# Counselling in Scotland

SPRING/SUMMER 2022

COSCA
**Counselling & Psychotherapy
in Scotland**

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# Editorial

John Dodds

When considering potential content for this Spring/Summer issue of the journal, I found myself reflecting on the impact of the Covid-19 pandemic on mental health and counselling, as well as other kinds of talk therapy.

I am sure you are all aware of the increase in mental ill health because of lockdown and the pandemic in general, ranging from increased stress and anxiety and stress through to clinical depression and more. Just how counsellors work to support in this context still raises many questions, from wondering how beneficial Zoom, telephone and email counselling is, to concerns about meeting in person when that is feasible. With Zoom and telephone counselling, for instance, there is the question of personal privacy – doing sessions from home when other family members may be in nearby rooms could present difficulties, discomfort, the concern about being overheard and so on. I would be interested to know from any of you if you have encountered such problems when working online with clients.

A year after the pandemic was first announced, there was a landmark mental health study that showed anxiety falling but loneliness rising (**mentalhealth.org.uk/news/pandemic-one-year-landmark-mental-health-study-reveals-mixed-picture-scotland-anxiety-falls**). While anxiety levels decreased from those surveyed in March 2020 from 64 per cent to 44 per cent in February 2021, loneliness increased from 11 per cent to 29 per cent in the same period. According to the article in the Mental Health Foundation website reporting on the data, the extent of hopelessness among Scottish adults also rose.

Digital exclusion has also been highlighted by research showing that many people in Scotland are excluded at a time when connectivity is more important than ever. You can find the report here: **inspiringscotland.org.uk/publication/research-into-digital-exclusion-in-scotland/**

Casting around and inviting articles on the topic of counselling and the pandemic, I was pleased to receive a fascinating one from Julia Nimmins, the Director of Teentalkscotland Limited, which discusses the impact of Covid-19 and lockdown on the mental health of our young people. We launch this issue with the article. And on a related topic we have a piece about communication in these challenging times by board member, Lachlan McKinnon, a communications professional.

Next we have a piece from Sue Black, Coordinator for Counselling, University of Aberdeen on the use of metaphor in the training room. She says that this approach can encourage students "to connect with their imagination which can help with discovery of tools and blocks on the periphery of awareness". I feel her article links well to Morag Chisholm's article asking if whether therapeutic writing can help with wellbeing.

Regular contributor, Mike Moss offers us an in-depth exploration about client preferences in the counselling room  and the work of helping clients understand what they need from the process (A Preferred  relationship: a response to client preferences is  reprinted from Person Centred Quarterly).

Finally, we have a review of the novel, *If only he'd told her* by Katherine Markland, about a woman of 32 who is going through the grieving process. The review is written by Jo Wood, Bereavement Counsellor at Outlook Bereavement Support.

I would just like to end by hoping you are all keeping safe and healthy, both physically and mentally, and again feel free to suggest ideas for any articles you would be interested in writing for us.

**John Dodds**, Editor

# The impact of Covid-19 and lockdown
## on the mental health of our young people

**Julia Nimmins**,
Director, Teentalkscotland Limited

Following lockdown and the impact of Covid-19, mental health professionals have seen a huge increase in referrals for children and young people needing support with their mental health.

During lockdown, the isolation faced by young people at home, caused a range of problems to surface and ultimately be disclosed, examples include: self-harm, suicidality, abuse past or present, family issues, previous bullying, difficulties around loss and change, gender issues and early onset of eating disorders.

The Scottish Government has in response increased funding for the provision of counselling in primary and secondary schools.

Counsellors worked remotely throughout lockdown with their young clients to reduce the feelings of isolation and helplessness at this challenging time in their lives and to support them in returning to school after a long break.

During lockdown many families were confined to crowded living conditions often with shared technology making it hard to be able to participate in online learning. Many young people found it challenging not to be able to ask a question or for immediate help from a teacher as they would in a classroom setting.

Sleep patterns were affected for lots of young people without the routine of getting up to physically attend school, meal times and eating were also affected. Some family's incomes were reduced which also placed financial constraints on providing nutritious meals for their children as did the time factor when juggling working from home, home schooling and cooking meals and so on.

Some young people maintained physical fitness going for a walk with family or meeting friends according to the limit allowed but many others hardly left their homes. This was sometimes due to concerns around keeping vulnerable relatives and themselves safe and often because they lacked motivation to participate in outdoor exercise or school work and occupied their time gaming or on social media.

Lack of direct contact with the wider family was really stressful and upsetting for many young people. Some lost grandparents or other relatives without being able to say goodbye which limited their ability to grieve and process their loss and receive support and reassurance from extended family.

Young people were affected to different extents over the change in exam pattern from final formal exams to continual assessment and grades estimated by teachers. Some found this a relief as they had engaged readily in online learning and dreaded final exams but some thrived on the pressure and adrenaline rush provided by final exams and the opportunity to push preliminary and previous assessment grades up. Not being able to learn and study together was also disadvantageous for many.

Many positive endings and new beginnings did not take place leaving gaps in young peoples' school lives. Prom events were cancelled and opportunities to say goodbye to teachers and friends limited,

as were opportunities to visit Universities, colleges or potential new employers. Transition away weekends were cancelled and visits to high schools were limited for P7 pupils which often made starting high school a scarier prospect and increased anxiety.

On the positive side however, the period of isolation during lockdown and the losses incurred from the impact of Covid has resulted in many young people placing greater value on time spent with family and friends, face to face learning with teachers to support them, exercise and greater freedom outside of school.

In addition, a return to relative normality has resulted in many young people being ready and more receptive in seeking help with presenting issues to help them face their futures.

In order to provide additional support for young people, it is key for schools to openly discuss and support the mental health of their pupils. Mental health ambassadors are useful from within the school community, the availability of counselling for vulnerable pupils during the summer holidays to ensure continuity of support and the opportunity for pupils to self- refer are also important.

It would also be valuable for schools to provide a safe, indoor quiet space for pupils struggling with their mental health.

As the pupil support teams within schools are the first point of contact with pupils seeking additional support for their mental health and the increase in number and gravity of the issues presented to them are extremely challenging, they in turn would benefit from supervision to support them with this.

