



1

Key aspects of counselling

◆ Introduction

What is counselling? How does it differ from other helping activities? These are among the first questions which you may be asked to consider at the start of your training programme. A wide variety of ideas is likely to emerge in response to these questions, because no single answer adequately defines counselling. One way of approaching the problem of definition is to work in small groups and generate as many answers as possible among the participants.

Key aspects of counselling are shown in Figure 1.1.

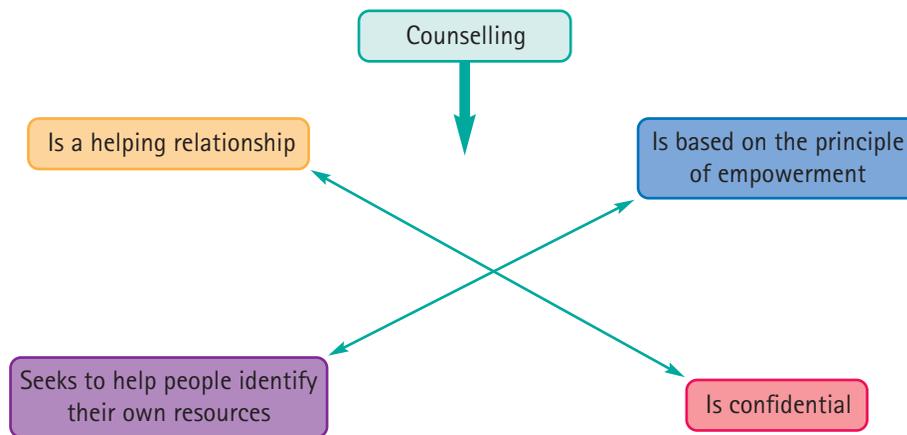


Figure 1.1 Key aspects of counselling

What is counselling?

A typical working group may produce results similar to the following list in answer to the above question. Counselling is:

- a special form of communication with an explicit contract
- a confidential and non-judgmental form of helping
- based on the principle of empowerment
- a relationship in which one person helps another
- an activity that may take place in a group setting, where one person may help several people in a group
- a process that entails a special kind of listening called 'active listening'
- a process which helps people to clarify and address problems

- a process that recognises each person is unique with unique experiences
- guided by theories about the causes of problems, and the methods needed to help
- an activity carried out by trained people.

In this first unit we shall discuss the above responses in turn, along with several other important issues relating to the nature of counselling. These include an examination of the difference between counselling skills and counselling theory, as well as an assessment of the uses of counselling in a wide range of professions. We shall also consider some of the situations in which counselling is used, and the types of problems it addresses. Aspects of counsellor training will be highlighted, although this topic will be taken up and dealt with in more detail in Unit 9.

How does counselling differ from other helping activities?

The above question is also of interest in relation to counselling. Possible answers include the following.

- 1 Some helping relationships involve giving advice, and counselling doesn't.
- 2 Other helping relationships may not have the same kind of boundaries.
- 3 There may be a conflict of interests in other helping relationships.
- 4 There are some helping relationships in which the helper might be judgmental.
- 5 Other helpers may offer sympathy rather than empathy.
- 6 Other helpers may not be objective.
- 7 There is an absence of mutual expectation in counselling; this means that the counsellor is there to help the client, and does not expect help from the client in return.
- 8 Counsellors do not impose conditions or expectations upon clients, while other helpers may expect their clients to behave in certain ways.

Awareness and acceptance of counselling

Although these are not exhaustive lists, they do provide enough material for discussion purposes. However, it is worth making the point straight away that counselling is not the mysterious or inscrutable activity which, in the past at least, members of the public sometimes believed it to be. In recent years, consumers have become more aware, and accepting, of the purpose and nature of counselling. There are several reasons for this: in the first place, counselling services are advertised, both in the media and on the internet, and it is now commonplace to hear counselling provisions referred to, following traumatic episodes, in the news or TV programmes. But there are also many people who use counselling skills

every day in their work, and yet do not describe themselves as counsellors. Additionally, there are many people who have completed counsellor training, yet do not describe themselves as counsellors either. These are some of the people whose roles and responsibilities we shall discuss later in the unit.

EXERCISE

Responses to questions

Working individually, look at the answers given to the questions: What is counselling? How does it differ from other helping activities?

How many of these answers apply to your own work or professional practice? How many apply to your relationships with family and friends? Afterwards, discuss your ideas and conclusions with other members of your training group.

EXERCISE

Personal expectations

Working in small groups, discuss the characteristics that you would look for in a helper. Do not go into detail about any personal problems or concerns you may have at this stage. Instead, concentrate on listing, in general terms, those attributes and skills that you think an effective helper should possess.

KEY TERMS

Counselling: The process of counselling is very different from the dictionary definition of advice giving. In therapeutic terms it refers to a form of confidential helping which values and seeks to elicit each client's innate internal resources, coping abilities and strengths. Counsellors may help clients with specific problems in the present, but they may also support clients with long-term problems stemming from the past too.

Client: In psychotherapeutic terms, the word client has come to refer to someone who seeks help in counselling. The word 'patient' was traditionally used for anyone accessing psychological support, and some of the older books (those published before 1960) still feature it. In the process of moving away from a purely medical model of helping, however, both counselling and psychotherapy have adopted the term client, which is increasingly used in the hospital context too.

Some definitions

All the responses to the questions raised in this unit are, in fact, correct, though they do need some qualifying comments. Counselling is indeed a relationship, often between two people, but sometimes between a number of people and another person who is designated to act as counsellor for the group. Counselling, therefore, takes place both in individual and group settings, and in the latter context, two counsellors are occasionally present to work with members of the group. Regardless of the setting, however, the counselling relationship is a special form of communication, and this is true for a variety of reasons. One of the factors that make it special is the quality of helper listening, which is developed as a result of training. This listening involves attending to what the client means to say, as well as what he or she is actually saying, and this will be discussed in some detail in the next unit.

Confidentiality is another important component of the counsellor–client relationship that sets it apart from several other helping activities, although it should be noted that most professional helpers also regard it as essential to their work. Nevertheless, there are still some helping activities, like teaching, for example, where confidentiality towards pupils or students cannot be totally guaranteed. On the other hand, absolute confidentiality may not always be possible in counselling either; these and other limitations will be addressed in Unit 9.

Another important aspect of counselling is the concept of client empowerment. In simple terms, this indicates a confidence in the innate potential for self-determination which clients are believed to have. This capacity for self-determination may not always be apparent to the client, and certainly in times of stress or emotional upheaval it may become blocked or temporarily obscured. Counselling can help by enabling clients to look more closely at their experiences and to clarify them. When this is achieved, ways of addressing difficulties can be devised by clients themselves, and strategies for change can be implemented. The non-judgmental and empathic presence of a trained helper facilitates the processes just described, and the fact that counsellors do not expect any reciprocal help from clients (the kind of help friends might expect from each other, for example) means that clients feel valued and respected in a way they may not have experienced before. Nor do counsellors impose conditions or expectations on the clients they help, and even when goals and objectives are an integral part of the counselling contract, these are freely negotiated between client and counsellor.

CASE STUDY

Rosemary

Rosemary, who was aged 26, felt that she was 'stuck' in her life. She had been to university as a mature student, but dropped out after a year. Her boyfriend was unable to commit to a long-term relationship and she was unable to get full-time work, since she had no qualifications and her employment record was erratic.

Rosemary confided in a close girlfriend about her problems and, later on, she talked to her sister and to her mother.

