omni psychology', which he says 'posits that the familiar self or "me" that you totally identify with is a *false* identity. What you really are is omni-consciousness, a pure consciousness that is whole, complete, our original, factory delivered condition, guaranteed for life.'

He expands this by saying that 'omni consciousness is based on a solid understanding of the nature of consciousness and the nature of human development'. The remainder of the book explains and expands his theories and how to attain omni consciousness.

For those interested in psychological stages of development and attachment theories there is some content included, which also gives some illustrations and discussions regarding children's drawings and how they change. This, at least, I found to be new knowledge for me, and informative. The only other section that held my full attention was in chapter six regarding ageing and ageism. It appears that the author is quite knowledgeable about this, and I did ponder that I might enjoy a book of his on *this* subject.

From the practical tips promised I felt there was little new to me. There was encouragement to meditate, be conscious of the here and now, and use mindfulness. There is also a chapter devoted to discussing and suggesting suitable affirmations to attain omni consciousness.

The book has 247 pages and is excellently referenced; perhaps it would appeal to someone who is committed to spiritual growth and consciousnesses. However, I have read many more interesting and informative books that have assisted me on a spiritual level, or with working with clients. I gained very little from the book but hope the author finds it resonates with other readers.

I have questioned my own struggle with it; for example, have I become accustomed to the 'quick fix' approach of many of the current self-help books? Indeed, I have noticed my reluctance to be stuck with one book over a period of weeks. What does that say about me as a person? I can at least say it has led to some self-awareness.

I am sure Dr Starr has put great research, wisdom, knowledge and effort into the book, and that he truly believes his approach will benefit others. I do hope his efforts will be rewarding both to himself and to others who might find this book more helpful.

Janet Dandy MBACP (Accred) works in private practice and for EAPs. Originally trained in person-centred therapy, she now uses an integrative approach.

Books available for review

Contact the editor (details p1) if you would like to review any of the following books. Guidelines are provided and the book is then yours to keep in return for the review.

Working with ethnicity, race and culture in mental health: a handbook for practitioners, by Hári Sewell. Jessica Kingsley Publishers, 2008.

Principles and practice of stress management, 3rd ed, edited by Paul Lehrer, Robert Woolfolk and Wesley Sime. Guilford Press, 2008.

Passionate supervision, edited by Robin Shohet. Jessica Kingsley Publishers, 2007.

Understanding emotional problems, by Windy Dryden. Routledge, 2009.

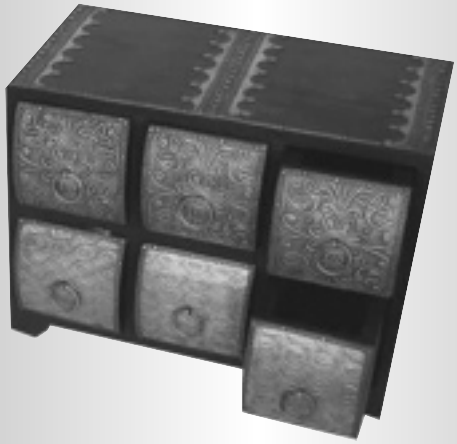
Poem

Poem for Everyman

I will present you
parts
of
my
self
slowly
if you are patient and tender.
I will open drawers
that mostly stay closed
and bring out places and people and things
sounds and smells, loves and frustrations,
hopes and sadness,
bits and pieces of three decades of life
that have been grabbed off
in chunks
and found lying in my hands.
they have eaten
their way into my memory,
carved their way into
my heart.
altogether-you or I will never see them-
they are me.
If you regard them lightly,
deny they are important
or worse judge them
I will quietly, slowly,
begin to wrap them up,
in small pieces of velvet,
like worn silver and gold jewelry,
tuck them away
in a small wooden chest of drawers
and close.

