

University & College

# Counselling

For counsellors and psychotherapists in further and higher education



## The power of words

When books become mirrors



**Bibliotherapy**  
Therapeutic literature

**Complex issues**  
How counsellors manage

**Nightline**  
For students, by students

# Contents

## FEATURES

10

### Bibliotherapy

**Bijal Shah** makes a powerful case for therapeutic literature

16

### This is a university, not a hospital!

Research by **Dr Sarah Totman** and **Dr Angela I. Loulopoulou** highlights the increasingly complex and severe mental health issues presented by students to university counselling services



20

### Nightline - Who's listening when everyone else has gone to bed?

**Katie Endacott**, CEO of Nightline, writes about their crucial listening service, for students, by students

23

### Association of Colleges

The AoC Mental Health Report 2024 reveals some stark statistics about students' mental health in colleges

## BACP & DIVISIONAL NEWS, PLUS NON-BACP NEWS

Notes from the Chair Louise Knowles	06
Notes from Research SIG Afra Turner	07
Notes from HUCS Jane Harris	08

*University & College Counselling* is the quarterly journal for counsellors and psychotherapists in further and higher education.

It is published by the British Association for Counselling and Psychotherapy, BACP House, 15 St John's Business Park, Lutterworth LE17 4HB. Tel: 01455 883300

The journal appears in March, May, September and November and is distributed to members of BACP Universities & Colleges. BACP Universities & Colleges provides a network of support, research and professional development opportunities for counsellors who work in universities and colleges. The journal is also available to non-members.

*University & College Counselling* is available online at [www.bacp.co.uk/bacp-journals/university-and-college-counselling](http://www.bacp.co.uk/bacp-journals/university-and-college-counselling)

To enquire about membership, call BACP Customer Services on 01455 883300, email [bacp@bacp.co.uk](mailto:bacp@bacp.co.uk) or visit [www.bacp.co.uk/bacp-divisions/bacpuc](http://www.bacp.co.uk/bacp-divisions/bacpuc)

**Editor**  
Rick Hughes  
[ucc.editorial@bacp.co.uk](mailto:ucc.editorial@bacp.co.uk)

**Contributions**  
Contributions are welcomed. Please contact the editor in the first instance. For authors' guidelines, see [www.bacp.co.uk/bacp-journals/author-guidelines](http://www.bacp.co.uk/bacp-journals/author-guidelines)

#### Advertising

For rates, call 0203 771 7214 or email [cara.termine@thinkpublishing.co.uk](mailto:cara.termine@thinkpublishing.co.uk)

Publication of advertisements in *University & College Counselling* and inclusion of advertising material do not constitute endorsement by BACP Universities & Colleges or BACP.

**Design**  
Steers McGillan Eves  
01225 465546

**Disclaimer**  
Views expressed in *University & College Counselling*, and signed by a writer, are the views of the writer, not necessarily those of BACP Universities & Colleges or BACP. Publication in this journal does not imply endorsement of

the writer's view. Reasonable care has been taken to avoid error in the publication, but no liability will be accepted for any errors that may occur.

#### Case studies

All case studies in this journal, whether noted individually or not, are permissioned, disguised, adapted or composites, with all names and identifying features changed, in order to ensure confidentiality.

#### Copyright

Apart from fair dealing for the purposes of research or private study, or criticism or review, as permitted under the UK Copyright, Designs and Patents Act 1998, no part of this publication may be reproduced, stored or transmitted in any form by any means without the prior permission in writing of the publisher, or in accordance with the terms of licences issued by the Copyright Clearance Centre (CCC), the Copyright Licensing Agency (CLA), and other organisations

authorised by the publisher to administer reprographic reproduction rights. Individual and organisational members of BACP only may make photocopies for teaching purposes free of charge, provided such copies are not resold.

©British Association for Counselling and Psychotherapy 2024  
ISSN (print): 2052-2355  
ISSN (online): 2398-3574

BACP Universities & Colleges has a number of sub-committees and special interest groups with lively networks and relevant activities. In addition to the Chairs of these groups, the Executive Committee has other members who further the work of BACP Universities & Colleges. All committee members welcome enquiries from members of other interested parties.

#### Privacy

In our author guidelines, we set out how we will help protect the privacy and confidentiality of any personal information used.

# From the Editor

## COLUMNS

Jo Levy	
Compassionate and inclusive communication	25
Sarah Hinds	
Climate Minds Coalition	28
Eleanor Hayeswood	
The therapeutic microclimate	30
Jonathan Totman	
On the double-empathy problem	32

## REGULARS

Book Review	
Counselling Pathways: Developing Your Career	34
Student Stories	
Gareth Cowlin	35

For more details, please visit our privacy notice on BACP's website: [www.bacp.co.uk/privacy-notice](http://www.bacp.co.uk/privacy-notice)

**BACP-UC division Chair**  
Louise Knowles  
University of Sheffield

**Heads of University Counselling Services (HUCS) special interest group**  
Jane Harris  
University of Oxford

**Staff Counselling special interest group**  
Ayan Ali  
The London School of Economics and Political Science

**Research special interest group**  
Afra Turner  
King's College London

**BACP links**  
**Divisional enquiries**  
Email: [bacp@bacp.co.uk](mailto:bacp@bacp.co.uk)



## Rick Hughes

[ucc.editorial@bacp.co.uk](mailto:ucc.editorial@bacp.co.uk)



I've always enjoyed the power of words; a dramatic piece of fiction, a moving poem, a powerful rally cry, a passionate call for justice, even a witty one liner.

As **Bijal Shah** writes in her article on bibliotherapy, 'Literature connects our conscious mind with our deeper subconscious, or it prompts thoughts and feelings, all of which might be telling us something important - the clues in the messiness of life that may offer us self-awareness, insight and understanding'. Many thanks, Bijal.

In their aptly titled piece, 'This is a university, not a hospital' **Dr Sarah Totman** and **Dr Angela I. Loulopoulou** draw from their research to highlight the increasingly complex and severe mental health issues presented by students to university counselling services.

I'm delighted to introduce **Katie Endacott**, CEO of Nightline, who writes about their crucial listening service - a service for students, run by students. When I was a head of a university counselling service, I would often hear from students who valued, and benefitted from, this service.

A recent mental health report from the **Association of Colleges** demonstrates why services like Nightline are necessary as part of the spectrum of mental health and wellbeing initiatives that provide support options to students when they need it most.

I'm pleased to share updates from BACP-UC Chair, **Louise Knowles**, HUCS's **Jane Harris**, and our research special interest lead, **Afra Turner**. In Louise's piece, she announces her decision to resign as Chair (thanks Louise, for all your hard work, dedication and commitment!). BACP's CEO, **Phil James** adds his words of encouragement and support to the division.

We've also got a mouth-watering line-up from our brilliant regulars; columnists **Jo Levy**, **Eleanor Hayeswood**, **Sarah Hinds**, new guest columnist, **Jonathan Totman**, and illustrator **Gareth Cowlin**.

Finally, I've made the tough call to step down from my role as Editor of this journal, perhaps ironically to enjoy the power of words, and to pursue different writing opportunities. So, it's *au revoir* for now. Do keep in touch via [www.rickhughes.co.uk](http://www.rickhughes.co.uk)

Producing a journal is a huge team effort. Grateful thanks to all who have chipped in; the hardworking members of the BACP-UC Executive Committee, our talented columnists, our fascinating contributors, dedicated staff within BACP, our crack design team at Steers McGillan Eves, and especially our divisional journals' Managing Editor at BACP, Sarah David. It's been a blast.

This journal will return with a new captain at the helm.

I hope you enjoy this issue. ■

# News & resources

A summary of current issues and opportunities in our sector

## ADDICTIONS

### Addictions competence framework and training curriculum

The Addictions Competence Framework acknowledges the specific knowledge, skills and abilities required by counsellors who wish to work with clients with addictions. The framework can be used by counsellors already working with clients with addictions to map their existing competence and identify any areas for further development.

Counsellors and trainees interested in learning about addictions counselling can also use the framework to assess their readiness for the role and to identify training needs.

The framework also provides training institutions, service providers and researchers with an up-to-date

resource to inform and enable such activities as curriculum development and delivery, commissioning, clinical governance, research and continuing professional development (CPD).

#### User guide

The user guide describes the competence framework, explains its uses and how counsellors can apply it in their practice. It also sets out how the framework can be used by other professionals, practitioners, trainers, employers, services and commissioners.

#### Training curriculum

The addictions training curriculum offers training providers a framework

for delivering addictions counselling training. The training curriculum is underpinned by the competence framework.

#### Further information

If you have any questions or feedback about the framework, user guide or training curriculum, or if you need these documents in a different format for accessibility reasons, please email [professional.standards@bacp.co.uk](mailto:professional.standards@bacp.co.uk)

➔ The Addictions Competence Framework is available at <https://tinyurl.com/23vm2cm9> and you can find the user guide at <https://tinyurl.com/3y9k6tfp>



**RESEARCH**

## 105,000 autistic people experiencing anxiety disorder

Thousands of people could potentially benefit from a new treatment for an anxiety disorder which affects 18% of autistic people, were it rolled out across the UK.<sup>1</sup>

New research by Pro Bono Economics (PBE) ([www.probonoeconomics.com](http://www.probonoeconomics.com)) for the charity MQ Mental Health Research ([www.mqmentalhealth.org](http://www.mqmentalhealth.org)) suggested that there are 105,000 autistic people in the UK with generalised anxiety disorder (GAD), a condition which can have a serious impact on sufferers' lives. The condition leads people to worry excessively over multiple things at once, at levels which can be debilitating, and can lead to difficulty concentrating, difficulty sleeping, dizziness and heart palpitations.

PBE claim that autistic people are about three times as likely to be diagnosed with GAD than the general population, and many treatments are not designed with autistic people in mind. Standard NHS treatments for anxiety, such as talking and mindfulness therapies, may not be appropriate for those autistic people who have difficulty with social interaction and communication. While NICE guidelines recommend doctors seek specialist advice on tailoring therapies for autistic people, this may not always be available.

Aligning Dimensions of Interoceptive Experience (ADIE) is a new treatment which has been developed with autistic people in mind. It helps autistic people to better recognise their feelings of anxiety, and trials have shown that it can effectively reduce anxiety in individuals suffering from GAD.

In the report, PBE calculated that making ADIE available to all autistic people suffering from GAD in the UK could lead to at least a temporary recovery for almost 6,000 people. The improvement to their quality of life over a year of recovery would have a value of £125-£170 million, or between £21,000 and £28,000 per person.

The ADIE training could also be made available to other groups of people who struggle with anxiety and have found standard treatments ineffective. Clinical trials are ongoing to explore the treatment's wider potential.

### REFERENCE

1. Hughson H. The economic benefits of ADIE treatment for autistic people with anxiety. Pro Bono Economics. [Online.] <https://tinyurl.com/5zxsxv2d> (accessed 05 April 2024).

**HELP FROM BACP**

## Ethics hub

Ethical practice is at the heart of a counselling professional's work. Our Ethics hub aims to provide members with the information and support you need to implement ethical practice.

**Ethics support**

Our ethics officers can support you in making ethical decisions autonomously by helping you to:

- Identify the areas of the *Ethical Framework* which may be applicable to your dilemma
- Understand and apply the principles of the *Ethical Framework* in practice.

To contact our ethics officers, please email [ethics@bacp.co.uk](mailto:ethics@bacp.co.uk) with details of your query and your BACP membership number. We cannot give advice, provide an emergency supervision service or answer legal enquiries. You may wish to contact your legal indemnity insurers or seek independent legal advice about legal matters.

Anything you tell our ethics officers or consultants will be kept confidential with some exceptions.

➔ Find out more about the Ethics hub at <https://tinyurl.com/v962bapz>.

**HELPLINE**

## Employment law helpline

If you would like legal guidance on an employment-related query, we can now offer referral to a free legal helpline.

➔ To book an appointment, please email [ethics@bacp.co.uk](mailto:ethics@bacp.co.uk) with convenient times for a call back.

