

Counselling in Scotland

WINTER / SPRING 2016

THE POETIC SELF

SEARCHING FOR WHOLENESS IN
SOCIETY

THE LIVED EXPERIENCE OF
BEREAVEMENT IN PRISON

COUNSELLING TRAINING IN
HIGHER EDUCATION

SCOTLAND'S YEAR OF LISTENING



COSCA

Counselling & Psychotherapy
in Scotland

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Editorial



John Dodds

As I am sure all of the journal readers will be aware, COSCA celebrated its 25th Anniversary in 2015. And in November, Shona Robison MSP, The Scottish Government Cabinet Secretary for Health, Wellbeing and Sport congratulated COSCA on the first re-accreditation of its Register of Counsellors and Psychotherapists.

In a letter to COSCA earlier that month, the Cabinet Secretary acknowledged COSCA's great achievement of being awarded the re-accreditation from the Professional Standards Authority for Health and Social Care under its Accredited Registers scheme. In her letter, she said: "This Government supports the PSA's Accredited Registers scheme as a proportionate and efficient method of promoting good practice and high quality care, and I note that COSCA remains the sole professional body in Scotland with a PSA accredited register of members. This is an achievement of which you must be proud, and rightly so".

Our Chief Executive, Brian Magee, stated that "this letter of congratulation comes at a very significant time in the history of COSCA. It is our 25th anniversary this year and to receive such a high level endorsement of our work is very encouraging. Going forward, it will inspire us to continue to raise awareness of and improve access to safe and effective counselling and psychotherapy services in Scotland".

As far as this issue of the journal goes, although we have fewer articles in terms of number, one piece is much longer than usual. The case study, *A Confined Encounter: The Lived Experience of Bereavement in Prison*, is a fascinating and often moving account of the subject by Janette Masterton BSc, a volunteer counsellor at Cruse Bereavement Care Scotland.

Once again we have a beautiful piece by Benet Houghton, this time on *The Poetic Self*, in which he

talks about the meaning behind, and between the words exchanged in the therapeutic relationship. As he says, not the $1+1=2$ but a third thing, which he describes as "an aesthetic of knowing which some poems and art forms, at certain moments can conjure up, highlight or bring nearer and, which, if followed allow us to enter a world hitherto not experienced".

Taking a much broader sweep is Colin Kirkwood in his piece, *Searching for Wholeness in Society*, an edited version of his contribution to the Bridge Pastoral Foundation, Scottish Conference, St Andrews on "Searching for Wholeness: searching souls, a searching community, a searching society". In his thesis he explores the notion that "the whole is more than the sum of its parts".

I was pleased to receive close to publication date an excellent article about counselling training in higher education. In it authors Kate Smith and John McLeod talk about about the situation where one of Scotland's leading providers of counselling training in Scotland has attempted to close its doors to students wishing to study counselling at Masters level. The authors discuss, among other things, the tensions that exist between the "gold standard" of course validation/accreditation (from COSCA, BACP and others) and the realities of funding and strategic planning in the higher education system.

All in all a diverse and interesting journal, I hope you will agree. I would be keen to hear your views on running longer articles, as we have done this time, and as ever we are always keen for more articles, not only from qualified practitioners, but also from counsellors in training.

I'd like to close by wishing you all a very Happy New Year.

John Dodds, Editor

The Poetic Self



Benet Haughton

“Of all psychologies sins the most mortal is its neglect of beauty” – James Hillman *The Soul’s Code*.¹

“It was impossible that the girl should understand, yet it seemed almost as if she understood the poet’s words. How could this be? The great spirit of Nature rolls through all things, it is true, clouds and rocks and trees and animals; though they seem not to be aware of it. The meaning and the movement of the verse seemed to have passed into her face.” – George MacKay Brown, *The Golden Bird*.²

I recall many years ago an analyst working with a child. What remains at this distance in time but remains vividly is the sense that the therapist was talking nonsense as far as the child was concerned. She was speaking in a language so sophisticated that only someone trained in analytic jargon would be able to translate the flow of words. But as it was the child, far from turning away in boredom or disgust was sitting, her little face up turned, looking directly at the therapist drinking in her words. So what was it the child was hearing? The tone? The mood? The play of words, the way they sounded? Whatever it was they resonated through with her deeply.

As I get older I find that $1+1=2$ matters far less than $1+1=3$. The holy grail of psychotherapy is not getting the sum right so much as co-creating the sacred third, the healed patient. The movement between the rational and the mysterious can be addressed satisfactorily, or so I feel, by attention to what is beautiful and pleasing. What is healed in the patient is not just an increase in capacity to store knowledge but primarily a pleasure and satisfaction in living. This is an aesthetic experience where the misery, alienation and sadness with which we initially face our patients is replaced by the relative ease and happiness they show when they leave us which is found in rekindled desire for life,

felt in the body and the heart. This brief essay probes a little into the mystery of this healing process with no attempt to definitively answer it. It remains a mystery whatever knowledge and understanding we have of it. What is clear is it has nothing to do with application of technique or knowledge in a cognitive, abstract sense and everything to do with trust, trust in a knowing that we are participants in God’s work of creating life³.

Cognitive knowing is only a small fraction, perhaps as little as five per cent of the total that passes between us and our patients⁴. The so called cognitive unconscious accounting for the remaining 95 per cent! Why this five per cent looms so large is perhaps due to the importance we feel it bequeaths us in control of our environment...hence the sum $1+1=2$ makes more sense in evolutionary terms, in terms of control of objects and of survival. But there is a kind of knowing that has to do with everything that is not a calculation and intellectual abstraction. $1+1=3$ makes more sense as an expression of the human need for self-transcendence, where we are in the service of a goal outside and higher than ourselves.

This comes about through a knowing in and through the senses; knowing without knowing... intuition; the knowing that is born of apprehension of mystery; a knowing that is a bowing of the head in humility. This kind of knowing is aware of tragedy and celebration, of the heft of things that we experience in the body and the senses and the soul. It perceives things that are as they joined to the poetic and aesthetic life of the world. This is the medium in which we swim, but above all it understands that we do not know very much at all and that all our lives we are learners. “Humility is endless,” says TS Eliot⁵. But we are learners who can know who we are.

Octavio Paz puts it well in his poem, *Brotherhood*

*I am a man
I do not last long
The night is enormous
But I look up and the stars are writing.
Unknowing I understand:
I too am scripture
And at this very moment someone is spelling my name.*⁶

Here is a poem from Scottish poet Andrew Greig:

In Galloway

*In Galloway the drystenedykes that curl
like smoke over the shoulder of the hill
are built with holes
through which the sky shows and spindrift birls,
so the wind is baffled not barred
lest drifting snow smoors a sheltering herd.*

*There is an art in framing holes
and in the space between the stones.
Structures pared to the bone -
the line that pleases by what's not there
or drydykes laced across the whirling air.*⁷

Could one imagine reading this to a patient? It does not make sense from 1+1=2 kind of thinking but from 1+1=3 thinking, the third, the healed self it makes sense, as it is loaded with 'self' metaphor. Are we not aware of ourselves as full of holes, which is why we come into therapy? And do we not learn the art of framing them 'so the wind is baffled not barred' i.e. learn to defend ourselves. And in therapy do we not



T.S. Eliot

encourage a reframing of the holes, to see them as a participative and even allies rather than enemies in gaining self-knowledge? And can we not see in 'the line that pleases by what is not there' an apt description of mutual appreciation of the mystery not just of gravity in holding the walls up but how words do the same for us... invisible structures 'laced across the whirling air'. Fanciful you may say, but this is the point; whatever it was that rapt the child, it had truly caught her fancy. We therapists need our fancies. If we listen with the right ear a world of feeling and insight touches the place where we know without knowing. But adopting the words of Thomas Merton's poem *With the World in My Blood Stream*⁸ how, we may ask, do we let the world in or is this poetic medium of the world something that simply happens by chance?

On one occasion I was seeing a middle aged woman. She had come to me because, while she was wealthy she was unhappy. Her husband, she felt, did not know how to love her. They argued a lot. But who was it really did not know how to love her? Her own childhood had contributed to her not knowing the meaning of love, with some very frightening abuse and a narcissistically absent dad in which she was a beautiful appendage. I felt often, that while the work went smoothly in that she was forthcoming and generous, the answer to the problem she initially posed was not answered in all the talking. Her need of answers of you might say 1+1=2 variety was not satisfying. And then one day quite unexpectedly we began to communicate in a way that was unexpected by either of us, though indeed it was, of course unconsciously desired. Martin Buber would call this an I/Thou moment⁹ where briefly the veils and ramparts between us fall away and a new kind of language emerges beyond the words themselves. The world of I/it is forgotten. Here is a moment of trust but primarily it is one where the problem is no longer a problem because the moment has given birth to the third. My patient had begun to fill the hole in her life with a sense that she was more valuable than she had hitherto been able to experience.

