PSYCHOLOGY INSTITUTE
Distance Learning
Diploma
In
Counselling, Psychotherapy,
& Psychoanalysis

Unit 1
## Counselling, Psychotherapy & Psychoanalysis
### Unit 1

<table>
<thead>
<tr>
<th>Contents</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Introduction</td>
<td>2 - 7</td>
</tr>
<tr>
<td>• Counselling in Society</td>
<td>8 - 14</td>
</tr>
<tr>
<td>• Difference between Counselling, Psychotherapy &amp; Psychoanalysis</td>
<td>15 - 17</td>
</tr>
<tr>
<td>• Problem Centred Counselling</td>
<td>18 - 23</td>
</tr>
<tr>
<td>• What goes on in Counselling</td>
<td>23 - 26</td>
</tr>
<tr>
<td>• Definitions of Counselling</td>
<td>26 - 31</td>
</tr>
<tr>
<td>• Areas for Counselling</td>
<td>31 - 34</td>
</tr>
<tr>
<td>• Counselling, Helping &amp; Choosing</td>
<td>34 - 36</td>
</tr>
<tr>
<td>• Skills of Counselling</td>
<td>37</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>40</td>
</tr>
<tr>
<td>Exploration</td>
<td>42 - 44</td>
</tr>
<tr>
<td>Listening</td>
<td>45 - 51</td>
</tr>
<tr>
<td>Reflective Skills</td>
<td>52 - 53</td>
</tr>
<tr>
<td>Probing Skills</td>
<td>54 - 56</td>
</tr>
<tr>
<td><strong>Case Study</strong></td>
<td>57 - 59</td>
</tr>
<tr>
<td>Challenging Skills</td>
<td>60 - 62</td>
</tr>
<tr>
<td>Self-Disclosure</td>
<td>63</td>
</tr>
<tr>
<td>Immediacy</td>
<td>64</td>
</tr>
<tr>
<td><strong>Case Study</strong></td>
<td>65 - 66</td>
</tr>
<tr>
<td>Goal-Setting</td>
<td>67 - 69</td>
</tr>
<tr>
<td>Evaluating</td>
<td>70</td>
</tr>
<tr>
<td><strong>Case Study</strong></td>
<td>71 - 72</td>
</tr>
<tr>
<td>• Counsellor Qualities</td>
<td>73 - 77</td>
</tr>
<tr>
<td>• Our Approach to Other</td>
<td>77 - 82</td>
</tr>
<tr>
<td>• Issues for Counsellors</td>
<td>82 - 85</td>
</tr>
<tr>
<td>• Sources</td>
<td>86</td>
</tr>
</tbody>
</table>
Counselling, Psychotherapy & Psychoanalysis

Introduction

Is it Medicine?
Counselling, Psychotherapy & Psychoanalysis are all forms of therapy.

The word ‘therapy’ comes originally from a Greek word which means ‘servant’, one who waits upon somebody else. Over the centuries it has acquired an additional meaning, connecting it first with the idea of healing and then with the idea of medicine.

When the word ‘therapy’ refers to counselling, psychotherapy, and analysis, the obvious implication is that they are a form of medicine, that is to say, kinds of treatment for people who are ill. At the same time nobody would claim that the people who go for counselling, psychotherapy, or analysis are going there primarily in order to get treatment for physical disease. The logical conclusion is that these therapies are to do in some way with mental health.

Before we go any further, therefore, we need to be clear about the connection between the idea of health - particularly mental health - and the therapies we are talking about. What is the place of these therapies in the health world generally? There is an obvious danger in making wrong assumptions about it.

Danger or confusion
For one thing, if therapy is mainly concerned with treating mental illness, there will be many people who feel that counselling should not be included in the list. Take marriage guidance counselling, for example. Asking for help to sort out a marriage is clearly not something which indicates that you are mentally ill. And what about career counselling? The people who go to talk to somebody about their next moves in promotion, or about what to do to find a new job after a redundancy are not going because they are mentally ill and looking for a cure.

This applies equally to the other two therapies. Those people who are receiving psychotherapy, or who undertake psychoanalysis may deny vigorously that they are there for this reason. So will their therapists.

The place of all three therapies in the whole business of health care needs to be very clearly defined, not just to avoid this kind of confusion, but also because we cannot hope to understand the usefulness of therapy and why so many people are now turning to it unless we know whom it is intended to help.

Positive health
To place the therapy movement in context, we have to recognise that over the last few decades, a great many people have begun to change their ideas about
what health is. This change has been slow and subtle, and is still working its way through the world of medicine and the population at large.

The old idea was that health meant the absence of illness - in other words, that if you do not have illness of some sort then you are healthy. This has been called the negative view of health.

The new idea is much more positive. After all, you may have no actual illness as such, but this does not necessarily mean that you are fit and well in every sense of these words. You may not actually be ill right now, for example, but your recent past history may show that you are prone to get ill - there is a difference between being healthy and being between illnesses. Also, you may not be fit. Perhaps you are over-weight, or constantly tired, and unable to enjoy life. The new idea of health is that it means feeling good all over, fit and well, full of life, not necessarily happy all the time, but being able to enjoy the good things you have without being set back on your heels whenever something bad comes along.

New standards

We can see this change in attitude all around us today. It shows in the way almost every high street now has a health club or a health food shop. It shows in the upsurge of interest in alternative medicine, and in the campaign against food additives. In the medical world itself there seems to be a new emphasis on prevention, too, particularly obvious in the campaigns against cigarette smoking, and to alert people to safer sex because of the threat from AIDS.

When we begin to think of health as general well-being, rather than the absence of illness, we are doing something else, too. We are adopting a different standard in our expectations, accepting that we can and perhaps should get more out of life than a disease-free existence. We are beginning to say that everybody deserves a measure of joy, where once we said that everybody deserves freedom from illness. Of course, it would be wrong to exaggerate the extent of this change in attitude. It probably applies only to a minority still, but there are certainly signs of change.

Mental health

Nevertheless, most of our ideas about mental health have changed even less. For a whole variety of reasons we are much more ignorant about mental illness - what it is, whom it affects, what causes it, and so on - than we are about physical illness. Mental illness means illness of the mind. A large part of the problem is that we do not really know what we mean by the mind.

A century ago this was far less of a problem. In those days scientists accepted without question that each person consisted of three fundamental parts - body, mind and soul. Mainstream medicine dealt with the body, psychiatry with the mind, and the soul was the province of the priest. They were confident that
one day the physical part of a person which they called the mind would be
discovered, perhaps somewhere inside the brain.

The problem is that they were wrong. There is no separate organ inside us
which carries out the single function of the mind. What we call the mind is a
mixture of things - some of them to do with the way parts of the brain work,
some to do with the way that nerves all over our body work, and some to do with
the way that hormones are produced and distributed throughout the body. This
means that the old way of thinking about people has had to be abandoned. The
mind is not something which exists separately from the body, and it is not a
special and identifiable part of the body. Rather it is a set of functions carried
out by many different parts, some of which have many other duties besides.

Psychiatry

Yet in abandoning the old idea that the mind exists separately, we have so
far failed to replace it with a new one which is fully acceptable to everybody.
Psychiatry, the treatment of mental illness, has therefore tended to merge into
physical medicine. It takes place in hospitals, either specialist ones, or in
departments of psychiatry in general hospitals. In this country you have to be a
fully qualified doctor of medicine before you can become a psychiatrist, so all the
basic training is in physical medicine. It uses drugs which switch off parts of the
person’s behaviour while he or she is nursed back to a more acceptable state of
health.

Very little of this is ‘mental’ medicine - in the sense of being a mental
activity which involves the patient intellectually in his or her treatment. It is
something the doctor does to the patient, and in no way depends on the patient’s
ability to understand what is being done. It concentrates on the brain and the
body of the patient in much the same way that treatment of a renal patient is
concerned with his or her kidneys, or the treatment of a back patient with his or
her spine. The patient is treated and watched and nursed. The causes of the illness
are regarded as physical causes - an excess of certain chemicals in the brain, for
example. It is rare for a patient in hospital to be encouraged to question the
causes of the illness - just to accept the treatment of its symptoms and to take
over the medication for himself or herself as soon as possible.

However, this kind of physical intervention is not an appropriate way of
helping all the people who feel very depressed, whose lives are made a misery by
constant anxiety, whose feelings threaten to get out of control, but who are not
seen as ill enough for hospital. Psychiatry tends to be used only for very serious
cases - people who actually hurt themselves, who clearly cannot live without being
a threat to themselves or others. Below this cut-off point there is a grey area
where the general practitioner responds in the main by prescribing lowish doses
of tranquillisers and anti-depressants, and keeps an eye on the situation. But if
you need help with emotional problems, and do not want to go into hospital or
start taking the pills, there is very little that the official medical services can actually do for you.

**Where therapy fits in**

From this perspective we can now see much more clearly where therapy - meaning counselling, psychotherapy and analysis - fits into the picture. First, it is beginning increasingly to be used to help people from the 'grey area', the people who a decade ago would simply have accepted a long period of dependency on tranquillizers and anti-depressants. They are ordinary men and women who are deeply hurt and unhappy, who have problems particularly where their relationships are concerned, but for whom the psychiatric hospital would be an absurd over-reaction.

A great many of these people are finding their own way into therapy, either going to a counsellor in the hope that this will enable them to tackle a specific problem, or finding a psychotherapist for themselves, because, for example, they have read about this or heard about it on radio or television. Most do not see their family doctor first, although a minority are being referred by their general practitioner and see their therapist at a hospital. There is also a small group of clients who have experienced life as a patient in a psychiatric ward and who have found their way into therapy by themselves out of disillusionment with psychiatry.

Nearly all the therapy that is available is to be found in the private sector, and it is the client who does the finding - you do not need a letter from your general practitioner before you can go to see a therapist.

Secondly, more and more people are beginning to think positively about physical fitness, and as part of this they are also beginning to see very clearly that how they feel in themselves is an important part of the battle for health. They want to be fit, but are recognising that it is extraordinarily difficult to get fit or stay fit if deep down they do not feel good about themselves. As a result they are looking in increasing numbers for ways of tackling the unhappiness. They tend to refer to this as 'emotional' rather than mental health, or talk about spiritual health. But it amounts to the same thing: the connection between our bodies and how we feel about ourselves is a fact of life, and we cannot significantly improve health in one area without tackling the others. They are turning to therapy in the search for positive health.

In the old days people expected to be disappointed with life, and accepted this - living with unhappy marriages, depressing relationships, dull and boring jobs, poverty, general lack of fulfillment. Unable to change it, they made it into a virtue. Today there is much more questioning of the need for this.
Self-help

So a new idea of mental health is emerging, confused and tentative in some respects, and lagging a little way behind our ideas on physical health, but nevertheless growing in influence. It is that mental health today means being able to use all your functions - physical, mental, intellectual, social, emotional - whatever they are, to the best extent. People are systems of resources, and full health means being able to use these resources in such a way that we have choices in life, that we know our own value, and can increase this value not just for ourselves, but for those around us and the wider community we live in.

However, people are assuredly not turning en masse to psychiatry for this kind of health. Psychiatry is still seen as being mainly about madness, to do with curing illness. It is still a branch of physical medicine, too, as we have seen. The three therapies on our list are very different from this.

They belong to a different tradition of health - in some ways a much older tradition than that of orthodox, scientific western medicine. They start from the point of view that much of what is wrong has been learned, and can be unlearned. Because they stem from this philosophy, the therapies are concerned with self-education, and with self-management. They enable you to do something for yourself to improve the quality of your own life. At the same time they recognise that it is almost impossible for you to do this entirely by yourself and that professional help of the right kind can make all the difference.

