

# Counselling in Scotland

SPRING/SUMMER 2020

Resourcing the Source: finding ourselves  
in the therapeutic relationship

Eating Disorders

Text, Transition and Transference

The Usefulness of Multi-disciplined  
Counselling in complimentary therapy

Person-centred Counselling  
with bereaved clients

Hounds Connect the Dots



**COSCA**

Counselling & Psychotherapy  
in Scotland

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# Editorial



John Dodds

Welcome to our Spring/Summer issue, and I sincerely hope you are all keeping safe and well emotionally as well as physically in these challenging times in which we find ourselves.

While the Covid-19 stories in the news highlighted the physical aspects, I was glad to see emerging discussion about mental health, too. Counselling services have offered telephone and online services for years, though I suspect these have become more important than ever, with online tools like Zoom and Skype for video sessions, for example.

As it happens, I negotiated an article exchange with the *British Association of Counselling and Psychotherapy Children, Young People & Families* journal which connects well to this topic, even though it was published before the pandemic hit. In *Text, Transition and Transference*, Felicity Runchman discusses the potential and the challenges of text-based online counselling with young people.

The author of the article we are exchanging with BACP, Mike Moss, has this time given us a transcript of his keynote address from COSCA Annual General Meeting in Stirling, 18 September 2019, called, *Resourcing the Source: Finding ourselves in the therapeutic relationship*. In particular he discusses something from solution-focused brief therapy called “The Miracle Question”.

Working with clients who have eating disorders can have particular challenges in counselling and I feel that Alison Cowell’s article provides some insights into the subject to develop our understanding. While her work is more directive and solution-focused than ours would be, she does provide some points for counsellors to consider. For example, she writes that “Focusing on an

internal image takes the pressure away from the external body image”. While this relates to eating disorders, it’s also linked to the concept of self and our feelings about how we are perceived by others, something we may often hear about in the counselling room.

And in a piece held over from last time because of lack of space, Ala Qusous writes fascinatingly about the usefulness of multi-disciplined counselling in complementary therapies, linking to practices like Reiki and meditation.

Another non-core approach is about therapeutic process involving some core counselling skills where the clients’ dogs and the relationship with their owners plays a part. Written by Joanne Frame, the piece draws on her own experience and challenges in life and the important part her dogs played in her healing process.

One of the things we learn about in counselling is the grieving process, notably through the work of Elisabeth Kubler-Ross, who showed us a nominal pathway from denial through to acceptance, though we know that people do not progress through them in the same way and may become stuck between stages, some perhaps never reaching acceptance. It is valuable, therefore, to read Simon Spence’s thoughtful article about the use of person-centred counselling in the grieving process, which may add to your own understanding when working with clients going through it.

In conclusion, thinking about the coronavirus pandemic and mental health, if any of you are working online with clients, I would be interested in publishing articles on the subject. Initially, please just email me with your proposal before submitting anything.

**John Dodds**, Editor

# Resourcing the Source:

## finding ourselves in the therapeutic relationship



Mike Moss

*From the keynote address at COSCA Counselling and Psychotherapy in Scotland Annual General Meeting, Stirling, 18 September 2019*

I remember going to a therapist some years ago before I ever thought of becoming a therapist myself. As I entered the room the therapist didn't look up from his desk. I said hello to him which was met with no response and the rest of the session seemed to be about my reaction to not being greeted and how I had felt ignored. I even went back a second time as I was really struggling, but sadly it was much the same. Sometime later when I was training to be a therapist I wondered if this had been the psychodynamic blank screen approach he had been using. Or maybe it was just someone having a bad day. I didn't go back.

I have been working with children and families since the early 1980s in youth work, education and social work and have trained in youth and community work, solution focused brief therapy, systemic family therapy, integrative counselling, person centred therapy and clinical supervision. At the time of writing I am employed by West Lothian Council as a counsellor for children and young people. I used to be a member of COSCA while I was training and also presented a workshop at the COSCA conference, *Counselling Work: Faith or Fact?* I think it was early 2000. I had just trained in solution focused brief therapy and was inspired by something called "The Miracle Question".<sup>1</sup>

*"When you go to sleep tonight a miracle happens. It will take away all the worries you have at the moment. But you won't know the miracle has happened so when you waken up what will be the first thing that you notice that will be different...?"*

The miracle question caught my imagination at that time. It seemed so inviting, as if it had an energy all on its own that could somehow pull me in to its promise of something more.

I used it a lot in the early days of my career as it seemed such a direct way of helping people access new possibilities. The idea of there being something different that could just be imagined yet possible seemed to offer hope. I also remember using the miracle question in training where I would set up triads and people would practice on each other and I would hear all these little miracles popping up. I don't use the miracle question very often now but it's still there in my awareness. I believe asking someone to imagine things being different invite us to expand our thinking towards the future and acknowledge the possibilities of hope which can be very a powerful resource, for both client and therapist.

The first article I ever had published was in the *COSCA Counselling in Scotland Journal* (Spring 2017).<sup>2</sup> In the article I shared what I had learned from a 12-year-old boy that changed my life. I will give him a name today, not his real name. I will call him Ronald. I was a youth worker in a school, and he was referred to me because of his disruptive behaviour. On the referral notes there was a list of concerns he wasn't reaching his potential. I wondered if he knew what the word "potential" meant, so I asked him and was surprised by his answer. He said, "It's stored up energy Mike." He had learned this from his science class. *Potential is stored up energy*. He then went on to show me how he also knew about kinetic energy and did a funny walk, moving his arms and legs. I hadn't heard of potential as energy before and found it quite remarkable. I then had the notion of us all having our potential stored up inside us. This really seemed to fit what I had been experiencing in my work till then. That we all have our potential stored up inside us waiting to be released. This belief has changed my practice and whenever I sit with a client, I imagine their potential for growth and healing stored up inside them, just waiting to emerge if the conditions are right.

Some years later I met one of Ronald's teachers who told me Ronald once ran out of class and climbed to the top of scaffolding in the school and wouldn't come down. There were concerns about his safety as you can imagine, and this teacher had to climb up the scaffolding to talk him down which he managed to do. Anyway, this is not the end of the story. I was at a bus stop years later when someone called out my name. I didn't recognise who it was immediately but then saw it was Ronald who was now a young man. I was happy to see him again and felt I had to tell him how important his description of potential had been for me and I wondered if he remembered. Sadly he couldn't remember. I thanked him anyway and asked his permission to continue telling the story of potential. He said that would be fine. It was lovely to see him that day and can you imagine my surprise when I asked what he was doing now, and he told me he was working as a scaffolder!

The Tibetan Buddhist writer and teacher Ringu Tulku Rinpoche writes that when we see someone suffering there can be two aspects to our response. One aspect is we wish they were not suffering. The other aspect is we want to help as we know what it's like to suffer ourselves and want the other person to be free from suffering, and that there might be a possibility of that.<sup>3</sup> I like this simple description and think it sums up the reasons why I have become a therapist. I can describe therapy as walking alongside our clients to help them discover their own resources for growth and change and healing and I trust this process, and believe that there is a possibility of them feeling better. I also believe there is great potential for transformation when we acknowledge and begin to understand our suffering and that we can all find our way towards healing no matter how hurt or broken or wounded. In my experience it seems there is something potentially life changing which is activated by even the intention to help and be helped and that this process may be something greater than we can imagine.

I have also been inspired by my reading of Carl Rogers in *A Way of Being* (1980)<sup>4</sup> and would like to share some of his experience around the process of healing in the therapeutic relationship.

*"I find that when I am closest to my inner, intuitive self when I am somehow in touch with the unknown in me... then whatever I do seems to be full of healing. Then simply my presence is*

*releasing and helpful. There is nothing I can do to force this experience, but when I can relax and be close to the transcendental core of me... At that those moments it seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself and becomes part of something larger. Profound growth and healing and energy are present."*

This "something larger" that Rogers mentions feels significant, and I wonder if we too can connect to it or at least prepare for it and might this be part of an evolutionary flow, like he suggests. I think this could be central to the possibility of an actualising tendency which I believe is a distinct force we can tap into, like our stored up energy of potential that becomes active in the therapeutic relationship if the conditions are favourable.

I am sure you will agree that as therapists we try to offer something useful to help our clients make the changes they want. In our efforts we all use different resources. These can be our thoughts, feelings, intuitions, memories, and beliefs. We may also use our way of being, our openness and learning, our experience, imagination and our dreams which enhance our experience and ability to use our different skills to help. I believe we draw on all these elements from a depth inside ourselves which is connected to our human desire to stop suffering. And when we connect with our client in this way, we may help them to connect to their own resources too, both of us connecting to the potential of discovering immeasurable possibilities towards us becoming free from suffering.

