

# A SHORT INTRODUCTION TO COUNSELLING

Sally Aldridge



Los Angeles | London | New Delhi  
Singapore | Washington DC

# 1 WHAT IS COUNSELLING?

## INTRODUCTION

Taxi driver to passenger: 'What do you do?'

Passenger: 'I'm a counsellor.'

Taxi driver: 'A town councillor?'

Passenger: 'No. You've heard of Relate, Marriage Guidance Counselling? Well like that but for all sorts of problems.'

This dialogue captures some of the difficulties counselling has in defining itself. One of the problems is that the term 'counselling' is used in contexts other than the therapeutic: a debt counsellor gives you debt advice and help with employment and consumer law. Google 'counsellor' and the fourth and fifth entries are for 'travel counsellors' who will sell you a holiday. Members of the public seeking counselling know the difference and are very unlikely to ask you about the thermal properties of new windows.

This chapter addresses the question 'What is counselling?' from a number of perspectives, starting with a range of definitions of counselling and the terms in common use to describe the therapies. There is a brief account of the origins and development of counselling that also traces the separation of counselling from other forms of helping such as guidance and befriending in the 1990s. The chapter then looks at some of the different views of the nature and purpose of counselling within the field and considers the social and political dimensions of counselling. Finally it describes the positions held on the difference between counselling and psychotherapy. Throughout, this book is about working with individuals rather than couples or groups.

Counselling has been a feature of everyday life since the second half of the twentieth century and yet even when experts are employed to carry out the task, they find that 'the counselling sector is difficult to define' (ENTO 2008: 29). Despite, or perhaps because of this, it is estimated that there are 100,000 people delivering therapy in the United Kingdom (Mental Health Foundation, Mind et al. 2006), the majority describing what they do as counselling.

## DEFINITIONS OF COUNSELLING

There are several definitions of counselling in circulation. Some are exclusive to counselling, some are inclusive of all the talking therapies and some seek to differentiate between the various talking therapies. Most of the definitions of counselling below are written by professional organisations and reflect the views of their members; or by organisations and government agencies and reflect the services on offer. The first two British Association for Counselling/British Association for Counselling and Psychotherapy (BAC/BACP) definitions from 1978 and 2013 illustrate the development of counselling during that time.

### *1978 Definition by the Standing Conference for the Advancement of Counselling/British Association for Counselling*

‘Counselling takes place when one person accepts responsibility for helping another to decide upon a course of action or to understand or change patterns of behaviour which distress, disturb or affect his social behaviour.’ The definition continues to describe when counselling takes place and states that counselling may be ‘incidental to the other functions of the professional’ for example a teacher and pupil. It may be ‘educational and vocational guidance, provided by a specialist service for particular problems or within voluntary agencies’ (Standing Conference for the Advancement of Counselling 1978).

### *2013 BACP Definition One*

Counselling and psychotherapy are umbrella terms that cover a range of talking therapies. They are delivered by trained practitioners who work with people over a short or long term to help them bring about effective change or enhance their wellbeing.

Therapy is time set aside by you and the therapist to look at what has brought you to therapy. This might include talking about life events (past and present), feelings, emotions, relationships, ways of thinking and patterns of behaviour. The therapist will do their best to help you to look at your issues, and to identify the right course of action for you, either to help you resolve your difficulties or help you find ways of coping. Talking about these things may take time, and will not necessarily all be included in one session. The number of sessions offered may be limited, and so it is best to ask about this in advance, for example, brief therapy or short term therapy might provide a maximum of 6, 8, 10 or 12 sessions. ([www.bacp.co.uk/crs/Training/whatis\\_counselling.php](http://www.bacp.co.uk/crs/Training/whatis_counselling.php))

### *2013 BACP Definition Two*

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. ([www.bacp.co.uk/crs/Training/whatiscounselling.php](http://www.bacp.co.uk/crs/Training/whatiscounselling.php))

### *MIND (the mental health charity) Definition*

Counselling provides a regular time and space for people to talk about their troubles and explore difficult feelings, in an environment that is dependable, free from intrusion and confidential. A counsellor should respect your viewpoint, while helping you to deal with specific problems, cope with crises, improve your relationships, or develop better ways of living. Despite the name, counsellors don't usually offer advice. Instead, they help you to gain insight into your feelings and behaviour and to change your behaviour, if necessary. They do this by listening to what you have to say and commenting on it from their particular professional perspective. The word 'counselling' covers a broad spectrum, from someone who is highly trained to someone who uses counselling skills (listening, reflecting back what you say, or clarifying) as part of another role, such as nursing. We use the term here to mean a talking therapy delivered by a trained professional. Sessions usually take place once

a week. Making this regular commitment gives you a better chance of finding out why you are having difficulties. (Catty 2010)

