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WHAT ARE THE COUNSELLING PROFESSIONS?

From Theory to Practice

Chapter overview

- This chapter will consider key definitions of counselling and psychotherapy
- It will explore the emerging concept of the 'counselling professions', and what this means in practice
- It will outline the debate on the relationship (in terms of differences and similarities) between counselling and psychotherapy
- It will reflect on the position of counselling and psychotherapy within wider helping professional roles

Introduction

It is difficult to imagine when thinking of counselling and psychotherapy in today's context that, not too long ago, things were quite different. The proliferation of therapy across a range of settings and the subsequent embedding of therapy as viable choices for proportions of the population would be almost unheard of just a few decades ago. Indeed, I recall clearly in the mid to late 1980s when I began my training that finding placements proved to be a significant challenge. Not, as is the case today, because of the number of people chasing the same opportunities, but rather because it was difficult to find counselling and psychotherapy in many settings at all outside independent practice or specialist environments. Therapy in primary and secondary care was very limited, with opportunities existing mostly in the third sector.

A number of factors have led to change in the intervening years. They include: work by a number of professional bodies to communicate the benefits of counselling and psychotherapy; increasing acknowledgement of the importance of mental health and the link between mental and physical wellbeing; a slow move away from a medication culture, with a population more willing perhaps to question the treatment they receive; an increasing evidence base demonstrating the efficacy of the psychological therapies across a range of difficulties; a challenge (led by mental health charities) to the stigma of mental health distress and the promotion of help-seeking; a higher profile of counselling and psychotherapy in the media; and a change in policy, particularly around mental health, towards a greater involvement of service users and the increasing potency of the client/patient voice.

When I qualified as a social worker and began working in adult mental health secondary care settings, a medicalised-informed psychiatric perspective was still a very dominant force: the psychiatrist was rarely questioned and intervention for people experiencing acute and chronic mental health distress typically consisted of medication, or in- and out-patient care. Over the intervening years the dominance of psychiatry has waned: the psychiatrist remains an important figure, but one who is now part of a mental health team. Nursing, social work, advocacy and psychological wellbeing practitioners (PWPs), for example, have become more prominent and hospital admission is seen very much as a last alternative.

Advances in medication have given medical personnel greater treatment options and people experiencing difficulties have demanded alternatives to medication and hospitalisation. Counselling and psychotherapy have increasingly come to be seen as a viable and beneficial alternative or addition to other forms of support. The emergence in the UK of the Improving Access to Psychological Therapies (IAPT) programmes for adults and children and young people has furthered the prevalence of the physiological therapies as a viable option for people experiencing mental health distress, particularly anxiety and depression. Therapy has moved from the periphery into the mainstream. In the process, it has further embedded itself into mainstream culture, such as in films, music, literature, art and television and, in doing so, has entered the public consciousness.

This change has brought challenges. Counsellors and psychotherapists need to be equipped by their training to work in a wider variety of contexts and to acquire skills and knowledge to

meet a wide range of presenting issues. Each working context demands its own level of competence, with therapists trained on generic courses needing to undertake further training to equip them for their role. With this proliferation too comes the need to ensure that practice remains ethically and legally pertinent, offering high levels of care and integrity to those accessing help. With a greater demand for innovative and effective treatments comes a necessity to demonstrate efficacy in the face of falling budgets and closing services. Counsellors and psychotherapists need to develop competency as researcher-practitioners, or at least as competent critical consumers of research. The imperative is for therapy to clearly and unequivocally demonstrate a sound evidence base for practice. We cannot just assume that what we do works: we need to demonstrate it in the language of clients, commissioners, budget holders and policy developers. The development and implementation of benchmarking tools and outcome measures demand that therapists find ways of integrating such tools into their day-to-day work with clients.

