

NWRPA Friday Evening Seminars

Counsellors, Therapists and Professional Negligence: A Duty of Care?

Peter Jenkins

Friday 13 February 2015. 6.30pm-8.30pm. Cost £7.50 or free to members. This includes light refreshments.

This workshop will explore the controversial issue of professional negligence in relation to the therapeutic work of counsellors, psychotherapists and psychologists. Our focus will be a detailed case study involving alleged boundary breaches with a client. Group discussion will be followed by a consideration of some of the key factors that counsellors and therapists need to be aware of in order to minimise the likelihood of hostile litigation by clients.

Peter Jenkins is an experienced counsellor and trainer, and author of several books on the law including *Counselling, Psychotherapy and the Law* (Sage, 2007). He has extensive experience of running training workshops on legal aspects of therapy. He is a Senior Lecturer in Counselling at Manchester University and an honorary counsellor at Manchester University Counselling Service. Peter has been of a member of both the BACP Professional Conduct Committee and the UKCP Ethics Committee.

Being in Time with Robin Hobbes

Friday 13 March 2015. 6.30pm-8.30pm. Cost £7.50 or free to members. This includes light refreshments.

Venue: The Manchester Institute for Psychotherapy
454 Barlow Moor Road, Chorlton, Manchester M21 0BQ.

Information about the Association is also available on our website at: www.nwrpa.org.uk

Talking Points: A Symposium

Friday 12 December 2014

Four therapists spoke for fifteen minutes each on a topic of their choosing. We all enjoyed these varied talks and there was plenty of time for questions and discussions. This new format was well received and will be repeated sometime this year.

Ann Heathcoate: why are we psychotherapists?

Ann is a certified transactional analyst (psychotherapy) and director of The Worsley Centre for Psychotherapy and Counselling, Manchester. You can contact her at www.theworsleycentre.com.

For Ann the simplest answer is a combination of motivation and opportunity. Often therapists have been in other caring professions, for example nursing, are frustrated by aspects of their caring role and wish to care in a different way. Often these frustrations combine with a long term interest in therapy and lead to people seeking a professional therapy training.

Ann then introduced us to the less simple answers to her question. In *The Healer's Bent: Solitude and Dialogue in the Clinical Encounter* (2005) James McLaughlin thought that being a therapist means literally and metaphorically sitting still. We contain our needs so others can be freer. Hence we dampen our narcissistic claims. We may be suited to taking this relational attitude because this repeats an infantile experience of parental loss or maternal depression. We have prematurely asserted goodness for others and warded off infantile aggression.

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Please include details of your training, experience, the code of ethics to which you subscribe, and the name and contact details of a professional referee.

Talking Points: A Symposium

Andre Green talked about the dead mother syndrome where a child experiences a loss of interest from a depressive mother as catastrophic, as if the mother is dead. Hence the child wishes to bring the mother to life while suffering a hole in the ego. Being a therapist can sublimate these conflicts around maternal death. Hence as therapists we can burn out from unconscious empathy gone awry.

An answer to this is that we need to mourn our own losses to be able to offer true understanding and empathy. We work from adult choice rather than infantile compulsion. We do dampen our narcissistic claims. However in therapy client and therapist affect each other so we also have to continually do personal work, including reviewing **why are we psychotherapists?**

Natalie Marshall-Shore: the client's desire for change

Natalie is an integrative counsellor. You can contact her at Rise Above Counselling, Manchester www.riseabovecounselling.co.uk

How many therapists does it take to change a light bulb? One - but the light bulb has got to want to change! Natalie has a focused interest in lasting, transformational change. She believes this radical change in the self would not be achieved using counteracting methods like relaxation exercises or medication.

Her view is that clients seek therapy when they cannot manage the events in life or their symptoms any more. They may have met the straw which breaks the camel's back. The therapist helps the client hold onto that moment. This holding leads into understanding why the client has come to therapy and understanding the roots of their issues. These early stages of therapy then move into new understandings. Clients then use therapy to integrate these new thoughts within therapy and in their life. Part of this process is that resistance can enter at any of these stages. The counter to resistance is that clients will have a great curiosity about themselves and their lives and this curiosity is often at a childlike intensity.

