1 An introduction to counselling

Introduction

Counselling is a wonderful twentieth-century invention. We live in a complex, busy, changing world. In this world, there are many different types of experience that are difficult for people to cope with. Most of the time, we get on with life, but sometimes we are stopped in our tracks by an event or situation that we do not, at that moment, have the resources to sort out. Most of the time, we find ways of dealing with such problems in living by talking to family, friends, neighbours, priests or our family doctor. But occasionally their advice is not sufficient, or we are too embarrassed or ashamed to tell them what is bothering us, or we just don't have an appropriate

person to turn to. Counselling is a really useful option at these moments. In most places, counselling is available fairly quickly, and costs little or nothing. The counsellor does not diagnose or label you, but does his or her best to listen to you and work with you to find the best ways to understand and resolve your problem. For the majority of people, between one and six meetings with a counsellor are sufficient to make a real difference to what was bothering them. These can be precious hours. Where else in our society is there the opportunity to be heard, taken seriously, understood, to have the focused attention of a caring other for hours at a time without being asked to give anything in return?

Being a counsellor is also a satisfying and rewarding work role. There are times when, as a counsellor, you *know* that you have made a profound difference to the life of another human being. It is always a great privilege to be allowed to be a witness and companion to someone who is facing their own worst fears and dilemmas. Being a counsellor is endlessly challenging. There is always more to learn. The role of counsellor lends itself to flexible work arrangements. There are excellent counsellors who are full-time paid staff; others who work for free in the evenings for voluntary agencies; and some who are able sensitively to offer a counselling relationship within other work roles, such as nurse, doctor, clergy, social worker or teacher.

This book is about counselling. It is a book that celebrates the creative simplicity of counselling as a cultural invention which has made a huge contribution to the quality of life of millions of people. But the ordinary elegance of this special type of helping relationship has been transformed into competing 'schools' of therapy, dissected by researchers, and packaged for profit. There is, now, a clutter and clamour of voices making claims for the validity of their own special approach to counselling, or concretizing counselling practice in bureaucratic regulations. The aim of this book is to provide a framework for making sense of all the different aspects of counselling as it exists in contemporary society, while not losing sight of its ordinary simplicity and direct human value.

The focus of this introductory chapter is on describing the different forms that counselling can take. We begin with some stories of people who have used counselling.

Stories of counselling

Paula's story: coming to terms with trauma

Paula had been driving her car. Her friend, Marian, was a passenger. Without any warning they were hit by another vehicle, the car spun down the road, and Paula thought 'this is it'. Following this frightening event, Paula experienced intense flashbacks to the incident. She had nightmares which disturbed her sleep. She became irritable and hypervigilant, always on the alert. She became increasingly detached from her family and friends, and stopped using her car. Paula worked

hard at trying to forget the accident, but without success. When she went to see a counsellor, Paula was given some questionnaires to fill in, and he gave her a homework sheet that asked her to write about the incident for ten minutes each day at a fixed time. In the next counselling session, she was asked to dictate an account of the event into a tape recorder, speaking in the first person as if it was happening now. She was told to play the trauma tape over and over again, at home, until she got bored with it. In session 3, the counsellor suggested a way of dealing with her bad dreams, by turning the accident into an imaginary game between two cartoon characters. In session 4 she was invited to remember her positive, pre-accident memories. She was given advice on starting to drive her car again, beginning with a short five-minute drive, then gradually increasing the time behind the wheel. Throughout all this, her counsellor listened carefully to what she had to say, treated her with great respect and was very positive about her prospects for improvement. After nine sessions her symptoms of post-traumatic stress had almost entirely disappeared, and she was able to live her life as before. A fuller account of this case can be found in Scott (1997).

Myra's story: being depressed

Myra Grierson has written a moving and honest account of a time in her life when she was trapped in a deep depression:

> all I knew in that far-off time was a need to go back to some forgotten safe place which I sensed had once existed but had no tangible existence that I could identify. At first I tried to reach it by withdrawing from the world physically and emotionally. I gave up speech and nourishment. I shadowed on the edge of the deep pit of black despair which threatened to swallow me. I flirted with that dark place which vibrated with message, promises of oblivion and an ending to my pain . . . my life was a nightmare of numbness, occasionally punctuated by personal loss, depression, hospitalisation and a deep sense of being lost and isolation. I fitted in nowhere and found it hard to live in the world.
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> (Grierson 1990: 28–9)

She describes a counsellor who met with her over many sessions, and how her relationship with this person enabled her to have a sense of being accepted and to believe that she was a powerful, worthwhile person in her own right.