**Biography**

**Julia Nimmins** is a BACP Accredited Counsellor and Director, Teentalkscotland Ltd.

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The impact of Covid-19 and lockdown on the mental health of our young people

# Communications lessons
## from the pandemic

Lachlan Mackinnon

If the Covid-19 pandemic has taught us anything, it's that messaging matters. Communication has been key to national efforts to protect our health since early 2020. Turn on any news bulletin, or open your social media feed, and you'll find further information (and often debate) about global governments' approaches to tackling coronavirus.

One side effect of the pandemic is that, as a public, we have become increasingly familiar with, and confident using, the jargon of epidemiology. And, at one point, many of us grew accustomed to the daily rhythm of settling down on our sofas to watch daily updates from our political leaders – often flanked by scientific and public health advisors – proffering advice about what each of us needed do in order to keep ourselves, loved ones, friends and communities safe.

It's not just individual citizens who were led into undertaking an unexpected (yet, sadly, necessary) collective crash-course in following and interpreting national public health communications campaigns. All organisations, be they public or private sector, also had to quickly catch up; tailoring national guidance for their own "audiences" and "stakeholders" (another jargon alert!), be they colleagues, patients, clients, students or customers. There are lessons in this for us as individuals and for every organisation, including counselling providers; lessons that transcend the coronavirus pandemic.

We've been starkly reminded of the fact that the means by which information is shared really does matter; even if, as a consumer, we don't always consciously make a mental note of the mode and medium. When communicating important public health messages, we have seen that the use of straightforward, easy-to-follow language and imagery is paramount. If you think about the last time you drove past a digital advertising hoarding; walked past an old-fashioned notice board on a wall; or scrolled absent-mindedly through social media, you'll recognise that there are often only a few seconds in which to land an important message.

In some respects, one of the pandemic's many impacts on society might have been to equip many of us with greater sophistication in how we access, assess and digest official guidance. But what's also glaringly apparent is the familiar tendency of some of us to be tribal; even when it comes to fighting potentially lethal diseases (or, indeed, the climate emergency). It's also often claimed that modern modes of communication are exacerbating this much-discussed social leaning towards taking "you're either with us or against us" stances. Venture into social media feeds or online forum discussions and it won't be long before you encounter radically different interpretations of how governments performed, in terms of protecting their populations, during the pandemic. Even the most balanced and scientifically robust online news reports were invariably hijacked in their comment sections by bots, anti-vaxxers, Covid deniers and zealots solely seeking to further particular, polarised political agendas.

What all of this demonstrates is the allure, increasing availability and disadvantages of what are sometimes known as "echo chambers". It's all-to-easy to allow your social media follower/friends lists to be filled with like-minded people who usually share your world-view. In fact, in certain wellbeing circles, we are sometimes encouraged – on the grounds of safeguarding our emotional state – to delete or unfollow the accounts and channels of people, groups and organisations whose messages make us "feel bad". That's not intended as a criticism of such advice, which can be and often

is a sensible prescription, depending on the specific circumstances. Like many of us, I often find myself blocking or unfollowing those whose perspectives – in my opinion – jar too excessively with my own interpretations or values. After all, our own social media accounts are a form of personal "social" space. To draw an analogy between the digital and physical worlds; we'd be unlikely to invite people expressing egregious views into our own homes, or linger in conversation with them in cafes or bars (even if physically distanced in line with Covid regulations). Nonetheless, it may be valuable to consciously try to maintain some balance by following more responsible proponents of alternative views; an example of which might be following all mainstream political parties' social media accounts (though, speaking entirely personally, even this comes with a cast-iron guarantee of daily frustration and bemusement).

Further fragmentation can be found among users of different social media and communications channels. Data suggests some demographics, by and large, rarely touch certain platforms or technologies with a proverbial digital barge pole. The almost passé example of this trend is the ascent of Instagram and TikTok, and corresponding decline of Facebook and Twitter, in terms of popularity among younger communities. But even this comes with a note of caution, as digital tribal identifies aren't settled: they can evolve, not least due to technology giants' propensity to acquire and assimilate rival platforms; thereby maintaining their market dominance. And as younger populations age, we may see them migrate from one platform to another, as their tastes change.

Why does this matter, for every single one of us, in every walk of life, including counselling? It matters because it's incumbent on organisations to actively reach out and connect with the communities they serve or represent. The stakes are high because we know that access to information, or more precisely a lack thereof, can effectively act as a barrier to equality. In the field of counselling, as with all sectors, it's essential organisations continue to adapt to this new communications landscape. By sharing engaging information and thought leadership across a wide range of communications channels and platforms, counselling organisations will be better-placed to most effectively inform, attract, train and support counsellors. Just as crucially, they will also be providing an extremely important and valuable wider public service, by making counselling more accessible to everyone – including those who may not traditionally have considered the benefits.

In the past, organisations might have been able to rely largely on reaching a critical mass of people through traditional marketing and information campaigns, perhaps pushed out through a handful of mainstream television and radio channels, and national newspapers. This may have been augmented by sharing information through existing peer-to-peer networks, such as professional bodies' members' updates, journals and stakeholder organisations' newsletters.

While those measures undoubtedly remain highly valuable and important ingredients in the marketing mix, they no longer represent the full recipe required. In today's communications landscape, it's no longer enough to simply broadcast information and effectively sit back and expect consumers to come to you. BBC iPlayer, Netflix, Amazon Prime and Spotify – to name but a few digital distractions – all present unprecedented choices over where we invest our time: it's a highly competitive market out there for our attention.

While this fractured multimedia landscape presents clear challenges in reaching large, diverse and representative audiences, there can be benefits for those who embrace this increasingly competitive environment. Improvements might come in the form of enriching the quality, diversity and inclusivity of publications, recruitment campaigns, websites and social media activity; and possibly even lead to cultural enhancements within organisations.

A useful exercise might be to look at the audiences you want to, and should be, reaching and honestly audit how effectively you are engaging with them. In the spirit of accepting there is generally room for improvement, an option might be to tap into your individual or organisational professional networks, in order to canvass opinion. Colleagues with insight into other sectors might offer useful perspectives on how effective your activity and reach is – and, crucially, may be in a position to suggest concrete, actionable steps you can take to broaden the reach of your information campaigns.

