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# Counselling Psychology Review

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# Editorial

Heather Sequeira

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I WANT TO BEGIN my first issue as editor of *Counselling Psychology Review* by expressing warm thanks to the outgoing editor, Alan Bellamy, for his sage counsel and excellent advice. I realise that taking over the editorship of *CPR* is a challenging endeavour since such outstanding work has been done. Alan's excellent example has motivated me immensely and I am glad to extend gratitude on behalf of all DCoP members to Alan for his innovative work.

The academic papers in this issue come from a range of contributors that reflect the diversity in our profession. Martin Milton presents an original and thought-provoking paper on transformation, using first hand accounts to outline the nature of 'transformation' as experienced by fighters. Issues related to this process of change are then considered for their implications for counselling psychology practice. Sheelagh Strawbrige offers an absorbing reflection on the relationship between story and therapy, concluding with a discussion of creative cross-fertilisation between the arts and sciences. Ann Macaskill, presents us with a discussion of the literature on the concept of forgiveness. She concludes with the suggestion that counselling psychologists are uniquely equipped to contribute to the growing litera-

ture in this area. Finally, Jyoti Nanda presents an original piece of phenomenological research on the effect of meditation on therapeutic practice. In addition, I would like to highlight a contribution in the Newsletter Section concerning Statutory Regulation. Clearly, this issue has significant implications for our profession and it is noted that the DCoP executive committee would like to hear the views from members of the division.

As editor, my aim is that *CPR* continues to publish a high standard of academic and practice relevant papers. Furthermore, that the Newsletter Section continues to act as a forum for DCoP members to discuss and debate the issues which affect our profession, exchange information and expand the existing network between counselling psychologists in the UK. I would like to invite all members of the division to contact me to share their comments and advice on how to further enhance the publication's value to the Counselling Psychology profession. Much as I realise that there is no apparent reason to change any aspect of *CPR* at this moment, I take it for granted that I shall have to accept the challenge of being innovative and creative in order to keep *CPR* relevant to our developing profession.

# The process of transformation: A fighter's perspective

Martin Milton

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*This paper draws on first-hand accounts to outline the nature of 'transformation' as experienced by fighters in the run up to a fight and the experience afterwards. Issues related to this process of change and development are then considered for their implications for counselling psychology practice.*

**G**ARY<sup>1</sup> IS A FIGHTER. He doesn't see himself as aggressive or violent although he knows that others might see it differently. In his day-to-day life he wants to be relaxed and wants to enjoy himself in the same ways that others do. He says: 'When I go out for an evening, the last thing I want is [to] end up having a fight, [I] wanna go and enjoy myself.'<sup>2</sup> And it's not just him either. Gary says: 'My mates and I, when we do go out, we're just not typical of those people, we are just never going to start a fight, we are a group of fighters and are the most unlikely people to get in a fight, less chance we will start a fight than anybody else that's out.'<sup>3</sup>

Because of this, in the run-up to a fight Gary puts in a lot of effort to try and get away from his 'everyday self'. He has to find a way to get himself to a state of readiness to fight and his training is obviously used for this. Whether it is in the gym, sparring or with his coach, he deliberately engages with a process of transformation. Having said that, training isn't something he only does for a fight – it is an ongoing experience for him and one that requires him to attend to his body and to his mind. Some people (mainly fight fans) are aware of the type of training he has to go

through – consistent, intensive, targeting both cardio and plyometrics (although some also use weights). Gary does this come rain or shine, health or injury. Others are less aware of all that this entails and the emotional aspects as well. Gary is an emotional being and he has to find a way to capitalise on this – and so he includes his mind as well as his body in his training. He explains: 'I try to feel the emotions I will be feeling when I am fighting. You don't do this just before the fight, you do it weeks, months before.'<sup>4</sup> It is this ongoing training and preparation that allows him to develop skill and confidence in his abilities before he takes them into the arena where it counts most – the ring or the cage.

Gary knows that this transformation is going to be demanding – it is not going to happen all by itself. It's a conscious process and he knows that he will experience different things at different stages in the run-up to the fight. He says that in the immediate run-up: 'I sort of do my secret stuff, and I am pretty lethal, I kind of transform. Because I am quite a nice guy, I feel like, but I have to get myself into a nasty place, not NASTY place, but into a ferocious area, get my energy to the point where I am going into battle, you know. I don't want to be too nice.'<sup>5</sup>

Gary knows that when it comes to this stage he has to take a purposeful stance and it needs more than just a slight adjustment in his sense of himself. It doesn't just happen when he puts the gloves on. At times he feels that he has to make major changes – switching from one way of being to the opposite. It is important that he knows what he wants to

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<sup>1</sup> Gary is a composite character drawn from the accounts of a sample of fighters interviewed for the research outlined in Milton 2004a, 2004b and 2004c. Quotes will be attributed to the participants' pseudonym in the following footnotes.

<sup>2</sup> Steve

<sup>3</sup> Ivan

<sup>4</sup> Alistair

<sup>5</sup> Alistair

achieve and stays focussed and puts the effort in to achieving that state. With this dedication and effort he becomes 'more pumped up, more aggressive, more focussed, definitely more purposeful, I know what I am going in there [the ring] to do.'<sup>6</sup>

For Gary, the process of preparing for a fight is a paradox – as he becomes more determined and confident, he also experiences nervousness. On the way to training he finds himself thinking 'Oh my God, this is what I've got to go through tonight.'<sup>7</sup> Gary is nervous about the demands it will place on him – physically and emotionally as: 'In the back of your mind you are thinking, yeh, I am going here but I am probably gonna get battered. So when you are there you are enjoying it, it doesn't really matter, but when you have left you really glad you went, but you're always initially a little bit worried about going.'<sup>8</sup>

Gary isn't bothered by this as he knows 'every fighter feels this before a fight, [and asks] what am I doing here? Why am I here? They must feel that, they all feel that at some point – that's the pre-nerve thing.'<sup>9</sup> He sees his confusion and nervousness as normal and something that all fighters experience.

Along with all this nervousness Gary has to raise his energy levels. This is not purely a side effect of the nervousness of the adrenaline but a state that he aims for deliberately. He explains it by saying: 'You have to get your energy right, you vibrate at a higher level, [ ] and that's all it is, that's my analogy of fighting. [ ] If I have got that mind set I am unstoppable.'<sup>10</sup>

In order to get 'your energy right', Gary likes: 'To get a bit lary, [ ], not too much, not to the point where I have lost it but I need to get my energy up, you know, you have to, I

have to raise the molecules in my body, make them vibrate at a higher level. That's [ ] how granny's, when they are in survival situations, can lift cars up to save their children, and you think, 'how the hell can they do that?' But these things are possible.'<sup>11</sup>

As fight time approaches, Gary is working hard to get his energy levels 'right' – and it is important that he work at both a mental and a physical transformation. He starts his physical transformation by: 'Moving around, start doing your shadow boxing. You start transforming, switching, there are some breathing exercises you can do, with T'ai Chi and stuff that bring it out even more. There are body positions you can do, [ ] and there's exercises you can do to bring all that out which means you are faster, react better, I do a bit of that.'<sup>12</sup>

At the same time, Gary is focussing on transforming his state of mind and he uses his imagination to do this: 'I imagine I am getting the shit beaten out of me and I am really, ... I have got all these scenarios, so when I come to the day of the fight, I am completely prepared.'<sup>13</sup> The fighter focuses his training and preparation on the realities of the situation he is going to encounter.

Preparation is not an isolated experience, not something that Gary has to endure entirely on his own. It can be quite a social process. Gary uses others (in most cases, other men) to get him ready to fight. He has a team around him and he might use their physical assistance as 'just before you have to get your energy higher. [ ] I like to have a massage, not too deep, just to get everything loose.'<sup>14</sup> As well as the physical assistance, his trainer and corner-men help him mentally too. 'I have got all of my guys telling me all the good things to say, they all know what to say: 'Come on you are looking good', 'So powerful' – I sort of know its bullshit, its not bullshit I am looking powerful but they are saying it for the desired effect and you say all these things: 'God you are strong', 'You are looking good', 'You are calm and confident and relaxed'. 'You go out there and are business like', [ ], 'there's no way this guy can

<sup>6</sup> Steve

<sup>7</sup> Steve

<sup>8</sup> Steve

<sup>9</sup> Alistair

<sup>10</sup> Alistair

<sup>11</sup> Alistair

<sup>12</sup> Alistair

<sup>13</sup> Alistair

take you'. 'You are strong and if he does this you are going to do that' 'If he gets you in this position you are OK'.<sup>15</sup>

Once it has gotten to this point, the fight is imminent. He can hear the noise of the crowd from the changing room, he may have seen guys come back from earlier fights. He is gloved up and he is ready to do the business. Gary has transformed himself from his everyday state to one where he is prepared for the fight – or at least looking ahead to fight. He reflects on that state and says: 'I feel ready, I feel ready yeh, I just feel, I don't feel ready because I contradict what I said earlier, I never feel ready but I know I am ready. I don't feel ready because I don't really want to go in there, but at the same time I feel safe. I feel protected.'<sup>16</sup>

Gary is sometimes in conflict at this point – not 'feeling' ready but still, it is time to fight. He knows that being nervous is a part of the process and in some ways he thinks it is helpful. When he isn't as ready as he might like to be, Gary takes advantage of the initial stages of the fight and it is only once the fight is underway that he experiences the transformation. 'I think that's then where the significant change happens, I mean [ ] the event itself is actually quite separate and is characterised by different feelings and different emotions and that [transformation] will tend to happen when I first got hit. I was ok till I first got hit then that would change my feelings about things, I would feel, um I would have these destructive emotions, in the sense of anger and aggression and you know, it would take something like that to happen to get those out of me.'<sup>17</sup>

Because he has a good chin and can take a punch (although he knows it is risky to be complacent about this), it means that when an attack does get through, it can help him

focus more. He is very clear on this and goes on to say: 'I need to be hurt if you like from a punch or a kick for me to then get into that frame of mind and think I have got to do an equal amount of damage to what he's doing to me, so they'd be quite a shift. And then it would really just be about trying to inflict as much damage to them and not get hit myself.'<sup>18</sup>

At this point Gary is completely immersed in the fight, he is focussed and there is nothing on his mind other than his opponent and the fight – its time to do the business. There is just 'the feeling of being in 'the zone' there might be 200 people watching but the only thing you are aware of is your opponent.'<sup>19</sup> At this point, transformation is complete. He knows it is and other can see it as well. He says: 'my friends say to me, when they see me, I have totally transformed.'<sup>20</sup>

Gary knows that no matter how much he wants to prepare himself, he is not going to know how ready he is until he is in the midst of the fight. But, at that point, he experiences a completely different consciousness, he is less focused on intellectual perception. Gary says at this point: 'I am transformed. I have done this what I call praying, and this has only happened recently, in my last two, three fights where I have transformed and don't really remember what is going on.'<sup>21</sup>

Once he has become a fighter, he is in it – both mind and body are attuned to the job at hand. This focus is powerful and continues after the fight – at least until he can find a way to 'switch off'. Sometimes, the fighter has no problem with this and finds that he can revert to his normal day-to-day experience pretty easily. It can be a straightforward task like throwing a switch: 'when we switch it on, I hit the guy, bam, bam, bam – I am aggressive. But then boom I switch to relaxed again.'<sup>22</sup> When he can do this he is able to experience the man who, only seconds before was his opponent, as someone he values and respects. He says: 'After the fight I have got all the respect in the world for anyone that will step in the ring. I never had any hatred.'<sup>23</sup>

<sup>14</sup> Alistair

<sup>15</sup> Alistair

<sup>16</sup> Alistair

<sup>17</sup> Andy

<sup>18</sup> Andy

<sup>19</sup> Mr Nev, SFUK Forum

<sup>20</sup> Alistair

Gary is aware that this can happen a lot and he reflects on the fact that many of his mates are people who were his opponents at some stage. He says: 'I have a lot of friends from when I was boxing who are guys I have

fought. I have met them when I fought them in the ring and again when you go to train at gyms you get there and there's a sense of 'what you doing here?' and the eyeballing and so on – they try to make it not look like

they are but he is. By the end of the training session you are all mates.<sup>24</sup>

There are times when, after the high of the fight, Gary struggles to make the transition back to his day to day normality. When this happens he find himself quite unsettled. He says: 'Of course the next day I was really depressed'. But why would he be depressed? While the depression can sometimes be confusing for him, he has an idea what it is about. He says: 'After [the fight] I felt down [ ] I just felt down, anticlimax I guess. I felt SO, I had my energy SO high, higher than anything and then like UURRGHH kind of relief, kind of, its adrenal dump, I think I can explain it like that. Your energy is so high, I was just like UURRGHH . [ ] I always get like that, I feel sick and ... I feel like on a come down from doing lots and lots of horrible drugs – even if I haven't done them. [ ] That's like winning the fight 'YES, YES!!!' and then for a few hours 'YES, YES!!!' and then about an hour after you are all 'UURRGHH' Everything has gone out of you. Adrenal dump I guess.'<sup>25</sup>

When this happens, it can take Gary a while to regain his sense of himself –sometimes it takes up to a week and he can't stop thinking about it. He says: 'I will spend a lot of time ruminating over it and trying to find out why it happened maybe blame other people, for example, why did they give the decision to him, I will spend a lot of time thinking about it so um, yeh probably for a week afterwards, but it will still be on my mind, even when I am training.'<sup>26</sup>

A week later he is probably back to what he thinks of as normal, but he is still aware – or made aware - that his transformation is ongoing. An aspect of this change is physical and yet social, personal yet public. He hears about his ongoing change from others: 'She looks at pictures of me and she always

says 'your nose is getting bust' and 'your ears' – this is what I don't like cauliflower, you probably can't really notice it but where they are getting bashed they are growing . [...] Neanderthal a little bit, I cut very easily, I bleed ... I bleed like a bitch, the cartilage is growing there. My nose has been broken three times, my features are slowly changing.'<sup>27</sup>

It seems as if it's a case of, 'if you swim, you get wet'. He sees these types of changes as normal because he is not the only one that changes. He says: 'The biggest advantage for all of us [who fight] I noticed was that we all stopped [street] fighting as much. When you know you have nothing to prove you have no ego to polish.'<sup>28</sup>

Gary is well aware that this transformation is a demanding and tiring one, but for him, it is worth every struggle and all the energy expended. It gives him a sense of achievement. He says: 'I've got this need to do this as well [...] I achieved more than I ever thought I would achieve doing it.'<sup>29</sup>

When he sums up his experience of the all encompassing nature of the training, the mental and physical aspects of fighting and the social aspects, Gary is sure that all the pain, effort, commitment and hard work that goes into such a transformation is worth it. He says: 'It's a whole state of being, my whole life revolves around this.'<sup>30</sup>

### **Implications for psychological practice**

This account of how a fighter experiences a process of transformation comes out of a recent study that explored the phenomenology of 'being a fighter'. The study – including its methodology, strengths, limitations and findings – is outlined elsewhere (see Milton 2004a, 2004b, 2004c) and will not be outlined here. This paper reflects on the notion of fighting, the process outlined above and considers some implications for counselling psychology practice.

