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 experiences 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 do not 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 that has made a huge contribution to the
quality of life of millions of people. The aim of this book is to provide a framework for making sense of all the different aspects of counselling that exist 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**

The following paragraphs reflect some typical examples of counselling, in terms both of different problems in living that can be tackled through counselling, and the different counselling processes that can occur.

**Donald’s story: coming to terms with the pressures of work**

As a manager in a local government department, Donald continually felt himself to be under pressure, but able to cope. Following a series of absences for minor illnesses, the occupational health nurse within the authority suggested to Donald that it might be helpful for him to see one of the counsellors contracted to the occupational health service. Initially, Donald thought that it would be a sign of weakness to see a counsellor. He was also worried that other people in the organization might view him as having mental health problems, and begin to see him as unreliable. Following further discussion with the occupational health nurse, Donald accepted that counselling was completely confidential, and might have something to offer. In the eight counselling sessions that he attended, Donald made two important discoveries about himself. First, he realized the extent to which he was driven by his father’s ambition for him, to the extent of never being satisfied with his own achievements, and as a result being very reluctant to take holidays from work. He also reflected, with the help of his counsellor, on his unwillingness to accept support from other people, not only at work but also in the context of his family life. With the encouragement of his counsellor, Donald began to make some shifts in his behaviour, in relation to arranging time off, and making opportunities to speak about his concerns to his wife, and to another close colleague. At the end of the counselling, he described it as having given him an opportunity to ‘sort himself out’.

**Maria’s story: moving on from abuse**

At the age of 25, Maria’s emotional life and relationships were still dominated by her memories of having been subjected to physical and sexual abuse in her childhood. She found it very hard to trust other people, or to speak up in social
situations. For the most part, Maria had decided that the best course of action for survival was to be as invisible as possible. Although at various stages in her life she had tried to talk about her experiences to various doctors, psychiatrists and nurses, she had always felt that they did not really want to know what had happened to her, and were more interested in prescribing various forms of drug treatment to control her anxiety and self-harming behaviour. However, she had made enough progress in her recovery to decide to go to university to train as a nurse. Once started on her course, she found herself confronted by a variety of frightening situations – talking in seminar groups, making new friends, being on placement in busy hospital wards. Maria decided to visit the university student counselling service. This was the first time in her life that she had ready access to any form of psychological therapy. Maria formed a strong relationship with her counsellor, who she occasionally described as ‘the mother I never had’, and attended counselling weekly throughout the entire three years of her training. Together, Maria and her counsellor developed strategies that allowed her to deal with the many demands of nurse training. As Maria gradually built up a sense of herself as competent, likeable and strong, she became more able to leave behind much of her fearfulness and tendency to engage in binge eating.

Arva’s story: whether to leave a marriage

Having been married for five years to a man whose family were prominent members of a leading family within the Asian community in her city, the idea of marital separation and divorce was terrifying for Arva. Although she was no longer willing to accept the physical violence of her husband, she was at the same time unable to envisage that any other life might be open to her if, as she put it, she ‘walked away’ from her community. Eventually, Arva made an appointment to speak to a counsellor at a domestic violence helpline. Reassured by the acceptance she felt from the counsellor, she agreed to come in for a face-to-face appointment. Initially, Arva was very unsure about whether her counsellor could help her, because it did not seem that the counsellor understood the meaning and implications, within Arva’s cultural group, of leaving a marriage or publicly accusing a husband of mistreating his wife. Over time, the counsellor developed a sufficient understanding of Arva’s experience to allow the counselling to proceed. The counsellor also helped Arva to make contact with an Asian women’s support group and a legal advice centre, both of which were helpful to her in providing a broader perspective on her position. Eventually, Arva courageously confronted her husband about his behaviour. To her surprise, he agreed to join her in joint counselling, in which they agreed on some better ways to resolve the conflicts that sometimes arose between them.
Anita’s story: dealing with loss

Married to Bill for 40 years, Anita was devastated by his sudden death within six months of his retirement. Although Anita felt herself to be fortunate, in enjoying regular contact with her son and daughter and several grandchildren, she increasingly felt that her life was meaningless, and that she would never get over the loss of her beloved Bill. Nine months after his death, she visited her GP, who suggested a course of antidepressants. Unhappy about the idea of possibly becoming dependent on drugs, Anita asked if there were any other alternatives. The GP then referred her to a bereavement counselling service. Anita only attended the counselling on two occasions, and did not find it helpful. When asked afterwards about why she thought that the counselling had not been useful for her, she said: ‘he was a nice man, but he just sat and listened, and I felt worse and worse. I couldn’t see any point in it’.