*United Kingdom Council for Psychotherapy's (UKCP) definition of psychotherapeutic counselling*

Psychotherapeutic Counselling is distinguished from traditional counselling by its emphasis on the co-creation of an in-depth therapeutic relationship; wherein the suffering human being is viewed holistically, body, mind and soul and in the context of a concrete life situation and developmental stage. When training as a psychotherapeutic counsellor there is particular reference to establishing and maintaining the *therapeutic relationship*, which is the central factor in the work. ([www.psychotherapy.org.uk/psychotherapeuticbrcounselling.html](http://www.psychotherapy.org.uk/psychotherapeuticbrcounselling.html))

*Royal College of Psychiatrists' definition*

**Counselling** is a general term for exploring emotional problems by talking them through with a trained counsellor or therapist. The term covers a considerable range of approaches. In its simplest form, this can be supportive and sympathetic listening in the form of weekly sessions over a small number of weeks. This sort of counselling is suited to people with fundamentally healthy personalities who need help in addressing a current crisis in their life or relationships.

Some more experienced counsellors, who have had further training in any of a large range of theoretical approaches, work in a deeper way, and are able to help people with more complex problems. ([www.rcpsych.ac.uk/workinpsychiatry/faculties/medicalpsychotherapy/nhspychologicaltreatment.aspx#counsel](http://www.rcpsych.ac.uk/workinpsychiatry/faculties/medicalpsychotherapy/nhspychologicaltreatment.aspx#counsel))

In all of these definitions counselling is a term used to describe a helping relationship. One person, 'the client', has an issue or a problem, something that he or she cannot deal with alone. The 'client' approaches the 'counsellor' for help in a formal confidential relationship. The purpose of this relationship is to help the 'client' address or deal better with his or her issues.

*The client's definition of counselling*

While most people seem to know what counselling is, when asked, there are few definitions of counselling written by clients. Those that exist derive from research and market research into what clients want from counselling. Clients want to be treated with respect, to be understood and helped to resolve problems. Counselling provides another person who is willing to help the client do that. Clients want a counselling relationship that treats them as individuals with acceptance and hope (Brainchild UK Ltd 2008).

A BACP-commissioned project with clients produced many images of their hopes for therapy – the one I remember is a blue velvet armchair with arms like wings. Several others showed journeys from dark places to the light (Forsythe and Corfino 2008: 28). These provide the clients' ideas of good counselling as being an empathic non-judgmental relationship; a process that will give hope and help people to feel better (Forsythe and Corfino 2008: 26). In summary it has proved almost impossible to come up with a definition that is bounded, succinct and clear. There is not the same problem of definition with 'psychology', 'psychiatry' or 'psychotherapy'. There is a different problem for these groups – any word with 'psy' at the beginning is taken to imply mental illness (Forsythe and Corfino 2008).

## THE TALKING OR PSYCHOLOGICAL THERAPIES

Counselling is one of the groups of occupations described as Talking Therapies and Psychological Therapies, together with psychiatry, clinical and counselling psychology and psychotherapy. Talking Therapies and Psychological Therapies are terms used in the literature of the Departments of Health of the four home countries and of charitable organisations dealing with mental health such as MIND. MIND, for example, uses the term 'talking treatments' and includes within this psychotherapy, counselling and therapy stating that,

the terms 'talking treatment' or 'talking therapy' or 'psychological therapy'... cover treatments that you may know as

- psychotherapy
- counselling
- therapy.

MIND also lists the titles a 'specially trained mental health professional' might work under:

- Counsellor
- Psychotherapist
- Psychologist
- Psychiatrist
- Therapist ([www.mind.org.uk/mental\\_health\\_a-z/7972\\_making\\_sense\\_of\\_talking\\_treatments](http://www.mind.org.uk/mental_health_a-z/7972_making_sense_of_talking_treatments))

Some people see counselling as a non-professional activity, as an everyday relationship that does not require training, only human understanding and a willingness to help in dealing with another person's hurt and distress.

Others, see counselling as an equal partner with psychotherapy, psychology and psychoanalysis. Some in these professions regard counselling as a junior partner, dealing with simpler problems more quickly. Some commentators have presented counselling as the future hope for society, the replacement for organised religion and the extended family and as such an agent to support social cohesion (Halmos 1964; 1967). Counselling is seen as a response to the increased emphasis in society on the individual rather than the family or community. This has led to a number of views critical of the role of counselling. One view sees it as weakening the moral fibre of the population, making people into therapy junkies unable and unwilling to take responsibility for themselves (Furedi 2004). The government has had its own ideas about counselling and the role the talking therapies can perform (Department of Health 2007, 2008).