Matthew's story: everything is getting on top of me

Matthew had a management position in the Health Service. He was 36, had been successful and popular throughout his career and was happily married. He felt trapped in his job, but could not find any way out. He felt depressed, was sleeping badly and reported that his thinking was becoming increasingly muddled. He felt he was spending too much time at work, and felt guilty about putting work ahead

of his family. He had started to use drinking and gambling as coping mechanisms. When he completed a set of standardized measures of stress, anxiety and depression at the beginning of counselling, his scores indicated a level of distress usually associated with individuals receiving inpatient treatment for severe mental health problems. Over the course of 16 sessions of psychodynamic counselling, Matthew developed a much fuller understanding of how some of the themes in his own life (for example, his sense of never having been wanted as a child) were linked to his relationships both at work and at home. He became better able to express his needs and emotions, and found ways of delegating and receiving support at work. He reported an enhanced sense of satisfaction and commitment at work, and an improvement in his relationship with his wife. Counselling had not transformed Matthew, or the highly pressurized environment in which he worked, but it had allowed him to stand back from what has happening, look at himself and how he related to others, and find ways of restoring a degree of balance to his life. A complete account of this case can be found in Firth-Cozens (1992).

Laura's story: finding the right counsellor

Laura Allen consulted two counsellors. The first counsellor was a man who sat on a chair that was higher than the one she was directed to ('he would always be the superior one who had to be "looked up to"'). He was 'Dr Parker', and refused to disclose his first name. Throughout their sessions, he made little or no response to her distress and pain. Eventually, he suggested that she might be admitted to a psychiatric hospital. She swore at him and stormed out of the office. Her second counsellor was a woman who was warm, reassuring and motherly, but who avoided any difficult feelings or tears. After a couple of sessions, Laura found that she had started to protect her counsellor by not saying anything that might embarrass her. This counsellor was kind and gentle, but 'nothing much really happened'. These experiences are recounted in Allen (1990).

These are just some of the stories of people who have made use of counselling. They are all true stories, and can be followed up in more detail in the original case reports.

What is counselling?

The case vignettes presented above give some brief examples of what can happen when someone goes to see a counsellor. But what is counselling? What are the ideas and principles that link together the very different experiences of these counselling clients? How can we understand and define counselling?

Counselling is not just something that happens between two people. It is also a social institution that is embedded in the culture of modern industrialized societies.

It is an occupation, discipline or profession of relatively recent origins. In Britain, the Standing Council for the Advancement of Counselling (SCAC) was formed in 1971, and became the British Association for Counselling (BAC) in 1976. The membership of the BAC grew from 1,000 in 1977 to 8,556 in 1992 (BAC 1977, 1992). Renamed the British Association for Counselling and Psychotherapy in 2001, this organization entered the new millennium with over 18,000 members. In the USA the more specialized Division 17 (Counselling Psychology) of the American Psychological Association expanded from 645 members in 1951 to 2695 in 1978 (Whiteley 1984). These figures indicate only the extent of the growth in numbers of more highly trained or professionalized counsellors in these countries. There are, in addition, many people active in voluntary organizations who provide non-professional counselling and who are not represented in these statistics. And the majority of people now working in the 'human service' professions, including nursing, teaching, the clergy, the police and many others, would consider counselling to be part of their work role. Counselling has been a relatively recent addition to the range of 'human service' professions, and its meaning and place within contemporary culture are still evolving.

Box 1.1

What is the demand for counselling?

Has the expansion of counselling, in the past 50 years, been sufficient to meet the potential *demand* for counselling? It is very difficult to answer this question, for a variety of reasons. It is hard to measure the amount of counselling that is available within society, and it is probably even harder to estimate the potential demand for counselling. In addition, it seems clear that, as the number of counsellors has expanded, those practitioners with entrepreneurial skills and creativity have been effective in opening up new markets for their services. Thus, the demand for counselling can be seen to expand (to some extent) in line with supply.

There have been several attempts in the USA to estimate the proportion of the population using counselling. Although these studies have tended to use the term 'psychotherapy' to describe the kind of activity that is being surveyed, their definition of psychotherapy encompasses most professional forms of counselling. For example, Olfson and Pincus (1999) carried out an analysis of the National Medical Expenditure Survey of 1987, in terms of psychotherapy use within different sectors of the population. This survey was based on data from 38,000 individuals across the USA, reflecting a representative sample of the population as a whole. Participants in the survey were asked about their use of counselling and psychotherapy in the previous 12 months. It was found that, overall, 3.1 per cent of the sample had made use of therapy in that time period. This average figure concealed important differences between sub-groups, in terms of gender (female 3.6 per cent; male 2.5 per cent), education (those with university degrees 5.4 per cent; those with minimal educational

qualifications 1.4 per cent), race (whites 3.4 per cent; blacks 1.4 per cent) and marital status (separated or divorced 6.8 per cent; married 2.7 per cent). However, the rate of psychotherapy use did not vary appreciably across different income levels. These figures probably underestimate the overall use of counselling, because the structure of the interview would have been likely to have predisposed participants to answer largely in terms of counselling/psychotherapy provided in health clinics, therefore omitting counselling delivered in Churches, schools and colleges etc.