# Notes from the Chair



This will be my final report as Chair, as I have made the difficult decision to step down from this role. I want to offer an explanation for my decision, which

comes from a variety of factors. As some of you may be aware, both the UC Executive Committee and I have faced challenges related to BACP's internal workings and systems, particularly in how we can ensure that our membership reflects the current changes in our sector. As someone who values getting things done and achieving tangible results, I have found these challenges to be difficult. Additionally, significant changes within my own organisation have prompted me to reassess where I should focus my energies. After much reflection, I have decided to step aside and create space for someone else to take up this position, with the hope that they can elevate the division to the next stage.

However, on a more positive note, I recently had the opportunity to meet with BACP's new CEO, Phil James, and Ben Kay, Transformation and Digital Director. After speaking with them and gaining a brief understanding of their approach, I am confident that they are committed to driving meaningful change within the organisation. As we know from our own work, changing a culture is no easy task and certainly not something that happens overnight. I have offered my support to both Ben and Phil, and want to express my trust and reassurance in their ability to bring about the necessary changes. All organisations face struggles at times, and while BACP has encountered some recent challenges, I see clear evidence of a genuine commitment to

improvement. I've been assured that additional resources will be provided to support the work of this division, and I believe this will greatly enhance the fantastic work being done across all our divisions.

Given the challenges we are facing as a sector, particularly in relation to finance, it is more important than ever that this division serves as a forum for clinical practitioners to discuss and debate, and as a unifying voice that represents the sound and effective work our services and practitioners deliver. While my time as Chair has been challenging, it has also been a true privilege. I am proud of the work we are all undertaking and remain optimistic about the future.

Looking ahead, I plan to stay involved by contributing to debates and perhaps writing the occasional article in this journal. I will also continue my involvement with the SCORE Consortium, which has produced, and will continue to produce, some solid outcomes. I'm pleased that this remains under the capable leadership of Afra Turner, who has contributed so much to the consortium and our wider sector. Additionally, I will remain active within HUCS and continue my role as a Student Minds charter assessor, alongside my day job.

([www.studentminds.org.uk](http://www.studentminds.org.uk))

Finally, I want to acknowledge the range of articles in this issue, as well as in past issues, which highlight the diversity of our offerings and the complex challenges we are currently navigating. It's truly encouraging to see how creatively we are responding to these difficulties. One of my personal challenges, especially as we face financial pressures within our sector, is determining which areas of work can be scaled back and which must be preserved. Perhaps we are all,

in some way, grappling with the need to do less, but to do it better. I know we will continue to explore what 'better' means, and how we can measure or research its impact.

As you read this, we are in one of the most demanding periods of the academic calendar, where the demand on services is at its peak. My message to you all is to hold steady, remain true to the training we've undergone to gain our registration and membership, and to find common ground in prioritising our wellbeing. ■

## Louise Knowles

BACP UC division Chair  
Head of Mental Health, Counselling and Therapies Service  
University of Sheffield

➔ To contact Louise, please email the Editor at [ucc.editorial@bacp.co.uk](mailto:ucc.editorial@bacp.co.uk)

## From the Editor

On behalf of our readers and all members of the BACP UC division, I'd like to express our immense thanks, appreciation and gratitude to you Louise, for all your hard work, passion and commitment to the division and the sector.



# Notes from Research SIG



## Response from BACP CEO, Phil James

I would like to thank Louise, not only for her service as Chair of BACP UC division, but for the opportunity to say something in response to this, Louise's final report as Chair.

I commit to taking some first, basic steps towards improving the support that we can give to all of our divisions: simplifying the 'machinery' by which we work together, and providing additional staff support. These are easy to address, but ineffective without also committing to nurturing widespread, emphatic recognition for the brilliant work of our volunteers on divisional Executive Committees.

Your expertise, passion and ability to work together to share creative insights for this community of practice is a most precious currency that I appreciate has been undervalued in the past.

Should I ever need to remind myself of what my relationship with this division is all about, I shall turn to Louise's words, and remain open to exploring 'what "better" means', and understanding how best I can help with navigating any challenges, so that our work together can continue to make a difference to people's lives. ■

### Phil James

Chief Executive Officer  
BACP



As the focus on supporting new and returning students to adjust to our institutions, shifts, I would like to turn to staff experiences. A recent report,

*Overwhelmed and Underappreciated: the life of student services staff*,<sup>1</sup> highlights the current financial challenges many higher and further education institutions are grappling with, and the inevitable impact on those working within them. The not so new theme of support staff doing more for less and managing unrealistic expectations are some of the questions surveyed to build a picture of our working conditions, and resulting wellbeing of support staff.

Sixty-five per cent of staff surveyed reported considering leaving their employment because of workload, stress or mental health. Antiquated systems and processes increase workload, in addition to a year-on-year increase in student demand, complexity and risk. Fifty-seven per cent stated they work more hours than in the past due to the increased workload with no remuneration. Pay freezes and increases in the cost of living are additional pressures for all staff in the sector. Eighty-seven per cent reported freezes on staff recruitment, once again raising the expectation of existing staff covering the extra workload without pay. Fifty-four per cent state taking time off from work due to these factors.

This feedback is not new but given the emphasis covering both student and staff wellbeing, there is clearly a good deal more work to be done, particularly for staff. Staff and student wellbeing are considered mutually dependent parts of the same ecosystem, yet 'institutional

interventions and approaches appear to prioritise student wellbeing, with staff wellbeing initiatives appearing disjointed, inconsistent, or less valued in comparison to those relating to students. Student wellbeing initiatives that place heavy demands on staff can even be directly detrimental to staff wellbeing, yet this is widely overlooked or disregarded in the sector.<sup>2</sup>

The report offers some interesting insights into different European institutional practices, and concludes that, to see improvements in institutional wellbeing, universities need to examine the institutional culture, design inclusive student support services and practices, and embed wellbeing into the curriculum, pedagogy and practice. Staff recruitment, promotion and staffing practices need to be inclusive working practices that scrutinise and eliminate bias and discrimination.<sup>3</sup>

A strategic direction for educational institutions based on a culture of compassion, belonging and inclusivity are advocated, replacing existing historic structures that maintain toxic and competitive environments, and undermine good mental health and wellbeing. ■

### Dr Afra Turner

Chair of Universities and Colleges Research SIG, Chair of SCORE Consortium, Senior CBT and psychodynamic psychotherapist and supervisor, BABCP and MBACP accredited, King's College London.

➔ To contact Afra, please email the Editor at [ucc.editorial@bacp.co.uk](mailto:ucc.editorial@bacp.co.uk)

### REFERENCES

1. Blackbullion. *Overwhelmed and underappreciated: the life of student support staff*. [Online.] <https://tinyurl.com/5dhj8pxk> (accessed 6 September 2024).
2. Lister K, Riva E. *Helping students means taking university staff wellbeing seriously*. [Blog.] WonkHE 2024; 14 March. <https://tinyurl.com/usbwvh7v> (accessed 9 September 2024).
3. Riva E, Lister K, Jeglinska W. *Student and staff mental well-being in European higher education institutions*. [Online.] <https://tinyurl.com/3mjhhj32> (accessed 9 September 2024).

# Notes from HUCCS

## Beyond the student mental health crisis



As therapists, we are profoundly interested in the verbal and non-verbal, the spoken and unspoken, and deliberately wonder what postures,

gaps and omissions in sessions may represent. We work with courage and do our best not to collude with unhelpful avoidance or denial; we mindfully approach uncomfortable, tense and conflicted moments with respectful curiosity, always striving to help clients find their own meanings and way forward.

So, what do we do when we intuit gaps, silences and omissions in the broader context of our work with students, in our university and college communities, and society? How do we engage and invite discussion on the subjects that we are most anxious about raising, noting that the sense of something being unspeakable is a likely indication that an unhealthy splitting off and denial may be operating outside anyone's awareness?

I mention this by way of introduction to something that has been preoccupying me for several years, a concern that has felt very hard to raise for fear of misinterpretation, or misrepresentation as a lack of care or dismissal of experience. This caution has been relieved through sector and network conversations in recent years, and a growing body of research, which have helped to establish this as a shared concern, accompanied by a shared awareness of the need for caution and sensitivity as we proceed.

My question to university counsellors, mental health professionals, strategic leaders and our allied NHS clinical partners can be summarised as:

*Is it possible that increasing mental health awareness, promoting psychological services and opening up debate about how we feel, is having unintended, harmful, consequences for those it intends to help?*

*Have we, in a bid to ensure comprehensive understanding of the signs and symptoms of mental illness, inadvertently fostered slippage and confusion in the borderland between the significant, painful and, at times, paralysing distress that sits within the spectrum of healthy and normal emotional life, and indications of a persistent mental health difficulty likely to require specialist, professional attention?*

*Given the cyclical, frequently avoidant, behavioural loops that accompany many forms of distress and common mental health difficulties, could the adoption of medical, diagnostic labels, in some instances, be eroding confidence in self-determination and reducing recovery rates?*

*Is it possible that within the current, deeply worrying, NHS and HEI data on the number of young people and students disclosing mental health problems and meeting clinical thresholds for diagnosis, exists a complex array of experiences and stories that need further exploration and may not all be best explained as mental illness?*

*Thinking about the young people and students who, understandably, are making sense of and seeking*

*recognition of their difficulties through the linguistic and conceptual tools at their disposal – what might the implications be when students think of themselves as someone with a diagnosable mental illness at such a key identity-forming stage in life? Is it possible that students' life chances may be altered, or delimited, in some way?*

*And what of those who are living with serious, complex, ongoing, mental illness – are their needs getting lost and care diluted by shifting narratives and related demands on services?*

*Finally, living well with distress and mental illness requires attention to our interdependency, with recovery being a co-constructed process that requires creative interaction between individual wishes, agency and actions, families, social networks and professional guidance. How do we therefore speak respectfully to the role students play in their own mental wellness, health and recovery?*

### Context – the emergence of the mental health crisis narrative in HE

Those of us who have been working in the university and college sector for the past 10, 15 or more years are well versed in the mental health and wellbeing related shifts, and developments in our institutions and across broader society over this period. There has been growing interest in, and attention to mental health and wellbeing at a socio-cultural level, reflected and reinforced by strong media, and social media, attention.



Landmark campaigns such as MIND's *Time to Change* (which was launched in 2007 and closed in 2021) and *Time to Talk* (<https://timetotalkday.co.uk>), alongside the NHS's *Every Mind Matters* ([www.nhs.uk/every-mind-matters](http://www.nhs.uk/every-mind-matters)), have sought to destigmatise and raise awareness of mental illness, reduce the numbers of people suffering, unnecessarily, in isolation with untreated mental health problems.

Within HE, Student Minds ([www.studentminds.org.uk](http://www.studentminds.org.uk)) have successfully raised the profile of student mental health at the policy and practice level, noting how UK youth and young adult mental health trends are consistently mirrored in the undergraduate and graduate student experience, while attending to additional HE specific contextual factors relating to transition, geographical mobility, teaching, learning and academic assessment, financial pressures and access to healthcare.

Within the sphere of student counselling, there has been a curious complexity in trying to understand what this campaigning and awareness raising have meant for students, our experience of providing counselling and mental health services, and the university community as a whole. In many respects, our work has received greater recognition and moved out from the shadows, with students and staff regularly referencing how valued and valuable counselling is as an intervention, noting the essential contribution our teams make to the university as a whole.

Simultaneously, the ongoing, severe, constraints on NHS primary and secondary care mental health services in tandem with repeated directives from ministers for universities to 'do more' to 'support student mental health', have left us in the difficult position of navigating phenomenally unclear terrain. We



have had to assess the environment for both risks and opportunities as we go, draft route maps in real time and work hard to understand the many groups, cultures and languages we have encountered along the way, attending to both conscious and unconscious communications.