(John Wood, 1974)

Submitted by Janet Dandy



cut out and keep

Abbreviations

Most professions have their own abbreviations, often unintelligible to the uninitiated. Counselling and psychotherapy are no different. To help you make sense of them, *The Independent Practitioner* will carry a quarterly column for you to cut out and keep for future reference. We begin with the As:

ABCT Association for Behavioral and Cognitive Therapies *www.aabt.org*

AC Association for Coaching *www.associationforcoaching.com*

ACA American Counseling Association *www.counseling.org*

ACA Australian Counselling Association *www.theaca.net.au*

ACAT Association for Cognitive Analytic Therapy *www.acat.me.uk*

ACC Association of Christian Counsellors www.acc-uk.org

ACEVO Association of Chief Executives of Voluntary Organisations *www.acevo.org.uk*

ACMD Advisory Council on the Misuse of Drugs *drugs.homeoffice.gov.uk*

ACP Association of Child Psychotherapists *www.macaplan.co.uk/acp*

ACRE Action with Communities in Rural England *www.acre.org.uk*

ACW Association for Counselling at Work (BACP division) *www.counsellingatwork.org.uk*

ADDA Attention Deficit Disorder Association *www.add.org*

ADHD Attention Deficit Hyperactivity Disorder

ADMTUK Association for Dance Movement Therapy UK *www.admt.org.uk*

ADSW Association of Directors of Social Work *www.adsw.org.uk*

AEP Association of Educational Psychologists *www.aep.org.uk*

AFT Association for Family Therapy *www.aft.org.uk*

AGIP Association for Group and Individual Psychotherapy *www.agip.org.uk*

AGNC Association of Genetic Nurses and Counsellors *www.agnc.org.uk*

AGREE Appraisal of Guidelines Research and Evaluation *www.agreetrust.org*

AHC Association of Healthcare Communicators *www.assochealth.org.uk*

AHP Association for Healthcare Philanthropy *www.ahp.org*

AHPB Association for Humanistic Psychology in Britain *www.ahpb.org.uk*

AHPP Association for Humanistic Psychology Practitioners *www.ahpp.org*

AIDS Acquired Immune Deficiency Syndrome www.nat.org.uk *www.avert.org*

AIP Association for Independent Practitioners (BACP division) *www.aiponline.org.uk*

AIPC Australian Institute of Professional Counsellors *www.aipc.net.au*

AJA Association of Jungian Analysts *www.jungiananalysts.org.uk*

APA American Psychological Association *www.apa.org*

APMT Association of Professional Music Therapists *www.apmt.org*

APNI Association for Post-Natal Illness *http://apni.org/*

APP Association for Psychoanalytic Psychotherapy *www.app-nhs.org.uk*

APSA Association for Professionals in Services for Adolescents *www.apsa-web.info*

APSCC Association for Pastoral and Spiritual Care and Counselling (BACP division) *www.bacp.co.uk/expert_areas/apscc/*

AREBT Association for Rational Emotive Behaviour Therapy *www.arebt.org*

ASD Acute Stress Disorder

ATP Association for Transpersonal Psychology *www.atpweb.org*

AUCC Association for University and College Counselling (BACP division) *www.aucc.uk.com*

BACP news

Introducing **Ian Thompson**, BACP's new equality and diversity advisor

My role as BACP's equality and diversity advisor forms part of the customer relationship services department, and I work closely alongside the director of human resources and customer relations, Beverley Brennan. This new post was created following input from the equality and diversity forum, which originated as a vehicle to represent the views of a wide range of diverse and minority groups.

The role requires me to advise, inform and support staff and members of BACP on specialist equality and diversity issues, and on current and future policy and procedures. I will also be advising BACP on best practice in relation to issues such as race, gender, religion and belief, disability, age and sexual orientation.

My appointment comes at a time when it is more vital than ever that issues around equality and diversity are embedded within the independent practice framework. The new Equality Bill places added responsibility on independent practitioners, just as public bodies face greater scrutiny to publish reports demonstrating improvements on equality and diversity initiatives. It also demands that there is a greater delivery of transparency in the private sector and is working with businesses to improve practice on equality issues. This includes where independent practitioners are required to demonstrate their competence on equality and diversity in their procurement arrangements with public bodies.

My aim is to enable BACP to create systems and structures that are likely to have the most strategic impact for the Association and its members. This will involve the development and review of BACP's policies and procedures, monitoring and advising on new equality legislation and guidance, briefing staff and members on issues such as impact assessments, and working with staff on issues relating to dignity at work.