When people are searching for answers they often talk to a number of people in this way. In doing so, they hope to find the right person who will help them make sense of their difficulties. Talking to different people also facilitates the process of thinking aloud, and thinking aloud helps to clarify the problem. However, for the process to work it is important to find the right listener or listeners. Rosemary described her experience in the following way:

My mother's response was to give me a telling off for lacking what she referred to as 'staying power'. I know that as a mother she was worried about me, but her worry made her unable to listen to and support me. My sister really tried, but she just couldn't help being judgmental about my poor work record. She has never been out of work herself, so this was something she couldn't understand. When I confided in my girlfriend she started to give me advice straight away. Though I appreciated her genuine effort to help, I knew that she was encouraging me in a course of action that wasn't right for me. But she did suggest that I talk to a life coach, and she helped me find someone who was trained in this area. The life coach (Becky) was trained in interpersonal skills too, and was therefore able to listen without judging me. She was also concerned with helping me identify what it was that I really wanted to do with my life.

Comment This case study highlights some of the difficulties inherent in direct advice giving. This is a subject we shall look at again in this unit. The importance of a non-judgmental approach in counselling is picked up and discussed in Unit 5. It should be stressed here that life coaching (which helped Rosemary) is not the same as therapeutic counselling. However, life coaches, like many other professionals, often undertake counselling skills training too. The next section offers a definition of therapeutic counselling.

Therapeutic counselling and counselling skills

Therapeutic counselling is an activity undertaken by people who are specifically trained in this field. It differs from many other occupations and areas of work that are often described as 'counselling' but, strictly speaking, are not. These other areas include, for example, career counselling, financial

counselling, sports counselling and style counselling. In fact, there is a growing tendency to describe any occupation in which advice is given as ‘counselling’. Therapeutic counselling does not include advice giving in its repertoire of skills, although it should be added that clients cannot fail to be influenced by a counsellor’s attitudes, even when these are not explicitly stated.

In therapeutic counselling, the relationship between helper and client is especially significant and based on the principle of equality. Vulnerable clients may not always feel equal, but it is a principle that all counsellors need to respect and uphold. There is, moreover, no obvious conflict of interest in the relationship, and this is just one of the factors that sets it apart from other working relationships. Teachers may, for example, need to discipline pupils, while nurses and social workers often give advice to the people they help. However, a distinction should be made here between the use of therapeutic counselling with clients, and the use of counselling skills by other professionals in a variety of work situations. As we noted earlier, there are many people who now undertake counsellor training, because they believe the skills they gain will prove useful in the work they do. As a result of the training they receive, those people are well aware that they are not acting ‘as counsellors’ in their professional roles. Instead, they are using the interpersonal skills they have developed and refined within their counsellor training. A range of interpersonal or counselling skills will also be discussed in Unit 2 and in subsequent units throughout the book. Before looking at the differences between theory and skills, however, it is useful to consider the ways in which counselling has been defined by organisations that are directly linked to it. The following is a definition offered by the British Association for Counselling and Psychotherapy:

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.

British Association for Counselling and Psychotherapy (2013).

KEY TERMS

Psychotherapy: The terms **counselling** and **psychotherapy** are often taken to denote the same process, and in many instances it is difficult to identify any appreciable differences between them. Traditionally psychotherapy training differed in length from that of counselling and tended to take longer. Psychotherapists use all the skills of counselling, but may have additional specific training, and may be concerned with life patterns relating to the past and its influence on the present.

EXERCISE

Helping relationships

Working in groups of three or four, compile a list of the ways in which the counselling relationship differs from other helping relationships. These other relationships might include nursing, social work, medicine and church ministry, though there are probably others you can think of. What conflicts of interest could exist within any of these other relationships? How may counselling skills training help people in these professional roles?

Counselling skills and counselling theory

It is important to make a distinction between theory and skills in the context of counsellor training. At a basic level, the word ‘skills’ refers to the interpersonal tools counsellors need to possess or acquire, in order to communicate effectively with clients. These essential tools or skills include those of:

- listening and attending
- paraphrasing
- summarising
- asking questions
- encouraging clients to be specific
- reflecting their feelings
- helping them to clarify their thoughts
- encouraging them to focus on key issues
- offering forms of challenge when needed.

Implicit in the skills listed here are certain counsellor attitudes as well. These include:

- acceptance of, and respect for, clients
- recognition of each client’s personal values, cultural background and resources.

However, in addition to the skills and counsellor attitudes listed, other skills are applicable to the actual organisation of counselling sessions. These basic skills will be discussed in some detail in Unit 2, along with examples of the way they are used with clients.

Counselling theory, on the other hand, deals with assumptions and hypotheses about the process of human development. The problems and difficulties that can arise at various stages throughout our lifespan, as a result of environmental or other influences, are also considered under the heading of counselling theory. The ways in which different forms of therapy and counselling approach these problems, as well as their individual

methods of helping clients, have evolved alongside theories about human development and the acquisition of helpful and unhelpful behaviours. A summary of the three main approaches to counselling theory will be given in Unit 2. Individual theories will be described in more detail in subsequent units.

People who use counselling skills in their work

We have already noted that many people, including doctors, nurses, ministers of religion and teachers, use some counselling skills as part of their work. Doctors, for example, listen to their patients, and they usually try to understand the complex messages people in distress often wish to convey. There is a growing emphasis on the need for interpersonal skills training among health professionals, but, even when this is undertaken, doctors and others cannot devote the necessary listening time to individual patients. In addition to this, doctors frequently tell their patients what to do, and the central focus in doctor–patient encounters tends towards the factual rather than the emotional aspects of problems presented. Smith and Norton highlight this dimension of doctor–patient interaction when they state that doctors are trained in ‘transmitting information’ (1999:15). This transmission of information is usually factual in nature and may, as a result, neglect affective or emotional aspects of communication. This last point is applicable to people working in other areas of health care too. Despite the limitations just described, however, it is still the case that many health professionals, carers and others use what have come to be known as counselling skills in their daily work. A list of professionals in this category would include the following:

- psychologists
- welfare workers
- career counsellors
- teachers
- nurses, health visitors and midwives
- occupational therapists and speech therapists
- social workers
- physiotherapists
- ministers of religion
- voluntary and youth workers.

This represents only a selection of the many areas of work in which some counselling skills form an integral part of the professional’s role. All of these people are likely to benefit from further training. The reason for this is that even when their interpersonal skills are quite well developed, professional people gain a great deal from further skills training and the process of self-development, which is a fundamental part of counsellor training. These counsellor skills and attributes will be developed in Unit 2.

CASE STUDY

Mrs Feltmann

Mrs Feltmann was a 68-year-old patient, who attended her central GP surgery suffering from chest pains. She had a history of chronic obstructive pulmonary disease (COPD), as well as a history of anxiety, which had worsened over the previous six months. This heightened anxiety was associated with her recent move to the area, and was further exacerbated by the experience of chest pains and profound worries about her health generally. Mrs Feltmann's doctor ensured that all aspects of her physical problems were investigated and treated. He referred her to a consultant chest physician, who suggested that she may benefit from stress counselling, or some other form of psychological assistance.

Mrs Feltmann tended to become tearful during visits to her GP and, although he was sympathetic and attentive, he could not give her the time and the quality of support she obviously needed. When the subject of counselling was raised, Mrs Feltmann agreed to it and an appointment was made with the practice counsellor.