This, combined with the overall increase in the number of students disclosing and seeking support for psychological distress and difficulties, has prompted wide-ranging examination and debate among mental health professionals in our sector, which increasingly is turning to consider the question of potential harm. Central to this has been a growing disquiet filtering through counselling and mental health teams as clinicians have shared their unease with students' increasing use of self-diagnostic language and frameworks to describe difficulties.

The point of enquiry here is not to question the lived experience of clients or the value of creating emotional-relational insights, the critical consideration is how the language being used to express

difficulties may be shaping understandings, and potentially beliefs about positive change and recovery.

If some of the points or questions raised above resonate with your own thinking or your team discussions, please do get in touch with your views – this is a new and emerging area of enquiry and there is a lot yet to learn and understand. ■

➔ To contact Jane, or the HUCS Executive Committee via Jane, please email the Editor at [ucc.editorial@bacp.co.uk](mailto:ucc.editorial@bacp.co.uk)

#### **Jane Harris**

Co-Director of Student Welfare and Support Services and Head of Counselling, University of Oxford

In the next issue of the journal, my 'Notes from HUCS' will summarise, and report back on, the forthcoming event at the University of Oxford, 'Beyond the Student Mental Health Crisis: a collaborative transatlantic symposium' which will be held on 5 December 2024.

A photograph of a desk lamp with a silver, adjustable neck and a conical shade, casting a warm, yellowish glow. The lamp is positioned above a bed. The bed has a blue and white striped blanket and several pillows, including a large, light-colored one. The background is a plain, light-colored wall.

# Bibliotherapy

**Bijal Shah** makes a powerful case for therapeutic literature



**D**o you ever pay attention to that feeling when a book resonates with you and ask why? Or is it simply a momentary observation, that flees as quickly as it appeared? Often, we blink past the emotions that a piece of literature triggers in us, despite the connection we may have felt with something deep within us.

This is the charm of literature – it brings us back home, to ourselves. It connects our conscious mind with our deeper subconscious, or it prompts thoughts and feelings, all of which might be telling us something important – the clues in the messiness of life that may offer us self-awareness, insight and understanding.

Literature does this with ease, suspending our defences as we sense safety and intimacy with the author and/or characters with whom we connect. Through this therapeutic relationship, the literature holds mirrors up. Whether it's the familiarity of the emotion, experience or dynamic in the narrative, we find ourselves held in a safe space to explore and process these.

As Rudine Sims Bishop once said, 'Books are sometimes windows, offering views of worlds that may be real or imagined, familiar or strange. These windows are also sliding glass doors, and readers have only to walk through in imagination to become part of whatever world has been created or recreated by the author. When lighting conditions are just right, however, a window can also be a mirror. Literature transforms human experience and reflects it back to us, and in that reflection, we can see our own lives and experiences as part of a larger human experience. Reading, then, becomes a means of self-affirmation, and readers often seek their mirrors in books.'<sup>1</sup>

This recognition, because of the identification we feel, can be very validating and healing. There is also a certain permission to explore our inner lives through the literature, beyond the entertainment and education value of a book – the ability to freely be with our thoughts prompted by the literature, uncensored, with our defences relaxed, to give us an opportunity to feel, consider and understand our reflections off the pages of the book without the shadows of shame or self-consciousness.

This is where the power of therapeutic reading lies and where we can leverage it to heal and develop self-awareness. Before we can do this, however, we must experience a certain sense of connection and trust in the writing through the narrative being placed in front of us; an intimacy that allows us to relax our defences, to invite new perspectives by affirming to the writer:

‘I trust you. I feel connected and safe to explore my innermost thoughts.’

As we read, the writing prompts us. As we find ourselves empathising with the characters or

resonating with the narrative, we are offered clues into what we might be seeking to better understand in ourselves.

As a bibliotherapist, I witness time and again, the validation and acknowledgement that come with narratives that represent or resonate with our own lived experiences – we feel seen, heard and understood – and we are connecting with others, be they fictional characters or the author themselves, crafting a therapeutic relationship with the text or author.

### **The evolution of bibliotherapy**

The term ‘bibliotherapy’ was first coined by American essayist Samuel Crothers in 1916.<sup>2</sup> Crothers observed that reading novels provided inexpensive access to therapy. He also felt that for some patients, the therapeutic reading process could replace psychoanalysis. Despite the term ‘bibliotherapy’ only appearing at the beginning of the 20th century, the concept of therapeutic reading can be traced as far back as to the Ancient Greeks whose use of both tragedy and comedy were seen as conduits to catharsis. The word *bibliotherapy* itself is derived from a combination of two Greek words – *biblion* (meaning ‘book’) and *therapeia* (meaning ‘healing’). The first formal definition of bibliotherapy appeared in the 11th edition of *Dorland’s Illustrated Medical Dictionary* in 1941.<sup>3</sup> In 1961, the definition provided by *Webster’s Third New International Dictionary*<sup>4</sup> was endorsed by the American Library Association. This definition described bibliotherapy as ‘the use of selected reading materials as therapeutic adjuncts in medicine and psychiatry; also, guidance in the solution of personal problems through directed reading.’

Freud also saw the value of literature, referring to Ancient Greek myths as well as Shakespeare in his theories of psychoanalysis. In his essay, *Creative Writers and Day-Dreaming*, Freud refers to the writer guiding the reader, skilfully allowing the reader or the ‘day-dreamer’ to explore his or her own ‘phantasies’ (the Freudian term for the imaginative fulfilment

of frustrated wishes, or repressed desires or needs, whether conscious or unconscious), just as a therapist would.<sup>5</sup>

In fact, therapeutic reading has developed over millennia, and can be traced all the way back to the ancient Greeks,

Michel de Montaigne, William Wordsworth, George Eliot, Freud, hospital librarians during both World Wars and, more recently, modern-day academics. I chart this history in more detail in my book, *Bibliotherapy: The healing power of reading*.<sup>6</sup> I first came across this history during my psychodynamic counselling training where I would often turn to literature to explore and resolve issues that I was grappling with in my own therapy sessions. This experience has influenced the development of my own bibliotherapy and literary curation practice, and now I solely use bibliotherapy when I see clients, working with a variety of creative bibliotherapy techniques, ranging from the use of poetry and narrative therapy, to letter writing and literary journaling, of which I go into more depth in the book.

I’ve observed notable shifts and changes in my clients, through their engagement with therapeutic reading, and their dedication and commitment to the bibliotherapeutic process. I discuss some of these stories in the book, covering themes of grief, neurodiversity, relationships, cancer, and even motherhood. Academic research in this space continues internationally with awareness of bibliotherapy, together with the demand for the modality increasing worldwide. This is certainly evidenced by the enthusiasm for the subject by my clients, and trainees as well as readers of my book, and I look forward to seeing what heights we can reach with this incredible therapeutic tool we have available to us.

### **What is bibliotherapy?**

If traditional therapy is known as the ‘talking cure’, then bibliotherapy serves as the ‘reading cure’. Similar to Freud’s free association method\*, literature

“  
**This is the charm of literature  
 – it brings us back home,  
 to ourselves**  
 ”



prompts us, through the protagonist's or narrator's story, giving us immediate access to our imagination and unconscious mind, bringing up our phantasies, anxieties, forgotten memories and associated emotions. Similar to traditional therapy, these are then discussed in a counselling session with a bibliotherapist or mental health professional.

### How does bibliotherapy work?

My practice follows the work of academic Dr Caroline Shrodes,<sup>6</sup> an important pioneer of bibliotherapy, whose 1949 dissertation drew many parallels between traditional psychotherapy and bibliotherapy, and proposed three qualities that needed to be satisfied for a text to qualify for 'bibliotherapy':

- **Identification:** The reader connects and identifies with the narrative or protagonist. When a reader identifies with characters, situations or emotions depicted in a book, the recognition and validation experienced enables and encourages self-exploration and examination of their own situation

- **Catharsis:** This identification leads to the reader connecting with their own similar emotions. If these emotions are expressed, this release leads to relief
- **Insight:** By vicariously reliving the experience of the protagonist through the reading process, the reader has a newfound awareness and insight into their own situation, gaining perspective and discovering coping strategies, and potential ways to address their own issues. In addition, readers develop greater self-empathy and self-compassion as well as empathy for others.

As readers welcome this connection, they experience a sense of validation and feel understood, while rejecting the aspects of the narrative that feels threatening or challenges the ego.

### The bibliotherapy session

Prior to the bibliotherapy session, I ask clients to complete a questionnaire that is designed to understand the issues they face, their reading preferences and reading habits, and how much time they have to read.

This enables me to select relevant and appropriate literature to work with during the sessions. In my book, I refer to this as 'literary curation'.<sup>6</sup>

During the first 50-minute bibliotherapy session, I explore each client's issue in more depth, and introduce them to an initial reading list (or 'book prescription'), comprising seven to 10 book recommendations that I have prepared. I may add to this list or remove literature subsequent to this discussion and/or depending on the client's preferences. The client then selects one or two books from the list that they feel particularly drawn to or compelled to read.

I suggest they read the book(s) and undertake some 'literary journaling' (a foundational bibliotherapy technique I use with most clients) prior to the next session based on what they have read. I request that they share these reflections with me. These reflections inform subsequent sessions, as well as give clients an opportunity to continue the work outside the therapy room, processing thoughts and feelings, and recording how they might have been feeling during the week.

During future sessions, I introduce additional creative bibliotherapy techniques to clients, ranging from poetry therapy, narrative therapy, letter writing to genre-based reflective practices. These play an active role in the therapeutic process, enabling clients to leverage both their reading and therapy. Further details of these techniques can be found in the book, along with stories of clients who have undertaken bibliotherapy for a variety of issues.

### Case study example

To demonstrate how this all works in practice, let me illustrate the story of my client, Sarah, who had been struggling with grief following the sudden death of her younger brother. Despite trying various forms of therapy, including grief counselling, she found it difficult to process her emotions and move forward with her life. Her grief manifested in the form of social withdrawal and a deep sense of hopelessness. She wanted to complement the grief counselling with bibliotherapy, in the hope that engaging with

literature might offer her a different perspective and help her navigate her complex emotions.

The bibliotherapy process began with an assessment of Sarah's relationship with her brother, her emotional state, and her reading interests, preferences and habits. Based on this, I pulled together a list of fiction and non-fiction focused on themes of loss, resilience and healing. Sarah was keen on reading memoir, so we landed on Kathryn Schulz's *Lost and Found*,<sup>8</sup> a book that delves into the author's experience of grieving after the loss of her father, having just met the love of her life a few months before, pulling us into a meditation of how hope, discovery and new beginnings can carry us through our pain.

I encouraged Sarah to read the book at her own pace, and engage in some literary journaling, noting any passages that resonated with her. During her bibliotherapy sessions, we discussed her reflections, exploring how Schulz's experiences of loss paralleled her own, and enabled her to connect with her own grief and sadness.

In *Lost and Found*, Sarah found solace in

Schulz's portrayal of grief's irrationality, but also the coexistence of sorrow and hope, and the process of coming to terms with loss. This resonance led to a sense of validation and acknowledgment of her own feelings of grief and sadness, alleviating some of the isolation she felt. The book also provided her with a language of loss for her grief, allowing her to better articulate her emotions, and felt that seeking something meaningful, including novelty and new beginnings, were vital to her healing journey. She decided to pursue her passion for poetry and writing by enrolling in a year-long poetry writing course in the city. An exciting new chapter for her, it inspired her to write a series of poems remembering her brother and memorialise him in this way, while also using creativity to connect with, and process, her grief.

After several bibliotherapy sessions, Sarah reported that bibliotherapy provided her with a safe space to explore her feelings and find new ways of understanding her loss. By connecting with Schulz's experience of grief, Sarah was able to rediscover hope

“  
If traditional therapy is known  
as the 'talking cure', then  
bibliotherapy serves as the  
'reading cure'”



and meaning in her own life. This case highlights the potential of bibliotherapy as an effective complement to traditional grief counselling, offering a unique pathway to healing.