Simon’s story: creating a new self-image

By the age of 13, Simon had acquired a reputation as a ‘difficult’ student. Often required to attend detention on the basis of aggressive and uncooperative behaviour, Simon was on the edge of being suspended from school. His form teacher persuaded him that it would do no harm to see the school counsellor. In his first counselling session, Simon sat with his arms crossed, reluctant to talk. However, on the basis that speaking to someone who genuinely seemed interested in his side of things was better than attending maths class, he gradually allowed himself to open up. From Simon’s perspective, he felt trapped in an image that other people had of him. Physically strong and mature for his age, and from a family that believed in the value of standing up for yourself, Simon felt that he had made the mistake, early in his career at the school, of challenging one teacher who had (in Simon’s eyes) unfairly accused him of a misdemeanor. Ever since that day, it seemed, not only other teachers, but also his classmates, seemed to expect him to ‘rise to the bait’ whenever a teacher reprimanded him. He admitted that he felt ‘fed up and stuck’ with this pattern, but could not find any way to change it. With the counsellor’s help, Simon identified some key trigger situations, and ways of responding differently when they occurred. He also began to cultivate a subtly different image within the school, and within his own imagination – the ‘joker’ rather than the ‘troublemaker’.

Defining 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?
These are some definitions of ‘counselling’ formulated by professional bodies and leading figures in the field:

“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 Steffre 1979: 14)

“...a principled relationship characterized by the application of one or more psychological theories and a recognized 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 organizational 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)

“Counselling takes place when a counsellor sees a client in a private and confidential setting to explore a difficulty the client is having, distress they may be experiencing or perhaps their dissatisfaction with life, or loss of a sense of direction and purpose. It is always at the request of the client as no one can properly be ‘sent’ for counselling. By listening attentively and patiently the counsellor can begin to perceive the difficulties from the client’s point of view and can help them to see things more clearly, possibly from a different perspective. Counselling is a way of enabling choice or change or of reducing confusion. It does not involve giving advice or directing a client to take a particular course of action. Counsellors do not judge or exploit their clients in any way. In the counselling sessions the client can explore various aspects of their life and feelings, talking about them freely and openly in a way that is rarely possible with friends or family. Bottled up feelings such as anger, anxiety, grief and embarrassment can become very intense and counselling offers an opportunity to explore them, with the possibility of making them
easier to understand. The counsellor will encourage the expression of feelings and as a result of their training will be able to accept and reflect the client’s problems without becoming burdened by them. Acceptance and respect for the client are essentials for a counsellor and, as the relationship develops, so too does trust between the counsellor and client, enabling the client to look at many aspects of their life, their relationships and themselves which they may not have considered or been able to face before. The counsellor may help the client to examine in detail the behaviour or situations which are proving troublesome and to find an area where it would be possible to initiate some change as a start. The counsellor may help the client to look at the options open to them and help them to decide the best for them.

(British Association for Counselling and Psychotherapy 2008)"

These definitions each highlight different aspects of counselling. For example, Burks and Steffire (1979) stress the idea of the ‘professional’ relationship, and the importance of ‘self-determined’ goals. The BACP definition places emphasis on exploration and understanding, and the values of counselling. Feltham and Dryden (1993) identify areas of overlap between counselling and other forms of helping, such as nursing, social work and even everyday friendship, and suggest that counselling involves the application of psychological theories. However, it is clear that all of the definitions of counselling listed here have one important feature in common: they are primarily framed from the point of view of the counsellor. They are definitions that primarily seek to define counselling as ‘something done by a counsellor’. In taking this perspective, these definitions reflect the aim of professional bodies to establish counselling as a professional specialism within contemporary society. However, a profession-centred definition of counselling runs the risk of ignoring the basic fact that counselling is always a two-person (or multi-person) activity, which arises when one person seeks the help of another. In order to reflect a more inclusive meaning of the term ‘counselling’, this book espouses a user-centred definition:

“Counselling is a purposeful, private conversation arising from the intention of one person to reflect on and resolve a problem in living, and the willingness of another person to assist in that endeavour.”