But the question remains how do we make way for the move into poesis (the Greek origin of the word is the making of the form,¹⁰ of life rather than the rational, logical control of the daily round? It is not easy and it seems to me it requires some kind of commitment on the therapist's part to enter the poetic as the mythic maker, but in a particular way, unless we are to

become like Vladimir and Estragon in Becket's *Waiting for Godot*¹¹ This drama ends with the curiously dramatic non ending. Vladimir says, "Well, shall we go" and Vladimir answers, "Yes. Lets go". But they stay exactly where they are. The child on the other hand does not know about permanent stasis but about real presences and connects with them not as if they are alive but because they are alive.

So perhaps we can say there is an aesthetic of knowing which some poems and art forms, at certain moments can conjure up, highlight or bring nearer and, which, if followed allow us to enter a world hitherto not experienced. William Blake sums up beautifully the exquisite balance of knowing and not knowing at this level.

*"He who binds to himself a joy
Does the winged life destroy;
But he who kisses the joy as it flies
Lives in eternity's sun rise."*¹²

An expression that Christopher Bolas uses is the 'unthought known'¹³ where we know but cannot bring to conscious thought what we know. Something in the background awaiting birth. The 'unthought known' are thoughts, feelings, emotions barred to conscious thought. Bolas attaches it to traumatic incidents that were difficult to accept. It was necessary for the person to deny them conscious thought. But the 'unthought known' can apply to things not born of trauma so much as a certain pattern of defence around perceived holes in the self, in intellectual and cognitive knowing. Poetic knowing is borderless, uncoordinated and risks vulnerability and openness. To this mind, this kind of reverie is problematic because it does not meet some notion of 'reality'.

So we can be known through verse and sound, touch and silence; my knowing of myself and the other through listening to music, a poem, seeing a painting or a wonderful view; through the face, the beautiful face of a patient (and all faces are beautiful when we see with a certain eye) a kind of singing in the patient's ear that bypasses psycho-pathology or 'a clinical problem' in any intellectual sense because a moving experience of beauty becomes who we are.

It may seem odd to reflect that, "The word became flesh and dwelt among us" is something that psychotherapists and counsellors enact with their patients on a daily basis.

But all the above is why I keep in my consulting room a sheaf of verses and some books of poems by various authors.

Here is a verse from *Little Gidding* by TS Eliot¹⁴, bless him.

*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.
Through the unknown, unremembered gate
When the last of earth left to discover
is that which was the beginning;
At the source of the longest river
The voice of the hidden waterfall
And the children in the apple-tree*

One final recollection; a group of people meeting and arguing together, here is a moment in which tempers are hot between two people. Voices rise and other voices fall. The room becomes quiet except for the voice of one man who carries on talking as if nothing had happened.

1. James Hillman, *The Soul's Code*. 1996. P35
2. George MacKay Brown, *The Golden Bird* 2008 edition p136.
3. 'God's work of creating life'. I apologise to anyone who struggles with this language. I do also but I feel that I cannot use another word. What I mean, however is participation in mystery that is entirely beyond our ken.
4. Lakoff and Johnson 1999 p13
5. TS Eliot from *Collected Poems*. 1963 Edition. Four Quartets. East Coker p199.
6. Octavio Paz. *Collected poems*.1977
7. Andrew Greig, from: *This Life, This Life: New and Selected Poems* Bloodaxe.
8. *The Collected Poems of Thomas Merton* (New Directions 1977)
9. Buber, *I and Thou*. 1987 paper edition. p47
10. Wikipedia. Poiesis (Ancient Greek: ποιησις) is etymologically derived from the ancient term ποιέω, which means "to make". This word, the root of our modern "poetry", was first a verb, an action that transforms and continues the world.
11. Becket, *Waiting for Godot*. 1998
12. *The Life and Works of William Blake*.1880.p126
13. *Christopher Bolas Reader* 2011.
14. TS Eliot *ibid*

Biography

Benet Haughton works as a psychotherapist both privately and for a charity called Arkordia. He combines this with painting and has occasional exhibitions and equally occasionally writes small pieces of poetry and articles on psychotherapy.



Colin Kirkwood

Searching for Wholeness

In Society

A contribution to Bridge Pastoral Foundation, Scottish Conference, St Andrews on "Searching for Wholeness: searching souls, a searching community, a searching society"

My understanding of wholeness starts with the notion that the whole is more than the sum of its parts. A whole apple is not simply an assembly of sliced-up segments. An apple is a whole living thing, one of the fruits of a whole living apple tree. So an apple is not a thing on its own, but a part of an organic whole. Donald Winnicott called this the "facilitating environment," within which Harry Guntrip identified the all-important human environment of the parental relationship, the fertilised egg, the baby growing in its mother's womb, its birth out of her and into face-to-face development through holding and feeding, looking and touching, playing and learning, in the human relationships with mother and father, brothers and sisters, playmates and friends – and sometimes enemies.

We know that the family is not an isolated unit. It consists of persons in relation, persons in communities, at different levels of scale. These communities are real, communities of place, communities of role and task, communities of interest, nation and culture.

And we know that these communities themselves do not exist in isolation. They are many, and they exist in societies. And the societies themselves vary geographically, culturally and historically. They are not isolated, though they sometimes behave as if they would like to be. They find themselves in wider relations of interaction, culture and power: cold war and hot war, embodied conceptions like the European Union, globalisation and so on. And there is still another dimension. The souls, communities and societies are not only in dynamic interaction horizontally, as it were, in the here and now, but they have

interacted and evolved historically for a very long time: and they are going somewhere, in a quarrelsome, contesting kind of way.

Some social scientists might traditionally have represented the soul or self as an inner circle, with additional circles representing family, local community, society, and so on.

Let's consider modifying that model. I suggest that all these circles need to be imagined as porous, and also as simultaneous. This is not an absolute modification: we know that babies – souls – usually grow first inside mother, then within a limited interpersonal family environment, then in a small extended family or neighbourhood community, then in nursery, school, and the ever-widening circles of society. Nevertheless, I argue that all the circles are to some degree porous and simultaneous. From the start, we are in society and culture. A baby in the womb today hears television and radio. A baby in the womb today drinks tea and coffee and alcohol and sometimes smokes. I argue that we are in communities, societies, cultures and technologies, and they are in us, pretty much from the start. We are immersed, submerged, saturated. We may, like Blake's infant, struggle to be free. Or we may take all this as quite normal which, in a descriptive sense, it is. We may struggle to know, to assimilate, to make sense of. Or we may acquiesce. We inherit, and inhabit, a language or languages. We make meanings, as Viktor Frankl argued. We are on the receiving end of ideas and values which structure and colour our world. Sigmund Freud thought that this aspect of our development could be accommodated within his tripartite system of *es*, *ich* and *uberich*, which Strachey translated into English as *id*, *ego* and *superego*, and which Bruno Bettelheim argued should have been translated as *it*, *I*, and *over-I* or *above-I*. This is helpful up to a point, but it

needs to be supplemented by our understanding of processes of immersion, submergence, saturation, merging, emerging and perhaps also of cleansing.

I think all of this and more needs to be borne in mind when we come to address what searching for wholeness in society might mean.

Adopting this line of thought, that persons are agents, learning how to live in good enough relations with other persons in society, it follows that searching for wholeness in society is a task for persons. But I am immediately reminded that human beings in most (if not all) contemporary societies are made into spectators – or in contemporary jargon, into consumers. That is, in my view, one of the social bases of our alienation, unless we grow up in very powerful and well-resourced circumstances which make us hyper-confident.

A striking instance of what is involved here occurred not so long ago on ITV. For the first time in British history, the leaders of no fewer than seven political parties were invited to present their manifestos to the British people, answer questions from a studio audience, and debate the issues involved with each other, over two hours. I watched this programme along with my wife and her French student, Stephane. We all agreed that the three women speakers were the most impressive: Natalie Bennett, Leanne Wood and Nicola Sturgeon. But as soon as the programme was over, a remarkable but ever-so-familiar process began, on TV and radio news and in the next morning's papers. The seven-person debate was transformed by top-dog male commentators into a competition for dominance. Victory was awarded variously to David Cameron, Ed Miliband and Nick Clegg. Nigel Farage was anathematised on grounds of racism, and the women were airbrushed out of the picture, with the possible exception of Nicola Sturgeon.

The salient themes here, in British society, are: power, male dominance, political and media elites, and dominant discourses. I leave it to you in your contributions to pursue these aspects of our general theme.

The next aspect I want to highlight is the whole question of the repression, suppression, exploitation and distortion of the sexual and generational dimensions of our lives.

We no longer accept Sigmund Freud's emphasis on repression and his accounts of human development in for example his *Three Essays on the Theory of Sexuality*. Nor do we accept his partial denial of his own discoveries of sexual abuse on the grounds that the – usually female – victims of incest were merely fantasising.

Along then came D.H. Lawrence, who struggled to rehabilitate our sexual feelings, impulses and acts as normal aspects of human relating. Scotland (with a few exceptions) took a long time to catch up with these developments, and it was not really until the libertarianism of the late 1960s, preceded by the rock and pop music of the late 50s and early 60s, and followed by the feminism of the 1970s and 80s, that men and women of my generation were forced, however haltingly, to address this theme. The grief, anguish, shame – and the pitfalls – of that process were long-drawn-out.

