



Issue 26 | October 2012

Willows Counselling Service

Pastoral Care News

A close-up photograph of a woman with brown hair tied back, wearing a ring and a small earring, hugging a young child. The woman's face is partially visible as she looks down at the child. The child's face is also visible, looking down. The background is a soft, out-of-focus light color.

The Significance of Attachment

Page 3 & 4

What difference does responding 'mindfully' make? Page 2 & 3

Understanding CFS and ME Page 5

Shame – Give it Back! Page 6 & 7

Counselling for Beginners Page 7 & 8

Training Page 8

Your Resource for Better Living!

What difference does responding 'mindfully' make?

By Philippa Dryland

Willows Counsellor and Trainer Philippa explains how being 'mindful' can help survivors of trauma and abuse through integrating different parts of the brain with bodily sensations.



Simply 'noticing' what is happening inside ourselves, without judgement but with self compassion can bring deeper insights into ourselves, for example, when we experience a strong or 'rigid' response to others or events.

By 'noticing' and observing ourselves in this way we activate the prefrontal medial cortex of the brain. This increases our capacity to integrate thoughts from the left prefrontal media cortex with emotions and creativity from the right prefrontal media cortex. In this way we can make more sense of our experiences and process them in a way that enables us to have new and creative responses to people and events that have caused distress. Daniel Siegel makes the point that focusing attention in this way "enables old responses to be inhibited and new responses to be encouraged" so being mindful can and does change neural firing patterns in the brain. We can 'renew' the way we think, feel and respond.

From studying hundreds of client cases during the 1960's, Eugene Gendlin made an amazing discovery that it was possible to predict the success of counselling therapy by the clients' ability to connect with the feelings in their body. Clients with the most successful outcomes from therapy were those who were able to connect with and listen to their bodies. Clients who did not benefit, and who found therapy to be unsuccessful were those who, as Gendlin put it, stayed 'articulate through the whole session; they stayed up in their heads'. (Cornell, 1996) Gendlin attributed his

success to clients being able to 'focus' on their inner experiences, in a way that enabled them to listen to their bodies "with compassion, without assumptions" (Cornell, 1996)

In recent years much has been written about 'Mindfulness' in enabling clients to become more self-reflective and more curious about the internal flow of their thoughts, feelings and body sensations as they occur. Kabat-zinn defined mindfulness as "Paying attention in a particular way: on purpose, to the present moment and without judgement" (1994).

Over the last four years I have come to realise that developing a client's self-reflectiveness, a non-judgemental attitude towards his/her self and self-compassion, increases neural integration and reduces the impact of triggers for those who have had traumatic experiences.

Being mindful can be effective and there are subtle differences in how we respond to someone that determines whether we are working mindfully or not. Consider being on the receiving end of the two following responses:

(continued on page 3)

(continued from page 2)

Response 1 (Non mindful)
"You feel like you really hate yourself"

Response 2 (Mindful)
"It feels like there is a part of you that really 'hates' yourself? I am wondering what is happening inside now, when you pay attention to this? What do you notice?"

In the first response, the therapist is mirroring, reflecting back what the client has shared, but in the second, the therapist is responding mindfully, encouraging the client to be 'curious', focusing 'in' on their internal flow of thoughts, feelings and body sensations in the present moment.

For those who have suffered early life traumas, disorganised attachment or abuse, it is possible that their prefrontal medial cortex

has been compromised. When faced with 'fear' or 'under threat' as children, the need to survive becomes paramount and our responses become instinctive. The brains of those who have survived such abuse will often be 'hardwired' to the five survival responses of:-

- Fight
- Flight
- Freeze
- Submit and Comply
- Attach at all Cost.

Because we implicitly hold trauma in the body, it can make it almost impossible for our bodies to separate out whether we have been triggered in the present or are genuinely under threat in the present. For a survivor of early life trauma and abuse, imagine how terrifying and exhausting it must be where a continuous state of alertness and tension are

necessary in order to survive? What difference does responding 'mindfully' make? The answer is that it can make a life changing difference in understanding ourselves and how we respond. It can increase self-awareness, bring about greater grounded-ness and facilitate emotional integration.