During her first session with the counsellor, Mrs Feltmann talked at length about her health worries and the sequence of events that had led to her state of anxiety. She also cried a great deal and seemed relieved to express the pent-up emotions she had tried to ignore in the past.

CLIENT: I never really wanted to move here. It was my husband's idea. He always wanted to come here. I just went along with it and never said how I really feel.

COUNSELLOR: You didn't state your true feelings . . .

CLIENT: He never gave me a chance . . . him and the kids. Every time I went to say something they just took the line . . . 'Oh you'll love it. It's a lovely place, and it will help your chest.'

COUNSELLOR: So you felt you were never properly consulted . . . that nobody really listened.

CLIENT: That's right. Now I'm here and I don't know a soul. I feel trapped.

COUNSELLOR: Not able to talk to the family . . . nor to anyone else either.

CLIENT: The neighbours are not friendly. I have tried to be sociable, but the fact that I can't get out much . . . I can't drive and my chest is bad . . . means that I'm isolated. This is the first real talk I've had with anyone.

CASE STUDY Cont...

COUNSELLOR: The first time you have been able to say what you really feel.

CLIENT: Yes.

Comment: One reason for including this case study is that it highlights the difficulties that exist for many professionals in relation to their patients or clients. Mrs Feltmann's GP, for example, understood that she needed more time than he could possibly give her. He had other patients to see, though he was aware of her emotional needs and suggested counselling to address these. Under the current UK-wide programme for Improving Access to Psychological Therapies (IAPT), it is likely that increasing numbers of patients will be offered counselling in this way.

Another reason for describing Mrs Feltmann's problems is that it illustrates the close link between physical and emotional conditions. In her case the link was quite marked, and she seemed aware of this herself, since she readily agreed to counselling when it was suggested to her. This last point is an important one, because clients who feel under pressure to accept counselling seldom achieve a great deal as a result of it. In other words, counselling should be an option which clients are free to accept or decline, according to their individual needs and wishes. In Unit 2 we shall look at other case studies which illustrate the use of various counselling skills. However, an important point to make here is that the counsellor who helped Mrs Feltmann was able to give her time, something which the doctor could not offer because of his other commitments. Lack of time may also be an inhibiting factor in many of the other professional roles mentioned earlier. Nevertheless, there are some professional roles in which the time factor is a built-in consideration, and health visiting is an example of this. Health visitors who work closely with young mothers are very aware of the potential emotional problems which can affect their clients, so they ensure that sufficient time is devoted to the exploration of these problems. The following exchange between a young mother, named Louise, and her health visitor, named Lesley, illustrates this point:

LOUISE: I get a bit uptight about housework . . . I really worry about it.

LESLEY: All the new commitments you have now, especially the baby . . . that's a very new experience and responsibility.

LOUISE: [starting to cry] It seems endless . . . and I'm so tired. Sometimes I can hardly get out of bed.

LESLEY: Sit down for a moment and let's talk about this. Just tell me exactly the way you feel.

Lesley, the health visitor, was concerned to help Louise express her feelings and gave her sufficient time to do so. As part of her work, Lesley used a range of counselling skills including listening, paraphrasing, reflecting back

feelings, and the skill of asking relevant questions. However, Lesley's job also included giving advice, which was entirely appropriate and necessary in this instance, since Louise needed it in order to identify and seek help for the post-natal depression she suffered. Advice giving would not be appropriate in therapeutic counselling though, because the focus there is on helping clients to identify what it is they want and need.

Problems of advice giving

In discussing the limits of advice giving, Rollo May makes the point that it is not 'an adequate counselling function because it violates the autonomy of the personality' (May, 1993: 117). Even before Rollo May expressed his reservations in this way, Freud (1920) had cautioned against giving direct advice, for it was his view that people should be helped to identify their own conclusions without pressure from a therapist. However, many clients seek counselling in the hope that they will be told what to do. Others hope for advice about the best ways to tackle their personal problems. Nevertheless, advice is not given in therapeutic counselling, and there are many reasons (including those highlighted by Freud and May) for withholding it. Perhaps one of the most important reasons is one which Amada (1995) identifies. He refers to the experiences of young children who are given frequent and copious advice, and who harbour deep feelings of resentment on account of it. These feelings do not disappear, but are carried into adult life and operate at an unconscious level thereafter. Advice, therefore, is not always valued in the way that advisers would like to believe. Nevertheless, there are some people who may be quite willing to follow any advice in a slavish and uncritical way. These people tend to view all helpers as experts, but in the context of therapeutic counselling they can be helped to look more closely at this aspect of their thinking and identify the reasons such expectations exist. If a client in therapy is willing to believe and follow everything a counsellor says, it is likely that he responds in a similar way to other significant people in his life. These ways of responding should be discussed between counsellor and client: if they are not, the client will have gained little as a result of therapy.

Clients who habitually invite or expect the control of others, or those who acquiesce to the views of other people, are in danger of losing sight of their own capabilities and resources. Counsellors can help their clients to locate and identify these resources, but in order to do this they need to be honest in relation to the subject of advice and its distorting influence. Clients are helped much more when they gain some understanding of the insecurities that impel them to seek advice in the first place. When clients develop greater understanding of their emotional problems, they tend to become more self-directed as a consequence, and the opinions and views of others are considered in a more detached way. This represents a real shift towards personal development and empowerment.

Advice or information?

We have seen that advice is a necessary component of some helping relationships. Patients expect and need advice from their doctors, for example, and practical help is often given too. Psychological and emotional conflicts cannot be approached in this utilitarian way, however, since it is only clients themselves who are aware of the complex dimensions of their own problems. The ways in which counsellors can help clients to identify and clarify their problems will be discussed in subsequent units. Meanwhile, an important caveat should be added in this section about advice: this concerns certain emergency situations in which clients seem incapable of acting in autonomous ways to protect themselves against harm or danger. In these situations, the counsellor may find it necessary to intervene by suggesting alternative courses of action. A client who is deeply depressed or suicidal, for example, may lack the psychological strength to make a constructive or informed decision about effective and available treatments that could be of benefit. Giving information to clients is, of course, not quite the same thing as giving advice, although a distinction between the two is sometimes hard to detect. The skill of information giving will be discussed in Unit 2.

Issues which bring people to counselling

People seek counselling for a wide variety of reasons. Sometimes they have specific problems that have become unmanageable, while at other times they may feel dissatisfied or unhappy with life in general. People frequently find themselves locked in repeated self-destructive relationships, and just as often fail to anticipate the consequences of the actions they take. Clients in counselling will often say that they don't really know why they behave in certain ways. This means that in spite of a genuine desire to change and to engage in more satisfying relationships, it is difficult for them to do so. There are many reasons for this inability to change, and perhaps the most significant is lack of self-awareness and personal insight. Other people seek counselling when they are troubled by physical symptoms that fail to respond to medical investigation or remedy. Psychosomatic problems may include skin problems, tension headaches, sleep disorders, tiredness, stomach problems and many other equally debilitating symptoms. Sometimes people are propelled towards counselling when they lack motivation or direction. Academic underachievement, difficulties at work, lack of assertiveness and low self-esteem are also reasons that prompt people to ask for help through counselling. Addictions and phobias are problematic for many people, while others are troubled with anxiety, feelings of worthlessness, and often the conviction that they will fall apart or break down if help is not obtained. Figure 1.2 is an outline of some of the reasons that may prompt clients to seek counselling.