Counsellors themselves can find it difficult to say what counselling is, finding it easier to describe what counsellors do, the process and the hoped for outcomes. Some steer away from intended outcomes fearing this may seem that we will be directing clients to outcomes we see as hoped for and thus denying them autonomy.

Below are some of the things I have said in answer to the question ‘What is counselling?’

‘I help people work through their issues, difficulties.’ This sounds very easy and simple.

‘I listen to people and let them know what I have heard and understood from what they tell me.’ This sounds easy, and if I add ‘what they haven’t said’ it can sound scary too.

‘I accept the person and don’t judge their behaviour, but try to build a trusting relationship so the client can be open with me.’ This sounds a bit superior and research tell us that clients choose not to tell us everything.

My honest answer to the question ‘What is counselling?’ is that counselling is hard work.

## THE DEVELOPMENT OF COUNSELLING IN THE UNITED KINGDOM

Counselling is a social phenomenon of the latter part of the twentieth century, arising from the social, cultural and economic changes that began in the nineteenth century. These changes led to a reduction in the place of organised religion in the everyday life of many people. As the expectation and patterns of life changed, it became the norm for women to work rather than stay at home. The support networks of family and neighbours weakened as

families broke apart and people moved away from the family home for work. People began to employ 'professionals' to do tasks they would have previously done themselves, for example painting and decorating, car maintenance and help with emotional difficulties. The result was a society in which people had more freedom and choice than earlier generations but the traditional sources of support, such as the extended family, the church and jobs for life had disappeared for many. The Welfare state and the National Health Service introduced after the Second World War came to provide an alternative to the support networks lost (Perkin 2002).

In order to understand the difficulty in the definition of counselling it is necessary to understand the origins and development of counselling in the United Kingdom. Many people equate the origins of counselling in the United Kingdom with the arrival of Carl Rogers' client-centred therapy in the late 1950s and 1960s. In fact, counselling had had a long and varied existence since the late nineteenth century and early twentieth century under other names.

Trying to identify the roots of counselling is similar to finding the source of the Nile. There are competing claims. What follows is a very short summary of the sources.

Counselling in the United Kingdom has deep historical roots originating in the various forms of help offered to the poor, both deserving and undeserving. This help came from the volunteers of the Charity Organisation Society (COS) and Police Court Missionaries. The court missionaries and Temperance officers were attached to police courts to help people found guilty of drunkenness. These workers were often linked to and employed by established churches in the early years. The COS volunteers, who were mainly middle-class women, worked with poor families and by the end of the nineteenth century were using what would be recognised today as a case work approach. These two groups developed into social workers and probation officers, with formal training for both introduced as early as 1903.

A second tributary arose from the spread of psychoanalytic ideas to treat soldiers suffering from shellshock after the First World War and the influence of the ideas of the Eugenics movement. These were put into practice in Child Guidance Clinics where by the 1930s psychiatric social workers were delivering psychodynamic therapy to clients. There was an increase in marriage breakdown and sexual violence after demobilisation of troops from the Second World War, leading to government anxiety about a potential threat to social cohesion (Hennessy 2007). This led to government funding for Marriage Guidance organisations, which were being overwhelmed by the demand for help. In order to have some confidence in the quality of the support on offer a Council was established to oversee training for the volunteer marriage guidance counsellors (Herbert and Jarvis 1970).



The introduction of the National Health Service and the Welfare state brought about a major change in the expansion of support services available to everyone, not just the poor. Social workers, psychiatric social workers, probation officers and clinical psychologists became state employed professionals. Others remained within the pastoral and charitable sectors and the Marriage Guidance Councils. In the immediate post-war period, most of these activities were not called 'counselling'. The term counselling came into use gradually after 1945 in the United Kingdom, especially in the Marriage Guidance Councils. Its use became more common with the arrival of Rogers' client-centred counselling.

From the 1960s onwards counselling expanded in the United Kingdom. As a result of the Newsome Report in 1963 and lobbying by the National Association for Mental Health (later to become MIND) postgraduate courses were set up in universities to train school counsellors. This was paralleled by the expansion of Marriage Guidance Councils and in the same period several religious based organisations were established and began to offer training, for example the Westminster Pastoral Foundation (WPF) and the Clinical Theology Association (CTA).

By the late 1960s this uncontrolled expansion of counselling was causing concern, as there were no common training standards or any definition of counselling. Government and charitable funding was provided to set up a Standing Conference for the Advancement of Counselling (SCAC). The organisations joining SCAC shows the breadth and range of counselling; it included universities, colleges, schools, professional organisations, psychoanalytic organisations, the medical colleges, government departments, the churches, Trade Unions, any and every organisation with an interest in counselling. In 1977 SCAC became the British Association for Counselling (BAC).