### Learning by experience

As with most things, experience is the best teacher and there is no better way to understand the bibliotherapy process than to come in for a session and experience it for yourself. Directly engaging in a bibliotherapy session allows individuals to truly grasp the nuances of the process, from the careful selection of literature tailored to a person's therapeutic needs, goals and reading habits, to the guided reflection that follows. By immersing yourself in a session, the therapeutic power of literature becomes not just an abstract concept, but an insightful, lived reality.

As we navigate the complexities of modern life, the therapeutic potential of reading should not be underestimated. Whether as a complement to traditional therapy or as a standalone practice, the connection and intimacy with the text, and the resonating words of authors, can provide solace, insight and a deeper understanding of our own experiences.

In a world where many seek meaningful ways to manage stress and find personal clarity, bibliotherapy offers a timeless, deeply human approach – one where the stories we read become a mirror reflecting our innermost thoughts and feelings, and in doing so, guide us toward healing. ■

\*The process through which we freely share thoughts and words that arise when encouraged to speak unfiltered without censorship about whatever comes to mind.

### ABOUT THE AUTHOR



**Bijal Shah** is a bibliotherapist, counsellor and author of *Bibliotherapy: The Healing Power of Reading*.<sup>7</sup> She's the founder of Book Therapy ([www.booktherapy.io](http://www.booktherapy.io)) which offers bibliotherapy sessions, literary curation, and bibliotherapy training. Bijal's book recommendations have featured in the national press, including *The Guardian*, *BBC Culture*, *Marie Claire*, *Psychologies Magazine* and *Good Housekeeping*.

➔ To contact Bijal, please email the Editor at [ucc.editorial@bacp.co.uk](mailto:ucc.editorial@bacp.co.uk)

### REFERENCES

1. Bishop RS. Multicultural literacy: mirrors, windows, and sliding glass doors. [Online.] <https://tinyurl.com/mrppccur3> (accessed 21 August 2024).
2. Crothers SM. A literary clinic. [Online.] <https://tinyurl.com/23b6cn7e> (accessed 21 August 2024).
3. Dorland Newman WA. Dorland's Illustrated medical dictionary. Philadelphia: Saunders; 1985.
4. Merriam-Webster. Webster's third new international dictionary. Springfield, MA: Merriam-Webster; 1961.
5. Freud S. Creative writers and day-dreaming. In: Strachey J. (ed). The standard edition of the complete psychological works of Sigmund Freud, Volume IX (1906-1908): Jensen's 'Gradiva' and other works. London: Vintage Classics; 1959 (pp141-154).
6. Shah B. Bibliotherapy: the healing power of reading. London: Hachette UK; 2024.
7. Shrodes C. Bibliotherapy: an application of psychoanalytic theory. *American Imago* 1960; 17(3): 311-319.
8. Schulz K. Lost and found. London: Random House; 2022.

This is a  
*university*  
not a  
hospital!

Research by **Dr Sarah Totman** and **Dr Angela I. Loulopoulou** highlights the increasingly complex and severe mental health issues presented by students to university counselling services, illustrating how student counsellors have evolved to meet this demand



I recently found myself in the interesting position of having had three roles at the same time. Firstly, I was (until recently) Head of Counselling at a university service, secondly, I was also Head of Clinical Practice, seeing a limited caseload of students for individual CBT-informed psychotherapy, and thirdly, I was a student – completing a doctoral thesis at London Metropolitan University in counselling psychology, which I'm delighted to say has now been awarded. I think these three roles gave me an insightful perspective on the sector, and hereby share some of the findings of my doctoral research, viewed through those three different lenses.

My research explored the experience of university counsellors (referred hereon as 'student counsellors') seeing students with severe presentations, using Interpretative Phenomenological Analysis (IPA).<sup>1</sup> I interviewed nine student counsellors, from a variety of universities (Russell Group and modern, large and small) during autumn 2022. My interest in this area was based on an awareness of the rising number of students with complex and severe mental health issues coming into counselling services, and also my experiences as a counsellor, noticing that my caseload profile had changed. Students with severe presentations seemed to have moved from a small minority of those applying for support to around a third of applicants. In this article, I describe some of the findings of this research, and identify issues that the sector, heads of services and student counsellors might wish to explore further.

## Background

According to the Office for Students, the number of students with mental health conditions is increasing, and they are more likely than ever to seek support for their mental health.<sup>2</sup> The issue of student suicides has also come under the spotlight, with a debate in parliament<sup>3</sup> following a petition put forward by parents of students who had died this way, demanding increased duty of care from universities.

My research has shown that university counselling services (UCSs) were originally developed to retain students who might otherwise drop out. The motive was primarily a financial one, and the ethical and compassionate considerations were secondary. UCSs tended to support students with mild to moderate difficulties, to facilitate completion of studies and to help achieve their academic potential. While this is still the main focus of UCS support, it is now understood that students expect to receive treatment and management of their mental health conditions during their studies – a stance that potentially

positions studying as a form of occupational health. Indeed, UCSs have a duty under the Equality Act 2010 not to discriminate against students with disabilities (this could include students with a mental health diagnosis). Those of us who have been working in UCSs over the last 10 to 15 years will have witnessed this shift in the changing nature of our caseloads: from relatively few students with more complex difficulties (such as personality disorder, complex trauma or suicidal ideation), to this being far more commonplace.

The demand for counselling and counselling services has also increased enormously, with Universities UK reporting that 94% of UCSs reported an increase in demand for counselling, with around two thirds of services seeing student numbers increase by 25%.<sup>4</sup> In parallel, the demand for specialist treatment in NHS settings has also increased, and it is not uncommon for students to be reporting, anecdotally, that they have been warned of a significant waiting time (sometimes up to a year) for specialist treatment.

## A perfect storm

This 'supply and demand' issue in both the university and NHS sector is problematic to say the least. Potentially, a 'perfect storm' is brewing, fuelled by the increasingly poor mental health of students, increasing demand for mental health support within universities, and NHS services at overcapacity.

A student with a mental health condition, who might otherwise have been seeing a psychiatrist or under the care of a community mental health team, is instead applying for counselling, and either expecting or hoping to be supported by a UCS. In some universities, students are applying for counselling before they have even enrolled. What does this mean for the counsellor in a university setting, and how are student counsellors experiencing this change?

## Whose role is it anyway?

In BACP's Sector resource for UCSs, the following statement is made: '*Counselling services should resist institutional pressures to accept clients who require other forms of help rather than counselling.*'<sup>5</sup> (p14). Based upon my (albeit small) research sample, the resisting of institutional pressures had often not been a successful mission – services have continued to accept students who need specialist interventions and safeguarding support. However, what is the alternative? No support at all, it seems – and so, UCSs find themselves with no choice but to continue providing mental health interventions to students with serious mental health issues. If they turn students away, the fear is that they would otherwise be unsupported and at increased risk. We also need to

acknowledge the dread of an increasingly critical press and media, with frequent headlines pointing the finger of blame at the university and its perceived lack of support.

My research considered how counsellors managed these changes and found that feeling responsible for a student with a severe presentation was experienced as a burden by all the participants I spoke to. You could say that this was part and parcel of being a counsellor to students. However, the difference between a student with a mild to moderate difficulty (such as perfectionism, low mood and procrastination), and one with a severe difficulty (such as emotional dysregulation and self-harm), is in the degree of potential risk. The former segment of students might be telling us of poorer functioning and lower self-care, the latter, of suicidal thoughts and urges to cut or harm themselves on a daily basis.

### You're here now, so what next?

Participants in my research were aware that the treatment context for students presenting with severe conditions should not be a UCS client in the services they worked in, and yet the work still took place, regardless. Each participant had found a way of doing this work, often honed by years of experience in both university settings, and statutory and specialist services, (eg forensic units, rape crisis centres) etc. However, there were three key conditions that seemed to have made this work possible:

1. Good clinical support (peers and clinical supervisors)
2. Infrastructure (mental health advisors, psychiatrists, administrators)
3. Option to increase the number of sessions and/or change the therapeutic frame.

I have no doubt that the first two conditions will come as no surprise to either student counsellors or heads of services. However, I suspect that the third condition will raise an eyebrow or two. What my research seemed to indicate is a process – starting with a student presenting with a complex condition or with issues relating to, for example, suicide, self-harm, trauma or personality disorder, with the

next step a triggering of the counsellor/participant making the case for more sessions, and sometimes more frequent sessions (ie once a week instead of every two weeks). The process was completed by the granting of that request. This seemed to be independent of whether the service operated a one-at-a-time (OAAT) model or offered up to six sessions as standard.

What was interesting was that this practice seemed to be happening openly in productive, supportive team meetings – but in other ways, was very much ‘under the radar’. For example, there seemed to be no mention on UCS websites that a student might be able to have extra sessions, and service models were all described as time-limited/short term. A question for those who plan the strategy for

UCSs might be, ‘Should we make this explicit?’. However, this would likely create many challenges, and might also impact demand. It could even generate complaints from students arguing that this is a two-tier system – ie a student with moderate or mild issues would receive less support than a student with severe difficulties.

### Competences

It is important for counsellors to work within our therapeutic competence. In the HE sector, counsellors rarely know the full client presentation until that first session or assessment. A student counsellor may be also aware that they might be the only accessible and timely intervention at that time. While my participants acknowledged that they might not have extensive experience of some complex mental health issues, they believed that each client situation should be evaluated individually, and counselling was often helpful.

Good supervision, internally and externally, seemed to help counsellors appreciate and comprehend their level of clinical competence. My research also indicated that managing the expectations of students with severe mental health issues is a key aspect of working to competence. Participants facilitated this through sensitive, open and sometimes frank conversations with their clients – ensuring that students were aware what could be achieved, and what could not, in their time together.

“ Students with severe presentations seemed to have moved from a small minority of those applying for counselling support to around a third of applicants ”

### Compassion satisfaction, not fatigue

When I began this research, I admit I expected to find a group of participants with differing experiences of burnout and vicarious trauma. This was not the case, at least not in 2022, when my interviews took place. Instead, the student counsellors I spoke to, more often, reported experiences of their work being valued. They believed it was important work, and many had stories of not just supporting a student with a complex mental health issue but even saving their lives. Some spoke of the simple satisfaction to be had in seeing a student with a lot of mental health difficulties complete their degree and graduate.

### Teamwork

All the participants I spoke to had positive experiences of the team settings they found themselves in. It is probably the case that a qualified psychotherapist/counsellor/psychologist chooses to be a student counsellor over working solely in private practice because they prefer to be working within a team context. It is likely that this team setting enables this challenging work to take place – perhaps because it partially replicated the multidisciplinary teams that a community mental health service might have in place.

Those I interviewed all spoke of positive experiences of line manager support, clinical team meeting support, and not forgetting, the highly regarded administrators of their service. It seemed to me that this must be facilitating the work and probably also mitigating against burnout. Participants also described how important the informal support offered by a colleague in the next room, or online, was. Having a colleague ready to listen, be empathetic and say: ‘been there, done that!’, was invaluable.

### The student counsellor – flexible, adaptable and resilient – but not superhuman

My research has demonstrated that a student counsellor is a very special mental health practitioner. The work they do now is far removed from the work they might have undertaken 10 years ago, and yet they have adapted. What I observed was a group of practitioners who had learned over the years what techniques and skills worked with students with severe presentations, but more than this, they also changed the therapeutic frame to suit the student and their difficulties – perhaps with more sessions or more regular appointments.

They told me that this was draining and exhausting work sometimes, and so they had also learned to take care of themselves. Taking care might have been something akin to wellbeing activities, such as exercise, being outdoors, the company of friends and

family – but there could also be practical and tangible changes, such as reducing their working days, or working part time.

It seemed to me that a student counsellor who had found a way to do this complex and challenging work was a resilient one. However, there is a fine line between being able to work, sometimes very successfully, with increased risk and severity of presentations... and feeling overwhelmed by it. How long can working at this pitch continue? Student counsellors must be supported to do this work if it continues to be part of the UCS offer – they need time, space, supervision and peer support. Their services also need to have enough staff to do that work and the right infrastructure – and none of this comes for free. ■

### ABOUT THE AUTHORS



**Dr Sarah Totman**, AFBPsS, London Metropolitan University. After qualifying in counselling psychology, Sarah worked in various NHS settings, before moving to King’s College London in 2011 and latterly achieving a doctorate. Sarah has now moved into private practice and also offers psychological support to NHS services.