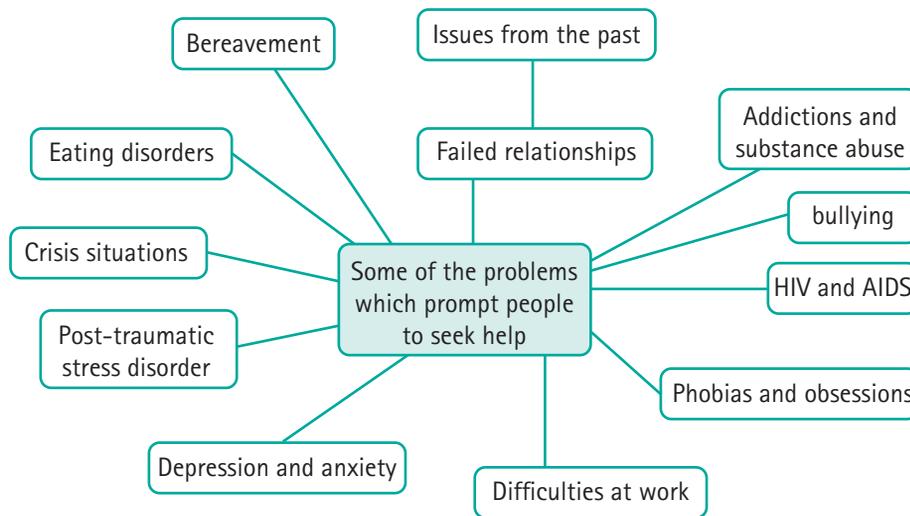


Figure 1.2 Some problems which prompt people to seek help

Repetition of problem relationships

Relationship problems are high on the list of factors that prompt clients to seek counselling. People are often perplexed by their own behaviour and their inability to establish and maintain enjoyable and healthy relationships. This does not imply that counsellors are relationship experts, since clearly this is not the case. Counsellors, like everyone else, experience difficulties in their private lives, although with a background of proper training they should be aware, at least, of the importance of getting help. Clients who attempt to solve their own relationship problems often find themselves unable to do so. This is because of the unconscious element that frequently operates to sabotage all conscious efforts. The units dealing with psychodynamic counselling in this book provide more information about unconscious motivation, and the ways in which it is manifest. With the aid of a trained person (in this case the counsellor), clients can be helped to identify those factors which disturb their relationships.

Crisis situations

The word ‘crisis’ can be used to describe a variety of situations that seem overwhelming at the time they are experienced. What is perceived as a crisis by one person may not be viewed as such by someone else. On the other hand, there are certain situations including sudden bereavement, assault, the discovery of serious illness, suicidal feelings, loss of employment and divorce, which are likely to constitute a crisis for the majority of people. A sudden crisis may serve to reactivate long-forgotten traumas or emotional problems from the past. These may be factors that bring people into counselling for the first time. Telephone counselling is another

context in which crisis situations are addressed. Both Childline and the Samaritans offer listening services for people in crisis, although these two services differ in the sense that Childline also offers practical, sometimes interventionist advice. Volunteers who work for the Samaritans do not describe themselves as counsellors, but nevertheless use counselling skills in their work. Like Cruse, both Childline and the Samaritans provide their own training for volunteers, though some do complete other general training programmes too.

Bereavement

Bereavement is an experience that often brings people into counselling and is also one which everyone is likely to have at some stage in life. Although many bereaved people would, in the past, have received help in the community, from family, or friends, or both, this is not automatically the case today. However, even when bereaved people are supported by family and friends, there remain certain situations for which counselling has added benefits; this is especially true when several members of a family have suffered the same loss. Counselling is also applicable in crisis bereavement, or in circumstances that are complicated in other ways. Children who have lost a parent or parents are especially vulnerable and often need the added support counselling can give. Contrary to many people's beliefs, children experience loss as adults do, though their responses are different in significant ways. For example, small children often don't know how to acknowledge or express strong feelings like anger or sadness. It follows, therefore, that counselling support for children is a specialised area and one that requires its own specific training.

Parents and relatives of children who experience bereavement often complain of poor resources and support in this area. In their report published by the Joseph Rowntree Foundation, McCarthy and McCarthy (2005) express concern about the lack of research in the UK on the subject of bereavement. This lack of research is especially significant when we consider the numbers of young people who lose a parent or sibling (between four and seven per cent) before they are 16 years old. In addition, early bereavement is often a factor when young people commit offences, develop mental problems, or encounter difficulties at school. These findings highlight the need for information and counselling provision for bereaved children. The Rowntree report recommends that more specialist services be developed for young people. It also suggests that teachers and schools should address the issues relating to childhood bereavement. This last suggestion is made in recognition of the fact that many young people never talk to anyone about their experiences of bereavement. A range of complex problems is often a direct result of social isolation after bereavement, so it is certainly imperative that more professional adults are available to help young people who need it. Teachers, however, may not feel confident that they possess the skills to support young people who need help after bereavement. Like many

other professional groups, teachers are now under pressure to undertake a range of additional duties, many of which require extra time and training. To their great credit, many teachers are increasingly developing counselling skills through training.

Cruse, which offers its own training programme for counsellors, is a national organisation which can direct family members to access help for bereavement. The Child Bereavement Trust also provides links to other organisations as well as to literature. The Childhood Bereavement Network, which is attached to the National Children's Bureau, provides information on available resources. Not all young bereaved people need counselling, however, and those whose relatives can support them usually manage to cope well. It should be remembered that parents and other relatives are likely to be grieving too, and this makes it especially difficult for them to support and nurture grieving children. Circumstances in which bereaved children may benefit from counselling include situations when:

- both parents have died
- a child feels responsible for the rest of the family
- a child is unable to talk about the loss, or to express feelings
- the child does not acknowledge the loss
- the child's parents are divorced when one of them dies
- there is another bereavement within the family
- the child develops behavioural problems at home or at school.

Issues from the past

There are some clients who seek counselling because of problems they experienced in childhood. These include sexual, emotional or physical abuse, or may be related to experiences of loss or abandonment. The difficulties stemming from childhood abuse, in particular, are now better understood and much more openly discussed. We know, for example, that repeated trauma in early life can often lead to emotional numbness, depression or patterns of destructive relationships. At a deeper level, they can lead to feelings of despair, which in turn may prompt patterns of self-mutilation or even suicide. Herman (2001: 108) refers to these 'attacks on the body' and describes them as attempts 'to regulate internal emotional states'. It is easy to see, therefore, why specialist training is often undertaken by counsellors who decide to work with survivors of childhood abuse and trauma. This is not to imply that it is an especially difficult area of counselling. It is, however, recognition that ongoing training is essential for all counsellors, including those who have completed courses at certificate and diploma level. If we are to understand the many problems, including trauma and abuse, which people are increasingly disclosing, we need to commit to education and training as a routine part of the work that we do. In Unit 9 we shall look again at issues relating to education and training for counsellors.

Depression and anxiety

Depression and anxiety are common problems for many people who seek counselling. It is estimated that one in twenty people suffer from depression, with three times as many women suffering as men (Holford, 2003). But there are many more people who experience minor levels of depression, and these people may never actually be diagnosed with the condition. Both anxiety and depression are sufficiently debilitating to disturb those clients who experience them. Depressive conditions often need medical as well as psychological support, and some of the clients who are seen in counselling may be referred by their GPs. Although some anxiety is unavoidable in everyday living, it can become problematic in certain situations and at certain stages of a person's life. Anxiety attacks, or anxiety which cannot be controlled, often prompt clients to ask for help. In the same way, free-floating anxiety or vague anxiety may impel some people to seek help in identifying the underlying cause. Cognitive behaviour therapy, which we shall look at in Unit 8, is now recognised as an effective approach for helping clients with problems of depression or anxiety. This is the form of therapy most likely to be offered in conjunction with medical support, and sometimes medication.