Indeed, history has, in a sense, come full circle, for this kind of therapy is much more in keeping with the original Greek word than modern medicine is. The therapist who is a counsellor, psychotherapist, or analyst is in attendance to help you like a good servant, there for you, not there to take over and do things to you. The therapist is a guide or a mentor, a facilitator, not an expert authority who does things to your body or your mind, intervening in your life, but a new partner with whom you work, a special kind of companion who helps you find your own way forward. Nevertheless there is still enough of the old idea of mental health around for many people to be afraid of therapy. This shows in some of the misunderstandings about it which are commonplace, even today.

It can’t happen here!

Many Europeans seem to have a great fear of turning into Americans. One of the things you are very likely to be told if you raise the question of therapy in conversation is that the way things are going, we shall all soon be like them, dashing off to phone our analysts when the slightest little thing goes wrong in our lives. Perhaps this should be called the Woody Allen syndrome - he more than any other film-maker has popularised this view of the Americans.

Behind the little joke lies a big fear. We are supposed to be self-sufficient, proud of our toughness. We have a fear of softness. When we have problems we
hide them or deal with them ourselves, without making a fuss. So when we think about therapy, there is for many of us a need to make myths about it.

Myths

For example, there is the myth that tough people do not need therapy, or any other help with problems. Therapy is for soft people who cannot cope with the ordinary vicissitudes of life. What’s more, if you go into therapy you become soft, and turn into a navel-gazing introvert, endlessly analysing yourself, for ever raking over the ashes of the past and unable to look to the future.

This hardly requires an answer, because it is so obviously an expression of fear at losing control. Tough people have to invest a great deal of their time and energy and space in defending themselves against their own feelings. They have been taught that big boys do not cry, that to feel fear is to become weak. They are scared of any situation where they might show their feelings, and therapy is obviously threatening to them. Fortunately, tough people cannot keep it up the whole time, and many of them sooner or later are likely to need help and to have the insight to see this for themselves.

More serious, however, is the myth that therapy is only for people who are mentally ill - and a more subtle version of this which sees therapy as basically for nutters, but quite good for temporary clients. For example, it is widely supposed that you have to have a ‘real’ problem to need help from one of the therapies. That is to say, you have to be temporarily unhinged or completely unable to cope. So when counselling is offered to people caught up in a major disaster, such as the King’s Cross underground fire, or the Zeebrugge ferry tragedy, many of us smugly think that the therapy is for the grief or the shock, rather than for the person. In fact it is for the person, and not for the grief or shock. It is a mistake to think that therapy starts with the assumption that a person and his or her feelings are somehow separate. When we have problems we have them as ourselves - they are not tacked on to us like some appendix that can be neatly cut out and taken away, making us well again.

It is happening here

In spite of all the scepticism that undoubtedly is around, more and more people are receiving personal help from therapists. Those who are going into therapy really are ordinary people. They are not fashionable eccentrics, self-indulgent yuppies, nor simply the innocent victims of occasional tragedy. It seems much more likely that the clients who are turning to counselling and other forms of therapy in their millions can only be ordinary people, people who have the same ordinary problems and common-place unhappinesses that have been around for centuries. Until fairly recently therapy was not available in a form which they could use or afford, and now that it is, more people are facing up to the unpleasant facts of their lives and trying to do something about them. They
have come to recognise by many different routes that they do not need simply to sit back and suffer, to accept a quality of life which is not good enough. So they have plucked up their courage and asked for help.

For them therapy is definitely not a medical treatment. It is a positive health-giving activity, designed to enhance their lives in every direction.

**Today's World**

What makes this day and age different from the past? What features of today's world threaten the peace of mind and emotional stability of the individual?

And in what ways might counselling, psychotherapy and psychoanalysis offer a contribution to a person's well-being?

Counselling is very largely a phenomenon of the past twenty to thirty years. In the United States its brief history goes back somewhat further.

Ever since time began men have talked over their problems and personal concerns with relatives, friends and acquaintances, but during recent decades counselling has come to be recognised and accepted as a more formalised type of service, with its own fairly well-defined principles and methods of procedure.

In social work the emphasis used to be on practical help, but now social workers do a considerable amount of counselling. There has been development and a growing sense of social responsibility. It is now recognised that an individual's well-being should be the concern of society as a whole. In most developed countries the physical health of citizens is fairly well cared for by a whole range of health services. Counselling seeks to cater for the emotional health of the individual, and society cannot opt out of its responsibility in this important field.

People need to feel secure within themselves if they are to cope with the many difficulties that come their way. Even the normal business of living when there are no complications is too much for some. The disease of 'copelessness' is alarmingly widespread.

This is a disturbed and disturbing age. It seems that there are those in every generation who imagine their own age is the worst there has ever been. Many today have come to this conclusion and tend, therefore, to despair of any possible improvement. Any change, they imagine, must be for the worse.

Such a pessimistic assessment seems to be unnecessarily wide of the mark and reveals either an ignorance of history or the tendency to be selective when thinking about the past. It is unlikely that this age is appreciably worse than its predecessors. All that can be said with certainty is that it has its own particular tensions and problems.
The Contemporary Scene

There was a time when the lives of people were so enmeshed in work and the existing social structures that few seemed to have problems of intimacy, identity and security. We appear to be paying a heavy price for our present-day preoccupation with individualism.

Few would wish to return to the feudal society of the past, but the serf was never in any quandary as to his role in life. He was the farmer, the soldier, or the miller on the feudal estate, and his wife nurtured the next generation as well as bearing her share of the work-load. Even in more recent times, sons of farmers, miners and fishermen were expected automatically to follow in father's footsteps.

There was little struggle to find meaning, for the meaning was something given. It was there implicit and unquestioned.

In those days the family and social structure were less important than the all-embracing system. With the breakdown of those feudal patterns, however, and the emergence of different economic and social structures, the family became more central in people's lives and had to serve a new purpose. The individual farm or the family-centred craft developed and, as a consequence, a competitive element began to challenge and even to oust the earlier spirit of co-operation. Comparison and contrast took the place of sharing. As the uniqueness of individual families developed their particular traditions, relationships between families inevitably became problematical. The cohesiveness of the former structure had gone for ever.

During the nineteenth century the family structure held together reasonably well. Apart from the fast-growing industrial centres, in the small towns and still smaller villages people worked, played, learned and worshipped together - extended family was still a reality. There was a basic cohesiveness about life. Even so, insecurity in all its forms was on its way.

The twentieth century saw major changes in the structure and function of the family. The great migration from the rural areas to the large conurbations of towns and cities has led to the practical extinction of the extended family. We now find ourselves with the nuclear family of father, mother and 1.9 children. Houses and flats are getting smaller but there must be a garage to hold the car that will take the family away from the home on the slightest pretext.

We can escape into anonymity if we so desire, and we can actually choose our friends instead of having them thrust upon us. Furthermore, our increasing mobility can enable us to get well away from everything and everyone when we wish to escape.

When both parents work, as is increasingly the case, the major investment of time, energy and interest outside the home can mean that the home comes to mean less and less. Tired parents may be tempted to retreat from relationships when their children move towards them, and from responsibilities when quite proper demands are being made upon them. It is very often the case that each
family member is pursuing some activity away from the home at the same time. This is admirable if the diversity is then brought together and shared, but if different interests mean separate lives the loss of family intimacy can create a wall of loneliness that sooner or later leaves the individual at a loss.

The present-day prevalence of separation and divorce leads to the conclusion that the nuclear family can breed tension and conflict. The question arises, can it meet our basic needs for intimacy, security and identity?

In deploiring the public violence on the back streets of our cities after dark, the fact needs to be faced that most violence takes place within the family. Most murders are crimes of passion committed by people who are related or closely identified in life. Most physical assaults also take place within the family. In every 'civilised' country parents attack their children. The family unit that ideally should instill an example of intimacy and love may frequently serve as a breeding ground for alienation, violence and cruelty.

The changing family structure can perhaps be seen most clearly in what is happening to its aged members. Because of advances in medical science more people are living longer, but the multi-generation family is largely a thing of the past. This means that a growing proportion of the elderly find themselves living in retirement homes, groups of flats especially built to house them, or worse than either of these alternatives, in the geriatric wards of large hospitals. A consequence of this is a great deal of loneliness and resentment on the part of some of the old people involved, accompanied by many guilt feelings among their now middle-aged sons and daughters.

The Impact of Society

We are social creatures. Our individuality is precious to us, but we do not exist as separate units in society.

Our long dependent childhood ensures that we cannot live without others. There is no such animal as a self-made man or a completely independent individual. A baby becomes a person only through contact with others. It has been said that we all lay like idiots in the cradle until others smiled us into smiling back and talked us into talking. Society is necessary to us.

We need others if our deep needs of being liked and loved are to be met. Humans need love, not simply during their early years - although these are the most important because everyone is at his most vulnerable then - but throughout the whole of life. We need the interest and interaction of others in order to be ourselves.

We begin life by living up to others’ expectations of us and, unless something happens to make us question this process, we can go through the whole of life simply responding to the personal and impersonal elements in our environment.
Hence the importance of roles in any given society. They tell an individual what is expected of him and what he can expect from others. This is even true of sexual roles. From our earliest days we learned to play particular roles, and this role-playing not only expressed the feelings and attitudes of a situation, but helped to create them. Children find their sexual identity by playing the expected male and female roles.

The interaction between the developing child and his environment in the long run establishes a sense of personal identity, and this is confirmed as other people recognise it in us. The child who is fully and happily accepted within the family will be able to function with reasonable confidence as he moves out into the wider world.

When considering the impact of society upon the individual, reference must be made to the undoubted power of the mass media, which can hardly be exaggerated. So much of the thinking of the viewer of television, the listener to the radio, the reader of the world’s press, the buyer of glossy magazines, is bound to be influenced, albeit unconsciously. Sooner or later thinking becomes translated into behaviour.

Television in particular can introduce people to new areas of life and encourage changes in behaviour patterns. Consciously or unconsciously viewers may be picking up clues on how to behave in situations and circumstances other than those in which they have personal experience, and this may encourage them to move out beyond their normal environment and, in consequence, find within themselves a new potential.

Some sociologists complain that most psychologists, psychoanalysts, psychotherapists and now counsellors are too individualistic in their approach to people, ignoring the importance of the societal aspects of an individual’s life. It is true that most counselling relationships are of a one-to-one character, but counsellors cannot help being aware of the extent to which their clients are the products of social factors. This involves probing into various aspects of the individual client’s past life - the family situation, including the client’s position in the family; where he has lived and the reason for any changes in location; what educational establishments he has attended; the expectations with which he grew up. To what extent has his social background affected his ability to function in adult life. The counsellor knows full well that the social realities can never be ignored.
Structures and Persons

As persons we move all the time from one structured situation to another, and mostly remain unaware of the impact of the structures that seem to be essential to our existence.

It is true we cannot live without structures. We are born into the family structure, move out of the family into a whole series of educational structures, and eventually find ourselves in various work structures as we then establish a new family structure of our own.

Someone has said of organisations, 'If I cannot say what I think, my needs cannot be met within that organisation.' Whenever we feel restricted certain questions demand an answer: Is this curtailment of my freedom necessary? Is it right? Can I accept it happily? Is it a liberating constraint? We all need discipline, but this should increasingly come from within ourselves - self-discipline. Whatever structures exist need to be consciously and willingly accepted. To be frightened into obedience makes us less than human.

We all need wide areas of personal freedom in order to grow. We need human contacts where the structures of officialdom can be set aside; where we are free to tell others how it feels to be ourselves in relation to them.

In order to feel fulfilled as human beings we have to be forever pushing out the boundaries, always increasing the area of personal freedom. It is in this task that counselling has an important part to play.

This ‘Get’ Age

There are cultures that stress ‘doing’, others that stress ‘being’. ‘Doing’ leads to ‘having’, to the importance of possessions, to keeping up with the Jones’s, and is in the main typical of the western and northern parts of the world.