It seems likely that the use of counselling is influenced by its accessibility and cost. For example, in workplace counselling services and employee assistance programs (EAPs), where free counselling services are made specifically available for employees of a company or organization, there is an average level of use each year of around 7 per cent (McLeod 2001). In their analysis of uptake of psychotherapy in the USA, Lueger *et al.* (1999) found that fewer than 10 per cent of clients whose therapy was being paid for by insurance cover did not show up for their first session. By contrast, the no-show rate of self-paying clients was 35 per cent. Self-paying clients also used fewer sessions of therapy, compared to those receiving insurance reimbursement.

If the definition of counselling is broadened to include informal counselling by advice workers and health professionals, the estimated proportion of the population receiving counselling increases markedly. The study carried out by Kirkwood (2000) of an island community in Scotland attempted to survey the application of both formal counselling and counselling skills within any kind of recognizable 'counselling' agency. Kirkwood (2000) found that, in one year, 2.15 per cent of the population had received formal counselling, while 23.1 per cent had received help through the use of counselling skills by an advice worker, social worker or health professional. It should be noted that the community studied by Kirkwood (2000) was one in which counselling services had only recently been developed.

How large is the potential demand for counselling? Research carried out by Goldberg and Huxley (1992) in Britain suggests that around 10 per cent of the population are known to their GP as suffering from a recognized mental health problem, with around 28 per cent of the general population in the community experiencing significant levels of mental health distress. Of course, not all the cases identified in the Goldberg and Huxley (1992) research would necessarily have problems that would be suitable for counselling, and among those who did have problems that could be helped through counselling, many might not perceive it as credible or valid for them individually.

Another means of estimating the demand for counselling and other psychological therapies is to monitor waiting times. It is hard to find published studies of waiting times for therapy in Britain. However, it is not uncommon for NHS specialist psychotherapy services to have waiting times of over 12 months, or for voluntary sector counselling agencies to decide to close their waiting lists as a means of controlling demand.

It seems reasonable to conclude, therefore, that the annual uptake of counselling and psychotherapy, narrowly defined, in Western industrialized societies is in the region of 4 per cent of the adult population per annum, with an unknown additional percentage wishing to use counselling but unable to gain access to services because of cost, waiting times and other obstacles.

Defining counselling

These are some definitions of 'counselling' formulated by professional bodies and leading figures in the field:

The term 'counselling' includes work with individuals and with relationships which may be developmental, crisis support, psychotherapeutic, guiding or problem solving . . . The task of counselling is to give the 'client' an opportunity to explore, discover and clarify ways of living more satisfyingly and resourcefully.

(BAC 1984)

Counselling denotes a professional relationship between a trained counsellor and a client. This relationship is usually person-to-person, although it may sometimes involve more than two people. It is designed to help clients to understand and clarify their views of their lifespace, and to learn to reach their self-determined goals through meaningful, well-informed choices and through resolution of problems of an emotional or interpersonal nature.

(Burks and Stefflre 1979: 14)

a principled relationship characterised by the application of one or more psychological theories and a recognised set of communication skills, modified by experience, intuition and other interpersonal factors, to clients' intimate concerns, problems or aspirations. Its predominant ethos is one of facilitation rather than of advice-giving or coercion. It may be of very brief or long duration, take place in an organisational or private practice setting and may or may not overlap with practical, medical and other matters of personal welfare. It is both a distinctive activity undertaken by people agreeing to occupy the roles of counsellor and client . . . and an emerging profession . . . It is a service sought by people in distress or in some degree of confusion who wish to discuss and resolve these in a relationship which is more disciplined and confidential than friendship, and perhaps less stigmatising than helping relationships offered in traditional medical or psychiatric settings.

(Feltham and Dryden 1993: 6)

It can be seen from these definitions that counselling can have different meanings. For example, Burks and Stefflre (1979) stress the idea of the 'professional' relationship, and the importance of 'self-determined' goals. The BAC definition places emphasis on exploration and understanding rather than action. Feltham and Dryden (1993) highlight the areas of overlap between counselling and other forms of helping, such as nursing, social work and even everyday friendship. The existence of such contrasting interpretations and definitions arises from the process by which counselling has emerged within modern society. Counselling evolved and changed rapidly during the twentieth century, and contains within it a variety of different themes, emphases, practices and schools of thought. In Chapter 2, the cultural

and historical context that lies behind these definitions is examined in detail. It is important to be aware that the definitions of counselling listed here share one important feature in common: they are framed from the point of view of the *counsellor*. What this means is that they largely reflect the aim of professional bodies to establish counselling as a professional specialism within contemporary society. It can be argued that 'counselling' is a term in everyday use, and as such carries meanings that transcend such 'professionalized' definitions. At the conclusion of this chapter, an 'everyday' or 'user-oriented' definition of counselling is offered.