The account outlined above is important as much psychological and psychotherapeutic literature simply fails to attend to the experience of fighting. When it is mentioned, it is usually as a diagnostic

<sup>21</sup> Alistair

<sup>22</sup> Jack

<sup>23</sup> Ivan

<sup>24</sup> Ivan

<sup>25</sup> Alistair

<sup>26</sup> Andy



feature of such psychiatric ‘disorders’ as conduct disorder and anti-social personality disorder (American Psychiatric Association, 1987). This is not necessarily useful as it invites psychologists to think *only* of the problematic aspects of fighting and limits our understandings of its value and meaning. For such understandings, those interested need to turn to other sources of information. Some might check the sports pages of the print media, especially sport specific publications as *Martial Arts Illustrated*, *Boxing Weekly* or *Full Contact Fighter*. In addition, there are also a number of books that describe personal experiences of fighting and the wider experiences of the fighter (see Davies, 2002; Freeman & Wheatman, 2001, Shamrock & Hanner, 1997). There are also an increasing number of biographical writings of fighting available that attempt to utilise both biographical and more objective accounts to represent the fighter more realistically and more phenomenologically

(Beattie, 1996, Mathews, 2001; Twigger, 1997). These latter texts are of particular relevance for those interested in the data that is presented in this paper.

The following sections of the paper reflect on the account above and consider some of the implications it has for therapists when working with the notion of transformation.

The first question that comes to mind is the stance that therapists take, both personally and professionally, to human aggressivity and fighting. As therapists what assumptions and biases do we have about aggression and its embodied practices? How do we see it in others and how do we engage with our own capacities? For example, if the fighter is proud of his or her achievements<sup>31</sup>, how able are we to share in the struggle they have had in order to realise their capability? Can we recognise the passion, bravery and effort experienced – both at an intellectual level and in an emotionally attuned manner? To do this we may be required to reconceptualise the notions of ‘attunement’, ‘intimacy’ and ‘therapeutic relationship’ so that as well as the stereotypical ‘warm and fluffy’ rela-

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<sup>27</sup> Alistair

<sup>28</sup> Gconn, SFUK Forum

<sup>29</sup> Ivan

<sup>30</sup> Alistair

tionships we try to facilitate, we can also engage openly and honestly with the aggression of the other?

When listening to these fighters, it became apparent that on some occasions, it might be appropriate to substitute the term 'therapy' for 'training', and 'therapist' for 'sparring partner' or 'coach'. In our own field, the term 'therapy' has sometimes been equated to a 'training' (or re-training) role – as both therapy and training can be conceptualised as a space for observation of current experience, behaviour and interaction, thinking about new or different options and in some approaches, trying out of new ways of being. We see this in different therapeutic discourses – whether this is considered in relation to the therapist (e.g. transference processes) or to others in their family (e.g. systemic approaches) or to the world at large (e.g. behavioural experiments). There may be parallels to the coaching and training process whereby the fighter is coached through thousands of left hooks before it becomes natural, effective and habitual. Like the coach, the therapist, may have to be the one who withstands the anxiety and lack of confidence of the client, who advises a slower pace, time to reflect and reminds the client of the importance of staying with the process of learning.

Like fight training, therapy is of course a social process. While we may not spend whole days with clients, nor enact physical readiness in the same way, I wonder what the psychotherapeutic equivalent of 'massage' is? or the giving of 'useful bullshit'? As therapists we know that sometimes it is not enough to be 'warm' and to facilitate 'nice' relationships. The experience of being a therapist *may* also mean that we take a psychic beating – as if we are their psychological sparring partner. This aspect of the therapeutic work may be helpful *precisely* because we engage with the aspects of the clients that they are less comfortable with or that are less socially

acceptable – this of course brings us to impulsivity, aggression, anger, envy and the like.

Another challenge that this account of transformation raises for therapists is how our view of the world affects the way in which we engage with the tough and difficult realities that clients face. The fighter knows what he faces – he is reminded of this almost daily as he has 'his craft pounded in' (Wacquant, 2004). I sometimes wonder whether we can appreciate this and join our clients in such a stance? At times it seems that routine practice (certainly in over-pressurised public sector contexts) is either try to 'normalise' clients fears (or more realistically, minimise them) or we focus on the negative and the scary without recognition of the positive aspects. The fighter reminds us that without a realistic focus on the challenges ahead, people are not adequately prepared. If we focus on our struggles too much, without thinking about hope we are ill prepared and inevitably feel less than confident in facing our challenges (see Milton, 2004c).

In this regard, the fighter's suggestion that he needs to focus on finding a 'nasty' place is interesting as it poses a challenge to many therapeutic notions of warm, calm intimacy. Would counselling psychologists feel it appropriate to facilitate such an exploration and the adoption of nastiness? It might be terribly risky – yet without it we are being very directive in limiting what clients can explore ('positive' emotions and their capacities) and how (through nice warm relationships with us).

Related to the individual and social dimension is the age-old conundrum of how we understand embodied existence. The fighters discussed experiences that are not necessarily knowable by translation into words – in the same way that the experience of music is impoverished when we attempt to 'explain' it in words. Despite this, these experiences can be crucial to one's sense of self and to their relationships. We may recognise

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<sup>31</sup> The account uses the masculine tone because, despite calls for female fighters to participate, I only had access to male participants.

that 'it's hard to go from mental comprehension to physical realisation' (Wacquant, 2004) in boxing and other physical pursuits, it is also a major challenge for those therapists whose work is centred on the clarification of experience. As psychologists we risk our discussions being over-psychologised and bodily experiences being poorly engaged with. The question is how do we engage authentically with the bodily needs of psychotherapy clients without it being inappropriate? Inappropriate either by virtue of being overly physical, or cold and distant?

The ways in which fighters often experience a 'down' after the fight is also of interest when we think about transformation and the parallels in therapeutic practice. Not only does it invite us to think about the destabilising effects of therapy or when clients use therapy to initiate changes in their everyday lives and relationships, but it also invites us to think about the fact that we have a moral and ethical responsibility to at least consider and discuss the fact that therapy can be a long and arduous process and can make people feel bad.

As well as issues that affect the one-to-one therapeutic relationship, it is also important to recognise that the fighters accounts can help us think about some of the wider issues for example about time and levels of input required for transformation to occur, or the

issue of individual or group impact. Does effective life long change occur if we pre-set arbitrary time limits as some services insist upon? Or, is it similar to the development of a good left hook, with people requiring time and repeated intervention, to firmly but consistently draw attention to the sliding back into old habits?

Finally, it is important to note that these are just some issues that occurred to me in the discussions with my research participants. As is the case with any human experience a myriad experiences can be thought about but this paper clearly cannot attend to these in an exhaustive manner. It is hoped however, that these accounts might provoke thought in relation to the meaning of being human and how psychologists relate to all aspects of this – maybe even in the pages of *CPR*.

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# Story: A personal reflection

Sheelagh Strawbridge

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**C**ALL THE FOLLOWING a reflection because it is more in the way of thoughts to share than a polished argument, but I hope it makes connections and stimulates further reflections. It began as a piece of work during dramatherapy training and continues to be, like me, work in progress.

Stories and storytelling are as old as humanity and found in all known cultures. Along with ritual and dance, storytelling has been closely linked with the origin of theatre (see, for example, Brockett, pp.5–6) and is a fundamental human activity. It affords pleasure, the opportunity for fantasy, creative imagination and aesthetic appreciation as well as a way of communicating, sharing and building community. Stories can provide containers, which allow for some distance in exploring human problems and they offer answers to existential questions. So all cultures have stories about creation and Bruce Chatwin's informant, for example, tells how the ancestors of the first Australians sang the world into existence: ... the Ancestors created themselves from clay ...one for each totemic species. (Chatwin, 1988, p.14.) In a first primordial act of naming ... each Ancestor called out, 'I am – Snake, Cockatoo, Honey-ant – ...' They each put their left foot forward and called out a second name, their right foot and called a third, naming the waterholes, reedbeds, gumtrees calling all things into being and weaving their names into verses as they sang their way all over the world. (Chatwin, 1988, p.81.)

He comments ... by singing the world into existence ... the Ancestors had been poets in the original sense of poesis meaning 'creation'. ... the land ... must first exist as a concept in the mind ... then it must be sung ... only then can it be said to exist ...to exist is to be perceived. (Chatwin, 1988, p.16.)

From many Ancestors to one God, the Gospel of St. John opens, 'In the beginning was the Word and the Word was with God and the Word was God.'

Such connections between words, naming and creation in myths and stories are found all over the world. But what is being created? From the perspective of our own time and culture, it is probably most useful to answer this question in terms of human meaning and value. Seeing such stories as propositions of literal 'historical' truth led, in the West, to their eclipse by one overarching story, what Lyotard has called a 'grand or meta-narrative', that of science (Lyotard, 1984). Seen as 'primitive' attempts to explain the 'natural world' (or sometimes defended as such, e.g. in creation vs. evolution debates), myths and stories have, by many, been consigned to the nursery, or at best seen as cultural artefacts of interest only to anthropologists. So powerful has been the meta-narrative of science that even the world of human relationships and meaning has been seen as explainable in the same terms and positivist-empiricist psychology reduced mind/soul/psyche to brain chemistry, physiology and behaviour.

## Parallel stories

As I write this, I recognise a personal trajectory paralleling this Western cultural trajectory and, as I struggle both to find my way in to writing about story and to choose a story to focus my thoughts, I am reminded to start with my own relationship with stories (e.g. Brun *et al.*, 1993, p.27). As a child I loved stories and like most children I was easily transported into fantasy worlds. However, although I continued to enjoy stories, as I grew up I came to treat them, alongside theatre, cinema and the arts in general as, belonging to the part of my life constructed

as 'non-serious'. Enjoyable and enriching they might be, but I did not see them as having anything to contribute to my knowledge and understanding of either the natural or the human world. I studied biology and became a science teacher and then moved into psychology. Although I was frustrated by the aridity of the academic psychology taught in the 1960s, I turned to sociology and philosophy, rather than the arts, in my pursuit of knowledge and understanding, and to party politics in pursuit of social justice. It took a good deal of pain and disillusionment to bring the necessary humility to recognise limits to the possibility of understanding let alone in the capacity to change the world on any grand scale. Nevertheless, my youthful arrogance was progressively challenged.

Again I personally shadowed the more general failure of attempts to reduce meaning to causality and the attendant interpretative shift in social science of the mid-1970s. This together with ideas that have been termed 'postmodern' has led to a renewed interest by psychologists and sociologists in the exploration of stories as repositories of human experience, meaning and value. In this context Jerome Bruner made an important contribution to the liberation of psychology. Struggling to reconnect modern psychology with poetry and storytelling he made a useful distinction between 'paradigmatic knowing', concerned with logical argument and the search for universal truth conditions, and 'narrative knowing', concerned with how we come to endow experience with meaning (Bruner, 1986, pp.11–13). Ironically it is now sometimes the former that is called upon to justify itself, but that is another story.

The above sketches no more than fragments of a plot and, moreover, a plot which interweaves with alternative plots. Intriguingly, James Hillman tells us of an interview with Freud that suggests one such: Everybody thinks that I stand by the scientific character of my work ... I am a scientist by necessity and not by vocation. I am really by nature an artist

... in all countries into which psychoanalysis has penetrated it has been better understood and applied by writers and artists than by doctors. My books, in fact, more resemble works of imagination than treatises on pathology ... (Hillman, 1995, p.3).