 Cultures of the eastern and southern parts have traditionally emphasised ‘being’ rather than ‘doing’. Lao Tse’s dictum, ‘The way to do is to be.’

 We are too much concerned with the verbs ‘to want,’ ‘to have,’ and ‘to do’. Because these are the operative words in all areas of life - material, political, social, emotional, intellectual, religious - many people are kept in perpetual unrest.

 When we listen to today’s advertisers it seems that no one has enough. This, that and the other are absolutely essential to our happiness, efficiency, status. Enough has been defined as ‘a little more than you now have’. No one would argue that there is any inherent goodness in poverty, but prosperity can be equally, and even more disastrous.

 This is no argument for living as though we are still in the thirteenth century, lighting our homes with candles, washing our clothes in the nearby stream or cooking our food over an open fire. Electricity, washing machines, and the latest range are good things to have and use, but they are only means to life,
not the 'be all' and 'end all'. Pride in possessions is a very subtle thing. We can find ourselves valuing them more than our friendships. Things are made for use: people are made for love.

**Our Changing World**

It is possibly true that more radical changes have occurred during the 20th century than in any preceding century, and during the second half the rate of change undoubtedly escalated. Most people find rapid changes somewhat threatening. Whatever an individual's political views, a built-in conservatism is very widespread. Most of us have a vested interest in the *status quo*, so that the prospect of too much change in too short a time-span elicits feelings of anxiety if not panic.

Alvin Toffler in his book, *Future Shock*, argues that we must come to terms with what he calls 'transience.' There is a new feeling of temporariness in the everyday life of everyday people.

This is the throw-away society. Every home is a massive processing machine through which objects flow. Less and less are things made to last. Permanence is an outmoded concept.

People travel faster, further and more frequently than in any previous age. Large sections of every western nation are increasingly mobile, moving - if not from town to town - from one house to another every five to ten years. This means fewer people have roots in a settled community, and the frequency with which many move from place to place breeds what has been called 'loss of commitment'. A person on the move is not over-concerned at what is happening to the community he plans to leave the year after next. This withdrawal from participation in the life of a locality cannot but be to the detriment of community life.

Transience in relation to places must lead to superficial, passing, limited personal relationships. Friendships hardly become established before they have to be abandoned. 'We'll be in touch', 'See you', we say. But this proves too difficult. We not only leave places, we leave people behind us. Collecting more and more acquaintances we are left with fewer and fewer friends. Friendship demands time, attention, commitment - and these are in short supply.

Regarding information, Toffier states: 'By the time the child born today graduates from university, the amount of knowledge will be four times as great'. The sheer accumulation of information can have an overwhelming and baffling effect on us. No one person can encompass even a smattering of universal knowledge. In order to survive at all the individual may need to specialise - knowing much more about much less.

There is also the feeling that the moral standards of, say, the pre-war period have undergone considerable change. This has been called the 'permissive society' and permissiveness has been welcomed by many and deplored by some.
Certain groups have been pushing for more freedom, others have been fighting rearguard actions to hold back the ever increasing tide of licentiousness.

Few indeed would wish to return to the very doubtful morality of the Victorian era, the hypocrisies of which were a cover for the iniquities equal to any of today's excesses. But already there are many who see quite clearly that unbridled license is not the same as liberty, that personal freedom needs restraints and standards.

Another aspect of change in many western nations is that religious traditions are being abandoned. This can create all kinds of uncertainty. The straightforwardness of much of life has been lost for ever.

The above facts - and many more besides - are anxiety-making and can lead to breakdown. There are many disturbing aspects in our current situation: the widespread misuse of drugs; the prevalence of alcoholism; the politics of nihilism; the sick apathy of millions, old and young alike - to name but a few.

Affluence makes it possible for large numbers of people to withdraw emotionally from the real issues of life. Many withdraw part-time by retreating regularly into the world of televised fantasy, or taking some other periodic escape route.

Man's basic problem is to find out who he is, and then to become it. Man has to find himself, to learn how to adjust and adapt in ways that no other animal does.

It will not be possible here to go into all aspects of human life and experience that make man different from the animal kingdom, but there would be universal agreement to the statement that it has to do with consciousness.

Consciousness is a great privilege and burden. It operates in three overlapping areas. We are self-conscious, socially-conscious, and cosmically-conscious. Because of this we need to feel at home within ourselves, in our relationships and with the often forgotten or ignored cosmic dimension of being. This calls for self-acceptance, socially-conscious attitudes and behaviour, and an under-girding faith in the essential goodness of existence. We are seldom at peace with ourselves, with different urges and goals which vary from time to time. Often we feel trapped within our deepest needs, and complain that others seem indifferent if not hostile. Even when we try to invest ourselves in something beyond and bigger than ourselves, we may discover that satisfaction falls short of complete fulfillment.

The emphasis has been on the outer realities of life. Social forces impinge on everyone, affecting their direct, close relationships. This means that an individual's social environment needs always to be kept in view. But there are a host of inner factors: our particular biological endowment, and our idiosyncratic response to everything external to us. The important thing in our understanding of ourselves and others is to keep in mind these two sets of variables which are constantly interacting on each other. It is unrealistic to ignore either the inner or
the outer world. Counselling, psychotherapy and psychoanalysis all seek to address the conflict between the inner and outer world.

The Talking Treatments

Counselling, psychotherapy and psychoanalysis are also known as the 'talking treatments'. Talking treatments help you to overcome emotional difficulties and free yourself from self-destructive ways of feeling, thinking, and behaving. They work by providing an opportunity for you to talk in a way which assists you to understand yourself better. Having gained this understanding you can work out ways of living your life in a more positive and constructive way.

This way of changing your life is very different from using drugs, such as tranquillisers and anti-depressants, which are often prescribed for people who are emotionally distressed. These drugs change your mood by affecting the balance of chemicals in your body, but do not help you to deal with underlying problems.

What are The Differences Between Counselling, Psychotherapy and Psychoanalysis?

It is not easy to give a brief answer as the terms cover a wide variety of practice. Certainly, there is considerable overlap. A brief outline is given below. Psychotherapy will be presented in depth in Units 3 & 4; psychoanalysis in Units 5 & 6.

Psychoanalysis

Traditional psychoanalysis has the 'patient' lying on a couch with the analyst sitting fairly silently behind. It typically involves between three and five 50 minute sessions per week for several years and the focus will be on reviving childhood memories and relationships, and any traumas that have been buried in our unconscious mind. However the popular image of a visit to a psychoanalyst - leather couch, dark suit, beard, spectacles (straight from a Woody Allen film!) - is now a bit of a caricature. Analytical technique has evolved over the years to meet the needs of a wider range of people than those seen by Freud: for instance many analysts don't use a couch and see clients only once a week.

Freud developed psychoanalysis in Vienna at the turn of the century as a systematic way of exploring the mind and the unconscious. As other talented men and women have added their own research, insights and methods over the last half century, psychoanalysis has broadened into a whole range of 'analytic' forms of psychotherapy and counselling.

Through the relationship with the analyst you have the opportunity to understand the patterns of past relationships (particularly with your parents), as shown by the way you relate now to the analyst. This process is also true of all psychotherapy but analysis focuses more exclusively on these primary (parental) relationships during the course of the therapy.
Psychotherapy

Although the processes of counselling and psychotherapy overlap so that at times it is hard to distinguish one from another, the words do not express the same, and that to accept that there are differences is vital to the understanding of both crafts.

An analogy may help. The colour yellow changes to become blue through any number of variations of green. In the same way we can identify counselling that is focussed on a particular problem as being at one end of our spectrum; in our analogy this is yellow. Psychodynamic counselling takes us further along the scale, yellow becoming green, psychodynamic psychotherapy takes us further along; this is green, becoming at some times blue. But mostly we reserve blue for analysis.

A psychotherapist working in a hospital is likely to be more concerned with severe psychological disorders than with the wider range of problems and predicaments about which it is appropriate to consult a counsellor. In private practice, however, a psychotherapist is more likely to accept clients whose need is less severe. The sessions are one or more times a week and may last several years. The purpose of it may be quite general; perhaps simply to become happier. It can also be used to overcome more specific problems such as compulsive eating or lack of confidence. The psychotherapist helps you to reach a greater understanding of the events which have shaped your life and of self destructive patterns of behaviour. Talking about them can help you to release painful feelings and find better ways of handling situations you have previously found difficult.

Psychotherapists have many different styles of working. Some will want you to talk mainly about your early childhood and others will be more interested in what can be learnt from the relationship you make with them. Some will want to know how you feel about yourself as a woman, a black person or someone with a physical disability, to give some examples. Others will be more interested in your dreams and fantasies. Some will encourage you to get rid of bad feelings by crying or getting angry as well as talking.

There is a great deal of overlap between psychotherapy and counselling.

Both psychotherapists and counsellors are capable of deciding whether or not they should seek further medical and psychiatric advice, and are normally able to make referrals to appropriate specialist, though frequently this can only be done in consultation with the client’s own GP (doctor).

It’s worth adding that many people who seek psychotherapy are not going through a crisis but are looking for a way to get to know themselves better, to
improve their relationships and to get more out of life. For lots of people this turns out to be an exciting and rewarding adventure.

Similarly, in private practice a counsellor’s work will overlap with that of a psychotherapist. Those counsellors, however, who work for voluntary agencies or in educational settings such as colleges and schools usually concentrate more upon the ‘everyday’ problems and difficulties in life, than on the more severe psychological disorders, though many are qualified to offer, and do in fact engage in, therapeutic work which in any other context would be called psychotherapy.

The Other ‘Psyches’

People often ask the difference between psychotherapy and psychiatry or between psychology and psychoanalysis.

Well to start with, anything that begins with ‘psych’ means something to do with the ‘psyche’, or mind. In fact psyche is a Greek word meaning a mixture of mind, feelings and spirit.

Psychiatry is a branch of medicine. So psychiatrists must train first as doctors and then specialise in the mind (just as cardiologists are doctors who have specialised in treating the heart). They are usually part of hospital teams, and because of their medical orientation, and the pressure of time, they tend to treat patients primarily with drugs.

Psychology is a branch of science, studied at university, which deals with understanding behaviour and how the mind works, based on systematic observation and experiment. After their first degree psychologists may go on to specialise in a field of application: educational, occupational, clinical or counselling psychology for example.

Clinical psychologists work in many areas of health care, such as community medicine, health promotion, general medicine, child and adolescent health care problems, mental illness and mental and physical disabilities. They assess a person’s problems, sometimes using tests, then decide on the therapy to suit the needs of the individual. Treatment may include various types of therapy. As part of their training clinical psychologists learn some forms of counselling.

Counselling

When Is It Useful?

All of us feel worried or depressed now and again and most of us have known times when we say ‘I just can’t cope any more’ or ‘I don’t know which
way to turn’. When we look back on these periods it’s usually easier to see that they are a normal, if painful part of life. But at the same time we probably do not feel reasonable. We feel sad or hurt, afraid or even overwhelmed.

But even though we may recognise that it’s quite normal to go through rough periods in our lives, many of us don’t like to ‘burden someone else with our problems’. However, a problem shared often is a problem halved.

Friends can be supportive in difficult times. But they may have problems of their own, or not have the time and objectivity to listen without getting upset or involved. Or we may feel unable to share really intimate problems with them. It’s at difficult, painful times like these that it can be helpful to talk things over in confidence with an understanding and objective outsider. And you don’t need to worry about overburdening them - their job is to offer the guidance, concentrated time and impartial view that friends can’t give.

Hundreds of thousands of people seek help from a counsellor at some time in their lives. They may be grieving over the death of a loved one; not getting on with their partner; they may have lost their job or be worrying about coping with a new one; they may be finding the strain of work too much; be anxious about the kids or their parents, or simply be depressed for no obvious reason.