The rapid development of technology too has made its inroads into the provision of therapy. This has occurred not only in terms of record keeping, databases and tracking client demographic information, but also in the actual delivery of therapy, moving away from face-to-face contact and transporting therapy into a virtual world of email, synchronous chat, message boards and other social media platforms. While this was a direction we were already heading in, that was accelerated overnight by the Covid-19 pandemic that began to impact from early 2020. Online working is not only here to stay, but has shifted for many to become either their first-choice delivery of therapy, or of having equivalence to face-to-face work. Clients now, quite rightly, demand up-to-date information not just about the types of therapy on offer, but also the form and nature of the delivery of the therapy they will receive and how effective it might be for the particular difficulties they are encountering. They have become informed consumers, requesting specific therapies and particular interventions.

From theory to practice

There is so much for new trainees to discover that it is quite impossible for courses, however hard they try, to cover all that is needed. Indeed, having supervised research in therapy for many years, one of the main recommendations that researchers seem to make is the need for their particular area of study to be included in training. I suspect that if we included all these things the average therapy training would last approximately 30 years. Or, rather, maybe we are simply always learning. The place of supervision is important here in helping new practitioners to make the link from theory to practice in both contextualising and understanding the lessons from direct work with clients. The responsibility for self-direction in personal and professional development is key too.

When I first began to think about the first edition of this book, I reflected on what was already available and where the gaps were between existing resources. There are several excellent and seminal introductory texts that help draw on research and academic learning to inspire new therapists. There are also some great texts that explore the acquisition and

development of skills. As a practitioner, I sought to write something that could accompany you from your earliest steps at the beginning of your training, into the practice placement, then on to the process of reflecting on how you begin direct work with clients. I aim for the book, as your competence and experience develop, to help link practice learning and theory and to explore the possibility of employment and, finally, qualified practice. That is, my intention at the beginning, and now in this revised third edition, is to produce a book that will accompany you every step of the way – a book written by a practitioner for new practitioners. I have tried to include everything in here – including the kitchen sink! I have sought to include all those aspects of practice that we consider, think about and reflect on. Although, in the end, I haven't actually been able to include the sink, I hope that the book proves to be useful and thought-provoking and that it prompts further questions and discovery.

Defining counselling and psychotherapy

There are always challenges in trying to define 'counselling' and 'psychotherapy' as it inevitably and immediately leads into contentious territory about similarities and differences. If one writes about 'counselling', the risk is that those psychotherapists who see their role as different from counselling will disengage. Likewise, writing about 'psychotherapy' runs the risk of leaving a proportion of counsellors out in the cold. To write about 'counselling and psychotherapy', however, runs the risk of presuming they are two, distinct activities, while to use 'psychological therapies' as a 'catch-all' phrase runs the risk of leaving everyone out in the cold.

These dilemmas present problems not only for textbook authors: imagine the implications for delivery of services, regulation and accreditation, training and, most importantly, the confusion potential clients might experience when considering what services to access. Should they see a counsellor or a psychotherapist, and (they may ask) what's the difference between the two anyway? Likewise, for professional associations which are currently working through a 'scope of practice' collaborative project to map the training routes into therapy, the conclusions they reach are not only complex, but not always welcome.

Kanellakis and D'Aubyn (2010) studied the public's perception of the titles of counsellor and psychotherapist. Four hundred and fifty members of the UK public were interviewed by researchers and asked their thoughts about the terms 'counsellor', 'psychotherapist' and 'psychological therapist': 30% thought the terms 'counsellor' and 'psychotherapist' were almost identical, while 64% thought them significantly different. Only 24% thought the terms 'psychotherapist' and 'psychological therapist' were significantly different, while 66% thought them almost identical. In this study, the public's perception was that 'psychotherapist' was much closer to 'psychological therapist' than to 'counsellor'. Perhaps there is as much confusion in the public perception as there is within the professional field between the different terms.

Definitions

The British Association for Counselling and Psychotherapy (BACP, 2022a) offer the following definition:

> Therapy provides a safe and confidential space for you to talk to a trained professional about your issues and concerns. Your therapist will help you explore your thoughts, feelings and behaviours so you can develop a better understanding of yourself and of others.