### My story?

So why sketch the plot at all? This is not an essay in the history of psychology. The point is that the parallel personal and cultural stories suggested are precisely *'his'* stories. They manifest the theme of imbalance between what is variously described, with differing emphases, as, masculinity and femininity/logos and eros/Apollo and Dionysos. This imbalance has often been identified as an issue for our culture, our interpersonal relationships and our intra-psychic conflicts. It has been addressed in the voice of logos in, for example, feminist theory and Jungian psychology and in the voice of eros in novels poems and plays, such as Margaret Atwood's *The Handmaid's Tale*, Lindsay Clarke's *The Chymical Wedding* and Tony Harrison's, *The Trackers of Oxyrhynchus*. Whilst all of these have made significant impressions upon me, one particular encounter with this theme constituted a personal epiphanal moment.

The encounter was with the fairy tale *Rumpelstiltskin* (Brothers Grimm, 1983). Significantly, in relation to my theme, it was not the tale alone that made the impact but the tale told in the context of a Jungian interpretation. (Loomis, 1995) I was confronted by myself as a 'father's daughter' and I read the book in a mist of tears. I have since recommended or given it to friends with similar effect. Choosing *Rumpelstiltskin* to focus my thoughts for a course assessment, I re-read the book and saw myself repeating the old pattern of pleasing the father, in the authority figures of tutors. Moreover, in writing an essay rather than telling a story I was prioritising logos over eros and I note the paradox pointed out by Bruner. He quotes Czeslaw Milosz, 'Many learned books on poetry have been written, and they find, at least in the countries of the

West, more readers than does poetry itself' (Bruner, 1986, p.3). Unlike the Greeks, at least from the time of Homer and through the Classical period, we seem to have lost something of our immediate connection with the language of poetry and need it explaining and interpreting. The impact on me of the possible symbolic and metaphoric meaning of *Rumpelstiltskin* was channelled through such an interpretation.

### Symbol and metaphor

Symbol and metaphor are, of course, central to work in drama, theatre and dramatherapy and stories are a valuable resource, sometimes with deliberate symbolic or metaphorical significance like teaching stories in religious traditions (e.g. Shah, 1993) and some of Brecht's plays, sometimes more open to a variety of meanings. For example, fairy tales have been recognised for their rich symbolic and metaphoric potential partly because they offer little detail. They are not set in any specific time or place, happening 'once upon a time' perhaps in 'a land beyond the sea' being simply about a king, an eldest princess or a little match girl and including only the necessary details of plot. In psychoanalytic and analytical psychology they are seen as expressing unconscious developmental conflicts, such as oedipal difficulties, or archetypal patterns. Both traditions offer psychological interpretations of the tales but are conscious of their power lying in their irreducibility to a single interpretation. Although Jung criticises Freud for such reductionism, Bettelheim, himself a psychoanalyst, notes that, 'All good fairy tales have meaning on many levels ...' and, in turn, berates Perrault for spelling out meaning. (see Cox & Theilgaard, 1987, p.95; Bettelheim, 1978, p.169)

Dramatherapy, like counselling psychology, tends to take a position that is resistant to reductive interpretations but sensitive to the usefulness of the variety of possible

meanings (Jones, 1996). From this perspective, Loomis's exploration of Jungian themes in *Rumpelstiltskin* is useful so long as it opens up rather than limits possibility. Her understanding of fairy tales as each having an archetypal core, its 'mythologem', which describes at least: 'the dynamics of a particular personality structure; a problem an individual with that particular personality structure will encounter in his or her life; and a solution to that problem', can sensitise us to one universe of meaning. (Loomis, 1995, pp.13–14) Within this her understanding of the gifts of the necklace, ring and unborn child as symbolising respectively the sacrifices, demanded by the dwarf, of her heart/head connection, her wholeness and her potential, in exchange for survival, recognition and success are suggestive, as is her comment on the dwarf: The fact that the dwarf never appears unless the queen is alone suggests that the dwarf represents an aspect of her inner life, an essential element in her psychology. The dwarf is a little man, a male figure and, as such, represents the masculine energy the queen has for herself, in her inner psychological realm. Remember, in the outer world, the world of the father and the world of the king, the queen is honoured for doing incredible things. To this outer world, she appears heroic. She displays a personality imbued with the spirit of her father; ... However, her inner life, as this story reveals, is dominated by a dwarf, a miniature male who tyrannises her (Loomis, 1995, p.22).

The ideas of Jung and Jungians provide rich pickings for theatre practitioners as well as therapists. Mark Rylance's work with Shakespeare's plays at the Globe is a case in point\*. As Loomis sees the dwarf, he often sees the characters in the plays as representing qualities and characteristics of a single individual. It certainly cannot be doubted that Loomis constructs a powerful story about the tale of *Rumpelstiltskin* but, of

\* Rylance often works in rehearsal with Jungian ideas and techniques and runs workshops (e.g. one I attended, Globe Education Centre, 'Vision and Regeneration in the Winter's Tale', 6–7 September 1997, Nicholas Janni, Richard Olivier & Mark Rylance) using similar techniques.

course, it is another story and as therapists we need to be aware of the dangers of taking one possible interpretation, or for that matter one way of working with story, for the only possible interpretation or way of working when there are many. (e.g. Brun *et al.*, 1993; Dwivedi, 1997; Gersie, 1997; Gersie & King, 1990) Similarly, Colin Feltham notes the oppressive potential of too rigid adherence to one core theoretical model of therapy, particularly as they are all self-evidently productions of a patriarchal society and founded by charismatic white men, and John Casson helpfully advocates a celebration of heterodoxy in dramatherapy. (Feltham, 1997; Casson, 1998)

Bearing all this in mind, in working with a fairy tale, whether in individual psychotherapy, creative drama, storytelling or dramatherapy groups, it is important not to impose meanings. Nevertheless, the interpretative literature provides a huge resource and common cultural experiences and developmental struggles are very likely to produce meanings that echo those found within it as, after all, that is where the interpretations came from in the first place.

### **In conclusion**

As a psychologist specialising in psychotherapy and counselling psychology, I am conscious of how powerful is the Western bias towards logos in psychology and, in my personal struggle with this, my excursions into dramatherapy have proved invaluable. I am also conscious that this bias sometimes forces dramatherapy, alongside theatre and the arts in general, to justify itself, for the sake of professional recognition and funding, in borrowed logics and languages such as those of 'scientific' psychology, medicine and the market. In the context of the demand for evidence-based-practice, counselling psychology too, though struggling to maintain a more 'human science' perspective in psychology, is increasingly drawn into a more clinical frame of reference (Strawbridge, 2003). Of course, to devalue logos as such would be just as damaging as the bias

against eros and the demand for evidence-based practice is perfectly reasonable.

Within dramatherapy this highlights for me the importance of the theoretical models, developed as the discipline has evolved, that emphasise processes internal to drama and theatre and the therapeutic value inherent in creativity (e.g. Meldrum, 1994; Jones, 1996). A research base is also important, but again, developing research appropriate to the subject of inquiry and questioning the nature of evidence, rather than accepting a view shaped by other disciplines, is needed to support the integrity of the form of practice (see, for example, McNiff, 1998; Grainger, 1999, 2001; Andersen-Warren & Grainger, 2000).

It seems to me very important that these same principles, of holding true to the discipline and its evolved theoretical models and developing forms of inquiry that will foster an appropriate research base, are equally important within my own discipline and practice. I am excited both by the burgeoning resistance to narrowly conceived views of evidence-based-practice (e.g. Seligman, 1995; Bolsover, 2001; Holmes, 2002; Moloney & Kelly, 2003/4; *CPR*, 18(3), 2003; Marzillier, 2004) and the growing interest in story that I noted above and with it the plethora of publications that further Bruner's groundbreaking work in different ways. (e.g. Mcleod, 1997; Crossley, 2000)

Nevertheless, although based in a different discipline, I am also intrigued by work on the neurological basis of consciousness that suggests its fundamentally narrative character both in the 'wordless storytelling' of 'core-consciousness' and in the autobiographical storytelling of 'extended consciousness' (Damasio, 2000). Moreover, explicit connections are now being made between the findings of neuroscientific research and psychotherapy. It seems that functional research into living brains reveals a plasticity and adaptability that is fostered by established therapeutic practice. In particular the significance of both the quality of a relationship that allows safe exposure to

manageable stress and learning through co-constructed narratives are emphasised (e.g. Cozolino, 2002). All this opens avenues of inquiry and suggests one alternative evidence-base to ill-conceived RCTs.

Perhaps a way is opening up for more creative cross-fertilisation between the arts and sciences as some of the more arrogant claims of Western science are challenged. I

hope so, but current demands for quick fixes and the rapid production of justificatory 'evidence' can prove an obstacle to the slow and careful process of thoroughgoing inquiry and debate that is necessary.

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# A phenomenological enquiry into the effect of meditation on therapeutic practice

Jyoti Nanda

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*The focus of this paper is on the phenomenological enquiry of the impact of the therapist's practice of meditation upon his or her therapeutic practice. While there are many findings, I focus on two main findings. The **first** and most fundamental is that meditation is experienced as 'being with what is'. The **second** and equally important finding is that with the practice of meditation co-researchers experience a transformational change in all aspects of their life including in their interaction with their clients. The shift co-researchers experience is relational.*

*Four main 'being' qualities emerge for co-researchers with the practice of meditation in relation to themselves. Co-researchers begin to feel more:*

- i. **Accepting and non-judgemental** about their own inner processes in terms of thoughts, feelings, body sensations.*
- ii. They feel more **open** to allowing them to emerge.*
- iii. They start to **let go** of their own personal agenda and expectations of what something should be.*
- iv. They begin to feel more **present** and aware of what is emerging.*

*With the shift in their relationship to themselves, co-researchers experience a similar shift in their way of relating to others, most significantly in their relationship to their clients.*

*Co-researchers consider these being qualities as significant within the therapeutic relationship.*

**E**XISTING LITERATURE ON the effects of meditation comes mostly from meditation teachers. In being present to our breath and to our thoughts and feelings in a non-judgemental way we open ourselves to love and compassion for ourselves as well as towards others (Thich Nhat Hanh, 1990, 1998), the value of acceptance of our difficult emotions and staying with them in meditation (Sumedho, 1987; Trunpa, 1985), and the value of going deeper into our own disturbances in a non-judgemental manner (Tartung Tulku in Walsh, 1985).

Literature on the effect of meditation on therapeutic practice by various therapists points to therapist staying with their own difficult feelings and hence being able to stay with the difficult feelings of others (Walsh, 1985); a lived experience of 'emptiness' which opens us to experience an interconnectedness with others and feeling compassion towards others/clients (Kornfield,

1994); experiencing a transformation of one's consciousness and relating to clients with openness, experiencing empathy, feeling centred, and being present (Cortright, 1997); feeling a sense of openness and an ability to stay with client – (Epstein, 2001); 'an alignment of heart' and ability to tune into feelings of client (Pearmain, 2001); the practice of meditation revealing the meaning of 'unconditional positive regard' and compassion as a lived experience (Welwood, 1985). The practice of meditation seems to enhance the 'being qualities' so necessary within the therapeutic relationship. The importance of the therapeutic relationship is considered primary in bringing therapeutic change irrespective of techniques used in therapy (Wahl, 2002, drawing from Lambert, 1992). However, in mainstream psychology the value of meditation is hardly considered.

My own motivation for doing this research came from my experience of meditation and

my way of being with my clients. Despite clients expressing 'negative' emotions and indeed angry feelings, my own response seemed to be very accepting of their feelings, while staying with their feelings and wanting to explore more. In supervisions I have been quizzed about how I feel when my clients express so much anger and why is it that I don't experience similar feelings in the 'transference'. I have felt at a loss to explain why I don't experience the feelings I am expected to feel! For me the shift is in having to explain my feelings rather than just describing my feelings. I felt this present research was important in understanding my own experience, which at times made me feel very alone in my experience in group supervision.

A pilot phenomenological study on the effects of meditation on three non therapists prior to conducting this present study showed that meditators experienced feeling a sense of spaciousness and letting go of trying to control outcomes, feeling more open towards others, feeling a sense of groundedness in themselves, feeling more calm and peaceful which carried over from their meditation practice into their daily lives. These qualities in non-therapists seemed like worthwhile qualities to have in a therapist.

This study was conducted to find out if the experience of meditation in any way affected therapeutic practice in therapists.

### **Why phenomenological research**

The philosophical underpinnings of phenomenological research diverge from the dualistic Cartesian philosophy from which the traditional psychological methods of investigation emerge. The latter study human beings as one studies the physical world assuming that it is possible to objectively study 'subjects'. However, phenomenological research questions claims of researchers' objective stance. Human experience is not viewed as a closed off intrapsychic experience, but that it is something which is inextricably linked with its world. As Colaizzi (1978) writes, '... if the one

cannot exist independent of the other, then neither can be the cause of the other; ... each co-constituting, not creating or causing, the other' (Colaizzi, 1978, p.54).

