

*What we talk about when we  
talk about love: reflections on  
therapeutic relationships.*

# Counselling in Scotland

SUMMER/AUTUMN 2009

THOUGHTS ON LOVE

ACCREDITATION

GROUP SUPERVISION

REFLECTIONS

OBIT - JOHN MICHAEL ADAMS



**COSCA**  
Counselling & Psychotherapy  
in Scotland

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John Dodds

ONE of the tensions of working in a profession like counselling is the juggling act between the desire to help people and, if you chose the profession as your main job, to earn a living. This tension is explored in Benet Haughton's fascinating piece, *Some Thoughts on Love, Friendship and Therapy*. Whether you agree or disagree with his views, his explorations on the theme of love in the context of counselling may make you review your own feelings on the subject and reconsider, like the title of Raymond Carver's book of short stories, "*What we talk about when we talk about love*."

By coincidence, rather than design, the ambivalence over monetary gain in counselling is also touched upon briefly in Colin Kirkwood's reflections on changes in society and culture and the domain of counselling and psychotherapy.

Both these pieces, and others in the journal, highlight one of the things I've always thought admirable in counselling: the continuing questioning of ourselves, as counsellors, and as human beings. Counselling is not a passive profession, and the satirical cartoons and media images of the emotionless, silently-nodding sage couldn't be further from the truth. Alison Ayres' experience of group supervision underscores the point. I completely relate to what she says. At its best, group supervision can be an emotional roller-coaster, with developmental growth spurts, if you receive it, and participate in the process with an open heart and questioning spirit.

Because my own circumstances have changed, and I now live in Bulgaria, my initial hopes to work towards accreditation as a counsellor have taken a back seat to other priorities in my life. But I well recall how daunting the idea of seeking accreditation seemed. So those of you who hope to work towards that goal may find reassurance in Christine Holland's tale of her personal journey towards being accredited. Take heart, then – it's do-able.

You may notice this time there are fewer articles than usual. That's because a couple of lengthier pieces, such as Colin Kirkwood's, merited the extra breathing space. I'd be keen to know what you think about the occasional longer article: we have a limited number of pages we can use, but if you'd appreciate a more expansive article now and then, do let me know.

As ever, we've tried to bring you a mix of personal stories, hard facts and incisive comment.

Have a great summer, and, as ever, we always welcome your letters, emails (and offers to write articles!).

John Dodds  
Editor



# Some thoughts

## on love, friendship and therapy

Benet Haughton

“Vanyusha regarded Olenin as no more than his master. Olenin regarded Vanyusha as no more than his servant. They would have been greatly surprised had anyone told them they were friends. And yet they were friends, without either of them knowing it.” from *The Cossacks* by Leo Tolstoy.

This essay began when a friend of mine said to me, “There is an argument that suggests that therapists are really society’s answer to the failure of friendship.” Later in the meeting we talked about an experience that a mutual friend had had of being badly let down by a therapist. The therapist had said, in response to the request to accompany her more closely on her journey, a request in fact for more intimacy and friendship, “I do not do love.” This was a small, poverty-stricken response, and was experienced as such by our friend, who was at that time very vulnerable. Her attempt to reach out was not understood by the therapist. He perhaps thought he was being clever, or more likely was working out of some codified notion of what constitutes therapy that did not embrace the idea of love.

In this essay I want to track a movement where love in its primary definition changes to something more specific in the realm of friendship and from friendship into the arena of relationship between client and therapist. Which is to say I want to address love as friendship and speculate a little about what this may mean in the therapy room and what may get in the way of it being expressed.

I recall as a boy learning to conjugate the Latin verb to love: *amo, amas, amat, amamus, amatis, amant*. I love, you love, he/she loves, we love, he/she (plural) love and they love. It was right at the beginning of the Latin primer I studied. There is something so straightforward about this, almost embarrassingly so, in our ever so sceptical age. We might all love, they might all love and so on.

I have not seen this primer for 45 years or more but I wonder if this verb to love is still at the beginning for those still studying Latin at school. I wonder, too, if being there at the beginning does not say something about the primacy of love in more general terms over thinking (*mens* – mind in Latin and *cogitare* – to think in Latin), with their connotations of knowledge and relationship to power and control\*.

### A definition

A definition of the root of the word ‘friend’ shows its direct relationship to love. The Latin word *amicus* means ‘friend’ and shares the same root *ami-* that relates directly to *amare* ‘to love’. The Greek word *philio* means ‘I love’. In Greek the word for friend is *philos*. I can’t help thinking the f-sound of ‘ph’ is also connected to the f-sound of the ‘f’ at the start of the word ‘friend’. I note we get our word ‘friend’ from Old English *freond*, which is the present participle of the verb *freon* which means ‘to love’.

Friendship can of course be understood and experienced in a huge variety of ways. There are those that are quite superficial and those that last a lifetime. There are same sex friendships and those between men and women. There are those that cluster around a shared interest and those that we call soul friendships. Aristotle’s *Ethics* (Stanford Encyclopaedia of Philosophy Online), Aristotle held that there are three kinds: the friendship of utility (we might say I/it friendships, to use Buber’s classification); the friendship of pleasure, which is more I/it but with less objectification, a kind of parallel of interests; and third, the relationship of virtue or what Aristotle called the *complete* friendship, which is friendship primarily interested in another’s welfare. So in this friendship there has been a transition from regarding others as objects to be used, to seeing people as entities in their own right.

\* it is noteworthy that in the Latin primer, I recall, *amare* is not followed, even closely by the verb to think, *cogitare*.

### A public form for our affections

In this essay I am proposing to limit the discussion to the idea of 'Complete Friendships'. We have made it past the ego centred, self-seeking aspects of our natures, past usual shared interests, and have become capable of something altogether more far-reaching and deeper. It is not necessarily that we have given up on having friends with whom we have things in common or parallel interests, or that in the interests of our task our ego moves centre-stage from time to time, but that we have come to see others as worthy of love because they are intrinsically loveable. In Christian terms they have inside themselves Christ or, in Buddhist thinking, Buddha. Here is a passage from Lewis Hyde in his wonderful book, *The Gift*, in which he describes the process in a somewhat unconventional but nevertheless informative way:

"An ego has formed and hardened by the time most of us reach adolescence, but it is small, an ego of one. Then, if we fall in love, for example, the constellation of identity expands and the ego of one becomes the ego-of-two, the young lover often to his own amazement, finds himself saying 'we' instead of 'me'. Each of us identifies with a wider and wider community as we mature, coming eventually to think and act with a group-ego which speaks with the we of kings and wise old people'. p17.

Love has been defined as willing the good of others. So we must desire what is good for them. In other words, we must be able to feel with, and for them, be moved by what happens to them, share in their successes, disappointments, pleasures and difficulties. We must find in them that which is admirable, see in them living exemplars of what we ourselves admire and desire in life. Can we allow ourselves to fill up with admiration and amazement at the faith and bravery and the love of those who come to therapy.

Here is an example of friendship at a highly developed level. The poet Walt Whitman during the American Civil war became a hospital visitor to the sick and dying men. "He had," to quote Lewis Hyde "stumbled upon a public form for his affections, a way for him to become 'undisguised and naked' (Whitman's own words) without retreating to the woods." p209.