The wide range of interest groups in SCAC helps to explain why counselling often has a context-derived adjective attached to it, such as *school* counsellor, *marriage guidance* counsellor. It also helps to understand how counselling came to be used indiscriminately as an umbrella term to encompass a wide set of activities, many of which would not be seen as counselling today.

In the 1980s the government set up the National Council for Vocational Qualifications (NCVQ) and introduced a national framework for vocational qualifications (NVQs) to be delivered in the vocational sector, that is schools and Further Education colleges, not universities (see Chapter 5). 'Vocational', in this context, did not mean 'a calling' such as people feel who are drawn to entering a religious order, but vocational in the sense of skills-based, in contrast to academic- or thinking- and writing-based (see Chapter 2). The field of helping activities – counselling, befriending, counselling skills, advice, guidance and mediation – came together, and

the first step was a project to differentiate between these activities (Russell, Dexter et al. 1992).

Counselling was defined in the Differentiation Project as,

an activity entered into by a person seeking help, it offers the opportunity to identify things for the client themselves that are troubling or perplexing. It is clearly and explicitly contracted, and the boundaries of the relationship identified. The activity itself is designed to help self-exploration and understanding. The process should help to identify thoughts, emotions and behaviours that, once accessed, may offer the client the opportunity for a greater sense of personal resources and self determined change. (Russell, Dexter et al. 1992: 6)

In contrast, Counselling Skills were defined as,

high level communication, interpersonal and social skills used intentionally in a manner consistent with the goals and values of counselling ethics. The principled use of these skills facilitates the client's purpose and enhances personal understanding of themselves and/or situations. As a direct result of using counselling skills the professional role of the user will be enhanced. (Russell, Dexter et al. 1992: 7)

Befriending was defined as being informal and opposed to professionalisation. Befriending has friends not clients: 'It seeks to share the problem or issue rather than manage or solve it' (Russell, Dexter et al. 1992: 5).

In contrast the working definition of guidance, while including the development of client self-awareness, stressed other aspects of the role, including 'To enable the client to be aware of and have access to accurate appropriate information on available opportunities in order to make informed choices' (Russell, Dexter et al. 1992: 7).

The Differentiation Project established counselling as a distinct activity with a set of competences that were developed into National Vocational Qualifications for counselling. These sit in a National Qualifications Framework to be delivered in the Further Education sector. Previously, counsellor training had been postgraduate courses delivered by universities or the qualifications of private training organisations such as Relate and WPF. In the 1990s the introduction of NVQs and other related qualifications led to an increase in the number and range of counselling qualifications, which were widely available in local Further Education Colleges. Many of these courses were and remain qualifications in counselling skills at Levels 2 and 3 on the Qualification and Credit Framework (QCF) (the Scottish Credit and Qualifications Framework (SCQF) in Scotland); others are professional training courses (see Chapter 3 on Training). When the output of all the training courses that aim to produce qualified counsellors and

psychotherapists are added together, about 5,000 new counsellors and psychotherapists enter the field each year.

There was, however, a downside to this: the introduction of vocational qualifications in counselling contributed to a belief that counselling had no theoretical base, but was a set of skills to be acquired. This has persisted in a view that what a counsellor does depends on the setting of the work, not on any theoretical concepts and training. The increase in both demand and provision of counselling stimulated critical comment and observations on the nature and purpose of counselling and its function in society. For some, counselling in a social context, is 'a liberatory movement, committed to wresting power and authority from those who have assumed positions of authority in relation to ordinary peoples' everyday lives' (Bondi 2004). The goal of counselling is to facilitate the client's empowerment so that he/she can change their situation. This view sits alongside the view that counselling originally was 'an avowedly lay practice, constituted as something wholly different from a profession, and taking particular care to avoid making practitioners experts' (Bondi 2004: 320–1). There are strongly held views that the counselling relationship should be of equals, without hierarchy or expertise, embedded in everyday work (McLeod 2009). Professionalisation is anathema to counsellors who hold these beliefs; it represents the abandonment of the anti-authoritarian principles from which counselling sprang. Some voluntary counsellors oppose payment believing something would be lost if it was not voluntary: 'Volunteers do it for no other reason than the love of it, the desire for that relational contact' (Bondi 2004: 329). This view sees counselling as a process of mutual aid between peers, where one person is in distress or facing difficulties.