I once imagined the work we do with clients was like creating ripples and how it felt important to see so many distinct experiences as a flow of potentialities, perfect and imperfect, judged and not judged, accepted and resisted, hoped for and feared, achieved, and lost, like ripples of energy just flowing out into the world.<sup>5</sup> I believe we may still be connected to these experiences and I invite you to think of all the clients you have worked with. Some may come easily to mind as well as those we cannot fully remember, so take just a moment to imagine. This connection with all our clients may be our resource, something alive in us, that uniquely holds our intention to help. And when we think about all the connections we have made we can draw on this resource whenever we find ourselves sitting with our next client. I also believe that whenever we ask someone how can I help and really listen to

their response, and whenever we ask for help and are deeply listened to, we are creating endless possibilities of new growth and healing that may be connected to the source of suffering and the source of being free from suffering.

I would like to share some wisdom from Miriam-Rose Ungunmerr, an Australian Aboriginal elder, from a short transcript of a video interview with Ken Zulumovski from the Gamarada Indigenous Healing & Life Training project in Australia.<sup>6</sup> She talks about “dadirri” which she describes as being the “gift we are thirsting for” that comes from a deep source within us, and can help us connect to ourselves, the other and the earth. I believe that to listen deeply this way is a gift we all have being human.

It feels familiar to me that our ability to listen deeply to others and our ability to respond deeply by being listened to are connected. It may seem we have forgotten this but in my experience, I believe it can be awakened inside us again. In this transcript Miriam-Rose is addressing staff of the Gamarada project who offer various healing programmes to indigenous people that incorporate trauma based practice and indigenous wisdom and traditions including dadirri. I would like to offer her words as a dedication to everyone involved in COSCA Counselling and Psychotherapy in Scotland and anyone else who has ever asked the question can I help and was willing to listen.

*“Don’t give up in what you are doing. You are doing really well. People out there need you. And without you their spirit won’t have the awakening that it needs. Knowing that there are people like yourselves that are there for them, to support them and give them strength. And sometimes it can be hurtful when you are working with people who are feeling down and out and depressed and don’t feel that they belong. Just remember that each and every one of those people that you work with has a spirit, and you have a spirit too. They have got to be told that they are just as important as you and I and they have a purpose. And also encourage them that they do belong and that the belonging is in relation to what you are doing. That they are made to feel that they belong, that they are important. Dadirri is an important tool to use. It’s not just an aboriginal thing, everyone has dadirri, and it’s just that they haven’t been able to find how to work with dadirri because everyone is running around really busy: doing this and that and having to hand in stuff yesterday.*”

*And I think it’s to do with time, and dadirri is being appreciative of who you are, and to get healing you need to have some chilling out time as in walking the beach, listening to the waves as they are crashing on the beaches and spending time with yourself. And finding out about yourself. Who are you? What are you doing here? What’s your purpose? Where do you belong? Until you are at peace with yourself through dadirri, you are unable to go and help other people to heal. Keep up the good work.”*

## References

1. De Shazer S (1982) *Patterns of Brief Family Therapy: An Ecosystemic Approach*. New York: Guilford Press
2. Moss, M (2017) *On Becoming More, in the Therapeutic Relationship: An exploration of directional presence* COSCA Counselling in Scotland, Spring 2017 (pp14-16)
3. Rinpoche R.T (2014) *Journey From Head To Heart; Along a Buddhist Path* Bodhicharya Publishing. (p.51)
4. Rogers C.R (1980) *A Way of Being* Houghton, Mifflin (p 129)
5. Moss M (2018) *The Gift We Are Thirsting For: An exploration of the therapeutic relationship* COSCA Counselling in Scotland, Summer 2018 (pp15-17)
6. *A Special Invitation* (2016) Miriam-Rose Ungunmerr recorded on video by Ken Zulumovski from the Gamarada Indigenous Healing & Life Training project in Australia. <https://youtu.be/Jfe3j9pNB3A>

## Biography

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Alison Cowell

# Eating Disorders

Eating disorders can develop from a number of psychological and physiological sources as well as genetic factors and they need to be treated with sensitivity and patience. Everybody is different, so there is no stock solution to apply. When working with clients, it's about unravelling each story, understanding the individual's lifestyle and priorities, and planning (not imposing!) achievable milestones.

During my 15 years in clinical practice, I have seen over 10,000 individual clients with all manner of health conditions, including eating disorders.

Some come to see me following diagnosis of an eating disorder, others clearly have issues with food but have not been formally assessed. Although eating disorders can affect people of any gender and age, they most often affect adolescents and young women.

The most commonly recognised eating disorders are:

- anorexia nervosa: deliberately starving to keeping body weight far below healthy acceptable ranges for height and age. The condition usually develops around the age of 16 or 17.<sup>1</sup> Behaviours may include skipping meals, avoiding food groups or suddenly “becoming vegan” to deflect difficult questions, or declaring a number of food intolerances
- bulimia nervosa: binge eating followed by self-induced vomiting which usually begins at 18 or 19 years old
- compulsive eating/binge-eating disorder (BED): as the title suggests, overeating and not stopping when full

In addition to these, I have also dealt with young people who are averse to certain textures of

food in their mouth, others who shun food in order to avoid opening their bowels, and those who fear that unless it's organic they will be harming themselves. I remember one mother who brought her four-year-old boy to see me, worried that he was fatigued all the time. Little wonder! He was so weak, pale and lethargic because he wasn't allowed anything with gluten, dairy, soy, yeast, oxalates, sulphites, preservatives or additives in case they caused him harm. His diet was extremely limited and contained insufficient nutrients to support healthy growth. Worse still, unwittingly his mother would have interfered with the child's microbiome (a topic I'll cover later). The mother herself was underweight and pale with huge shadows under her eyes. She had an obsession with cancer and was petrified that she or her son might fall victim to it. So when we talk about eating disorders, it's important to appreciate the whole spectrum, and that includes the home environment (including location). When I present on children's nutrition, I spend quite a bit of time focusing on the home conditions, e.g. if there is stressful tension when the child is trying to eat; if there is a faddy mother or father or if there are arguments in the background etc. This awareness is also important when dealing with an individual with an eating disorder. Quite often, those who feel they have no control over certain aspects of their lives (work, study, relationships, bullies, parents etc) gain satisfaction from controlling their food intake.

Whilst psychotherapy and counselling are invaluable in an individual's treatment and recovery, nutritional therapy is also vital.

One area that excites me greatly is the emerging research<sup>2</sup> that has linked the microbiome (our healthy gut bacteria) with the behaviours and choices made by those with eating disorders.

<sup>1</sup> NHS inform.scot

<sup>2</sup> M. Rastelli et al 2018

The ongoing research suggests potential links between the health of the microbiome and causes and outcomes for eating disorders. People with eating disorders such as anorexia do not experience hunger and satiety in the same way as those who have a healthy relationship with food. New research<sup>3</sup> is showing that the composition of gut bacteria may play a role in the behavioural aspects of anorexia and other eating disorders. In my *Mood and Food* workshops I have a dedicated session on how certain species of healthy bacteria can help prevent depression and anxiety. By simply prescribing the correct probiotic containing the missing species (*helveticus*) I have witnessed amazing transformations with clients who were able to overcome depression after years of struggle. Alterations in the gut microbiome can affect how an individual's body functions and how they think, feel and behave. The gut microbiome is critical not only to regulating mood and behaviour, it also plays a vital role in regulating appetite control and weight. A 2015 French study showed that patients with anorexia had lower diversity of gut bacteria than healthy individuals and they also found that the less diverse the gut microbiome, the more depression and anxiety people suffered (back to *helveticus*!)

Given that the first scientific evidence (of what would be known as the microbiome) was discovered by Austrian paediatrician, Theodor Escherich, in the mid 1880's, it's frustrating to think it's taken this long to unravel and appreciate all the microorganisms and strains in this fascinating "second brain" of ours. But better late than never, I suppose.

Apart from mental apprehensions, many individuals struggle with digestive distress when reintroducing foods. Probiotics can assist this phase of recovery. These amazing revelations are incredibly enthralling and are going to do so much to transform the health and mindset of so many. It would be a great step forward, in my opinion, to see the NHS featuring probiotics amongst the resources on their Eating Disorders website.

Currently, less than half of people with eating disorders fully recover,<sup>4</sup> highlighting that conventional treatments need to be reviewed and revised. For instance, liquid (enteric) feeding is often used to treat individuals as they start the

road to recovery. However, liquids don't contain vital fibre, leading to gastrointestinal problems including constipation, bloating and pain, which can impede progress.

With my clients, I begin by gathering data to assess the impact of the eating disorder, especially if it has been ongoing for some time. This might be through blood tests to consider organ function (liver and kidneys etc), a stool sample to ascertain bacterias and further testing for mineral and vitamin deficiencies, so that when foods are eventually re-introduced, I will choose foods highest in the missing nutrients.