As the saying goes, "mighty oaks from little acorns grow"; and the process of starting to widen your traditional audience may come in the form of simply placing an article, or even a hyperlink to your website, in another organisation's newsletter, or social media platforms. While this may not necessarily yield instant results, it starts to build brand awareness and shows you care; that you value this particular audience and community.

There's no doubt the pandemic and other recent global events have brought out the worst in some – particularly online. However, for every individual or organisation attempting to capitalise on vulnerability and misery, there are contrasting examples showcasing sunnier sides of human nature. Communicating authentically, and with a clear sense of public service, equanimity and compassion, in this febrile media landscape can help ethical organisations cut through the dross and demonstrate how they are living their values. By observing and learning from skilled practitioners, and actively reaching out beyond traditional, existing networks, organisations can give themselves a far-greater chance of achieving their strategic objectives, in as inclusive a manner as possible.

In order to avoid continually talking to ourselves and passively hoping someone listens in, we can all benefit from venturing beyond our communications comfort zones and making the effort to strike up conversations with people on their own terms. In an era marked by fevered polarisation, the seemingly radical act of reaching across divides and forging new connections might present rare "win-win" opportunities for us all.

## Biography

**Lachlan Mackinnon** is a communications professional with extensive experience in senior higher education and government public relations roles, as well as in journalism with national Scottish and UK newspapers – including as a specialist correspondent. He joined the board of COSCA in September 2018.

# A Feast of Learning:

## the use of metaphor in the training room

**Sue Black**
Coordinator for Counselling, University of Aberdeen

Having presented many courses and several workshops over the last 14 years I have developed different and creative ways of delivering the learning. One of the most effective and engaging ways I have found is the use of metaphor. I want to talk about how this can be implemented, the effectiveness of it as a teaching tool, when it might be useful, along with some caveats and cautions around its use. I will be considering what research has to offer around the effectiveness of metaphor and will share my experiences and some of the ways in which I incorporate metaphor into my teaching.

Firstly, I would like to look at the definition of metaphor – what do we mean by this? Metaphor, according to the dictionary, is an imaginative way of describing something by referring to something else which is the same in a particular way. So, for example, the title of this piece refers to a "feast" in the hope that you, the reader, will feel full and nourished by the information you take in and digest from this article. There are different ways of expressing a metaphor: directly, e.g. the boy was like a boisterous puppy in his exuberance; or, indirectly, e.g. the torrent of information flooded me with learning. The former is easier to spot whereas the latter is subtler in its expression.

The use of metaphor not only embellishes and makes language more interesting, it can also be helpful in describing a situation more accurately and fully by drawing on similarities with other objects or situations. Metaphors can succinctly convey a great deal of information. Take, for example, the phrase "she swims like a fish". In five words we have a sense of the level of competence, safety, enjoyment and comfort this female has in water. If we look at my previous example of indirect metaphor: "the torrent of information flooded me", we also have a sense of the overwhelm being experienced; not only the amount of information, but how it felt to be overfilled with it.

Through the use of metaphor, unconscious feelings can be explored and expressed. Students (and clients) can be encouraged to connect with their imagination which can help with discovery of tools and blocks on the periphery of awareness. Freud (1900) describes "the royal road to the unconscious" and metaphors can be part of this journey of exploration.

Within the training room, metaphor can help students to personalise the learning. By using visualisations and check-in exercises, students come to learn about themselves and their own processes. They can learn of their own limits to acceptance and obstacles to empathy or congruence. They may become aware of how events in their lives impact them and how this might impact their studies as well as their work.

Learning theory can sometimes be experienced as dry and tedious. Including imaginative and creative techniques can make the learning more engaging and interactive, as well as bringing in the different senses (I will explain this more fully later) which can provide a wider sensory integration of the knowledge and feel more stimulating. In the current situation, where many of us have moved to teaching online, metaphor offers an opportunity to be creative in our teaching, in a way that translates as effectively to online delivery as it does in-person.

I am not proposing that metaphor be included at every opportunity and in every class. However, particularly in training counsellors and counselling skills students, I would advocate a healthy mix of this in the delivery. Some topics lend themselves well to the utilisation of imagination and

metaphorical musings. One example would be when discussing psychoanalytic theory. Illustrating this with a visualisation and explaining how it can help bring the unconscious into consciousness is a clear experiencing of Freud's theory of dream and fantasy analysis.

Margaret Harkness (1998) clearly recognised the benefit of presenting complex theoretical concepts, such as Rogers' *Nineteen Propositions*, in the form of a metaphor: "Percy, the Propositions Prototype" is an accessible and engaging way of understanding the person-centred theory of personality. Another topic where playful metaphor can be useful is describing working with children and play therapy. Not only can it be helpful to use metaphor in the training, such as shaping modelling clay to represent a situation or feelings, but, when training play therapists, this can also model the topic in the sense of ways of working with children. Making use of art materials to depict an image to represent family members in the form of, for example, the rooms of a house, can open up awareness of family dynamics. Setting out the individual needs and requirements for supervision in the form of pizza toppings can help students think about the proportion of challenge, support and knowledge they want from their supervisor. In this way, specific topics can be brought to life and enhanced using metaphor.

As previously mentioned, metaphor can enable a deeper self-understanding and the development of self-awareness. When it comes to teaching about self-care, asking students to engage in an exercise where they imagine they have arrived on a desert island and need to create a shelter for themselves allows them to consider their needs. I invite them to consider what protection they might need and encourage them to explore and imagine how they feel and to build their shelter accordingly, having access any materials they might need. (The shelter can either be drawn or built from materials to hand). For example, will the windows be barred, is there a fire to deter predators, or do they need a solid roof to protect themselves from storms? This is a particularly useful check-in exercise prior to teaching emotive topics such as bereavement or suicide, to help students think about how much they need to take care of themselves.

Other check-in exercises I use involve inviting students to think of themselves as an animal/biscuit/ type of weather/colour/etc. and share with the group what that means for them. This can lead to a depth of insight as well as often much hilarity, which encourages bonding within the group, along with enjoyment and occasionally a much-needed release of tension. I sometimes maintain the theme in the check-out exercise, asking students if there is any change in the earlier chosen metaphor (e.g. has the dark orange colour become lighter or more yellow?).