**Dr Angela Ioanna Loulopoulou**, AFBPsS, London Metropolitan University. After qualifying in counselling psychology, Angela completed a PhD whilst working clinically in various settings. She’s been working in academia and private practice since 2011.

➔ To contact Sarah and Angela, please email the Editor at [ucc.editorial@bacp.co.uk](mailto:ucc.editorial@bacp.co.uk)

### REFERENCES

1. Smith JA, Flowers P, Larkin M. Interpretative phenomenological analysis: theory, method and research (2nd ed.). London: Sage; 2022.
2. Office for Students. Mental health: Are all students being properly supported? [Online.] <https://tinyurl.com/22sx7fwf> (accessed 1 July 2024).
3. UK Parliament, Hansard. HE Duty of Care. [Online.] <https://tinyurl.com/2wreerja> (accessed 1 July 2024).
4. Universities UK. Suicide-safer universities. [Online.] <https://tinyurl.com/4dmcsazn> (accessed 2 July 2024).
5. British Association for Counselling and Psychotherapy. University and college counselling services. Sector overview 003. Lutterworth: BACP; 2017 [Online.] <https://tinyurl.com/2ekuza6z> (accessed 1 July 2024).

# Who's **listening** when everyone else has gone to bed?

**Katie Endacott**, CEO of Nightline, writes about the crucial listening service run by Nightline – for students, by students

**W**e all know about Samaritans ([www.samaritans.org](http://www.samaritans.org)), and how important this listening service is to thousands each year. But do you know about Nightline? This listening

service was actually born out of Samaritans, created by students and Samaritans volunteers coming together back in 1970.

The Nightline Association leads a national movement of 31 local Nightlines and 2,000 volunteers. Together, we provide an overnight mental health service for students across the UK. They can get in touch by phone, instant messenger, email or text, ensuring the service is as accessible as possible for those in need.

Every night of term, Nightlines offer students non-judgmental, emotional support when no-one else is around. Nightlines are staffed by student volunteers, who follow the principle, 'We'll listen, not lecture.'

Nightline is a non-judgmental, non-directive, anonymous listening service for over 1.4 million

students across the UK. Each Nightline has an average of 70 volunteers – students who are trained for several weeks before taking calls, have developed the required skills, and have a passion for supporting others.

Students have always faced challenges as they move away from home for the first time, but now they are more likely than ever to experience a mental health crisis. According to UCAS, from 2010 to 2020, there was a 450% increase in students declaring a mental health condition.<sup>1</sup> Since then, the pandemic and the increased cost of living<sup>2</sup> have contributed to a further deterioration in student mental health. In a Student Minds' Research Study, 57% of respondents self-reported a mental health issue.<sup>2</sup>

When students start university, we all know it's a big change. They have to find and make new friends, often moving out of home for the first time, and are finding their feet. Nightline is there to listen when students are feeling homesick and don't want to talk to their flatmates. Nightline is also there when students have a deadline looming and need to talk it through.



### What makes Nightline different?

- Our peer-to-peer listening service is run for students, by students, with callers more likely to be supported by someone with similar life experiences
- Our volunteers are trained in suicide prevention so they can offer vital hope to suicidal callers
- We complement other higher education mental health providers: collaborating with Samaritans to align with best practices, and learning from Student Minds to improve diversity and co-creation
- Nightlines are trusted, and signposted by the NHS on their website<sup>3</sup>
- We support students at scale. The network of Nightlines led by the Nightline Association covers 50% of the student population in England, Wales, Scotland, and Northern Ireland.

A report recently released by Professor Michael Sanders at King's College London shows that the incidence of mental health difficulties among

students has risen from 6% in 2017 to 16% in 2023.<sup>4</sup> Additionally, the Office for Students has highlighted the value of co-creation with students in developing mental health support.<sup>5</sup> Students continue to value the peer support they receive from Nightlines, whether that be on the phone or through our wider activities, such as exam packs or socials.

As an anonymous, non-advisory service, we provide confidentiality for our callers, except in cases of safeguarding or criminal activity. They can share concerns about their course, their living situation, upcoming deadlines, and health without fear of retribution. Nightlines are there when students don't know where to turn; many feel they will be disciplined or kicked off their course when deadlines loom and their health declines, but Nightline is there to facilitate hope.

One of our callers shared, 'It was helpful to talk tonight. I find Nightline is really good and I feel listened to and not afraid of being judged. I hope this service continues because I prefer it over the other helplines.'

### Why students call Nightline

We collect data on the topics covered in every call, and share these with a Nightline’s institution where possible, to help them understand what their student community is talking about, but perhaps not directly to them. We’ve helped raise awareness about international students settling in, concerns around housing and what information is regularly requested. Institutions have then used these data to improve marketing of resources, adjust plans for settling in, and more.

Interestingly, while students call Nightline to discuss their health and course stresses, they also call about friendships and personal relationships, our fourth and fifth most discussed issues in 2023 (see below). They call to chat on their way home from a night out, to talk about loneliness, self-harm, physical health, and more. We are always developing our database to add new topics – most recently, adding climate anxiety as this increasingly comes up in conversations.

#### Top 10 reasons for calling Nightline in 2023

1. Stress/anxiety
2. Academic issues
3. Mental health concerns
4. Issues with friendships
5. Issues with personal relationships
6. Loneliness
7. Family reasons
8. Suicidal thoughts or suicide attempt
9. For information
10. Depression



One of our volunteers said: ‘...you realise very quickly that every call matters because when you are there for someone who has no one else to talk to, when you can be a friendly ear to the friendless, for the frightened, the lost, the happy, the hopeless, the tired, the calm, the philosophical, the angry, the abused, the ashamed – because then it doesn’t matter that it’s 4am, because being there for someone is timeless, essential and amazing.’

While we started in 1970, we’ve been on quite a journey since then, with the most recent changes being the employment of two full-time staff and the refreshing of the Nightline Quality Standards that each Nightline must adhere to. Nightlines will always look to develop to meet the needs of today’s students. As volunteer numbers continue to be a challenge, we are always looking for new students who would thrive in this opportunity. We are working alongside many others, and are proud to be part of a holistic approach to supporting students during their university journey, ensuring they feel heard. ■

#### ABOUT THE AUTHOR



**Katie Endacott** is CEO at Nightline Association, joining the team in 2023 with 15 years’ experience across the charity sector. Katie is part of Advance HE’s Mental Health and Wellbeing in Higher Education Executive Committee and, like many, has lived experience of mental health. <https://nightline.ac.uk/>

➔ To contact Katie, please email the Editor at [ucc.editorial@bacp.co.uk](mailto:ucc.editorial@bacp.co.uk)

#### REFERENCES

1. UCAS. 450% increase in student mental health declarations. [Online]. <https://tinyurl.com/3ccw9z6u> (accessed 4 September 2024).
2. Student Minds. Student Minds research briefing - February 2023. [Online]. <https://tinyurl.com/vvws6kv9> (accessed 4 September 2024).
3. NHS. Counselling for student mental health problems. [Online]. <https://tinyurl.com/ratzbr6p> (accessed 4 September 2024).
4. Sanders, M. Student mental health in 2023: who is struggling and how the situation is changing. [Online]. <https://tinyurl.com/yf47nup5> (accessed 4 September 2024).
5. Office for Students. For us, by us. [Online]. <https://tinyurl.com/2puj392h> (accessed 4 September 2024).



## Colleges reveal the scale of the **suicide** and **mental health crisis** among young adults

**T**he scale of the mental health and suicide crisis among young adults has been laid bare in new research published by the Association of Colleges (AoC).<sup>1</sup>

In an AoC survey of 71 English colleges (almost a third of all colleges in England), almost a third reported at least one death by suicide within the previous year. Two-thirds (75%) of colleges each recorded more than five attempted suicides within the previous 12 months. Almost a third (30%) of colleges reported between 10 and 14 attempted suicides within the last year, while 13% reported over 30 attempts within their colleges.

Findings differed slightly between the age groups of students. Almost two-thirds (74%) of colleges said there had been a significant or slight increase in the proportion of students aged between 16 and 18 demonstrating suicide ideation in the last 12 months, and around 61% reported an increase in attempted suicide in the same age group.

Just over half (51%) of colleges said there had been an increase in the proportion of students aged 19 and above

demonstrating suicide ideation in the last 12 months, and 38% reported an increase in attempted suicide in the same age group. Almost half (49%) of colleges reported an average of up to 10 mental health-related A&E referrals within the previous year, but more than a quarter (28%) of colleges reported more than 10 referrals.

The survey suggests that colleges believe there is a strong link between the cost-of-living crisis and rising poverty, and young people's mental health. Around 82% of colleges cited home circumstances as the joint-highest influence on student mental health with social media, and 75% cited the cost-of-living crisis and the energy crisis.

The survey shows that while colleges are responding by increasing their mental health resources – 68% of colleges did so this year, with 30% of colleges retaining funding at the same level – local plans and services aren't meeting the needs of college students. More than 30% of colleges are not involved with their local suicide prevention plan, and 65% of colleges stated that they do not have joint provision with their local NHS system.

Jen Hope, AoC Mental Health Lead and Area Director for the Midlands, said: ‘Our annual mental health survey often has shocking findings, but this year’s results on suicide are beyond upsetting. The findings put the mental health crisis gripping our young people and adults into sharp focus, and demonstrate the urgent need for action from both national and local government in ensuring colleges have access to the funding, resources and external services they need to support students.

‘We are yet to see what the new Children’s Mental Health Bill involves for college students, but we urge the Government to take these findings seriously and ensure that the appropriate level of support is provided to colleges, who are doing all they can with extremely limited resources. All too often the focus on mental health support from Government is on schools, but our survey shows that college students deserve and need more support as well.

‘The survey clearly shows that as well as providing additional support specifically for mental health, the Government needs to take the impact of the cost-of-living crisis and rising poverty extremely seriously.

‘The recommendations we had for the Government in our mental health policy paper published earlier this year still stand: the Government must fund colleges to develop and deliver a whole-college approach to mental health and wellbeing, ensuring services are inclusive and sustainable. The systems and partnerships within education, health and employment must be aligned and fostered to support students through their educational journeys and beyond.’

Peter Mayhew-Smith, Group Principal and CEO, South Thames Colleges Group, and Chair of the AoC Mental Health Reference Group, said: ‘These data map... and show the deep and wide chasm in student wellbeing, and show that both the scale and severity of the mental health casework being dealt with by colleges across the country have risen. The data on suicide and suicide ideation, in particular, should cause the Government and policy makers to sit up and think seriously about the resources colleges desperately need to support our young people.

‘We have experienced many ‘global perma-crises’ as a society, and the findings show the shockwaves these events have sent through our young people, and the direct impact they have had on their lives. This report makes it impossible for policy makers to look away from the issue, and clearly demonstrates that we need a much better strategic response. The forthcoming legislation must deliver a new system; it’s a matter of life and death.’

Ben Knocks, Vice Principal, Weston College, said: ‘The pressure on colleges regarding student mental

health is increasing year on year. The staff in our support services and within curriculum do an outstanding job ensuring our learners are safe and feel supported whilst they study with us.

‘However, we simply do not have the resources we require or the referral points from outside agencies that guarantee that learners get the support they need and in a timely manner. Roughly two-thirds of our full-time learners are accessing our welfare service, and even though I am grateful that here at Weston College, we have seen significant investment in this area over recent years, I am concerned that as a whole, colleges across the country simply do not have the budgets available to them to put in place the right levels of support.’