Many people also seek guidance when they come to points in their life when nothing seems to be seriously wrong but they just don’t know which way to go next; they may be going through the mid-life crisis, have just retired or may feel that suddenly, for no apparent reason, life lacks a purpose for them.

Emotional problems don’t go away by ignoring them and we suppress them at our cost: migraine headaches, backache, low energy, tension, stress, constant grumpiness, depressed or fits of irrational temper . . . Odds on most us can recognise something in that list! Psychological health is closely linked with physical health. It makes sense not to ignore it, especially given the extra pressures and demands of modern living.

It is natural and healthy to seek help when we can’t sort things out on our own. In the old days we might have gone to the local priest or family doctor, to a ‘wise woman’ or a favourite aunt. Now, with communities split up and everyone leading busier lives, these characters have faded from the scene for a lot of us, or else, as with doctors for example, they may be understanding but just not have the time to give. Counsellors are in many respects filling that gap.

Case Study: DORIS

At 54 Doris is a solid, strong woman who has worked in the same family ironmonger for the last 30 years. She was widowed 3 years ago and shortly
afterwards her mother suffered a stroke. At about this time Doris's eyesight began to deteriorate rapidly. Her optician found nothing physically wrong and mentioned the theory of a psychotherapist, who believed we go into ourselves when we don't want to see the world around us: we literally don't see. Knowing she was under some emotional strain, the optician suggested Doris visit the therapist. Going to see a counsellor was totally outside Doris's experience. She was terrified, but she went, and now, a year later, she's still going. 'Sometimes I wonder who's nutty - him or me! I think I must drive him up the wall because I'm so controlled: I feel deeply but I don't show how I feel; I tend to smoulder rather than get angry and I've only cried a few times.'

Although she jokes about it Doris appreciates how Joe has helped her. 'I'm a fudger normally, very indirect, telling people that I would do something 'if I could'. Now I've got much more confidence to say what I mean, and I'm not scared to let people see I'm hurt or angry anymore. Joe's become quite a cornerstone in my life: he always talks good sense and he's clear and direct. We've become good friends, but I had to be careful mid-year because I was relying on him too much even though I knew what I had to do in my life. I think that can be a problem since the therapy has got to end one day.'

Joe never makes me feel I'm being selfish. He tells me I've got to deal with my life and not to be frightened of my feelings. 'Cos before I was sort of living in neutral all the time.

I've started evening classes to learn English - it's something I've always wanted to do but never had the courage. But now I don't mind saying 'I can't spell that, can you help me?'

And the eyes? 'Well, they haven't improved - yet - but they've not got worse which is good!'

Problem-centred helping and counselling

The term counselling sits quite comfortably alongside information, advice and guidance when it comes to thinking about helping strategies for problems. Most agencies offering information, advice and guidance will explicitly offer counselling, or acknowledge that counselling skills are used in the delivery of their other helping services.

Perhaps it is because we have a keener sense of the need for support at times of personal crisis and know what good helping is. Or perhaps it is because of the breakdown of support systems like the extended family in our society, that there has been an explosion of agencies and services offering support and counselling in the past 20 years. As seekers of help we have become accustomed to looking for, and more often than not finding, help tailored to our specific needs. Some of the critical life events that take us to counselling are listed below with a word or two of explanation.
• Bereavement
This is one life-event which is universally accepted as a time when humans need support. Much work has been published on the grief process, how unresolved grief can lead to more serious damage and how counselling can help. Grief support and counselling is popular as a peer activity through organisations such as Cruse, and a specialism offered by many professional counsellors.

Unresolved grief can lead to much more complicated and long-lasting symptoms, so good support through bereavement is sometimes literally a life-saver and invariably improves the quality of life. The term ‘grief and loss’ can encompass the reaction to any significant loss in a person’s life including becoming unemployed, having a limb amputated or separating from your spouse.

• Relationships and Marriage.
Many people turn to relationship counselling before the relationship breaks down, whilst some want support after the event.

• HIV and AIDS.
It has for some time been a requirement that all those requesting an HIV test receive ‘counselling’ before the test and on hearing the results. The need for counselling and support related to HIV and AIDS is not limited to those that are HIV positive or suffering from AIDS. Partners, relatives and friends need support too along with people who worry that they might have been infected. Some people become excessively worried about AIDS or HIV infection, despite being known to be uninfected or at little or no risk, are called ‘worried well’ and can take up a lot of time and resources of AIDS advice agencies.

Because the history of the spread of the HIV infection in the UK and USA has been amongst gay men and IV drug users, most specialised agencies are oriented towards the needs of these groups.

• Victim Support
There is a growing concern that victims of crime have had their needs neglected and the provision of counselling and help attempts to redress that imbalance. Counselling for shock is offered alongside more concrete help with form filling, insurance claims and other everyday things that need doing after traumatic crime.

• Surviving Disasters.
Post-traumatic stress disorder, or PTSD is the term used to describe the very distressing after-effects suffered by people who have survived trauma such as disasters. The events at Hillsborough football ground, the fire at Kings Cross...
Station, aircrashes and other disasters have prompted the provision of specific post-trauma counselling.

Post-trauma counselling is specialised work and is offered to a wide range of people including, for example, building society staff after armed robberies and members of the emergency services who witness horrific scenes in the course of duty.

Anyone surviving a trauma; car crash, mugging, or witnessing horrific accidents is vulnerable to PTSD and should be encouraged to seek help, whether or not a specific scheme is offered. Post-trauma counselling is now offered as a specialism by counsellors in private practice.

- Surviving Abuse and Rape.
  Rape and abuse are sometimes looked upon as separate issues. Provision of support, help and counselling is frequently by women for women.
  There has been an increase in the attention given to child sexual abuse recently and the national agency Childline is a point of first contact. Much long-term counselling work is done with the adult survivors of such abuse. This is specialist work and the effects of remembering past abuse are frequently very traumatic and debilitating. This group does include men and it is thought by some that the degree to which it affects men has been underestimated.
  Local organisations, rape crisis centres and womens’ groups should be able to give initial support and make referrals where necessary.

- Sex and Sexuality.
  Sex and sexuality are in fact two different problem areas – ‘Sexuality’ usually refers to sexual orientation, i.e. heterosexual, bisexual, gay, lesbian. Sexuality also covers sexual attraction to children, cross-dressing, wanting to hurt or be hurt by others, having less usual objects of sexual desire such as items of clothing or machinery.
  Our culture is not very flexible when it comes to accepting sexuality or sexual practices which differ from the perceived cultural norm of heterosexual sex. The problems that most people have regarding their sexuality arises from this societal or family pressure to ‘be normal’. Some sexual practices are illegal, such as paedophilia (sex with children) which may make it difficult for an active paedophile to seek help to change.
  There are specialist self-help/support groups both nationally and regionally that offer help for people wanting to explore, come to terms with or change their sexual orientation. A mixture of information, advice, group support and counselling may be available.
  ‘Sex’ refers to problems with ‘normal’ sexual functioning. Popular terms describing these problems are ‘impotence’ in men (including premature ejaculation) and ‘frigidity’ in women. The problems include a wide range of
incomplete, absent or inappropriate sexual responses and cause great distress and
shame to the sufferers.

- Medical Conditions.
Illness is another crisis point in a person’s life where support is needed, not only
for the person themselves but also for their family. Many medical conditions
have long-term debilitating effects and a wide range of support groups offering
services from information, advice, guidance, counselling and befriending have
grown out of the need for such support. From arthritis and asthma to tinnitus
(noises in the ear) there are organisations offering help, sometimes on a local
basis - some employ specialist counsellors.

- Suicide and despair.
Probably the most famous telephone helping agency, The Samaritans was set up
to listen to people who were so desperate that they may consider taking their own
life. Samaritans branches offer listening and befriending and are reluctant to call
their services ‘counselling’. Undoubtedly, many Samaritans volunteers are
proficient in the use of counselling skills. Volunteers are trained, but remain
anonymous so on-going helping relationships are difficult unless a client is
‘befriended’ by a more experienced volunteer.

- Problem pregnancies.
Trained counsellors help women make the decision as to whether she wants to
terminate a problem pregnancy or not. Some agencies are tied to a world-view or
religious view, which makes a pre-judgement about the morality of terminations
and so the counselling is likely to be less than neutral. Information and advice
are available in addition to counselling.

- Counselling at Work
An increasing number of employers are offering help, support and counselling
through the workplace. Whether the problem is work-related or of a more
personal nature, employers are beginning to realise the cost effectiveness of
counselling since research suggests that when counselling is provided, fewer days
are lost due to sickness and stress.
The current trend is to offer Employee Assistance Programmes (EAPs) rather
than permanent on-site counsellors.

- Counselling at a GP surgery.
An increasing number of GPs employ counsellors in their surgeries to offer help
with a wide range of problems from bereavement through to eating disorders and
drug dependency.
- Counselling in Education.
  Colleges and Universities have been providing counselling for students for many years. It is often provided under the heading 'student services', 'student support' or 'advice and guidance'. Information and advice, as well as counselling for a wide range of academic, financial and personal problems is usually available. It is usual for the service to be offered to both full and part-time students.
  Counselling in schools is less available.

- Counselling and Religion.
  The word 'counsel' does have religious associations and many people seek help from their church, or community elders when life presents them with crises. Bereavement is a time when people naturally turn to priests for support and guidance.

Case Study: FRANK

Frank consulted his GP because he had persistent indigestion. At 21, Frank had a good job as a plasterer and was keen on sports, playing football with his mates on Sundays.

'I'm pretty good-humoured really, but I started worrying about this pain in my stomach, and became pretty boring to be with. So I thought I'd better see the doctor.'

Frank was resigned to having to take pills, but on close questioning by his GP, it transpired that his indigestion only really occurred when he had meals out - when he took his girlfriend to a restaurant, or had lunch in cafes with his workmates. He felt uneasy in crowded rooms, and if he had to eat, would feel nauseous, anxious and tight in his stomach. Rather than offer tranquillisers the GP suggested Frank see the counsellor in the practice.

At first Frank was embarrassed: counselling was for wimps, nutters or neurotics, not for healthy young lads like him; did the doctor think he was mentally ill, or what? The doctor helped Frank overcome his fears and he decided to give it a go.

He saw the counsellor for 6 sessions, during which he discovered there were other situations that caused him the same panic and anxiety. 'It all went back to school. I got picked on a lot by teachers. I remembered one time at school dinner when this really tough teacher humiliated me.' Using some visualisation and some role play the counsellor helped Frank solve his problem Frank was delighted. He came expecting medication and found he could help himself.

What Goes on in Counselling

Counselling occurs when a counsellor meets with 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 and no one can properly be 'sent' for counselling.

Counselling involves the helping skills of caring, listening and prompting. It's based on talking and the respectful, trusting relationship that builds up between the client and the counsellor but it's not the same as the advice-giving service of, say, the Citizens Advice Bureau. A counsellor will be supportive but give little or no direct advice, since the aim is to help the client develop insight into their problems.

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 slightly different angle. Counselling is a way of facilitating choice or change or reducing confusion. 'I don't know which way to turn...what to do......what's the matter with me?' are frequent opening remarks.

In the counselling sessions the client is enabled to explore various aspects of their life and feelings concerning those aspects; talking about them freely and openly in a way that is rarely possible with friends or family; to a person who neither judges nor offers advice. Bottled-up feelings such as anger, anxiety; grief and embarrassment can become very intense; an opportunity to express them and talk about them in a secure place can help dissolve them, reduce the pain caused by them, thus 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 the client's feelings without becoming burdened by them.