If you would be interested in attending a short course that might enable you to become more 'mindful', please email Philippa at Willows Counselling Service.

The Significance of Attachment

by Mike Fisher

In conjunction with the visit to Swindon of Sir Richard Bowlby, Willows Executive Director Mike Fisher offers an insight into the importance of early life influences, particularly with regard to our parents or primary caregivers.

Life is a journey. It is a journey the can be full of challenges, joys and surprises, and it contributes to making us the people that we are. However, for some of us the challenges of life can feel very hard or even overwhelming.

There are three factors that contribute to who and how we are as people. At its simplest level these can be viewed as

1. The complex makeup of individual personality, character and physical being,
2. The experiences we have from our birth (and some writers would say from our conception)
3. The impact of our environment.
Of all these experiences - the attachment and nurture that we receive from birth will remain the most profound in their implications for shaping our responses to life.

So what is it about our attachment experiences that are so critical in shaping who we are and how we deal with life?

The pioneering research of John Bowlby (Sir Richard's father) into the significance of attachment experiences and the effect of separation and loss revealed the almost life and death importance of how our earliest needs are met. The satisfactory provision of comfort, nurture and support lays down the fundamental ingredients for our sense of safety and security. It confirms our sense of identity and establishes our sense of self contributing to the development of our resilience to deal with the world and its challenges.

But what if, like many people, we didn't receive a positive experience of attachment? What if, despite having attentive parents, there were breaches in our attachment experience due to absence or illness? What if our parents provided for all of our practical needs, but there was a lack of warmth and attachment? What if our parenting was chaotic, inconsistent or harsh?

(continued on page 4)



(continued from page 3)

John Bowlby identified a number of consequences resulting from disrupted attachment experiences, the most prevalent being a sense of insecurity, feeling that the world is unsafe, and increased levels of anxiety and depression. Other symptoms include experiencing overwhelming feelings, (e.g. rage) suppressing or not being aware of our feelings and just feeling numb or detached. More severe problems are trauma symptoms, dissociation and mental health issues.

The effects of disrupted attachment can compromise the quality of a person's life and lead to later difficulties with relationships. The paradox for many of us is that the very things we want from relationships are also the very things that either seem out of reach or are the things that we reject, avoid or are ambivalent about.

We might wonder why this is and feel confused about it, until we understand that the very thing that we most deeply crave is also the very thing that raises the spectre of pain or activates our defences as though danger is around the corner. The consequences of this paradox is that:-

- We hold the unresolved infantile rage of unmet needs deeply buried in our unconscious, until relational encounters set them off again.
- We suppress the pain so deeply that we become avoidant or dismissive of both our own needs and of the value of close relationship.

Some of us oscillate between these differing positions confusing ourselves, our partners and others around us.

Is there a way forward?

Recovery from the experiences of disrupted attachment is certainly possible. It helps to understand the root of our pain and misery and to appreciate how our attachment experiences have affected our reactions and responses to life events and relationships. In this respect some understanding of attachment theory is helpful.

Counselling and psychotherapy can provide a supportive opportunity to explore our past experiences and start to learn more adaptive and satisfying responses to life's challenges and start 'replacing' the missing experiences in relationships with others.

For some people who have 'avoidant' attachment patterns, learning to take risks in sharing, trusting and receiving will be necessary. Overcoming the compulsion to be self-reliant or to close down when relationships feel too much will be part of the journey.

For people with an 'ambivalent-resistant' attachment pattern the task will be to regulate emotions and not get angry about anything that reminds them of their unmet needs. They will need to change the pattern of seeking closeness with others whilst pushing others away at the same time.

For people with 'disorganised' attachment patterns strategies can be developed that enable them to cope more effectively with stress, challenges and difficulties rather than viewing the world as a threatening and dangerous place.