A closely connected theme is introduced by the Scottish psychiatrist and psychotherapist, Ian Suttie, author of *The Origins of Love and Hate*. He introduced in the mid 1930s the term “the taboo on tenderness” which he observed not only within individual persons, but also in their families, communities, and societies, particularly in Anglo-Saxon cultures throughout the world. Suttie traced the roots of the taboo on tenderness right back through the centuries in, for example, violence in education, male gangs, single sex schooling, Roman stoicism, and in the early Christian identification of sex and sexuality with sin. I need not remind you that according to some of the early church fathers, we are all born in sin.

But the other extreme is not necessarily without complications. It can be argued that so-called sexual liberation has become a technique for selling goods and services through advertising; and that it simply gives us permission to let go of all restraint and treat others not as persons but as objects.

Now I wish to talk about another key theme in our search for wholeness in society. In the late 1940 and the 1950s, as I recall them – without wishing to romanticise – there was a kind of golden age of greater equality in British society. This assertion sets to one side for the time being the whole problem of sexual repression and the taboo on tenderness, which had not yet been addressed in a society-wide sense, although the concepts had already been introduced in specialist settings.

The basis of this golden age was that, while most people were relatively poor, they had their ration books, and the fact that they had a job meant that they could get much of what they needed, at least at a basic level. This state of affairs was buttressed, even created, by the activity of the most benign state in British history, which provided social security, pensions, free health care, housing for millions of people, and education to the age of fifteen. There were more jobs than there were people to fill them, which is why immigration from “the colonies” was so much encouraged. There were still great differences in wealth and income, but these were far less extreme, and far less pervasive, than they are now.

In this context of full employment and social security, and the reassuring location – by means of mass projection – of all evil beyond British shores, either into the evil empire behind the Iron Curtain, or, if that failed, into the Germans portrayed as a nation of undifferentiated Nazis, in a whole series of stirring war films, there was in Scotland the continuing, reassuring presence of the Christian religion. Religious observance had been in relative decline in England since the first world war, but in Scotland it peaked in the late 1950s, the time of the great Billy Graham’s “Tell Scotland” crusades. This too was religion in a projective form: us as holier than thou. Protestants as distinct from Catholics. Denomination distinct from denomination. But what was common to them all was pastoral care. My father was not, to my mind, a great preacher. But he was a great pastor, visiting his entire congregation in their homes each year, generally on foot. So: six Protestant churches. One thriving Salvation Army. Two big Catholic chapels, packed out several times on a Sunday morning. Our summer needs were met by the Seaside Mission on the shore, with scriptural competitions and squeeze boxes running over with joy, joy, joy. And also by the Salvation Army with its silver band and personal confessions: “Born 1928. Born again 1956. Never looked back!”

It is not therefore unreasonable to characterise that period, in a strictly limited but real sense, as a golden age. It was also the period in which counselling, psychotherapy and psychoanalysis were beginning to take root in Scotland, with Christian support. The Davidson Clinic in Edinburgh, led by Winifred Rushforth. The founding of Scottish Marriage Guidance, and

Catholic Marriage Care. The Tom Allan Centre in Glasgow, growing out of “Tell Scotland.” The Edinburgh psychoanalyst, Ronald Fairbairn. The Glasgow psychiatrist and psychoanalyst, RD Laing. The moves begun in the late 1960s, by Jock Sutherland and his collaborators, to found the Scottish Institute of Human Relations.

It was in this period, too, that Frank Lake began his UK-wide mission, known as Clinical Theology, to help the clergy and lay Christian people to deepen their capacity for the cure of souls, starting very properly with their own. He aimed at a dialogue between psychiatry, religion and psychotherapy.

The question – the challenge – for us is where and how to ground, and refound, the search for wholeness in society today. Whither that search when the higher professions have learned from the manual trade unions the techniques of threatening to withdraw their labour, unless they are paid: what? £100,000 a year for a GP, £150,000 a year for a High Court Judge, and £200,000 a year for a Hospital Consultant if he divides his time between the NHS and the Private Hospital. And this is to say nothing of the CEOs and top executives of the banks, the big private companies and former public utilities with their multi-million pound salaries and bonuses several times bigger than most people’s annual wage or salary.

Our culture has swung away from the altruism and egalitarianism of the 1940s and 50s. Through steps as various as the sexual libertarianism of the 60s and 70s, the titanic struggles of manual workers through their trade unions in the 60s, 70s and 80s, the Thatcherite revolution, and then Blairism, we have swung 180 degrees from altruism to self-interest, from egalitarianism to the public worship of inequality and success, values promoted ad nauseam through the mass media celebrity system, in sport, business and enterprise. We have resumed the worship of Mammon. We have substituted money for worth. Where is religion now in the face of all this? It is punting spirituality! I was delighted to hear the Rev Calum Ian MacLeod, the new minister of St Giles, declare in a fine sermon recently: “Spirituality is religion when it has been mugged by capitalism”.

And where is counselling, psychotherapy and psychoanalysis? It is doing good work, but for far too many of us, it is in private practice. Not

in the wards of NHS psychiatric hospitals, where it ought to be. We need to abandon this self-interested, canny defeatism. We need to come out fighting, arguing for a revitalised role for mental health work in the public and voluntary sectors. We need to fight for a recognition that mental illness is one of the principal manifestations of alienation and exploitation, and always has been, ever since the days of Jesus of Nazareth. What was Jesus if he was not a curer of souls?

In our wider society, we need to marry genuinely full employment, real equality of men and women, drastic reduction of income differentials, positive health for all in the forms of active involvement in sports, community groups of all kinds, including therapeutic groups. There should be publicly available opportunities, with the necessary support, to enhance physical and mental health, to tackle physical and mental ill-health in all its forms, free at the point of need, and without stigma in delivery.

At the heart of this there needs to be a fundamentally re-imagined, re-invented, recreated religious attitude and religious practice, adapted to the cultures, needs and realities of our day. At its best, religion is the social discourse and social practice of good ways of living in communities and societies. We need religious pluralism and we need the daily practise of dialogue. We need to break through the glass walls that separate religion from politics, social justice and community life. We need to slough off the old skins of denominationalism, biblical literalism, rigid dogma, exclusiveness, hypocrisy and self-deception.

I conclude with a couple of points about wholeness. In not only the individual person, but within community and society, we need to take part with increasing self-and-other awareness. There are so many shifting dimensions of self and other with which we need to familiarise ourselves, including those parts of ourselves we most deny, because we find them the most difficult to address. And the same applies in society. It is an astonishing – but familiar - fact that most of us have now put poor people and their social, economic and spiritual condition out of our minds. Could you or I live on a zero hours contract, or on the minimum wage?

Our conception of democracy is a flawed and skewed version of representative democracy, overcentralised in Westminster, overcentralised in Edinburgh, managed by elites and experts, broadcast and debated by media personalities with an inflated sense of their own importance, designed to keep the population in their seats, as viewers and listeners,

texters and tweeters. What has the demos to do with democracy in info-techno-Britain? Precious little.

There is another aspect of wholeness which I did not fully understand until I entered the worlds of counselling, psychotherapy and psychoanalysis. It is that, in a deep sense, everyone's point of view has something valuable in it. Every political party, every religious denomination, every area of knowledge and expertise, every person in every family, including those most rejected and disparaged, has something to contribute that is of vital importance and which we neglect at our peril. So the question of wholeness in self, community and society resolves itself into a need for direct, community democracy, personal agency, encounter and dialogue. And there is no denial here – none at all – of the need for good strong leadership at all levels.

That leads directly to the most important question of all. If all the parts are important in their own right, then how are they to be organised into a good unity, a good whole, in person, community, society and world? The religious traditions have much that is valuable to contribute here, for example, in the idea that we are all members of one body. The Chinese philosopher, Confucius, asks a related question: if a man have not order within him, how can he spread order about him?

So: on what basis is such unity to be achieved? I believe that the basis is self-and-other knowledge, encounter and dialogue around the ideas, values and practical tasks of living. Religion and psychiatry, counselling, psychotherapy and psychoanalysis, following in the steps of people like Frank Lake and Jock Sutherland, should again insert themselves into the heart of this endeavour in our society. We must not retreat again into radical individualism, solitary spirituality and private journeys.

I end with the rallying call of the Jewish religious tradition: IF NOT NOW, WHEN?

Colin Kirkwood

Revised 19. 06. 15

Biography

Colin Kirkwood is a psychoanalytic psychotherapist who has played leading roles in adult education and community action. He was head of the Centre for Counselling Studies at Moray House School of Education of the University of Edinburgh. After retiring from the University he worked as senior psychotherapist at the Huntercombe Edinburgh Hospital. His most recent book is entitled: *The Persons in Relation Perspective in Counselling, Psychotherapy and Community Adult Learning*.