The American Counseling Association (ACA, 2021) says that

> counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.

Feltham (2012, p. 3) says of counselling and psychotherapy that they are:

> mainly, though not exclusively, listening-and-talking based methods of addressing psychological and psychosomatic problems and change, including deep and prolonged human suffering, situational dilemmas, crises and developmental needs, and aspirations towards the realisation of human potential. In contrast to bio-medical approaches, the psychological therapies operate largely without medication or other physical interventions and may be concerned not only with mental health but with spiritual, philosophical, social and other aspects of living. Professional forms of counselling and psychotherapy are based on formal training which encompasses attention to pertinent theory, clinical and/or micro-skills development, the personal development/theory of the trainee, and supervised practice.

According to the United Kingdom Council for Psychotherapy (UKCP, 2021) psychotherapy

> can be a powerful, life-changing experience which can help you to improve your mental health, overcome social or emotional challenges, and fulfil your potential. A trained psychotherapist can support you to:
>
> - express your feelings and process them in a safe and supportive relationship
> - gain deeper insight into the issues you face
> - talk about things in a confidential environment that you might not feel able to discuss with anyone else
> - find better ways to cope with feelings and fears
> - change the way you think and behave to improve your mental and emotional wellbeing
> - improve relationships in your life, including with yourself

- make sense of any clinical diagnoses you have had by understanding what has happened to you
- heal from trauma
- learn to communicate better and tolerate differences in yourself and others.

The British Psychological Society (BPS, 2021) states that counselling psychologists

> are a relatively new breed of professional applied psychologists concerned with the integration of psychological theory and research with therapeutic practice. The practice of counselling psychology requires a high level of self-awareness and competence in relating the skills and knowledge of personal and interpersonal dynamics to the therapeutic context.

The nature of the activity: medical or social?

The *Oxford English Dictionary* (*OED*, 2021) states that counselling is 'the provision of professional assistance and guidance in resolving personal or psychological problems', while psychotherapy is 'the treatment of mental disorder by psychological rather than medical means'. Even though they are the simplest, perhaps the *OED* definitions are also the most helpful in beginning to tease out some of the points of differentiation that some claim to exist between counselling and psychotherapy. The emphasis placed on counselling is that of offering assistance and guidance in an attempt to resolve problems. The emphasis in psychotherapy is on the treatment of mental disorder without using medical means. Here we see an implication that counselling assists and guides, while psychotherapy treats. Also, the use of the term 'medical' in the psychotherapy definition strikes at the heart of a philosophical differentiation, according to commentators who claim that psychotherapy is more allied to medicine, while counselling is more allied to a psychosocial model of help.

However, the suggestion that psychotherapy is more akin to a medical model, while counselling is more akin to a social model, does not resolve the problem of differentiation. For example, person-centred therapy has been a predominant model of choice for training for several years in the UK. Rejecting a medicalising or pathologising view of the human condition, this approach is based instead on a philosophical standpoint of equality, acceptance and empathy. In most modalities, the therapist does not take the 'expert' role and certainly does not explicitly intend to offer a 'treatment'. Yet it is possible to train either as a person-centred counsellor or a person-centred psychotherapist. Both retain their non-medical position yet use different titles. Some argue that this anomaly strengthens the view that there is more commonality than difference between counselling and psychotherapy.

Counselling and Psychotherapy in Scotland (COSCA, 2011), Scotland's counselling and psychotherapy professional body, additionally suggest that differentiation might be found in the traditions of each discipline, with psychotherapy developing with the emergence of psychoanalysis in the 1920s, while counselling developed somewhat later, in the 1950s.