As 'methodology rests upon philosophy' (Colaizzi, 1978, p.54), it moves the emphasis of an investigation from finding a causal relationship between specified variables to one, which is descriptive.

Traditional methods of psychological research use operational definitions, specified variables that are statistically analysed; then accepting statistically significant data and rejecting non-significant data. However, for the phenomenologist operational definitions, bias and restrict different ways of defining human experience (Spinelli, 2002), studying specified variables dictate what can be studied (Spinelli, 2002; Colaizzi, 1978), accepting only statistically significant data eliminates unique and existentially significant data.

Phenomenological research requires that the researcher accepts all data and tolerates contradictory findings, holding the tension of its ambiguity (Spinelli, 2002). Further, the phenomenological researcher works collaboratively with participants (called co-researchers) without masking the purpose or process of the research and challenges the basic assumption that sharing this knowledge with the co-researchers will bias what participants reveal (Spinelli, 2002).

Phenomenological research also recognises that researchers, in the very nature of being interested in a particular area of research can 'never achieve a state of absolute disinterest' (Colaizzi, 1978, p.55). They can only strive towards it by having a 'receptive stance' (Kaye, 1993 in Kaye, 1996, p.234) and being aware of their own subjectivity.

While a variety of methods can be used in phenomenologically oriented research – including interviews, conversations, participant observation, action research, focus meetings and analysis of personal texts (Lester, 2004), the general idea is to have a minimum of structure while keeping a focus on the research question as well as making

explicit what the researcher's own biases are, so as to be aware of ways in which the researcher can influence the research. However, despite making their assumptions explicit, phenomenologists recognise that some bias will remain (Colaizzi, 1978; Spinelli, 2002). Equally important is having rapport and empathy to enable participant to reveal information in depth (Lester, 2004).

While both single case-study as well as multiple participant research may be used, in multiple participant research, the strength of inference increases. However, its robustness only indicates the presence of factors and their effects for those who participated in the research and is different from statistical validity (Lester, 2004).

This inquiry utilises the interviews in phenomenological research methodology as presented and discussed by Colaizzi (1978) in his paper 'Psychological research as the phenomenologist views it'. Hycner (1985), Measor (1985), Moustakas (1994) among others also discuss interview methods.

### **My co-researchers**

While I had intended to interview eight existential counselling psychologists who practised meditation for this study, I was unable to find them. Despite contacting the BPS, the UKCP, the BACP, a Buddhist meditation centre, and putting up posters at the School of Psychotherapy and Counselling at Regent's College, only one person contacted me.

It was by word of mouth over a period of time that I heard of therapists, who meditated, whom I contacted. Some were hesitant to participate and it needed my persuading them to participate and ensuring confidentiality, while also making explicit that I would use the material I gained from this research and perhaps others than myself would also view the interviews. However, I assured them I would mask any identifying details.

My co-researchers were all white and European. As the interviewer, I was the only Asian. Except for one co-researcher in an advanced stage of training, all co-researchers were UKCP accredited psychotherapists, and

two in addition were also counselling/clinical psychologists. Three co-researchers were men and five were women.

My criterion for this research was a minimum period of five years of being a therapist as well as of having practiced meditation. However, most of my co-researchers were long-term psychotherapists and long-term practitioners of meditation. The minimum period of practicing meditation for any co-researcher in this research was 12 years. It went up to 30 years of practice.

Co-researchers belonged to four theoretical orientations – Existential, Integrative, Psychodynamic and Psychoanalytical; to four spiritual traditions – Buddhist, Sufi, Christian, and Hindu; and also represented two types of meditation – 'awareness increasing' mindfulness meditation and 'concentrative' theistic-relational meditation, as well as an 'inter-penetration' of the two types of meditation (Cortright, 1997). This aspect made this research both very rich as well as very challenging in terms of handling the material.

### **The steps used in phenomenologically analysing the data of co-researchers as described by Colaizzi (1978)**

1. Formulating the research questions which were:  
What is it like for you to meditate?  
How, if at all, does meditation effect your therapeutic practice?
2. Making explicit my own basic assumptions.
3. The interviews, 60 minutes mostly (going over time for two), were open ended, (audio recorded) focussing on the research question. Each interview evolved uniquely.
4. Transcribing the interviews.
5. Reading the transcriptions several times. The transcriptions contained the descriptive responses of the co-researchers in their entirety and what Colaizzi (1978) calls protocols.
6. Extracting significant statements from each protocol – those sentences/phrases in the protocol, which were directly relevant to

the phenomenon of meditation and its effect on therapeutic practice. Repetitions of the same statement expressing nearly the same statement from another protocol were avoided.

7. Extracting the meaning of each significant statement of each protocol. A difficult step requiring a 'creative insight' (Colaizzi, 1978) a 'leap' from what the co-researchers 'say to what they mean'. I needed to 'stay with' the original data, but also to 'go beyond' it without distorting or misrepresenting the meaning of the statement for the co-researcher.

Example: Significant statement: 'But I feel there was then, a bit of irritation which came up. You know. And I think it is okay too.'

It's meaning (through my understanding and subjectivity): I can accept my difficult feelings.

8. Formulating a 'cluster of themes' emerging from the significant statements with the extracted meaning, again a difficult step.

9. Going back to the original significant statements to 'validate' them by asking myself the following questions:

(i) Was there any statement which was not represented in the cluster of themes?

(ii) Was there anything in the cluster of themes which was not implied in the original statements?

10. Including both contradictory themes, on finding them, so as to allow 'data to speak for itself', as what may seem to be illogical may still be existentially valid.

11. Integrating the results from the cluster of themes into an exhaustive description of results of the phenomenon of meditation and its effect on therapeutic practice. This too was a difficult step as it involved further moving from the specific to make valid and existentially real generalisations for all eight co-researchers and at the same time to hold the contradictions in them.

12. Validation of results: The exhaustive description of results was given to each co-researcher to answer the following questions:

1. Does this exhaustive description of

results capture for you your own experience of meditation?

2. Have I missed out any aspect of your experience of meditation?

3. Have I in any way misrepresented your own experience of meditation?

4. Would you like to say anything else?

This was done in order to see how the exhaustive description of results I came up with compared with the experience of each co-researcher.

13. Incorporating feedback from those co-researchers who did not fully validate the results and then taking it back to them a second time for their comments.

## Findings

These findings focus on 'awareness increasing' mindfulness meditation.

### I. Being with what is

First, and most fundamentally, my co-researchers made the point that meditation is experienced as '**Being with what is**'. In their practice, co-researchers focus their attention on their breath and at the same time allow inner processes in terms of thoughts, feelings, emotions, and body sensations to emerge. As these inner processes emerge, co-researchers train their attention on observing them, staying with them, and then letting them pass in a non-judgmental way. Focusing and observing in this way increases awareness in the moment of whatever is happening for them. When focusing on difficult experiences, meditation can be a painful experience sometimes.

By practising acceptance of and being with their inner processes however painful and negative, and letting them pass, instead of trying to get rid of the painful negative processes, co-researchers start becoming

1. **Accepting and non-judgemental** about their own inner processes.

2. They feel more **open** to allowing them to emerge.

3. They start to **let go** of their own personal agenda and expectations of what some

thing should be.

4. They feel more **present** and aware of what is emerging.

In *italics* throughout the rest of the text, a sampling of significant statements of co-researchers illustrate the conclusions. Those statements in brackets have been summarised from longer statements to retain their meaning:

*'My meditation practice is to focus on the breath and watch my breath and be aware of my thoughts and feelings.'*

*'Instead of manipulating events, and trying to control events, there is much more an experience of being with the event as it is arising from moment to moment.'*

*'Meditation for me is primarily a way of connecting with the present and being quite non-judgemental about it.'*

*'Meditation helps that sense of letting go – of trying to let go of what one thinks or knows, and to be more present.'*

*'In meditation practice we set aside those mental constrictions in order to be open to our own being.'*

*'If (in meditation) I am feeling angry about something, then what arises is anger. I feel the anger arising powerfully.... I feel it; but retain, in meditation practice the observer faculties, so that I can watch it arising and ultimately, dissipating.'*

*'Meditation can also be a painful experience.'*

*'... just awareness increases. It is like becoming more conscious, becoming more aware, of what's going on in my mind and body.'*

**II.** The second and equally important finding is that **co-researchers begin to experience a transformational relational change in all aspects of their life – including in their interaction with clients.**

(Significant statements/meanings in brackets, illustrating conclusions):

*'Everything changed when I started to meditate.'*

*'With meditation, definitely, therapy changed.'*

*(Before I started to meditate, I was 'doing' therapy, I had less patience, I was more challenging, and I had less compassion for the other.)*

*(I am not meditating in order to be different from*

*before, but as a result of meditating I am different.)*

**1.** Co-researchers experience themselves as becoming more **accepting and non-judgemental** towards clients and begin to feel able to connect with them with a feeling of **love and compassion** even though the relationship with each client is different and unique. Therapists consider acceptance of clients and meeting them in a compassionate encounter as healing and allows clients to accept themselves, despite their traumatic and negative experiences.

*(Gradually in this process of sharing the space, sharing the silence, sharing the experiences with a therapist who communicates acceptance on a non-verbal level something very profound can happen.)*

*(In the non-verbal communication of acceptance on the part of the therapist there is a modelling taking place that no matter how awful, traumatic or terrible the material, it can be lived with.)*

*'Accepting the givens changes one's relationship to what happens.'*

*'What we are learning then is how things are. Together with this understanding which is a 'felt' understanding ... comes an incredible feeling of love for other people.'*

*'Well, it is difficult to put into words ... 'Love' is the word that comes to mind. But it's not in any sentimental sense. It's, extending the boundaries of compassion. It's, experiencing other people's suffering, as one's own.'*

*'There is a profound feeling of love for the world, but also a sense that the world loves me as well when I meditate.'*

*'It is a real experience which is warm and full of compassion and love.'*

*'Love in an encounter in a sense of quiet, warm, acceptance is actually quite healing.'*

**2.** Co-researchers feel more **open** and able to make the space to listen to self and to the client and consider this to be beneficial. In listening to their own suffering and processing it, co-researchers are better able to connect and empathise, feeling for the client's suffering as their own through cross-referencing with their own suffering.

*'There is a spaciousness which develops.'*

*'I am able to listen more intently in my work, which*

*is where the overlap is between meditation and my work.'*

*'I experience it as an improvement, as a desirable state personally and professionally.'*

*'At a personal level, I am able to listen better to what's going on inside myself.'*

*'It is important to always recognise that when we empathise we make an interpretation and that one is never the other person. What we sense or feel is cross-referenced with our own experiences of life.'*

*(Awareness can be really transforming if we process our own suffering and understand it. Only then can we have empathy and understand the suffering of other people.)*

*'Empathy is in the nature of feeling a connection with the other person's suffering as my own.'*

3. Co-researchers begin to let go of the desire of trying to control that which cannot be controlled, and experience a sense of quietness, stillness and calmness. In feeling calm and grounded, the co-researchers feel better able to stay with, engage and explore with the client feeling less reactive. Letting go is experienced as actively engaging in a unique encounter with each client, but letting go of controlling outcomes. In the encounter, co-researchers allow themselves to be open, to be moved and changed by the client

*'When I go into a meditative state, I go into the small, clear state of quiet awareness. I just come from a much stiller place; less influenced by my personal agendas. So I tend to be much calmer, much more understanding, much less reactive.'*

*'But, if I could say one thing, it is that I respect very much the place that the client finds themselves in, and I am not trying to make them change, or do things differently, but with, if you like, my assistance, to increase their awareness of where they are then.'*

*'When I am with a client, it is a unique experience in the way I experience a client. I don't know what, I have no agenda when I go in.'*

*(It is also about being open with someone and allowing them to be who they are and also to being open to them so as to allow them to touch me and change me.)*

*'So one does the best one can, all one can, one does it to the best of one's ability and then one can let go.'*

4. Co-researchers feel more **present** to what

is.

Being more present brings awareness of :

– **The importance of the therapist being present to the process and therapist's own reactivity.**

– **Awareness of change and impermanence as a given of existence.**

– **Intimacy in the therapeutic relationship.**

In being present to their own inner processes, co-researchers are able to see the difference between the content of the inner phenomena which immediately moves into the past and the arising of the inner phenomena (rather than its content) which is experienced as a pre-mental, pre-verbal felt sense and is ever in the present. **The present can never be captured in thought or word and cannot be explained. It can only be known in silence and is experienced as timeless.** For such co-researchers, whether in meditation or in psychotherapy, it is the process which is important. The content or the narrative is secondary. Such co-researchers feel that the most important aspect in therapy is being present to the process and that good therapists will free themselves from theory and allow themselves to experience what is happening in the present.

In being present to their own inner processes co-researchers also become aware of their reactivity and what triggers them off in their interaction with their client and respond to their client using choice through conscious awareness.

In being present to the difference between the content of inner phenomena, which moves into the past, and the arising of the inner phenomena, co-researchers may also have the realisation that every phenomena arises and passes away. Change is inherent in life. It changes the co-researcher's relationship to suffering, allowing the co-researcher to think of change, impermanence, and death, though terrifying, as a given of existence which cannot be got rid of, and allowing the co-researchers to stay with the client's suffering with compassion.

In being present co-researchers – as thera-

pists – also express their communication of intimacy in the therapeutic relationship.