The subject of depression is often featured in health news items, and increasingly interest has been directed towards its causes, especially in an era of austerity which affects so many people. According to professor of psychiatry and medical historian Edward Shorter, however, depression is not one single illness but encompasses various psychological conditions, including melancholia. Professor Shorter regards melancholia (which is the term historically used to describe depression) as amenable to treatment with antidepressants. On the other hand, he believes that many other psychological or even physical symptoms, often classified as depression, are caused by other factors, including tiredness, for example (Shorter, 2013). Professor Shorter does not believe that antidepressant drugs work for people in this second group, but he points to psychological therapies (counselling) and exercise as beneficial. This supports what we already know about the effectiveness of counselling (especially cognitive behaviour therapy) for clients who are anxious, and/or depressed. The inclusion of exercise as an effective adjunct to psychotherapy, though not an entirely new idea, does emphasise a more holistic approach to helping clients generally.

Addictions and substance abuse

Occasionally, clients are prompted to seek counselling because they find themselves unable to deal effectively with their own addictive behaviour. Addictions and substance abuse include the most obvious examples of alcohol, drugs, and gambling, although we now know there are other

addictive problems, which are sometimes highlighted in the press. Excessive shopping and addiction to exercise are two examples, and clients are now more likely to identify difficulties in relation to these, and to ask for help in understanding their underlying causes. It is important for clients to address the underlying causes of addictions and substance abuse, and counselling gives them the opportunity to do this. Different institutions offer specialist courses for people who want to work in the area of addiction. In its information about training, the British Association for Counselling and Psychotherapy notes that specialist alcohol, drugs, AIDS, bereavement, cancer and child abuse counselling courses are offered by various institutions. These courses are provided for counsellors working in the relevant fields, or for counsellors who wish to specialise after general training. The BACP goes on to add that 'It is more usual to complete a substantial counselling training followed by a specialisation' (BACP, 2013).

Phobias and obsessions

There is an almost infinite variety of phobias people can suffer from. Perhaps the most common, or at least the best known, are phobias about animals, insects, meeting people, enclosed spaces, germs and flying. It is probably true to say that people can become obsessive about almost anything, and obsessive compulsive disorder (OCD) is a condition that affects many people, especially when they are under stress. Different theoretical approaches to counselling offer varying explanations for the causes and development of obsessions and phobias, and some of these will be discussed in later units of the book.

However, it should be added here that there is currently a focus on cognitive behaviour therapy as the most effective form of counselling for clients with irrational fears, phobias and obsessions. Many relatively short cognitive behaviour programmes are now being offered for clients with these difficulties, though not everyone is convinced that such programmes are effective in the long term. In a reference to cognitive behaviour therapy, Irvin Yalom places it in the category of empirically validated therapy, or EVT. He adds that although it is certainly an empirically validated approach, he is concerned that 'many false assumptions' are made in cognitive behaviour research (Yalom, 2004: 223). Later in the book, we shall look in some detail at behavioural and cognitive approaches to counselling, and we shall discuss some of the concerns relating to these.

Work problems

Many relationship problems are experienced in the context of work, and employment stress or burn-out are often symptoms of the underlying difficulties clients bring to counselling. Some companies now offer stress

counselling to employees who need it, and even those who do not are increasingly aware of the importance of counselling support. People need to understand how they themselves contribute to the stress they experience, and a focus of counselling is this identification of individual factors in stress maintenance. Clients are often surprised to discover that they sometimes collude in punishing themselves when they agree to every single request, no matter how unreasonable it seems.

Stress counselling is effective in helping people to examine their own behaviour in the workplace and to adjust it when necessary. The subject of bullying in the workplace is now routinely reported in the media, and increasingly clients are seeking counselling for its effects. Bullying is probably a phenomenon that was always present among groups of people working together. However, our approach to bullying is now different, and we are less tolerant of its insidious and destructive effects. This means that people who are exposed to bullying behaviour at work are becoming more likely to ask for help through counselling.

Bullying in schools and online

Perhaps one of the most insidious developments in modern times is the pervasiveness of bullying behaviour among teenagers and children. It could, of course, be argued that bullying has always been present in society generally, and that it is no more prevalent now than it was in the past. However, it is only in the twenty-first century that bullying has become a topic of general public concern; one reason for this is the link between bullying and suicide in young people. The fact that bullying behaviour is often identified as a cause of suicide means that counselling support is increasingly available to victims in schools.

We now know that bullying is often hard to detect and may be quite widespread in schools before, and if, it is uncovered. Even when anti-bullying policies are in place, most children experience bullying (which may be physical, emotional or rumour spreading) at some stage in their school years. Cyber bullying may take place outside school, but it is something that school counsellors often have to address. In addition, bullying frequently involves groups of young people, in which case the problem needs to be addressed in the context of the group. This is much easier said than done, as the next case study shows. It also has implications for counsellors working in schools, in the sense that additional training in groupwork skills is clearly indicated.

The British Association for Counselling and Psychotherapy offers guidelines (2011) for counsellor practitioners who work within schools; these counsellors are now seeing increasingly more young people who are subjected to bullying behaviour. As we have seen, school counselling is a specialist area of work, which deserves extra training in that particular context.

CASE STUDY

The school group

Grace, who was a counsellor at a high school for girls, was asked by the principal to talk to a group of 15–16 year olds about some disturbance she (the principal) sensed in the group. There were no overt signs of bullying, and no one had complained, but other teachers had also sensed that something was wrong. Grace had trained in groupwork skills and agreed to facilitate the group, but away from the classroom, where the pupils could sit in a circle in an uninterrupted environment. When the girls arrived at the appointed time it was clear they saw the situation as something of a novelty. Initially, there was a lot of barely suppressed giggling and some whispering, which subsided when Grace introduced herself and asked if the girls would take turns to introduce themselves by name. These introductions started slowly, but gradually the atmosphere became more relaxed. Grace formed a contract with the group, which consisted of basic ground rules. These rules included observing confidentiality about issues discussed within the group, listening without interruption when individual members spoke, and showing respect for other people's views.

One girl started by saying that she had no idea why they were there. Grace asked if anyone would like to add anything to that, and several pupils shook their heads. This was followed by a fairly long silence, and then a member of the group (Eva) pointed towards another pupil and said: 'I think it's something to do with her.'

The girl being pointed at started to cry. Her name was Lynn and she had started attending the school just three months earlier. After a while, she regained composure and revealed that her mother had died six months ago, and that she and her father had moved to the area to be near to relatives. There was a general gasp of surprise from the group, and everyone agreed that they had no idea her mother had died. Lynn's response to this was that no one had asked. The mood in the group became softer, and the class began to focus on Lynn in an attentive and caring way. She was given an opportunity to talk freely about her experience of being ostracised and made fun of from her first day in school. She was never accepted by the others, and she often heard them commenting about her appearance in a negative way.

Grace could see that Lynn's experiences had a huge effect on the group. They seemed subdued, and one girl asked if the group could meet again. This second meeting was arranged by Grace so that other issues arising from the first session could be further processed.