Allied with this view of counselling as a social movement is the opposition to the imposition of a medical model on counselling, with the idea of illness rather than *dis-ease*, diagnosis and treatment of symptoms with manuals for the treatment of each condition, approved centrally. This strongly held view believes in seeing the client as a whole rather than a presentation of symptoms, and within his/her social and cultural setting rather than as an individual in isolation.

Other views look at counselling in terms of its function in culture and society. Two of these views are presented here. The first sees counselling as a negative force in society, and the second sees it as an inadvertent agent of the state whose function is to support social stability.

Counselling, together with the other psychological therapies, psychiatry, psychology, and psychotherapy are accused of 'manufacturing victims' and creating a self-perpetuating business (Dineen 1999), setting themselves up as authorities in happiness and health (Evans 1999). The psychological therapies are seen as responsible for weakening the moral fibre of

the population, by turning ordinary life events into problems that need expert psychological help to deal with, for example: 'A change in individual circumstance is often elevated into a problem that requires professional support' (Furedi 2004: 108). As traditional social support networks become less available, and people have lower expectation of their existing relationships, individuals are encouraged to use therapists as an alternative rather than dealing with the issues themselves. Thus 'therapeutic culture helps foster the perception of the self – as uniquely vulnerable and weak' (Furedi 2004: 105). In this argument the aim of counselling to empower the client towards understanding and autonomy is negated by the sense of helplessness created by this 'therapy culture'. The medicalisation of unhappiness and distress by the kind of diagnoses in the Diagnostic and Statistical Manual of Mental Disorders (DSM) means that individuals are not only unhappy and not coping, they are also diagnosed as sick. Commentators like Dineen (1999) and Furedi (2004) see the therapies as a self-serving business, with a vested interest in keeping clients helpless and dependent.

Another view of the therapies arises from the growth in emphasis on the individual in society and the use made of this by government. In other words, this is the direct opposite of the views that counselling is a subversive activity. There are two main strands to this proposition. When the subjective experience of the individual becomes of primary importance, that internal individual focus takes away attention from larger issues. People see problems as personal and their responsibility to resolve, rather than as the result of government policies (Rose 1985, 1990; Foucault 1991). This acts to stifle dissent, as dissatisfied individuals are not politically active but engrossed in their own counselling. The social and cultural value of giving so much attention to the private self is validated by a culture that encourages and applauds the celebrity private/public self revelations.

The perspective of government on counselling and the other psychological therapies is that such psychological interventions may be useful if they can increase the wellbeing and functioning of the public. Government works to bring individual hopes, desires and fulfilment into line with its political goals and by so doing avoids any dissent. Counselling plays a role in maintaining this social stability by enabling the individual to regulate him/her self to fit in with the moral values and political principles of the day.

This may be difficult to swallow, but for evidence look at the changing goal of the Marriage Guidance Council/Relate – even the name shows how it changed from a goal of preserving marriages to working with relationships. In the recession of the 1970s the government invested in counselling for the unemployed and young people. The Improving Access to Psychological Therapies (IAPT) project 2008–12 can be interpreted in this

way as a project to reduce the benefits bill through the delivery of certain types of therapy (Layard 2006; IAPT 2012). It was argued that the talking therapies, Cognitive Behavioural Therapy in particular, could be used to increase productivity and reduce the sickness benefits bill by keeping people in work or enabling them to return to work. In this view therapy 'is a sedative cynically administered to stifle dissidence and unrest ... In short, therapy has become the opiate of the people' (Morrison 2003).

## THE DEBATE ON THE DIFFERENCE BETWEEN COUNSELLING AND PSYCHOTHERAPY

There is an apocryphal story that a leading academic in the field when asked 'What is the difference between counselling and psychotherapy?' replied 'About £50 an hour'.

The issue of the difference or not between counselling and psychotherapy is one that divides counsellors and psychotherapists and the psychological therapy organisations. It is both caused by and one of the causes of the lack of a definition for counselling. Below are definitions of counselling and psychotherapy taken from a well respected book – *What Works for Whom?* (Roth and Fonagy 2005).

Counselling is:

a term used to denote a varied set of techniques used to address a wide range of problems ... Counselling is not a unitary theory or framework but tends to be defined by the setting in which it takes place ... The focus is usually on current problems facing the individual, and the approach taken is frequently pragmatic ... it has also specialised to focus on particular clinical settings (such as primary care) or problems (such as bereavement). (Roth and Fonagy 2005: 13)

Psychotherapy is defined as distinguished by the following characteristics: 'the presence of a therapist–patient relationship; the interpersonal context of the psychotherapies and the implied notion of training and professionalism, the sense that therapies are conducted according to a model that guides the therapist's actions' (Strupp 1978: 3, quoted in Roth and Fonagy 2005: 5).