While most co-researchers experience this transformational change as a lived reality, some may feel that this is something they strive towards rather than achieve it.

*‘There is no permanency in the present moment, in the content of what arises in the present moment ... it quickly moves into the past.’*

*(The arising of the inner phenomena, rather than its content, is experienced as a pre-mental, pre-verbal felt sense and is ever in the present.)*

*(The present moment can never be captured. It is timeless and can only be experienced in silence.)*

*‘The lack of permanency is terrifying for the sense of ‘I’ because ‘I’ wants a sense of identity and there is nothing more terrifying than not being who we think we are or who we want to be.’*

*(Meditation is not about achieving an idea. Rather, it feels like a profound lived experience of what it means to be fully alive, fully awake, to accept things as they are – to think of suffering and death as a given of existence.)*

*(In good therapy, theory becomes secondary to the encounter itself. So any good therapist will actually free themselves from their theory and allow themselves to experience what is happening.)*

*(I see the difference that my awareness of the process is the primary state and my narrative around the event is always secondary to the experience itself.)*

*‘If there is presence then non-verbal communication could be even more powerful than whatever verbal communication happens.’*

*(In being in the moment, I communicate intimacy in the relationship with my client.)*

*(Awareness in meditation makes us conscious of our reactivity. In becoming aware of them we are no longer controlled by them. We can choose how we respond.)*

*‘Being with a person who is aware of their reactive patterns but doesn’t act on them, there is immediately a modelling of something that is different for the other, something that is potentially liberating.’*

## Discussion

These findings focus on ‘awareness increasing’ meditation, but are not exhaustive. While this paper has attempted to bring

together phenomenological research methodology, review of literature, as well as some research findings, the scope of this paper does not allow it to be in greater detail.

With regard to the difficulties in finding a homogeneous sample of participants something interesting emerged. Paradoxically, though I would have preferred to study only existential counselling psychologists, the difficulty of sampling in some ways became an advantage since the inclusion of therapists from four different orientations highlights the ‘being qualities’ common to each. For example, the psychodynamic psychotherapist highlighting that, *‘Being in itself is probably, potentially the most powerful therapeutic tool we have.’* *‘Being is presence.’* The psychoanalytic psychotherapist expressing similarly, *‘It always makes me smile because we think we do such brilliant work with our insights and their interpretations and patients tell you that what changed their life was kindness that spoke to them.’* The integrative psychotherapist saying, *‘... it is about warmth, openness of heart towards feeling for the other(client).’* The existential therapist talks of an ideal encounter as *‘My getting out of the way and allowing them the space, where they are being met in a loving encounter.’*

However, though co-researchers see these being qualities as an outcome of meditation, they also feel that meditation, psychotherapy and other life experiences are very hard to separate and that they are complementary to one another. The experience of meditation for the co-researcher is *‘not a substitute for other learning or a substitute for therapy. Meditation is only experienced as an essential ingredient in how to live. It is practicing ‘being with what is’.*

I am aware that these findings arose as an interactive result of my own experience of meditation as well as the experience of the co-researchers’ experience of meditation. Perhaps if someone else had done this research, their relationship to meditation might have emerged in a different manner and, therefore, the results and conclusions might have been different. However, these findings were confirmed and validated by my

co-researchers, after my going through the steps of validation of results, incorporating the resulting feedback from those co-researchers who did not fully validate results, and seeking a re-validation of results from them. Despite validation, I would still like to believe, as Colaizzi observed drawing from Heidegger (1969), that research can never be complete, but is always 'only on the way!' (Colaizzi, 1978, p.80).

This research has captured only what emerged from the interviews on a particular day and time. What happens in a therapeutic encounter is far too rich and complex to be fully explored and captured in this research.

I believe the unstructured nature of phenomenological research was essential for getting information from my co-researchers. The initial hesitation of co-researchers and their fear of being misunderstood or misrepresented was overcome as the interview evolved and a feeling of intimacy grew in which co-researchers felt safe to talk both openly and candidly of their experiences to me, including for some co-researchers, some aspects of meditation which they had scarcely ever before shared with anyone.

It felt very much like a therapy session in that intimate personal information was being disclosed within a trusting relationship, where the co-researchers felt heard and understood. It also required of me the ability to stay alongside the co-researchers' frame of reference and engage, explore and clarify further the lived experience of the co-researchers.

My encounter with co-researchers felt deeply meaningful and worthwhile for me. It revealed some shared experiences with my own, but also added to my existing knowledge.

While these findings strongly indicate that the experience of meditation enhanced the therapeutic encounter for these eight co-researchers, this research is not attempting to generalise these results to all. It is, however, attempting to hypothesise to the extent that it has tremendous potential for those who have the inclination and patience to practice meditation. It hopes that training programmes will take note of the potential

for transformation through meditation for those who wish to practice it, and perhaps consider ways of incorporating it creatively into their training programmes, offering it to those who might choose to consider its possibilities.

## **Conclusion**

In this study, the experience of meditation was transformational for the eight co-researchers. Irrespective of kind of meditation, the spiritual tradition to which they belong, the theoretical orientation they practice, the experience of meditation for co-researchers enhanced the quality of encounter in the therapeutic relationship.

What this research is highlighting with regard to the practice of counselling psychology is that as counselling psychologists what is primary is our ability to be with our clients. In particular four being qualities emerged as being of major importance in the therapeutic relationship. They are co-researchers as therapists being better able to:

- i. Connect with love/compassion in their therapeutic relationship with client, even though each relationship is unique.
- ii. Experiencing empathy where co-researcher connects and feels for the suffering of the client as one's own through cross-referencing with one's own suffering and staying alongside the client's frame of reference.
- iii. Feeling more grounded and being better able to stay with client's suffering, engaging with and exploring whatever client brings in.
- iv. Being present to the process especially with regard to awareness of their own reactivity and responding to clients in greater conscious awareness using choice to respond.

Acceptance by co-researcher of the client's 'negative' emotions in a less reactive way, models for the client a way of relating that the client may never before have encountered. It may facilitate for the client to own and accept that 'negative' aspect of self. Co-researchers also feel able to accept client's



anger towards self and explore it in a less reactive way.

The importance given to these 'being' qualities stands in significant contrast to the over-riding values placed upon skills, theoretical knowledge, interventions and directive change that is emphasised both as part of our training and by our employers.

It is my view that these findings present a real challenge for us.

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# The treatment of forgiveness in counselling and therapy

Ann Macaskill

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*Situations involving perceived hurts, slights, and other interpersonal maltreatment are at the core of counselling and therapy. Resolution of these situations frequently involves forgiveness of the transgressor. Despite this the concept of forgiveness has received relatively little attention within the counselling and therapy literature. The reasons for this are explored beginning with the association between forgiveness and the Judaeo-Christian tradition. Freud avoided the term forgiveness and psychoanalysts until very recently have followed suit. Ways in which forgiveness are conceptualised are explored. Difficulties related to forgiving associated with our conceptualisations of natural justice are identified. A cautionary note is struck about the dangers of pathologising non forgiveness given the enthusiasm for forgiveness in the current research literature and in Positive Psychology. Distinctions between processes of forgiveness are made which are particularly potent for counselling. A summary of the literature with regard to the health benefits of forgiveness is presented and some client dilemmas in relation to forgiveness are outlined. Most of the emergent research on forgiveness is being undertaken by academic psychologists and the argument is made that counselling psychologists are uniquely equipped to contribute to the growing research literature on forgiveness.*

**A**CCORDING TO BECK (1995) and Ellis and Dryden (1997) virtually all of human disturbance is the result of blaming others, society or the self for things that have happened. From such blaming the need for forgiveness arises. The concept of forgiveness is thus at the core of psychotherapeutic endeavour but nevertheless forgiveness has received relatively little attention within the counselling and therapy literature. This is also true of the wider academic psychology and mental health literature with research on forgiveness largely appearing within the last 10 years. The reasons for this are complex. These will be explored as this process will allow reflection on current therapeutic practices with regard to the concept of forgiveness. Most of the emergent research on forgiveness is being undertaken by academic psychologists but my contention is that counselling psychologists are ideally if not uniquely placed to conduct research on forgiveness. Research findings with relevance to therapeutic interventions to promote forgiveness are presented as an introduction to the research in this area.

## **Barriers to the use of the term forgiveness**

### **The religious argument**

There has been an historical association of forgiveness with the Judaeo-Christian tradition (DiBlaso & Proctor, 1993; Enright, Eastin, Golden, Sarinopoulos & Freedman, 1992; Pattison, 1965) which Sells and Hargreave (1998) suggest has led to an 'anti-forgiveness' bias in the psychological literature. Forgiveness was considered to be a theological concept, something that was practised within a religious sphere and therefore of little interest to therapists and too 'unscientific' to receive attention from academic psychology. This assumption that forgiveness is less applicable to wider society because of its' religious history and is unsuitable for academic study has recently been challenged by many psychologists (Hope, 1987; McCullough & Worthington, 1994; McMinn & Rhoads, 1996; Scobie & Scobie, 1998; Schontz & Rosenak, 1994). Distinctions can easily be made between aspects of divine forgiveness within a religious context and human forgiveness although it may be argued that forgiveness as a concept may

well have more saliency for individuals with religious beliefs. McCullough and Worthington (1999) have reported that within broadly Christian societies people who are religious value forgiveness more than those who are not religious. Whether valuing forgiveness actually influences behaviour is still uncertain. The importance of forgiveness for facilitating social interaction and peaceful coexistence both at the intrapersonal and intergroup level is unquestionable. The development of increasingly litigious societies in the West and the so-called blame cultures makes it ever more salient.

### **The psychoanalytic literature and forgiveness**

The term forgiveness is largely absent from the psychoanalytic literature. In his extensive writing Freud does not index any references to forgiveness (Akhtar, 2002) and this appears to have set a precedent. Mosher (1991) reported an absence of any reference to forgiveness in the *Title, Key Word, and Author Index to Psychoanalytic Journals* between 1920 and 1990. However, concepts of direct relevance to forgiveness such as trauma, anger, guilt, shame, and the need for punishment are included. This would suggest that the concept is dealt with but under other names. Sells and Hargreave (1998) have commented that within psychodynamic therapy, forgiveness has tended to be treated rather like material for the confessional, where the therapist is 'priest' and the transference relationship allows for symbolic forgiveness. The word 'forgiveness' is seldom if ever mentioned, instead talk is of interpersonal difficulties being resolved, people learning to move on, or to come to terms with past issues, or letting go of hurt, or learning to accept themselves. Often it would be much easier for therapists to ask the direct question about whether clients have forgiven themselves or the relevant others in their lives. Presumably reference to forgiveness is avoided because of the religious connotations of the term. Akhtar (2002) further argues that forgiveness has

been ignored as there is a tendency amongst psychoanalysts to keep their theorising within the boundaries established by Freud, so that topics ignored by Freud continue to be ignored. A more serious reason for the lack of attention to forgiveness within the classical psychoanalytic literature may be due to the complexity of the topic with its emphasis on interpersonal relationships and social context, areas that psychoanalytic theory does not address particularly well (Akhtar, 2002).

A random search of around forty mainstream counselling and therapy texts in the counselling section of a University library that supports a range of counselling education failed to find the word 'forgiveness' in any of the indices of the books. This echoes the psychoanalytic literature and lends some credibility to the anti-forgiveness bias reported by Sells and Hargreave (1998). This is not to say that therapy does not deal with forgiveness issues rather that the word itself is avoided and a variety of euphemisms are employed instead.

### **Additional difficulties**

Another potential barrier to the use of the term forgiveness relates to the way in which forgiveness may go against our conceptualisations of natural justice, where the assumption is that wrongdoing must be paid for. Because of this tendency, Bass and Davis (1994) suggest that in the wider psychotherapy literature, forgiveness is sometimes perceived as being potentially oppressive. This is particularly true where clients have been abused and forgiving the abuser can be seen as bestowing power on the abuser so that they are free to abuse again in the future. It is also sometimes perceived as serving to keep the client in the 'victim' role, especially when there is a perceived imperative to forgive, (Sells & Hargreave, 1998). This is typified for example in the writings of McAlister (1984) where the desirability of forgiveness is stressed and failure to forgive is frequently conceptualised as pathological. This tends also to be true of some of the

family and couple therapy literature, (Bass & Davis, 1994; Boszormenyi-Nagy, 1987; Hargreave, 1994).

Positive Psychology as described by Seligman and Csikszentmihalyi (2000), echoes this, with forgiveness conceptualised as a human virtue and, therefore, being the desirable outcome of conflict. Revenge seeking and grudge holding, the opposites of forgiveness are pathologised regardless of the nature of the event or the social context. While some of this material on forgiveness as a virtue is interesting, it tends to be anecdotal and there is a dearth of systematic studies on the value and appropriateness of forgiveness in different contexts and for different individuals. This is one area that counselling psychologists are ideally equipped to explore by examining their clients' goals in relation to forgiveness issues, taking into account the nature of the hurt and the context within which it occurs.