I will also perform an organic acids test (OAT) to look at neurotransmitters, specifically serotonin and dopamine. Serotonin is our "feel-good" brain chemical and 90% of it is produced in the gut, yet again emphasising the importance of a healthy gut when it comes to mood and emotions. Meanwhile, dopamine helps with self-worth and motivation, and can help control cravings. Both serotonin and dopamine have been shown to play a role in eating disorders. Continual starving, binging and undereating may indicate a deficiency in either or both of these important neurotransmitters.

In Scotland, estimates show that the annual incidence of anorexia nervosa is 8.1 per 100,000 population and incidence of bulimia nervosa is 11.4 per 100,000 population with approximately 90% of all cases being women.<sup>5,6</sup> However, I believe figures quantifying the extent of eating disorders may be flawed due to the fact that many sufferers do not come forward or are not recognised as having an eating disorder because they don't fall into the identified categories (remember my client with the 4-year old boy).

My diploma in Neurolinguistic Programming (NLP) has been enormously beneficial in my nutrition consultations – for all clients, not just those with eating disorders. For instance, the constipated client may not have issues with food or digestion at all, but rather marriage problems or struggles at work. Constipation becomes the symptom, but the cause is multi-layered and requires an approach that will support emotional as well as physical wellbeing. I'm always looking for body language and other "emotional" clues that will help with the outcome for my clients.

3 Ian Carroll, PhD - assistant professor of medicine for Gastrointestinal Biology and Disease

4 According to statistics provide by NICE – National Institute for Health Care and Excellence

5 Marchesi et al

6 Healthcare Improvement Scotland



As I mentioned earlier, because eating disorders are so personal, there is no one stock solution for everyone. My initial consultation can last a good 90 minutes (always making sure the individual remains comfortable and not distressed at any time) to really begin to understand the causation of the condition. I acknowledge and validate what they've been (or are still) feeling and reassure them that I am with them on their road to recovery. Feedback has suggested that this "togetherness" comes as a relief, especially as almost everyone affected by an eating disorder tends to isolate themselves.

The strategy that seems to work best is when I emphasise the importance of cellular health and the replenishment of the microbiome. Focusing on an internal image takes the pressure away from the external body image. I encourage an awareness of the link between these and their impact on mood and food. In the talks that I do, my slides characterise the digestive organs, giving them personalities. It's worked very well to get the message home.

I'm also honest with them and recognise that refeeding is likely to be difficult and they might have increased disturbed thoughts at first. However, if they are reassured that it's perfectly normal then it becomes easier. Knowing they also have the tangible support of a selected probiotic is also very encouraging (for them and for me). I also like to monitor progress. Blood tests are great for evidencing results before, during and after dietary changes and this can help spur people on.

I have found that a plant-based diet works very well in the early weeks, and people seem to feel "safe" with these foods, both physically and mentally. The benefits of this approach also means that the gut microbiome is strengthened

I don't choose gluten or dairy foods at the beginning of the treatment simply because they are not only two of the top foods that cause intolerances, they are also difficult for weak digestive systems to digest. It's the same for my clients who have had gastric band surgeries. We need to honour the digestive "team" and treat them with care and respect (I have a wonderful PowerPoint slide depicting unhappy, protesting organs with placards!).

Some considerations for counsellors:

- is the disorder connected with body image, health worries, taking control or other triggers?
- review home environment and other external stressors
- consider probiotic use
- encourage visualisations of a happy and healthy future self; or visualisations of the microbiome expanding to create a supportive "army"
- consider complementary therapies

I mention the latter point because I firmly believe complementary therapies such as reiki, acupuncture, massage and reflexology can really help when it comes to eating disorders. When I worked in New Zealand I formed a health collaborative of wonderful practitioners offering complementary treatments and we found that the combined power of our services enhanced the individual's wellbeing and speeded recovery. I'm in the throes of forming such a collaborative here in Scotland and I'm very excited about that.

## Biography

**Alison Cowell** is a holistic nutritionist, author and speaker. After serving 30 years with the UK government, where her roles included policy and strategy, she emigrated to New Zealand where she founded Healthy Eating Ltd, a successful nutrition consultation business. She has qualifications in conventional and holistic nutrition, Neuro-Linguistic Programming (NLP) and has had 15 years of clinical practice.

Alison is currently offering online Mood and Food and workshops and consultations. For more details check her website: [www.alisoncowell.com](http://www.alisoncowell.com)

# Text, Transition and Transference



Felicity Runchman

**Felicity Runchman** discusses the potential and the challenges of text-based online counselling with young people

Over recent years, articles portraying young people's relationship with technology unfavourably have not been hard to come by. The sorry and rather discouraging story that's often conveyed is that teenagers and young adults are becoming locked into anxious, reactive and solipsistic worlds, aided and abetted by their smartphones and devices.<sup>1</sup> However, many such articles take a narrow focus on social media and gaming. As the most recent parliamentary report into the impact of social media and screen use on young people's health conveys, much research into this area thus far has failed to capture the nuance between what constitutes "active" and "passive" screen use.<sup>2</sup> The report reminds us that, among other beneficial online pursuits (such as researching and campaigning about social, political and environmental issues), many young people go online to seek and actively engage with support regarding their mental health.<sup>2</sup>

Text-based online counselling is one such type of support available. As a mental health practitioner who engages in this style of work with 11–26 year olds, I want to present and explore the potential – as well as some of the challenges – of this specific approach. While rapid advances in online communication have made far-reaching changes in the world of therapy, audio-webcam sessions – with the approximation of face-to-face contact that they provide – are often what come to mind when online counselling is mentioned. Text-based sessions, where a relationship between counsellor and client can be forged without either party seeing the other's face or hearing their voice, represent something qualitatively different. An online therapeutic space, created and sustained through the written word alone, is something that holds particular appeal to many young people seeking support

with their mental health. For practitioners as well, it can create new opportunities and perspectives, as I hope to explain.

## **Contracting, client suitability and managing risk**

As with any kind of therapy, establishing structure and boundaries before text-based online counselling starts is fundamental. Given how ubiquitous online chatting is in most young people's lives, it's important to present the text-based online counselling space as distinct from other online communication. This might, for example, include gently giving guidance to new clients about making appropriate time and space for the therapeutic work. Of course, as a text-based online counsellor, I can never know for sure where my clients are physically situated when they interact with me. However, I can advise before the work begins that the hectic, public or distracting spaces that young people are so often drawn towards might not be the most appropriate setting. From an ethical perspective, it's also essential to ensure the use of secure and confidential platforms for therapeutic exchanges, particularly if young clients are using shared laptops or devices. The confidentiality policy, shared with clients at the beginning of the work, outlines how their information is kept confidential on the secure platform (which both they and their counsellor require a password to access). We state that we will not share information without their permission unless there are exceptional safeguarding concerns, such as the counsellor thinking the client or someone else is at serious risk of harm, or the counsellor feeling that the client is not able to take responsibility for their decisions. In keeping with the General Data Protection Regulation 2018 (GDPR),<sup>3</sup> the confidentiality policy also details how client data are used and stored, and how long they are kept for – seven years after a client's last contact with the service or seven

years after their 18<sup>th</sup> birthday, whichever is longer – along with their rights to view or request the amendment and deletion of such data. Clients are actively encouraged at the contracting stage and throughout the counselling process to request clarification from their counsellor about how the confidentiality and security of their data are maintained.

Gauging how suitable text-based online work will be for any new client is something to be approached carefully, and on a case-by-case basis. In an initial contracting exchange, I express curiosity about a client's presenting issues and reasons for seeking online counselling and ask about their familiarity and ease with using online mediums to communicate. I then pose a series of questions about risk. At the agency where I conduct the majority of my text-based work, we aim to hold and work with risk in an online context, particularly if a client is reluctant to engage in face-to-face counselling and may not actively seek support elsewhere. However, we are clear that online support may not be sufficiently holding, or the best means of support, for young people who are especially vulnerable. Key contraindications include suicidal ideation with intent, frequent or particularly risky incidences of self-harm or substance misuse, serious eating disorders, or clear signs of psychosis. While a high degree of relational rapport can be built through text-based work, with practitioners developing the ability to sense subtle changes within their clients in any given interaction, the absence of physical presence and visual cues can put the practitioner at a particular disadvantage when assessing and responding to risk. Therefore, a plan regarding how any increased concerns about risk would be handled in the work – for example, through the practitioner or agency liaising with a parent, guardian or GP – is mutually agreed at the contracting stage.

### **How text-based online counselling works**

Another key thing to establish at the contracting stage is how clients would like to conduct their text-based online sessions. Asynchronous or message-based work involves the client sending a message (or, indeed, several shorter messages) to their counsellor each week by a mutually agreed day and time, with their counsellor subsequently responding within an established period. Synchronous or chat-based work requires both counsellor and client to come online at a specific time for a live instant-messaging interaction.