A Confined Encounter: The Lived Experience of Bereavement in Prison

Janette Masterton MSc

11

Janette Masterton MSc
*Volunteer Counsellor,
Cruse Bereavement Care Scotland*

Abstract

Bereavement, due to the loss of a significant person through death, presents imprisoned persons with a unique challenge, yet so very little is known about the experience of bereavement behind bars. This paper, based on a qualitative practitioner-research study, explores the experience of bereavement in prison through drawing on the author's counselling work with bereaved male inmates of a Scottish prison and focussing on the bereavement experience as lived and described by one client in his own words. The paper depicts the experience of bereavement behind bars as deeply distressing and despairing. It portrays how the powerful sociocultural prescriptions of the prison environment can cause the grief of prison inmates to be profoundly disenfranchised and demonstrates how this can impact hugely negatively on their coping ability. The paper calls for the development of support systems to ensure a level of bereavement care more attuned to the needs of imprisoned persons.

Introduction

Bereavement, due to the loss of a significant person through death, can be devastating even under the best circumstances. This form of loss presents imprisoned persons with a unique challenge, yet so very little is known about the bereavement experience of prisoners whose lives tend to be swamped by loss already. This paper aims to extend the meagre amount of knowledge about grieving behind bars, drawing on my experience of offering counselling, on a voluntary basis, to male inmates of Edinburgh Prison. I have delivered counselling in this context for seventeen years. Since 1999, I have set up and developed a bereavement counselling service within this

setting under the auspices of what is now known as Cruse Bereavement Care Scotland.

Existing literature demonstrates that prison inmates suffer dramatic loss as a direct result of incarceration (Stevenson & McCutchen, 2006). Additionally, many prisoners have also suffered severe loss prior to imprisonment (Hammersley & Ayling, 2006). The Scottish prisoner population, for example, is characterised by social deprivation and exclusion with high levels of mental ill health, substance use and childhood abuse (Houchin, 2005). It is against the backdrop of such legacies of loss that prisoners' experience of bereavement, in response to the death of someone significant, is lived.

According to Rosenblatt (2008, p208) 'culture creates, influences, shapes, limits, and defines grieving, sometimes profoundly'. Significantly, grief can be influenced by the imposition of the immediate sociocultural environment and its prescriptive norms to the extent it is 'disenfranchised' (Doka, 1989). It is the experience of disenfranchised grief on which I focus in this paper.

In the next section of the paper, I discuss the concept of disenfranchised grief together with existing evidence concerning the disenfranchisement of grief among prison inmates. I then explain the methodology of the study. Following this, I present and discuss the findings through a client's story. I then go on to make conclusions from the evidence and discuss the implications of understandings and learnings in relation to bereavement care for prisoners.

Disenfranchised Grief

Disenfranchised grief is defined as 'the grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported' (Doka 1989, p4).

Grief can be disenfranchised with regard to unrecognised relationships (e.g. extramarital affair); unrecognised losses (e.g. abortion); and unrecognised grievers (e.g. children and very old persons) (Doka, 2002). Circumstances surrounding the death (e.g. AIDS-related death) and the ways in which individuals grieve (e.g. wailing where stoicism is expected) can also disenfranchise grief (ibid). Disenfranchised grief is recognised as a risk factor in bereavement (Parkes, 2002). Whilst it tends to exacerbate grief, it leaves people to grieve alone (Doka, 1989). Where bereaved persons perceive themselves to be without support, a complicated bereavement can be expected (Rando, 1993).

As yet, there has been very little research into disenfranchised grief within prison. Ferszt (2002) examined the experience of three female prisoners who had suffered the death of a loved one during their incarceration in an American state prison. Her study describes how, due to the context of prison, inmates are afforded limited opportunity to grieve and have their grief validated and supported. Ferszt asserts that the grief of prisoners can thus be described as disenfranchised and points out how this can act as a barrier to the processing and integration of grief. In a discussion regarding the facilitation of four bereavement counselling groups for male prisoners who had experienced the death of a close person prior to and/or during imprisonment, also in an American state prison, Olson and McEwen (2004) refer to prisoners as being disenfranchised in grief, postulating that 'the right to grieve often is taken away when a person is incarcerated' (p235). The narrative review of Hendry (2009) explores the challenges facing prisoners and the prison service in the light of inmate bereavement. Hendry reports that issues relating to masculinity and prison culture increase the risk of male inmates developing disenfranchised grief.

Leach et al (2008) examine the relationship between traumatic grief and recidivism. They acknowledge the presence of disenfranchised grief within the prisoner population and argue it can be a complicating factor in traumatic grief. Traumatic grief is also known as complicated grief and prolonged grief disorder (Prigerson et al, 2008) which, the authors argue, prisoners are at higher risk of experiencing than the general population due to the many unaddressed death and non-death related losses and associated traumas they tend to hold.

Wilson (2011), who explores the efficacy of a bereavement support group for prisoners within an English male prison, makes brief reference to the concept of disenfranchised grief within the prisoner population. So, too, do Harner et al (2011) who examine the experience of grief and loss among incarcerated women in the United States of America. Both of these studies make the point that, although bereaved prisoners are never alone, they can feel very isolated and lonely in their grief because of situational factors of incarceration.

Many years' experience of working as a counsellor practitioner alongside bereaved male inmates of a Scottish prison has given me extensive and intimate inside knowledge about an aspect of human experience that is typically suffered in silence and laden with risk of a complicated bereavement. This paper aims to build on the knowledge about disenfranchised grief in prison through drawing on my counselling work with bereaved prisoners and focussing on the bereavement experience as lived and described by one of my clients in his own words.

Method

I chose a qualitative case-based approach to explore the experience of bereavement in prison since this research strategy has the ability to shed maximal light on human experience, as lived, within its real-life context (Edwards, 1998; Schneider, 1999). My evidence consisted of records from a set of individual case studies relating to a small group of eight bereaved imprisoned male clients who had completed their counselling work with me during my MSc in Counselling programme at Edinburgh University. The case studies accounted for 208 counselling sessions (average client contract: 26 sessions). Of those, 50 were audio-taped and transcribed either verbatim or in part (average number of taped sessions per client contract: 6.25). Whenever I wished to audio-tape a counselling session for the purpose of course assignments or practice and process forums, I sought consent to do so from all of my clients at the time in the interests of equality of opportunity.

The prisoner population is a vulnerable one and requires special research considerations, particularly as this relates to the issue of informed consent (Maeve, 1998; Pont, 2008). Incarcerated within a fundamentally disempowering environment, prisoners have less ability to exercise their autonomy and freedom of choice than the

general population. The prevalence of learning disabilities and illiteracy places them at risk of exploitation by research. Approval for my study was sought from Cruse Bereavement Care Scotland and the Scottish Prison Service. Informed consent was sought from my clients whilst contracting and at various stages throughout our counselling work including the end. This type of 'process consenting' (Munhall, 1998) makes it possible for clients to change their minds and withdraw consent at any time throughout the process for whatever reason. All eight clients expressed a clear desire for their stories to be used for research purposes and heard by the wider community. It was striking to note that each and every one of them voiced a hope that their experience, in some small way, might help other prisoners.

The data was analysed according to the heuristic framework for organising and synthesising data suggested by Moustakas (1990). This process insists upon a total personal immersion of the researcher in the data to the point where a creative 'incubation' results in a new understanding of the phenomenon under study (ibid). It demands of the researcher the kind of disciplined and purposeful use of self that counselling requires of its practitioners (West, 1998). The data was used to develop an 'individual depiction' of the meaning and essences of each client's particular experience; a 'composite depiction' that represented the common core qualities, themes and meanings in the experience of the clients as a group; and 'individual exemplary portraits' of two selected clients whose experiences, whilst unique, were characteristic of the group as a whole (Moustakas, 1990). Finally, a 'creative synthesis' (ibid) of the lived experience of bereavement in prison was developed. This took the form of my dissertation report (Masterton 2007) which tells the stories of the two selected clients, one of which is partly explored within this paper. Moustakas (1990 p39) claims that, unlike most research studies, heuristics retains the 'essence of the person in experience'.

I now convey Craig, as the unique individual he is, in his experience of becoming bereaved behind bars. All verbatim data was transcribed from audio-taped counselling sessions.

Presentation and discussion of findings

My 22-year-old client, Craig (not his real name), was ten when his mum died on the operating table whilst receiving surgery for cancer. Shortly afterwards, Craig's dad, Archie, turned to drink and subjected Craig and his eight-year-

old brother, Robbie, to severe emotional and physical abuse and neglect for 18 months until the boys were taken into care, never to see their father again. Archie was killed at work, two years later, after falling off a high roof under the influence of alcohol.

During their 3-year stay in care, Craig and Robbie suffered horrific emotional and physical abuse at the hands of two care workers. Robbie was also sexually abused regularly by these men, the witnessing of which Craig was forced to endure. In an attempt to escape the horrendous pain of their lived realities, the brothers began to smoke cigarettes and sniff lighter-gas and glue before going on to drink alcohol and then smoke cannabis.