The client can gain self-respect and a sense of being of value by having their feelings taken seriously, and thereby being accepted and respected as a person in their own right. The relationship between the client and the counsellor is an essential part of the process. Therefore as trust is built up, the counsellor will encourage the client to look at aspects of their life; their relationships and themselves, which they may not have thought of or felt able to face before. There may be some exploration of early relationships to discover how they came to react to certain people or situations in certain ways that contribute to their difficulties; followed by consideration of ways in which they might change.

Counselling looks at the way we communicate with each other, helping us to become more clear and direct with what we want to say - for instance learning to be angry without making the other person 'wrong', or learning to ask for what we need rather than going into a sulk because the other person hasn't 'guessed' our needs. This process is beneficial for most relationships, particularly where each blames the other for what's gone wrong.

The counsellor may set out the options open to the client and help them to follow whichever one he chooses. The counsellor may help the client to examine in detail the situations or behaviour which are proving troublesome and to find a small but crucial point where it would be possible to initiate some
change as a start. Whatever approach the counsellor uses, and these are only examples, client autonomy is the ultimate aim: for the client to make their own choices, to make their own decisions and put them into action.

Counselling uses very human skills - like knowing how and when to ask appropriate questions - which the counsellor has developed through training and experience. But counselling is also about relationships, and, especially in long term counselling, you may get in touch with difficult emotions - suspicion, hostility, fear - which perhaps you brush aside in real life, but which in the safe space of the session, the counsellor will help you focus on and work through.

Most of all, the counselling process can help you to feel more in control of your life and able to do something *yourself* about what isn’t right for you, about the feelings distressing you or about a difficult relationship, rather than feeling helpless, angry or frustrated. You don’t have to be a victim in your life.

Counselling sessions typically last 1 hour, and takes place once a week over a period of weeks or months, depending on how things go and the arrangement you make with the counsellor. Setting some sort of goal with the counsellor (eg. not feeling panicked by work or not yelling at the kids) is often a part of the process.

**Confidentiality**

All that takes place between counsellor and client is treated with respect and discretion. An agreement is usually made at the outset on confidentiality. However, exceptional circumstances may arise when a clients’ consent will be sought for a change in this agreement.

**Case Study: FREDA**

Freda is a forthright woman in her early 50’s who teaches art in a technical college. She loves her work and is appreciated for her skills. In her private life, however, things are difficult.

' *My husband has been having an affair with another woman and I’m going through the menopause. All that is bad enough but what is worse is that I couldn't have children and this woman has had a baby by him. I didn’t know how I was going to get through last Christmas and felt it was time I saw a professional. A colleague gave me the name of a therapist and I saw her first just before Christmas - that got me through. I never missed a week after that. My problems haven't gone away but I feel so much stronger now.*

*My counsellor and I clicked immediately - we’re the same age which I think helped. I remember her saying ‘I think I’ll be able to support you’ and that was enough. I've always been able to talk; I get bottled up about some things*
but when it comes to it I can talk. The fact I can do this with Mary and cry too and, now, also express my anger, is so helpful. In the past I've never done this - I was always the good, kind one - so it's been a great release. I had a lot of anxiety about allowing myself to be angry because I dislike aggression. But what I learnt in therapy was that I can express my anger without being aggressive. That's wonderful!

Choosing a particular kind of counselling is far less important than choosing the right person - a therapist who you feel comfortable with. Research studies have shown that different kinds of psychotherapy and counselling can be equally effective. The key factors for successful therapy are the skill of the therapist, whether you feel comfortable with them and your level of motivation.

How long it takes depends on you, the counsellor / therapist and the problem. Most people go initially for short-term counselling or brief psychotherapy to deal with a specific problem (eg. getting over a bereavement or marital difficulties or overcoming a bout of depression). This may take half a dozen sessions over a few weeks or 20-30 sessions over some months. Some people decide that they want to make deep changes to their lives and enter therapy for a year or more.

Fees are likely to be between £25-45 per hour but they can range all the way from free to £60 or more. Many counselling/psychotherapy centres and individuals offer a sliding scale of fees which takes your ability to pay into account. Also most of the counselling and psychotherapy training institutes offer low cost sessions with their trainees.

Definitions of Counselling

The word 'counselling' has a long history and many meanings. While it is essential to have some consensus about counselling as a service, it is not useful to attempt to specify in detail how the counselling task is undertaken. That might lead to an exclusive set of assumptions about how human beings learn, develop, and cope with the changing needs and resources in themselves and their environment.

Definition (British Association for Counselling BAC)

People become engaged in counselling when a person, occupying regularly or temporarily the role of counsellor offers or agrees explicitly to offer time, attention and respect to another person or persons temporarily in the role of client. The task of counselling is to give the client an opportunity to explore, discover and clarify ways of living more resourcefully and towards greater well-being.
The following explanations examine this definition in more detail:

'A person occupying regularly or temporarily the role of counsellor'
In many institutions and organisations there are now people with the title of counsellor. There are also many counselling agencies regularly offering the services of counsellors. In addition, there are people, who may or may not be trained, who offer private counselling services at a fee. Most people whose work is primarily helping people, groups, or systems to live or develop more satisfyingly either for themselves, or more usefully for each other, or more efficiently for some other end, are now motivated or expected to undertake some counselling activities.

There are various degrees of formality implicit in the way the task is undertaken. Along with the acknowledged professional services, it is a growing practice for people to offer each other counselling sessions as an explicit activity.

'Offers or agrees'
The counsellor may be approached by the client, in which case the counselling task starts when the counsellor agrees to offer this service.

The counsellor may perceive, or be informed by someone else, that someone could benefit from a counselling opportunity. In that case, counselling begins when the client understands and wishes to make use of the offer of such an opportunity.

'Explicitly'
This is the dividing line between the counselling task and ad hoc counselling and is the major safeguard of the rights of the consumer.

In organisations, institutions, and counselling services, the nature of service is usually made explicit in literature and advertisements, which are freely available to prospective clients.

In cases where counsellor and client hold other roles in relation to each other (e.g. management/managed, teaching/taught, nursing/nursed, probation officer/probationer), clarification of the opportunity offered, in a way that the client can understand differentiates the counselling task from other mutual responsibilities, in the perception of both client and counsellor.

'Time and attention'
Time may indicate a single occasion or repeated meetings by mutual consent. The boundaries of time, however they are arranged, either within single meetings or over several meetings, are an important and integral part of counselling.
Attention means that the counsellor is sufficiently free from personal or environmental preoccupations to be open to the client’s communications and to engage actively in personal exploration.

'Respect'
Respect implies clearly communicating to clients, the potential to be creative for themselves. It also means acknowledging the way potential has been used so far.

The client invariably lives within several social groupings. Choosing and developing such groupings continues throughout life, and these are often integral parts of the changes faced. In a multi-cultural and multi-value society, the counsellor respects the client’s right to make valued choices, while feeling responsible for ensuring the full exploration of the consequences of these choices. The ability to co-operate and to be assertive in order to influence social groupings when desirable are both necessary to this basic human need.

It is the social and political context of the counselling task which perhaps gives rise to most controversy. On the one hand counselling is seen as a panacea for ‘bad systems’ and the counsellor as an, often unwitting, agent of social conservation and control. On the other hand there are anxieties that it will be used manipulatively by those who wish to promote radical social change.

Since counsellors too are only in a counselling role for a portion of their lives, they are held within certain wider contracts, often in common with their clients. Both will almost certainly be citizens of the same state and be bound more or less willingly by the laws of that state. Both may be in some explicit or implicit relationship with an organisation, a religious or sub-cultural grouping. Counsellors may consider that any or all of these constitute a prior obligation. They will certainly have their own moral and ethical views. It is therefore important that in giving attention and respect to the client in order to allow them to make their own choices, the counsellor is able to avoid imposing moral values and should offer the choice of seeking counselling elsewhere.

Respect includes privacy and confidentiality, agreed between counsellor and client according to the reality of the setting in which counselling takes place.

'Another person temporarily in the role of client'
The client role is occupied by people for only an extremely small portion of their lives. For the rest of their lives they occupy completely different roles in relation to themselves and others.

'Opportunity to explore, discover and clarify ways of living more resourcefully and towards greater well-being.'
Counselling is often sought by people when they are facing choices, or experiencing or anticipating internal or external changes and, as a result are in
some degree of confusion or distress. By definition they are not living in a way which is wholly satisfying to them, nor are they using all their resources.

In the first instance, an opportunity to explore is essential to reduce confusion. Such exploration may focus simultaneously or consecutively on the feelings, the thinking, or the behaviour involved in the dissatisfying or unsatisfactory areas. This in itself may be all that is needed or offered.

Often such a process will lead to enabling clients to clarify personal meanings and to implement objectives for themselves. These may be defined in more or less concrete and measurable terms according to the style of the client and the particular skills of the counsellor. This again may be a sufficient end of the task.

In many cases, however, the opportunity will also be offered for the client to try out and experiment within and outside the counselling session with new ways of being. Since 'living more resourcefully and towards greater well-being' of necessity includes being able to be appropriately independent inter-dependent and dependent, counselling often uses and develops all three modes of interaction at different times.

Another way of looking at counselling and what it involves is in terms of who offers the help and how the help is offered.

Counselling, Helping and Self-Help
There are four main categories of people who might offer help with concerns:

- Helping professionals.
  Persons specializing in helping others with their problems. Such people include counsellors, psychologists, psychiatrists and social workers.
- Voluntary counsellors and helpers.
  People trained in counselling and helping skills who work on a voluntary basis in settings such as marriage guidance councils, young people's counselling services and numerous other voluntary agencies.
- Those using counselling and helping skills as part of their jobs.
  Here the main focus of the job may be: teaching; managing; supervising; providing religious, medical, financial or legal services; trade union work, etc.
  These jobs require people to use counselling and helping skills some of the time if they are to be maximally effective in them.
- Informal helpers.
  All of us have the opportunity to assist others, be it in the role of marital partner, parent, relative, friend or workmate.

Possibly, in relation to the above fourfold classification of people who offer help, the word 'counsellor' refers more to helping professionals and voluntary counsellors, whereas the word 'helper' refers more to those using
counselling and helping skills as part of their jobs, and to informal helpers. Some would even query this distinction and view counselling and helping as synonymous. The word client refers to the person receiving help.

Helping takes place within different kinds of contracts. Kanfer and Goldstein state three of the main differences between professional and informal help. First, professional help is unilateral, in that the focus of the relationship is on solving the problems of the client. Second, it is formal in that the relationship between helper and client is usually confined to specific times and places. Third, it is time-limited with the relationship terminating when stated goals and objectives are reached.

A Further Definition of Counselling

- It is a relationship. The emphasis here is on the quality of the relationship offered to the client. Characteristics of a good helping relationship are sometimes stated as non-possessive warmth, genuineness and a sensitive understanding of the client’s thoughts and feelings.
- It involves a repertoire of skills. This repertoire of skills both incorporates and also goes beyond those of the basic relationship. Another way of looking at these skills is that they are interventions which are selectively deployed depending upon the needs and states of readiness of clients. These interventions may focus on feeling, thinking and acting. Furthermore, they may include group work and life skills training. Another intervention is that of consultancy.
- It emphasizes self-help. Helping is a process with the overriding aim of helping clients to help themselves. Another way of stating this is that all clients, to a greater or less degree, have problems in taking effective responsibility for their lives. The notion of personal responsibility is at the heart of the processes of effective helping and self-help.
- It emphasizes choice. Throughout their lives people are choosers. They can make good choices or poor choices. However, they can never escape the ‘mandate to choose among possibilities’. Helping aims to help clients become better choosers.
- It focuses on problems of living. Helping is primarily focused on the choices required for the developmental tasks, transitions and individual tasks of ordinary people rather than on the needs of the moderately to severely disturbed minority. Developmental tasks are tasks which people face at differing stages of their life span: for instance, finding a partner, developing and maintaining an intimate relationship, raising children, and adjusting to declining physical strength. The notion of transitions both applies to progression through the life stages, and acknowledges that changes can be unpredictable and not necessarily in accordance with normative developmental tasks: for instance, getting fired, as contrasted with
maintaining a steady job. The notion of *individual tasks* represents the existential idea of people having to create their lives through their daily choices. This is despite constraints in themselves, from others and from their environments. Though helping skills may be used with vulnerable groups like psychiatric patients, helpers are mainly found in non-medical settings.