Allowing the client to select and change the way they work, not only invites them to exercise choice and agency, but can also prove a useful inroad to therapeutically relevant material. I recall several clients switching from what, for them, felt like the “safe” realm of writing carefully crafted and highly edited messages to daringly entering the more spontaneous world of live chat. In each of these cases, the change appeared to signify a broadening in the client's relational style and an increase in their general levels of confidence. Similarly, I have worked with very “chatty” chat clients who have seemingly avoided reflection and genuine connection with their feelings during synchronous interaction – simply on account of their liveliness and charged verbosity. Changing to message-based interactions has encouraged them to slow down, allowing time to process and think between communications. While the choice ultimately remains the client's as to whether they opt for chat or message-based sessions, I'll sometimes suggest they experiment with the other style if I feel there could be therapeutic gain.

### **What text-based online counselling can offer**

#### *A means of reaching clients who would struggle to access face-to-face therapy*

For some individuals, such as Jonathan, who was selective mute, text-based online counselling might be the only route to psychological support when conventional talking therapy is not an option.<sup>4</sup> While I wouldn't suggest that online work should be the default way of working with younger clients with physical disabilities or mobility issues, it can bypass many of the challenges around access that might otherwise deter such clients from seeking help. Disability and health issues aside, there are many other practical reasons why certain young people find face-to-face support difficult to engage with. Clients from more chaotic or disadvantaged backgrounds may miss sessions if parents or caregivers fail to bring them, for example, or if they cannot find the means to use public transport.

#### *A safer, more manageable, relational space*

Even when such “concrete” barriers regarding access are absent, the most common reason I hear young people give for choosing text-based online counselling over other forms of support is

that it feels safer. Clients often present it as a comfortable “testing ground” prior to face-to-face work. Social anxiety is an increasing issue among young people, many of whom would find the prospect of speaking face to face with a therapist just too daunting. For some, typing out a message feels more manageable, and the sense of anonymity this affords can discount feelings of shame and self-consciousness. This was the case with Nathan, a young man from a Christian background, concerned about his emerging sexuality and use of pornography – and the conflict these issues raised with his strong religious beliefs and the values his family had instilled in him. Over a series of weekly message exchanges, I was able to normalise some of Nathan’s sexual curiosity and experimentation from a physiological and developmental perspective. In our emerging correspondence, we also explored his conflict from more philosophical and spiritual angles, by speculating on what Nathan’s God might want for him as he became aware of new feelings and possibilities, and how other men of faith might deal with similar challenges. With a presenting issue that seemed to be about a compulsive and “out of control” behaviour, the pacing of weekly exchange sessions introduced a regulated “thinking space” for Nathan. This helped break the shame-based loop he had created of acting on his impulses then instantly berating himself.

Some might argue that working online with young people who are socially anxious or chronically ashamed only serves to collude with their isolation and avoidance of the challenge of face-to-face relating. While I appreciate this rationale and would indeed, take concerns about any client who seemed “stuck” in a closed-off online world to supervision, I see online work as a “way in” and a route through which such difficulties can be worked with and gradually challenged.

### *An amplified opportunity for fantasy and transference*

Working without a shared physical presence can unlock much therapeutic potential. It can be liberating, for both counsellor and client in text-based work, to strip away the audio-visual cues and assumption-baiting “clutter” that can influence people when they meet face to face. Who can honestly say we haven’t sometimes jumped to swift and unfair conclusions when first taking in someone’s appearance, or hearing

their tone of voice or accent? I have noticed an increase in younger clients who identify as trans, non-binary or gender-fluid, registering for the text-based online counselling service where I work. This could simply be due to the growing number of young people who define in this way, and the heightened mental health challenges that they face. However, I do wonder if working in a therapeutic space where one’s physical appearance and apparent gender identity aren’t as foregrounded as they might be face to face, specifically draws gender-nonconforming clients towards text-based online work. The same might be said for clients with concerns about body image.

Besides gender, lack of physical presence in the counselling relationship also makes awareness of age, class, ethnicity and social status less immediate. My clients know my first name so will likely imagine that I identify as female. However, they have no access to indicators of how old I am, what colour my skin is, whether I wear a wedding ring, or where my accent might suggest I’m from. Many clients show little curiosity about these things – perhaps feeling no need to “flesh me out” or use me as anything other than a responsive listening presence. However, others clearly wonder. How they speculate and fill a space that is more “blanked out” than in face-to-face work can be telling – illustrating how a context that may initially seem more “neutral” is still fertile for fantasy and transference.

Jodie, 15, was stressed about her impending GCSEs and anxious about which career options would be available to her. She was also navigating various friendship groups and seeking to find her place among girls who wore make-up and were starting to date, girls who were more studious, and girls who were more “homely”. An upcoming break in our work, due to a holiday I was taking, brought up a surge of questions at the end of one of her weekly messages – ‘I hope you have a nice time. I’m not sure if I’m allowed to ask you this, but I wonder who you’re going on holiday with? Like, are you married and do you have children? As I can’t see you, it’s hard to know what you’re like’.

Over the weeks that followed, Jodie’s questions helped further our exploration of what it was like for her becoming a woman, what kind of woman she wanted to be, and what “models” of womanhood were available to her – making her

heightened curiosity about what kind of woman I was all the more understandable and therapeutically useful. Of course, Jodie may also have wondered about my personal life had I been seeing her face to face. In a text-based context, though, it felt more pronounced and perhaps easier to work with. While I don't aim to uphold a "blank-screen" neutrality in my face-to-face practice, I have found the inbuilt blank screen in text-based online practice provides a useful springboard to explore therapeutic relationships, speculations and fantasies.

### *Adjusted attunement and embodiment*

Working without access to visual or auditory information about clients means certain key concepts in counselling have to be rethought. How, for example, can empathy or attunement be achieved when a client can't be seen or heard? In my experience, being unable to rely on the sensory realms of conventionally "seeing" and "hearing" sharpens my sense of intuition. When the pace and length of Shanana's usually swift and lively text interventions suddenly dwindled during a chat session, I sensed something had changed. I asked, "Can I check how you're doing? I've noticed our communication has slowed down and you seem to be sharing fewer words in your messages". She replied, "Actually, I'm crying and feeling really panicky – there's too much going round in my head". This led to a pause in our discussion of Shahana's therapeutic material while we focused on some grounding techniques – with me guiding her through several breathing exercises and encouraging her to name three things she could see in the physical space she was in. As this example illustrates, there is potential to work with themes regarding embodiment in text-based online counselling – and both counsellor and client can make use of their embodied responses and "felt sense" within the work. Guidance and communication around this may need to be more explicit – an example being when I might share with a client that I'm smiling in response to something they've written, or when I enquire as to what they're feeling physically as we discuss certain themes.

### *Text as transitional object*

A clear advantage of text-based online work is that links to websites and attachments can easily be shared with clients as an aid to psychoeducation. This allows clients to create their own set of easily accessible resources to refer back to as needed. On

a more personal level, the text of therapeutic exchanges in itself can serve as an ongoing resource, which I conceptualise as being rather like a transitional object. Both synchronous and asynchronous styles of online working automatically generate a "transcript" that the client can save and look back on. Given that I often work with clients at transitional times in their lives – for example, as they prepare to go to university – many have described this aspect of text-based online work as something that feels anchoring. I have also found it can ease the process of ending with clients who, for so many reasons, may struggle with saying goodbye.

### **Conclusion**

Given that so many aspects of our lives have migrated online, it is unsurprising that traditionally face-to-face psychological support has followed. Text-based online counselling has emerged as a distinct form of support that, for all its apparent "click-of-a-button" modernity, draws upon several time-honoured themes. As described, there is potential to return to a Freudian state of blank-screen neutrality in the counselling relationship. Also, for clients, there is the appeal of, what feels like, anonymity, as they dispatch their difficulties to be received and responded to by a seemingly faraway other. This brings to mind problem pages and agony aunt columns integral to traditional teenage magazines.

As I hope to have illustrated, online work can remove many conventional obstacles to young people seeking support. However, it can present new ones, and will not meet every client's needs. Alongside more high-risk clients, for example, clients struggling with literacy and self-expression through writing may be less likely to find it a suitable medium. Technical problems sometimes mean sessions do not go according to plan and clients can still miss sessions and fail to engage for a variety of reasons. Pre-empting and working through these frustrations in a boundaried manner, for example, by agreeing at the point of contracting what to do if the connection drops, can strengthen the working alliance and provide a model of responsibility and perseverance.

I am not suggesting that online counselling should be a replacement for face-to-face support. However, further recognition of the possibilities that text-based online counselling provides, when carried out and supervised by specifically trained

online practitioners, may see many more young people “clicking” towards the support they need.