When Craig was fifteen, he and Robbie were placed in foster care. Craig stopped using substances, but started stealing and then drug dealing, in order to fund his brother's continuing drug use which escalated into a heroin addiction after their foster mum was diagnosed with advanced bowel cancer.

It was Craig's drug dealing that eventually led to his 3-year prison sentence which began on a Tuesday. On the following Sunday, 19-year-old Robbie hanged himself in the flat the two brothers had shared for nearly three years. Ten months after Robbie's suicide, Craig referred himself to Cruse Bereavement Care Scotland for bereavement counselling on the advice of one of the prison's addiction workers. Craig and I worked together for 36 sessions.

Craig's experience of bereavement in prison

Craig was shocked beyond belief to learn of Robbie's suicide from the prison officer in charge of the admission hall; a response commonly experienced by prisoners (Ferszt, 2002) whose bereavements are often due to sudden, unexpected and traumatic deaths (Inlay & Jones, 2000). Vaswani (2008, 2014) has demonstrated that prisoners tend to experience multiple, traumatic bereavements. Craig's experience typified this. I just couldn't believe what the screw was telling me...my baby brother dead... hanged himself...I thought, no, this can't be right...this can't be happening to me...not another one dying on me (session 10).

Craig was desperate to find out exactly what had happened, to make sure that Robbie was

indeed dead and to be with his much loved maternal grandmother who was his only known living relative.

My head was all mixed up with questions...I was bursting to see my granny...and I needed to see Robbie with my own eyes (session 10).

Clearly, Craig was in need of family support which could help considerably towards reducing the impact of sudden loss (Reed, 1998). He also needed to view Robbie's dead body, a practice which can help to make real the fact of death (Worden, 2010), particularly with sudden, unexpected loss (Hodgkinson, 1995). The prison, however, was unable to meet Craig's request for a home visit. A brief private phone call to his grandmother was all that was allowed.

During this early period of bereavement and incarceration, seedlings of guilt had already planted themselves in Craig's mind regarding Robbie's suicide.

I started thinking right away that I was to blame for Robbie dying...that if I hadn't got the jail it would never have happened...the guilt just got bigger and bigger...it wasn't long before I was drowning in it...I felt absolutely totally ashamed of myself (session 12).

Guilt is a common manifestation of grief (Worden, 2010). It tends to be exacerbated where there has been a suicide (Wertheimer, 2001) in which case there is often an 'if only' aspect to it (Clark & Goldney, 2000). This was exemplified in Craig's experience: 'if (only) I hadn't got the jail it would never have happened'. Guilt is referred to consistently as a component of prisoners' grief (eg Finlay & Jones, 2000; Rodger, 2004). It can be intense when the death is perceived as a consequence of imprisonment (Potter, 1999) and can cause shame (Clark & Goldney, 1995). Further, it can be intensified by disenfranchising circumstances such as a stigmatised death like suicide (Doka, 2002).

According to Parkes (2002) and Parkes & Prigerson (2010), Craig's history of loss, so far, placed him at risk of a poor bereavement outcome on several counts. For example, Robbie's death was a violent, horrific, sudden and unexpected one, for which Craig was unprepared and felt responsible, and which occurred when he was acutely socially isolated. Also, the relationship he had shared with

Robbie had been a very dependent one. Further, Craig had now suffered multiple bereavements including those of his parents which had never been given attention and worked through. Moreover, Craig had a history of childhood abuse and serious neglect and also drug abuse. Arguably, Craig's loss of his brother had the potential to render him acutely vulnerable at a time when, as a newcomer to prison in the early days of his sentence, he had more than enough to cope with in terms of loss and change. Imprisonment is a highly stressful life experience that can impact profoundly negatively on the psychological well-being of its inmates (Parisi, 1982; Toch 1977, 1992). The initial period of incarceration can be particularly stressful (Harvey, 2007). Notably, of the 81 suicides committed in Scottish penal establishments between 1995 and 2000, the majority (68%) occurred within the first month of custody with risk being greatest during the first week (Power et al, 2003).

On admission to prison, which is a 'total' institution, a powerful 24-hours-a-day, day-in-day-out socialising machine, Craig experienced a 'mortification of the self' (Goffman, 1961).

I had enough on my plate without my baby brother dying...it's hard in the beginning...when you're not jail-wise...you pretend you're okay...but you're wary...and scared...of everybody...everything...it's a different world...you've lost just about everything...you're grieving for the life you had outside...it cuts the soul out of you...you're not Craig any more...you're a prison number...you wear jail clothes...you don't have your own bits and pieces...I was only five days into my sentence when I got told Robbie had taken his life...it cut the soul right out of me...it was like I was dying inside...like I was the dead one (session 10).

Stripped of much that defined his former identity, and separated from roles in which he previously felt affirmed, Craig lost his soul. Robbie's death intensified this loss and left Craig feeling mortally wounded. From that first dreadful Sunday in prison to the next, Craig's shock and disbelief continued. 'Nothing felt like real any more'. He felt 'so lost...absolutely totally lonely...and empty'. (Session 10).

It was intensely alienating for Craig to be so isolated from his grandmother at this time and cut off from funeral rituals which provide

an opportunity to confirm the reality of loss within a context of support (Rando, 1984). He had to wait until the Friday before receiving confirmation that he had permission to be present at Robbie's burial for half an hour. This was to take place on the following Monday after a funeral service in the church which Craig was not permitted to attend, much to his chagrin. 'I was gutted at not getting to the church...I wanted to be there for Robbie...sing for him and everything' (session 12).

Craig felt tortured during the time before the funeral. His daily phone calls to his grandmother were 'like medicine, a wee dose of life juice', during this early period of his bereavement (session 10). However, he felt extremely guilty about not being at home to lend her support – a point referred to in the literature (Potter, 1999) – and so deeply ashamed to be imprisoned. He convinced himself that his imprisonment was the reason for Robbie's suicide. He even refused to let his grandmother visit him when the suggestion of a private visit was raised by prison staff.

I didn't want my granny anywhere near this poxy place...I was ashamed enough...absolutely totally ashamed of myself...without her seeing me here...in amongst all the other cons (session 10).

As if the days of that 'absolute purest black week' weren't bad enough for Craig, the nights were 'a million times worse' (session 10). Tired and worn out as he was, he could not sleep. There was simply no escape from the darkest darkness that had become his waking life. Lying on his bunk, Craig hungered for death.

It was very, very black thoughts that were in my head...going round and round...absolutely all night long...all I wanted was to be away...to be dead...and be beside my baby brother...and my mum (session 10).

Craig was escorted to Robbie's burial by three male prison officers who were not known to him, handcuffed from the time he left prison until he was returned. The burial was heart-wrenchingly painful for Craig. 'I felt gutted...absolutely totally broken hearted'. His guilt and shame about Robbie's death, coupled with the embarrassment and shame he felt through being there in handcuffs ('there's no dignity with that...you feel a disgrace...a total embarrassment'), caused him to feel

undeserving of the supportive presence of those around him. 'I didn't deserve any sympathy...everything was all my fault' (session 12).

After returning to prison, Craig felt increasingly distressed. 'I was getting totally mangled with it all...the hurting was squeezing the life out of me' (session 12). Lying awake in the dark that night, Craig's distress reached fever pitch.

It got desperate...I was bursting to greet (cry)...really bawl my eyes out and let it all out...but you can't do nothing like that in a place like this...you'd be labelled a weakling...a pathetic wimp...or a psycho...and once that happens, you're done for...the cons prey on any weaknesses like that...and if the staff think you're losing it and going mad...they take over and put you on special watch...you can end up in a suicide cell for 23 hours a day...with a mattress and blanket for company...nothing else...and you wear a goonie [gown]...you're not the boss of yourself in a situation like that...you're helpless...and if the mental teams say you need medicated...you can end up feeling totally powerless...being on watch is torture...everybody says it's enough to push you right over the edge (session 12).

Craig had a huge need to give expression to his emotional distress. The prison culture, which is not conducive towards such behaviour (Ferszt, 2002; Harner et al, 2011; Schetky, 1998; de Viggiani, 2006), prevented him from doing so. Craig feared being seen as a 'weakling' and exploited by fellow inmates on account of his vulnerability; an issue consistent with the research of Ferszt (2002). He also feared being perceived as 'mad' and placed in an anti-ligature cell on a system of observation and care which he regarded as punitive and controlling rather than supportive; a response highlighted in the study of Harner et al (2011).

Fearful of what might happen should he cry, Craig reached for his pen and, with the sharp edge of its broken off clip, tore lines into his left arm.

I'd never done anything like that before...it was my way of dealing with the really bad feelings inside me...I couldn't handle them any more...the pain of cutting myself was better than the absolute total purest agony inside me...it took the lid off everything for a while...got me through that night in one piece...nobody found out...I used my socks as bandages (session 16).

Craig's need to harm himself physically was not unusual. In their research, Roth and Presse (2003) have shown that when confronted with intense emotional pain prisoners may self harm in order to relieve the unbearable intensity of their suffering. It is as if the physical pain becomes a bearable substitute for that which cannot be borne emotionally.

