In short, I would like to feel respected as an adult not treated as a child.

As a counsellor I would like to retain the right to choose to be regulated and by a body of my choice. As an individual such action informs the world at large about who I am: it is a form of giving. This can only happen when it is done freely: as soon as it is required, my right to give is removed. Sally Aldridge writes, 'It is the voluntary nature of membership and accreditation which presents a weakness in terms of protecting the public.' In my view the exact opposite is true: volunteering for membership or accreditation makes a statement of intent to protect the public!

I would like the organisation of which I am a member to seek out my views before claiming to represent them. I would rather they did not take up a position first and then try to convince me of its validity. In *Therapy Today* BACP has the ideal tool to help it find out exactly what the views of its membership are. If BACP is serious about truly representing its membership I suggest it allocates space in the form of a separate dedicated section in each issue of *Therapy Today* specifically for articles and letters from both sides of the regulation debate.

This debate could continue for at least three or four issues and the final issue could include a ballot paper that every member will have the chance to complete and return. The question asked should be a very simple one: would you prefer a) voluntary regulation/registration, b) enforced state regulation, c) no regulation or d) don't know. The purpose of this ballot would not be directive but to allow every member to state his or her view and know that it has been heard. Taking account of the dictatorial nature of the present government we may well have to recognise that as the government has 'signalled its clear intention to go ahead with the process', there will be little we can do to stop it. However, regardless of the outcome, we will at least all have been heard. Is BACP mature enough to risk asking its members for their views or is it more concerned with its own corporate image?

Chris Evans
Counsellor (MBACP)

Dealing with the mess

I would like to welcome Peter Morrall's challenging article ('The trouble with therapy', *Therapy Today*, February 2009). I agree with much of what he said about the state of society and the need for it to change. As someone whose early adulthood was devoted to revolutionary Trotskyism, I would have been surprised at that time to find myself in late adulthood working as a therapist to help individuals bring about individual internal change, so I had a particular interest in his arguments.

Like Peter Morrall, I agree that therapists can be more effective if they make themselves socially and politically aware of the world in which they and their clients live and struggle. Like Peter Morrall, I am angry about the mess of society, very angry. However, aspects of his article also made me angry. For example, his description of therapy as 'insane' and 'abusive' remain unsubstantiated and I find them offensive.

His analogy of 'carbon offsetting' is fallacious. The mission of carbon offsetting is to combat global warming. It is not the mission of therapy (and never could be) to combat the international capitalist system, which has thrown up the mess Peter Morrall describes. It cannot be our intention as therapists to deal with the causes of a 'malfunctioning global society', however politically active or aware we are as individual members of that society.

We deal with the effects of that society and all its mess. Peter Morrall rightly observes that therapy cannot empower clients to challenge 'those with excessive structurally embedded power'; we do not claim to do so. We can only strive to help clients become more empowered in things over which they can have some control: their social relations with others, their immediate personal choices and their perception of self. Whether they then feel sufficiently empowered to enter the political arena is up to them and beyond the therapist's remit.

When Peter Morrall makes a plea for therapists to take more account of the social self of the client, he is on firmer ground, and I feel many diploma courses do this already. Understanding the whole context of clients is essential if we are to value them as unique individuals.

Behind the article there is a huge amount of frustration about the state of the world and the failure of political activists (and academics?) to bring about any meaningful change, which I share. As Gramsci pointed out, through coercion and consent, society exercises a subtle but powerful control, which he called hegemony. Therapy is a very poor tool indeed for combatting this hegemony. We do not claim otherwise.

Anne Clafferty

Head injuries and stroke

I am writing as a lay member of the public whose mother-in-law and son both had counselling last year. I would never deny the healing power of therapy but there are times, as nobody would dispute, when it is not enough on its own and an underlying medical condition has to be taken into account.

My mother-in-law has complained of depression for the past 18 months. She has been prescribed antidepressants and been referred twice for counselling. No health professional ever suggested to her that the cause lay anywhere except in a succession of traumatic events she'd lived through including a car accident, a stroke, a fall, a burglary, and her grandson's suicide. During this period I'm sorry to say that we, her family, have quite often displayed veiled impatience towards her and not taken her as seriously as we should have done.

I discovered recently that 25 per cent of people suffer major depression, and 30 per cent minor depression in the two years following a stroke. The depression is far more common, apparently, when the left side of the brain rather than the right is affected, which suggests the cause is physiological rather than

simply an understandable response to shock and physical impairment. Knowing this has made me take my mother-in-law's complaints far more seriously and sympathetically, and she too is comforted to know it 'isn't her fault'. Knowing the link between stroke and depression from the start would have helped us all enormously.