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## References

1. Guardian [Online.] <https://www.theguardian.com/society/2017/may/19/popular-social-media-sites-harm-young-peoples-mental-health> (accessed 15 September 2019).
2. House of commons science and technology committee. Impact of social media and screen use on young people’s mental health. <https://publications.parliament.uk/pa/cm201719/cmselect/cmsctech/822/822.pdf> (accessed 16 September 2019).
3. Guide to the General Data Protection Regulation. <https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation> (accessed 16 October 2019).
4. Runchman F. My work with Jonathan. Stillpoint Magazine 2019; <https://stillpointmag.org/articles/my-work-with-jonathan/> (accessed 15 September 2019).

## Biography

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# The Usefulness of Multi-disciplined Counselling

in complimentary therapy



Ala Qusous

*This is a reflective essay based on the notes taken during a recent meeting with a client. The names in this report have been changed for anonymity and the notes were composed and secured in accordance with privacy and consent agreement with the client.*

Maria, 81, has been coming to see me for six years on weekly basis, with symptoms ranging from depression, restlessness, insomnia, anxiety, reclusion and self-loathing. She has a long history of bipolar disorder and chronic depression and has received psychiatric treatments since her early 20s, continuously. Our usual sessions consist of a brief conversation using counselling skills in order to explore the feelings of the week followed by 20 minutes of Reiki and 20 minutes of meditation. Maria often gave feedback that she felt uniquely able to express her thoughts and explore her symptoms in our session and found the complementary therapies to be relaxing and peaceful.

On a recent visit, Maria looked and sounded particularly distraught and exacerbated. We commenced our session that day, as we often did by exploring the symptoms with which she had been struggling of late. Maria stated that she was suffering from distressing restlessness and confessed to self-medicating. Sensing the desperation in her demeanor that day, I chose to focus entirely on providing a talking space for that session. I began by informing her of the time we had for that session and that I wondered if she felt that it would be enough time to explore her feeling, thereby avoiding confusion and reducing unnecessary worry about time management, for both of us (McLeod, 2007). Maria readily accepted my offer.

There was sufficient evidence that Maria became “contaminated” (Mearns & Thorne, 1988) by my accepting and inviting attitude and was quick to share details of her routine that she had not previously shared in such depth. I remember feeling equally contaminated by her inviting

attitude and was quick to absorb those details, further developing my congruence skills. The ability of a therapist to contribute to the creation of a safe space for the client is, in my opinion, of paramount importance for the success of complementary therapy sessions, and I was therefore pleased with what I was able to achieve in a few short moments.

Maria informed me that she wakes up “on the wrong side of the bed” every morning, starts with light chores before preparing lunchtime meal for her household. She complained of rising restlessness throughout the day, peaking just before the main meal is served. She complained of being unable to relax well into the late afternoon and that it left her feeling mentally exhausted. The use of metaphors has been researched by Angus and Rennie wherein it was argued that elaboration on the metaphor by the counselor was helpful in the context of a conversation on the meaning of the metaphor (Angus & Rennie, 1989). I found myself wondering aloud to Maria, “What does waking up on the wrong side of the bed look like to you?” “Like I am disappointed to have to face another day,” Maria replied. I continued to expand my understanding of what her routine consists of and took notes of the times that she carries out different activities.

As an exercise, I suggested that we try a Gestalt technique, often used for dream interpretation, to add “voices” to different activities in her routine. I started by asking her to imagine that she was in bed, just waking up in the morning after a good night’s sleep, and I asked her to feel the “disappointment”. I asked her to give the disappointment a voice and complete the sentence, “I am morning disappointment and I...” – Maria paused for reflection which felt like taking a very long time indeed – and then added, “bring you a day like yesterday with no chances of leaving the house.”

We continued on with the rest of the activities in her daily routine, one at a time.

“I am the meal preparation and I am not worth it...I am afternoon restlessness and I fuss needlessly...I am evening relaxation time and I don't deserve rest.”

According to Hill *et al.*, open questions help the client explore various aspects of their problem and stimulate new thoughts (Hill, 2004). The uncompassionate tone of the voices Maria chose to give her routine were not of a surprise to me as she has long suffered from poor self-esteem and high levels of self-criticism.

As the exercise went on Maria embraced the challenge and found it quicker and easier to verbalise, and she was thoroughly surprised by the insight that she confessed to gaining. For example, she reflected that the voice she had chosen to give to the meal preparation, her most challenging part of the day, sounded like that of her late husband who, according to her, belittled her effort before his passing three years previously. Work by others in grief counselling suggested that “there are some occasions when sadness and crying need to be encouraged by the counsellor (Worden, 2008), and I allowed her to sit for a brief while with that mixture of feelings induced by revelations of these daily negative subconscious “affirmations”.

In their review of solution-focused therapies, Trepper *et al.*, have argued the importance of allowing the client to reflect on their solution-focused approaches whereby the “key is that the person had solved their problem, even if for a short time”. I therefore thought of using techniques from cognitive behavioural therapy (CBT) disciplines of counselling, whereby I would reflect back negative affirmations back, and allow her to redefine them in a positive light and compose them on a blank sheet of paper. For example, “I am morning disappointment and I bring you a day like yesterday with no chances of leaving the house” became “Today is a new day and I may leave the house today, and “I am evening relaxation time and I don't deserve rest” became “Thank God for rest”. In my practice, I found the cultivation of positive affirmations and thankfulness to be of great benefit to myself and to clients who used it, and Maria was uplifted by the potential of a first step in compassionate and positive reinforcement.

Near the end of the session, it was useful to agree on future goals for the following session, giving Maria a sense of continuity and empathy. Ending with a client-identified goal was said to be constructive as a “reminder that the person seeking help is an active participant in life, a person who has purposes, rather than problems and symptoms” (McLeod, 2007). Maria decided to keep the sheet of paper with affirmations, by her bedside table where she kept an icon of Archangel Michael and set herself the goal to read them daily as soon as possible after waking.

A week later, we met again for our weekly session. At the start of the session, I asked her about how she found the use of positive affirmations and whether she found it easy to commit to her goal from the session before. Maria declared that she fitted a daily read of her positive affirmations after her morning shower and that she had been leaving the house every day since our last meeting. She sounded and looked animated and proud as shared key highlights from the week before and commented that her restlessness had been under control. She did, however, still feel uneasy in the morning and I shared some mindfulness techniques that she could employ before getting out of bed to cultivate thankfulness and peace. We afterwards proceeded with a regular session of complementary therapy and meditation.

I found this experience with Maria most beneficial to my own practice development. The use of person-centred approach followed by Gestalt techniques, to identify negative affirmations, and then by CBT skills, provided a holistic methodology to diagnose and counteract underlying tones to chronic mental health issues in this particular client. As a bundle, this mode of action offers a great addition to my complementary therapy practice and a stimulating application of my training in counselling skills.



## References

- Angus, & Rennie. (1989). *Envisioning the representational world: The client's experience of metaphoric expression in psychotherapy*. *Psychotherapy: Theory, Research, Practice, Training*, 372-379.
- Hill, C. (2004). *helping Skill: facilitating exploration, insight and action*. Washington DC: American Psychological Association.
- McLeod, J. (2007). *Counselling Skills*. Maidenhead: Open University Press.
- Mearns, D., & Thorne, B. (1988). *Person-centred counselling in action*. London: Sage Publications Limited.
- Westbrook, D., Kennerley, H., & Kirk, J. (2011). *An Introduction to Cognitive Behaviour Therapy: Skills and Applications*. SAGE Publications Ltd.
- Worden, J. W. (2008). *Grief Counseling and Grief Therapy*. Springer Publishing Company.

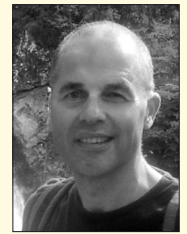
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# Person-centred Counselling

## with bereaved clients



Simon Spence

Although I worked in a hospice for over fifteen years, becoming familiar with varied approaches to bereavement and grieving, I became aware of specifically person-centred writing on the subject only relatively recently. Initially, the apparent absence of such writing sometimes left me feeling a little defensive and inadequate as a person-centred counsellor; other approaches seemed to have more prominent and confident voices as they described grief and produced evidenced ways to bring about good therapeutic outcomes. I feared that my less problem-specific ways of working were too vague and somehow less valid than I wanted them to be.

For an MSc study, I interviewed person-centred counsellors about their experiences of working with bereaved clients<sup>1</sup>. Reflecting on these conversations and finding an ever-growing body of person-centred writing about grieving, I am now confident that, far from being a therapeutic poor relation, person-centred approaches to working in bereavement have a distinct flavour, articulating well with contemporary debates about what constitutes best practice in this area.

I am also clearer about why person-centred voices may not be as audible as others in the marketplace of therapy ideas, including those speaking of grief. As David Murphy of Nottingham University has pointed out<sup>2</sup>, Carl Rogers never described a methodology of *how* to work with people, but identified factors indicative of helpful therapy; a subtle but important distinction. The experience of being bereaved can be so very hard; from the changed shape of mundane everyday life, to more profound levels of dashed hopes and dreams; both potentially threatening the very meaning and purpose of our existence. For most people, the life transition that a bereavement represents can be painful, challenging, but ultimately manageable. For some however, it can represent a crisis in which one's sense of self is threatened. Given this wide diversity of

experiences described as “bereavement”, person-centred approaches do not give specific therapeutic instructions as though one size fits all. Instead, they sustain a broad and deep pool of resources from which to draw, so as to offer a therapeutic relationship to someone who is facing the daunting task of rebuilding a new life from the broken pieces of the old.