These definitions present counselling as lacking in theory, restricted in practice, with no mention of relationship or ethics. What is described as psychotherapy could equally well be applied to counselling. For example, other books in this series of Short Introductions present differing views: psychoanalysis lays claim to spawning counselling and psychotherapy (Milton, Polmear et al. 2011); psychotherapy claims differences in an overlapping field and acknowledges the confusion and lack of clear definition

(Lister-Ford 2007); and finally counselling psychology allies itself closely to counselling and psychotherapy to establish its distinctive nature within psychology (Orlans and Van Scoyoc 2009).

Attempts have been made to distinguish between counselling and psychotherapy but none have been wholly successful and there is no agreement on this issue. One distinction suggests that psychotherapists work with mental disorders and do longer-term, deeper work than counsellors. Another distinction is the identification of counsellors by the context of the work. Psychotherapists seem more likely than counsellors to work in private practice and less likely to be in paid employment, but this says nothing about the nature of that work (Aldridge and Pollard 2005). In the workplace, especially in education and the NHS, people with psychotherapy qualifications will be employed as counsellors. The IAPT programme dealt with the problem by employing High Intensity Therapists, who are mainly clinical psychologists qualified in Cognitive Behavioural Therapy (CBT).

One of the distinctions made has been to see counselling as vocational, that is skills based, with little theoretical or research base and psychotherapy as more academic and a science. Another distinction has linked psychotherapy to mental illness and a medical model of patients and treatment, as opposed to counselling's clients and process. This distinction comes directly from the historical origins of counselling and psychotherapy. There have been attempts to link counselling with wellbeing rather than mental illness as some counsellors dislike the use of a medical model of diagnosis and treatment for what they see as 'problems of living'.

Counsellors understand clients from a wider perspective than diagnosis of illness and treatment; they see and work with a whole person. For example, with a bereaved client a counsellor might wonder about how this loss fits with both the current life and social world of the client and previous losses, the impact on the sense of identity and value of the client and facilitate the need to grieve. Other professional groups might wish to assess symptoms of depression and ways to deal with these. The client might experience both as equally helpful and supportive. In some cases the difference may rest in semantics, how the client or patient describes the issue that has brought them for help.

As there is no legal restriction on the use of the titles counsellor and psychotherapist, practitioners are free to describe themselves as they choose. It seems that most stay with the title of their first training, although some describe themselves as psychotherapists for private practice and are also employed as counsellors (Aldridge and Pollard 2005).

Perhaps the clearest summary of the situation is set out below, but it must be borne in mind that this is made by the BACP which sees no difference between counselling and psychotherapy:

Despite numerous attempts by organisations and individuals to distinguish between the knowledge base, skills, responsibilities and activities associated with counselling and psychotherapy, there is no reliable evidence that indicates any significant difference. It is clear that the descriptive title given to professional psychological therapists depends largely on the core theoretical model to which they adhere, the setting in which they practise, and to some extent on the training they have received. Both terms are used to describe the explicitly contracted therapeutic process through which personal concerns are described, explored and processed. The term counselling has its origins in the word counsel, meaning 'to advise', but in contemporary professional practice advice is not part of normal practice.

Counselling and psychotherapy are umbrella terms that cover a range of talking therapies. They are delivered by trained practitioners who work with people over the short or long term to help them bring about effective change and enhance their wellbeing. Counselling and psychotherapy can be hugely beneficial for many people in a wide variety of situations including helping people to cope with depression and anxiety, bereavement, relationship difficulties, sexual and racial issues, child abuse and educational dilemmas, as well as personal problem solving. Therapy offers people a safe, confidential place to talk about life issues and problems that may be confusing, painful or uncomfortable. (see [www.bacp.co.uk/admin/structure/files/pdf/7461\\_gtt\\_briefing.pdf](http://www.bacp.co.uk/admin/structure/files/pdf/7461_gtt_briefing.pdf))

The distinction seemed of relatively little importance until the 2007 Act, Trust Assurance and Safety, which stated the intention to statutorily regulate psychology, counselling and psychotherapy. The growing popularity and demand for counselling led to the inclusion of counselling in the New Labour government's list of psychological professions to be subject to the statutory regulation in the Health Professions Council (HPC, now the Health and Care Professions Council). The inclusion of counselling alongside psychology and psychotherapy in the 2007 Act, Trust Assurance and Safety, was a form of recognition – a recognition that counselling presented enough risk to the public to be subject to statutory control. For many this was seen as a positive form of recognition and status.