### **Pathologising the lack of forgiveness**

The pathologising of non forgiveness can be dangerous as there may well be events that individuals cannot forgive or even be expected to forgive. In a study using a general population sample ( $N=159$ ), 68 per cent of the participants reported that there were limits to forgiveness. They identified death of a loved one, particularly a child by murder or other culpable event, sexual abuse and extreme physical and emotional abuse as being impossible to forgive (Macaskill, 2004). With the enthusiasm for forgiveness that is beginning to emerge within the psychological literature counselling psychologists need to remain alert to the fact that forgiveness may not be a desired or attainable goal for many clients. Instead such individuals may want to be helped to deal with their distress so that it becomes more manageable but accept that total resolution is unlikely. Individuals who can forgive in these extreme circumstances appear to be in the minority. The argument is that by forgiving the abuser, the victim may open themselves to further abuse. Certainly this

has been the experience within abusive relationships that are ongoing but it is a complex area and much will depend on the circumstances of the individual.

However, in some circumstances granting forgiveness can be empowering for the victim. Many individuals who have been victims in situations where the need for forgiveness arises carry an enormous emotional burden around with them. They continue to be angry with the perpetrator and they spend significant amounts of their emotional energy ruminating about the event, harbouring grudges and perhaps plotting revenge. They find it difficult to move forwards in their lives such is their pre-occupation with the wrong done to them. They are still acting out the 'victim' or 'wronged one' role long after the actual event. For some such individuals while total forgiveness may not be achievable it can be possible to assist them to draw a line over the traumatic event and begin to re-engage with their lives and move forward and give up the role of 'victim' or 'wronged one'.

### **Defining forgiveness**

At this point it is probably useful to make a distinction between forgiveness which is about turning negative feelings towards the perpetrator into positive feelings, giving up grudges and thoughts of revenge, and which may or may not involve reconciliation and drawing a line over the event. As mentioned earlier a survey of the general population suggested that most individuals do not see forgiveness as being limitless, they feel that some transgressors cannot be forgiven because of the horrific nature of their transgressions. In these situations the level of victim distress is likely to be very high and forgiveness may definitely not be on the agenda. Here a more appropriate goal may be to help the individual to draw a line over the event so that it no longer takes up all their emotional energies and they can begin to re-engage with their lives. The emerging literature on forgiveness talks mainly about forgiveness and non forgiveness and meas-

ures them on a continuum. However it may be that drawing a line over the event and moving on therapeutically is a valid health enhancing goal for victims in many situations involving forgiveness and needs to be recognised as such (Macaskill, 2002). It is not merely a stage in the process towards forgiveness but is a valid goal in its own right for some individuals. Individuals also talk about becoming reconciled to memories in instances where the transgressor is dead or geographically distant. Sometimes their goal is forgiveness but at other times it is about accepting that they cannot change what has happened, perhaps cognitively restructuring the memories to arrive at a different understanding of the situation. There are many examples of this occurring in the literature on therapeutic interventions for individuals who have been abused.

An example may help to clarify this distinction. One woman I interviewed had lost her son in a drink driving incident and the drunken driver had been a family friend, driving while disqualified for drink driving offences. Understandably she had been extremely distressed by the event but with time and help her anger had been replaced with a deep sadness about the event. She had not forgiven the driver and said she never would forgive him, but she was determined to try to prevent others suffering the same fate and has become involved in local youth alcohol education programmes. She explained that she was doing this in her son's memory. She had succeeded in re-engaging with her life and producing something positive from the event but she has not forgiven the perpetrator. Enright and Coyle (1998) suggest that the process of trying to find something positive in the experience is an important stage in the process of forgiveness. However, this woman was very clear that she was not working towards forgiveness. She was also coping well psychologically. This is clearly neither forgiveness nor non forgiveness but a separate resolution that seems to involve drawing a line and moving on. In the remaining discussion the term forgiveness

will also include this distinct category of coping in forgiveness situations, where distress and rumination on the event are significantly reduced although the perpetrator is not forgiven, as well as the more straightforward forgiveness.

### **Health benefits of forgiveness**

A major ethical issue for therapy is whether there are benefits for the individual in being more forgiving. There are several studies demonstrating that the act of forgiveness brings with it significant mental and physical health benefits, (Kelly & McKillop, 1996; Maltby, Macaskill & Day, 2001; McCullough & Worthington, 1994; McCullough, 1997; Pennebaker, 1995). Davidson and Jurkovic (1993) reported that individuals who do not seek forgiveness when they hurt others are at risk of having poorer relationships because they are less likely to be forgiven and also to forgive others. Maltby, Macaskill and Day (2001) in a psychometric study concluded that men and women who scored higher on the failure to forgive themselves displayed higher levels of neuroticism, depression and anxiety as measured by the General Health Questionnaire (Goldberg & Williams, 1991). In terms of physical well-being, the blame, anger and hostility associated with the lack of forgiveness is being compared to the toxic component of Type A personality (Friedman *et al.*, 1986). Hostility, blame and anger have been linked to poorer general physical health (Affleck, Tennen, Croog & Levine, 1987; Tennen & Affleck, 1990), a higher incidence of cardiac problems and higher mortality rates (Miller, Smith, Turner, Guijarro & Hallet, 1996). Research in this area is growing fast so there is increasing evidence that the anger, blame, hostility and grudge holding associated with the lack of forgiveness are damaging to health and that individuals who forgive tend to enjoy better health and greater life satisfaction (Macaskill, 2002, 2004).

### **Client dilemmas**

Victims in forgiveness situations frequently

find themselves in a quandary. They are distressed and unhappy about the situation and they cannot easily see a way forward. Forgiving the transgressor may be one way forward and indeed in many relationship situations the transgressor is asking for forgiveness and significant others in their lives may also be recommending forgiveness as a solution. However, the victim may be ambivalent about forgiving the transgressor. They ask why they should forgive as they feel that the transgressor does not deserve it, yet at the same time they may acknowledge that it is what they would ultimately like to achieve and may be the only realistic solution if the status quo is to be maintained. The emerging research on forgiveness and health provides one source of motivational evidence for victims in this situation. By continuing to be angry, ruminate, hold grudges and/or plot revenge, the individual is likely to be damaging their own health and experience a poorer quality of life.

It is also possible to help the individual to reconceptualise their situation. Here the literature on stress is helpful. Most situations where the need for forgiveness arises are low control situations, in that the victim has had no direct control over the events and there is little that they can do to alter events (Terry & Hynes, 1998). They cannot demand that the perpetrator apologise, indeed the perpetrator may even feel that they have done nothing wrong. Such low control situations are very stressful. The victim frequently feels helpless in this situation. With time victims can be helped to re-frame their situation to counteract this feeling of helplessness. Victims need to understand that while they remain upset and pre-occupied with the wrong, they are allowing the perpetrator to continue to hurt them. They are focussing their emotional energies on the injustices done to them and frequently failing to move on with their lives. Letting go of the negative emotions associated with non forgiveness can be conceptualised as being empowering. It begins with an acceptance that however unfair they feel it was the event has happened

and cannot be undone. They need to be helped to become aware of the options they have. They can continue to be upset and risk damaging their health, become bitter and damage their other relationships, or they can work towards some resolution of the situation. Resolution is obviously easier if the perpetrator acknowledges the wrong, apologises and makes retribution but even if this does not happen they can still be helped to move on. Underpinning all of this is the acknowledgement that forgiveness takes time (Worthington *et al.*, 2000). This is not always acknowledged in intervention studies and again is an area where counselling psychologists can make a valuable contribution based on documenting their experiences with clients to help provide more realistic guidelines about the length of treatment likely in various scenarios.

There are several interventions to assist in the development of forgiveness in the literature (Enright & Coyle, 1998; Worthington, 1998; Macaskill, 2002 ) and a case study literature on counselling interventions is beginning to emerge in North America, but there are many aspects of the forgiveness process that are poorly understood and counselling psychologists are uniquely placed to expand on this literature. Some evidence of cultural differences in forgiveness is emerging (Kadiangandu, Mullet & Vinsonneau, 2001) and case studies of British clients could usefully be compared with the existing American literature. Current research suggests that understanding why the incident occurred, the presence of mitigation, no wish for revenge, a willingness to compromise, the presence of an apology, some signs of remorse and a desire for reconciliation on the part of the wrong doer, appear to promote forgiveness (Worthington, 1998) but more work needs to be done on understanding the processes of change involved. The current discussion and indeed most of the research literature focuses on interpersonal forgiveness but self forgiveness is another major area waiting to be explored. Again counselling psychologists would seem

well placed to take this forward as they have almost unique access to individuals dealing with these issues and many will have a wealth of experience in this area.

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# Book Review

## **Emotional Health and Well-being: A practical guide for schools**

*Helen Cowie, Chrissy Broadman,*

*Judith Dawkins & Dawn Jennifer*

London: Sage Publications, April 2004.

ISBN: 0-7619-4354-4 (Cloth); 0-7619-4355-2 (Paper).

Cloth £60.00; Paper £18.99.



Reviewed by Rachel Lewis

Emotional health and well-being is a concept that is not always associated with schooling. This point is as relevant now as it ever has been. At a time when many people are calling for greater achievement in schools, this book is a timely reminder that academic learning is contingent upon emotional well-being and that the effective transition into adult life is not just dependent upon the acquisition of skills in literacy and numeracy but upon social and emotional learning too. This last statement, may come as no surprise to counselling psychologists, however, it may be of interest to know that there are many practical steps that schools can take in order to safe guard the emotional health of their pupils. Moreover, this book may be of use to any counselling psychologist wanting to take a systemic view of their work in schools and perhaps hoping to understand how they can best support teachers in supporting their pupils.

The book is written in three sections. Section One provides an introduction to the notion of emotional health in young people it provides a rationale for the book and suggests how interventions can be matched to a given school. Section Two highlights distinct categories of emotional difficulties with an introductory chapter on creating a school community that can support these various difficulties. Finally Section Three, looks at predicting difficulties and suggests how emotional health initiatives can be monitored and evaluated.

The introduction reveals some interest-

ing facts. We are told, for example, that two to four per cent of children suffer from depression. And that 41 per cent of those

that self-harm, seek help from friends before they act. We hear that roughly 9210 pupils are excluded from school per year and that for the rest of their lives, many of these children remain involved with mental health agencies or the criminal justice system. Furthermore, it is revealed that 1000 children annually are admitted to hospital with alcohol-related illness. The need for educators to develop an awareness of emotional health is, therefore, clearly stated. Factors, which are thought to contribute to mental health problems, are also highlighted as well as the factors which support the effective implementation of mental health interventions in schools.

In this first section, the stigma of mental health is also explored it is argued that stigma prevents children from looking for the help that they need and suggests ways in which negative views about mental health can be challenged. We also look at why schools should be involved in supporting emotional health, how schools function in a wider social setting, why schools should intervene at a whole school level and where to start in terms of choosing an intervention. There is also a checklist for pupils to complete. It is intended as a diagnostic tool providing a window onto the emotional life of a school.

In the second section, there is a change of pace with an examination of distinct categories of emotional and behavioural disorder. We look at disaffection, violence, bullying behaviours, sexual behaviour, alcohol, drugs and substance abuse, socially isolated children, bereavement, eating problems, self-harm and Attention Deficit



and Hyperactivity Disorder. Each chapter has practical ideas for schools in addressing these difficulties. In addition, ways are suggested in which schools can create an emotionally safe environment for its pupils. We are introduced to the unsavoury subject of school toilets and locker rooms. Teaching counselling skills to staff is also recommended, as is the teaching of problem solving and relaxation skills to children.

Some of the suggestions in this section may sound very familiar to schools. However, there are so many initiatives presented here that even the most well-informed head teacher will be exposed to some new ideas. I had never heard about LEAP, which teaches conflict resolution to teenagers; or Circle of Friends, which actively seeks to create a supportive social network for vulnerable and isolated youngsters. Of the many approaches offered in this book, however, my favourite would have to be Teens and Toddlers. It is a 12-week course where teenage girls are given first-hand experience of working in a nursery. This has been found to impart useful

parenting skills and, not surprisingly, to radically reduce incidents of teenage pregnancy.

In the final section, the practical implications of developing policy in schools are considered. Stumbling blocks are identified and explored. Some of the points in this section may not be new to policy makers, however there is some useful consideration given to issues such as a teaching staff's readiness to work with outside agencies.

In summary then, this book represents a long awaited change in thinking about children's schooling. It is no longer appropriate for schools to only be interested in the behaviour and academic achievement of their pupils. Nor is it sufficient for the identified child with emotional and behavioural difficulties to be taken out of class weekly for his play therapy session. This is an important book, of which counselling psychologists can be aware. It places the emotional health of children firmly on the educational map and identifies clearly the roads and bridges that can be taken to assist in multidisciplinary involvement.

# Letter from the Chair

Alan Bellamy

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**T**HE HOT ISSUES for us at the present time are the negotiations over entry into statutory regulation under the Health Professions Council, and the move towards making a Doctoral award the exit point for all accredited Counselling Psychology training programmes. The first of these involves us in discussions in which many of the parameters are set by others; the Health Professions Council itself, the Department of Health, and the government. The second is something we have decided to work towards for ourselves, based on principles of equity. Both issues have implications for other concerns of the Division, such as funding for training in Counselling Psychology and workforce planning for the Applied Psychologies in the NHS.