The relationship between counselling and psychotherapy

Counselling is provided under a variety of different labels. To employ a metaphor from the world of business, there are a range of competing products that offer the consumer or client more or less the same service. The upmarket version of the product is sold as 'psychotherapy', which is provided by practitioners who are usually very highly trained specialist professionals, often with a background in medicine. Psychotherapy can be a lengthy process. Although there is an increasing interest in forms of 'brief' psychotherapy, which may consist of a series of ten or twelve sessions, it is probably fair to say that most psychotherapists would consider it necessary for clients to be in treatment for a year or more for beneficial results to occur. The most expensive and exclusive version of psychotherapy remains classical Freudian psychoanalysis.

There has been considerable debate over the difference between counselling and psychotherapy. Some would claim that a clear distinction can be made between the two, with psychotherapy representing a deeper, more fundamental or involved process of change with more disturbed clients. Others maintain that counsellors and psychotherapists are basically doing the same kind of work, using identical approaches and techniques, but are required to use different titles in response to the demands of the agencies that employ them. For example, traditionally psychotherapy has been the term used in medical settings such as psychiatric units, and counselling the designation for people working in educational settings such as student counselling centres. One significant difference between counselling and psychotherapy is that much counselling is conducted by non-professional volunteer workers, whereas psychotherapy is an exclusively professional occupation. However, both counselling and psychotherapy can be viewed as activities distinct from advice-giving, caring and teaching.

Counselling and other helping professions

There are several other occupational titles that refer to people who are practising counselling. A term that is widely used is *counselling psychologist*. This refers to a

counsellor who has initial training in psychology, and who uses psychological methods and models in his or her approach. This label explicitly imports the language of science into counselling, by associating it with a specific scientific discipline. There are also several labels that refer to counsellors who work with particular client groups: for example, *mental health counsellor*, *marriage counsellor* or *student counsellor*. The distinctive feature of these practitioners is that they will possess specialist training and expertise in their particular field in addition to a general counselling training.

There are also many instances where counselling is offered in the context of a relationship that is primarily focused on other, non-counselling concerns. For example, a student may use a teacher as a person with whom it is safe to share worries and anxieties. A community nurse may visit a home to give medical care to a patient who is terminally ill, but finds herself giving emotional support to the spouse. In these situations it seems appropriate to see what is happening as being a teacher or nurse using counselling skills rather than engaging in an actual counselling relationship. They are counselling, but not being counsellors. This is a useful distinction to make, because it reserves 'counselling' (or 'psychotherapy') for situations where there is a formal counselling contract and the counsellor has no other role in relation to the client. However, there are many situations where it can become difficult to draw a line between counselling and the use of counselling skills. The nurse in the example above, for instance, might be able to work with the spouse in a counselling mode over a fairly lengthy period, and anyone listening to a tape recording of their sessions might be unable to tell the difference between what the nurse was doing and what a trained bereavement counsellor would have done. From the point of view of the client or patient, what he or she is looking for, and receives, is a counselling relationship, which for them serves exactly the same function as going to see a professional therapist in a consulting room.

It is probably not helpful to draw rigid lines of professional demarcation which deny that teachers, nurses, probation officers or social workers can ever be counsellors to their clients. Nevertheless, it is also important to recognize that clients can become confused, or damaged, when the people who are trying to help them become enmeshed in role conflicts through attempting to be counsellor as well as, for instance, teacher or nurse. This issue is discussed further in Chapter 10. It can also be damaging for both client and worker if the counselling process moves into areas beyond the training or competence of the helper. The difficulties involved in making clear distinctions between counselling proper and the use of counselling skills have been a matter of much debate (see Bond 1989).

Even more difficult to define, as varieties of counselling and psychotherapy, are hypnotherapy and a whole range of activities in the area of healing. The use of hypnosis as a means of helping people with emotional or behavioural difficulties can be traced back to the eighteenth century. For a variety of reasons, however, hypnosis has never been accepted as part of the mainstream of psychotherapeutic or counselling thinking. Certainly, the training that most people who call themselves 'hypnotherapists' have had would tend not to be recognized or accepted by

the main professional bodies in counselling or psychotherapy. Similarly, healing approaches, which may involve techniques such as meditation, prayer and the use of massage and herbal remedies, have generally been regarded as outside mainstream counselling. The theoretical basis and practical techniques associated with both hypnotherapy and healing do not, currently, fit readily into the ways that most counsellors and psychotherapists think and work, although many counsellors are interested in these perspectives and there have been many attempts to bridge this gap (Sheikh and Sheikh 1989; Graham 1990; Sollod 1993).