- It is a process. The word ‘process’ denotes movement, flow and the interaction of at least two people in which each is being influenced by the behaviour of the other. Both helpers and clients can be in the process of influencing each other. Furthermore, though some of this process transpires within sessions, much of it is likely to take place between sessions and even after the contact has ended. What begins as a process involving two people ideally ends as a self-help process.

The six characteristics mentioned above can be made into a composite definition of counselling and helping.

*Counselling and helping is a process whose aim is to help clients, who are mainly seen outside medical settings, to help themselves by making better choices and by becoming better choosers. The helper’s repertoire of skills includes those of forming an understanding relationship, as well as interventions focused on helping clients change specific aspects of their feeling, thinking and acting.*

**Areas for Counselling and Helping Skills**

Below six different areas are identified for using helping skills. Though in practice these six areas overlap, each may require different skills.

1. Nurturing and Healing

Karen, an only child aged eighteen, grew up in a home where her parents were in constant conflict. Both tried to get her to take their side and neither spent time trying to understand her point of view. Instead she was being constantly put down. Her father started drinking heavily. Her home atmosphere was characterised by anger, tension and unhappiness with rare glimpses of fun. Karen is now shy, tense, depressed and fearful of intimacy.

Young people require emotional nourishment when growing up. They need to feel secure. This is not just physical but emotional security. British psychiatrist John Bowlby talks of the concept of a secure base. He calls this provider of a secure base an attachment figure. Another way of approaching the concept of a secure base is to emphasize the growing person’s need for empathic understanding. Through being sensitively listened to by an attachment figure,
children not only learn to experience and acknowledge their own feelings, but also feel confident to engage in exploratory behaviour. In the above vignette it is probable that Karen’s confidence in herself has been insufficiently encouraged. Furthermore, she may have learned from her parents some poor relationship skills. Karen requires a healing relationship from a helper in which she can receive some of the nurturance and affirmation that her life to date has lacked. This relationship might viewed as more person- than problem-oriented. Though assisting her to solve problems is important, the major aim is to foster Karen’s overall development as a person. Karen and people with similar adverse experiences may require long-term contact of possibly twenty sessions or more.

2. Problem Management

Geoff is a married man in his mid-forties with two boys, aged fifteen and thirteen. He is getting increasingly concerned at his deteriorating relationships with his sons. He resents the fact that they spend so much time away and complains that they treat a good home just like a hotel. His wife tells him that she wishes that he would control his anger with the boys.

Problem management helping assists clients to make better choices in one or more problem areas in their lives. Clients tend to approach helpers with specific problems. For instance, Geoff may be seeking help in improving his relationship with his sons. Presenting problems can be many and varied. Examples are: the communication problems of partners; the learning difficulties of pupils and students; adjusting to bereavement; the stress problems of an executive; and coming to terms with a physical disability. Not surprisingly, problem management help usually starts with assessment. This is in order to understand and define the problem(s) and to set goals. Problem management helping is sometimes viewed as inelegant. This is because it tends to have a specific focus and last for only a few sessions. Nevertheless, it may be all that the client wants. Furthermore, it may be approached in such a way that clients learn some useful self-help skills.

3. Decision Making

Ken, aged twenty, is at the end of his first year on a university engineering course. He has just received his results for the year and has failed three out of his nine subjects. He acknowledges that not only does he have considerable difficulty with two of the subjects, but also that he is not particularly interested in the whole course. He now wonders whether he should change his course.
The aim of all helping is to aid people in making better choices and in becoming better choosers. However, decision making can be viewed as a distinct area. In decision-making helping, the focus is on helping clients make one or more specific decisions. Much occupational work is concerned with clients' decisions in such areas as: choosing a job or career; the educational route to obtaining qualifications; whether or not to accept redundancy, or early retirement; whether or not to change job in mid-career; use of leisure time; and what to do when retired. There are many other important decisions that clients may wish to think through with the help of skilled and unbiased helpers; for example, getting married or getting divorced. Decision-making helping can both help clients with particular decisions and also impart self-help skills.

4. Crisis Management

*Judy's husband left her a year ago to live with another woman. Since then she has been taking refuge from her loneliness by involving herself for long hours, including much overtime, in her stressful job as nurse in a busy operating theatre. Today she had an ugly row with one of the doctors. She is now tense, agitated, depressed, pessimistic and hurting all over. She feels she can't go in to work any more and is clearly at the end of her tether.*

In crisis management helping, clients feel that their coping resources are under great strain, if not overwhelmed. They are often stuck in unproductive and repetitive patterns of thinking, living in states of heightened emotions, and unable to view dispassionately the range of their choices. Crisis management, sometimes conducted by telephone, requires helpers to make speedy assessment of situations, including: suicide risk, clients' coping resources, availability of support and whether medication and/or hospitalization is desirable. Additionally, helpers are likely to work with clients on managing their problems, at least to the extent of getting them through the worst of the crisis.

5. Support

*Kim and Winnie Lee are an Asian couple in their mid-thirties who migrated with their three children to a western country five months ago. The whole family has found it a major change involving differences in culture, language, climate, physical environment, employment and friends, and also absence from relatives. While the family is coping well, Kim and Winnie feel in need of support during their transition.*

Supportive helping assists clients who, while not going through a major crisis, may nevertheless consider extra support necessary to help them through an
awkward phase. For instance, Kim and Winnie might arrange to see a counsellor on an occasional basis. In fact, just knowing that a counsellor was available might help them. Such counselling may give them the opportunity to express and then start sorting out their thoughts and feelings in a safe environment. Ideally supportive helping quickly puts clients back in touch with their own strengths and resources so that they feel better able to cope with life on their own.

6. Life Skills Training

*Michelle and Rudy are in a close relationship and thinking of getting married. Both sets of parents were divorced and they do not want history to repeat itself. Accordingly they have enrolled in a relationship skills training course for couples. This is to be held one evening each week for twelve weeks.*

Increasingly it is recognized that helpers need not restrict their activities to those who already have problems. Helping skills can be used to conduct life skills training programmes with a preventive and developmental, as contrasted with a remedial, focus. Such training programmes can be in any area in which people require skills: work, leisure, study, relationships and sexuality, to mention but some.

Helping skills can also be used to impart life skills without going so far as offering structured programmes in specific skills. For instance, teachers can manage learning environments in such a way that pupils develop skills of self-directed learning and group participation. Supervisors can supervise workers in such a way that they develop both initiative and teamwork skills. Youth club leaders can run activities programmes that have the side effect of helping young people develop autonomy and relationship skills.

Counselling, Helping & Choosing

All people are ultimately personally responsible for their survival and unique fulfillment. Thus, it is assumed that both helpers and helped share a common responsibility for creating and making their lives. Effective living involves people in making appropriate choices in the areas of feeling, thinking and acting. Appropriate feeling choices enable people to be open to their experience, acknowledge their feelings, and be aware of their wants and wishes. Appropriate thinking choices help people to regulate self-defeating feelings, avoid defensiveness, problem-solve and plan. Appropriate acting choices enable people actively to meet their needs through mutually satisfying and enhancing relationships and through gaining meaning in work and leisure.
Problems as Deficits in Choosing

Many problems that clients have are either caused by or compounded by deficits in choosing. This is not to deny that many clients have also to cope with problems that may be largely outside their influence: for example, ill health, accidents, poverty, poor housing. Effective living involves effective choosing. The people in the previous vignettes - Karen, Geoff, Ken and Judy - were needing outside assistance so that they could choose more effectively. Karen lacked both the confidence and skills to make the choices that could help her to meet her needs. Geoff was too blocked to be able to make effective choices in managing his anger and rebuilding his relationship with his sons. Ken seemed to have made one inappropriate educational and career choice and was at risk of making another. Judy had made some poor choices in coping with the departure of her husband and was now in a crisis where her capacity to choose appropriately was greatly diminished. Even Kim and Winnie might be viewed as needing outside assistance to give them the support and strength to continue making effective choices. Michelle and Rudy wanted to learn to become better choosers before they were married, as a way of preventing marital problems.

Client self-help is the ultimate goal of helping. This involves clients not only in requiring the skills of making appropriate choices but also in maintaining their ability to choose appropriately. Effective living involves making the daily smaller choices correctly, not just the big choices. As Maslow observed: 'To make the growth choice instead of the fear choice a dozen times a day is to move a dozen times a day towards self-actualization.'

Counselling cannot:

1. Change the past.
2. Guarantee a positive future.
3. Change the world.
4. Help everybody.
5. Change your economic or social circumstances.
7. Solve insoluble problems.

Counselling can:

1. Help you understand yourself better.
2. Help you talk through your problems.
3. Allow present feelings to emerge and be expressed.
4. Allow past feelings to be re-experienced and re-evaluated.
5. Allow present life situations to be explored and considered.

6. Enable more informed decision-making.

7. Help you get more out of life.

8. Help you put more into life.

9. Help you enjoy better relationships.

10. Help you become more of who you are.
The Skills of Counselling

Just because people are available to help does not necessarily mean that they are helpful. The question then becomes 'What is effective help?' or, to put it even more specifically, 'What are the skills of effective helping?'

The model presented below, gives an outline of how the process of counselling progresses, and the skills that may be effectively used at different stages in the process.

Integrative Counselling Skills Model

The Beginning Stage

_Aims_ to establish a working relationship
to clarify and define problems
to make an assessment
to negotiate a contract

_Strategies_ exploration
prioritizing and focusing
communicating core values

_Foundation skills_ attending
observing clients
listening
reflective skills
probing skills
being concrete

The Middle Stage

_Aims_ to reassess problems
to maintain the working relationship
to work to the contract

_Strategies_ to challenge by:
confrontation
giving feedback
giving information
giving directives
self-disclosure
immediacy

_Skills_ listening, reflective and probing skills

The Ending Stage

_Aims_ to decide on change
to implement change
Counselling is a purposeful activity (Ivey 1983). While at the beginning it is important for counsellors to suspend judgement both about what changes clients will make and how they will resolve their concerns, it is crucial that they have clear aims for the counselling process. The aims above are the intended outcomes for each stage and are guidelines by which to assess the progress of the work.

The term ‘strategy’ is the procedure. For example, exploration is a key strategy, particularly during the Beginning Stage. It is through exploration that clients begin to gain the sort of clarity, understanding and insights that are the fundamental precursors to change.

The skills are basic component parts of any counselling session; the competencies in communication which enable each of us to put our particular approach into operation. Thus, each strategy will involve the use of different combinations of skills. This model both identifies and organizes the core skills necessary for helping clients to engage productively in the counselling work.

Counselling is, of course, much more than the development and use of communication skills and strategies. It is a unique, difficult and fundamentally human activity, which offers clients the protected space and opportunity to discover ways of living more resourcefully. However, unless counsellors are adept at the skill level, they are unlikely either to counsel sensitively or purposefully.

This model will provide a useful process map for both beginning and experienced counsellors, as well as those who counsel as part of their wider work role.

The beginning stage

Aim:
The fundamentally important aim of this stage is establishing a ‘working relationship’ with clients. This is a relationship characterized by trust, support and emotional closeness, in which clients begin to feel secure enough to reveal their concerns. Clients are often anxious, particularly if they have never been clients before. Understanding and acceptance from the counsellor will be crucial to encouraging their participation in the work.
The other aims are:

1. **Clarifying and defining concerns**: This means that the issues brought by clients are understood as clearly as possible by both clients and counsellors. However, this is not such an apparently straightforward process; clients themselves may be unclear about what bothers them or they may have several concerns and not know where to start. Not untypically, some may 'present' counsellors with a problem to test whether or not it is safe for them to reveal what deeply concerns them.