Comment: This is a compressed version of the dynamics and processes that took place with the class group. It is meant to highlight the point that bullying itself is usually a group process in schools, and therefore needs to be addressed within the group. It illustrates also that victims of bullying are often (like Lynn) lonely and lacking in self-esteem. Bereavement can be isolating unless support is available, and loneliness often leads to loss of self-esteem and confidence.

Personal growth

Sometimes people decide to seek counselling in order to assist the process of personal growth and development. This is now regarded as a legitimate quest for anyone interested in dealing effectively with life challenges, especially those arising at key ages or stages throughout life. In the past, such people might have turned to ministers of religion, or even neighbours and friends for help and enlightenment. Now, because of changing patterns of church attendance and the secularisation of society generally, people are less likely to automatically seek help from ministers and priests. In addition, most people have become aware of the difference between help supplied by friends and neighbours and that given in a professional context through confidential counselling. With the best will in the world, friends and neighbours might not keep confidences, or they might want to talk about themselves. This is not to denigrate the support that close-knit communities do supply; instead, it is meant to emphasise the points already touched on at the beginning of this unit, where we discussed the difference between counselling and other helping activities.

Today, personal growth and development are much more acceptable aspirations than in the past. There are many reasons for this, including freedom from relentless physical labour and the attendant focus on health and general wellbeing. Along with this is the current emphasis on self-expression, as well as the confessional style of much radio and television content. Social media, too, exemplifies this desire to be heard.

Eating disorders

Counselling for eating disorders, like other specialist areas of counselling, is often undertaken by practitioners who pursue further training in this specialism once they have completed their general training. Health professionals, working in hospitals, may specialise in supporting clients with eating disorders, and often the therapy takes place in groups.

Anorexia, bulimia and compulsive eating are all problems that sometimes impel clients to seek counselling. Often clients are referred by their GPs, but occasionally they come into counselling for other reasons, such as depression, which are linked to eating disorders. Anorexia and other eating disorders are on the increase, a phenomenon which Orbach (1994) has highlighted in her research and writing. Although eating disorders may be difficult to overcome, experts in the field acknowledge the importance of psychological support (often long term) for those people who suffer from them. A focus of counselling is to help clients identify the underlying cause (or causes) of conflict in relation to food. Many clients benefit from a feminist perspective in counselling. This is because of the sociological factors that are often implicated in eating conditions.

HIV and AIDS

HIV and AIDS is another specialist field of counselling and one that tends to attract people who are especially interested in it. Practitioners may have had the experience of HIV or AIDS themselves, and this may prompt them to undertake counselling training in order to help others. When counsellors are motivated through personal experience, they tend to be deeply empathic towards their clients. However, there are other practitioners who work effectively with clients even when they have no personal experience of HIV or AIDS. In either case, specialist training is important and increasingly accessed by practitioners who wish to work in this field.

People who are concerned about their health in relation to HIV and AIDS include the relatives or partners of clients who have been tested as HIV positive, as well as clients who have actually developed AIDS. This means that people who come for counselling do so with a range of different problems and concerns. In later units we shall look at some approaches that may be appropriate in helping people with diverse needs such as these.

Trauma and disaster

In recent years we have seen a marked increase in the availability of counselling provision for survivors of large-scale trauma or disaster. This provision of counselling support is now so marked that people are routinely given advice about how to access it in the aftermath of a trauma. Not everyone is convinced that such intervention is effective, however. Writing in *One Nation Under Therapy*, Satel and Sommers (2005) argue that therapy tends to undermine each person's innate ability to cope with stress, even stress on a large scale. After September 11th, New York citizens were, it seems, encouraged to seek counselling through Project Liberty, a government initiative created in response to the attacks. In the event, less than one-tenth of New Yorkers came forward for help. Those who didn't seek help appear to have coped with the trauma in their own individual ways. Satel and Sommers (who have conducted other studies in the field of grief and trauma counselling) conclude that grief is, in fact, self-limiting. This implies that people have the capacity to heal themselves over time, even in very extreme circumstances. Joseph (2011) also believes that grief after a trauma may be self-limiting and that response to it is similar to that of bereavement, making it a natural reaction to devastating or exceptional events. He argues that such events make some people stronger in the end, though counselling is often accessed by them in the short term. This is a much more positive assessment of the effects of trauma, and highlights the point that a diagnosis of post-traumatic stress disorder may have a negative impact on some people so that recovery and progress are impeded. Professor Joseph, who is the co-director of the Centre for Trauma Resilience and Growth, has conducted research into why it is that some people struggle after a trauma, while others are more resilient and may even experience personal growth as a result of it. His conclusion is that symptoms of post-traumatic stress do not

just go away, but can, with help, be managed. Cyrulnik (2007), too, speaks of resilience, even in children deeply traumatised within the family.

While it may be true that some people survive trauma, and even grow as a result of it, there are, nevertheless, others who seek and need help following such an experience. It is for these people that counselling support is increasingly available. This highlights the point that counselling, if it is to be effective, needs to be undertaken voluntarily by clients. It is not something that people should be pressurised to undertake if they don't feel they need it. An NHS helpline was set up after the July 2005 London bombings; this initiative, the first of its kind, offered counselling to victims of the bombings, along with support for bereaved relatives or witnesses to the traumatic events. This helpline project was clearly the beginning of many similar initiatives, including those by Cruse and the Samaritans, for helping people to deal with trauma and crisis. Provision of this kind of support is important, and means that people have the option to seek further counselling if they choose.

Other reasons for seeking counselling

Today people seek counselling for a wide variety of problems. The BACP website shows seven specialist divisions, including a new one, 'Coaching', which was added in 2010. There is also a large number of counselling agencies nationwide, indicating that counselling is available for numerous psychological, physical, social and behavioural issues. A general summary of reasons for seeking counselling, other than those already described, includes the following:

- chronic illness
- problems experienced by carers
- unresolved or complicated grief after bereavement
- developmental crisis
- social problems
- issues associated with sexual orientation or identity
- job loss, redundancy and problems related to retirement
- problems relating to poverty and financial distress
- issues relating to parenting, stepfamilies and childlessness
- gambling
- addiction to online pornography
- violence and assault.

Different settings

In addition to the reasons for counselling, there is, as we have seen, a wide range of specific contexts in which counselling and therapy are actually used. Discussing the diversity of settings in which counselling is delivered, the British Association for Counselling and Psychotherapy (BACP, 2013) includes counsellors working in private practice, those working in voluntary agencies, and counsellors working in schools, youth work and General Practice.

These are just a few of the many contexts in which counselling provision is now located. Group counselling, another specific setting for counselling practitioners, will be discussed in more detail in Unit 9.

The following is a list of diverse modes and settings in which counselling and psychotherapy are currently provided:

- couples counselling
- family therapy
- group counselling
- telephone counselling
- online counselling
- schools, colleges and university
- voluntary work
- health centre or general practice
- hospitals and hospices
- private practice
- the workplace.

Most of these areas require their own specific training, and are usually undertaken by counsellors who have a special interest in them. A hospital nurse may, for example, have a special interest in caring for patients or clients who have had breast surgery. In this instance, the nurse is likely to undertake training in this particular area of counselling, often within the hospital itself. Increasingly, health practitioners provide counselling support for clients with body image changes as a result of illness or surgery.

EXERCISE

Common problems

Working in small groups, identify the most common problems which clients (in your area of work) tend to have. Afterwards, discuss your findings with members of the training group generally. What were the outstanding problems identified overall?