Whitman writes: "I have long discarded all stiff convention (death and anguish dissipate ceremony here between my lads and me) – I pet them, some of them it does so much good, they are so faint-lonesome at parting at night sometimes I kiss them right and left – The doctors tell me I supply my patients with a medicine which all their drugs are helpless to yield."

Perhaps this seems too gushy for some tastes but is it not where Rogers' core conditions of congruence, unconditional positive regard and empathy take us, into the realm of the intimate relationship, which is the heart of what it means to be a friend? We are not asked as friends, at least not usually, to make arduous visits to dying soldiers, but we are as friends of this virtuous kind asked to have others' interests close at heart.

So the question is how do we give public form to our affections? And what are the things that get in the way when this invitation comes? The three things come to my mind that are challenges to the deeper expression of friendship are: money, sex and our beliefs about ourselves. If we apply these to ourselves as therapists and counsellors, the third element applies to our theory of what we are doing (the codification of our practice and theory or what I have termed our 'professional formulation') as something around which we can be defensive.

## Money

Some issues for us might be thinking about clients as career opportunities and a way to mitigate the bank balance. We may fear being poor and as a consequence watch the clock, pack in the clients one after the other and be altogether too businesslike in our dealings. Perhaps knowing how much attention is paid to 'customer care' this is altogether fanciful, but customer care nowadays often masquerades as friendship when in fact it is a ploy to get you to open your wallet. A good question, and perhaps given the recession more relevant still, does the contract we have with our clients become stronger or weaker in relation to how much we are paid?

It is interesting to note that in Irving Yalom's otherwise delightful book, *The Gift of Therapy*, he hardly anywhere talks about money. Perhaps this is the blind spot of a man who must be pretty wealthy and has thought a great deal about the therapy project but now only serves the well off.

In my tradition money was treated right up front. I paid my therapist at the close of a session. This had the ostensible virtue of keeping the issue up for discussion. Did you get your money's worth was a question that might have been available and sometimes was. In other traditions sending a bill at the end of the month is the preferred way. The point however is not so much the outward form adopted as the clarity within the therapist concerning the meaning that is attached to money exchange. There is a tension between the therapists' use of themselves as agents of change, which is a gift, and receiving financial reward for their work. It works against friendship in its complete form to sell one's produce. Of course it is legitimate in the marketplace, but therapy inhabits the space between the market and gift exchange. Whitman did not at the end of his ward round go about with a cap for money.

One way of looking at money exchange is to see it as allowing the therapist to go on offering his or her gifts. By maintaining a certain level of economic security he or she can be sure to be available next week, and so on. But it is important to remember that, while the virtue of the market exchange is that it keeps friendship out of it – thus we do not have to be friends with customers, patients, clients, and only friendly perhaps (and indeed to be friends can get in the way of exercising market judgements) – it also works against the deeper relationship the client may need. Money distances us from our patients and creates a boundary against more intimacy so, while it belongs to the therapy project, it is also a possible hindrance to it and may need to be put to one side in the interests of something more loving. I recall a client whose therapist waived the fee for his last few sessions. It made all the difference to the client's feelings of being valued and cherished for himself.

If we argue that a hard-headed approach, the realism of the market is our way, we may not be willing to ask ourselves to what extent it limits the public form of our affections. So the impulse from the heart to continue work at a reduced fee may be spurned, regretfully perhaps, but at a deeper level because the therapist is unwilling to become more vulnerable to the client. The realism of the market may be used to justify the decision rather than acknowledging honestly the degree to which he or she prefers to be controlled by market forces rather than the ones arising in personal relationships. After all, freedom is at the very centre of the therapy project but is it freedom to make money or to make love?

## Sex

Adam Philips, the well known psychoanalyst, said in a lecture that the consulting room was



“...a laboratory, a place where you look at what people can do, what intimate relationships might be, if people suspend their censorship, insofar as they can, if they don’t have sex.”

I like this juxtaposing of the words, intimate relationships and not having sex. Healing of sexual wounds is to do with recreating the link between sex and everything else. Sex cut off from everything around it, a solitary or shared pleasure bought or indulged in, as if unconnected to wider matters, creates and fosters loneliness and isolation and feeds a narcissistic self concern, making deeper intimacies very difficult. It is our business as therapists to foster intimacy without sex so that our client can know the pleasures of both and join them up in his or her life beyond the therapy room door. Perhaps of all the issues we face in life sex and money more than any others have the capacity to push people over into objectivising the other. It is worthwhile asking, even if we are not working in long term therapy contracts, what our attitudes to sex are. How does our sexuality impact in our selves, our body posture, feelings and emotions as we meet our clients? If we are easy in our bodies and satisfied in our lives this will have an impact in our work too. As will the reverse.

I need hardly spell out what the splitting off of sex from life as a whole has done to this society. It is well illustrated in terms of the porn industry, in child abuse and prostitution, an industry (another ‘industry’ for goodness sake) that increasingly affects children, male and female, as well as adults.

I come from a school that feels these matters of sex and sexuality are part of the whole gamut of what is available to work with in therapy. They are integral to what it means to be human. But I am aware however that sex, as with money, is often sidestepped. We increasingly parcel up

what it means to be human. We farm out to competent others those bits we cannot ‘work’ with. Sex to sex therapists. Do we have money therapists yet? And yet we live in a world where it is omnipresent. Eros, however, the erotic, has no respect for the discrete clinical and economic boundaries we create. Does this fact enliven or frighten us?

Here are some reasons why we may easily justify fighting shy of sex in the therapy room. If we have not been held, touched and physically affirmed as children or, worse still, this touch and affection has been used as a tool of manipulation and abuse, then we may have no difficulty observing the prohibition against sex with clients and remain fearful of broaching it in the work. The whole matter will then remain fraught and dangerous with ambiguity. In preference we may simply blank it out of consciousness. This, we might say, is the equivalent of lying back and thinking of England (or Scotland, if you prefer)!

How the matter has been dealt with in our training can impact on the way we work in our practice. If our trainers themselves inhabit a full sense of themselves as whole beings including the sexual, then they can be useful in demonstrating to us what is possible in our practice. If however caught up in the pressures of standardisation and modulisation they fit sex into another box to be ticked, then this will send a message according to our own makeup that more or less inhibits our capacity to address this area well.

Another reason we may avoid the issue of sex is that there is a growing number who, having been treated like objects, used and abused for sex, power and the exchange of money, who then decide to exact vengeance. They sue their persecutors; go to the papers, seek redress and so on. These people are highly sensitised, not to say charged, by the ambient temperature of

the world they now swim in, and turn very fast on anyone who may be seen as repeating that abuse, including of course, therapists. This anxiety of litigation, a kind of negative in *delictio flagrante* will feed our incompetence in this area. Therapists who are victims do not work well!

Yalom says: “I make a point to touch each patient each hour – a hand shake, a clasp of the shoulder, usually at the end of the hour as I accompany the patient to the door.” He recalls a female therapist who he esteemed highly making a habit of kissing patients at the end of the therapy session. It depends how it is done. Is the kiss one in which, beneath the surface, there is worry in the therapist, an over determined hug to show you care perhaps, or is it an affirmation of full personhood of the other? Yalom rightly advises caution and refusal even, if working with someone who has been abused sexually but it is as well to remember that such caution can come from fear as much as it can be from respect. The abused person’s experience may be more severe than most but the central task remains that of reintegrating the experience of touch with affection rather than manipulation.