Statutory regulation is based on the legal protection of title, meaning that someone could only call themselves a counsellor if they had done the HPC's approved training and were on the HPC's register for that title. The purpose of statutory regulation was public protection by imposing standards for entry to the profession and a complaints procedure by which someone could be removed from the register and therefore prevented from practising. Psychologists were regulated first in the Health Professions Council with nine separate titles, including clinical and counselling psychologist. The HPC established a Professional Liaison Group to set the standards for the titles of counsellor and psychotherapist. This

process was dominated by attempts to establish and codify the difference. One of the suggested differences proposed that counsellors worked on wellbeing and psychotherapists worked on mental health issues. It was also suggested that counsellors required a lower level of training than psychotherapists. This proposed differentiation drew protests from working counsellors who worked with mental health issues and also those who held postgraduate degrees. There were similar protests from psychotherapists who believed that standards would be lowered if counsellors with postgraduate qualifications were given similar status to psychotherapists. In 2010 the change of government led to a change of policy towards the regulation and quality control of professionals. The policy of statutory regulation was replaced by a quality assurance scheme for voluntary registers for unregulated health and social care occupational groups, administered by the Professional Standards Authority for Health and Social Care. This is covered in more detail in Chapter 8.

## THE DEVELOPMENT OF THE TALKING THERAPIES

Historically it is possible to see four separate strands in the development of the talking therapies – the scientific strand that is represented by clinical psychology with an emphasis on scientific research, psychoanalysis with its focus on talking as a way to address problems arising from the individual psyche, counselling as a social support movement and humanistic counselling as an alternative to the dominance of psychoanalysis. Psychotherapy appears in each of these, but first emerged in psychoanalysis where the term was used for non-medical or lay analysts.

The first talking therapists were the medical psychoanalysts, for example Freud. The title 'counsellor' came into use after the end of the Second World War, first in the voluntary sector and later in schools and colleges. Clinical psychologists emerged as part of the National Health Service in 1948, but psychologists were relatively late to recognise the growth of counselling, only establishing the Counselling Psychology Division in the British Psychological Society in 1995. The term psychotherapist has been in existence since the early twentieth century, at the start denoting lay analysts. The term as it is understood today usually refers to members of the organisations that formed the Standing Conference for the Advancement of Psychotherapy (1989), now known as the United Kingdom Council for Psychotherapy.

Today, talking therapists are made up of counsellors, psychoanalysts, psychiatrists, clinical and counselling psychologists, and psychotherapists.



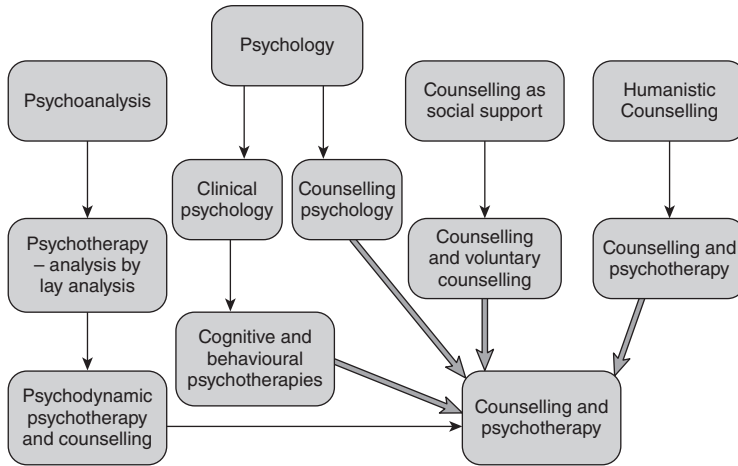


Figure 1.1 *The development of the talking therapies*

There are differences in these groups that must be acknowledged; psychiatrists and psychologists require specific first degrees in the subject area before moving into postgraduate training as psychological therapists. These two groups therefore hold the highest level of academic qualifications. By contrast, psychoanalysts may take as many, if not more years in training, but usually without formal academic qualifications. Psychotherapists tend to train with private training schools, like the psychoanalysts, but many psychotherapy trainings have gained validation as postgraduate qualifications. Counsellors can train at any level from 4 to doctorate.

Figure 1.1 summarises the development of the talking therapies.

## COUNSELLING AS A PROFESSION

Another question arises when trying to define counselling: ‘Is counselling a profession?’ Or, put another way, ‘Are counsellors professionals?’ Counselling is seen by some people as representing a group of people, often volunteers, with little training, who listen to people sympathetically and try to help or who are ‘embedded counsellors’ (McLeod 2009) using counselling within another role. This first group would eschew professional status as having negative connotations. A research project with voluntary counsellors in Scotland found that they believed professional status would damage the therapeutic work with clients by making the counsellor seem superior, rather than equal (Bondi 2004). There

is also a history of counselling being seen as an activity and set of values that should be practised and embraced by wide sections of society (Halmos 1967; McLeod 2009). Others fear that creativity and freedom would be constrained by becoming a profession (House and Totton 1997). There are many thousands of counsellors for whom counselling is their main occupation and how they define themselves. These counsellors welcome the status of a professional, seeing it as recognition of the training, supervision and ethical work they undertake.