Within a few weeks of Robbie's funeral, Craig turned to illicit drugs in order to escape from his relentless and merciless crushing grief; a response reflected in the literature (Finlay & Jones, 2000).

I never wanted to be a smackhead (heroin addict)...but I was desperate for something... that would blank out some of the shit that kept on coming at me...all the time...there was no mercy to it...it felt like I was being squashed to death...by a ton of grief (session 4).

Craig's grief was given particular weight by mounting feelings of anger. Anger is commonly experienced in response to loss (Worden, 2010) and is cited as a major component of prisoners' grief (Finlay & Jones, 2000). As Doka (2002) notes, anger can be intensified by disenfranchising circumstances of which imprisonment is an example. Craig lived in constant fear of giving expression to this experience due to the threat of disciplinary action; a response highlighted in the literature (Ferszt, 2002; Harner et al 2011). The thought of being sent to the segregation unit ('that place scrambles your brain with loneliness') acted as a strong motivator for Craig to hide his rage. Whenever his 'purest raging anger about twelve long shit years of nothing but death and total fucking misery' threatened to overwhelm, Craig cut his arms 'at night...in secret' in order to 'deal with the absolute total nightmare agony inside'. (Session 19).

What made Craig's grief even heavier to bear was that he felt completely alone with it; a finding consistent with the research of Ferszt (2002). Although he sorely needed to have a 'right big heart to heart with somebody sound' (session 10), he found this impossible to do within the prison milieu for fear of breaking down and crying. Craig became overwhelmed by a grief he felt forced to confine behind the bars of his own inner prison. As the first anniversary of Robbie's death loomed on the horizon, and Craig longed more than ever to be with his brother and mum in death, he decided to seek

bereavement counselling in order to liberate his secret sorrow.

I want to grieve for Robbie...talk about him and remember everything about him...feel what I need to feel...without having to blank out the bad stuff with drugs (session 3).

The experience of counselling

For Craig, the experience of counselling was 'like coming in from the cold' (session 10) and 'like getting a hug with big strong arms you can absolutely totally trust' (session 12). In session 22, he explained: 'If it wasn't for you and the absolute strong and purest caring way you do your counselling job with us boys in here, I'd probably be dead by now'. During session 22, Craig pondered out loud:

"The way I see things...counselling puts the soul back into you...and it gives you a dose of self-respect...and it's getting my soul back that's helped me stay away from the drugs...and it's helping me get my head round all the sadness and everybody dying on me and all the shit...all the bad stuff that was piled up inside me."

For me, to be alongside Craig in his experience of loss and sorrow was both harrowing and rewarding: harrowing through bearing witness to the desolation and deathliness that lived in him; rewarding through helping to foster his resilience and natural capacity for healing and growth. As Craig's trust in our relationship developed, he felt able to refer himself to the prison chaplaincy team for in-house support. I experienced this as freeing and containing. It gave me added confidence to meet Craig at relational depth, secure in the knowledge that he would avail himself of support outwith our sessions should he feel the need. Working with such a vulnerable client in such a challenging setting demanded that I made optimum use of my supervision, which is necessarily of the highest quality, in order to look after myself and ensure the best possible level of care and service for Craig.

Conclusions

The story of Craig depicts the lived experience of bereavement in prison as deeply distressing and despairing. It portrays how the powerful sociocultural prescriptions of the prison environment can limit the grief of prisoners from being openly acknowledged, publicly mourned or socially supported to the extent it is profoundly 'disenfranchised' (Doka, 1989).

Separated from kith and kin and excluded from important healing rituals, prisoners can experience themselves as being completely alone with their grief. Isolated behind bars, there is no real context of community and support within which their experience of bereavement can be. Notably, sadness cannot 'be' due to the fear of being perceived as weak; anger cannot 'be' due to the fear of disciplinary action; distress, in general, cannot 'be' due to the fear of being seen as mentally ill and at risk of suicide. Unable to be the truth of their experience, prisoners are unable to confront the reality of their loss and to process and integrate their grief. It remains a confined encounter; a secret sorrow. Significantly, this secret sorrow is experienced against the backdrop of lives that have often been swamped by loss and trauma from an early age. It is also experienced in the light of the relentless and enduring living loss that is incarceration. As with Craig, prisoners can make a bid to escape their prison of grief through the use of illicit drugs and by way of self-harming. The risk of suicide is real. All said, disenfranchised grief has the power to impact hugely negatively on the coping ability of bereaved prisoners whilst in custody. It also has the potential to complicate their process of transition back into the community following liberation from prison.

Implications

On the basis of my research, it was clear to me that a contextually informed, sensitive understanding of the experience of loss, as it is lived by prisoners, could enable prison staff to develop support systems capable of ensuring a level of care more attuned to the immediate needs of bereaved inmates. I therefore began to share the findings of my study with members of staff from my local prison – from the governor, who makes provision for care, to various staff groups who are involved in the delivery of care – with a view to raising awareness of disenfranchised grief and the harm it can cause to prisoners. My continuing dialogue with the prison staff about the harm unacknowledged grief can have has enabled them to appreciate that bereaved prisoners can conceal their distress for fear that staff will see them as mentally ill, at risk of suicide, and in need of being isolated within an anti-ligature cell or disciplinary segregation. When these insights are communicated by prison staff to grieving inmates, bereaved prisoners can immediately feel more recognised in their experience.

Understanding how despairing prisoners can feel in the early days after learning of a death, especially on returning to prison post-funeral, has encouraged residential, chaplaincy and other staff to be more available to inmates at such critical points. This type of contact can help to make prisoners aware of the full range of support services available including that of Cruse Bereavement Care Scotland. Being admitted to prison shortly after becoming bereaved was highlighted in one of my case studies as a particularly distressing and threatening experience (Masterton, 2014). This insight prompted healthcare staff to consider enquiring about any recent losses when interviewing prisoners as part of the reception process.

Simple, practical initiatives such as these can immediately make a difference. They are examples of how doing a little can help a lot to validate and support prisoners at crucial points in their bereavement process. They also demonstrate how a small qualitative case study undertaken by a practitioner-researcher brought about a significant change in bereavement care for imprisoned persons through more informed practices.

The Scottish Prison Service has always been very supportive of my work. They were particularly supportive of my research and receptive to its findings and recommendations. They have now invited Cruse Bereavement Care Scotland to replicate in several other Scottish prisons the counselling service I set up in Edinburgh Prison. They are also in the process of writing a best practice guideline, *Dealing with bereavement in prison*, based largely on the recommendations of my research. Further, they have recently set up a working group, of which I am a member, to develop a strategy framework for bereavement care in Scottish prisons. Cruse Bereavement Care Scotland (CBCS) is committed to working in partnership with the Scottish Prison Service. CBCS has recently convened a development group, of which I am also a member, to appraise our current service provision to bereaved prisoners and to consider ways of extending this to other Scottish prisons. As a counsellor practitioner and practitioner-researcher, it is enormously rewarding to be involved in these initiatives, all of which hold the promise of improving bereavement care for grieving inmates of Scottish prisons.

Acknowledgements

This case study is also discussed in a chapter in the forthcoming publication, *The Lived Experience of Counselling: The Power of Examples* by Masterson J (forthcoming from Palgrave).

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Biography

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Counselling Training in Higher Education: where do we go from here?



Kate Smith



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Few of us can have been unaware of the situation at Strathclyde University in Glasgow where one of the leading providers of counselling training in Scotland has attempted to close its doors to students wishing to study counselling at Masters level. A similar episode occurred in relation to the counselling programme at Aberdeen University two years ago, and for those of us working in higher education these events were perhaps less of a surprise than they were to our practitioner counselling colleagues. As a result of funding pressures, all higher education institutions are facing demands for programmes to increase cohort numbers and overseas recruitment, and the eyes of decision-makers are casting around for cost-cutting opportunities. In this context, resource-intensive programmes, such as professional training programmes for counsellors, represent an obvious target.

Lecturers may find themselves in conversation with senior colleagues being asked questions for which the answers, outside of the university context, would be treated as obvious: “why do you need to teach face-to-face?”, “why do you need to have such a high level of student attendance?”, “why are you asking students to talk about their personal lives in class?”. Perhaps not unreasonably they are asking why they are supporting courses which are not cost effective, and do not fit into standard pedagogical structures. As a result, counselling programmes are under threat, with the ultimate risk being the cessation of counselling training in higher education settings. In this article, we aim to put forward the case for action to ensure the continuation of counselling teaching within the university sector.