### Professional formulations

“By means of professional formulations,” says John Whewey, “we can take ourselves out of relationship with the client” (p25 BGJ vol VI No.1) He continues: “In my experience, it is almost commonplace for psychotherapists to justify their use of theoretical constructs as ‘containers’ when there is a destabilising emotional experience in the therapy encounter.” Perhaps the therapist who said he did not do love was caught in such a difficulty. We might imagine that he was panicked by the request for a more intimate form to the therapy and wished to reassert his brand. But what might it have been like if the therapist had said, instead of “I don’t

do love,” something like, “I feel deeply moved by your request and I don’t know how to meet you in it, but would like to understand and explore with you what this might mean to you.” Such a response would have allowed a different kind of space to grow in which the therapist would be seen as vulnerable, rather than omnipotent but also flexible and willing to enter in dialogue.

Whewey, in developing this idea of professional formulations being used as defences, says we know that id, ego and superego are not really entities – not parts of the mind to which we can point. Yet therapists from all schools tend to speak and behave as if theoretical entities correspond to concrete realities’ (p19 *ibid*). So from my tradition there is something called a ‘fixed gestalt,’ which, to quote Whewey, “... may need to be broken up.” Whewey notices too “a tendency of psychotherapists to speak of ‘transference’ as if it were something objectively present.” So we may speak of my transference onto such and such a person or my counter transference onto such and such a person. This is fine as a way of supporting our professional dialogue and discussion maybe, but it is easy to slip, elide would be a better word, as we cut off something needed, into the illusion that our thinking constitutes reality and so we can come to miss the affective moment of contact with the human being who sits in front of us. The client’s experience can become just their transference on to me, the ‘fixed gestalt’ an impediment to my potency as a therapist. In both instances the word acts not to free up the dialogue but to lock it down to something known, to keep me safe.

I don’t know if analysts of the 50s in New York used the word ‘container,’ but I gather they had difficulty in meeting clients outside the therapy room and would often, if able, ensure they walked on the other side of the street. I believe they called up the magical word ‘transference’



to explain and justify this avoidance. Having said that, I don't want to pretend that meeting clients outwith the therapy is necessarily easy. I recall meeting one of my therapists a few years after completing and our mutual embarrassment was palpable. I thought later I had not 'completed' as well as I had imagined. Perhaps he had not dealt with his 'counter transferential' material too. Perhaps the combination of the memory of the therapy, which for me went very well and the necessarily transitory contact of this later meeting was too much. The truth was neither of us was willing to give time to explore where the intimacy of our earlier relationship might go next and yet there was the pull towards it. Parting is often bittersweet.

### The place of the amateur

In *What Really Matters; the foundations of effective counselling*, Douglas M McFadzean (p29) says: "... the empirical evidence is clear: therapeutic models and techniques matter much more to therapists than clients. Clients consistently attribute the beneficial change they experience in therapy to the other, non-technical, common factors." He goes on, quoting from Tallman & Bohart (1999) that: "Results show little more than small differences in effectiveness between experienced, well-trained practitioners and less experienced, non-professional therapists."

I would question entirely that it is just a matter of personality, and that training has little or no impact on outcomes. This is nonsense. Small differences make huge impacts on outcome (think of butterflies and chaos theory and the law of unintended consequences) and yet perhaps what McFadzean has not said, but which might be said, is that the word amateur which he is in effect championing here, derives from the root word amare to love. If as seems likely, it is true that our theories are of lesser concern to

clients than us and that generally what makes the difference in therapy is the capacity to be human, or to use Buber's formulation, "to stand in the primary word" (p16, *I and Thou*), it does not then stand to reason that professional formulations are not very important. Our clients/patients who by definition are experiencing a lack, don't need professional but human qualities, but the good professional counsellor is not someone who eschews his learning but has integrated it thoroughly and can use it in relationship. Theory has to be at the service of relationship not vice versa in such a way that our own personality, with all its intelligences, idiosyncrasies, warts and beauty can serve the interests of the work.

### Going beyond theoretical and sensible bounds

*We shall not cease from exploration  
And the end of all our exploring  
Will be to arrive where we started  
And know the place for the first time.*  
(T.S. Eliot – *Little Gidding*)

I recall reading my children a book when they were young that played with the idea of naming objects. I have forgotten what it was called and it is lost, but in it houses could be butterflies, the sea marmalade, trees might be aeroplanes and so on. Good fun nonsense but the joke was not lost on the child. They had not learnt to be possessive of words and ideas. They intuitively knew that it was all made up. Words and theories are constructs to manage reality, not reality itself. Our business as counsellors is not to manage reality so much as join with it so our clients can also swim in this sea.

One of the most unexpected but most powerful interventions one of my therapists made for me was being willing to meet me at my home and see my paintings. Such an act of serious kindness

was deeply affecting. I felt seen and deeply affirmed. How often are we willing to risk such extravagance? If he had got stuck in anxiety about 'transference' or in what his colleagues might think of such an act then I would have been the poorer by far and so too would he. Yalom says whenever he has seen a client at home it pays dividends well beyond the clinical knowledge it yields (p121). It is a demonstration of care for the client's life in the round. What else in one sense are we caring for?

I once invited a client for a walk. It did her much good. I felt that it was not enough but it made a lot of difference to her. She came from a working class background and had a son who was schizophrenic. Her husband had left her. She was intelligent but depressed. Why would you not be depressed, having to manage so much alone and with so little support? Talk got us so far and no further. Enjoying the open air, talking then became easier for a while. She grieved truly and deeply after that for all that she did not have, but it freed her up to re-enter her life as it was.

"Love precedes knowledge" (p6) says Des Kennedy in his Marianne Fry lecture, *The Importance of Being Authentic*. He goes on (quoting Merleau Ponty, p13): "The world is not what I think, but what I live through." He might have said with equal validity, "the world is not what I think but what I love through." Love precedes knowledge, and money and sex as well if we are not driven by our fears. In order to give public form to our affections to find expressions of what Aristotle called complete friendships we have to have submitted in some way to the supremacy of love. Then we can begin to speak with "the we of kings and wise old people," to quote Lewis Hyde's memorable words once again.

*Aristotle's Ethics*; Stanford Encyclopædia of Philosophy. Online.

**Lewis Hyde**, *The Gift*, Canongate. 2006

**Irvine Yalom**, *The Gift of Therapy*, Piatkus Books 2003.

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**John Wheway**. British Gestalt Journal vol 6 No.1, 1997.

**TS Eliot**, *The Four Quartets, Little Gidding*, p222. Collected Poems, Faber 1963.

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# COSCA accreditation

## my experience



Christine Holland

### Introduction

COSCA has invited me to share my experiences of accrediting with COSCA in 2007. I hope that some of my reflections will resonate with other counsellors here in Scotland who are either thinking about or are currently engaged in this fairly daunting process. It may also awaken and give help to those counsellors unconsciously putting off accreditation but not consciously working out why.

### Why become accredited?

The external key purpose of accreditation is to assure the general public that a practitioner has been assessed and found to have achieved a competent, safe, ethical and mature standard of practice (COSCA 2008). Obviously this is no easy matter. The nature of counsellor competence is understood to be a very complex matter, consisting of both technical and generic expertise (McLeod, 1996) and with capacities to make creative use of these in the service of the client.

There is no statutory regulation as yet but it is coming soon. Meanwhile, the COSCA accreditation process acts as one form of regulation.