The key assumptions that underpin, and are implied by, this definition include:

1 Counselling is an activity that 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. The person seeking counselling is regarded as actively engaged in finding ways of overcoming his
or her problems, and as a co-participant in the counselling process, rather than as a passive recipient of interventions.

2 A person seeks a counselling 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 concept of ‘problem in living’ can be understood to refer to any situation or perceived difficulty or impediment that prevents a person from getting on with his or her life. Counselling is not focused on symptom reduction, but on enabling the person to live their life in a way that is most meaningful and satisfying to him or her.

3 Counselling is fundamentally based on conversation, on the capacity of people to ‘talk things through’ and to generate new possibilities for action through dialogue.

4 Counselling depends on the creation of a relationship between two people, which is sufficiently secure to allow the person seeking help to explore issues that are painful and troubling.

5 The person seeking counselling possesses strengths and resources that can be channelled in the service of resolving a problem in living. The act of seeking counselling is not viewed as an indicator of personal deficiency or pathology.

6 The person in the role of counsellor does not necessarily possess special training or knowledge of psychological theories – counselling is grounded in ordinary human qualities such as a capacity to listen, sensitivity to the experience of others, personal integrity, and resourcefulness in solving the difficulties that arise in everyday life.

7 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.

   a **Encouragement and permission to speak.** Counselling 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.

   b **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.

   c **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.

   d **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.

Counselling practice is therefore grounded in a distinctive set of values, and moral position, based on respect and affirmation of the worth of the individual person.

Counselling represents an arena for support, reflection and renewal that is unique 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:

a **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.

b **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.

c **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.

Counselling always exists within a 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 broad cultural and specific community and organizational contexts within which they live. The practice of counselling is informed by awareness and appreciation of social, cultural, historical and economic factors. The meaning of ‘counselling’, and the forms of practice associated with this term, continually evolve in response to social and cultural change.

It can be seen that a user-centred description of counselling highlights a range of factors that are partially hidden in profession-centred definitions. User-centred language characterizes the person seeking counselling as active and resourceful, and purposefully seeking to resolve problems in living, rather than merely a recipient of ‘treatment’. It also emphasizes the connection between counselling and the social world of which the person is a member. It characterizes counselling as a relationship, a space, or an opportunity that is sought by a troubled person, rather than as any particular form of practice (e.g. two people sitting talking to each other face to face) – thereby inviting creativity and exploration in relation to how this space and opportunity might be constructed. It makes no claim that a professional qualification, or formal knowledge of psychology, is necessary in order to
practise counselling – effective counselling can take place both within and outside professionalized networks.

Counselling is an activity that is different from advice-giving, guiding, caring and teaching, even though it embraces aspects of all these helping processes. There are several occupational titles that refer to people who are practising counselling. A term that is sometimes used is counselling psychologist. This refers to a counsellor who has initial training in psychology, and whose work is specifically informed by psychological methods and models. There are also several labels that refer to counsellors who work with particular client groups: for example, mental health counsellor, marriage/couple counsellor, bereavement counsellor or student counsellor. These practitioners 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 also providing emotional support. In these situations it seems appropriate to describe what is happening as embedded counselling (McLeod 2007).