So what does the research say about the use of metaphor in teaching? I mentioned above about the benefit of bringing in the different senses. It is well researched that learning is more effectively absorbed when it is taken in through several different senses. (Shams & Seitz, 2008) Metaphor engages different parts of the brain (linking the visual and linguistic processing of the left hemisphere with the creative and imaginative processes of the right hemisphere) and thus helping the embedding of learning. If I am asking students to think of a topic in terms of a sensory experience, such as a meal, or a tree, I am encouraging the stimulation of taste, touch, auditory and olfactory senses. People with eidetic memory use visual recall to help them access previously seen material.

It has also been shown that using imagination can help memory, such as with using pictures to aid word recall, (Oliver, Bays & Zabrucky, 2016) By stimulating imagination whilst teaching, the theory can be more readily digested, stored, remembered and accessed. I certainly find it easier to remember Rogers' Propositions by relating them to Percy. Further, research shows that enjoyment of experience leads to better learning, so anything that introduces fun is beneficial. (Willis, 2007)

My experience of introducing metaphor into teaching has been that students have found it an enjoyable and interesting way to learn, and to explore and share previously unknown or unclear aspects of themselves. It has helped, at times, to allow a deeper sharing as there is a distance from self in talking about a metaphor that feels less personal, whilst still clearly linking to intrapersonal process. Used creatively, and sparingly, the learning can be conveyed in an

informal and enlivening way, bringing the theory to life for students. As I mentioned earlier, introducing spontaneity and humour through this imaginative technique can help group process and alleviate some difficult group dynamics, especially if the trainer is prepared to participate in a mutual way.

I have already shared some ways I incorporate metaphor into my teaching. However, I want to share another two examples at this point. I mentioned before the idea of Supervision Pizza. I also present this as Supervision Sofa and ask students to imagine they were buying a sofa. What type would they need – a solid supportive structure or a more versatile looser type? Is this sofa to last or are they intending replacing it regularly? Do they need instructions on how to use it? Are they looking for a particular style of sofa? What are they intending using this sofa for? Would a two-seater or a much larger corner sofa or suite suit them better (i.e. individual or group)? Then I invite students to think about this in terms of supervision and their specific requirements. How might they research supervision to find their perfect supervision sofa and what might this look like? In this way students can be supported and empowered to find supervision which is individually geared to themselves, their way or working, and their specific requirements thus ensuring its effectiveness in developing their practice.

Another exercise I created to help students think about the overall learning from a course is the idea of reviewing this in terms of a restaurant experience. (See box 1 below). In this way students are encouraged to reflect on their studies and perhaps identify areas and gaps in their learning requiring further research and development. It can also give useful feedback to training providers to allow for enhancement and improvement of the course.

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**Box 1. Course Review**

*Pairs: (20 mins)*

Imagine the course as a meal you have just eaten.

- How are you feeling? Full? Still hungry? Nourished?
- Did you enjoy it or do you wish you had chosen something else?
- Which parts did you found hard to digest? Which did you find yourself wanting more of?
- Was the course a banquet or a pauper's picnic?
- Were the dishes presented too quickly, or did you have time to absorb them fully?
- Did your meal feel like you had a starter, main course, dessert? Did it fit together well?
- What would your perfect meal consist of?

*Small Groups: (20 mins)*

Create a menu for the perfect course

OR

Write a restaurant review using the questions above reflecting on your experience of the course

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From my own personal experience, I can say that I have found metaphor to be very useful as a tool to help me understand and absorb learning. I also make use of it in my own supervision and therapy helping me to ascertain and more fully understand my own motivations and behaviours. It has helped me consider my work-life balance, my blocks to change and future directions I wish to take.

I find that some students, clients and supervisees appreciate the opportunity to explore aspects of self creatively and in a way that they find engaging and less threatening. As noted above it can help

bring otherwise hidden aspects to light through exploration of whatever metaphor or analogy the person has shared. A caveat I feel it is relevant to state here is that I tend not to introduce metaphor to sessions but rather work with any that the client or supervisee has themselves brought or alluded to. In the training room it is different as I may well be the one to introduce metaphor as a technique to encourage student engagement and reflection on the topic.

It is important to be aware of some caution when using metaphor. Firstly, not everyone finds them useful or helpful. Therefore, when training, be mindful of the needs of the group with whom you are working and, if this tool or technique falls on deaf ears, then use another way of presenting topics. Secondly, metaphor can provide a vivid experience which might be overwhelming if it takes a student into an experience which has been traumatic, or if it brings to awareness something which is very unsettling. I would recommend preparing students for what might emerge and encouraging them to look after themselves within the exercise, as well as allowing processing time, particularly after visualisations. Thirdly, it is important not to overwork a metaphor. Allowing students to take from each exercise only what is useful to them is more effective than drilling down into every minute aspect and detail of the metaphor. As with any meal, it is also better to have a variety of courses and flavours, so using metaphor as an occasional teaching tool is more interesting than presenting it at every class.

As a trainer I would advocate a sprinkling of metaphor in the delivery of counselling courses (and, perhaps, other courses too) as it leads to a more nourishing, pleasurable and memorable experience for all involved. It aids group cohesion, enjoyment of learning and expands students' awareness of creativity – a key aspect of Rogers' research and writing.

Finally, I would like to thank my supervisor, or maître d', for encouraging me to prepare and present this feast of learning to you, and I hope that you found it sustaining and stimulating.

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## Biography

**Sue Black**, Coordinator for Counselling, currently coordinates and delivers the undergraduate counselling programme at the University of Aberdeen. She teaches with Persona Development and Training and has her own private counselling and supervision practice.