### Why accredit to COSCA?

Early on, various now well known counsellors and psychotherapists wrote articles about the positives of COSCA accreditation. Kirkwood (1998) put forward the merits of COSCA in the counselling world of a devolved Scotland. Holloway (1998) wrote of her knowledge of counsellors involved with COSCA and of their high standards and professional processes. She also argued for being able to personally

participate more fully in the direction and policies of COSCA than its larger, UK-wide counterpart, the British Association of Counsellors and Psychotherapists (BACP).

I chose COSCA because my Advanced Diploma in Counselling, with the Scottish Churches Open College, in conjunction with Napier University and the Pastoral Foundation (now PF Counselling Service), was validated by COSCA and I felt validated by COSCA. I had, after all, chosen this course and its emphases. Equally, I am a Scottish counsellor, working in Scotland, mainly in a grassroots counselling agency. I wanted, and want, to affiliate myself to, and support, a Scottish organisation, recognised as an acceptable standard by BACP. In 1999, Margaret Toft, as chair of the COSCA accreditation group, argued for the credible, reliable and consistent nature of the thought-out procedures and structure of COSCA accreditation.

However, it is not so much the value of COSCA versus BACP accreditation that I want to concentrate on, but the value of the process of accreditation itself. Many counsellors have described this as a rite of passage. Certainly, though mainly positive, I found it a stringent and challenging journey. I had to gather up my knowledge, training experience and awareness as a developing practitioner, focusing on my emotions, thoughts and actions in any counselling session, alongside the quality of interactions between the client and myself. I had to sift, assess, dream and allow my sense of myself as a developing practitioner to emerge more fully into my consciousness. This is always alongside very specific guidelines and criteria for either the Diploma route (which I describe) or the Combination route (using more experience and modular learning) with COSCA.

## Starting

The main difficulty around accreditation for me was the process of starting. It was hard to get into! I knew I wanted to achieve accreditation sometime in the future. That sense lasted for a long time, during which I heard and banked various rumours about accreditation criteria. However I didn't check these out. It would have been easy enough to have downloaded the criteria from the COSCA website: [www.cosca.org.uk](http://www.cosca.org.uk). Why didn't I? Somehow I couldn't mobilise myself. I understand from talking around that this is a common enough experience among many counsellors who work actively and diligently with their clients beyond qualifying, but not consciously towards accreditation. Perhaps some sense of relaxing after final assessment plays a part. And training courses vary in how much they share and teach about accreditation and what's involved. And some supervisors feel that accreditation is a personal process and the responsibility of the counsellor. Also, although I was working in a counselling agency, there was no active peer group working towards COSCA accreditation, rather individuals working towards different accreditations.

Looking back, actually beginning the accreditation process seemed the result of some fairly random experiences – or maybe my subconscious was working away at it, unbeknown to me. I like to think so! However, I heard that one needed to become a Practitioner Member of COSCA, at a fee, before applying for accreditation. What did this interim level involve? To find out I signed up for a COSCA accreditation workshop in Glasgow. We were given, and briefed, about the guidelines to both the Diploma and Combination routes by the chief executive. He went through each section, what it meant, queries. It was very cordial. Many of us felt encouraged. We understood that the interim application is applied for after 300 hours of counselling experience.

## Working on the accreditation portfolio

Accreditation was not only hard to get into; it was also hard to do. I can safely say that I lived and breathed it for about four months. Much more than for final assessment some years before, I was similarly gathering up, distilling my knowledge and skills base, my developing self awareness, my sense of being a reflective practitioner, sharing my orientation base, working on a major case study and recognising the centrality of supervision. Accreditation was, and is, a major personal internal journey in its own right, creatively offering consolidation. It is a rite of passage resulting in the recognition and achievement that mean as much as the creative work put into it.

## Containment

Often it was a very absorbing creative experience. Sometimes it can be difficult to contain all the thoughts, feelings and ideas aroused by this personal journey. Others echoed my own experience of this. It is useful therefore to consider conscious ways of 'feeling contained' during this process. For me the COSCA guidelines and structure of the application offered a kind of containment – and boundary – around various sections. There is the access to COSCA and their workshops, which I have described, for guidance and discussion on specific issues. COSCA encourages counsellors seeking accreditation to get in touch with them, visit the office, ask questions, and develop a relationship with them so that they are able to put a face and personality to the submitted portfolios. I did visit, and viewed two successful past portfolios, which gave me ideas about layout. Brian Magee (Chief Executive), Gillian Lester (Development Officer) and Marilyn Cunningham (Admin Officer) welcome queries. They are more than an office. Individually, they want to empower us, as counsellors, to both understand and enjoy the actual process of accreditation.

## Supervision

Supervision is an important, containing aspect of this process. Agency supervision, for client work, can be a creative space to check out creative processes in yourself and your clients, which is part of the work for accreditation.

The demanded case study is to be a recent piece of work; in other words, not more than one year old, from the commencement of writing about it. I found myself becoming preoccupied with, and thinking more about two to three clients, considering them, I suppose, for the study. I needed this anticipation. I don't tape regularly as I consider it intrusive in the therapeutic relationship. However, submitting a tape is a requirement of the case study so I had to prepare for this.

I received an unexpected helping hand from my counselling agency supervisor. She suggested the importance of my choosing a client I really liked for the study because of warmly introducing him or her to my readers. In this way, I would draw my readers in more easily to their story. I confessed to struggling with apportioning 3,500 words, to do justice to my client of two years standing. But she produced a wonderful structured outline, which was effective in helping me achieve balance between the introduction, beginning, middle, end and conclusion of the case study.

My experience was of good agency supervision but I was tending to focus on individual clients and their processes in relation to me and the supervisor, rather than taking an overview of where I was in this accreditation process. My process under stress was interesting. I became ambivalent about seeking out help and soldiered on, feeling a bit alone. Still, I felt that I had allowed plenty of time over

the summer for the September submission. However, everything was taking longer than anticipated.

About six weeks before the submission deadline, I panicked. I knew that much of the process was continuing the good practices from training, and final assessment, for qualifying as a counsellor. I knew that it was about keeping records of client and supervision hours and their focus. I knew that it was about making conscious my growth, development and skills in areas such as assessment, management of boundaries, coping with endings and referrals, the integration of theoretical knowledge into practice. I knew that the criteria for Continuing Personal Development (54 hours, minimum of 18 hours a year) was around the significance of what skills and understanding I had chosen to develop further. The range of what can constitute CPD is wide. It is worth consulting COSCA about it. I knew that it was about bringing together my philosophy, core orientation, skill and practice development with cohesion and consistency. However, suddenly my confidence plummeted. I felt vulnerable and anxious. Was I doing OK? What was OK?

I sought out a nearby senior counsellor/supervisor for a session on accreditation. She was somewhat surprised by my late approach, but responsive. Reading two or three of my sections and asking questions, she enabled me to distil and pare back my work. Having been involved in the early days of COSCA she gently reminded me about the history of the criteria, to support the development, autonomy and skills of each practitioner. I left her my draft case study. Later she commented only on how much she enjoyed it. My confidence returned. After my agency supervisor read and confirmed my application, I submitted my application in good time to COSCA.

## Conclusion

The internal journey I made now seems the most important. I found it affirming and satisfying to make my counselling progress manifest so consciously. It is a rite of passage which leads to external validation of one's competence, and a new earned status. It was, and is, worth doing.