However, it is all too easy to let these matters dominate our thinking, such that we become predominantly inward-looking and forget about the wider world. Two things have reminded me of this recently. The first was a discussion that took place during a recent meeting of the Society's Professional Practice Board about human rights abuses, resulting in a minuted statement that human rights constitute a central issue for psychology, and the setting up of a group to plan a short conference on psychology and human rights to take place in Manchester during the Society's Annual Conference. If ever there was an area where we Counselling Psychologists should have something to contribute to the wider community, it is this.

The second reminder came when I attended the annual conference of the Psychological Society of Ireland in November and was able to meet and talk with a number of Irish Counselling Psychologists. What was impressive was the European and international perspective that was much in evidence there. From an awareness of developments in psychology and psychotherapy in continental Europe and North America, through to travelling abroad to widen or deepen one's training, our hosts demonstrated an outward-looking perspective that was admirable.

The challenging but very worthwhile application process for entry onto the Society's Register of Psychologists Specialising in Psychotherapy asks candidates at one point to situate themselves as practitioners in the wider social, cultural and political world, and to comment on the implications of that. And as Counselling Psychologists, we learn to be able to focus on the internal workings of our clients whilst maintaining awareness of their, and our, context and environment. Perhaps we need to do the same with respect to applied psychology, both for the health of the profession and for the benefit of the wider society.

# Statutory Regulation: Implications for Counselling Psychologists

Susan Van Scoyoc

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On behalf of the Division of Counselling Psychology Executive Committee

THE BRITISH PSYCHOLOGICAL SOCIETY, the Department of Health and the Health Professions Council have all been moving towards making Applied Psychology a regulated profession. It is planned that, within the next year or so, the Health Professions Council (HPC) will regulate all Applied Psychologists who provide services to the public. At this stage in the procedure, it is envisaged that the HPC will be responsible for disciplinary issues, accreditation of courses, continuing professional development (CPD) requirements and maintaining a register of Applied Psychologists, although it should be noted that none of these decisions has been finalised and will shortly be consulted upon by the Department of Health.

One of the key debates surrounding this move was to decide which specific title(s) should be regulated. It is proposed that the title 'psychologist' is not protected or regulated because it might lead to a criminalisation of those not intended to be regulated (such as academics or research psychologists). It has been proposed that seven titles will be regulated in the first instance, of which 'Counselling Psychologist' is one. In other words, the HPC will regulate practising Counselling Psychologists in the future and anyone not registered with the HPC but calls him or herself a 'Counselling Psychologist' will be liable for prosecution. For existing members the BPS will manage this transition to statutory regulation by simply writing to all Chartered Counselling Psychologists who hold a practising certificate to ask if they wish to transfer to the HPC Register. The HPC will also put in place time-limited 'grandparenting' arrangements to allow those professionals, who may not be Chartered with the Society, but who

have been practicing 'safely and lawfully' access to the Register when it opens. The Society is in discussion with HPC to try to ensure that high standards are maintained for those entering the Register via this route.

It is not intended that people engaged purely in Counselling Psychology research will be subject to regulation, but they will no longer be able to call themselves 'Counselling Psychologists' unless they are registered with the HPC and will be legally obliged to call themselves a 'Counselling Psychology Researcher' or 'Lecturer in Counselling Psychology' as appropriate.

Chartering will still exist, but only as an adjectival title owned by the BPS – this means that appropriately qualified people will still be able to describe themselves as a 'Chartered Psychologist' but can only describe themselves as a 'Chartered Counselling Psychologist' if they appear as a Counselling Psychologist on the HPC's list. The Society is seeking to clarify whether this will be the legal position.

The Division of Counselling Psychology Executive Committee is concerned that the Society may not adhere to its stated aim 'To ensure that the move towards statutory regulation does not compromise the Society's standards and aspirations' in its drive towards Statutory Regulation via the Health Professions Council. These concerns centre on the messages 'we have no choice,' 'this will protect the public' and yet no definitive agreements from HPC to maintain standards or the profession are forthcoming.

It is claimed Society members approved joining the HPC in a referendum regarding statutory regulation. However, the HPC was not created until 2002, after the vote, and members have not had the opportunity to

vote on whether a regulatory body not solely for psychologists is acceptable.

The HPC has to date regulated health-related professions mostly embedded in the NHS. Psychologists may be reluctant to embrace a regulatory organisation so influenced by the Department of Health.

The currently regulated professions within HPC are primarily at graduate level. There are as yet no written guarantees that our professional standards or monitoring of training routes will be maintained with rigor equal to that of the Society.

There is lack of clarity over how the HPC will approve training for doctoral level courses leading to registration and concern that course inspectors will primarily be non-psychologists without qualifications equal to the courses they are inspecting.

It is possible that future training will become focused on becoming 'registered' rather than 'Chartered' which the Society is saying will become the 'gold standard' above and beyond registration. What will motivate practitioners to attain that further standard?

The HPC monitoring process for CPD appears less rigorous than that of the Society and annual practice certificates will not be issued. How does this protect the public or the profession as effectively as present Society procedures?

Several other health professions have their own regulatory bodies. The government has made it clear it wishes all future regulation under central councils such as the HPC and does not wish to support further individual regulatory bodies. As a result Society members are told we must join the HPC. This lack of co-operation from the government should not result in us unreservedly handing our profession over to HPC.

Becoming a 'Registered Psychologist' may lessen the friction between specialisations, but the Department of Health may be politically motivated to homogenise the 'applied psychologies' via HPC for administrative simplicity.

The public will be able to check whether a psychologist is 'registered' with the HPC

but in order to establish whether the psychologist is practicing within their area of competence they will have to go to the BPS register. This disadvantages those who have to train for a minimum of six years to register for their specialised title as anyone may continue to call themselves a Consultant Psychologist, Psychotherapeutic Psychologist, or any variation other than those specialist titles used by Society Divisions. How does this protect the public who often struggle with the difference between a psychiatrist and psychologist?

Richard House, a psychotherapist, provocatively asks: 'Can existing or aspiring registrants, in the privacy of their own conscience, with their hand on their heart and beyond all reasonable doubt, sincerely aver that statutory regulation is on balance a beneficent process – rather than one driven by commercial competition and profession-centred self-interest, culturally fashionable, anxiety-driven 'control-freakery', and the 'dysfunctional' institutional dynamics to which all organisations – and especially psychotherapy ones – seem subject?'

Further information, including a useful 'frequently asked questions' section can be found on the Society website: <http://www.bps.org.uk/statreg/index.cfm>. The HPC website is: <http://www.hpc-uk.org>.

The DCoP executive committee is concerned to represent the views of all its members and invites comments on possible statutory regulation by the HPC. Please contact the Honorary Secretary of the Division with your views. We will be providing an opportunity to discuss this matter at a forum following the Division AGM the during the Annual Conference in Manchester.

### Correspondence

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### Reference

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# Policy Statement: Qualifications in Counselling Psychology

## Division Committee

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**T**HE DIVISION COMMITTEE has been concerned about the current qualifications situation in the profession as a number of variables have highlighted that confusion exists in the understanding of these qualifications. These variables include Agenda for Change and other job evaluation schemes in the public sector. It seems that due to the range of awards available, some stakeholders might fail to recognise that counselling psychology is a D level profession as outlined in Quality Assurance Agency and Benchmarking frameworks agreed by the Society.

After consultation with the Training Committee in Counselling Psychology and the Board of Examiners, the Division of Counselling Psychology committee fully supports the BPS policy that all applied psychologies are D level professions. It is the Divisional Committee's position that all Counselling Psychology trainings that directly lead to eligibility to apply for registration as a Chartered Counselling Psychologist, whether by the course or the independent route, should confer a Doctoral award.

### **Executive Committee**

Division of Counselling Psychology  
24 November 2004.

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## Subgroup for Press and Communications

**A**S PART OF THE Division's ongoing drive to raise the profile of Counselling Psychology as a profession the Division Committee has set up a sub group for Press and Communications. We are looking for members from all levels of the Division to take part in the sub-group and

incidental expenses will be paid. Experience isn't necessary but an enthusiasm for spreading the word certainly is. If you would like to know more or would like to volunteer please contact Owen Hughes DCoP Press Officer on 01874 712508.

Sorry for the delay.

# News from the Surrey Course

Elena Touroni

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**A**S YOU READ this, the new cohort of trainees in the Surrey course have already completed their introductory training in therapeutic skills and are busy in their placements. However, it is not only the trainees of the course that are rather industrious at the moment.

Mid-placements visits are currently underway, with professional tutors, myself included, 'out in the field' meeting supervisors, discussing trainees' progress in their therapeutic work with clients and planning ways to facilitate their growth as counselling psychologists.

As is the tradition at Surrey, trainees have taken up a range of placements within NHS departments in primary, secondary and tertiary care. They include specialist services such as substance misuse, personality disorders, eating disorders and pain management clinics. Outside the NHS, trainees are gaining equally valuable experience in student and staff counselling services. The course endeavours to provide trainees with diverse clinical experiences throughout the three years of the training. Consequently, the other Professional Tutors and I continually pursue new and exciting placement opportunities for the cohorts.

This is the first year for me in the role of Professional Tutor for the course and personally it has been a challenging but exciting time. It has also been a period of transition as I have come to this post to replace Dr Margaret Tholstrup, who retired back in September 2004 after three-and-a-

half years of invaluable contribution to the course. Thankfully, Margaret will be coming back to Surrey in a few weeks' time to facilitate a supervision group for the third year trainees. We will be delighted to have around us once again as we can all learn from her years of therapeutic and training experience.

Another notable absence, albeit temporarily, is Dr Riccardo Draghi-Lorenz (Lecturer and Research Supervisor) who is away on a six-month sabbatical to the inspirational countryside of Vienna. Dr Draghi-Lorenz will dedicate his time to the write-up of research, which will further contribute to the department's publications' record. He will be undoubtedly missed by trainees and staff alike and we hope that this time away will be productive, refreshing, and that he will return ready for the new academic year.

As for the rest of the Course Team, our inspiration has been cultivated during our annual away day, where new and creative ideas were developed for the course in light of the new Society criteria for counselling psychology training in the UK. We are all enthusiastic to implement some of these ideas as we're making exciting changes to the curriculum for the coming years.

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Counselling Psychology Conference 2005

# Relationships in Counselling Psychology: New Horizons

Report from the Sub-Committee for Conference

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**I**S RETIREMENT THE end of the affair? Do psychologists know enough about sex? Pals after punch ups. Dignity in relationships. Integrating Spirituality and Psychotherapy. These are just some of the titles that met the conference committee's eyes as our reviewing meeting got under way in early November. Over coffee and biscuits neural energy was stimulated by the unprecedented number of submissions this year; so many that we had to add a third strand to the conference programme and still had to reject some good submissions. We believe the delegates to this conference are in for a treat.

Not satisfied with keynote addresses by Andrew Samuels (University of Essex and Society of Analytical Psychology), Gail Simon (The Pink Practice) and Lennox Thomas (Refugee Therapy Centre) the committee also recognises the importance of the entire membership debating our New Horizons. A Hot Topics Keynote workshop has been arranged to follow the AGM when we are all able to come together and explore a number of crucial and exciting developments in our profession; the opinion and advise of the membership is needed and this is a great chance for all of us to consider the shape of our future.

The programme has been designed to allow delegates to attend the Society's Quinquennial Conference keynote speakers at the start of Friday and Saturday before we

divide off to our own keynote speakers, academic papers and workshops. We are also delighted to have a whole symposium presented by the trainees at Roehampton on Culture, Change and Loss which promises to be an interesting series of papers chaired by their course director Peter Martin. There really is something for everyone. The division registrar, Alan Frankland, has not been forgotten; in addition to his usual workshop for trainees considering the independent route he will also be available for individual consultations.

By the time you read this report you should have received a conference poster advertising the conference. If you would like more posters then please contact Jill Mytton on myttonj@lsbu.ac.uk.

Sometime in January you will have received a short questionnaire in the post. Only three questions so please help your conference committee provide you with what you want by replying. It is not too late ... yet. One lucky person drawn will be offered free registration at the conference.

And finally – the conference committee is looking for new members to help it plan the conference in 2006. If you are interested and would like to know more about the work involved then please contact either **Jill Mytton** (Conference 2005 co-ordinator) on myttonj@lsbu.ac.uk or **Martin Milton** (Acting Chair of the Sub-Committee for Conference) on M.Milton@surrey.ac.uk



## Trainee Column

# Dear Trainees

**W**E WOULD LIKE to briefly introduce ourselves to you. Our names are **Olivia Thrift** (Course Route Trainee Representative) and **Therese Paterson** (Independent Route Trainee Representative) and we represent the needs of Counselling Psychology trainees on the Divisional Committee for Counselling Psychology.

This section of the *CPR* is dedicated to the needs of trainees and we are keen to see it reactivated. We would like your feedback on how you feel this space can best be utilised and if there are any specific issues you would like discussed.

While we have a few ideas of what we might like to see this page used for we would like to hear from you. For instance, we believe that trainees have limited understandings of the different training experiences that colleagues encounter. Your contributions may help to dispel the myths and misunderstandings amongst trainees.

In our role as representatives we are keen to set up a dialogue so that trainees can share the good, the bad and the ugly. If you are thinking about it, the chances are someone else is to. If you want to contact us then feel free to send either of us an e-mail (addresses at the foot of this article).