Key elements in working with disrupted attachment are consistency, predictability and reliability. This will enable sufferers to reflect on their own experience, develop more adaptive models for coping and increase their personal capacity for being resilient.

The outcome will be more fulfilled relationships, happiness, and joy, with new opportunities to take risks and have fun without the fear and anxiety that has previously dominated life. Unmet needs can be met and a restored sense of self can be experienced.

Disrupted attachment experiences remain one of the biggest causes of unhappiness and lack of fulfilment, as well as contributing to more significant mental and physical health problems.

Securely attached people are more successful, fulfilled and free to enjoy life with the capacity to deal with its many challenges.

Understanding CFS and ME

by Steve Talmage

Page 5

Steve Talmage is an accredited counsellor at the Burrswood Hospital, Tunbridge Wells. In this first of three articles for Pastoral Care News, Steve introduces the condition known as Chronic Fatigue Syndrome (CFS) or Myalgic Encephalomyelitis (ME) and outlines some of the controversy surrounding this condition.



Few CFS / ME patients record positive counselling outcomes and those that do indicate lower levels of improvement. Although these findings are based on a limited sample of 40 Burrswood patients, they nevertheless reflect the huge challenges that face both patients and therapists in addressing this condition.

The NHS Choices website states that 'Chronic fatigue syndrome (CFS) causes persistent fatigue (exhaustion) that affects everyday life and doesn't go away with sleep or rest. For most sufferers, symptoms will improve over time. CFS is also known as ME, which stands for myalgic encephalomyelitis. Myalgia means muscle pain and encephalomyelitis means inflammation of the brain and spinal cord. Both CFS and ME are terms used commonly and interchangeably.

There is no medical cure for this condition, but treatment can ease the symptoms.

CFS / ME is an unusual and controversial illness. It is not uncommon for patients to move in and out of experiencing symptoms. For most, this illness seems to be triggered (but not necessarily caused) by a viral infection resulting in symptoms that include:-

- Exhaustion and feeling unwell after minimal physical or mental activity. This might not become apparent until one or two days after the activity
- Pain in muscles, nerves and joints
- Memory, concentration and attention problems

- Flu-like symptoms including headaches
- Bodily and sensory sensitivities
- Proneness to sleep disturbance and waking un-refreshed

Over the last 10 years, Burrswood Hospital has gained considerable experience and insight in treating CFS/ME through working with a regular stream of referred patients. Burrswood's Christian ethos and its commitment to 'whole person care' (mind, body and spirit) is central to our approach. Our unique model of treatment and pastoral care, which is available to those of any faith or none, means that patients will receive input from a coordinated inter-disciplinary care team which includes doctors, nurses and physiotherapists. If requested, patients can also be allocated their own dedicated chaplain or counsellor.

I am privileged to provide psychotherapeutic support for both inpatients and outpatients with CFS / ME. Patients are mainly female, spanning the eighteen to mid-fifty's age range. Some have suffered, or continue to suffer, severe symptoms to the point of limited mobility or being completely bed-ridden.

The condition of most patients with mild-to-moderate symptoms improves over time with some making a full recovery.

However, one-in-four sufferers who are diagnosed with severe or very severe symptoms are often intolerant of light and sound. This can lead to them living isolated, hidden and devastating lives. Unsurprisingly, meeting the therapeutic needs of these particular individuals can be highly challenging.

The term CFS is often used by clinicians to describe the symptom of exhaustion. It is argued that the use of the term ME is inappropriate given the apparent lack of evidence regarding brain and spinal cord inflammation. However, ME is the term usually preferred by patients as they perceive that a description including the word 'fatigue' minimises the overwhelming

nature, severity and complexity of their condition. Therein lies one of the many conflicts that contribute to the controversy surrounding CFS/ME.