This group's claim to professional status can be undermined by a view that counsellors are very much part-time volunteers with little training and therefore limited competence. Added to this is a view that counselling is 'vocational' rather than 'professional' as counsellors are taught to use 'skills' just like builders and car mechanics. Professionals on the other hand have academic and intellectual training and work with the 'mind not the 'hands.' This is clearly nonsense when looking at what a counsellor does in a session with a client. Research with clients shows that the expectation is that counsellors are trained and qualified professionals (Forsythe and Corfino 2008).

The BACP, which is the largest professional association for counsellors and psychotherapists in the UK, is in no doubt that counselling is a profession. Laurie Clarke, the Chief Executive Officer, recently wrote about the BACP's Register gaining accreditation from the Professional Standards Authority:

This accreditation is great news for counsellors, psychotherapists and their clients. By recognising the important role the profession plays in the country's health and emotional wellbeing, it will give our members the status within the health and social care sector that they deserve. ([www.bacp.co.uk/media](http://www.bacp.co.uk/media))

## CONCLUSION

While it may not be possible to create a short, clear definition for counselling or even for the psychological therapies, one thing is known about therapy: 'that most people who have had therapy feel that it has benefited them in some way' (Evans 1999).

Counselling can be defined by its purpose, to enable the client to gain in confidence and ability to deal with future problems on their own. Counselling aims to remove the stigma from seeking help for distress. Paul Halmos, in the 1960s, hoped that the values and attitudes of counselling would pervade society, but acknowledged as he wrote that he was an optimist (Halmos 1964, 1967). But research since has found that hope is an important aspect of

successful counselling. When the counsellor believes that what they offer can help, this can have a powerful positive impact on the client. It is almost as if such belief and hope can be infectious.

Not everyone sees the growth of counselling and the talking therapies as positive. Some see counselling's encouragement of self-knowledge and self-reflection as a form of 'self-surveillance' that can encourage social conformity and compliance (Rose 1990). Another view claims that the growth of psychological help offered by counselling has had at least two negative outcomes. The first is the emphasis on the importance of the individual rather than the family or wider community; thus encouraging selfishness rather than generosity or altruism. The second is that the therapies encourage clients into dependent relationships and a belief that they are 'ill' rather than distressed and unhappy (Furedi 2004). This latter argument appears to misunderstand the purpose of counselling to enable the client to deal with the issues and difficulties enough to be able to get back to functioning independently.

The disputes and struggles for superiority and status within the psychological therapies have hampered the development of a clear definition of counselling. For many people within the talking therapies, counselling is seen as having lower status in relation to the other professional groups, so definitions that do not reflect this do not gain acceptance within the field. Ironically some of these people are employed as counsellors, because the public demand is for counselling.

The lack of a short, simple, well-understood definition of counselling can be both an advantage and a disadvantage. When working with the civil servants responsible for the IAPT programme, I was asked more than once, what is counselling? They had evidence from the outcome statistics that 'counselling' was getting good outcomes and wanted to increase the amount on offer. The problem was that the category was 'counselling' without any further detail, as opposed to 'cognitive behavioural therapy'. The outcome was the commissioning of three additional forms of counselling – humanistic counselling, dynamic interpersonal therapy and behavioural couples therapy.

The author is not going to attempt a definition of counselling. This chapter should have made it clear that this would be thankless and unsuccessful. What happens in counselling is that someone puts aside their own concerns and gives attention to another person in a formal agreed way, where the goal is to help the other person gain a better understanding of what is troubling them and maybe make some changes. This is done in a formal contracted relationship in which the counsellor works ethically within his/her competence. Counselling has authority; this authority comes from 'its ability to give meaning to experience in a world strongly wedded to a therapeutic ethos' (Furedi 2004: 10).

**Activity**

Counselling is seen as:

- 1 Having no theoretical foundation.
- 2 Being the application of skills to a problem.
- 3 Being an everyday activity that anyone who wants to can do.
- 4 Being voluntary rather than professional or paid.

How do you respond to each of these statements?

Does your experience and knowledge fit with any of these statements?

**Activity**

How would you define counselling?

Find a range of definitions of counselling using internet search engines, dictionaries, counselling and psychotherapy organisations, government website.

Compare these to the definitions in this chapter and your own definition. What are the common elements?

What is missing from some of them?

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