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Alison Ayres

# The benefits of group supervision

“Our aim is to promote group supervision as an aid to seeing practice in a diversity of ways – offering a tower with many windows.”  
(Proctor & Inskipp 2001)

## Introduction

My purpose in writing this article is to share my passion for, and commitment to, working in groups. I gained my experience in supervision groups as part of my journey in transactional analysis where group supervision is seen as a norm, and I had my first experiences of supervision in groups. I offer here my thoughts on the benefits of this way of working, and what I consider to be the essential requirements for the successful delivery of supervision in groups, drawing on my own experience and on the work of such leaders in the field as Proctor, van Ooijen, Bond and Holland, and Hawkins and Shohet. I offer my reflections on dealing with some of the potential difficulties of this way of working, which include issues of confidentiality, time management and fears about group work.

My focus in this article is on supervision in any working context; I think that regular supervision is a pre-requisite for healthy and safe practice wherever people are working with other people in a helping relationship. Ideally, in addition to counsellors and psychotherapists, this would include all members of the medical profession, nurses, teachers, social workers, HR and organisations of any kind. For group supervision to be useful and productive for those involved there are certain requirements that need to be met by the supervisor, such as personal experience of group supervision, training in supervision, and knowledge of group processes and development. Supervisors need to be familiar with a variety of models of supervision and to have an understanding of group dynamics, together with some managerial skills. Group

supervision can be a dynamic and creative way of working; it is not my intention to suggest that group supervision is “better” than individual supervision but rather that it is different, and in respect of those differences groups can offer something more.

## What is supervision?

Before moving to the discussion of group supervision I think it is useful to have a working definition of what supervision is. Bond and Holland (1998) defined clinical supervision as:

- Regular protected time for facilitated, in-depth reflection on professional practice.
- An interaction that is facilitated by one or more experienced colleagues who have expertise in facilitation.
- Facilitation of time and venue for the provision of frequent, ongoing sessions led by the supervisee’s agenda.
- An enabling process that permits supervisees to achieve, sustain and develop creatively a high quality of practice through means of focused support and development.
- A reflective process that permits the supervisees to explore and examine the part they play in the complexities of the events within the therapeutic relationship as well as the quality of their practices.
- A life-long learning experience that should continue throughout the practitioners’ careers, whether they remain in clinical practice, or move into management, research or education.
- A unique characteristic of the nursing profession, as it focuses on clinical practice.

This definition encompasses many of the key aspects of supervision and the supervisory experience which influence my understanding. In addition, always at the forefront of any consideration of supervision is the awareness that a priority is the safety both of the client or client group that the supervisee is working with and the safety of the supervisee. With regard to the latter as supervisor I am concerned with both the physical and psychological safety of the supervisee.

### **Advantages and challenges of group supervision**

Several writers (Hawkins & Shohet: 2000; van Ooijen: 2000; CPTI communication: 2009) present lists of the advantages and disadvantages of group supervision. I prefer here to offer my thoughts on what I will call the benefits of group supervision, and include in my discussion what others have described as “disadvantages” and which I define as “challenges.”

Any group will offer a range of professional and life experiences; this range, including age, gender, sexuality, culture, can be a rich resource for exploring and understanding the issues brought to supervision. The group will provide participants with exposure to a wide range of client or organisational experiences. For beginning practitioners in particular, it can be helpful to see that others have similar issues, problems and anxieties, thus group members can learn from each other and members can experience that hearing and sharing in a group normalises and fosters resolution of these issues. The educative element of supervision (Proctor 1988; Kadushin 1976) is enhanced by sharing client experience in a group. The group members observe and learn a wide range of intervention options that allow for the exploration of different strategies and interventions. In addition there will be opportunities for the supervisee to receive

reflections, feedback and input from colleagues, as well as the supervisor, thus potentially the setting is less dominated by the supervisor.

For the supervisor it can provide a way for him or her to test out whether his emotional or counter-transferential response to the material is similar to that of members of the group. Working as a therapist or counsellor, and working as a trainer, can feel an isolating experience; working in a small group who meet regularly helps to build peer relationships, reduces isolation and provides valuable support. The group can provide members with an ongoing experience of belonging to a dynamic and committed community in which there is a growing sense of safety and support. We can thus avoid the unhelpful power dynamics and transference issues that can hinder individual supervision in a way that may effectively block the learning potential for the individual supervisee. A group, when working well, can challenge collusions or games (Berne 1964) between the supervisor and the supervisee(s).

Creative methods, such as role-play, role-reversal, psychodrama, sculpting, drawing (Hawkins & Shohet 2000; van Ooijen 2003) in which all group members have a role can be part of the supervisory process. All these are available when working with a group. Finally, a group may be seen as an economic use of time, money and expertise. This may be an important factor for consideration, whether for the individual practitioner paying for their own supervision, or within larger organisations, such as the NHS.

### **Issues for consideration**

One of the most important factors on the success of a group is the way in which it is set up. (Berne 1963; Clarkson 1992; Proctor 2000; van Ooijen 2003). The group contract is the container within which the group will

feel safe to work and to grow. The business contract will largely be set by the supervisor or organisation, and will attend to such matters as attendance, group size, how people join and leave, how often the group will meet and for how long and may involve a three-way contract (English 1975; Hay 1992) between supervisor, supervisees and the sponsoring organisation. The working contract will require agreements with all group members about such matters as time-sharing and confidentiality. All this takes time and careful consideration both before setting up a group as well as in the early forming stages of the new group. Concerns about confidentiality are often cited as a particular concern in relation to doing supervision in groups; discussion about how such issues will be managed are of prime importance in order that the group will develop in an atmosphere of safety and containment. Clearly there are many issues to resolve in setting up a supervision group and it is important that the supervisor, the group members and the organisation, where relevant, get clarity about all the aspects of the contracts thus avoiding the potential for misunderstanding and disruption in the group.

Proctor (2000), in her “Group Supervision Alliance Model,” refers to the dual responsibilities of all parties – that of the supervisor to make sure that good enough supervision is being done and to attend to the management of the group, as well as lead the group; that of supervisees to learn how to use supervision, and to develop skill in participating in the work of the group. I find it useful to think in terms of a developmental model (Stoltenberg and Delworth 1987), both in terms of the individual supervisee, and of the life of the group, and of the different skills and support required as participants grow through the stages. Thinking in transactional analysis terms, in a newly formed group of inexperienced supervisees, it is likely that many of the group

members will be operating from a life position of “I’m not OK/You are OK” (Ernst 1971; Stewart and Joines 1987) in relation to the supervisor, this passivity invites the supervisor to relate symbiotically with them by doing their thinking for them. In order to grow in experience and self-confidence, they need to be supported to a sense of their own autonomy and responsibility as members of the group.

Another concern that supervisees may have is around time – “Will there be enough for me?” or alternatively participants may experience a group as intimidating, with concerns about confidentiality or revealing “weaknesses” to others. Supervisees may “hide” in the group, or only bring the “good” things, for fear of being shamed through exposure in the group. This issue is not just relevant to group supervision – it is interesting to reflect on what doesn’t get brought to supervision in any setting, and how these processes may parallel the choices the client is making about what to show and what to keep hidden. I see all of these as issues that inevitably arise in any group setting, and require to be noticed, accounted for and worked through as part of the ongoing development of the working group. The stages of group development as outlined by Berne (1966), Clarkson (1992), Tuckman (1965) are relevant here.