To summarize, it can be seen that it is no easy matter to define counselling. In some respects this can be frustrating for people seeking counselling, because it means that there are many situations in which it can be hard for them to know exactly what is on offer when they consult someone who labels himself or herself as a 'counsellor'. On the other hand, the fact that counselling has been, and continues to be, influenced and shaped by so many different traditions and helping approaches gives it a great deal of its vitality and energy. The whole question of 'what is counselling?' is discussed very fully by Feltham (1995).

The diversity of theory and practice in counselling

Karasu (1986) reported having come across more than 400 distinct models of counselling and psychotherapy. The fact that this whole field of study is of relatively recent origin means that there has not yet been time for the explosion of new ideas that appeared between 1950 and 1970 to have become integrated into a unified approach. There is some evidence of the emergence of a strong trend towards integration and unification of approaches in the 1980s (see Chapter 6). However, despite the movement in favour of theoretical unification and integration, it is widely recognized that the three 'core' approaches of psychodynamic, cognitive–behavioural and humanistic (see Chapters 3, 4 and 5) represent fundamentally different ways of viewing human beings and their emotional and behavioural problems.

There also exists a wide diversity in counselling practice, with counselling being delivered through one-to-one contact, in groups, with couples and families, over the telephone and even through written materials such as books and self-help manuals.

The mix of cultural, economic and social forces that contributed to the emergence of a multiplicity of counselling theories has also given rise to a wide diversity of settings where counselling is practised and client groups at whom it is targeted. There are, for example, many counselling agencies that are funded by, or attached to, organizations that have a primary task of providing medical and health care. These range from mental health/psychiatric settings, which typically deal with highly disturbed or damaged clients, through to counselling available in primary care settings, such as GP surgeries, and from community nurses. There has been a growth in specialist counselling directed towards people with particular

medical conditions such as AIDS, cancer and various genetic disorders. Counselling has also played an important role in many centres and clinics offering alternative or complementary health approaches. One of the primary cultural locations for counselling and psychotherapy can therefore be seen to be alongside medicine. Even when counsellors and counselling agencies work independently of medical organizations, they will frequently establish some form of liaison with medical and psychiatric services, to enable referral of clients who may require medical or nursing care.

Counselling also has a place in the world of work. A variety of counselling agencies exist for the purpose of helping people through difficulties, dilemmas or anxieties concerning their work role. These agencies include vocational guidance, student counselling services and employee assistance programmes or workplace counselling provided by large organizations in industry and the public sector. Whether the work role is that of executive, postal worker or college student, counsellors are able to offer help with stress and anxiety arising from the work, coping with change and making career decisions.

There is yet another whole section of counselling practice that is not primarily focused on arriving at solutions to problems, but is instead directed towards the exploration of meaning and the expansion of awareness. This kind of counselling is strongly represented in private practice and 'growth centres'.

A number of counselling agencies have evolved to meet the needs of people who experience traumatic or sudden interruptions to their life development and social roles. Prominent among these are agencies and organizations offering counselling in such areas as marital breakdown, rape and bereavement. The work of the counsellor in these agencies can very clearly be seen as arising from social problems. For example, changing social perceptions of marriage, redefinitions of male and female roles, new patterns of marriage and family life, and legislation making divorce more available represent major social and cultural changes of the past century. Counselling provides a way of helping individuals to negotiate this changing social landscape.

A further field of counselling activity lies in the area of addictions. There exists a range of counselling approaches developed to help people with problems related to drug and alcohol abuse, food addiction and smoking cessation. The social role of the counsellor can be seen particularly clearly in this type of work. In some areas of addiction counselling, such as with hard drug users, counsellors operate alongside a set of powerful legal constraints and moral judgements. The possession and use of heroin, for example, is seen by most people as morally wrong, and has been made a criminal offence. The counsellor working with a heroin addict, therefore, is not merely exploring 'ways of living more satisfyingly and resourcefully' (BAC 1984), but is mediating between competing social definitions of what an acceptable 'way of living' entails. In other fields of addiction counselling, such as food, alcohol and cigarette abuse, the behaviour in question is heavily reinforced by advertising paid for by the slimming, drink and tobacco industries. The incidence of alcohol- and smoking-related diseases would be more effectively reduced by tax increases than by increases in the number of counsellors, an

insight that raises questions about the role of counselling in relation to other means of control of behaviour.

The range and diversity of counselling settings is explored in more detail in Woolfe *et al.* (2002) and Palmer and McMahon (2000). It is important to acknowledge that counselling is not merely a process of individual learning. It is also a social activity that has a social meaning, Often, people turn to counselling at a point of transition, such as the transition from child to adult, married to divorced, addict to straight. Counselling is also a culturally sanctioned means of enabling adaptation to social institutions. Counsellors are rarely managers or executives who hold power in colleges, businesses or communities. Counsellors, instead, have a more 'liminal' role, being employed at the edge of these institutions to deal with those in danger of falling off or falling out.