### Other findings on student mental health Disclosure of mental health issues

Overall, there was a slight decrease in the proportion of colleges who cited either a significant or slight increase in the disclosure of mental health issues, however the numbers are still significantly high. This year, 90% of colleges said there was either a significant or a slight increase in the disclosure of mental health issues among 16 to 18-year-olds, compared with 95% in 2023, and 86% said there was either a significant or a slight increase in the disclosure of mental health issues among students aged 19 and above, compared with 91% last year.

### Provision within colleges

Counselling provision has changed with a significant increase in the use of external provision, from 36% in 2023 to 58% of colleges paying for the use of external counselling services in 2024. The percentage of college-employed counsellors is slightly lower, dropping from 68% to 63% of colleges this year – colleges typically employ one full-time and two part-time counsellors, and typically engage an average of four trainee counsellors and five other mental health professionals. More colleges are also now engaged with their local mental health support team, with only 24% currently not engaged, compared with 47% last year.

There has been a significant investment in staff development over the last 12 months, with 96% of colleges training staff in mental health first aid (MHFA), 70% of colleges training staff in suicide first aid, up from 61% last year, and 79% of colleges training staff in trauma-informed approaches. ■

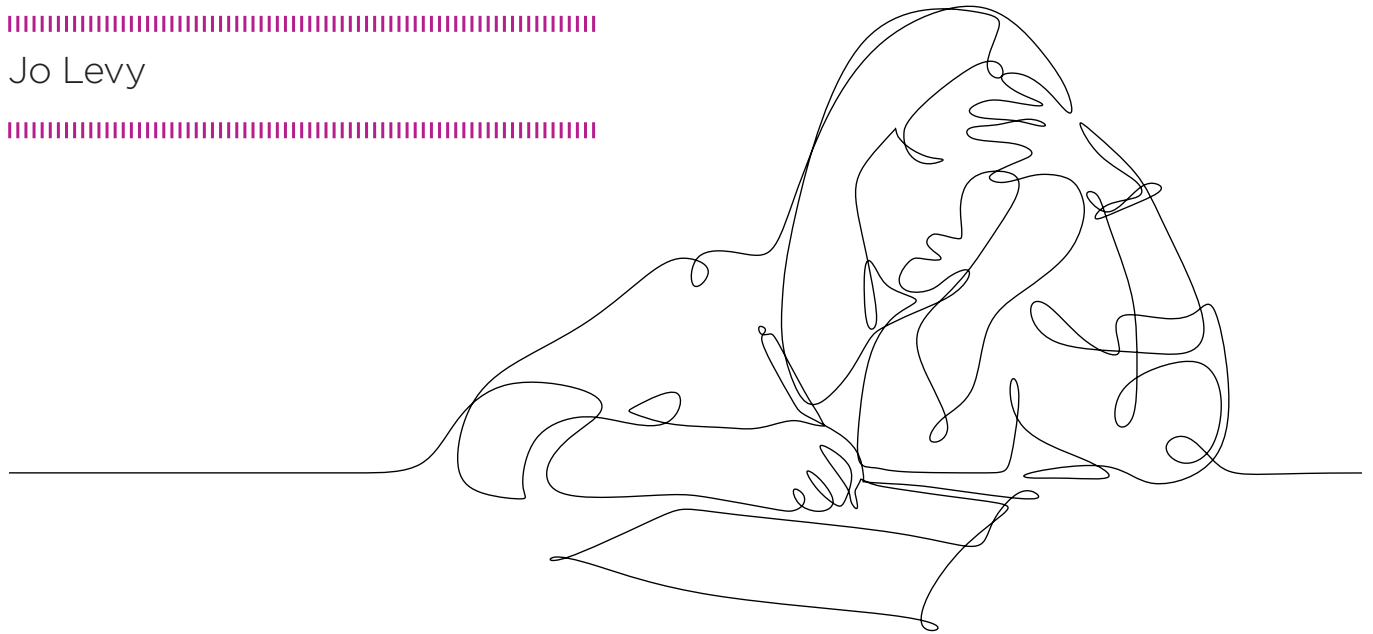
### REFERENCE

1. Association of Colleges. AoC mental health report 2024. [Online.] <https://tinyurl.com/v7nuptcv> (accessed 14 September 2024).



# Compassionate and inclusive communication: our duty of care

Jo Levy



**T**he focus of this month's column is linked to my last piece, 'Safe Transitional Spaces'.<sup>1</sup> As we near the end of the autumn term, hopefully you have felt safe enough as we (both students and staff) negotiated the turmoil and rollercoaster that the first semester of the university year can bring.

This calendar year, globally, has impacted most of us as we try to hold centre, in the midst of the chaos and pain in the Middle East; trying to make sense of the more local racist and Islamophobic riots; and for many in HEI and across the sector, endeavour to anchor ourselves as we are pulled apart by the anxiety that flows through our workspaces, both top-down and bottom-up. I reflect on my

psychodynamic training as we focused on organisational dynamics and aspects of 'the unconscious at work'.

This serves as a timely reminder of the processes that can bring individual work, teams, and corporate and institutional planning to a grinding halt. How little seems to have shifted. Re-reading sections of Obholzer and Robert's book,<sup>2</sup> on individual and organisational stress in the human services, with its focus on unconscious processes in organisations, highlights for me how this can greatly add to the inevitable (yet avoidable) stresses we encounter working in university counselling and mental health services.

Anton Obholzer in chapter 18 on managing social anxieties in public sector organisations, highlights: '...the institution, through its primary

task, also deals constantly with fundamental human anxieties about life and death, or in more psychoanalytic terms, about annihilation'.<sup>3</sup>

Obholzer adds, '...the individual who is prey to these primitive anxieties seeks relief by projecting these anxieties into another, the earliest experience of this being the mother-baby relationship. If all goes well, the mother processes or "metabolises" the baby's anxieties in such a way that the feelings become bearable; ...the anxieties have been "contained".<sup>4</sup> It is this process of containment that eventually makes possible the maturational shift from the paranoid-schizoid position, which involves fragmentation and denial of reality, to the depressive position, where integration, thought and appropriate



responses to reality are possible. In an analogous way, the institutions referred to serve to contain these anxieties for society as a whole.'

But what happens when these containers, our institutions, seem to be caught between both positions and our experience of them, whether as student or staff, feel as if they are overwhelmed and not containing these anxieties?

From my current perspective, it seems, we are in a 'position' where more than ever, we need to know that when we communicate with one another, no matter who we are, what role we hold, where we come from, how we identify, that we communicate and relate to each other in a compassionate and inclusive way. This surely is integral to all conversations that are being had around *duty of care*. And this duty of care needs to be extended to staff as well as to our students.

I refer to recent guidance on inclusive and compassionate email communications that stems from one priority of work for the Higher Education Mental Health Implementation Taskforce.\* This highlights, 'promoting an approach that ensures policies and procedures are written, communicated and operationalised in a sensitive, inclusive and compassionate way. Crucially, they must not exacerbate distress.'<sup>5</sup>

The further context provided by the Taskforce explains:

'Concerns have been raised by bereaved families...about unintended harm arising from policies and procedures, and the language used to communicate them to students... There is concern that insensitive wording and timing may contribute to the exacerbation of students' mental distress, and that opportunities for prevention of escalating mental health issues by providing relevant signposting and support are being missed. For many students, this may be the first time they have had to engage as adults with institutional rules and regulations, and they may be doing so without immediate access to advice from family or carers.

'Starting university can be stressful, and key transition points during the student journey can further challenge students' mental health. Additionally, interruptions in their studies and life-changing events, such as pregnancy, bereavement or illness, can leave students more vulnerable to mental distress. Some policies and procedures, and the communications that arise from them, are couched in legal or bureaucratic language that students may find incomprehensible at best and intimidating at worst. They may not offer the flexibility or support

to account for personal circumstances, disabilities, or other protected characteristics, further increasing the potential for distress.

'Good communication drives trust and belonging, and today's students expect a high level of customer *service*. They value – and need – clear communications telling them what the position is, what is expected of them, and what is going to happen next. However, they also want their feelings and circumstances to be acknowledged.'<sup>5</sup>

King's College London, the institution I currently work in, provides some guidance on how best to ensure that email communications are inclusive and compassionate. Furthermore, King's is developing guidance on how best to ensure inclusivity and compassion in the development and content of policies and procedures.

So, what kind of things do we need to consider around compassionate communications at work?

When engaging with a student audience, we can, perhaps, more easily delineate this. For example, we can consider whether the messages we send out are for action or for information, is this message confidential? We can think carefully about the timing of access to support, by not sending out potentially upsetting emails late in the day or on a Friday, and making sure the message is

“  
 When it comes to staff  
 compassionate and inclusive  
 communication, and our duty  
 of care to be kind, this  
 becomes more complex  
 ”

going to the right person! From my own lived experience and perspective, and I can guarantee this will be shared by many of you reading this column, I have been sent anxiety-provoking emails from management at 5pm on a Friday without any adequate preparation or access to appropriate support, as well as been sent or copied into emails that were not intended for me.

When it comes to staff compassionate and inclusive communication, and our duty of care to be kind, this becomes more complex. Often the expectation, especially if we are therapists and clinicians, and even more so if we hold management positions, is that we are resilient and can cope. There are different hierarchies to negotiate, and working within an institution which is highly anxious, staff, no matter what role they have, can be at the receiving end of ‘stuff’ being played and acted out.

The recent guidance and update from the UK Mental Health Taskforce around constructive knowledge and potential vulnerabilities<sup>5</sup> on students seems to be clear – highlighting the need to focus on how HEPs can identify students who may be vulnerable due to mental distress and may therefore be at greater risk of declining mental health – but what about our staff? Do we need to, and can we apply the same standard

of ‘constructive knowledge’ and awareness of ‘potential vulnerability’?

For me, this all circles back to my last two columns, on the key issues around intersectionality, inclusivity and belonging,<sup>6</sup> and making our institutions safe transitional and inclusive spaces<sup>1</sup> for all, both staff and students; we cannot focus on one at the cost of the other. ■

➔ Information about the Higher Education Mental Health Implementation Taskforce can be found at <https://tinyurl.com/mvum435a>

#### ABOUT THE AUTHOR

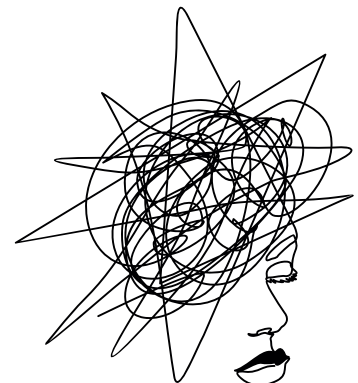


**Jo Levy** (they/them) is a psychodynamic therapist, supervisor and trainer, and Head of Mental Health and Counselling, Outreach and Training, Counselling and Mental Health Support Service at King’s College London.

➔ To contact Jo, please email the Editor at [ucc.editorial@bacp.co.uk](mailto:ucc.editorial@bacp.co.uk)

#### REFERENCES

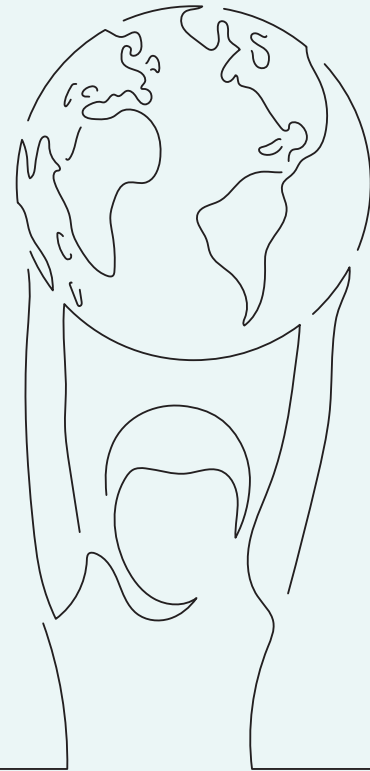
1. Levy J. Safe transitional spaces: what are they and how do we create them. *University & College Counselling* 2024; 12(03): 30–31.
2. Obholzer A, Roberts VZ. *The unconscious at work: individual and organisational stress in the human services*. London: Routledge; 1994.
3. Obholzer A. Managing social anxieties in public sector organisations. In: Obholzer A, Roberts VZ. (eds). *The unconscious at work*. London: Routledge; 1994 (pp168–178).
4. Bion W. Attacks on linking. *International Journal of Psychoanalysis* 1959; 40: 308–315.
5. Department for Education. *HE mental health implementation taskforce – first stage report*. January 2024. Higher Education Mental Health Implementation Taskforce. [Online.] <https://tinyurl.com/9t6w6db7> (accessed 19 September 2024).
6. Levy J. Embracing difference, self and other: belonging and unbelonging – an intersectional approach. *University & College Counselling* 2024; 12(02): 26–28.