In terms of the ongoing work of the group, there are many ways of offering structure, direction and analysis. I find the ideas drawn from transactional analysis powerful and dynamic in providing supervisees ways to analyse and explore issues presented. The concepts of psychological games (Berne 1964; Stewart & Joines 1987), or ego state theory (Berne 1961, 1966; Stewart & Joines 1987) for instance, can be useful in supporting the supervisee to consider client issues and the working relationship. It is important that the supervisor has knowledge of models

of supervision to draw on and underpin the working process and offer frameworks for reflection on the work. The “Cyclical Model” of Page and Wosket (1994), Hawkins and Shohet’s “Seven-eyed Model of supervision” (2000), Stoltenborg and Delworth’s “Developmental Model” (1987) all offer different perspectives on the supervisory process. In terms of group supervision, Proctor (2000) offers a valuable resource, and there are useful chapters in *Supervision in the Helping Professions*. (Hawkins and Shohet 2000)

### The group is the supervisor

Proctor suggests that “Potentially, the group is the supervisor. As a supervisor it contains not only the resources of the supervisor and each group member, but, in embryo, the rich creativity of a complex living group system.” (Proctor 2000) This quote, taken with the one at the top of this article where she describes the group as “the tower with many windows” speak to me powerfully about the value and richness of working in this way. My experience is that the whole is indeed greater than the sum of its parts and that the group offers possibilities for learning and changing which give the practitioner, whether counsellor, social worker, nurse or other professional the opportunity for enrichment and growth.

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Colin Kirkwood

# Reflections on the relationships

between changes in society and culture, and  
the domain of counselling and psychotherapy

*An earlier version of this paper was delivered at  
Wellspring in Edinburgh on 26 April, 2008.*

It was a great honour to be asked to speak at Wellspring's 30th Anniversary Open Day, just as it was a great source of learning and support for me personally to work at Wellspring as a psychotherapist from 1989 until 1994. I appreciated then the welcoming pluralism of Dr Diana (Di) Bates and her fellow therapists, and the growthful symbolism embodied in the tending of the gardens outside and the plants indoors, establishing the whole atmosphere and ethos of the place. Wellspring is a living example of what Jock Sutherland called an open system.

What I have to say relates to counselling, adult and child psychotherapy, couple work, group work, family therapy, art, music and drama therapy, therapeutic communities, psycho-social learning, and some religious practices and traditions. For this purpose I am not distinguishing between counselling and psychotherapy.

I will start by trying to go to the heart of the matter. Put negatively, I do not agree with the argument that the growth of counselling/psychotherapy simply reflects the exponential growth of individualism in contemporary society. And I reject the idea that counselling and psychotherapy constitute one dimension of the privatisation of care. If that were true, I and I suspect most readers of the COSCA Journal would not wish to be involved in it.

In order to paint a more nuanced picture of the relationship between the socio-cultural totality and counselling and psychotherapy I will have to give a summary of the main trends in our society, and the net outcome of those trends at the present time. I will also try to give a normative account of the relationship of counselling and psychotherapy to society from my perspective.

Let's confine ourselves to the last sixty or seventy years, taking as our starting point the development of the technology that enabled the United States of America to detonate atom bombs at Hiroshima and Nagasaki.

We have to say that perhaps the dominant theme of our lives has been remarkable scientific discoveries leading to awesome technological developments applied on a mass scale worldwide: and at the core of this theme lies the technology of weapons development leading to the proliferation of nuclear and non-nuclear armaments, and the alarming growth of the arms trade both legal and illegal.

Then there are the technologies of transport leading to mass car ownership, massive growth in air travel, the decline and then revival of rail travel, the decline and then revival of the shipping industry.

Then there are the labour-saving technologies: from washing machines to hoovers to dishwashers, the mechanisation of cleaning, of coal extraction, and so on.

Then there is the again – I can't think of another word – awesome development of information technologies in the forms of television, computers, mobile phones, search engines, websites, hand-held gadgets, and the burgeoning scope and power of the broadcasting media. Then there are the new health technologies. I won't take the time to go into any detail.

This is just a brief selection, but if we allow our awareness vaguely to play over these and other examples, it's mind-boggling. Recall now, if you are old enough to remember it, the feel of life in the 1950s, and compare that with the feel of life now. Streets swarming with millions of cars. Hardly any manual labour. Hardly anybody walks

to school or to work. Everything speeded up. Gardens paved over. Gardening for most people a thing of the past, except maybe for watching it on TV.

Other features of contemporary life flow from these technological developments: we have moved from an era of scarcity into an era of plenty, even allowing for all the scares and crises. We have moved into a globalising era, and it is not a new development either. In a sense globalisation began with the Second World War and was given a paranoid twist by the cold war. Its forms keep changing but the assumption almost passes without comment now that we'll get our rice from India, our clothes from China, our cars and gadgets from Japan and our vegetables from Africa and the Middle East. Nobody comments on the appalling fact that British farmers are now being paid not to produce food. We increasingly take it for granted that our primary industries here in Scotland are finance, further and higher education, tourism, oil and the arts. Manufacturing has moved far south and very Far East.

Of course, these are the physical or perhaps I should say empirical changes. Depending on whether or not you are a materialist, and if so, what kind of materialist, you may regard the developments I have summarised as the "base" and those I am about to turn to as the "superstructure." I have always felt uncomfortable with the crude economic language of base and superstructure, but somehow or other the following trends are related to those I have already identified.

There is no doubt that the beliefs, the ethics and the practices associated with religion have been in decline over our whole period, although intelligent controversy around religion has recently take on a higher profile, thanks to the efforts of the two Richards (Holloway

and Dawkins), and the extraordinary Karen Armstrong. There is no doubt also that we have moved from various kinds of collectivism (the army, the trade unions, the churches, the buses) to various versions of individualism. Whether you call it individualism, individuation, self actualisation, Thatcherism, or consumerism, it's here and it is very, very powerful.

I would be surprised if anyone disagreed with me when I argue that there has been a drastic decline in deference to or acceptance of authority over the last 60 years or so. And a huge growth in libertarianism. And likewise, it would be hard for any of us to dispute the view that there has been an enormous turning away from the notion that there are certainly fundamental moral values which generally hold good for all human beings in all circumstances, in the direction of a notion that morality, if it exists at all, is circumstantial, relativistic and certainly godless.

I have not mentioned three other powerful trends. First, the undermining of male and patriarchal power. Here the trend has not run so far as to entrench female power and feminism as a dominant ideology, but that subtle and significant struggle continues.

Second, there is the remarkable shift away from the notion that children should be seen and not heard, and that they should be physically punished, towards the notion that children should be respected as persons and in their preferences by their parents, teachers and caregivers.

Thirdly, and I want to end the summary with this point, we see now in the behaviour of many of the dominant organisations and institutions of our society (organisations and institutions feel like the wrong words: at one moment I feel I should use the medieval Scottish word *estaitis* as in *The Thrie Estaitis*, but that's not right either; perhaps



I should fall back on biblical language and refer to principalities and powers). Whatever you call them, these outfits – big multinational companies, big media companies, big infotech companies, appeal to people directly, shamelessly and without hindrance, through appeals to untrammelled greed, desire, appetite, lust, longing, entitlement. The slogans have been the same for quite a while now: do it, let it all hang out, because you're worth it, go for it, enjoy, it's you, and so on. And they employ visual imagery of slim, physically and sexually attractive, nearly naked, self-centred, self-preoccupied youngsters, simultaneously indifferent, contemptuous and potentially aggressive, whose eyes engage the observer directly with some kind of invitation, taunt or threat, imagery which invariably implies the desirability of substantial expenditure on consumer products and services of one sort or another. Capitalism appears to have triumphed on the basis of the apotheosis of narcissistic desire.