Embedded counselling is, or can be, an aspect of a wide range of professional roles: clergy, teaching, health, social work and community work, legal and justice work, personnel, human resources and management, and much else. Embedded counselling also takes place in a variety of peer self-help networks, such as Alcoholics Anonymous and Weightwatchers. In recent years, some counsellors have started to describe their work as life coaching or executive coaching. Coaching is an activity that draws on much of the skill and knowledge of counselling, but is focused on the promotion of positive effectiveness and achievement, rather than on the amelioration of problems. Finally, there is a large degree of overlap between the use of the terms ‘counselling’ and ‘psychotherapy’. The counselling/psychotherapy distinction is considered in more detail in the following section.

The relationship between counselling and psychotherapy

The degree of similarity and difference between counselling and psychotherapy has been the focus of considerable debate. This issue is made more complex by the fact that, while all English-language societies employ both terms, there are many countries in which only the term ‘psychotherapy’ is used (e.g. Sweden) and other countries in which ‘psychotherapy’ is mainly used but where there are ongoing attempts to create a distinction between counselling and psychotherapy (e.g. Germany, where there is a movement to use ‘Beratung’ as the equivalent to ‘counselling’). Within the English language community, two contrasting positions have dominated this debate:
A clear distinction can be made between counselling and psychotherapy. The argument here is that, although there is a certain amount of overlap between the theories and methods of counsellors and psychotherapists, and the type of clients that they see, there is nevertheless a fundamental difference between the two, with psychotherapy representing a deeper, more fundamental level of work, over a longer period, usually with more disturbed clients.

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 services.

One of the difficulties with both of these positions is that each of them portrays counselling in a ‘little sister’ role in relation to psychotherapy. In the ‘clear distinction’ position, counselling is explicitly described as less effective. In the ‘no difference’ position, counselling is still placed in a lesser position, by dint of the fact that psychotherapy jobs are higher status and better paid than counselling posts, even when they involve doing equivalent work.

Many people who work as counsellors are dissatisfied with the ‘little sister’ image of their professional role because they know that they work with some of the most damaged people in society, and believe that what they do is as effective as any form of psychotherapy. In recent years there has emerged a view that counselling and psychotherapy comprise alternative approaches to responding to the needs of people who experience problems in living. Some key points of contrast between counselling and psychotherapy are summarized in Table 1.1.

It is essential to acknowledge that none of the statements of difference in Table 1.1 represent an absolute difference between counselling and psychotherapy. In reality, the domains of counselling and psychotherapy are fragmented and complex, and embrace a multiplicity of forms of practice. It would not be hard to find examples of psychotherapy practice that correspond to characteristics attributed in Table 1.1 to counselling (and vice versa); there is a huge degree of overlap between counselling and psychotherapy. It is best to regard these differences between counselling and psychotherapy as indicative of a direction of travel that is occurring within the therapy professions, rather than as constituting any kind of fixed map of what is happening now. Nevertheless, a conception of counselling as a distinctively contextually oriented, strengths-based and pragmatic form of practice reflects a trajectory that is clearly visible within the international counselling community. This book seeks to acknowledge the substantial similarities and overlap between counselling and psychotherapy, while at the same time reinforcing the distinctive nature of counselling.
TABLE 1.1 Similarities and differences between counselling and psychotherapy