2. **Making assessments**: The process of making assessments is an important aspect of both the beginning and subsequent stages of counselling. Assessment involves using theoretical frameworks to develop hypotheses about clients and their concerns, and make tentative plans for the counselling work.

3. **Contracting**: As a way of helping, counselling stresses the importance of enabling individuals to discover or recover their potential to take greater charge of their lives. Making a contract is a behavioural way of demonstrating this value. The contract is a clear, negotiated agreement which has three aspects. The first is the contract for counselling, meaning that clients agree that counselling is what they want and know that is what they are receiving. The second covers aspects such as, length, times and number of sessions, confidentiality and payment. Third, both counsellors and clients need to agree what changes clients want to make. Working to a contract is a powerful way both of focusing the work and of making it a shared enterprise.
### Guidelines for Maintaining Client Confidentiality

<table>
<thead>
<tr>
<th>Point</th>
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<tbody>
<tr>
<td>Take every reasonable precaution to preserve the confidentiality of information acquired throughout your contact with clients.</td>
</tr>
<tr>
<td>Make it your practice to protect the identity and privacy of clients except in those cases where you are subject to the requirements of the law or you have the expressed permission of clients to reveal their identity to others.</td>
</tr>
<tr>
<td>Ensure that colleagues and other staff or trainees with whom you work are also aware of the need to maintain client confidentiality and that they respect this with each individual they directly or indirectly associate with in counselling.</td>
</tr>
<tr>
<td>When you do communicate information about your practice or your research in counselling, make every endeavour to protect the identity of clients associated with it.</td>
</tr>
<tr>
<td>Safeguard any records you keep about clients, whether written or stored in computer systems.</td>
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<tr>
<td>At the outset of counselling, make clear to clients the rights they have about accessing the information you hold about them.</td>
</tr>
<tr>
<td>Where there is evidence and a compelling reason to breach confidentiality, as with the admission of a serious crime, clients should be made aware of their position and the appropriate third parties informed.</td>
</tr>
<tr>
<td>The recording of counselling sessions by audio, video, photographic or other electro-reproductive means should only be conducted with the prior and expressed agreement of clients.</td>
</tr>
<tr>
<td>In any demonstration of counselling skills or public work with clients you should ensure you obtain their written permission and specify the conditions under which such sessions should take place.</td>
</tr>
<tr>
<td>Take all reasonable steps to ensure that the client records over which you have control only exist for as long as it is necessary to identify individuals. Thereafter records should be either destroyed, given back to clients, or rendered anonymous so as to make it impossible to identify clients.</td>
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### Guidelines for Tasks in Practical Counselling

<table>
<thead>
<tr>
<th>Counsellor Tasks</th>
<th>Client Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Establishing confidentiality</td>
<td>• Being satisfied with confidentiality</td>
</tr>
<tr>
<td>• Building trust and rapport</td>
<td>• Reciprocating trust and rapport</td>
</tr>
<tr>
<td>• Accessing relevant information</td>
<td>• Information searching</td>
</tr>
<tr>
<td>• Examining how client thinks/feels/behaves</td>
<td>• Discovering own thinking/feeling/behaving patterns</td>
</tr>
<tr>
<td>• Noticing what it important to the client</td>
<td>• Understanding what is important to self</td>
</tr>
<tr>
<td>• Focusing on client's needs</td>
<td>• Becoming aware of own needs</td>
</tr>
<tr>
<td>• Reviewing past/present/future ways of satisfying needs and if they are being met</td>
<td>• Engaging/participating in reviewing with counsellor ways own needs have been/are being met</td>
</tr>
<tr>
<td>• Creating new choices with clients</td>
<td>• Considering new choices with counsellor</td>
</tr>
<tr>
<td>• Challenging client's beliefs</td>
<td>• Challenging own beliefs</td>
</tr>
<tr>
<td>• Utilizing client resources</td>
<td>• Releasing personal resources</td>
</tr>
<tr>
<td>• Deciding desired outcomes and their implementation</td>
<td>• Considering/deciding/pursuing desired outcomes</td>
</tr>
<tr>
<td>• Examining with clients how far needs are being met with new feeling/thinking/behaving</td>
<td>• Establishing new/feeling/thinking/behaving to satisfy needs</td>
</tr>
<tr>
<td>• Pursuing and reviewing outcomes</td>
<td>• Pursuing and reviewing outcomes</td>
</tr>
<tr>
<td>• Maintaining/breaking/renewing client contact</td>
<td>• Maintaining/breaking/renewing counsellor contact</td>
</tr>
</tbody>
</table>
Strategies

Three strategies are identified: Exploration, Prioritizing and focusing and Communicating core values.

1. Exploration
This involves enabling clients to examine their behaviour, articulate their thoughts and express their feelings in order to gain greater understanding both of themselves and their concerns. It is also crucial to developing mutual understanding. Exploration, of course, continues throughout counselling and is not limited to the beginning stage. However, during initial contact, counsellors typically focus on what clients are expressing explicitly. In subsequent stages, in order to enable clients to reassess their concerns, counsellors encourage a shift in focus to what is implicit or ‘below the surface’. It is the move from what clients are openly stating to the hidden messages which gives exploration a deeper and more intense quality.
A Practical Guide to Opening and Continuing Skills

Keep practising your opening and continuing skills until they come naturally to you and clients feel comfortable working with you. Use this brief practical guide as an aid to acquiring your own range of opening and continuing skills that you can use with your clients.

<table>
<thead>
<tr>
<th>Opening Skills</th>
<th>Continuing Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ‘Hello, I am...' (name)</td>
<td>• ‘I see ...’</td>
</tr>
<tr>
<td>• ‘Glad you could come today...’</td>
<td>• ‘Yes, please go on...’</td>
</tr>
<tr>
<td>• ‘Can you tell me how you feel about...?’</td>
<td>• ‘Carry on...I’d like to hear your version of events . .’</td>
</tr>
<tr>
<td>• ‘You have been referred to me by... for... Is this how you see the problem?’</td>
<td>• ‘Uh, uh...mm...mm... aha...’</td>
</tr>
<tr>
<td>• ‘Where do you think you should start?’</td>
<td>• ‘That is interesting . what happened next?.. tell me more about . and then you/he/she/they.?’</td>
</tr>
<tr>
<td>• ‘Would you give me an idea of why you wanted to see me?’</td>
<td>• ‘I am with you... so you...’(repeat key phrase used by client)</td>
</tr>
<tr>
<td>• ‘Please sit down ... now, tell me what is on your mind.’</td>
<td>• ‘And what feelings did this bring to you next?’</td>
</tr>
<tr>
<td>• ‘How do you see your situation?’</td>
<td>• ‘I can imagine.’</td>
</tr>
<tr>
<td>• ‘Where would you like to begin?’</td>
<td>• ‘And when you... I wonder what that felt like for you/her/him/them . .?’</td>
</tr>
<tr>
<td>• ‘How are you today?’</td>
<td></td>
</tr>
<tr>
<td>• ‘What seems to be the difficulty?’</td>
<td></td>
</tr>
<tr>
<td>• ‘How have things been working out since we last met?’</td>
<td></td>
</tr>
<tr>
<td>• ‘Tell me where/what you need to work on today/now.’</td>
<td></td>
</tr>
</tbody>
</table>
2. *Prioritizing and focusing*
This means deciding with clients both in what order they will tackle their concerns and what the foci will be. Clients often have multiple and complicated problems. They may feel overwhelmed and unable to separate what is most important from what can be suspended for a while.

3. *Communicating core values*
This means demonstrating both acceptance and understanding of clients. Acceptance means valuing clients because they are human, respecting their uniqueness and their ability for self-determination. At its core, it is a robust affirmation of clients' potential to change and to grow. Mollifying clients or colluding with unhelpful behaviours and self-defeating beliefs does not constitute acceptance as it is defined here.
Understanding or empathic understanding means the ability to understand clients' perspectives on their concerns, to see clients' worlds as they see them. It does not mean counsellors acknowledging to themselves how they would react in their client's place, and using those insights to inform their practice. Demonstrating a willingness to work with clients to understand them, both validates their experience and builds trust.
These core values are essential to the helping process and are as much to do with the counsellor as a person as they are with skills. However, communicating these values has both a behavioural and a skill component. The skills outlined in the next section will enable counsellors to do that.

Communication skills are essential for implementing the preceding strategies. They are the indispensable basis of the counselling process.

*Skills*
Although discussed them separately, these skills are interdependent. Counsellors will not be attending fully to clients if they do not listen to them, and conversely attending fully puts counsellors in a good position to listen to clients.

- *Attending*
You will need to demonstrate by your non-verbal behaviour that clients have your undivided attention and that you are 'with them'. Good attention is conveyed by sustaining eye contact, sitting with an 'open' posture, putting your chairs at an appropriate distance, making sure they are of equal height and comfort and being aware of what your facial expression is communicating.
Your attending or non-verbal behaviour will carry powerful messages. The effect of what you say will be diminished if your attending behaviour is poor.
Listening

Clearly, listening is essential to counselling, as well as being one of the finest acknowledgements you can give clients. Listening is a complex skill, involving attending, hearing and understanding the information which clients convey both verbally and non-verbally. Counselling effectively involves active listening. This means listening with the purpose of understanding the client’s core message, sorting information, making assessments and responding in an enabling way.

Observing Body Messages

Good listening involves choosing to see as well as to hear. Both you and your clients are always sending body messages, some dimensions of which are listed below:

Some dimensions of body messages

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Illustrative characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye contact</td>
<td>Staring, looking down or away, signalling interest</td>
</tr>
<tr>
<td>Facial expression</td>
<td>Expressive of thoughts and feelings, vacant, smiling, hostile</td>
</tr>
<tr>
<td>Hair</td>
<td>Length, styling</td>
</tr>
<tr>
<td>Gesture</td>
<td>Amount, variety, e.g. arm movements</td>
</tr>
<tr>
<td>Grooming</td>
<td>Neat, unkempt, tidy, untidy, clean, dirty</td>
</tr>
<tr>
<td>Smell</td>
<td>Body odour present, deodorized, fragrant, pungent</td>
</tr>
<tr>
<td>Touch</td>
<td>Part of social ritual: illustrating companionship, sensuality, aggression</td>
</tr>
<tr>
<td>Physique</td>
<td>Thinness, fatness, muscularity</td>
</tr>
<tr>
<td>Physical distance</td>
<td>Near, far, ability to touch</td>
</tr>
<tr>
<td>Trunk lean</td>
<td>Forwards, backwards</td>
</tr>
<tr>
<td>Trunk orientation</td>
<td>Facing, turned away</td>
</tr>
<tr>
<td>Posture</td>
<td>Upright, slouched</td>
</tr>
<tr>
<td>Degree of tension</td>
<td>Tight, relaxed</td>
</tr>
<tr>
<td>Fidgeting</td>
<td>Fiddling with hair, fingers, etc.</td>
</tr>
<tr>
<td>Perspiration</td>
<td>Sweating, absence of sweating</td>
</tr>
<tr>
<td>Breathing</td>
<td>Regular, shallow and rapid</td>
</tr>
<tr>
<td>Blushing</td>
<td>Presence or absence, location of blushes</td>
</tr>
</tbody>
</table>

There are many reasons why paying attention to clients’ body messages is important. If you are to receive and resonate their communications, you cannot miss out on a major means by which they send messages. For instance, body messages may convey clients’ general state of psychological wellbeing, energy level, vitality and health. They also help you to understand the genuineness or
congruence of specific communications. Where people communicate openly, verbal, vocal and body messages match each other. When they put on a facade, wear a social mask or 'present a self' to you, their vocal and body messages tend not to match what they say. Additionally, accurate observation of body messages helps you to assess the impact your own responses have on clients. For instance, do they show attention and receptiveness to what you say? In the final analysis, do they turn up or not?