We thought one way to get more out of our training would be an open forum of experience and knowledge sharing. Please do think about making a contribution and broadening the communication amongst trainees.

**Olivia Thrift**

Representative for Trainees on the Course Route.

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**Therese Paterson**

Representative for Independent Route Trainees.

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## Correspondence

## Dear Editor

READ THE last *Counselling Psychology Review with great pleasure*. It was no single article that prompted me to write, rather the whole which did indeed seem to be greater than the sum of its parts. The point I hope to get to is one that goes to the heart of our Division of Counselling Psychology and that is its ability and desire to embrace difference with good humour. The special edition's papers on the utility of psychometric measures by counselling psychologists were informative and documented the extent to which rigorous scientific method is employed by counselling psychologists with human sensitivity and fiduciary ethical practice. All of this was wonderfully contrasted by Martin Milton's disarmingly personal observations of his journey from trainee to trainer and practitioner. It is clear in my mind that it is this ability to contain apparently disparate

ideas and to move freely between them at will is a major beneficial characteristic of the Division and its members. This ability to embrace and allow such differences of people's opinions and worldviews afford us the possibility of development. Like Martin Milton, my time as a trainee was personally shocking but also a quiet revolution took place and I suspect continues. I am speaking of a waning of the need to be in agreement. Paradoxically this seems to me to allow more room for my patients and supervisees to find their own way of being and doing, to clarify in their own minds their own opinions about themselves and their circumstances. Unlike Groucho Marx, I am very pleased to be a member of this particular club that would have me as a member.

**Peter Ford, CPsychol**  
Partnerships in Care Ltd

11th Annual BACP Research Conference  
20-21 May 2005, Nottingham



## 'Research that makes a difference'

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### Further information

[www.bacp.co.uk/events/conferences.html](http://www.bacp.co.uk/events/conferences.html)

Contact Jenny Peake on 0870 443 5229 or email: [jenny.peake@bacp.co.uk](mailto:jenny.peake@bacp.co.uk)

*British Association for Counselling and Psychotherapy, BACP House, 35-37 Albert Street, Rugby, CV21 2SG*

## Talking Point

## The Good Life is hanging in the balance

Fenella Quinn

I'VE SPENT A large portion of my free time over the last 10 days hoovering, wondering if I should oil my decking, yacking endlessly on the telephone with far flung friends, swimming, playing with the cat, hoovering again (well the cat does generate a lot of fluff), and generally attempting to stave off impending panic and ensuing paralysis. Why? No I'm not about to get married or anything, I have been in the throes of avoiding doing my first academic paper on the MSc in counselling psychology. Thankfully I've handed it in now, so am now in the gloomy throes of disengaging myself from the mania involved in getting large amounts of information into one's tiny brain and then slowly and painfully disgorging it, bit by slippery bit.

One of my fellow students has a sort of conspiracy theory going, whereby the tutors are going to purposefully fail us all to teach us some obscure lesson about not seeing it as 'failure' but as an 'opportunity' (they talk about this a lot). But somehow I don't think this would be a good idea, because what with everything else we are grappling with, I think they'd have a mutiny on their hands! Of course doing any training course, particularly one that is quite emotionally charged, is going to be full of challenges. Settling into a new group of strangers, knowing they won't be strangers for long, and that they're going to be around for the next two or four years is momentous enough. Then there's the infamous anxiety around getting placements, engaging an acceptable supervisor, therapist, hairdresser – the list is endless.

However, there is a great upside to all this. Speaking for myself not only am I learning to be proficient in something I really want to do, I am also benefiting from expo-

sure to some really charismatic teaching and mind expanding thought. It puts me in mind of those adverts for teacher recruitment, whereby adults, including our most reverend PM, wistfully recall the schoolteacher that had the most positive impact on them. Well I think we are blessed with one such person, who is like a refreshing waterfall raining great droplets of self-acceptance on our grateful heads. If we are lucky enough to have such a high quality of teaching for the rest of our four-year stint at university, fortunate indeed we shall be!

To embark on a training in counselling psychology seems very much to be about striking new balances, from surface concerns right down through every aspect of one's physical and emotional life. Within the overall structure of the training – half academic, half practical – lie so many other more difficult tightropes to walk. Outside university and on a personal level, it's amazing how life subtly changes. I'm sure I am not the only one who has experienced a shift in certain people around me in terms of what they want, need and demand from me, and how they experience themselves when they are around me. Some more needy types are now backing off, while emotional clams now sit down and start questioning themselves using me as some kind of witness; children who I have so far felt to be very untrusting and wary of adults in general have started telling me about unpleasant events from school or family life and how upset they feel about the whole thing. On the one hand this sort of behaviour gladdens my heart because it adds to my sense of justification in the career path I have chosen. I can see it's not necessarily what I do, but more who I now am and what I represent, that allows some people to feel

they can explore themselves a bit more deeply in conversation with me. But on the other hand, the sense of responsibility is enormous. I can see that if I didn't retain a firm grip on boundaries in my personal life as well as my professional one, I would soon feel burned out and isolated. But the other side of the coin is that the temptation on occasion to overcompensate must be avoided. Telling my friends to 'get a life why don't you' isn't going to be too helpful either! So maybe it's all about striking a balance; taking responsibility for retaining one's true identity and acting in an authentic manner, without getting swallowed up by other people's need.

If all this sounds a bit difficult, that's because it is! But of course it must be better to realise the reality of a situation and deal with it, than ignore it and let it fester. A site where this seems crucially important to me is in the practical element of the course, where we practise being therapists while our peers necessarily (who else would do it?) take the client role. As a group we have spoken about the issue of crossing boundaries and feeling uncomfortable having to talk about live, and often distressing, concerns with our fellow students. We all know that everyone in a practice session cannot help but take away the knowledge they glean about us within 'the room', which will inevitably inform how we think and feel about each other outside 'the room'. The sense of vulnerability and exposure is profound. Interestingly despite having mooted and agreed to change our

practice groups around, all my fellow students have stuck firmly to their original group. Perhaps the thought of having to go through the same process with new people is just too exhausting, too daunting, or plain frightening; I don't know. Even within each group, I imagine there are some quite serious inequalities in terms of how much emotional material each participant is willing or able to get in touch with. To be emotionally open towards someone who has not ever gone near the really sensitive and difficult stuff within themselves could possibly be quite a dangerous process for both parties. Speaking for myself, I have a deep-seated sense of unease about engaging in therapeutic work from the client perspective within those college-based sessions; I would prefer to keep that for my own personal therapy. However, I have a responsibility to my fellow students to give them enough to work on so they can hone their skills, as they have towards me. So while I really wonder if this is the best way to train therapists, in the meantime all I can do is take ultimate responsibility for my own well-being and attempt to strike a tricky balance. If anyone has any tips, I'd be glad to hear them...!

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# Events Diary

Jennifer Liston-Smith

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Format of events listed is:

**date: event**

*venue*

contact

## MARCH/APRIL 2005

### **30 March – 2 April: BPS Quinquennial Conference – Psychology for the 21st Century**

*University of Manchester.*

BPS Conference Office: Lorna Savage.

E-mail: [lorsav@bps.org.uk](mailto:lorsav@bps.org.uk)

Tel: 0116 252 9555 Fax: 0116 255 7123

Web: [www.bps.org.uk/events/ac2005/index.cfm](http://www.bps.org.uk/events/ac2005/index.cfm)

## MAY 2005

### **12–15: XIIth European Congress on Work and Organizational Psychology**

*Istanbul, Turkey.*

E-mail: [sinangil@boun.edu.tr](mailto:sinangil@boun.edu.tr) (Handan Kepir Sinangil)

Web: [www.eawop2005.org](http://www.eawop2005.org)

### **20–21: British Association for Counselling and Psychotherapy 11th Annual Research Conference**

*Birmingham.*

Angela Couchman,

Research Office Manager,

British Association for Counselling and Psychotherapy, BACP House,

35–37 Albert Street, Rugby,

Warwickshire, CV21 2SG.

Direct line: 0870 443 5237

E-mail: [angela.couchman@bacp.co.uk](mailto:angela.couchman@bacp.co.uk)

Web: [www.bacp.co.uk/research/conference2005/index.html](http://www.bacp.co.uk/research/conference2005/index.html)

## JUNE 2005

### **18–21: 9th ECOTS European Conference on Traumatic Stress**

*Stockholm, Sweden.*

Tina Holmgren, Information Manager,

The Swedish National Association for Mental Health (sfph), Box 3445,

SE-103 69 Stockholm, Sweden.

Tel: +46 (0)8 34 70 65 Fax: + 46 (0)8 32 88 75

E-mail: [christina.holmgren67@telia.com](mailto:christina.holmgren67@telia.com)

Web: [www.stocon.se/ecots2005](http://www.stocon.se/ecots2005)

**20–21: British Association for Behavioural & Cognitive Psychotherapies & Oxford Cognitive Therapy Centre Workshop: Emotion in psychotherapy**

*Oxford.*

Natalie Meade, Psychology Department, Warneford Hospital, Oxford OX3 7JX.

Tel: 01865 223986 Fax: 01865 226411

E-mail: octc@ocmhc.tr.nhs.uk

Web: www.octc.co.uk

**JULY 2005**

**3–8: 9th European Congress of Psychology**

*Granada, Spain.*

E-mail: ecp2005@ecp2005.com

Tel: +34 91 444 9020 Fax: +34 91 309 5615

Web: www.ecp2005.com

**4–6: 1st International Conference on Post-Cognitivist Psychology**

(Organised by BPS Scottish Branch)

*Glasgow.*

Dr Tony Anderson,

Department of Psychology,

University of Strathclyde, 40 George Street, Glasgow G1 1QE.

E-mail: Tony.Anderson@strath.ac.uk

Web: www.strath.ac.uk/conferences/postcog2005/index.htm

**SEPTEMBER 2005**

**7–9: Division of Health Psychology Annual Conference 2005: ‘Health Psychology across the lifespan’.**

*Coventry University.*

Heather Buchanan

E-mail: h.buchanan@ibss1.derby.ac.uk

Tel: 08700 407285

Or BPS Conference Office: Lorna Savage.

E-mail: lorsav@bps.org.uk

Tel: 0116 252 9555 Fax: 0116 255 7123

Please send details of all appropriate conferences to me:

By post: People in Progress Ltd, 5 Rochester Mansions, Hove, East Sussex BN3 2HA.

By fax: 01273 726180

By e-mail: CPRconferences@pip.co.uk

I look forward to hearing from you.

**Jennifer Liston-Smith**

## Notes for Contributors

# Counselling Psychology Review

Contributions on all aspects of Counselling Psychology are invited.

**Academic Papers:** Manuscripts of approximately 4000 words excluding references should be typewritten, double-spaced with 1" margins on one side of A4, and include a word count. An abstract of no more than 250 words should precede the main body of the paper. On a separate sheet give the author's name, address and contact details, qualifications, current professional affiliation or activity, and a statement that the paper is not under consideration elsewhere. This category may also include full-length in-depth case discussions, as well as research and theoretical papers.

**Issues from Practice:** Shorter submissions, of between 1000 and 3000 words, are invited that discuss and debate practice issues and may include appropriately anonymised case material, and/or the client's perspective. As with academic papers, on a separate sheet give the author's name, address and contact details, qualifications, current professional affiliation or activity, and a statement that the paper is not under consideration elsewhere.

These two categories of submission are refereed and so the body of the paper should be free of information identifying the author.

**Other Submissions:** News items and reports, letters, details of conferences, courses and forthcoming events, and book reviews are all welcomed. These are not refereed but evaluated by the Editor, and should conform to the general guidelines given below.

- Authors of all submissions should follow the Society's guidelines for the use of non-sexist language and all references must be presented in APA style (see the *Code of Conduct, Ethical Principles and Guidelines*, and the *Style Guide*, both available from the British Psychological Society).
- Graphs, diagrams, etc., should be in camera-ready form and must have titles. Written permission should be obtained by the author for the reproduction of tables, diagrams, etc., taken from other sources.
- Three hard copies of papers subject to refereeing should be supplied, together with a large s.a.e. and a copy of the submission on disk or CD-ROM (if possible save the document both in its original word-processing format and as an ASCII file, with diagrams in their original format and as a TIFF or an EPS). Two hard copies of other submissions should be supplied. Subject to prior agreement with the Editor, however, items may be submitted as e-mail attachments.
- Proofs of papers will be sent to authors for correction of typesetting errors, and will need to be returned promptly.

Deadlines for notices of forthcoming events, letters and advertisements are listed below:

<i>For publication in</i>	<i>Copy must be received by</i>
February	5 November
May	5 February
August	5 May
November	5 August

**All submissions should be sent to:**

Heather Sequeira, Editor, *Counselling Psychology Review*,  
Psychological Therapies Team,  
Sage Ward, Gulson Hospital, Gulson Road,  
Coventry CV21 2HR.  
E-mail: heathersequeira@onetel.com.

All submissions and correspondence should include e-mail address, where available.

**Book reviews should be sent to:**

Kasia Szymanska, Book Reviews Editor,  
Centre for Stress Management,  
156 Westcombe Hill, London SE3 7DH.

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