For person-centred readers wondering about how best to work with bereaved clients, and for those of other orientations for whom this approach may be unfamiliar, I hope this article will offer clarity about what being person-centred means in this area of work. My intention is also to highlight the value of contributions offered by person-centred approaches, both through its congruence with current research developments and its offering of what bereaved clients say is helpful.

### **What does research say about grieving (and why are Person-centred voices not easily heard)?**

The academic literature about grief is vast, and not easily accessible to those without a background in psychology. Many writers take problem-specific stances and attempt to identify a “best treatment”, based on the idea that a specific problem requires a specific treatment which can be known in advance. This approach may be off-putting or confidence-sapping to those practising from humanistic perspectives. Nonetheless, recognising the complexity of grieving, there is also a growing recognition in academia, that flexibility and creative responsiveness is needed from therapists to adequately respond to the great variety of experience that being bereaved can bring.

Researching how best to work with bereaved clients whose experiences are especially complicated, Robert Neimeyer and colleagues<sup>3</sup> from different therapeutic approaches asked

clients what they experienced as helpful. They found that different ways of working converged in a number of ways, concluding that “there is not just one way to follow these principles” and expressing hope that therapists working with bereaved clients can work to “tailor interventions”. This idea that counselling in bereavement must be more like a well-measured bespoke suit than one bought “off the peg”, was expressed by all the Person-centred counsellors with whom I spoke.

In this significant study, Neimeyer and his colleagues identified four principles central to effective work (in whatever modality) with people whose grieving experience is particularly complicated,:

1. Enabling clients to engage with the sometimes very distressing story of the death in such a way as to integrate it into their internal world.
2. Enabling clients to engage with the memories of the person who has died, in such a way that life can include both new relationships, and the ongoing significance of the old.
3. Enabling clients to identify ways of coping which seem to be hindering them and explore alternatives they may wish to develop.
4. Enabling clients to review their life, goals, and roles in a new world with the deceased person no longer physically in it.

Person-centred approaches are entirely congruent with these principles. In addition, person-centred counselling is by its very nature about responding to the unique person. Whilst distinctions are sometimes drawn between “normal” and “complicated” grief, Person-centred counselling – not being based on diagnostic thinking – claims validity whichever category into which a griever’s experience may be placed. The challenge for counsellors is to respond appropriately in ways which neither over-complicate, nor over-simplify the understanding of a client’s experience. To do either represents a failure of empathy, perhaps the most important foundation of person-centred work.

In today’s therapeutic world, publicly funded services demand demonstration that practice is evidence-based. *Counselling in Scotland* readers will be well aware that alongside other forms of counselling, Person-centred approaches struggle for inclusion as “treatment options” within NHS psychological services and related organisations.

In the Scottish NHS for example, counselling is not recommended for depressed clients because “There is insufficient consistent evidence on which to base a recommendation.”<sup>4</sup> This is despite the availability of substantial and robust evidence supporting its effectiveness.<sup>5</sup>

The approach has been described as primarily “a way of being” (indeed Rogers gave this title to one of his books<sup>6</sup>); a philosophical stance towards human experience and what engenders growth. For some, this applied philosophy is one of its attractions at a time when the therapy world can seem increasingly homogenised, contained, and constrained. However, it is not an approach which fits easily into the dominant research paradigm, which views the randomised controlled trial as necessary to demonstrate validity. In such a research environment (and in funding decisions emerging from on it) it can be forgotten that “absence of evidence does not mean evidence of absence”<sup>7</sup>. Statistical significance is not necessarily the same as clinical significance.

There is ongoing debate about how far person-centred approaches should engage with current positivist research paradigms which can seem antithetical to its values. Some advocate a “purist” version of the approach which eschews such engagement in case it betrays its core values and leads to a shapeless “person-centred anything”. Others respond that *not* engaging risks the approach becoming marginalised from developments in mental health provision.

Despite this ongoing debate, and the understandable under-representation in academic research and writing, my reading and my conversations with person-centred counsellors about their work, make it clear to me that person-centred work with bereaved clients is congruent with current findings of academic research, specifically that based on the voices of clients describing what they find helpful. In words attributed to Rogers himself, “The facts are friendly”.

### **The nature of person-centred bereavement work**

The Person-centred counsellors with whom I spoke were committed to the philosophical basis of the approach. They all spoke with passion about the importance of Rogers’ original work and especially his six therapeutic conditions. All expressed

confidence that this – allied with the ongoing work of contemporary theorists – was enough for them to respond to bereaved clients, however complicated or otherwise their experience may be. They were clear that the approach's usefulness is not limited to people experiencing a relatively straightforward life transition.

They described being unlikely to respond to bereaved clients in problem-focused ways, instead focusing on the person's unique experience as presented. Person-centred work is therefore highly differentiated between cases and aims to be responsive to the particular and idiosyncratic difficulties presented. All described "being non-directive" as being central to their work, although they were at pains to distinguish this from passivity, seeing it instead as active support of the client's self-agency.

A common view was that the person-centred approach was not fully-formed when Rogers stopped writing, but that he laid foundations for an ever-developing structure around which work can be tailored to fit each client. As one commented, "It's about being *Person-centred*, not person-centred-theory-centred". Another described the approach as a "meta-theory"; being informed, but not instructed, by theory. They all described awareness of varied grief theories and differing psychological approaches; seeing both as offering helpful ways of thinking about their work.

These views seem in accord with the influential American bereavement theorist Dale Larson<sup>8</sup>, for whom person-centred approaches offer highly effective ways of supporting bereaved clients to address whatever issues the specific circumstances of their bereavement has raised. Additionally, Larson draws close parallels between person-centred ways of working and contemporary models of grief.

*The first of these:*

**Meaning Reconstruction**, views grieving as the process by which a person reconstructs the meaning of their life without the physical presence in it of the person who has died. This has cognitive, behavioural, and affective levels of engagement. At the heart of Person-centred work is self-concept change; supporting clients to develop self-structures which more congruently reflect their lived experience. Person-centred work in bereavement is therefore well-placed to support this reconstruction of meaning.

*The second:*

**Continuing Bonds** seeks to move away from traditional understandings of grief which encourage griever to "let go", or to "move on" as though grief can be completed when we drop the old life and pick up the new. Continuing bonds suggests instead that death does not *end* relationships, but forces us to seek new ways of loving someone who is no longer here. Continuing bonds challenges the idea that grieving can be completed, instead seeing it as an ongoing process of adaptation to an unwelcome but unavoidable change. In his book *A Way of Being*, Rogers wrote of "Process Persons" who recognise that life rarely offers "products" and who are "keenly aware that the one certainty of life is change – that they are always in process, always changing. They... are vitally alive in the way they face change". Person-centred approaches are well placed to work in this process-focussed way<sup>9</sup>

*The third:*

**Dual-Process** attempts to make sense of the experience of so many grievers for whom grieving feels chaotic, with little sense of linear progression nor of observable stages. The model suggests that grieving is the unique process by which we gradually learn to find balance in our experience. We oscillate between giving attention to all that is distressing and lost in bereavement, and to dealing with changes, finding distraction, and exploring new areas of potential growth. In this view, grieving is an fluid and constructive process by which the griever learns how to find a dynamic balance between these two orientations. The dual process model chimes with the work of Jan McLaren<sup>10</sup>, who champions the Person-centred close following of the client's agenda, supporting an idiosyncratic, individualised, and diverse process matching the untidy reality of life.

### **Holistic and differential understandings of the person**

Occasionally, I still hear comments about person-centred counselling being "all about feelings"; indeed, a clinical psychologist recently told me confidently that I merely help my clients "ventilate feeling", and that I then refer-on to more skilled practitioners. Like me, the practitioners I spoke to were clear that they

work across the spectrum of clients' *experience*: feelings, thoughts, and behaviours, as well as experiences which are hard to articulate. This echoes Keith Tudor's characterisation of the approach as CBAT: a Cognitive, Behavioural, and Affective Therapy<sup>11</sup>. Person-centred work can sensitively explore the emotional turmoil of grief, allowing difficult experiences to be brought into awareness and be integrated into the person's changing self-concept, linking with Niemeyer's first principle.