Other debatable issues include the cause and/or the contributory factors of CFS/ME where several theories exist but none as yet have been proven. Possible causes include stress, depression or psychological trauma with factors such as too much or too little activity also contributing to the condition. Medical classification of CFS/ME is difficult. Since 1969 the World Health Organisation has classified CFS as a neurological condition. More recently, the panel who drafted the National Institute for Clinical Excellence (NICE) guidelines could not agree that this classification was correct.

One of the most contentious parts of the debate surrounding CFS / ME is the division between neurology and psychiatry, with some in the latter discipline considering CFS / ME to be a mental or behavioural disorder.

The controversy even extends to some of the treatment guidelines. Graded Exercise Therapy (GET) is a way of extending physical abilities and is suggested by NICE. However, it has been all but dismissed as ineffective and potentially unsafe by certain support groups. 'Action for ME' reported that around a third of patients found that GET made them feel worse. Many patients seem to prefer pacing therapies that encourage balancing appropriate rest and activity periods, although this approach remains a clinically unproven.

The next article in this series will focus on Burrswood's inter-disciplinary approach and will address the challenges faced by counsellors seeking to help those affected by CFS / ME. Steve Talmage has been Head of Counselling at Burrswood since 2008 and is an accredited member of the British Association for Counselling and Psychotherapy. He can be contacted on

stephen.talmage@burrswood.org.uk

Your Resource for Better Living!

Shame

Give It Back

by Rebecca Mitchell

Rebecca is the founder of 'Into the Light', a support organisation and network for victims of childhood sexual abuse. In this article she explains how counselling can help victims escape the shame of abuse by giving it back to their abusers.

If you have ever set off the exit alarm in a supermarket and seen a couple of burly security guards heading in your direction with the checkout queue eyeing you suspiciously, you will quite possibly be acquainted with the unwelcome feeling of shame.

Shame is a terrible, yet extremely powerful emotion. Nearly a quarter of young adults may have strong feelings of shame about themselves because they have experienced childhood sexual abuse. I know this myself because I experienced sexual abuse for many years with someone who was very close to me and consequently I suffered from feelings of desperate shame. Later I found out that shame is very common with those who have suffered sexual abuse. They often feel that they have become "tarnished" and in some way are unacceptable because of their experience of being abused. They fear that others will see this shame in them.

Shame is the big issue with sexual abuse.

So what is this incredibly dominant feeling of shame and where does it come from? Shame typically enters our life from an external source via those who care for us and/or people we trust. It then becomes internalised. In childhood, shame is usually the result of:-

- Physical or emotional abandonment
- Unmet needs and rejection either directly or indirectly through parental illness, busyness or pre-occupation with other problems
- The way a child is treated
- Name calling and ridicule
- Physical, emotional or sexual abuse

This results in shame living on inside the child into adulthood. Sexual abuse victims often carry shame that is not theirs. In her book "Rescuing the Inner Child", Penny Parks states that "The aggressor projects the blame and guilt onto the child and the child accepts that projection as truth. It is like life imprisonment for a crime that someone else has committed." In essence, the person that has been abused carries the shame that does not belong to them, but to their abuser. However, there is a way out from years of living in shame and putting the shame back onto the perpetrator.

Addressing the Power Imbalance

As both a survivor and a counsellor working with survivors for over 18 years, I have realised that one of the main reasons that sexual abuse victims carry so much shame is that they often look back at the abuse situation as adults and feel that they could have, or should have, done something differently to prevent it happening. They forget that as children they had very little power. They imagine that the choices they had as children were the same as those they now have as adults. Realistically, they had very little influence over their lives and circumstances when they were young.

Sometimes survivors made certain choices at the time of their abuse because it was then in their best interest to do so. They later feel that they somehow colluded in the abuse. However, it is critical to understand that abuse is largely about power and intention. To help relieve shame it is important to clarify the intention of both the child and the abuser as the abuse was being carried out.

It is vital to remember that, though there may have been inducements in the form of sweets, affection or money, sexual involvement or gratification was never the child's original intention.