EXERCISE

Debate about counselling

In pairs, look at the following statement and discuss it. Spend about 15 minutes on this exercise, and afterwards discuss it with other members of your group.

There are certain situations in which some people do not benefit from or even need counselling support. Whether or not people benefit from counselling depends on their prior life experience and their support systems of family and friends.

Don't worry about getting right or wrong answers in discussing these statements. Their purpose is to stimulate debate as to whether counselling is appropriate for everyone involved in traumatic or stressful events.

Self-development and self-awareness in counsellor training

One of the things you will become aware of quite early on in your training is that learning about counselling is not an entirely theoretical exercise. On the contrary, there is a substantial element of personal development that is integral to all training programmes. What this means in practice is that a great deal of what you learn throughout the course will be 'experiential' in nature. From the very beginning you will probably think much more about yourself, the experiences you have had, the opinions you hold, the prejudices of which you were previously unaware, your past and present relationships and, indeed, any other significant factors of your personal and professional life. This experience is both rewarding and challenging, and no doubt your trainer or trainers will discuss it with the group. Your teacher or trainer may also establish a contract or working agreement with group members, and when this is the case a number of important 'ground rules' may form part of it. These ground rules obviously vary from one training establishment to another, but certain areas are common to most of them. Once these rules have been discussed and agreed upon, group members tend to acquire a much clearer view of course structure and objectives. Areas that are usually discussed at the beginning of each course include the following:

- administrative details, course structure and dates of course breaks
- details about placements and supervision
- methods of teaching, learning and assessment criteria
- the role of the trainer or teacher
- guidelines relating to confidentiality
- guidelines about the use of personal experience for skills practice and discussion
- attendance and timekeeping
- keeping a diary or journal
- the importance of listening to what others say
- the need to respect views expressed by other group members.

Timekeeping

Attendance and timekeeping are central issues in counsellor training, especially at the level of introductory and foundation courses. It is sometimes difficult for trainees to understand the link between their behaviour on the course and their behaviour and expectations in relation to the clients they work with (or hope to work with). It is useful to consider the word 'boundaries' in this context, since it refers to the parameters or guidelines governing the working relationship between counsellor and client. Clients

need to know that counsellors are reliable, and reliability encompasses such areas as punctuality and good timekeeping. If students are unable to come to training sessions on time, or if they frequently feel obliged to leave before sessions end, it is unlikely that a miraculous transformation of behaviour will occur late on. Another relevant point to make is that other students in a training group tend to resent the disruptive effect created when people arrive or depart at different times. Last, but not least, poor timekeeping means that whole areas of both theoretical and practical experience are missed, and are never properly regained throughout training.

Counselling practice and supervision

Other important issues central to counsellor training include experience of working with clients and supervision. The British Association for Counselling and Psychotherapy states that ‘there is a general obligation for all counsellors, psychotherapists, supervisors and trainees to receive supervision/consultative support independently of any managerial relationships’ (BACP, 2013). Students on BACP-accredited courses are required to have one hour of supervision for every eight hours of practice work with clients. In addition, there should be a minimum of one-and-a-half hours per month. This supervision for accredited course placements should take place at least fortnightly. For shorter skills-training courses, experience in placement is not usually required, though some specialist agencies have their own placement and supervision arrangements.

The subject of supervised placement should be discussed with you prior to enrolling for the course, and the requirements for the course generally should have been clarified for you. There is an increasing emphasis on providing top-quality training courses, with more uniformity in content and design, so colleges and other course providers are motivated to seek out the best supervised practice for their students. Finding good-quality placements is not easy, however, and training staff are there to help you negotiate with those agencies willing to provide suitable placements for learners. In order to facilitate this process, agencies are likely to receive general information about the course from your training establishment, including details about course structure and design. Agencies may also be asked to complete an ‘expression of interest’ form, asking whether they are willing to help place students. Agencies willing to provide training opportunities for students also need clear guidelines about placement aims and objectives. This is because close liaison between the training establishment and the placement agency is central to a good experience for students.

Well-organised and supervised placements constitute a core component in full counsellor training. They ensure that the client–student–counsellor relationship is conducted as safely as possible, and that theory and practice are integrated in a paradigm suitable for client needs and welfare. Student members of BACP can access a database of trainee placements. This information is located in the Members area of the website.

Enlisting supervisors who are willing to work with students is another challenge facing many training establishments. A student in placement will need a mentor within the practice agency itself, as well as an external counselling supervisor working in conjunction with college staff. In addition, clear (and often substantial) documentation is needed to support and record the various elements that are integral to practice-based counsellor training. This documentation may include an agency–trainee–counsellor contract, a supervision contract, a log book to record student–client hours, a record of mentor assessment of the student and written trainee–counsellor–individual client contracts. Obviously, this documentation will vary somewhat from one training establishment to another, but the basic elements of contractual arrangements are similar on all generalist courses.

Keeping a journal

Some educational institutions require students to keep an ongoing journal throughout the training course. This record may be either written or verbal (recorded on tape), and its purpose is to enable trainees to reflect on the experiences they have and the personal development they have achieved, as a result of both professional practice and training. Keeping a journal is a valuable aid to self-exploration, and you should make a point of keeping entries up to date. One way of doing this is to ensure you make an entry as soon as possible after each training session. In this way, you are less likely to forget the relevant areas of theory and practice that have been covered each time. Some course trainers require their students to submit these diaries at the end of the course, while others regard them as confidential and for the student's use only. It is a good idea to record the number and dates of sessions at the beginning of each entry, and it is also useful to present the journal in loose-leaf format. A file with individual loose-leaf pockets works well; when journals are used for assessment purposes, relevant sections can be extracted as required. The structure of the journal should be clear, with sufficient space allowed for tutor comments, if applicable. You need to show some evidence of reflection and thought, and this can, of course, prove difficult, especially at the beginning of a course when you are learning about a new subject. The following is a guide to recording sessions:

- 1 Record the content of the session.
- 2 What skills were practised?
- 3 What topics were discussed?
- 4 How were practice sessions organised?
- 5 How did you respond to the work being done?
- 6 How did other people in the group respond?
- 7 Record any feedback you received from other trainees.
- 8 Record any significant group discussion which followed each session.
- 9 Write an entry even when you were absent for a session. Say why you were absent, and how you felt about this. What areas of work were covered when you were away?

- 10 Record any connections you have made between work covered in sessions, and the experience of the client–counsellor relationship. Has anything happened, or has anything been discussed, which sheds some light on how clients might feel in certain situations, for example?
- 11 Say something about your reactions to particular theories discussed.
- 12 Record any connections you might have made between theory and practice.
- 13 Record any significant insights you have gained.
- 14 Refer to any relevant newspaper articles or books you have read.
- 15 Refer to lecture handouts and say how useful or otherwise these have been.

This may seem like a fairly extensive list, but it is meant as a guide only. Most trainers discuss the content of journals with their students, and requirements are often clearly set out. The most important point to remember about journals is that they should indicate evidence of developing self-awareness. They should also show that you are increasingly aware of the way other people think and feel. Both these areas of awareness (self-awareness and awareness of others) need then to be linked to the counselling context. Writing a journal throughout training is a valuable aid to self-understanding, and has some similarity with the therapeutic effects gained through talking in counselling. As Storr (1997: 123) points out, both these activities are similar in the sense that they help to ‘increase insight’, although it should be added that keeping a diary or journal does not provide the feeling of acceptance that is so important for clients in counselling. A well-kept journal also demonstrates your ability to record information, to collate material, and to present this material in a logical and clear form. It further demonstrates your ability to use skills gained on the course, in your personal and professional life. You may be required to submit your journal for assessment purposes and, when this is the case, it will be regarded as confidential between you, your course tutor and the moderator.