A pause is called for at this point to let me get my breath back.

OK, so if that is the situation we are in, where does counselling and psychotherapy stand in relation to it?

Well, on the surface, it is hard to deny that there appear to be strong connections. When I was doing the research for the SHEG/SAC Directory of Counselling Services in Scotland around 1987/88, there was a remarkable growth in the demand for counselling and psychotherapy, and the number of organisations claiming to provide it was legion. I spoke or was in some form of communication with the leading figures in counselling and psychotherapy at that time, and they all told converging tales of unprecedented demand for counselling and psychotherapy, and counselling and psychotherapy training. Demand/interest in

counselling and psychotherapy grew throughout the 1980s, the Thatcher period, and really took off in the latter half of that decade. And the level of interest continued to rise through the 90s, with some levelling off at the time of the return of the (New) Labour Party to power in the late 90s, with the rise resuming again once the more utopian hopes had begun to wear off.

I'll say nothing in any detail about the first decade of the 21st century, except that demand for training and for therapy continued to be very high, and the British state, as you all know, finally decided to become involved in the regulation of what it calls the talking therapies.

Can I just clarify one implication of this summary: the trajectory followed over the last 30 years by different therapeutic orientations is not standard. The highest growth has been in the person centred and other self-styled humanistic therapies, and I think that has been because in different ways they succeeded in resonating with certain aspects of the spirit of the age, in particular presenting themselves as both anti-authoritarian and anti-authority, a pair of themes, which they sometimes conflate. They have stressed that the person knows best what they are experiencing, how and where it hurts, and have ascribed to the therapist the role of following and accompanying the client, not interpreting their meanings and values in forms or terms diverging too far from their own.

The psychoanalytic/psychodynamic traditions have experienced not so much a decline, as a more complex trajectory, and certainly a loss of hegemony, largely I think because they became associated in the popular mind, rightly or wrongly, with an authoritarian or authoritative (again, as I suggested above, the two have become conflated) stance on the part of the psychotherapist in relation to the client or patient. I emphasise that I am saying nothing here about

the relative value of these two traditions/ approaches/perspectives, both of which I regard as vitally important, but only about how they came to be seen by people in general in the period under our consideration.

And now, two fascinating new twists have occurred. First of all, the state has – partly in response to pressure from the talking therapies themselves – decided to regulate the whole field through the Health Professions Council.

Second, there has been a remarkable swing over the last three or four years to a surprising new configuration. From a position where the person centred and other self styled humanistic and anti authoritarian trends were in the ascendant, and where the psychoanalytic/psychodynamic traditions were just about holding their own but struggling to create a convincing image, language and orientation for themselves in the new cultural environment; from a position where the cognitive behavioural perspective had been somewhat occluded but had by no means disappeared: from that position, there has been a dramatic turn-around. CBT (cognitive behavioural therapy), CAT (cognitive analytic therapy), DBT (dialectical behaviour therapy), CRT (cognitive relational therapy) and CMT (compassionate mind training) are the new buzz words. They are among the most prominent solids floating in the alphabet soup of the contemporary talking therapies.

This is largely due, I think, to the politically astute and well executed strategy adopted by a group of leading figures involved in research in psychology and psychiatry, in academia and in the research councils, who have for the time being succeeded in establishing in the collective minds of both the UK and Scottish governments the notion that randomised controlled trials represent the gold standard of research and knowledge in our field. The evidence-based treatments

promoted in the guidelines issued for England and Wales by the National Institute of Clinical Excellence (NICE) and in Scotland by the Scottish Intercollegiate Guidelines (SIGN), are being used throughout the NHS.

This remarkable revival, this self-reinvention of the tradition originally growing out of behaviourism, has been promoted also by the salience of the influence of Professor Richard Layard, an academic economist who has developed an approach to the study of human happiness, and has succeeded in convincing the UK Government of the desirability of training, in England and Wales over the next five to ten years, 7,500 new CBT therapists to offer short-term focussed therapy for depression and anxiety to that substantial body of people who are in receipt of incapacity benefit. In 2005, Professor Layard argued that the additional cost to the state of training these new therapists would rapidly be met by a) a reduction in expenditure on incapacity benefit, b) increased tax receipts to the Treasury from former recipients of incapacity benefit who will be working and paying tax and national insurance contributions and c) reduced expenditure by the NHS on drugs and other treatments for this population of soon to be formerly depressed and anxious former recipients of incapacity benefit. The decision of the UK Government to implement a modified version of Professor Layard's proposals has caused a dramatic fluttering in the doocots of the professional organisations for counselling and psychotherapy. The next episodes in this drama will be watched by all of us with great interest, in view of the recession now engulfing Scotland, the UK and the wider world. I hope that it will lead to greater dialogue and collaboration among the different therapeutic perspectives and practices; to less bickering; and to a rapid expansion of clinical effectiveness studies which would in my view be the ethically appropriate way to study the

processes and effects of therapeutic relationships personally, interpersonally and socially. Perhaps the Scottish Government, NHS Scotland, the Scottish Universities and the Scottish counselling and psychotherapy community could get together and give a lead here? Is that too much to hope for?

We return finally to deepen our question: how are these changes influencing counselling and psychotherapy? Is the influence all one way? If not, how are we to understand the complex interactions between counselling and psychotherapy on the one hand, and culture and society on the other? Could we actually make a helpful contribution in this terrible situation which is unfolding before our eyes?

I will keep my own comments brief. It is my view that, while a few counsellors and psychotherapists are indeed pandering to contemporary narcissism, hedonism, consumerism and ethical relativism – and charging very high fees for this post-modern consumer service (I read last year a piece in which one London-based counsellor attempted to justify charging £160 an hour) by giving the clients what they want, the hypothesis that this practice is general is unconvincing. In ESRC funded research on voluntary sector counselling in Scotland undertaken by Professor Liz Bondi, Judith Fewell, Dr Arnar Arnason and myself in the early years of the first decade of the 21st century, I was struck by the number of counselling people coming from Christian, socialist, communist, gay and lesbian backgrounds, and the number who spoke of the significance of their own sufferings, and of the help they had received generating in them a wish to help others as they themselves had been helped. What looks on the surface like giving the consumer what he or she wants turns out on closer inspection to be a recrudescence,

in new times and in new forms, of altruistic caring, of social concern in practice.