So why are university programmes in crisis? The source of the problem comes from the financial climate within higher education, and in particular the imposition of cuts in funding from the Scottish Funding Council. In Scotland, counselling courses tend to come in three forms: post-graduate and professional study (Postgraduate Diploma and Masters-level professional training), undergraduate level where counselling can be integrated in to other subject areas, and part-time courses such as the COSCA counselling skills certificate. In addition there exists a range of short courses, and on-line or distance learning provision. In other parts of the UK, and in Ireland, there are also undergraduate-level professional training programmes. The gold standard for training courses tends to be the existence of an accreditation from a recognised professional body, which itself has some professional standards recognition, such as COSCA, BACP, BPS or UKCP. This accreditation ensures that teaching is delivered by qualified tutors, appropriate facilities are available, an agreed professional curriculum is delivered, and trainee competence to practice is adequately assessed. As we move towards counselling being a protected status profession, through the lens of professional standards these things are essential; however if we begin to view the situation through the lens of higher education strategic planning the story is less simple.

Year-on-year higher education institutions are facing cuts of around 5%, and are currently seeking to trim away any extra and unnecessary spending. As a result many are casting their eyes upon their programme provision and evaluating their portfolios. At this point counselling begins to look like an expensive luxury. Counselling courses are resource-rich, with small cohort sizes, lots of time face-to-face with tutors, and the creation of a learning

community with tight boundaries. However, it is not simply the cost to the universities of tutor time, problems also occur with the degree to which teaching styles and methods are not understood by non-counselling staff, for example the perceived 'risks' of asking students to engage in personal disclosure and discourses of self-reflection. The challenges associated with promoting experiential and emotional learning within a university environment have long been recognised (Berry and Woolfe, 1997), and misunderstandings continue despite many experts in pedagogical practice driving towards, rather than away from, small group-based, experiential and reflective learning (Evans, Muij & Tomlinson, 2015).

In strategic terms the counselling staff in higher education may not be valued by management as they are often not ideally placed to teach other subjects, and may sit in a department with other priorities, representing a small group which can be trimmed without repercussions on the larger portfolio. In mitigation of the cost of counselling staff provision some universities have decided to employ staff on short-term, or even zero-hours contracts. This reduction in faculty staffing, and lack of long-term security for lecturers has potential to decrease the quality of the teaching, as staffing fluctuates and expertise has little chance to develop.

Other institutional teaching priorities and guidelines may come into conflict with the requirements of counselling training, and resistance by staff can be seen as inflexibility or an 'old fashioned approach' when valid arguments and an evidence base is not ready to hand. In other parts of the UK, initiatives around increased access to psychological therapies (IAPT), and counselling in schools, have for some universities breathed a new lease of life in to counselling training, but not so in Scotland, where there are fewer opportunities for stakeholder links with the NHS and the teaching profession.

In recent years, universities have been subjected to increasingly rigorous assessments of their effectiveness and productivity in terms of both teaching provision and quality, and also research outputs and income generation. Historically, low levels of engagement in to research, and ambivalence about the value of research, have been common within the field of

counselling and psychotherapy (Gyani, Shafran and Myles, 2014; Gyani et al., in press.). Quite apart from the fact that research is key to evidencing our practice, it represents a central argument for the maintenance of counselling within the higher education institutions – within our society, universities are the places where research skills and resources are located. The absence of a healthy research culture within counselling has had a tangible influence on the attitudes of universities towards the profession. Universities often regard the possession of a PhD as a requirement for appointment to a lecturer position, and assume that all subject groups will be lead by experienced academics with extensive research experience. In recent years, these conditions have been hard to fulfil, and as a consequence universities have found it hard to appoint suitably qualified staff within the counselling subject area.

Is the idea of counselling education within HE simply a thing of the past? Should we move on to a model in which counselling training is provided by independent institutes? COSCA accredits a number of highly successful and effective non-university training programmes throughout Scotland and many private and third-sector counselling organisations are happy with this provision. The ubiquity of counselling training can be illustrated by a simple internet search, 'counselling training' results in a list where the top three links are on-line non-university providers, one university (Abertay), and a distance-learning university (OU). All look equally professional and promise broadly similar training, only a knowledgeable reader would know to look for accredited status, or appropriate standards and methods of teaching. On the COSCA website of the 13 Diploma programmes only four are University-based, and of the 34 skills courses only seven are run from universities.

It is possible to identify several reasons reliance on non-university providers for counselling training may not be the best strategy. The first of these is the teaching standards required of university lecturers compared to other providers. University teaching staff tend to be qualified in pedagogical practice as well as having their own subject expertise and an active research portfolio. As a result counselling teaching combines both practitioner experience with research and

educational knowledge. Universities have strict and sophisticated quality monitoring, and gatekeeping for entry on to courses, being less likely to be concerned about 'fallow' years of recruitment creating a stable market. In addition university courses tend to range between levels 7 to 11, whereas in non-university teaching is rarer at masters-level (level 11), the potential long-term result being a minimally qualified workforce and while not everything, level of education does make a difference to the capacity of counsellors to respond to client need.

Research happens solely as a result of university involvement, at least somewhere along the line. Research occurs in universities, people undergoing research dissertations are attending universities, and people who are researching within the industry, for example as part of the COSCA voluntary sector practitioner research network (Armstrong, 2012), are being linked to universities for advice, support and ethical approval for projects to be carried out. Simply put, without university involvement there will be much less research, less evidence that what we do is effective, and fewer opportunities to develop better interventions and practices.

So what needs to happen in order for us to maintain a strong and meaningful continued professional presence in higher education? There are many things that can be done to make a difference. It would be helpful to have more grassroots support for research, in the form of demand and engagement of practitioners and organisations, and publications and conferences organised by professional associations and other groups. From our professional bodies it would be helpful to have an evidence-based argument to back up their requirements around teaching practices, so we can go back to our management teams with valid and objective arguments for the way we teach. The benchmark statement published by the Quality Assurance Agency (2013) does a fine job in defining the essential principles that should inform the design and delivery of counselling courses, but is short on detailed examples of how these principles might be implemented in practice. We need to continue to work towards 'counsellor' as a protected title to ensure value and quality standards and recognition, and to make it possible for counselling to form alliances with other professions. It would be

helpful for university programmes, either in Scotland or across the UK as a whole, to organise themselves more effectively to share expertise and disseminate good practice.

Beyond these ideas, there are perhaps some more radical possibilities. One question that is worth considering, is whether it is sensible in Scotland to have a separate university-based counselling training programme in each major city (Aberdeen, Dundee, Edinburgh, Glasgow, and Perth) along with a country-wide university-affiliated programme (Persona). This has had the effect of fragmenting the already small group of university staff who teach on counselling programmes and undertake counselling research. A single, consolidated university department of counselling and psychotherapy would be a more substantial presence, nationally and internationally, and provide a more effective environment to support research. It is not difficult to envisage arrangements through which students from across Scotland could attend a university somewhere in the central belt for some sessions, while receiving supervision locally and making use of on-line learning. Another possibility is to face up to the reality that it may no longer be feasible for universities to operate training programmes as self-contained courses within single institutions. Many forms of partnership can be imagined. For example, a university could deliver teaching in theory and research, while a consortium of counselling agencies could provide teaching in skills and professional issues. Partnerships between universities and independent training institutes could be developed beyond the current arms-length arrangements where the university functions only as an awarding and validating body. There are many creative options associated with allowing individuals to design their own training: universities could function as educational centres that support and accredit independent experiential learning undertaken by therapists over the course of their careers.

We believe that it would be tragic if the counselling profession was to lose its niche within the diverse and creative landscape of the Scottish higher education system. We invite dialogue around the issues and suggestions that we have outlined in this paper, within the arena of *Counselling in Scotland* and elsewhere. What do you think? What do you want to happen? Where do we go from here?

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- For more information about the COSCA Voluntary Sector Counselling Research Network please contact: jo.hilton@ed.ac.uk

Scotland's Year of Listening



If you take a look at the COSCA website (www.cosca.org.uk) you will find a logo, shown above, at the foot of every page linking to Scotland's *Year of Listening* project. It has been launched by Breathing Space, the free, confidential, phone service for anyone in Scotland experiencing low mood, depression or anxiety.

The *Year of Listening* (YoL) will raise awareness throughout 2016 that listening, and being listened to, is good for your mental health.

Listening is the foundation of good communication.

Relationships and friendships, where we feel listened to, can have a huge positive impact on our sense of wellbeing. Being listened to helps us to feel 'connected', contributing to improved feelings of self-worth, self-confidence and happiness.

Listening to our own thoughts and feelings is also important. A popular practice in recent times is 'mindfulness', which has its foundations in Buddhist and Christian meditation. Mindfulness involves paying attention to the present moment and noticing sights, smells, sounds and tastes around us, as well as the thoughts and feelings that occur from one moment to the next.

We like to think we are good listeners but are we really listening? Could you be a better listener?

The YoL is an opportunity for us all to demonstrate our commitment to be better listeners. Whether you are a friend, parent, sibling, spouse, neighbour or carer...take time to listen today.

In support of YoL Jamie Hepburn MSP, Minister for Sport, Health Improvement and Mental Health said: "Listening carefully and providing support in response can help people to feel a stronger sense of connection, helping to support confidence and wellbeing."