In a later unit (Unit 9) we shall look at the importance of research in counselling, and we shall consider why it is relevant, even at this early stage, to all students in training.

Skills training

Throughout your training you will probably be asked to work with other trainees in groups. Some courses incorporate personal development groups (PDG) into their training programmes. These groups give students the opportunity to work closely together and to explore personal issues and relationships in a safe and supportive environment. Counselling skills practice is another integral part of most training courses, and this is designed to give students the chance to demonstrate the use of a range of basic skills in an ongoing way throughout training. Skills practice may take

the form of role play, or it may take the form of peer counselling. In fact, both these methods of training may be used within the same course. Skills practice, whether role played or authentic, has many advantages for students in training. An outstanding advantage is that you can develop counselling skills without harming clients, and when these skills are developed, you can then integrate them into your personal and professional life. One disadvantage is that some trainees may be so lacking in confidence and basic skills to start with that they are unable to conduct these exercises without causing distress to others. However, teachers and trainers are aware of the difficulties that can arise in these practice sessions and are usually vigilant in the way they monitor and observe students work. The following descriptions highlight the advantages and disadvantages of both role play and experiential counselling in skills training.

Role play

Role play, as a method of practice in counselling, is used on some courses, and has the advantage of being a relatively safe way for students to learn basic skills. This approach requires participants to simulate a counselling situation and to assume the roles of client and counsellor. Working through role play means that you are unlikely to ‘hurt’ a colleague who is playing the part of client, and it has the added advantage of allowing you to explore emotions and feelings in a non-threatening context. Trainers often provide their students with specific scenarios or problems, which are then used in the role-play situation. The following exercise gives an example of a role play brief.

There is, of course, a very wide variety of possible problem situations that can be used for role play purposes. Besides the advantages already mentioned, role play also allows you to stop at any stage throughout the session, in order to discuss your progress and the skills being used. On the other hand, role play makes it difficult for participants to become involved on a personal level, and it is also surprisingly difficult to be ‘real’ when problems discussed are hypothetical. The core condition of empathy (described in Unit 5) is almost impossible to develop when two people are engaged in a simulated exchange. In contrast, there are substantial advantages to being a real client during skills training.

EXERCISE

Role play

A middle-aged woman has been referred by her doctor for counselling. Her two grown-up children have left home, and she feels lonely and isolated since their departure. She would like to be more socially involved, but lacks the confidence to initiate any real contacts.

Using your own problems

When you use your own problems in skills sessions, you will experience exactly what it is like to be a client in counselling. You will also gain valuable insights into your own attitudes, feelings and areas of personal vulnerability. The learning that takes place at this level is probably more important than anything you can read in books, and highlights the experiential aspect of counsellor training, which we noted earlier in this unit. In addition to gaining insight and identifying areas of vulnerability, being a real client during skills training also allows you to develop trust and sharing among your colleagues, and this is certainly important in any training group. However, time is usually limited in practice sessions, and this can cause problems for trainees who are inexperienced as counsellors. Some trainee counsellors may not possess, or have had time to develop, sufficient competence to conduct the sessions within safe limits. There is sometimes a tendency to push the 'client' too far so that what looked like a simple problem on the surface leads to deeper issues, which neither student is able to deal with. Students who are working as clients may also be tempted to use training sessions as a means of dealing with outstanding or unresolved personal problems. This is, of course, unfair to colleagues who are, after all, in a learning situation too. Once again, your trainer will be aware of potential problems, and will endeavour to ensure that training programmes are conducted in the safest possible way.

Personal therapy

Many professional bodies now ask students on counselling courses to undertake personal therapy if they wish to work towards accreditation. A one-year full-time or two-year part-time course may involve 50 hours or more of personal therapy for students. Short-term courses tend not to have this requirement; an introduction to interpersonal or counselling skills, for example, will not normally include personal therapy as a mandatory component. However, you are probably aware of all the relevant details in relation to your own course.

The inclusion of personal therapy in counsellor training is important for several reasons. Perhaps the most important is that it encourages you to explore your emotional life. This exploration will focus on personal prejudices, relationships, past and present, and reasons (often unacknowledged) for choosing to undertake counsellor training. Personal therapy also forms a link between the theory learned on the course and the actual practice of counselling. The experience of being a client leads to a deeper understanding of the many and varied feelings clients experience in therapy. These feelings may include apprehension, shame, vulnerability, dependency, trust and hope, to name just a few.

Being a client in therapy also provides an opportunity to *see* and *observe* the counsellor at work. It provides, too, some valuable insights into the nature of the counselling relationship itself. It sometimes comes as a surprise to students to learn that feelings towards a helper can be negative as well as positive, for example. In Unit 3 we shall look in more detail at these aspects of the

relationship between counsellor and client. Other benefits of personal therapy include a deepening awareness of the stages of counselling, right through from the beginning to the end. Another important aspect of personal therapy, and one linked to the exploration mentioned above, is that it should help you to identify clearly your own problems and conflicts. This identifying process is essential because it means that you become more self-aware generally. It also means that you can take ownership of your emotional experiences and thus are less likely to confuse them with the experiences of potential clients.

Having pointed out the benefits of personal therapy in training, however, it would be unfair to leave it there without mentioning some of the disadvantages too. Chief among these is the fact that a compulsory training component does not allow for personal choice. Since client personal choice is a central principle of counselling and psychotherapy, it is difficult to see how a mandatory requirement for personal therapy in training can be reconciled with this. Additionally, personal therapy is likely to be expensive for students, although the potential benefits of it far outweigh financial outlay. From my own experience of teaching students, I am convinced that the importance of personal therapy lies in the fact that it fosters a greater awareness of self and a deeper understanding of the experience clients have in counselling.

SUMMARY

In this unit we looked at some of the basic questions which are often asked in relation to counselling. These include questions concerning the nature and function of counselling and the ways in which this form of helping differs from several others, including, for example, nursing and social work. Some definitions of counselling were suggested, and the British Association for Counselling and Psychotherapy definition (2013) was also quoted. We looked at a range of occupations which are often described as 'counselling', even though they have little in common with 'therapeutic' counselling. A distinction was made between skills and theory, and we discussed the ways in which counselling skills are used by people who work as health professionals.

The subject of advice and information giving was addressed in the context of the ways in which health professionals and others help their patients and clients. We saw that advice is not normally given in therapeutic counselling, though we considered some emergency situations in which advice and information may become almost synonymous. Aspects of counsellor training were outlined in this unit: these included timekeeping, the use of journals, establishing a training contract, skills training, practice and supervision, personal therapy and role play. The problems which bring people to counselling were highlighted, as were the specific contexts in which counselling is used. In this edition of the book, we have extended the section dealing with trauma and disaster to include references to recent research, and added a new section on the subject of bullying in schools and online.

In Unit 2 we shall also consider the individual skills used in counselling. An overview of the main historical and theoretical approaches to therapy and counselling will also be outlined.

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Resources

Websites

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The British Association for Counselling and Psychotherapy.
- www.iapt.nhs.uk
The Improving Access to Psychological Therapies Programme.
- www.org.uk
National Institute for Health and Clinical Excellence.
- www.therapytoday.net
The online magazine for counsellors and psychotherapists.