Person-centred approaches takes equally seriously how people *think* about their experience, and how their behaviour is shaped by this. All the counsellors described an inclusive (some said "pluralistic") understanding of being person-centred. They valued learning from the insights of other modalities such as CBT, Psychodynamic, and Attachment-based work, comfortably allowing practice to be influenced by them, without feeling compromised. They described learning from these approaches not to gain practical instruction, but to support and enable their relationship and engagement with their client's experience, and to enhance their empathy. They spoke of how theory (of any provenance) must be evaluated on the basis of its relevance and helpfulness to specific clients rather than to abstract issues. They saw them as offering ways of reflecting critically on practice rather than as directive manuals for practice.

For these counsellors, grief is not a discrete "problem" in search of a solution. As one said, "There is no such thing as 'bereavement counselling', only counselling with a person who has been bereaved". In this view, counselling bereaved people is not about putting right something that is wrong, but helping to find more satisfying ways of living in a life where something unavoidably "wrong" must nonetheless be lived with. Person-centred approaches to grieving demands that we are open to any aspect of a person's life and not only those more obviously linked to the bereavement.

The work of Simonsen and Cooper<sup>12</sup> seems to support this wider understanding of what being Person-centred means, and how it can be helpful to grieving people. Asking clients what they had found helpful in bereavement counselling of a person-centred nature, they identified five areas:

- The counsellor's independence
- The skilled listening of the counsellor
- The counsellor's non-directivity
- Having their unhelpful thinking challenged
- Learning more about their experience through psycho-education

This led them to conclude, like Neimeyer and colleagues, that no single approach has a monopoly on helpful practice, but that the Person-centred establishing of a strong, supportive, and attentive relationship is experienced as helpful to clients. Importantly, the last two areas indicate that clients value counsellors who not only listen attentively, but who can actively and sensitively engage with them, offering challenge, knowledge and ideas in ways which empower and keep the work helpfully centred on their experience. As they conclude, "...listening to service-users means being open to a plurality of perspectives". What could be more person-centred?

Similarly, Linda Machin's *Adult Attitudes to Grief*,<sup>13</sup> a new model for supporting bereaved people, highlights the importance of plurality and openness to varied ways of responding to individual experience. She neither excludes familiar Person-centred approaches, nor gives them privileged status in a world where people's experiences are as varied as the ways in which they may feel best supported. For me, this attention to individual experience and agency is the core of what it means to be Person-centred.

### **Acknowledging and celebrating the diversity of helpful support in bereavement**

Controversy about which approach to therapy is "best" is perhaps inevitable – particularly in times of austerity when resources are limited, and reasonable questions must be asked about how best to distribute them. However, financial or political reasons for preferring one approach over another, should not be confused with their inherent value or otherwise. Currently in the UK, CBT-based models seem to be in the ascendancy, and they clearly have value, as the many people who have benefited from them will attest.

However, as practitioners we should not let this divert our attention from the fact that research repeatedly demonstrates the equivalence between established bone-fide approaches to therapy<sup>14</sup>.

Many approaches, including the person-centred, have established value and validity, even if this is more difficult to “prove” statistically in some than in others. I hope this article will encourage Person-centred readers to participate with confidence in current debates about how best to support grieving people. In addition, I hope that it will support a growing understanding and acceptance that all modalities have valuable insights to offer bereaved people. Keeping as wide as possible the variety of support on offer, can only be to the benefit of bereaved clients.

## References

### (Endnotes)

- 1 Spence, S. (2013) *Person-centred counsellors' experiences of working with bereaved clients*. Unpublished MSc Thesis. Glasgow: Strathclyde University. [www.simonspence.net](http://www.simonspence.net)
- 2 Murphy, D. (2013). Personal communication.
- 3 Neimeyer, R, Shear, K, & Boelen, P. (2011) *Treating Complicated Bereavement: Converging Approaches in Grief & Bereavement in Contemporary Society: Bridging Research & Practice* pp 139-162. New York: Routledge.
- 4 SIGN – The Scottish Intercollegiate Guidelines Network (2010) *Non-pharmaceutical management of depression in adults. A national clinical guideline*. Edinburgh: NHS Quality Improvement Scotland.
- 5 Cooper, M., Watson, J.C., & Hölldampf, D. (Eds). (2010) *Person-centred & Experiential Therapies Work: A Review of the Research on Counselling, Psychotherapy, and Related Practices*. Ross-On-Wye: PCCS Books
- 6 Rogers, C.R. (1980) *A Way of Being* p 351. New York: Houghton Mifflin
- 7 Altman, D.G. & Bland, J.M (1995) *Statistics notes: Absence of Evidence is Not Evidence of Absence*. *British Medical Journal* Vol. 311. p.485. <https://doi.org/10.1136/bmj.311.7003.485>
- 8 Larson, D. (2013) *A person-centred approach to grief counselling*. In M. Cooper, M. O'Hara, P. Schmid, & A. Bohart (Eds) *The Handbook of Person-centred Psychotherapy & Counselling* (2nd Ed) pp 313-326. Basingstoke: Palgrave Macmillan.
- 9 Worsley, R. (2009) *Process Work in Person-centred Therapy* (2nd Ed). Basingstoke: Palgrave Macmillan
- 10 McLaren, J. (1998) *A New Understanding of Grief: A Counsellor's Perspective*. *Mortality* 3(3), pp 275-290
- 11 Tudor, K. (2008) *Person-centred Therapy: A Cognitive Behaviour Therapy in R. House & D. Loewenthal (eds) Against and For CBT: Towards a Constructive Dialogue?* Ross-on-Wye: PCCS Books
- 12 Simonsen, G. & Cooper, M. (2015) *Helpful aspects of bereavement counselling: An interpretative phenomenological analysis*. *Counselling & Psychotherapy Research* 15:2 pp. 119-127
- 13 Machin, L. (2009) *Working with Loss and Grief: A New Model for Practitioners*. London: Sage
- 14 Wampold, BE. (2001). *The Great Psychotherapy Debate: Models, Methods, and Findings*. Mahwah, NJ: Erlbaum.

## Biography

**Simon Spence** is a Person-centred therapist, trainer, and supervisor in private practice in the Scottish Highlands. He worked for over fifteen years as a counsellor in hospice-based palliative care and completed MSc research at Strathclyde University into the experiences of Person-centred therapists working with bereaved clients.

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Joanne Frame

# Hounds Connect the Dots

*This is an account of my experience with dogs and my own mental health and why it led me to set up Hounds Connect, a counselling service for dog owners. Dogs can help us become better versions of ourselves, we just need to learn to notice and make the connections.*

## Self-mastery

“Mastering others is strength;  
Mastering yourself is true power.”  
– Lao Tzu, Chinese Taoist Philosopher.

The Greek Philosopher Socrates taught that “to know thyself is the beginning of wisdom”. For a large part of my life I thought wisdom was about learning, passing exams, being successful in my career; in short, being clever. Ten years ago, if I had been asked to think about “knowing myself” I would probably have claimed to be too busy.

It was true I had a lot on. A mother of school-age children with a full-time, senior manager role, a long daily commute and, at the age of 45, I had joined the 25% of UK households and bought a dog. Actually I bought two, hamiltonstövare puppies, a type of Swedish foxhound.

## The first dot – problems with dogs

Because we were out of the house all day I enlisted the help of a local dog walker, to take care of my dogs’ needs, and as a responsible member of society I enrolled in a local puppy training class where we achieved our Kennel Club *Good Citizen Dog Training* scheme Bronze award. I was determined to do everything right.

Three years later I was in court, in front of a Judge, charged with “sheep worrying”. Actually it had been one of my dogs that had been worrying the sheep but as the responsible adult I was fined and convicted. Up until then I had not even had a parking ticket, a measure of how law-abiding I was as a person.

Dog training was important to me, but it seemed I needed to try harder. I contacted more trainers to see if there were different training approaches that would make more sense to me and my hounds. I was referred to a dog behaviourist, who specialised in analysing and correcting problem behaviours in dogs, and I attended more workshops. One trainer suggested that I buy a Labrador retriever. They were easier to train, and he had some puppies for sale.

Now I had three dogs. The Labrador *was* much more connected to me. Sometimes he even helped me “retrieve” the hounds. I was committed to make this work, but it was difficult.

## The second dot – fragile mental health

I was struggling at work as well. The organisation had been going through a major restructuring, with a lot of uncomfortable change. One day I was talking to a friend about it. She looked at me wisely and asked, “Why don’t you see your doctor and get some time off work?”

I had a feeling like a pressure valve being opened inside me. I started to cry and could not stop. Two days later I was still in tears sitting opposite the doctor, who listened and nodded, as he signed me off with stress.

At first I just felt a sense of relief that I had permission to step off the treadmill that had become my life. Up until that point I had considered myself healthy. I was seldom ill and never needed to take any time off work. I exercised regularly. To be honest, I didn’t really understand what “problems with mental health” meant, although I was sympathetic to anyone experiencing difficulties. Now, out of the blue, I found I could not perform the simplest of tasks. The slightest upset, like finding a coloured sock in the washing meant for whites, had me in a fit

of rage. I would agree to meet up with friends and then cancel in a panic, as the date got closer. I could not cope with everyday life. After some months I resigned from my job.