# A Preferred Relationship:

## a response to client preference

**Mike Moss**

*"It isn't the technique, it isn't the therapist, it isn't the lack of training. It isn't the new wonder drug, it isn't the diagnosis. It is our clients own inborn capacities for selfhealing, and it's the meeting — the relationship in which two or more sovereign or sacred "I's" meet as "we" engage with significant questions of existence".* (O'Hara,1995; p30).[1]

I would like to offer a response to an article which appeared in the April 2021 edition of Therapy Today called *Working with client preferences* by Mick Cooper & John Norcross.[2]

It appeared that Cooper & Norcross were advocating that the therapist is best placed to help the client understand what they might need from therapy at the beginning of the work, and if the client's preferences are not within the scope of the therapist's experience, the therapist should be able to signpost the client to a different modality. It seems the autonomy of the client and the skills of the therapist are being ignored. In my experience it is good practice to create the conditions for the client to explore their preference more deeply and in this process a level of mutuality is formed and the therapeutic relationship can begin. I am mainly talking about private therapy here, as I am aware choice may be more limited in employee assistance programmes and the public and voluntary sector. I imagine there may not always be the resources yet to offer clients the preferences described in Cooper & Norcross's article. I believe that focusing on the client's preferences — as if they were a customer in a shop — and offering a number of different ways they may prefer to engage, limits the clients experience towards discovering their own power, and also limits the scope and experience of both the client and therapist learning from each other and creating something unique. I have wondered about how best I might express my own view here in writing my response and will attempt to explore my feelings as clearly as I can.

There was something that didn't feel quite right for me throughout reading the article. It was hard to define at first. Not that the article wasn't well written or the points well argued, or that I don't have admiration for the work of its authors. I do genuinely think they make a lot of valuable points. There was, however, something in reading the article which felt like it was missing. Thinking about this now I realise what it might have been.

My sense of the article was that it moved me to thinking about how I might respond as a client and also how I might respond as a therapist, perhaps mirroring my experience as if I were a client being asked about all my preferences, and if I was a therapist meeting a client for the first time. Yet I didn't feel there was enough in the article for me to connect to how my feelings would be held by the way of the therapist being suggested. It felt very much like there would be too many demands to come up with ideas about what may or may not be preferable, instead of just meeting to see if we might be able to resolve some of the presenting issues and find our way together, as if on a journey discovering where our relationship might lead.

I also want to acknowledge I find it somewhat difficult to identify my concerns without appearing to argue against client preferences, which I am not. I do believe my preferences as a client, and having a choice of the kind of therapy I want is of great value to my sense of autonomy and for my mental

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1    O'Hara, M. (1995) *Why is this man laughing?* AHP Perspective; vol 19 (pp3–31)

2    Cooper, M. & Norcross J. C. (2021) *Working with client preferences* Therapy Today 2021; vol 32 (3) (pp32–35)

health. I certainly do not intend to take something valuable away from the client's experience at the start of therapy, as it is so important the client feels heard. It may be the client hasn't looked at different kinds of therapy before meeting their therapist. However, I am aware there is a great deal of information online about the different types of therapy and also may therapists advertise online, so the risk of getting it "wrong" I believe will be limited.

Clients will want to be clear about the way the therapist works, and will also be aware of how the therapist makes them feel, and I want to be clear, by stating my own preferences here. I believe that, as a client, I may not entirely know what I need. However, I would need to know that the therapist would have to be able to communicate to me that they were listening to me, trying to understand me and that, to some extent, they cared about me. Also my concerns were taken seriously, and the therapist would be honest about how they might help me by agreeing to work with me to resolve some of what I was struggling with on my own. I know, as a therapist, if a client asks for something I genuinely feel unable to offer, I will explain my response as best as I can and trust the client can make up their mind from there. I may suggest another kind of therapy, which might be more suitable, but not every time.

In my career I think I have only done this once, or maybe twice. Mostly I talk about their preferences in terms of trying to understand them as best I can by being curious and supportive and interested. I may not manage this very well at times, but I do try to show I am trying to understand them as much as I can and, interestingly, this might be what some clients respond best to. I may also offer some of my understanding about how the client appears to me, and in so doing, it is possible what they are coming to therapy for may become clearer to both of us.

I firmly believe that it is in these first tentative steps, of not knowing and maybe getting it wrong sometimes, but trying to understand as best as I can, is where the therapeutic relationship begins. However, it appears to me that Cooper & Norcross are relying primarily on a client's preferences at the start of therapy, in "preference" to how the client is, and what brings them to therapy. They identify three main types of client preference which they believe the therapist should attend to, which they claim will help to identify what the client needs, by considering the kind of treatment they prefer, the type of therapist they would prefer, and the types of activities they might prefer. My immediate response is that this might be too much of a demand on the client, who, if they haven't already sought out a particular type of therapy, may feel somewhat confused and overwhelmed by choice. It has to be remembered that most clients seeking help are possibly feeling vulnerable and anxious, and may not have the energy to make a number of decisions early on in therapy about what they need, and may even seek reassurance from the therapist rather than being asked to consider a list of things as if they were choosing to buy something from a shop.

Cooper & Norcross also consider an example of a client who is seeking "warmth and reassurance from their therapist" and where the therapist believes this might not be what is required. And they go on to suggest that perhaps helping this client to "learn to tolerate anxieties and tensions" would be more effective. It appears that, even in offering client preferences, the therapist in this instance can hold a view of what might be best for the client. Later it is argued there might be some clients' requests which "will not prove helpful". I have two responses to these assumptions. My first response is that I can understand the therapist having a different view from the client and this is always worthy of consideration. However, this is only the therapist's view. It may be that, in exploring this view further with the client, it may contribute to a positive and open dialogue if done with sensitivity and care. My other response is towards the attitude of the therapist who appears to show little regard for the warmth and reassurance the client may be seeking, and this feels very cold and may discourage the client from entering into safe relationship with the therapist.

It has been suggested in the BACP *Good Practice across the Counselling Professions* (2020) guidelines[3] that the technique and approach of the therapist may not be influential factors in themselves, as research

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3    Good Practice across the Counselling Professions 004 (2020) *What works in counselling and psychotherapy relationships* British Association for Counselling and Psychotherapy (pp7–8)

has shown two of the most influential factors in effective therapy is the quality of the relationship and also the therapist's skills to create that relationship. The good practice guidelines go on to state that it has also been proven that it is the relationship that heals and not necessarily the methods used. I believe this clearly shows if our work as therapists is about genuinely trying our best to help clients heal, then we should consider how we are at the beginning of every contact and consider what we need – to be able to offer our best in relationship – attending to the needs of the client who asks for help?