Duration of intervention: short or long term

Another point of differentiation often made is that counselling typically offers shorter-term or brief interventions, while psychotherapy offers longer-term interventions. Psychotherapy has often been linked with longer-term approaches, and while this may be true historically, over recent years, and with funding restrictions hitting therapy services hard, many therapy providers now offer time-limited interventions, delivered by both counsellors and psychotherapists. Likewise, there are agencies who offer longer-term counselling and, in independent practice where practitioners are freely able to determine their own length of contract, open-ended or longer-term work is offered by both counsellors and psychotherapists. The distinction between the length of contract offered as a means of differentiating between the two titles is less pertinent in today's financially demanding world or in the context of theoretical models that have evolved and developed over time.

Depth of intervention

According to McLeod (2009, p. 10), some have argued that

> although there is a certain amount of overlap between the theories and methods of counsellors and psychotherapists, and the types of clients 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.

Psychoanalysis is probably the first approach that comes to mind when people think about psychotherapy. The stereotype of a couch, the therapist (very probably with a goatee beard and an Austrian accent) sitting out of sight encouraging free association and interpreting the results represents many people's image of 'in-depth' therapy. Certainly, in my own setting, new clients often comment on the fact that I don't have a couch (or an Austrian accent) with a mixture of relief and disappointment. Of course, the premise of this approach is not just a stereotype: psychoanalytic therapy is alive and well – albeit out of the reach of many clients given its long-term nature (typically it lasts many years), frequency (typically several sessions per week) and cost.

The British Psychoanalytic Council (BPC, 2022) define psychoanalysis thus:

> Psychoanalytic therapies involve talking to a trained therapist, usually one-to-one, but sometimes in a group or with a partner or family members. This kind of therapy addresses underlying issues and causes, often from your past, which may be concerning you, or affecting your relationships with others. In your sessions you will be encouraged to talk freely and to look deeper into your problems and worries. It differs from many other talking therapies in that it aims to help people make deep-seated change in personality and emotional development, alongside relieving troubling symptoms. It can help you discuss feelings you have about yourself and other people, particularly family and those close to you.

Beyond psychoanalysis, however, the depth and extent of work offered by psychotherapists becomes harder to differentiate from that of counsellors. I have worked in various teams where some members were trained as psychotherapists and others as counsellors. The nature of the work was the same: the complexity of work was not differentiated between the two titles and the extent of work (i.e., the duration and frequency) was identical too. In supervising across a range of contexts over the years, including primary and secondary care settings, education, third-sector and independent practice, this seems generally true. However, there are settings where the desired qualification is in psychotherapy rather than counselling. These tend to be specialist settings, such as therapeutic communities for people with personality disorders or eating disorders. Interestingly, the commonality between such settings where psychotherapy is preferred is that they are often allied to a medical intervention, such as psychiatry. Related to this, some psychiatrists will undertake additional therapy training and will describe themselves as consultant psychiatrist psychotherapists. I have yet to come across a consultant psychiatrist counsellor (though they may exist).

Training

Perhaps the clearest point of distinction between counsellor and psychotherapist has been the structure of training. In the UK, psychotherapy training is often structured differently from that of counsellor training. In summary, we may say here that psychotherapy training is often structured over four years, part-time, leading to a postgraduate diploma in psychotherapy (and registration with UKCP or BPC). It is not uncommon for psychotherapy training to require a 20–25-day psychiatric observation placement, and that the trainee be in personal therapy for the duration of their training. In contrast, counsellor training is typically structured over a three-year, part-time course, without a psychiatric placement (although there is often a specialist module on mental health), with the personal therapy requirement ranging from none, through to 40 hours or thereabouts. Exit awards during counsellor training tend to include a certificate in skills. The qualifying award for counsellor training was, for many years, a diploma (or postgraduate diploma). Both counsellor and psychotherapy training have, however, increasingly moved towards a Master's-level qualifying award over recent years, with more courses including a requirement that their students undertake research. A collaboration of professional associations is working on a scope of training and practice, called SCoPEd, in an attempt to map these different training routes and the competencies they lead to. Figure 1.1 is the summary of training routes, as outlined in the second version of the consultation document. It is important to note that the SCoPEd project, which is discussed at various stages throughout the book, remains a work in progress and Figure 1.1 is not offered as a finalised version.