I come now to the question of my son's suicide at 31 last summer. Five years ago he was acutely depressed when his girlfriend left him and a GP and also a psychiatrist interviewed him and referred him for counselling. This year his depression flared up again and he had more counselling (unbeknownst to us). He killed himself in August.

Since his death we have found that his depression was probably a direct result of a head injury he suffered when at seven he fell out of a tree. Head-injured people are four times more likely than others to commit suicide. Around a third of them suffer damage to the pituitary gland, the effects of which can include depression and impotence. Old letters and a conversation with his girlfriend revealed that our son had suffered this second cruel handicap too. Most difficult of all to bear, was the discovery that both these conditions are treatable with hormone replacement. If the professionals who treated him had only known this, our son would be with us now.

His counsellor was a lovely, sympathetic person and he was apparently temporarily 'lifted' by his sessions with her, but the fact remains that what he needed was hormone injections and nothing else could really help him.

Of course the real responsibility lies with the GP and the medically trained psychiatrist. But therapists care about their patients and want them to get well. They cannot wash their hands and say, 'It isn't our fault.'

To me there's a powerful case for equipping every counsellor and psychotherapist with a list of preliminary questions that would include: Have you ever had a head injury? Have you ever had a stroke? (Plus any other condition that causes depression and would need medical intervention before psychotherapy was considered.) Even though our son slipped through the GP's and psychiatrist's net, a list like this could have saved his life.

Who could compile such a list? How could it be incorporated into routine procedure? I would welcome comments from your readers.

Joanna Lane

Gravitas at last

Hooray! At last! A professional journal that looks and feels in my hand like a professional journal instead of a glossy magazine. Less fluff and more gravitas. Plus the very necessary 'Marketing toolbox'. Why on earth do some therapists consider it anathema to promote their skills and expertise for financial success?

I actually sat down and read much of this issue instead of the usual cursory glance at an article or two, then assigning it to the recycling box. This issue will most certainly be kept. Hearty congratulations.

Sharon Eden
Cert Coach MAC Trainer INLPTA ANLP BACP (Accred), UKCP (Reg'd)

What cost therapy?

I am struck by how often people refer to the lack of low- or no-cost counselling services, as if full-cost counselling – ie which gives the practitioner a living wage – were an unaffordable luxury (eg in the article 'Keeping the work alive', *Therapy Today*, February 2009; please note, I am not trying to judge the financial status of the author's EAP's clients.)

Certainly there are some people – most obviously, those on State benefits – for whom paying privately is out of the question; for some, even low-cost sessions would be unaffordable. However, are we not doing down the value of counselling and psychotherapy in general if we imply that, if there are no low- or no-cost sessions available, therapy is in effect unobtainable for the would-be client? Does this not mean that therapy is not worth what the private practitioner charges? What about ideas such as that therapy is an investment in one's future, in one's emotional wellbeing and thus might be worth paying for (perhaps instead of a foreign holiday, a new car – or even by dint of general household economies)?

I wonder whether this apparent view that therapy should be available free, or below cost, results in part from a distinction between those in private practice and those working within the voluntary sector or the NHS? Anyone who uses complementary or integrated medicine expects to pay the person they see (directly, or occasionally through insurance). I regard myself as a complementary therapist, and I have to earn my living (including both professional and personal/living expenses). I do see some clients at a concessionary rate, but my basic fee has to be one that no one could call low-cost. On the other hand, when I go to my GP, I expect everything resulting from that appointment, with the exception of prescriptions, to be free – including, were I to be using it, NHS counselling.

I would like to invite therapists who are not self-employed to consider whether they would think their work was still worthwhile if they were doing exactly the same as they are now, but were self-employed (just allow the fantasy, don't worry about the actual probability!), rather than employed. The current no- or low-cost service they currently offer would not survive as such... but I bet a number of their clients would be prepared to pay if that was the way they could get the service. In other words, their work is worth paying for if, for one reason or another, it is not subsidised.

A prevailing view, as evidenced so often in articles in *Therapy Today* for example, that therapy 'should be free or below cost' does nothing to support a general view that therapy is in fact worth the actual cost of a session, be that as paid by the client or as received by the therapist. What does that say about how we value ourselves and our profession? If we don't value our work, how can we as a profession help our clients, be they seeing their therapist for nothing, at low-cost or at full cost?

Charlotte Barrow
FET (Cert), AdvPracMem BFVEA, ITEC