"Scotland's *Year of Listening* 2016 is a year-long initiative to encourage everyone in the country to 'take time to listen' whilst reflecting on what it means to be a 'good listener'. Listening and counselling organisations such as Breathing Space, NHS Living Life and other services across the country will be signposted. Courses and initiatives to encourage good listening skills, such as those organisations recognised through COSCA, will also be highlighted and promoted."

The above quote by:

Tony McLaren,

National Coordinator, **Breathing Space**

How you can support the YoL campaign:

- Look through the *Year of Listening* Pack (which provides posters and materials to help you promote listening, listening skills and listening organisations).
- Download a logo to promote on a website or publications.
- Pledge your support by requesting your name/organisation is added to the YoL pledge board.
- Use #YoL2016 to join in the conversation and tweet your thoughts about listening and 'star listeners' in your life.

Breathing Space has set out the following objectives for YoL:

1. By engaging with COSCA (Counselling and Psychotherapy in Scotland) to support this theme and to further raise awareness of this organisation as well as highlighting the ongoing work throughout Scotland provided by counsellors, therapists and psychotherapists in their listening, support and training roles.

(Note: Among the fundraising efforts are tea parties, and these events and other donations will go directly to COSCA)

2. By approaching the Scottish Recovery Network (SRN) and work throughout the year to highlight the importance of listening as a key component of any individual's recovery journey.
3. Joint work alongside See Me in their *Power of Okay* promotion and marketing campaign.
4. By engaging with Scottish Government to further highlight the numerous opportunities the people of Scotland have whereby they can be listened to in their distress.
5. By highlighting the choices available to people as to how they engage with listening services via face to face, telephone and telehealth initiatives.
6. By asking all voluntary agencies who provide counselling skills and counselling to adopt the 'Year of Listening (For better mental health in Scotland)' strapline and logo and show their support of this theme through social media (#YoL2016).
7. To gain ministerial approval to endorse this theme for 2016 and to support with ministerial quote for press release.
8. To produce screen saver for existing partners and places of work to adopt for *Year of Listening*.
9. Letter/email to all counselling, counselling skills and training organisations outlining the key focus of *Year of Listening*
10. *Year of Listening* pack to be devised and sent out to all interested organisations and partners citing ideas and themes for 'Year of Listening'
11. Visibility about *Year of Listening* on websites that promote support for mental health and wellbeing.
12. An invitation will be sent to organisations to 'sign up' to this *Year of Listening* (The *Year of Listening* Commitment/Pledge – a dedicated web page on www.breathingspace.scot will highlight pledges) thus evidencing their commitment as an organisation to deliver

listening skills and, in addition, to further demonstrate their commitment to be better listeners to their work colleagues and service users and, most importantly, in their personal lives.

13. That this focus in 2016 will further assist people to appreciate the power of listening as part of an individual's recovery journey.

COSCA's Chief Executive, Brian Magee, comments: "COSCA is a named charity in this campaign and we are honoured and privileged to have been nominated by Breathing Space as part of its YoL 2016 to highlight the importance of being listened to for people's mental health."

To make a pledge to the campaign, go to the Pledge Board:
<http://breathingspace.scot/news/2015/yol-2016-pledge-board/>

For complete information about YoL, go to:
<http://breathingspace.scot/news/2015/year-of-listening-2016>.

COSCA's Register of Counsellors and Psychotherapists and New Members

COSCA'S REGISTER OF COUNSELLORS AND PSYCHOTHERAPISTS

COSCA ACCREDITED COUNSELLOR MEMBER

MILLAR, LYNN PATRICIA

ACCREDITED (BACP) COUNSELLOR/ PSYCHOTHERAPIST MEMBERS

CAMPBELL, VIVIEN
MAGUIRE, JOHN M F
SMITH, ANNE

PRACTITIONER MEMBERS

AZAD, AMBREEN
BARLEY, ALEXANDRIA
BARRY, PATRICIA
BELL, PAULINE
CHRISTISON, MARGARET ELIZABETH
DOUGALL, SHELAGH ANNE
FERNANDO, ROHAN MARK
GALLOWAY, KATHLEEN MARIAN
GARNER, ANGELA
GEDDES, LOCKHART
HEANEY, ANNMARIE
LAIRD, MARION
MATTHEWS, SANDRA MARGARET
MILNE, SHAUNA
PORTER, KATHERINE SUSAN
SALEEM, REFANA
SCOTT, SUSAN
SMITH, E MARGARET

COUNSELLOR MEMBERS

ARNOTT, CARRIE
BREMNER, CLARE
BRUNET, ANNE ELIZABETH TERRITT
CANO, VIRGINIA
CUNNINGHAM, KIM
DICKSON, ALISON
DICKSON, ALISTAIR
DONALDSON, SUSAN
DREW, JOANNE
ELLERBY, DAVID ALAN
EUNSON, LYDIA EMILY
FLAVELL, ROSLIN
GARDNER, LINDSAY FERGUSON
GOUGH, RHONA
GRIEVE, KAREN

HARRIS, VIVIEN
HOUSTON, JANET CREAMER AITKEN
JOHNSTON, JANET
LEE, MARGARET
LEISHMAN, BARBARA MCMURDO
MACALPINE, NEIL GILMOUR
MASSON, DEE
MATTHEWS, SANDRA MARGARET HELEN
MUNDELL, FIONA
O MAHONY, EIMEAR
O'BRIEN, ALEXANDRA
O'HARA, JEAN
OFFICER, JADE
QUEEN, STEPHEN
RAMSAY, ANGELA
RENNIE, IRENE PENNIE
RIGBY, PATRICIA ANN
SANDISON, MARGARET ANN
SERVERA-HIGGINS, ANTONIA
SHAW, DUNCAN M
THOMSON, THERESE
VENARDIS, IOANNIS

COSCA NEW MEMBERS

FULL ORGANISATIONAL MEMBERS

ADDICTIONS COUNSELLING SERVICE ROSS
AND SUTHERLAND
CARERS OF WEST LOTHIAN
LOCHABER COUNCIL ON ALCOHOL
MORAY COLLEGE UHI
SCOTTISH FAMILIES AFFECTED BY ALCOHOL
AND DRUGS
SOUL SOUP

ASSOCIATE MEMBER

GOLD, WILLIAM

COUNSELLING SKILLS MEMBERS

MACINTYRE, ALEXANDRA
MORRISON, BRIAN
WATSON, JENNIFER

STUDENT MEMBERS

ARNOLD, ALISON
BAK-KILMEK, ANNA
BLACK, MARGARET ANNE
BOLTON, DEBBIE
BOOKLESS, BENJAMIN

BOURQUIN, ANNE-MARIE
BROOKER, EILEEN
BROWN, SHARAN
CAMPBELL, BRYONY
CARLIN, JACQUELINE
COLLUM, ANGELA
CRAWFORD, FIONA
CUMMINGS, STEPHANIE
CURRIE, SHONA
DOHERTY, CAROLINE
EVANS, LINDA
FERGUSON, MARGARET
FRANKS, MAUREEN
FRASER, WENDY
GUEST, WENDY CHRISTINA
HERD, KAREN
INNES, IAN
KENNEDY-BEARMAN, ALISON
KIRKWOOD, CAROLINE
KROL, MAGDA
LEWIS, JACQUELINE
LOGAN, DIONNE
LUMLEY, JAMIE
MACEACHERN, KAREN
MCKIERNAN, MICHAEL
MCLACHLAN, LINDA
MCLEOD, ROSIE
MCMAHON, MONICA
MIDDLETON, NICOLA
MILLER, CRAIG
MILLER, ROBERT ROSS
MONTAGUE, CAROLINE
MONTGOMERY, NORMA
NEILSON, KAREN
NICOLSON, HEATHER
PAITA, JANICE
PALOMBO, JULIE
POLLOCK, ASHLEY STUART
ROGAN, HELEN
SHAW, WILLIAM
SMITH, MAY
SMITH, RACHEL
TAYLOR, LINDA
THELWALL, POLLY
THOMSON, KIRSTEN
TIERNEY, CHRISTINE
VAN SLYKE, JEANNIE
WALLACE HOGG, RONALD
WHITE, ANNETTE



COSCA

**Counselling & Psychotherapy
in Scotland**

VISION

A listening, caring society that
values people's well being.

PURPOSE

As Scotland's professional body
for counselling and psychotherapy,
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.

Forthcoming Events

Details of all events are on the COSCA website:

www.cosca.org.uk

Please contact Marilyn Cunningham, COSCA Administrator,
for further details on any of the events below:

marilyn@cosca.org.uk

Telephone: **01786 475140**

2016

1 March

COSCA 8th Annual Ethical Seminar

'Identifying and Resolving Ethical Challenges and Dilemmas'

Stirling

17 March

COSCA Recognition Scheme Surgeries

Stirling

12 April

COSCA Recognition Scheme Surgeries

Stirling

2 June

COSCA 18th Annual Trainers Event

'Boundaries, Barriers and Bridges'

Stirling

18 August

COSCA Recognition Scheme Standards Event

Stirling

21 September

COSCA Annual General Meeting

Stirling

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