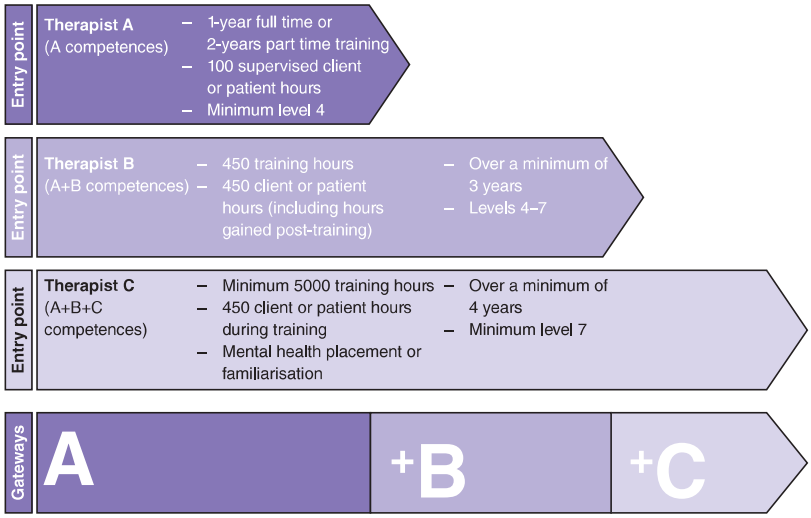

Figure 1.1 A summary of the findings of the SCoPEd project (2020), including competences, training and practice requirements

Overall: what difference?

It remains very difficult, if not impossible, to bridge the two sides of the 'different vs the same' debate. Spinelli (2006, p. 38) states: 'Some have suggested that the main distinction between psychotherapy and counselling is that while the former requires clients to recline on a couch, the latter only provides an armchair.' For each of the points outlined above, there will be several different perspectives. This has implications for clients, who have to make important decisions when seeking help.

For my own view, while I acknowledge differences in the structure and provision (and cost) of training, over the 30 years (plus) that I have been practising I have always worked with practitioners who, regardless of their title, have essentially undertaken the same work. I would define myself as a counsellor in virtue of my training, which was a 'counsellor' training. From years of practice, it is my own view that it is very difficult to differentiate between the titles of 'counsellor' and 'psychotherapist' simply through the nature of what they do, i.e., the application of their skills in a setting. Rather, differentiation occurs in the nature of the training delivered and the standards of those trainings, such as non-graduate, undergraduate, postgraduate. Additionally, a number of competencies might be mapped across the two titles, rather than from what they do, but from what they are *trained* to do. Herein might sit a way forward; that said, I can imagine many people simply reading that final sentence and already disagreeing with me.

Returning to my earlier authorial dilemma, for the purposes of this text I will use a variety of terms. Essentially, I will refer to 'counsellors and psychotherapists', 'counselling and psychotherapy' and the 'counselling professions' to acknowledge that, regardless of the actuality of the situation, people define themselves using these terms. But predominantly I will also use terms like 'therapy', 'therapist' and 'practitioner' simply to facilitate the flow of text – there is no other intent behind the use of these terms!

Discussion questions

1 How would you define counselling?
2 How would you define psychotherapy?
3 What do you consider to be the key similarities and differences between counselling and psychotherapy?
4 In what ways do you feel current debates around counselling and psychotherapy (a) help inform the development of the profession and (b) hinder it?

What are the 'counselling professions'?

With the publication of BACP's new *Ethical Framework for the Counselling Professions* in 2018, implemented from 1 July 2016, a new phraseology was introduced. Previous codes of practice and the earlier *Ethical Framework* had, for many years, talked of counselling and psychotherapy and, in doing so, had mapped clearly on to the dominant discourse of definition. However, what the new *Ethical Framework* acknowledged was that the delivery of psychological therapies was no longer held within the exclusive domain of counselling and psychotherapy (if it ever had been exclusive), but rather across a number of different activities, titles and trainings. For example, in addition to counsellor and psychotherapist, there are *coaches*, *executive coaches*, *life coaches*, *wellbeing practitioners*, *psychological wellbeing practitioners* (PWPs, typically found in IAPT services), *mental health practitioners*, *mental health supporters*, *counselling psychotherapists*, and so on. The list is seemingly endless.