# Climate Minds Coalition

Our sector coming together with organisational voices

Sarah Hinds



In the previous issue of this journal, Eleanor Haywood discussed working therapeutically with climate breakdown and highlighted a range of responses in our profession.<sup>1</sup> Each of us have our own responses, and part of what seems to be needed is spaces where we can understand and explore these. It's not an easy subject to talk about without judgments and polarisations, so how can counsellors and psychotherapists come together to have these conversations?

At the time of writing in mid-September 2024, the news covered reports of devastating floods in central Europe. As we and our clients hear about and experience increasing events like this, how can our sector respond? I've wondered for a while how an understanding of people's responses to climate change can become more integrated into our training and work. How can we also include an understanding of the global

inequalities which influence how people are affected?

It can feel hard to find time to have conversations about complex issues and the subject can feel removed from the day-to-day reality of our lives. Despite this, it seems clear that we and our students are being, and will continue to be, directly impacted.

“ Young people today are in touch with the global reality of not only climate anxiety, but fear too ”

Over the years, while teaching counselling and psychotherapy, and working as a university counsellor, I've noticed that students increasingly mentioned and asked about feelings and thoughts relating to the climate. This has ranged from concern over what they

saw on the news or learnt in their study, to friends being arrested for activism or being directly impacted by unstable weather conditions. I'm getting more requests to go into HE institutions to talk or run workshops on climate anxiety but the subject is still a difficult one to bring up in HE counselling and training. Without time to attend to the existential questions, conversations often lead to small solutions like how to be more sustainable with coffee cups and paper handouts. If these ideas became part of the curriculum, then time could be allocated to engage at a deeper level.

I think it is time to increase the availability of training for counsellors and psychotherapists on working with client's responses to climate change. This week, dams broke and rivers burst their banks in Poland, while in Portugal over 50 wildfires were burning. It isn't hard to find stories of extreme drought, extreme cold, typhoons, landslides and heatwaves. As these events get harder to ignore, it is likely that there will be a society-wide increase in emotions and

responses relating to the changes we are experiencing in the world.

It has felt difficult to address this from the ground up as a tutor. When there is not enough time to cover what is already on the curriculum, these conversations get squeezed into small spaces or chances taken when responding to questions from students. This is why I decided to become involved in the development of the Climate Minds Coalition ([www.climate minds coalition.com](http://www.climate minds coalition.com)), as a representative of the Climate Psychology Alliance.

The Coalition, launched in 2024, brings together organisations who represent counselling, psychotherapy and mental health in the UK. It calls for greater recognition and investment in how our sector can play a role in supporting the UK in the climate emergency. As counsellors and psychotherapists, we can provide some of what is needed in challenging times, but we can only do this if we ourselves have the opportunity to process and acknowledge what is happening. Our profession can play an important role in the network of support needed to respond to challenging times, and push for change in the systems which perpetuate the problem.

There appears to be some movement in the willingness of organisations to engage with this subject, and BACP has joined other organisations who have already signed the consensus statement which the Climate Minds Coalition created.

The statement asks organisations to agree to actively engage with people's responses to the climate crisis from a psychosocial perspective. It asks them to help society understand more about climate denial, eco-anxiety and why people find it hard to engage with the enormity of the issue; to also understand the traumatic, psychological and mental health impact of adverse events caused or contributed to by the climate crisis.

The Coalition intends to hold professional bodies to account in improving the support and training

available to practitioners, support individuals and communities, and enable people to better engage in the debate and respond to the crisis in a meaningful way.

“Our profession can play an important role in the network of support needed to respond to challenging times...”

By involving leading organisations, they hope to influence and support leaders and policy makers across sectors. Helping them understand ideas about climate psychology so that businesses, organisations, communities and individuals can respond to the changes, uncertainties and challenges ahead in a more aware way.

The Coalition envisages psychological and mental health expertise in the UK to be expanded and widely recognised and employed in addressing climate change. They believe this plays a vital role in building resilience, connection and innovation in communities – something which they see as essential for the future. For this reason, they hope to improve access to a wide range of psychological therapies for all who need them to foster resilience in challenging times.

There is a hope that organisations will engage more with collective and community action, as well as individual care, and events and trainings that enable counsellors, psychotherapists and health workers to feel confident in dealing with the varied emotional responses to the climate crisis. This includes an intention to address people's numbness or lack of response, and create an environment in which these issues can be talked about and become an acknowledged part of the therapeutic process.

The work of the Climate Minds Coalition is supported by Climate Cares

Centre ([www.imperial.ac.uk/climate-cares](http://www.imperial.ac.uk/climate-cares)) – a group of climate change scientists, working in collaboration with Imperial College London's Grantham Institute and the Institute of Global Health Innovation, to bring together scientific understanding of the climate with a psychosocial perspective.

As individuals, it can be hard to know how to begin to engage with this conversation, and I think that support is needed to develop ways to communicate with each other. The Open University now has a free short course available for practitioners to learn about climate psychology.<sup>2</sup> This can help to begin the process of learning about our own responses as well as the potential responses of clients.

My hope is that these subjects can become part of the curriculum for counselling and psychotherapy rather than a specialist extra. Perhaps they can also be part of a wider challenge to the way counselling and psychotherapy trainings relate to our understanding and awareness of our interconnectedness with all life. ■

#### ABOUT THE AUTHOR



**Sarah Hinds** is a BACP accredited counsellor, workshop facilitator and musician. She runs an outdoor counselling and personal development centre in Derbyshire, and previously worked in HE as a counselling skills tutor and university counsellor.

➔ <https://shorturl.at/tQxly>

#### REFERENCES

- Hayeswood E. A climate of fear: working therapeutically with environmental breakdown. *University & College Counselling* 2024; 12(3): 25–27.
- The Open University. Introducing climate psychology: facing the climate crisis. [Course.] <https://tinyurl.com/58z7ez9t> (accessed 18 September 2024).

# The therapeutic microclimate: regulating rage in the midst of rising temperatures

Eleanor Hayeswood

**A**s I sit down to write, I am distinctly soggy. It’s mid-September and I’ve just been caught in an unexpected hailstorm, pelted with ice chunks the size of marbles. I shiver and pull up my weather app to see how long this biblical deluge might last. My stomach freezes as I see that, in seven to 10 days’ time, we are predicted to have a small heatwave. A hailstorm and a heatwave within a fortnight of one another: my meteorological equivalent of a rock and a hard place, for I don’t do well with heat either.

I am, of course, writing into the future of the winter months when this issue will be published. It might seem impossible to think about heat in the middle of winter. Looking back on the summer months, many might consider it a disappointment, a washout with more grey days than blue. But what about when the mercury rose, when the heat crept in, when the sweat began to run? Were they the halcyon days of summer, or a prophecy of the hellscape of years to come?

In the UK, we’re in the midst of profound seasonal dysregulation, and much as we are known for a love of talking about the weather, there’s a suspicious silence surrounding this. Yet the consulting room exists in the same

atmosphere. We’re contending with an unconscious emotional dysregulation to match the seasons and, as much as we might try to predict an emotional forecast, the room is subject to the same unexpected weather events as the outside world. What happens to us as therapists, and to our clinical work, under these conditions? In particular, what can we predict about the dysregulating emotional impacts of heat?

We’re all familiar with the concept of ‘global warming’, a term now so widely used that it has lost its own impact. The scientists have been clear: a rise of the earth’s global mean surface temperature by 1.5°C will be catastrophic. We will see the collapse of ecosystems, major stress of food and water resources, poverty, conflict, and extreme weather events including droughts, heatwaves and wildfires. Let’s think about this temperature variation in the human body. The average body temperature is around 37°C. Just 1°C higher can be considered a fever, a sign of life-threatening illness and infection. Much beyond this and it would be enough to send us to a hospital.

Heat stress can have profound impacts on the body, both physically and psychologically. In terms of one emotional impact, behavioural scientists have created the Climate

Change-Violence Model, identifying key pathways of how climate change will influence aggression.<sup>1</sup>

The direct mechanism is ‘the heat effect’, connecting the obvious: the hotter we are, the more irritable we become. We’re more likely to perceive other people’s behaviour as threatening, think more aggressively and behave more violently: we become, quite literally, hot-headed.

Most of us know this, perhaps having observed more conflict in the workplace on hotter days, with our clients more irritable or prone to lashing out. How seriously do we take the risk of such heat though? Some will be more vulnerable than others: studies have shown, for example, that domestic violence increases in a heatwave.<sup>2</sup> It’s important we’re attuned to such phenomena, holding in mind clients who may be at particular risk of experiencing or perpetrating violence.

While the Climate-Change Violence Model focuses on how individuals relate to one another, we also need to consider the impact of rising temperatures on the internal world of the individual psyche. Studies have observed that suicide rates and instances of self-harm increase with ambient temperature rises, while other impacts of extreme weather events, such as bereavement, loss of livelihood or property, also increase

instances of suicidality.<sup>3</sup> This is particularly true for those from low- and middle-income nations, who are most at risk of climate disasters.

In addition to the impact of increasing temperature, the objective lack of action at a social, cultural and, most importantly, political level, also creates conditions of psychological risk. The Climate Mental Health Network has created a Climate Emotions Wheel, designed to help the expression of climate connected distress.<sup>4</sup> Anger is one of the main themes, broken down into five other sub-emotions: indignation, outrage, frustration, betrayal and disappointment. A sixth emotion overlaps into the 'sadness' part of the wheel: despair.

Feelings of outrage, despair and betrayal are common among those in the climate movement, as well as Gen Z more broadly. For all students, but particularly those who are highly informed or partaking in climate activism, this rage may present as a strong sense of intergenerational injustice. The sense of abandonment and an abdication of responsibility by older generations are strong, frequently reinforced with the notion that it is up to the 'next generation' to solve the crisis.

Though attributable to multiple factors, it's undeniable that rates of suicide and self-harm have increased dramatically among young people.<sup>5</sup> Whilst the complexity of these themes requires far more exploration than I'm able to do here, we might begin to think of these acts beyond their manifest expression of despair and destructiveness towards the self. We might additionally understand them as enactments of unconscious rage towards the external world, or perhaps an identification with or introjection of the very death of nature itself. We're faced with an essential question: How are young people meant to hold any sense of safety or a future when their most basic needs, of secure housing, food and community, are not a given?

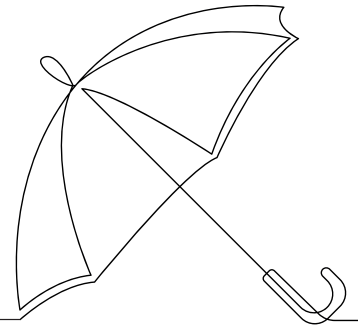
The implications of intergenerational dynamics are an essential consideration

for university and college counselling settings, where age gaps between young students and older counsellors may be more pronounced. It raises further questions about how therapists work with anger, particularly when they may hold individual conflicts connecting to an issue, such as feelings of shame or guilt. Yet to deny a young person an opportunity to express the reality of their anger could in itself be interpreted as an unconscious act of aggression on the part of the therapist, in the destruction of therapeutic safety in defence of the therapist's own ego. Anger is a complex emotion, made up of the most vulnerable parts of the self, and should be treated with great care.