Some questions which survivors may be asked to consider in counselling include:-

- Who had the real power in that situation?
- Who originally initiated things?
- What was your fundamental motive as a child when you met this person?
- What was the abuser's primary motive?
- Who was leading?
- Who was being led?
- Did you do things just to "get it over" with?
- If this person gave you affection, were you getting much attention elsewhere in your life?
- If you accepted sweets or money did you really understand what was happening and the 'price' you were expected to pay?
- If you could have told someone, who would have helped you?

Children are largely at the mercy of adults in their lives and have to rely on these adults for help. When that help does not come, shame, pain and isolation begin to grow.

The Way Out of Shame

It is critical to understand that abuse and shame exist in an environment of secrecy and the way out of any shame is to talk about it.

However this is often the very action that people who have been sexually abused fear the most. Sharing these "secrets" in a trustworthy supportive environment frees the victim from the burden of carrying it alone and helps put the shame back onto the abuser. The journey of recovery can then begin. This sharing can take place in a recovery group, with a counsellor, through close friends or a combination of these.

(continued on page 7)

Counselling for Beginners

by Geraldine Mann



Counselling Certificate student Geraldine recalls how the Willows Introduction to Pastoral Counselling Course changed her perception of counselling and its value in helping others.

Just before Christmas 2011, I completed the Willows Introduction to Pastoral Counselling Course. I had heard about the reputation of Willows from people who had previously completed the course. They explained how counselling aims to reach out to those who have either experienced or are experiencing trauma or issues that affect their ability to cope with day to day living. Counselling provides a

professional and highly trained 'listening ear' for such people. It does not promise to find solutions but enables those seeking help to find a way forward for themselves. Courses provided by Willows are based on Christian principles but participants do not have to be Christians.

necessary for both roles. For me, one of the most important sessions concerned how to listen both attentively and practically. This session proved quite difficult as I curbed the urge to interrupt or pass comment.

Listening involves far more than being on the receiving end of the spoken word. It's about hearing what is not spoken as well, reading body language and making the other person feel completely safe and comfortable.

We learnt what it is to be spiritually, physically and emotionally whole and touched on some of the theories behind the different models of counselling.

Most importantly, we learned to examine ourselves, our feelings, attitudes and prejudices, all of which will have an influence on us as counsellors. I have to admit to finding this an uncomfortable process at times, but it was made much easier by the good relationships that I formed with others on the course and the trainers' sensitivity. None of us were persuaded to reveal things about ourselves that made us feel uncomfortable. Counselling in a professional manner and integrating our personal faith with our counselling practice were also covered and discussed.

Every session included work in small groups or between two people. These were privileged times as I discovered so much about what others had been through in their lives, things that I could barely imagine, and yet they had fought their way back to pick up the threads of life again. They were undertaking the course so that they could help and understand others. I found this deeply humbling.

(continued on page 8)

So why did I embark on this introductory course? I have to confess that before starting the course I was very sceptical about counselling and thought of it as some sort of over emotional, 'wishy-washy' talking shop that didn't really achieve very much. I had been offered counselling myself and rejected it.

From my years of working with patients with long term medical conditions, those that care for them, fellow Christians and others, I have learnt that many individuals experience unresolved pain in their lives. This pain prevents them from moving on, living fulfilled lives and experiencing real happiness. It can't have escaped anyone's notice that people are so busy these days and that time for others has to be fitted in when we can.

I acknowledged that many people are not properly listened to. We might hear but do we really listen?

I therefore decided that my opinions about counselling were based on ignorance and I would discover for myself what it was all about.

The course lasted for ten weeks and comprised three hours on a Tuesday evening and two whole Saturdays. Fourteen of us started the course and eleven completed it. All but one were women. We had two delightful trainers who were sensitive, experienced, professional and knowledgeable. Over those ten weeks we covered what it meant to be a helper, how this differs from being a counsellor and the qualities

(continued from page 6)

"Into The Light" offer workshops and groups as well as one-to-one sessions to those who have experienced sexual abuse. Frequently people who use our services say that they have benefitted so much from just being in a room with other survivors, the isolation and shame of the abuse often melting away immediately.