The commonality between these titles is the delivery of psychologically-informed support in the endeavour of helping someone experiencing emotional or psychological distress. There are often core counselling skills being employed (see Chapter 8 for a fuller discussion of counselling skills) in different ways, as well as interventions informed by different theoretical models, but held within a similar philosophical intention. What was important was that increasing types of practice were being undertaken by people already 'signed up' to the *Ethical Framework*, but the existing *Framework* no longer met the changing shape of practice. What was one to do? Either the name of the *Framework* could be changed to include all

these different activities (and that would have made for a snappy, easy-to-remember title!), or rather a way could be found of encompassing a wider range of contemporary practices. Thus, the concept of 'counselling professions' was proposed in an attempt to provide a more umbrella title that encompassed a range of activities. Following consultation with the BACP membership, there was notable support for the adoption of the phrase 'counselling professions', and therefore, it was used in the main title of the new *Framework*. From BACP's perspective, the counselling professions are counselling, psychotherapy, coaching, mentoring, pastoral care and the judicious use of counselling skills.

This latter point is an interesting one, in referring back to the point made before about the use of counselling skills – or perhaps communication skills – often being a common thread running across the work of different groups. Counselling skills are also successfully employed by other allied professional groups, such as social workers, nurses, teachers, advocates, etc., in their own work. McLeod and McLeod (2011) provide an engaging account of the use of counselling skill across a range of professional groups.

As the *Ethical Framework* continues to evolve and develop through its subsequent revisions (at the time of writing the *Framework* is in a stage of revision), the scope of practice, i.e., how each activity is differentiated from each other, potentially will provide exciting new opportunities for professional groups to develop more evidence-based and coherent training opportunities for skills development, and for those skills to be subsequently recognised. For example, as a qualified social worker, my additional counselling skills training was never formally recognised as a discrete skill set within its own right; it was essentially professionally 'invisible'.

The emergence of counselling and psychotherapy as disciplines

When we begin therapy with a new client, it is important that, at some stage of the therapeutic process, we find out a little bit more about who they are, their context and where they have come from. Some modalities emphasise the importance of this more than others. Some therapists take very specific steps in taking a client history, while others allow the information to emerge during the course of therapy. However, there would be fewer therapists who would maintain that history isn't important at all. The more we can understand about the background to something, the more we are able to see its current presentation in a more informed context.

For the same reason, it would be unhelpful to launch into the other sections of this book without taking a moment to consider how counselling and psychotherapy came into being. Certainly, in my own work as a therapist, I have seen major changes. The proliferation of the counselling professions, as they are practised today, is very different from when I first came into the profession. When I speak with colleagues who have been working as therapists for longer than me, they report the same phenomenon. So, while it is perfectly possible to become a counsellor or psychotherapist without any understanding or insight into the history of our profession, it would be a bit like working with a client while having no knowledge of

or interest in anything about them beyond their immediate presentation; this option, though possible, is limited.

Many people assume that Sigmund Freud was the 'founder' of modern-day psychotherapy. While certainly his influence has been profound, and many of our current working practices can be traced back to his work, psychotherapy as an activity certainly existed before Freud began writing. It may be impossible to truly locate the origins of talking therapy given that the human propensity to communicate and be in relationship goes back many, many centuries. The process of counselling and psychotherapy, albeit not in a form that we might understand today, can be traced back to early religious and community rituals. In many ways, we might argue that what we now call counselling and psychotherapy is merely a systematic form and type of communication with a specific purpose. One could, in addition, argue that all that has happened over the past 100 years, coinciding with the emergence and development of professions such as psychiatry and medicine, has been the application of scientific principles to the human art of discourse.