Natalie welcomed the findings of neuroscience about memory consolidation. Both memory and new thoughts can be consolidated and that neuroplasticity means we are not just stuck with our old neural pathways, including those of deleted previously unwanted learning. Hence our earlier emotional learning is not stuck forever and therapeutic change possible.

One value of her ideas is that they are compatible with different kinds of therapy. Natalie suggested we find out more at www.coherencetherapy.org

Patrick Wright: making faces

Patrick Wright is a mental health worker and poet based in Manchester. You can contact him at www.patrickwright.co.uk

This new format of Talking Points gave us a varied evening, and this was certainly true of Patrick's talk on **pareidolia**. He spoke about seeing of faces or other meaningful patterns in apparently random phenomena and illustrated this using stories drawn from British tabloid newspapers. These phenomena include seeing a face in a pattern of lightening, seeing an image of Christ on a piece of toast or an apparent face on Mars. If you want to see these images Patrick recommended entering pareidolia in Google images or looking up a long running series of images in the Fortean Times. There are some examples below.

Pareidolia means we see vague or random stimuli as significant and make a connection with the meaningless. Often we find this humorous but we can also discover anxious meaning in these random sounds or images.

Client and therapist mishearing each other is a normal part of therapy and we take it that these mishearings are motivated and are part of the flow of transference and counter transference.



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We can also see phobias as a form of pareidolia where images converge on a focal point of anxiety. As with all pareidolia there is an excess of meaning. This meaning can be analysed in the way we might analyse a dream or psychotic symptoms.

Creative people are more likely to think in this way. They naturally make different kinds of connections. Conversely this kind of creative abundance of meaning is absent in people who think concretely or are deeply depressed.

Frank Kelley: the hundred worlds of therapy

Frank is a psychodynamic counsellor in the NHS and secretary of the NWRPA. You can contact him at the NWRPA's address below.

A few years ago Frank read an article in *Therapy Today*, a monthly publication of the BACP. The counsellor who wrote this obviously found psychodynamic ways of working helpful. However at one point he talked about projective identification as a therapeutically useful fiction. This started Frank thinking back to his time as a sociology student and to concepts from the German Idealist intellectual tradition. The natural scientist attempts to make scientifically proven statements about the objective nature of physical or social reality. The Germanic objection is that this is not possible in the social sciences. In the natural sciences physical reality is independent of the way we think about it. In the social sciences our thinking about ourselves is both our method of observation and the subject matter we observe.

Therefore one thinker has said that whenever we have a new social or psychological theory then we start thinking about ourselves in that way. If psychological theories make sense to us we explain our actions by saying it was unconscious, or subconscious, or the operations of our Parent, Adult Child, or our self actualising tendency.

One of our therapeutic tasks is to work with clients to understand what is troubling them. We therefore use our accumulation of therapeutic ideas in a dialogue with our clients. This narrative dialogue over the course of therapy hopefully leads to insights our clients find helpful. While counselling we do not think in a philosophical way. We treat what we and our clients are saying as reasonably factual.

When Frank is philosophising, rather than counselling, he thinks that what he is doing is working with clients to create meaning about themselves and their lives. We cannot say whether any of this is true or not because of these philosophical reservations about the nature of truth in psychological and sociological enquiry. If you ask which therapeutic theory is most truthful about the nature of human experience and best explains human suffering then we cannot know.

In defence of what may seem like a Tower of Babel outlook, a miasmatic mist of relativism, Frank appealed to the fact that there are literally hundreds of psychotherapy and counselling ways of conceiving of how our minds/ personalities/ souls/ psyche-somas etc work. All of our hundreds of therapy worlds are fictional; we cannot claim any for the truth. However they are all, and the evidence supports this, useful to the people we see. It is possible to be single theory purist and think that my approach is right and the others are wrong and it has often been said that counselling and psychotherapy in Britain is beset with tribalism. It is harder to maintain a tribalistic view if you believe that all these different approaches are equally right: or equally wrong; or in any case equally useful.

Frank ended by saying he has been a member of the NWRPA for twenty three years. He valued being part of an organisation that is rooted in one (or perhaps several) of these hundreds of therapeutic world but had members who always had a healthy curiosity about what was going on in all these other worlds and a willingness to be challenged and learn from them.

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