The aims of counselling

Underpinning the diversity of theoretical models and social purposes discussed above are a variety of ideas about the aims of counselling and therapy. Some of the different aims that are espoused either explicitly or implicitly by counsellors are listed:

- *Insight.* The acquisition of an understanding of the origins and development of emotional difficulties, leading to an increased capacity to take rational control over feelings and actions (Freud: 'where id was, shall ego be').
- *Relating with others.* Becoming better able to form and maintain meaningful and satisfying relationships with other people: for example, within the family or workplace.
- *Self-awareness.* Becoming more aware of thoughts and feelings that had been blocked off or denied, or developing a more accurate sense of how self is perceived by others.
- *Self-acceptance.* The development of a positive attitude towards self, marked by an ability to acknowledge areas of experience that had been the subject of self-criticism and rejection.
- *Self-actualization or individuation.* Moving in the direction of fulfilling potential or achieving an integration of previously conflicting parts of self.
- *Enlightenment.* Assisting the client to arrive at a higher state of spiritual awakening.
- *Problem-solving.* Finding a solution to a specific problem that the client had not been able to resolve alone. Acquiring a general competence in problem-solving.
- *Psychological education.* Enabling the client to acquire ideas and techniques with which to understand and control behaviour.
- *Acquisition of social skills.* Learning and mastering social and interpersonal skills such as maintenance of eye contact, turn-taking in conversations, assertiveness or anger control.

- *Cognitive change.* The modification or replacement of irrational beliefs or maladaptive thought patterns associated with self-destructive behaviour.
- *Behaviour change.* The modification or replacement of maladaptive or self-destructive patterns of behaviour.
- *Systemic change.* Introducing change into the way in that social systems (e.g. families) operate.
- *Empowerment.* Working on skills, awareness and knowledge that will enable the client to take control of his or her own life.
- *Restitution.* Helping the client to make amends for previous destructive behaviour.
- *Generativity and social action.* Inspiring in the person a desire and capacity to care for others and pass on knowledge (generativity) and to contribute to the collective good through political engagement and community work.

It is unlikely that any one counsellor or counselling agency would attempt to achieve the objectives underlying all the aims in this list. On the whole, psycho-dynamic counsellors have focused primarily on insight, humanistic practitioners have aimed to promote self-acceptance and personal freedom, and cognitive–behavioural therapists have been mainly concerned with the management and control of behaviour. However, any valid counselling approach should be flexible enough to make it possible for the client to use the therapeutic relationship as an arena for exploring whatever dimension of life is most relevant to their well-being at that point in time.

Counselling as an interdisciplinary area of study

Although counselling and psychotherapy initially emerged from within the discipline of psychiatry, in more recent times they have come to be regarded as applied sub-branches of the academic discipline of psychology. In some European countries, holding a psychology degree is necessary to enter training in psychotherapy. In the USA, and increasingly in Britain, the term counselling psychology is widely used. Psychology textbooks give substantial coverage to the work of psychotherapists like Freud, Rogers and Wolpe. Being located in psychiatry and psychology has given counselling and psychotherapy the status of an applied science. However, despite the enormous value of psychological perspectives within counselling practice, it is essential to acknowledge that other academic disciplines are also actively involved.

Some of the most important ideas in counselling and psychotherapy have originated in philosophy. The concept of the 'unconscious' had been used in nineteenth-century philosophy (Ellenberger 1970) some time before Freud began to use it in his theory. The concepts of phenomenology and authenticity had been developed by existential philosophers such as Heidegger and Husserl long before they influenced Rogers, Perls and other humanistic therapists. The field of moral

Philosophical approaches to counselling are discussed in detail in Chapter 11

philosophy also makes an input into counselling, by offering a framework for making sense of ethical issues (see Chapter 15).

Another field of study that has a strong influence on counselling theory and practice is religion. Several counselling agencies have either begun their life as branches of the church or been helped into existence by founders with a religious calling. Many of the key figures in the history of counselling and psychotherapy have had strong religious backgrounds, and have attempted to integrate the work of the counsellor with the search for spiritual meaning. Jung has made the most significant contribution in this area. Although the field of counselling is permeated with Judaeo-Christian thought and belief, there is increasing interest among some counsellors in the relevance of ideas and practices from other religions, such as Zen Buddhism (Suzuki *et al.* 1970; Ramaswami and Sheikh 1989).

A third sphere of intellectual activity that continues to exert a strong influence on counselling is the arts. There is a strong tradition in counselling and psychotherapy of using methods and techniques from drama, sculpture, dance and the visual arts to enable clients to give expression to their feelings and relationship patterns. In recent years psychodrama and art therapy have become well established specialist counselling approaches, with their own distinctive theoretical models, training courses and professional journals. There has similarly been valuable contact between counselling and literature, primarily through an appreciation that language is the main vehicle for therapeutic work, and that poets, novelists and literary critics have a great deal to say about the use of language. Specific literature-based techniques have also been employed in counselling, such as autobiography, journal writing, poetry writing and bibliotherapy.