Medicalisation of distress

The way in which distress has been viewed has changed over the centuries. Ancient Greek and Roman perspectives on mental illness generally looked at causation and cure as both coming from the gods. During the 5th and 6th centuries BC the link between madness and the gods was challenged, later partly informed by the work of Hippocrates. In the 4th century BC, a tentative relationship between madness and physical imbalance began to be postulated. Hippocrates proposed that mental illness was related to a physical imbalance in the bodily humors, namely: blood, yellow bile, phlegm and black bile. They corresponded to the four supposed basic qualities of matter, namely heat, cold, moisture and dryness. The treatment of distress thus came to focus more on the rebalancing of the physical self. This took many forms, but included the management of diet, bathing and purges, and the use of vapours.

Aristotle proposed the idea that the mind and body were divided, but that bile mediated channels between the two. One of the earliest recorded instances of terms that have some resonance with those used today comes from Galen, a Roman physician (130–200 AD). He described several syndromes, including dysthmymia, paranoia and hysteria, linked to anxiety and sexual tension. His premise, unlike that of Hippocrates, was that mental illness was more due to an imbalance between aspects of the soul as opposed to the body.

During the Middle Ages, the church reasserted its influence on how mental illness was seen. However, this influence began to decline once again in the 15th and 16th centuries with the emergence of science, with Descartes (1596–1650) arguing that the soul and mind were divided, with the soul having a spiritual dimension while the mind had a mental one. However, he did believe there was interaction between the two. Perhaps during this time, the body was seen as primarily mechanical, materialistic and quantifiable, whereas the mind was seen as unlimited, nonmaterial and situated in the realm of consciousness and thought.

The conception of the body as essentially mechanical began to gain further credibility in the 17th century, with the increasing use of anatomical studies. In the 19th and 20th centuries there was acknowledgement of organic and environmental causes for mental illness. Psychiatry began to organise and categorise concepts of mental illness, thus heralding early examples of diagnostic structures in relation to mental illness (the term 'mental health' would have been a misnomer given theories were still predominantly driven by medical models of illness and insanity).

The organisation of ideas: the development of psychotherapy

With the categorisation of mental illness (the term itself evolved from 'insanity'), greater interest in treatments continued to develop. Here we can see the earliest emergence of psychotherapy as a systematic and organised form of response to disorder. Dendy, an English psychiatrist, in 1853 is credited with using the term 'psycho-therapeia' to describe a talking cure for psychological problems. Around the same time there was great interest in the use of hypnosis for both psychological and physiological problems. Hypnosis was seen to be able to calm and anaesthetise during medical procedures. McLeod (2009, p. 26) notes that 'hypnosis was helpful to patients (because) it gave access to an area of the mind that was not accessible during normal waking consciousness. In other words, the notion of the 'unconscious' mind was part of the apparatus of 19th-century hypnotism'.

Freud, a psychiatrist working in the late 19th and early 20th centuries, began to move away from models of psychiatry and hypnosis predominant at the time and looked to develop a new approach to treatment. By developing psychoanalysis, Freud had a profound influence on the subsequent development of psychotherapy. Early analysis relied on the interpretation of dreams and the use of free association. Freud wrote about his experiences with patients extensively and these works are still read and have influence today (Freud, 2004, 2009, 2010). We should make reference, too, to some of Freud's collaborators, who worked with him early on but later split away to further develop their own ideas. Most notable of these were Carl Jung and also Alfred Adler, Sandor Ferenczi and Otto Rank. They continued to develop theories and ideas set within a psychodynamic tradition.

A shift in emphasis: the emergence of the 'person'

The work of Carl Rogers from the 1940s and 1950s onwards marked a dramatic shift in the progression of the talking therapies. Until this point, psychotherapy had been developed primarily by psychiatrists and psychologists and, while moving in different directions, retained an important 'nod' towards medicine. Rogers began developing client-centred therapy, drawing more on the existence and use of human qualities than scientific principles. It was his assertion that, given the right conditions, each individual had the propensity to move towards health.