<table>
<thead>
<tr>
<th>Similarities</th>
<th>Counselling</th>
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<tbody>
<tr>
<td>Provides the person with a confidential space in which to explore personal</td>
<td>Provides the person with a confidential space in which to explore personal</td>
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<tr>
<td>difficulties</td>
<td>difficulties</td>
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<tr>
<td>Effective practice depends to a great extent on the quality of the client–</td>
<td>Effective practice depends to a great extent on the quality of the client–</td>
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<tr>
<td>psychotherapist relationship</td>
<td>counsellor relationship</td>
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<tr>
<td>Self-awareness and personal psychotherapy are valued elements of training</td>
<td>Self-awareness and personal therapy are valued elements of training and</td>
</tr>
<tr>
<td>and ongoing development</td>
<td>ongoing development</td>
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<table>
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<tr>
<th>Differences</th>
<th></th>
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<tr>
<td>A wholly professionalized occupation</td>
<td>An activity that includes specialist professional workers, but also</td>
</tr>
<tr>
<td></td>
<td>encompasses paraprofessionals, volunteers, and those whose practice</td>
</tr>
<tr>
<td></td>
<td>is embedded within other occupational roles</td>
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<tr>
<td>Public perception: inaccessible, expensive, middle class</td>
<td>Public perception: accessible, free, working class</td>
</tr>
<tr>
<td>Perception by government/State: given prominent role in mental health services;</td>
<td>Perception by government/State: largely invisible</td>
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<tr>
<td>strongly supported by evidence-based practice policies</td>
<td></td>
</tr>
<tr>
<td>Conceptualizes the client as an individual with problems in psychological</td>
<td>Conceptualizes the client as a person in a social context</td>
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<tr>
<td>functioning</td>
<td></td>
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<tr>
<td>Training and practice focuses on delivering interventions</td>
<td>Training and practice involves not only delivering interventions, but</td>
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<td></td>
<td>also working with embedded colleagues, and promoting self-help</td>
</tr>
<tr>
<td>Psychotherapy agencies are separate from the communities within which they</td>
<td>Counselling agencies are part of their communities (e.g. a student</td>
</tr>
<tr>
<td>are located</td>
<td>counselling service in a university)</td>
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<tr>
<td>Treatment may involve the application of interventions defined by a protocol,</td>
<td>The helping process typically involves counsellor and client</td>
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<tr>
<td>manual or specific therapy model</td>
<td>working collaboratively, using methods that may stretch beyond any</td>
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<tr>
<td></td>
<td>single protocol or manual</td>
</tr>
<tr>
<td>Treatment has a theory-derived brand name (e.g. interpersonal therapy, CBT,</td>
<td>Often has a context-derived title (e.g. workplace counselling,</td>
</tr>
<tr>
<td>solution-focused therapy)</td>
<td>bereavement counselling, student counselling)</td>
</tr>
<tr>
<td>Many psychotherapists have a psychology degree, which functions as a key</td>
<td>Counsellors are likely to be drawn from a wide variety of backgrounds;</td>
</tr>
<tr>
<td>entrance qualification</td>
<td>entrance qualification is life experience and maturity rather than</td>
</tr>
<tr>
<td></td>
<td>any particular academic specialism</td>
</tr>
<tr>
<td>Predominant focus on the pathology of the person</td>
<td>Predominant focus on personal strengths and resources</td>
</tr>
</tbody>
</table>
Counselling as a social institution

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. As a distinct discipline or profession, counselling has 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, at the time of publication this organization reported over 30,000 members. Similar levels of growth have been recorded in the USA and other countries. 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 skills to be part of their work role.

Box 1.1: What is the demand for counselling?

Has the expansion of counselling and other forms of psychological therapy, in the past 50 years, been sufficient to meet the potential demand? 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 therapy. These studies have used a definition of psychotherapy that also encompasses most professional forms of counselling. 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, and so on.

It seems likely that the use of counselling is influenced by its accessibility and cost. For example, in workplace counselling services and employee assistance programmes (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 2008). 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 per cent of the population had received formal counselling, while 23 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. These figures are supported by a meta-analysis of Europe-wide data (Wittchen and Jacobi 2005), which reported 27 per cent prevalence of psychological problems. Of course, not all the cases identified in these surveys necessarily had 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. In the UK, 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.
Chapter 1
An introduction to counselling

The diversity of theory and practice in counselling

One of the most striking characteristics of counselling is its diversity. Karasu (1986) reported having come across more than 400 distinct models of counselling and psychotherapy; 69 different approaches are included in the chapter headings of Corsini (2001). 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 Internet, and through written materials such as books and self-help manuals. Counselling is practised in a range of different settings, and offered to a wide array of client groups.

This diversity of theory and practice can be attributed to the fact that counselling emerged and grew during the twentieth century in response to a mix of cultural, economic and social forces. In essence, because it is targeted at individuals and small groups, and focuses on the personal needs of each client, counselling represents a highly flexible means of responding to societal problems. For example, many counselling agencies 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 also 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. All these areas of counselling practice reflect the increasing medicalization of social life (Turner 1995), and the pressure to create a space for personal contact and relationship within technologically driven health 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.