Whatever its cause, be it an increase in temperature or outrage at inaction, we must consider how we might sit with clients in the heat of their anger, rather than run from the flames. Under pressurised conditions, which questions might constitute the striking of a match? When the fury burns out, what might we find among the ashes?

Beyond our clients, it's essential that as practitioners, we prepare our own minds and bodies in the therapeutic space, given that we too are only human, and just as susceptible to the impact of heat stress. What can we educate ourselves about and act on ahead of next summer, and all the summers to come? It's imperative that we take the risk of rising temperatures seriously in order to regulate the therapeutic micro-climate.

This isn't just another hot take: we must confront and bear the reality of the world as it is, not what it once was or what we might phantasise it to be. ■



## ABOUT THE AUTHOR



### Eleanor Hayeswood

is a psychodynamic therapist working in private practice in Oxford. She is a Kellogg Scholar in the final stages of completing an MST in Psychodynamic Practice at the University of Oxford, focusing on working therapeutically with climate distress. She also holds an MA in Comparative Literature from UCL, and a BSc from King's College London.

➔ To find out more or get in touch, visit Eleanor's website at: [www.eleanorhayeswoodtherapy.com](http://www.eleanorhayeswoodtherapy.com)

## REFERENCES

1. Miles-Novelo A, Anderson CA. Climate change and human behavior: impacts of a rapidly changing climate on human aggression and violence. *Elements in Applied Social Psychology*. [Online.] <https://tinyurl.com/4xeyx5rf> (accessed 19 September 2024).
2. Sanz-Barbero B, Linares C, Vives-Cases C, González JL, López-Ossorio JJ, Díaz J. Heat wave and the risk of intimate partner violence. *Science of the Total Environment* 2018; 644: 413-419. DOI: 10.1016/j.scitotenv.2018.06.368
3. Knipe D, Padmanathan P, Newton-Howes G, Chan LF, Kapur N. Suicide and self-harm. *Lancet* 2022; 399(10338): 1903-1916. DOI: 10.1016/S0140-6736(22)00173-8.
4. Pihkala P, Kamenetz A. A guide to climate emotions. Climate Mental Health Network. [Online.] <https://tinyurl.com/bdfj84db> (accessed 19 September 2024).
5. Young Minds. Mental health statistics. [Online.] <https://tinyurl.com/2rh67nc8> (accessed 19 September 2024).

# On the double-empathy problem

Jonathan Totman

In the last issue, Sarah Worley-James' thought-provoking piece illustrated the opportunities for connectedness and mutual understanding that may arise in working with neurodivergent clients as an openly neurodivergent therapist.<sup>1</sup> Here, I offer some reflections on working with neurodivergent – specifically autistic – clients as a neurotypical therapist, focusing in particular on communication and the double-empathy problem.

Historically, deficit-oriented models of autism have dominated the academic and clinical landscape – and, indeed, the popular imagination. Within these frameworks, autistic people are said to lack certain social-communication faculties, particularly the capacity to 'read' other people. The rise of the neurodiversity movement is prompting a shift in the narrative, spotlighting the social context of neurological difference, including the role of pervasive, implicit notions of normative communication.

Traditional models of autism typically omit from the picture the fact that autistic people themselves are often misread and misunderstood by non-autistic people. The concept of a 'double-empathy problem'<sup>2</sup> – which now has a significant body of research backing<sup>3</sup> – shifts the focus from the individual to the

relationship, theorising that barriers to empathy are the product of differences in social-communication needs and experiences which go *both ways*.

What does this mean for the therapy room when the therapist and client are of differing neurotypes? Is the double-empathy problem bound to create pitfalls for the therapeutic relationship and the therapeutic endeavour?

“Despite the challenges student life can pose for autistic young people, university can also be a time of increased agency, acceptance and positive formal and informal support”

Well, pitfalls, perhaps, but also, I would argue, opportunities. Because once we recognise that empathy gaps are fundamentally interpersonal, we can address them as we would any other kind of rupture or misalignment. After all, what is empathy? Far from a singular psychological function, it incorporates complex cognitive, emotional,

attentional and behavioural processes.<sup>4</sup> It's also fluid – the extent and quality of empathic experience in any particular moment or interaction is the product of a whole host of psychological, interpersonal and situational factors. In short, it's something we can work on.

The thing is, for many if not all autistic people, this work is going on *all the time*; it is the work of adapting to a neurotypically centred world. It's time for neurotypical people to be doing their own work. With growing recognition of systemic failures in mental healthcare for autistic people,<sup>5</sup> significantly elevated suicide rates,<sup>6</sup> and (of relevance to readers) particular challenges associated with university life,<sup>7</sup> this work is long overdue.

For me, this is as much about unlearning as it is about learning. It means reflecting critically on the models, narratives and language we've inherited, the legacies of a chequered and deeply problematic research history.<sup>8</sup> It means taking an honest look at our biases and assumptions,<sup>9</sup> our taken-for-granted preferences and expectations. Valuable perspectives on neurodivergence-informed therapy are emerging which emphasise the importance of therapist openness and humility,<sup>10</sup> and which offer practical suggestions for neuro-inclusive practice.<sup>11</sup> This might mean, for example,

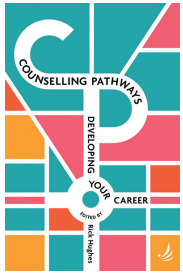




## Counselling Pathways: Developing Your Career

Rick Hughes  
PCCS Books 2024

ISBN 978-1915220431



This book offers a rich and wholesome account of clinicians' experiences in various clinical settings, highlighting the demands of busy practices, and the ever-changing landscape of the therapy world.

Clinicians highlight the value of maintaining an open mind, being flexible throughout their counselling career, and embracing new ways of adapting to service needs, for example, a hybrid way of working and online counselling.

The pandemic showed the value of online counselling, and some, if not all, clinicians and clients adapted to the format. This also posed questions on how to work with a client/counsellor who is temporarily (or with the view to move permanently) overseas. While there are resources and signposting provided, it might have been helpful to hear of a real live case example of how a counsellor navigated different countries' systems, and licences to practise, as this process can result in

the enquiring counsellor being sent from pillar to post.

I enjoyed the variety of contexts presented and the chapter with the distinction between emojis and emoticons, as some of you may see this in your practice, in particular if you are working in HE/FE settings.

This book can be especially helpful for clinicians who are in their final year of counselling training, and who may feel undecided or very sure about which direction to take as they inch towards graduation. It provides an in-depth picture of what to expect in numerous clinical settings and how to get there.

The accounts encourage confidence to focus on an area you are considering 'specialising' in. The book is also useful for clinicians who might want a change from the client group they are currently working with, and this book may be the necessary reassurance that is needed to take the next step. These accounts provide sound advice, with up-to-date resources to make the necessary changes.

As indicated by clinicians, service provision has evolved from short-term 16-18 sessions, to single sessions, or a one-at-a-time 'OAAT' model in some HE/FE counselling services. Coming out of a four-year degree with enthusiasm to build up counselling skills and experiences, in particular

with complex cases, may leave some new graduates concerned about how they can develop their skills. However, this book provides reassurance and highlights the unlimited options outside HE/FE settings to gain experience.

Experienced clinicians may feel concerned about becoming de-skilled or ill-equipped if their service provision changed from a short-term intervention to single session, and they may lack the confidence to make changes. The book acts as a cushion if you are in this reflective space.

What seems to be a key message from the clinicians is that interventions are ever changing, and to embrace new ways of working, as well as permitting time to refine which clinical group you'd like to work with.

In addition to this, the clinicians who contributed indicated that, despite the external pressure from stakeholders and service challenges, a strong client-centred passion will keep you anchored as you navigate uncharted waters. ■

### Catriona Keane

Head of Student Health and Wellbeing, Magdalene College, Cambridge; Child and adolescent art psychotherapist and counsellor



## Send us your suggestions

Would you like to write a review of a book which has impacted significantly your work as a therapist?

➔ Contact [ucc.editorial@bacp.co.uk](mailto:ucc.editorial@bacp.co.uk) with suggestions of titles you'd like to see reviewed here.



# BOOK REVIEW

# STUDENT STORIES

GARETHCOWLIN@GMAIL.COM



SOMETIMES, IT'S RELATIVELY EASY TO SPOT A LEARNER WHO MIGHT NEED ADDITIONAL SUPPORT.

THEY EITHER DISPLAY SIGNS OF BEING UNSETTLED, OR APPROACH US SEEKING HELP.



WE HAVE A CHAT AND GUIDE THEM TOWARDS THE MOST APPROPRIATE PEOPLE, WHO ARE OFTEN THE COUNSELLING TEAM.



HOWEVER, THERE ARE ALSO TIMES WHEN AN UNSETTLED STUDENT SEEMINGLY DOESN'T SHOW ANY OUTWARD SIGN OF NEEDING SUPPORT.



HERE ARE JUST TWO EXAMPLES:

SOME STUDENTS DISMISS THESE ASPECTS OF THEIR LIFE, AND CONSIDER THEM TO BE SOMETHING SEPARATE FROM THEIR UNI LIFE.

THIS COULD BE THROUGH CARING FOR A DEPENDENT, SUCH AS PARENTS OR CHILDREN, TO TRAUMA CAUSED BY SOMETHING LINKED TO THEIR LIFE AWAY FROM US.

1) **EXTERNAL FACTORS:** IT'S IDEALISTIC TO ASSUME THAT STUDENTS EXIST PURELY TO INTERACT WITH THEIR DEGREE AND UNIVERSITY WORLD. BUT, ALL STUDENTS HAVE A LIFE OUTSIDE UNIVERSITY WHICH CAN IMPACT THEIR EDUCATION.

BUT OFTEN, ONE IMPACTS THE OTHER.

2) **FINANCE:** THE COST OF EDUCATION CAN BE DEBILITATING FOR SOME STUDENTS. THERE SEEMS TO BE MORE OF A SOCIAL TABOO IN ASKING FOR FINANCIAL HELP.

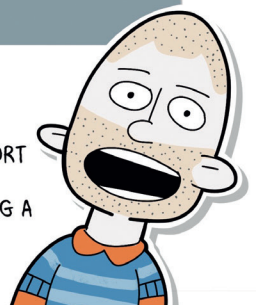
WITH MONEY, THE PERCEPTION CAN BE THAT THE HELP IS ONLY THERE FOR FINANCIALLY DISADVANTAGED STUDENTS, RATHER THAN ALL STUDENTS.

IN INSTANCES SUCH AS THIS, THE COUNSELLING TEAM WOULD COLLABORATE WITH OTHER AREAS OF THE STUDENT SUPPORT SERVICES TO ENSURE THAT THE RIGHT SUPPORT IS PROVIDED.



## FOOTNOTES AND FURTHER READING

WITH ISSUES THAT HAVE AN OUTWARD MANIFESTATION, IT'S EASIER TO NOTICE AND ACT ACCORDINGLY. WHILE STUDENT SUPPORT DOES AN EXCELLENT JOB IN HELPING STUDENTS WITH THESE ISSUES, THERE IS A MIDDLE GROUND WHICH IS LESS CLEAR - NOTICING THE ISSUE IN THE FIRST PLACE. I'VE HAD MANY STUDENTS MENTION SOMETHING IN PASSING WHICH COULD BE HAVING A HUGE IMPACT ON THEIR CURRENT EMOTIONAL STATE, FROM PAST TRAUMA TO CURRENT FINANCIAL ISSUES.





# Make use of your membership benefits

Whether you're new to BACP or you're a current member looking to get the most from your membership, we're here to support and enrich your career.

## Your membership subscription includes:

- Ethical support
- A copy of our member magazine, *Therapy Today*, 10 times a year
- Support with your continuing professional development (CPD)
- Access to our Counselling and Psychotherapy Research Journal
- Access to our seven online divisional journals
- Member-only networking and events
- Competences and curricula frameworks
- Dedicated jobs board
- A selection of exclusive, free or discounted products and services

To find out more about your member benefits, visit our website.

[www.bacp.co.uk/membership/member-benefits](http://www.bacp.co.uk/membership/member-benefits)