For ten years I was involved in training and organisational initiatives aimed at promoting the development of counselling in Shetland. I later carried out a research project there, interviewing 30 counsellors, trainees, counselling project managers, and funders, and discovered that the development of counselling in Shetland was indeed a response (rather than a reaction) to the dramatic impact of modernity, post-modernity and the outside world on a traditional fishing and crofting community: the arrival of the oil industry, the building of the airport at Sumburgh and the terminal at Sullom Voe, and the influx of huge numbers of migrant workers, led to dramatic increases in the abuse of alcohol and other drugs (heroin is the latest), marital and family break up, depression, anxiety and suicide. And the main instigators of counselling related developments in Shetland were people from religious backgrounds, people with high levels of social concern, feminists and other communitarian radicals, and – again – those who had suffered themselves, found the help they needed and wanted to help others. Another significant feature emerging from the Shetland research is worth mentioning: Shetland was seen as having had a “don’t show (and possibly don’t even experience) emotions” culture, a “grin and bear it” culture where personal and social suffering was concerned, just like the rest of Scotland. But the new culture of letting it all hang out, of experiencing and expressing emotion in public, was undermining that tradition. I concluded that one of the effects of counselling is that it helps people gradually to learn to experience in awareness, and to express in appropriate words and actions, the emotions that had for so long been bottled up if not strangled at birth.

I should like to conclude with a brief mention of some of the work I have been involved in as a psychotherapist over the last five years, in the Huntercombe Edinburgh Hospital, an in-patient facility for the treatment of people suffering from severe eating disorders. There are several points worth making: first, socio-cultural factors have a direct and deep impact on people's inner worlds and their interpersonal relationships. The view that people's inner worlds and personal relationships are derivatives of genetic inheritance or simply reflect the internalisation of the impact of their relationships with parents and siblings is partial and unsatisfactory on its own. People's inner worlds are also dramatically impacted upon by factors beyond the family such as bullying at school and stress at work, and by the dominant values attitudes and behaviours mediated by television, magazines and fanzines, fashion, the internet, advertisements and so on. This is illustrated by the interesting fact that no eating disorders had been reported in one of the South Sea islands until 1997. Access to television programmes from North America and Europe began that year, and the first eating disorders were reported less than a year later. As I have argued elsewhere, the TV in the living room is a factor of personality.

The other and final point arising from the work with girls and women (and a few boys) with eating disorders is this. As our culture has become more and more self-indulgent, hedonistic, and orientated towards self-gratification and narcissism, instead of becoming happier, a growing number of people are developing intensely negative views of themselves. In every single case of eating disorders I have worked with I have encountered a deeply entrenched negative view of the self. There are a number of factors at work here, but one of them is that our contemporary culture is not only self-gratifying but also massively competitive, perfectionist, utterly unforgiving and punitive towards real or imagined failure.

What is needed is the revalorisation of altruistic concern for others, the capacity for compassion, acceptance and forgiveness towards oneself and others, a realistic and loving appreciation of what one is and has, and a letting go of the greed and resentment that threaten to disfigure our lives. As William Blake wrote: Enough! Or too much! Bring back non-competitive walking, bring back amateur football, bring back ordinary happiness and unhappiness. Down with the culture of greed, and down with celebrity!

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**Colin Kirkwood** is currently Senior Psychotherapist at the Huntercombe Edinburgh Hospital, working with women and girls suffering from severe eating disorders, and a psychoanalytic psychotherapist in private practice. Previously he was for ten years Head of Counselling Studies at the University of Edinburgh, serving as Convenor of COSCA from 1998 to 2002. He has written extensively on counselling, psychotherapy, adult learning and community democracy.

# THE THERAPIST AS RELATIONAL ARTIST

Public Lecture and Demonstration by Rich Hycner Ph.D.

Friday 17 July 2009 6-9 p.m.

at

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**RICH HYCNER** has been a psychotherapist for 35 years. He is a licensed Clinical Psychologist and Relationship, Family and Child Therapist in California.

He is the author of *Between Person and Person: Toward a Dialogical Psychotherapy* and, with Lynne Jacobs Ph.D., *The Healing Relationship in Gestalt Therapy*.

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# Obituary

## John Michael Adams

### John Michael Adams

26th September 1940–27th October 2008  
BABCP Accredited Cognitive Behavioural  
Psychotherapist, Supervisor and Trainer

Marilyn Christie, Executive Director, The Centre of Therapy, Glasgow

My first encounter with John was when he came into our centre to make enquiries about the COSCA Certificate in Counselling Skills. At that time John was working for the BBC. I recall him speaking about answering calls on the helpline, advertised after programmes, with psychologically and emotionally challenging content. This prompted him to look for training to make him more helpful to callers in distress. I enjoyed being John's tutor on this course.

This eagerness to learn and develop his skills was John's hallmark. Whilst on the certificate course John returned to the role of producer of children's programmes. Someone at the BBC once enquired of John what had been the most helpful training he had received for his role as producer. John's reply: "My counselling skills."

As John approached retirement age he decided to further develop his skills through study on the SCOTACS Diploma in Counselling & Groupwork – A Cognitive Behavioural Approach. As a tutor I experienced John as an enthusiastic and dedicated student who used his creativity to great effect in working with his research group to develop 'Iconic Therapy' for working with couples. The group's presentation of the results of their trial study was highly entertaining and informative.

On completion of his training John continued developing his skills, firstly in training at Counselling Skills level and then Diploma level, by joining the SCOTACS Training Partnership

and latterly as an independent practitioner. John always brought a keen intelligence and insight to his work and an ability to find ways of resolving difficult issues creatively.

John's next focus for development was supervision, and he acquired an MSc in Supervision from the University of Derby. On completion of this course he supervised students on the SCOTACS Diploma and the South of Scotland CBT course.

His work with clients was informed and enhanced by his work in genealogy and he regularly used a genogram as a therapeutic tool.

Never one to stop learning, John was planning to undertake practitioner research into how patterns of thinking or schemas were transmitted through generations, bringing together his passion for CBT and genealogy.

John was an excellent and challenging therapist, trainer and supervisor. He was all this and more as a friend and colleague.

His strong base was his home where he entertained friends and colleagues, feeding them with his marvellous cooking, often with ingredients grown on his allotment. John greatly prized relationships, and none more than those he enjoyed with his wife Susie and sons Ben, Dominic, Jamie and Sam.

John's legacy is in the relationships he nurtured, the students he trained and the lives he touched.



# New members of COSCA

January and June 2009 CAG

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## FULL ORGANISATIONAL MEMBERS

BANFF AND BUCHAN VOLUNTARY  
COUNSELLING SERVICE  
LEWS CASTLE COLLEGE  
RAPE AND ABUSE LINE  
RELATIONSHIPS SCOTLAND – ORKNEY  
RELATIONSHIPS SCOTLAND FAMILY MEDIATION  
TAYSIDE AND FIFE

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McTEAR, PETRINA GERALDINE

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NOTARANGELO, LIZ  
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New members of COSCA January and June 2009 CAG

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# Gazette

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

## 2009

### 8 July

COSCA Trainer and Counsellor Accreditation Workshops.

**Glasgow**

### 19 August

COSCA/Edinburgh Napier University Cultural Diversity Seminar: 'Towards Statutory Regulation of Counsellors/Psychotherapists' in Scotland  
COSCA offers you the opportunity to discuss the HPC's Consultation Paper on the Statutory Regulation of Counsellors/Psychotherapists.

### 16 September

On Making a Difference: Addressing the absence of difference within the counselling room.

**Edinburgh**

### 30 September

COSCA AGM 2009.

**Stirling**

### 30 September

Deadline for receipt of COSCA Trainer and Counsellor Accreditation applications.

### 24 November

COSCA 6th Counselling Research Dialogue.

**Stirling**

## Vision and Purpose

As the professional body for counselling and psychotherapy in Scotland, COSCA seeks to advance all forms of counselling and psychotherapy and use of counselling skills by promoting best practice and through the delivery of a range of sustainable services.

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