I cannot know, at the start of my work with a client, what our relationship will be like, nor can the client, but as humans I believe we have a sense of what feels right for us. And if a new client feels there is something that may be useful for them, and experience themselves being heard and not judged, and believes the therapist is genuinely trying to understand them, then these may be the indicators which determine the client's preference. And these may be the indicators which may go on to help develop an effective therapeutic outcome. I believe that where it is my intention to be my "best" to help, and where the client's intention is to want to be helped, then this goal may be experienced by both the client and I as our therapeutic relationship grows. I also feel it is important to emphasise that in being human, both therapist and client ultimately share similar experiences of not always knowing what we need, and yet, whether it is in our thinking or motivation or mood. I believe we instinctively sense what feels right for us and know what seems to fit. The therapeutic relationship has always felt exploratory and collaborative to me. I always try to be in the spirit of being curious and patient, and spontaneous and creative, and wanting to help as best as I can, while trusting the client will find their own way towards change and growth and healing; and that our mutual relationship is important, even if I do get in the way sometimes. I also believe the client and therapist can know both consciously and/or unconsciously what is needed, even if it is to pause at times and trust the space of not knowing.

And similarly to Carl Rogers (1902-1987) I believe it is in the experiencing of a nurturing climate, which the therapist endeavours to create, where the actualising tendency becomes evident. And one aspect of this tendency is for the capacity of the individual in a growth-promoting environment "to move toward self-understanding and self-direction". And, importantly, this directional aspect of the person can be relied on, even when it is not fully known, and that we all have the necessary resources stored in ourselves to transform our experience.[4] Cooper & Norcross also consider how the therapist should assess client preferences, and suggest a first step is to ask "What is my scope of practice?". I want to add here, publicly, that I don't actually know the scope of my practice. I do know, for sure, I do not work with couples or families or groups or addictions, so I can easily turn down any such requests, and I am clear I only work with individuals. And yet, even in my work with individuals, I certainly don't think my scope has been reached. My scope continues to grow, I think, and change with each contact with a client, colleagues, supervisees, listening to a podcast, reading an article, listening to a child, or going out for a walk on a sunny day.

I also believe I have the capacity to continue my learning, the end of which I don't think I will ever know. I am also aware that I work very closely with my supervisors to help me with this process of constantly becoming a therapist, and believe if I am to be genuinely open and available to my clients, I have to be genuinely open and available to the mystery of life. And by not always knowing what my preferences are, I may discover new preferences available to me as they emerge. And who knows if a client will ever want to work with someone like me, who doesn't always know what is right for them, or himself, and who is still learning to be a therapist.

And finally, I do agree with Cooper & Norcross that there is still much more to learn in how we can effectively help clients, and while research and practice appear to "attest to the success of preference work", I also believe there are other ways to meet the client's needs.

Cooper & Norcross have asked some important questions in the article "Working with client preferences" and I have felt challenged at times. I still believe we should look again at the focus on

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4    Rogers, C. R. (1987) *Rogers, Kohut & Erickson: A Personal Perspective on Some Similarities and Differences* in Zeig, J. K. Ed. (1987) *The Evolution of Psychotherapy* Brunner/Mazel Inc. NY. (pp180-1)

client preferences, in light of the factors which show that the therapeutic relationship is the main element towards healing. And as relationships come in all shapes and sizes, the best fit might be to genuinely and warmly ask a client on first meeting with them, "How can I help?", noticing how I feel as a therapist to the client's response to this question, and noticing how I feel as a client to the therapist's response to my answer, may be the best indication of the way the relationship has begun.

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**Biography**

**Mike Moss** is a counsellor and supervisor currently employed by The City of Edinburgh Council, Scotland working in schools. He also has a small private practice offering counselling, supervision and training. He has had a number of articles published and has presented his work at national and international conferences. He can be contacted at **mike.moss@outlook.com**

# Writing it out:
## can therapeutic writing help wellbeing

**Morag Chisholm**

**An example as introduction**

Carol entered the theapy room and sat down in the usual chair placing a handbag by her feet. She reached down and pulled out a clutch of paper, apparently torn from a shorthand notebook, all densely covered in handwriting. "You suggested I write down what happened, so I have. Please have them. Too much for you to read now but I think Wednesday 17th is important." The entry on that date was one of many reporting the facts of an abusive marriage, but included four words, showing the feelings behind, "I started to cry". It made her world real to me.

**Writing in practice**

I imagine many of us have incorporated forms of writing into our practice, initiated by either the client or ourselves. It can be diary entries, factual accounts, poems, songs or short stories. Stream of consciousness exercises can be set for a given time span, written in the room or at home, kept confidential or shared with a therapist. Writing letters, not sent, is analogous to addressing an empty chair. There are endless permutations. Away from the therapy room, King (2001) suggests writing about life goals can help people feel happier and healthier. Writing about stressful work experiences can increase productivity while many of us have felt the therapeutic impact of blogging on our lives, Sweta (2016). All these writing methods help to alleviate the negative effects of stress and depression. They allow a physical release flowing from the mind, through the body onto the paper, opening up space for reflection.

**Written or spoken?**

It has long been established that the talking therapies have a positive effect on our mental state and well being. The spoken word has the disadvantage of being transitory (unless recorded) and requires minimal physical effort. While speech is instinctive, writing has to be learned, engaging many areas of the brain. The physical act involves messages travelling up and down the arm and fingers followed by intense coordination to create letters and words. Combining these physical acts of motor skills, thinking, language and working memory provide a workout for the brain King (2001). Expressing experiences into written language slows the process down, compared to speaking, as the brain has to organise and the fingers co-ordinate, to structure a text that is understandable to the writer. These activities require a greater investment in energy and time than talking. Older people are often recommended to engage in writing as a means to keep their minds sharp and improve their memory.

**Writing about emotional experiences**

Pennebaker (1997) reviewed research studies exploring the effect of talking or writing about emotional experiences. Most forms of psychotherapy reduce stress and promote physical and mental wellbeing by allowing the problem to be labelled and by discussing the causes and consequences. The mere disclosing of a problem may have tremendous therapeutic value. Typical writing experiments require the participants to write about assigned topics for three to five consecutive days for 15 or 30 minutes a day either in a laboratory or at home. They are invited to write about their deepest

emotions regarding an event affecting their lives. The result is the disclosure of a very wide range of traumatic experiences illustrating that people readily disclose deeply personal material. The participants judged the experience both valuable and meaningful.