I will actively contribute to the development and implementation of an organisation-wide equality and diversity strategy, ensuring that employees, members, clients and visitors to BACP are treated equally, irrespective of gender, race, sex, age, disability, sexual orientation or belief.

I will also be at the forefront in supporting the provision of high-quality advice to BACP's main stakeholder groups, on the policies, systems and approaches required to place inclusion and diversity at the heart of service improvements.

As the referral point for BACP's members on all equality and diversity issues, if you have any concerns that you feel are not being addressed within AIP or BACP, then please do not hesitate to contact me on 01455 883330 or ian.thompson@bacp.co.uk

I look forward to working with you in what I am sure will be a challenging and rewarding role. ■

Ian is a qualified counsellor and a former member of BACP, having graduated from Durham University with a Master's degree in counselling studies. He has worked as an equality and diversity coordinator and school counsellor within a local authority, and has spent a number of years in the voluntary sector at welfare rights organisations such as the Citizens Advice Bureau, Samaritans and the Racial Equality Council.

bulletin board

Supervision for individuals and groups Essex/Herts border. 15 years' experience counselling in statutory, voluntary and private sectors; six years' experience supervising. Caroline Powell-Allen MA, UKRC (Reg Ind), MBACP (Snr Accred), CPC (Reg). Tel: 01371 873270.

Independent practitioners sought to pin FREE notices on *The Independent Practitioner* bulletin board. Notices should fit under the headings Networking, Placements, Research or Supervision and be no more than 30 words in length. To place a notice in the next issue email makmakjianpitz@googlemail.com before 30 January.

AIP conference report

Woburn House, London, 28 November

MARGARET AKMAKJIAN-PITZ

More than 70 practitioners from across the UK (and one from the USA) attended AIP's conference **Professionalism and supervision: preparing for the future**. The formal evaluations have not yet been tabulated, but from reactions on the day it seems safe to say that it was a success and provided food for thought as well as information on the apparently ever-changing regulation front. (The most up-to-date information is available on the BACP website.)

MARGARET AKMAKJIAN-PITZ

Heather Fowlie (Metanoia Institute) gave the opening keynote speech: 'Supervision – a relationship about a relationship about other relationships'. Then, fortified with coffee, tea and biscuits, delegates chose their morning workshop. There was positive feedback on all of them, but the highlight for me was undoubtedly Kathy Raffles playing the role of a counsellor at four different stages of her training life interviewing and being interviewed by prospective supervisors. She belongs on the stage! I have never laughed so much (and yet also learned so much) in a workshop.

Elspeth Schwenk was equally effective, as were the Howden representatives and BACP's Christina Docchar who gave a brief update on regulation and a possible future for regulation of supervisors. The day ended with a keynote from Colin Grange on the EAP industry and its benefits to practitioners.

The whole day was held together by BACP past Chair Val Potter, conference Chair; and all the logistics were seamlessly managed by Richard Smith and Katy Hobday of the BACP events team.

A full report will be posted on the AIP website, along with more photographs from the day. ■

Margaret Akmakjian-Pitz

Talking points

(1) In their article 'Dual challenge: a cognitive analytic therapy approach to substance misuse', published in the October 2008 issue of the *Healthcare, Counselling and Psychotherapy Journal* (*HCPJ*), the authors make the statement: 'Some (clients) are notoriously described as "manipulative" or "attention seeking" – terms that should be banned: such clients may be better understood as desperately trying to cope with highly distressing problems as best they can.'

This seems a particularly apt statement after reading 'On the receiving end' (p10).

(2) What do our clients prefer to call what we offer? Counselling, psychotherapy or something else entirely? According to Project Brainchild (a BACP survey), the preference is for 'talking cure'. Do you know how your clients feel?

Send your thoughts on these comments – and other items you wish to see discussed – to the editor (address p1).

Clarification
Thanks to Ellen Russell for pointing out that BACP accredited counsellors are automatically registered with UKRCP, not – as she has heard several people suggesting – UKCP. There is a difference!

Visit the AIP website!
www.aiponline.org.uk