These conditions included acceptance, empathy and warmth. There was a philosophical shift away from conceptualising the therapist as expert and towards therapy as a collaborative process between the therapist and client.

The early influences on Rogers came from religion, but as he began his training to become a minister, he decided instead to study psychology. His interest first centred on work with children and then, in 1942, he first proposed the ideas of client-centred therapy. Later movements looking at therapy integration, and more lately pluralism, further help develop new ways of working with people that not only honour the individual contributions schools of therapy have brought to our work, but also how – when used together and collaboratively with our clients – even more might be possible.

In summary, while early development was dominated by psychodynamic and psychoanalytic therapy, the emergence of humanistic approaches from the 1940s began to dramatically change the nature and shape of counselling and psychotherapy. Up until 1938, organisations had predominantly centred on psychoanalysis. The National Marriage Guidance Council marked the first instance of a non-psychoanalytic therapy organisation and also the development of a relationship between counselling and the voluntary sector. If psychotherapy was born out of medicine, counselling was perhaps born out of the voluntary movement and education. From the 1950s, with the establishment of the Samaritans and then later Cruse, a bereavement charity, humanistic approaches became more prominent and the development of theory and practice grew apace. The British Association for Counselling (now the British Association for Counselling and Psychotherapy – BACP) was established in 1977. It is illustrative of the growth of counselling as a professional activity that BACP is now the second largest counselling organisation in the world, with a membership of approximately 59,000.

Contemporary counselling and psychotherapy practice

As we have seen, there has been much debate over the similarities and differences between counselling and psychotherapy. A number of issues have been highlighted and, despite the best efforts of theorists and practitioners, there remains little consensus on the matter. Without historical context, it is hard to understand why such debates fuel passion and divergence. However, when viewed through an historical lens this becomes easier to understand: while there have been many commonalities over the years, essentially the disciplines were born from two different traditions.

Perhaps the debate has provoked such passion because counselling and psychotherapy 'speak' of very different ways of viewing the world and human experience. Indeed, much of the discussion around the difference between counselling and psychotherapy centres on whether human distress is located within a medical frame. Whatever the philosophical

differences, however, the application of counselling and psychotherapy (i.e., how it is delivered in practice to clients/patients) is harder to differentiate. As this chapter has argued, there is very little difference today between the work of many counsellors and psychotherapists, regardless of their working context, while their training experiences might still remain quite different.

It could be argued, therefore, that we are potentially witnessing a key historical shift: the merging of the two disciplines. Possibly, in time, the terms counselling and psychotherapy will cease to exist as distinct from each other and will be instead replaced with a more generic phrase such as 'psychological therapies' or, perhaps, 'the counselling professions'. However, currently we are likely to see a continued differentiation between the two, which may become clearer as time progresses. Nevertheless, an important influence on how counselling and psychotherapy further develop will be the application of research and the further emergence of an evidence base. As services close due to financial constraints, the imperative to demonstrate efficacy and successful outcome will perhaps be the dominant factor in determining which discipline(s) survive(s), and in what form.

Discussion questions

1 What is your understanding of the history of the setting in which you work?
2 How is the setting in which you work influenced by its history?
3 What do you consider to be the main factors currently influencing counselling and psychotherapy?
4 In your working context, how do you see the services provided developing in the future?

Summary

This chapter has considered what we mean by the terms counselling and psychotherapy, looking at key defining features, as well as their historical development. The difficulties in differentiating between the two terms and ways in which this has been attempted by various writers are explored. In that context, the emergence of the term 'counselling professions' is outlined, and its implications for practice. All this is located in the context of voluntary regulation, with the discussion about the potential for statutory regulation back on the agenda.

Further resources

Books

Feltham, C., Hanley, T. and Winter, L. (2017) *The SAGE Handbook of Counselling and Psychotherapy*, 4th edn. London: Sage.

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