Although writing about emotional experiences was beneficial, when combined with cognitive exploration much greater effects were found on physical well being. There were improved immune function, significant reductions in distress and fewer medical visits. In addition, it was found that while physical exercise improved happiness and mental health, the benefits were more significant when writing was included. Greater health gains appeared to require translating the experiences into language as simply expressing emotions was not sufficient. This may have implications for mental health during the Covid pandemic, Pennebaker (2020).

## The memoir – a longer writing out

Writing a memoir a very different proposition to expressive writing for a few minutes. Many autobiographies include accounts of someone's life, where they lived, what they did and so on, but a memoir is much more. I do not think you can just write it out; it needs time, and the space between. It can be a lengthy operation as procrastination and demands of everyday life get in the way. Also, there is the reluctance to face uncomfortable truths. Time is needed between sections to work through emotional responses and prepare for the next bit. It can be similar to the long drawn out process of bereavement, the loss of something valued and being unsure how to comprehend and assimilate it. As Diana Raab (2020) says, "what is most transformative about the memoir-writing process is being able to reflect on our experiences". It can be cathartic. Again, it is not just the reporting but the cognitive processes too. Raab (2020) suggests it fosters self-discovery and personal growth while giving us the freedom to let go. Memoirs provide a space for us to process and release negative emotions. Being transformative, encouraging reflection, reflexivity and self-awareness sets memoir apart from other forms of writing. The deeper they go, the more transformative the experience can be.

Appreciating the value of memoir writing is not new. John Buchan (1940) says in the introduction to his memoir, *Memory Hold the Door*, that an experience, especially one early in life is quickly overlaid by others but not lost. It can be kept in store to be recaptured and amplified by memory allowing us to interpret its meaning at leisure. A powerful memoir that I read recently is *The Missing List* by Clare Best (2018). In an interview with Ali Bacon (2018), Clare said the memories are less raw because they "have been distilled with the writing". She acknowledged that courage is needed to publish any book but particularly so with a memoir like hers which explores familial sexual abuse. She makes the point that a published memoir is making highly personal material visible to all.

## Combining writing with therapy

Most writing is confidential and it is the act of writing itself, not the content, that is viewed as therapeutic. Bootzin (1997) asks, "Should discussion of the writing become part of the therapy, or is it important to maintain the privacy of the writing?" Which brings me to the subject of my fiction/ memoir, *The HindSight Project*. Let me give some background. I had gone through a difficult period of my life and wanted to understand what had happened. Several years later I started writing about it, and getting it out there on paper was certainly a release but I found a problem. The emotions I felt at the time were being brought back and having a stifling effect. It was if I needed to unconsciously process chunks of the memories before proceeding with the next bit. They needed to be brought into the conscious before understanding could be attempted.

I am not as brave as Clare Best, but managed a compromise to create a collage of truth, imagination and all the spaces inbetween including anecdotal stories from others, (but not from clients). It had the hoped for cathartic effect but without complete exposure. In order to keep my personal and professional self apart, to some extent, I wrote under a pseudonyn, J. McKay. Again not as brave as Clare! The original plan was to recapture, through a series of narratives, how events had unfolded at the time with all the attendant feelings. Then, to look back after

several years, with hindsight, trying to make some sense of what had happened. To widen the the analytical potential, I invented the entirely fictional University of Galloway and the research project which gives the book its title *The HindSight Project*. The research concerned a new form of therapy called Narrative Memoir Therapy (NMT) which I created as a literary device. It allows three voices to be heard, the participant at the time of the events, in the present with hindsight and the therapist helping to interpret. I give below part of the letter sent to prospective participants, which outlines the project:

*A period in the past that is impacting adversely on an individual's current life is chosen. The participant produces a series of chronological narratives about this period as experienced at the time. All the writing is completed before therapy begins.*

*The therapist reads the first narrative only, before having their first session with the individual. With hindsight, they explore together what has happened, looking for meanings that were not apparent previously and working to understand motivations for behaviour. The therapist uses theoretical knowledge while the participant uses personal information of themselves and the others involved. There is no looking forward to the next chapter as no prior information is allowed. The same procedure is repeated for subsequent chapters.*

## Would Narrative Memoir Therapy work in practice?

In the final chapter of the novel, therapist and participant discuss the method. Their conclusions now follow. The project has ten narratives but that number would be impractical in real life. Five shorter ones could be manageable bearing in mind that this was part of the therapy.The method requires writing in a organised, chronological way which gives continuity to the exercise. There is a record on paper which can be reread,retold and relived giving a concentrated retelling This can lessen the emotional impact of an event, like a form of exposure reducing the effect. As all the narratives are written first it gives the opportunity to think back and become immersed in the perspective of the time without any influence from anything said during a session. Otherwise, a bias could be introduced before writing the next one. Conversely, it means that therapist going through the narratives one by one is not influenced by later events thus reducing the possibility of contamination. The overall approach allows greater focus on a particular episode, concentrating hindsight during the therapy sessions in an accumulative way. Manageable portions can be concentrated within a set time capsule for scrutiny and analysis . The method allows a gradual dissecting and dismantling, using the perspective of hindsight. It helped to remember that whatever had been done, it was valid at that moment. There is no point blaming in retrospect.

I found the combination of writing the fictionalsied memoir and the fictional therapy sessions had a profound effect. Not only was I reliving and using hindsight for interpretation but the character of the therapist was interpreting also. Authors talk about their characters taking off on a life of their own and I expereinced it here. She made me face truths, that otherwise, would probably have remained hidden, with some uncomfortable revelations. The method was born in fiction but I found it a powerful tool.

I have tried to put NMT in context alongside other forms of therapeutic writing and have summarised the possible benefits. I leave the question with you, could NMT be a useful addition in the therapy room or should it remain confined to the realms of fiction?