Some years on, I can now say that this was a pivotal moment in my life. I came to understand that problems with stress had crept up on me over time. It was not the stress that was the problem, but how I had dealt with it. I had been ignoring my discomfort, pushing the blame of my unhappiness onto things outside of myself, work, relationships, other people. I had been totally unaware of the emotional pressure, which, like water in a blocked pipe, was building up while I just “kept going”.

### The third dot – Why did we get a dog?

What are we responding to when we bring a dog into our home? Dog ownership is on the rise. Dogs are good for our health, offering us companionship and unconditional love, encouraging us to exercise. Stroking a dog has even been shown to lower our blood pressure.

There is a flip side to dog ownership. It is estimated that 130,000 dogs come into UK rescue charities each year. UK wide research has identified that many of us find some aspect of our pet’s behaviour problematic and behaviour problems are the most common reason for dogs to be given up for rehoming.

Some critics will say that dog problems are on the rise because the person is not making the right choices, such as owning an active working dog and living in the city, or owning a hound bred for hunting and expecting it to come bounding back for a biscuit.

I find this point of view judgemental and a little simplistic. We are each drawn to our dog for a reason. Maybe we are lonely and want a dog in our lives for extra company. Maybe we like the look of a particular breed of dog and are attracted to it aesthetically. Maybe the children wanted a dog and we just gave in. There are a host of rational reasons I could offer as I to why I brought dogs into my life, but I now recognise that the decision was more intuitive and emotional. However you, or I, got here, any problems we are experiencing with our dog can be viewed as an opportunity to learn about ourselves. I believe that our own mental health is a key part of the puzzle.

### The fourth dot – we are all connected

Unaware of the personal train crash I was heading for, I had noticed, at a more superficial level, how my dogs’ behaviours somehow seemed to be connected with my own thoughts and feelings.

I knew about energy therapy, the healing property of non-physical touch and the concept that we are all connected by an invisible network. Sometimes referred to simply as “the field”, it’s the medium used by healers across the world. Einstein called it “spooky action at a distance”. Physicists today refer to it as “quantum entanglement”. Many people believe that animals are already naturally tuned into it. The biologist and writer Rupert Sheldrake gives interesting examples of this in his book, *Dogs that Know When Their Owners Are Coming Home*. One particular experiment conducted by Sheldrake demonstrated that some dogs will anticipate the return of their human companion, *at the precise time when the human companion makes the decision to return*, independent of how far apart the dog and human are geographically.

My continued search led to the book, *Your Dog is Your Mirror* by Kevin Behan. A dog trainer in the United States, Behan claims that our dogs’ behaviours, emotion and perceptions are driven by their owner’s emotion.

*“The dog doesn’t respond to what the owner thinks, says or does, it responds to how the owner feels”.*

It felt as if I had come home. I wrote to Kevin asking for his advice. How could I use the behaviour of my dogs to help me identify what was “wrong” in me? I wanted to discover and resolve my inner conflicts so that my dogs didn’t have to act them out. Getting to the root of the issue seemed to make more sense to me.

Kevin was gracious in his response, but didn’t offer any practical help. He said, “self-discovery” was the fun part and encouraged me to “enjoy the hunt”.

Scientific research is showing how our dogs respond to us physiologically. One study, published in Sweden at the beginning of the year, found that cortisol levels (the stress hormone) are synchronised between dogs and humans and concluded that the dog was mirroring the stress levels of their owners.



It seemed to me that there was something missing in our relationship with dogs. We concentrate on the dog itself not considering how we are affecting the dog's behaviour. So I started to conduct my own research on myself and my own dogs, mainly by noticing my thoughts and feelings when my dogs were doing something that I didn't want them to do.

### Mental health crisis

In 2001 the World Health Organisation, reporting on mental disorders, warned that "depressive disorders [were] the fourth leading cause of the global disease burden. They are expected to rank second by 2020, behind ischaemic heart disease but ahead of all other diseases".

Clearly Covid-19 has rather taken the limelight in recent months but if anything, the current pandemic is likely to have an even larger impact on our mental health over the coming months and years. Coincidentally applications to animal rescue centres have increased over this period.

When we bring dogs into our lives we are looking for something. But often we don't get what we expect. When we don't get what we want, we might actually be getting what we need, which is an opportunity to learn about ourselves more deeply.

### Joining the dots – dogs helping us see ourselves

From the moment we are born we are learning. We learn to sit up, walk, talk, read and write. It all becomes automatic, we don't have to think about it. Similarly, we form beliefs and develop behaviours that become unconscious, providing a filter through which we experience the world. This makes it easier for us to cope with the world. That filter can also cause us problems. We learn to suppress feelings and thoughts about ourselves, to keep ourselves feeling alright. In my own experience, I had been living my life as I thought I should and blocking any idea that living "the right way" didn't feel right.

As our dogs sense us viscerally and physiologically, including the bits that we filter out with our intellect, they are ideally placed to give us the feedback we need to increase our self-awareness, key to leading a more fulfilling life.

One of the many notable experiences for me was with my Labrador, Archie. I had been trying to settle down to read a book, but he was pestering me, getting excitable, licking my ear and preparing to "get intimate" with my arm. I was irritated and I started to push him away. But I stopped. Instead, I breathed and checked in with myself. How was I feeling at that moment? I felt emotion rise up in me, tears started to fill my eyes. A few days previously I had had an argument with a friend. I had felt wrongly accused of something and that I hadn't been treated fairly. I had been trying to distract myself from my discomfort, but to my surprise it had been sitting there inside of me, ready to come to the surface. The even more surprising thing was that at the exact same moment when I started to really experience how I felt, Archie calmly lay down beside me. It seemed as if he had been troubled by the feeling of turbulence inside of me and had been doing his best to get it out.

I found that when I started to open myself up to my experience in the moment with my dogs, I started to find beliefs in myself that were contributing to my problems.

From these beginnings I developed a counselling service, called *Hounds Connect*, that focusses on using our problem relationships we with have with our dogs to learn about ourselves.

I offer a one-to-one listening service, using a person-centred approach, for people struggling with their dog. The approach combines two concepts; 1) the benefits of person-centred therapy and 2) the way in which dogs are connected to us.

- 1) When people are having difficulties with their canine companion they can feel overwhelmed, but the problems they are experiencing with their dog can reflect difficulties they are having in other areas of their lives. Offering them a safe, non-judgemental space to be heard allows them to start listening to themselves and make these connections. Carl Rogers wrote that "the problems which are brought to therapy are not resolved directly...a frequent experience in therapy is the gradual realisation the problem is not what is known in consciousness".<sup>[1]</sup>
- 2) Dogs are hard-wired to respond to how the world feels around them, including how we feel. That means they react to feelings in us that we may not be consciously aware of. Kevin Behan described dogs as "our canary in the mineshaft of emotion"<sup>[2]</sup>

So when the behaviour of our dog is causing us difficulties there is an opportunity for us to dig deeper and use the problem to learn more about ourselves. Person-centred therapy allows us to do that.

Sessions are offered face-to-face, or virtually, determined by the clients' preferences (and the current COVID restrictions). Clients can choose to bring their dog, or dogs. It's not essential, but some clients find it helps them have the confidence to talk.

## Bibliography and references

Kevin Behan, *Your Dog is Your Mirror*, (2011), New World Library.

Rosalyn L. Bruyere, *Wheels of Light*, (1994), Fireside, Simon & Schuster.

Dr David Hamilton, *It's the Thought That Counts*, (2008), Hay House.

Louise L Hay, *Heal Your Body* (2008) Hay House.

Anodea Judith Phd *Eastern Body Western Mind*, (2004) Celestial Art.

Rollin, McCraty Ph.D. *Bioelectromagnetic and Subtle Energy Medicine – Chapter 14 The Energetic Heart*, (2015), CRC Press.

Lynne, McTaggart *The Field*, (2003), element.

Candace B Pert Ph.D., *Everything you Need to Know to Feel Go(o)d* (2006) Hay House.

Carl R., Rogers, *On Becoming a Person*, (1967), Constable.

Rupert, Sheldrake *Dogs That Know When Their Owners Are Coming Home* (2000) Arrow.

Nicholas H. Dodman, Dorothy C. Brown, James A. Serpel, *Associations between owner personality and psychological status and the prevalence of canine behavior problems*, (2018) PLOS 1 <https://doi.org/10.1371/journal.pone.0192846>

Sundman, A., Van Poucke, E., Svensson Holm, A. et al. *Long-term stress levels are synchronized in dogs and their owners*. *Sci Rep* 9, 7391 (2019) <https://doi.org/10.1038/s41598-019-43851-x>

## Biography

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Ref 1 p. 104 Carl R. Rogers *Client-Centred Therapy*

Ref 2 p. xxii Kevin Behan *Your Dog is Your Mirror*

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