Bass and David put it well: "Shame exists in an environment of secrecy. When you begin to freely speak the truth about your life, your sense of shame will diminish.....Secrets destroy people and they destroy them unnecessarily. It's like being reborn when you shed the secret, because you have no more fear".

Rebecca founded "Into the Light" in 1993. A victim of sexual abuse herself, she wanted to provide a safe place within her community whereby healing could begin for others. "Into The Light" offers support, information and resources around issues of sexual abuse for those who have been abused and those who support them. This is done through workshops, groups, one to one support and training other counsellors. For more information please see our website: www.intothelight.org.uk

Rebecca will be leading a workshop at the Harnhill Centre, Cirencester on May 4th 2013. Details available from Willows.

References
Abuse and Neglect in the UK Today - Radford et al NSPCC 2011
Courage To Heal - Ellen Bass and Laura David - Cedar 1988, page 108
Rescuing The Inner Child - Penny Parks - Human Horizons Series: Published 1990, page 43
Gary Hayashi Seminar on "Shame": London, July 1994

personal learning throughout the course. I am pleased to say that we completed our assignments successfully.

I have rarely been on a course where I have not wanted to miss a single session even when the Tuesday evenings finished at 10.00pm and I was not home until almost 11 o'clock.

I not only gained a lot of factual knowledge but also learnt more about myself and much from the experience of others.

Guided by the trainers in a true spirit of Christian love, everyone treated each other with the greatest respect and by the end of the course, with affection too.

So what of the future? I am hoping to climb to the second rung of the counselling ladder and plan to embark on the certificate course. I truly feel that there is a great need for churches to provide access to counselling for Christians and Non-Christians alike. People in pain need to be heard and listened to. In this day and age the time given to this seems to be a luxury we cannot afford. In my opinion, it is the Church's role and priority to find that time.

Editor's Note – Geraldine is now studying for her Certificate in Integrative Counselling at Willows. We wish her, and her fellow students every success.

(continued from page 7)

One thing I had not expected was the level of homework that had to be done for an introductory course. We had to keep a weekly journal describing our thoughts and tracing our progress, write a review of one of the suggested text books and complete an essay of our

Congratulations!

July saw the completion of our Level 2 Introduction Course, Level 3 Integrative Counselling Course and the two year Level 4 Diploma in Therapeutic Counselling. We congratulate all the students for finishing the courses and commend them for their hard work, commitment and enthusiasm.

The new academic year started in September. The three courses are now in full swing with a total of thirty five new students attending.

Training

We look forward to holding the following courses during 2012/2013

- A 5 day Supervision Course running from January through to April
- An Introduction to Pastoral Counselling Course – Spring 2013
- A Myers-Briggs Type Indicator Topic Workshop – 18th May 2013

The following Saturday Training Days will take place at The Harnhill Centre, Cirencester

- 10th November 2012 – "Trauma and Dissociation" Mike Fisher
- 9th February – "Eating Disorders" Judith Thomasson
- 9th March – "Domestic Abuse" Wendy Haslam
- 4th May – "Stepping out of shame into the future" Rebecca Mitchell

For more information on any of the above courses, please contact:
Avril Fray, Training Manager at Willows on 01793 426650
or e-mail: training@willowscounselling.org.uk

How To Contact Us

You can telephone us on **01793 426650, Monday to Friday, 9.30am to 4.30pm. At other times you can leave a message on our answerphone.**

You can write to us at:
Willows Counselling Service,
Willows Centre, 11 Prospect Place,
Old Town, Swindon, SN1 3LQ.

Or email us at
willows@willowscounselling.org.uk

Disclaimer: The articles published in Pastoral Care News reflect the views and opinions of individual writers but not necessarily those of the Willows Counselling Service organisation.

Registered Charity No. 1037677