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Writing it out: can therapeutic writing help wellbeing

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## Biography

**Morag Chisholm** is a relationship counsellor with Relationships Scotland Dumfries and Galloway. She worked in agriculture and accountancy before qualifying as a counsellor so brings a rich mix of experience to her practice and writing.
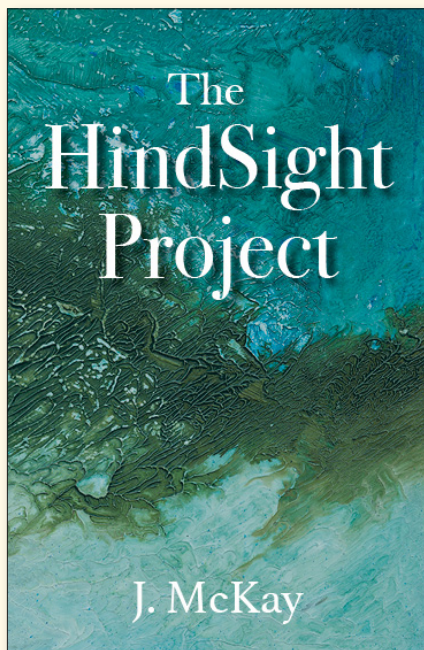


*The Hindsight Project* is her first novel, written under the pseudonym J. McKay to keep personal and professional lives apart. The book is available from The Lumphanan Press online bookshop: **lumphananpress.co.uk/product/the-hindsight-project-by-j-mackay/**

# Book Review

**Jo Wood**
Bereavement Counsellor, Outlook Bereavement Support

*If only he'd told her* is the story of a young woman, Emma, who at the age of 32, loses her boyfriend, Mark, to cancer, but in order to come to terms with his death, she must first understand the relationship between them and their love for each other. Beginning at the funeral, the story moves forwards in time as she works through her grief, and backwards in time as she untangles the relationship that they had with each other; a relationship overshadowed by terminal illness.
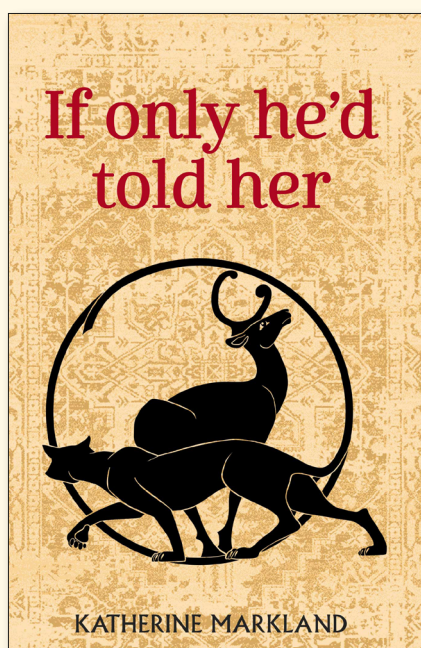
The story begins with Mark's funeral, and the immediate aftermath of upset, loss and disbelief. This is also compounded by Emma's doubt that Mark really loved her. She was not contacted by his family or invited to the funeral. The start of the story is characterised by an unwillingness to accept events, and feelings of loss and abandonment.

Upset and emptiness are soon replaced by anger and hatred. For the pain and anguish that he's caused in her life, Emma begins to further doubt Mark. Her friends tell her otherwise, but she can only focus on unhappy times. The story moves back to their last holiday together – a holiday dominated by the burden of an impending death, remembered now through the eyes of guilt and recrimination.

As time marches on, the pain reduces, the hate reduces, replaced instead with incompleteness and a wish for Mark to return. She starts a new job, moves location and her life begins to progress, and as it does, she settles into a happy state of living with Mark still by her side. The story moves back to the happy times they had as their relationship grew, while treatment for the cancer still offered hope, and earlier still as their relationship begins. These were good times, despite the constant reminders of cancer, marked also by the openness and trust that the relationship lacks and results in their downfall towards the end.

Gradually Emma realises, with the help of some reminders and realisations, that Mark possibly did love her; what she mistook for a lack of trust, was really a wish to protect her; what she mistook for unwillingness to commit, was really a wish to protect himself. Having satisfied herself that Mark did love her, Emma realises as well, that by refusing to let Mark truly leave, she is preventing herself from moving on. In the final chapters of the story, Emma decides to let go of Mark, and by focussing on her life and her future, she realises that life without him will be good again.

The story takes place over eight years – three years before the death and five years from the funeral. It presents an almost text-book account of a grieving process, that can only have been written from real experience, to cover many difficult topics, including guilt, depression, fear, recrimination and poor communication. It is a difficult read in places, as indeed, is bereavement. As such, it is also not only potentially supportive as a story for those who are grieving, and the ending is both beautifully sad and uplifting, but the book may be informative too to students and trainees of bereavement, psychology and counselling who are currently trying to understand these issues.

Jo Wood

Focussed purely on a single relationship *If only he'd told her* is also a very honest and beautiful depiction of how difficult it can be to love someone. As in all relationships, there are soul-stirring accounts of intimacy coupled with moments of pure hostility and cruelty. Ultimately the two people involved are simply too young, and the relationship between them is not well enough established to deal with the pressure that terminal illness can impose. The strapline on the back states "This is a story of the strength and tenderness in all of us, but the need for strength and tenderness too".

The book has a website at: **ifonlyhedtoldher.com** and is available for purchase from Waterstones, WHSmiths, limited independent bookshops and Amazon, for a retail price of £9.99.

*If only he'd told her* by **Katherine Markland**

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Also available as an eBook ISBN: 978-1-914083-20-4

Book Review

# New Registrants on the COSCA Register of Counsellors and Psychotherapists and New Members

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# Forthcoming Events

Details of all events are on the COSCA website:
**www.cosca.org.uk**

Please contact Ashleigh Greechan, COSCA Administrator, for further details on any of the events below:

**ashleigh@cosca.org.uk**
Telephone: **01786 475 140**

## COSCA Ethics Event 2022

**Thursday 24th February 2022, 10:00am-12 noon – Zoom**

Theme: What the future holds for counselling post COVID-19

## COSCA Annual Trainers Event 2022

**Tuesday 29th March 2022, 9:30am–12:30pm – Zoom**

Theme: "Creating engaging and inclusive learning spaces"