Counselling is in many respects an unusual area of practice in that it encompasses a set of strongly competing theoretical perspectives, a wide range of practical applications and meaningful inputs from a number of contributing disciplines. Thorne and Dryden (1993) have edited a collection of biographical essays written by counsellors on the ways in which they have used early training in disciplines such as ecology, theology and social anthropology to inform their counselling practice. The field of counselling and psychotherapy represents a synthesis of ideas from science, philosophy, religion and the arts. It is an interdisciplinary area that cannot appropriately be incorporated or subsumed into any one of its constituent disciplines. An approach to counselling that was, for example, purely scientific or purely religious in nature would soon be seen not to be counselling at all, in its denial of key areas of client and practitioner experience.

A user-centred definition of counselling

Previous sections of this chapter have introduced some of the more widely adopted definitions of counselling, and have highlighted the complex ways in which counselling is located within contemporary society. However, while it is important to be able to appreciate the diversity that exists within counselling theory and

practice, and the various ideas, values and traditions that have been emphasized within the literature on counselling, there is also a danger in getting lost in complexity, and losing sight of the essential simplicity of counselling. This book seeks to offer an introduction to counselling that will allow those who read it to appreciate not only what is common to all approaches to counselling, but also the value of specific approaches.

One of the essential common features of all counselling is that it can only happen if the person seeking help, the client, wants it to happen. Counselling takes place when someone who is troubled invites and allows another person to enter into a particular kind of relationship with them. If a person is not ready to extend this invitation, they may be exposed to the best efforts of expert counsellors for long periods of time, but what will happen will not be counselling.

Counselling must also be understood within its social and cultural context: 'counsellor' and 'client' are social roles, and the ways in which participants make sense of the aims and work of counselling are shaped by the culture within which they live. How many of us have grandparents who were counsellors or psychotherapists, or who would even have known what a counsellor or therapist did? In many ways, counselling is a product of late twentieth-century modernity (see Chapter 2).

The remaining chapters of this book are informed by a user-centred, socially oriented understanding of counselling. This way of making sense of counselling begins with the wish or intention of the 'client', and can be summarized in the following terms:

- Counselling is an activity that takes place when someone who is troubled invites and allows another person to enter into a particular kind of relationship with them.
- A person seeks such a relationship when they encounter a 'problem in living' that they have not been able to resolve through their everyday resources, and that has resulted in their exclusion from some aspect of full participation in social life.
- The person seeking counselling invites another person to provide him or her with time and space characterized by the presence of a number of features that are not readily available in everyday life: permission to speak, respect for difference, confidentiality and affirmation.
- *Permission to speak.* This is a place where the person can tell their story, where they are given every encouragement to give voice to aspects of their experience that have previously been silenced, in their own time and their own way, including the expression of feeling and emotion.
- *Respect for difference.* The counsellor sets aside, as far as they are able, their own position on the issues brought by the client, and his or her needs in the moment, in order to focus as completely as possible on helping the client to articulate and act on his or her personal values and desires.
- *Confidentiality.* Whatever is discussed is confidential: the counsellor undertakes to refrain from passing on what they have learned from the person to any others in the person's life world.

- *Affirmation.* The counsellor enacts a relationship that is an expression of a set of core values: honesty, integrity, care, belief in the worth and value of individual persons, commitment to dialogue and collaboration, reflexivity, the interdependence of persons, a sense of the common good.

These are simple principles, but taken together represent an arena for support, reflection and renewal that is distinctive within modern societies. Within this arena, the client and counsellor make use of whatever cultural resources come to hand (conversation, ideas, theories, rituals, altered states of consciousness, problem-solving algorithms, discourses, technologies) to achieve a satisfactory resolution of the initial problem in living that initiated the decision to engage in counselling.

The potential outcomes of counselling can be understood as falling into three broad categories:

1 *Resolution* of the original problem in living. Resolution can include: achieving an understanding or perspective on the problem, arriving at a personal acceptance of the problem or dilemma and taking action to change the situation in which the problem arose.
2 *Learning.* Engagement with counselling may enable the person to acquire new understandings, skills and strategies that make them better able to handle similar problems in future.
3 *Social inclusion.* Counselling stimulates the energy and capacity of the person as someone who can contribute to the well-being of others and the social good.