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, 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 Milner and Palmer (2000), Aldridge and Rigby (2001) and Woolfe et al. (2002). The significance of paying attention to the context within which counselling takes place arises from an appreciation 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, or when they are struggling to adapt to social institutions. Within these contexts, 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 impossible for any one counsellor or counselling agency to achieve the objectives underlying all the aims in this list. However, any counselling 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 practice

Historically, counselling and psychotherapy initially emerged from within the disciplines of medicine and psychiatry, for example through the work of Sigmund Freud. In more recent times, the academic discipline of psychology has been a fertile source of ideas in counselling and psychotherapy, for instance through the theories of Carl Rogers. A more detailed account of the historical origins of counselling is provided in Chapter 2. Psychology remains a major influence in counselling theory and practice. In some countries, holding a psychology degree is necessary to enter training in psychotherapy. The term ‘psychological therapies’ is frequently used to refer to the whole field of counselling and psychotherapy. Having strong links to psychiatry and psychology affords counselling 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 were picked up by Rogers, Perls and other humanistic therapists. The field of moral philosophy also makes an input into counselling, by offering a framework for making sense of ethical issues (see Chapter 17). In recent years, philosophical counselling has become a recognized form of practice (Chapter 12), and many counsellors have sought to develop an understanding of the implications of post-modern concepts for their practice (Chapter 8).

Another field of study that has a strong influence on counselling theory and practice is theology and 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. Carl 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. For instance, many practitioners find meaning in the doctrines of Zen Buddhism (Ramaswami and Sheikh 1989; Suzuki et al. 1970), and have incorporated Buddhist ‘mindfulness’ into their work with clients (Segal et al. 2001).

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. The relevance for counselling of literature and art-making is explored in several chapters of this book.

Most recently, some counsellors have found relevance for their work in the field of environmental studies. Chapter 12 examines the use of the outdoor environment in counselling, in the form of ecopsychology, nature therapy and other practices.

Counselling is in many respects an unusual area of practice in that it encompasses a multiplicity of 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 can therefore be viewed as a holistic form of practice, which 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. Any counselling method that was, for example, purely scientific or purely religious in its approach would soon be seen not to be counselling at all, in its denial of key areas of client and practitioner experience.
Conclusions

The aim of this chapter has been to provide an initial 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 rather different. The current picture may, on the surface, look fragmented and confused. There are many different areas of application of counselling, models of counselling, and ideas about the aims of counselling. Nevertheless, there are some unifying themes behind the multiplicity of theories and areas of application. It is possible to understand counselling from the point of view of the user or client, as a conversational space that enables problems in living to be explored and resolved. It is also possible to understand 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 and capitalist economic systems. The relationship between counselling and its cultural and historical context is the topic of the next chapter.

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. 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 familiar with, and apply it to counselling. For example, reflect on the possible implications of making sense of counselling through the lenses supplied by ideas from economics, architecture, sociology, biology, management or other disciplines.

3. Make a list of all the different counselling and psychotherapy services 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? What does your analysis indicate about the different roles of counselling and psychotherapy?
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 with great insight in *What Is Counselling?* by Colin Feltham (1995) and *Standards and Ethics for Counselling in Action* (Chapter 2: ‘What is counselling?’) by Tim Bond (2000). Two writers who have been particularly successful in capturing what counselling or psychotherapy feels like are Virginia Axline and Irvin Yalom. *Dibs: In Search of Self* (Axline 1971) is a classic account of therapy with a troubled young boy. *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. *On Being a Client* by David Howe (1993) offers a unique insight into the client perspective on counselling. *The Client Who Changed Me: Stories of Therapist Personal Transformation*, edited by Jeffrey Kottler and Jon Carlson (2005), includes a series of intriguing accounts of the impact that clients have on the lives of the counsellors who work with them. Some of the flavour of the (sometimes almost overwhelming) diversity of contemporary theory and practice in counselling is captured in journals such as *Therapy Today* and the *Journal of Counseling and Development*. The former is a British publication, while the latter is American.