Conclusions

The aim of this chapter has been to provide an image of the complex mosaic of contemporary counselling practice. It is a depiction of counselling at a particular point in time, and there is no doubt that a similar survey carried out 20 or 30 years in the future would be quite different. The current picture may, on the surface, look fragmented and confused. Nevertheless, there is a unifying theme behind the multiplicity of theories and areas of application. Counselling is an activity that emerged within Western industrial society in the twentieth century as a means of buffering and protecting the individual in the face of the demands of large bureaucratic institutions. Counselling has for many people largely taken over the role in society once filled by religion and community life. In a mass urban society, counselling offers a way of being known and being heard.

The origins of counselling in a set of cultural and historical processes are the topic of the next chapter. In later chapters, some approaches to counselling – feminist, multicultural, systemic, narrative – are introduced that are edging beyond individualism, and moving in the direction of locating the person much more as a member of a culture.

Chapter summary

- Counselling is a form of helping that is focused on the needs and goals of the person.

- The popularity of counselling reflects the strain and fragmentation of life in contemporary society.

- There exist many definitions of counselling, each of which emphasizes different aspects of the counselling role and process.

- Counselling is similar to, and also different from, other forms of helping, such as psychotherapy, social work and psychiatric nursing.

- There are many competing theories of counselling, and a variety of settings for counselling practice.

- The diversity of counselling is also reflected in its roots in disciplines such as philosophy, religion and the arts, as well as psychology and psychiatry.

- The diversity and heterogeneity of counselling can be seen as a strength, reflecting the sensitivity of counselling to the enormous variations in human experience.

- The common elements within the great diversity of counselling provision can best be understood by defining counselling from a socially oriented, user-focused perspective.

Topics for reflection and discussion

1 Read through the definitions of counselling presented in this chapter. Do they capture the meaning of counselling, as you understand it? What might you wish to add to these definitions, or delete? How might these definitions come across to you if you were someone in extreme need of emotional help and support? How might they come across if you were a member of an ethnic minority group, were gay or lesbian, or disabled (in other words, not part of the dominant cultural way of looking at things)?

2 Feltham (1995: 163) has suggested that: 'a sharp distinction needs to be made . . . between counselling and therapy as a kind of personal growth hobby ('recreational therapeutics'), a substitute religious confessional, and counselling as a state-funded or state-regulated health profession which responds to

urgent mental health problems. There may well be a legitimate place for forms of freely chosen personal growth therapies, but it is difficult to see how the state could (or whether it should) fund these.' Do you agree? How clear is the distinction between 'recreational therapeutics' and counselling as a health profession?

3 Most writing and theorizing about counselling is from a psychological perspective. To gain an appreciation of the extent to which other disciplines can illuminate counselling, take a knowledge discipline that you are familar with, and apply it to counselling. For example, think through what might be involved in an economic, architectural, sociological, biological or management perspective on counselling.

4 Make a list of all the different settings in which counselling is applied. Can you categorize these into different types of setting? Are there any potential areas of application of counselling that are not included? If you have read later chapters on different counselling approaches, think about which theoretical approaches are best suited to each specific setting.

5 Generate a list of all the different forms of 'counselling', defined as widely as possible, that are available in the city or community where you live. Identify the groups of people who are most likely to use each service. What does this tell you about the links between counselling and social class, age, gender and ethnicity?

6 Imagine that you are someone seeking help for an emotional or psychological difficulty in your life. You look up a directory of health providers, or consult the Yellow Pages, and discover that there are several different types of help on offer: counselling, counselling psychology, psychotherapy, spiritual healing, a personal growth centre and so on. What are the contrasting images and expectations that each of these labels evokes in you?

Key terms and concepts

addiction	humanistic approach
art therapy	hypnotherapy
authenticity	phenomenology
cognitive-behavioural approach	private practice
counselling	psychodrama
counselling agencies	psychodynamic approach
counselling psychologist	psychotherapy
counselling skills	spirituality
healing	unconscious
human services professions	

Suggested further reading

This chapter is intended to introduce the general issues and topics that weave through subsequent chapters, so in a sense the further reading is the remainder of the book. However, many of the specific issues raised in this chapter are discussed in more depth and with great insight in *What Is Counselling?* by Colin Feltham (1995).

The writer who has perhaps been most successful in capturing what counselling or psychotherapy feels like (at least from the perspective of the practitioner) is Irving Yalom. His book *Love's Executioner and Other Tales of Psychotherapy* (Yalom 1989) is an international best-seller and contains a series of sensitive portraits of his encounters with clients. Howe (1993) offers a unique overview of the actual experience of being a client.

A central theme of this chapter has been the great diversity of current counselling theory and practice. Some of the flavour of this (sometimes almost overwhelming) diversity is captured in journals such as *Counselling and Psychotherapy Journal* and the *Journal of Counseling and Development*. The former is a British publication, while the latter is American. Useful collections of papers from the *Counselling and Psychotherapy Journal* have been compiled by Milner and Palmer (2001) and Palmer (2001).