Sources of Interference

In an ideal world clients would be readily and easily understood by their helpers. In the real world, life is not that easy. An analogy may be made between two amateur radio operators who are trying to communicate. When all goes well, the receiver receives the sender 'loud and clear'. However, on a number of occasions there is likely to be poor communication due to static or interference. The reasons for this interference may be located in the sender's radio, the receiver's radio or both. Making good listening choices can be difficult. There are numerous barriers and filters to accurate reception of information. Below is listed some possible sources of interference, located in clients, to your receiving their messages loud and clear.

Possible sources of interference to listening located in the client
Lack of trust in the helper
Shyness
Inner rules that inhibit disclosure
Anxiety and tension
Diminished self-awareness
Difficulty acknowledging and/or expressing feelings
Exhibiting threatening emotions, e.g. anger, appreciation, sexuality
Engaging in competitive power contest
Not seeming to listen to the helper
Lacking clarity regarding the intentions of a message
Leaving material out by mistake
Leaving material out because of incorrect assumption that it is known
Encoding message rather than communicating it directly
Not matching vocal and body with verbal messages
Sending distracting body messages
Having poor vocal communication, e.g. speaks quietly, stammers
Having heavy accent
Having poor command of language
Talking too much, delivering monologue
Coming from a different culture

46
Coming from a different socio-economic group
Being of a different gender, age group, religion, etc.

Clients are often clients precisely because they have difficulty communicating. With you they may be shy, find it hard to trust you and have all sorts of inner rules about what it is appropriate to disclose: for instance, some clients may be reluctant to talk about their parents, homosexual tendencies, etc. Clients may exude a level of anxiety and tension that you find distracting. Because some of them are out of touch with their own thoughts and feelings, they have difficulty articulating and expressing these clearly to you. You may find some of your clients’ emotions threatening. For example, anger, appreciation and sexuality can each be expressed either about third parties or towards you. Some clients may threaten you by competing with you and frustrate you by not listening.

It may be hard for you to be clear about messages when your clients are unclear themselves. They may leave material out either unintentionally or because they assume that you know it already. Many messages are not sent loud and clear, but encoded. This requires the receiver to decode the verbal, vocal and bodily components of the message to understand the real communication. For instance, a client may say ‘I’m not upset’ with a choked voice. The more clients communicate in code rather than direct, the more chance there is for misunderstanding on the part of listeners through errors in decoding. Additionally, if clients have distracting mannerisms and awkward voice characteristics, this may contribute to poor reception. Cheats who talk too much, or ‘ear-bash’, risk closing their helpers’ ears. Also, there are numerous considerations centred on clients’ differences from you - such as culture, age and gender - which may present barriers to your listening to them well.

Part of the skill of becoming a good listener is the ability to overcome many of the sources of interference located in others. However, an even more important part of the skill, though related to coping with external sources of interference, is the ability to assume responsibility for becoming aware and dealing with your own barriers and filters to listening with understanding. As Burley-Allen observes: ‘Not many adults realize that they have listening problems’.

You need to acknowledge that, as you have grown up, you have had a training in perception that has taught you both what to see and also what to ignore. Furthermore, your own anxieties and level of acceptance will mediate the level of acceptance, and hence quality of listening, that you offer to clients. The level of self-acceptance of some helpers is so low, because they have been inadequately listened to when growing up, that, like some clients, they require a nourishing and healing helping relationship to remedy their earlier misfortune. All helpers need to acknowledge that effective listening is a learned skill that
requires constant vigilance to be maintained. None of us can afford the luxury of
considering listening difficulties to be solely the preserve of clients.
The table below identifies possible sources of interference located in helpers.

Possible sources of interference to listening located in the helper

Attention sources of interference
Hearing difficulties
Sight difficulties
Distractability, e.g. by noise
Fatigue, illness
Low attention span
Unfinished business, personal agendas, thinking of something else
Time pressure
Time lag, daydreaming

Receiving messages sources of interference
Memory difficulties
Leaving out, adding, substituting material
Limited intelligence
Being out of touch with feelings, and hence unable fully to receive another’s
feelings
Poor skills of identifying and labelling feelings
Poor skills at reading and understanding vocal and body messages
Selective listening in areas of personal need and prejudice
Anxiety and threat
Insufficient cross-cultural awareness
Theoretical blinkers
Premature conceptualization of client’s difficulties
Anxiety about how to respond
Feeling under pressure to get results
Sympathy rather than empathy
Lacking decoding skills
Lacking assertion skills
Inability to identify crux of matter

Sending discouraging messages to clients
Demonstrating poor attention and receptiveness
Sending discouraging body messages
Lacking capacity for empathic responding
Lacking capacity for helpful questioning
Being perceived as less than competent
Being perceived as less than trustworthy
Being perceived as less than attractive
Language deficits, e.g. for communicating with ethnic minorities

The client sends a message, even if imperfect, that may then be either received accurately or distorted so that the message ultimately received differs from the message originally sent. In some instances, incoming messages are totally denied.

Some of those barriers and filters affect the level of attention you offer your clients. Obvious ones include: poor hearing, poor vision, distracting noise, fatigue, illness, low energy level, low attention span and time pressure. Unfinished business either from a previous client, from other aspects of your work, or from your personal life may seriously interfere with attention. Indeed, you may catch yourself not having heard a section of what your client has said because other things have been on your mind. Time lag refers to the possibility that your rate of processing information may be considerably faster than your rate of speech. This may contribute to lack of attention through, for instance, daydreaming. Alternatively, time lag could be used constructively both to understand the material better and to think about how best to respond.

As well as poor attention, there are numerous barriers and filters that affect helpers' abilities to receive their clients' messages accurately. Memory difficulties may have at least two causes. First, receivers may not have sufficient discipline to be able to memorize precisely. Second, some people's capacity for retention is worse than others. Partly because of difficulty memorizing and partly for other reasons (for example, selective listening), you may leave out, substitute or even add material to what your client has said. Limited intelligence blocks some helpers from clearly understanding their clients. Listeners who are distant from their own feelings have some of their sensitivity blocked for receiving and resonating to others' feelings. Furthermore, they may have poor skills at observing, understanding and labelling clients' feelings. Helpers who have rigid inner rules regarding their own and others' behaviour may be blocked from adequately processing information that runs counter to their thoughts. Moreover, their listening may be affected by their personal needs; for example, some may encourage and others discourage clients from openly discussing their sexuality, depending upon their own anxieties and interests.

Anxiety and threat are present to a greater or lesser degree in all relationships. Virtually everybody, in varying degrees, likes approval and fears rejection. To the degree that helpers either feel anxious in themselves or are helped to feel anxious by their clients, there is a greater chance that this anxiety harms rather than helps their listening and subsequent communication. Feelings of shyness, emotional instability and threat may each contribute to poor and defensive listening. Some helpers may be vulnerable to specific situations. These
include: initial sessions, handling silences, handling clients in crisis, and working with a group. Some helpers may feel vulnerable in relation to client feelings, especially if expressed strongly and directed towards them. Such feelings may include anger, dissatisfaction, frustration, appreciation and sexual attraction. Helpers may also find discussion of certain topic areas to be threatening. Sometimes this is because they have had or are undergoing similar painful experiences: for example, difficulty with a partner or child. Also, through not having developed sufficient awareness of their patterns of meaning and behaviour, some helpers may find it harder than is desirable to understand clients from different cultures.

The following framework may help you to focus both your listening and attending with a view to assessing both content and process.

Framework for listening and attending

Experiences:
Clients often want to tell of their experiences - that is, what has happened to them or is currently happening in their lives. When clients talk about their experiences, they will be focusing on what others do and say to them or fail to do or say.

Behaviour:
Clients may report how they behaved in and describe how they have acted in certain situations. Counsellors will also be interested and want to observe the behaviour of the client in relation to them in the counselling room.

Feelings:
This refers not only to what feelings clients describe but also to the feelings they express in the counselling session.

Thoughts:
What sense clients make of their own and others’ behaviour, and what beliefs they have about themselves, other people and events in their lives is obviously important to the change process.

The counsellor’s aim will be to enable clients to talk specifically about their own behaviour, thoughts and feelings, because that is what they have most control over. The behaviour of others towards them is not so amenable to change. However, clients may need recognition of their sadness at the behaviour of others before they can begin to explore how they have responded. Using this framework will enable counsellors to assess what clients are exploring and what they are failing to explore.

The theoretical perspectives we espouse will provide another source of bias. (This is explained more fully in Unit 2)
<table>
<thead>
<tr>
<th><strong>Facilitating</strong></th>
<th><strong>Blocking</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Checking that what clients say is what they mean.</td>
<td>• Putting own interpretation on what client says without checking with client.</td>
</tr>
<tr>
<td>• Understanding the tone and mood of client statements/views/opinions</td>
<td>• Disregarding the tonality or mood of client statements/views/opinions</td>
</tr>
<tr>
<td>• Linking with and using language of client.</td>
<td>• Using technical jargon or esoteric language that baffles/confuses client.</td>
</tr>
<tr>
<td>• Spotting key phrases used by clients.</td>
<td>• Ignoring/failing to notice key phrases used by clients.</td>
</tr>
<tr>
<td>• Hearing changes in client emotions or mood.</td>
<td>• 'Deaf' to changes in client emotions or mood.</td>
</tr>
<tr>
<td>• Attending to thoughts that matter to client.</td>
<td>• Directing clients to attend to what counsellor thinks.</td>
</tr>
<tr>
<td>• Discovering what clients make of their situation or what it means to them.</td>
<td>• Telling clients what they should make of their situation and/or what it must mean to them.</td>
</tr>
<tr>
<td>• Respecting clients' struggle to make progress in understanding at their own pace.</td>
<td>• Urging the client to go at a pace that suits the counsellor's understanding of the client.</td>
</tr>
<tr>
<td>• Confirming with clients that you understand them.</td>
<td>• Assuming you understand clients.</td>
</tr>
<tr>
<td>• Confirming with clients that they understand you.</td>
<td>• Assuming clients understand you.</td>
</tr>
</tbody>
</table>
However, while listening is important, it is not usually enough; clients need a response from you. The following section deals with the skills of responding verbally to clients. They can be classified into two skill groups, namely reflecting and probing skills. You will need to develop proficiency in both.

- Reflective skills
Reflective skills are those which enable you to focus primarily on the client’s perspective or frame of reference. Nelson-Jones (1988) refers to understanding the *internal frame of reference* - meaning how clients view themselves and their concerns. The common element in this skill group is identifying clients’ core message and offering it back to them in your own words. When you do this, you will be imposing minimal direction on the exploration and giving clients space to say what is important to them. Accurate use of reflective skills is an excellent way of communicating your acceptance and understanding. Your purpose in using these skills will be to follow clients, to facilitate exploration and to build trust.

The reflective skills are:
1. **Restating** what you believe to be a significant word or phrase which the client has used, for example:

   *Client:* I felt real despair.
   *Counsellor:* (restating) Despair.
   *Client:* Yes, I can’t remember feeling so low or that life was so hopeless before. It was like I couldn’t imagine ever feeling happy or content again.

   The counsellor has focused on an emotionally loaded word and by simply restating has let the client know she has heard. The choice of direction of the ensuing conversation is with the client.

2. **Paraphrasing** involves expressing in your own words clients’ core messages. You may focus on the content or the feelings which clients are expressing - for example:

   *Client:* (with an angry tone) I suppose I felt irritated when he asked me to lend him the money. It’s not as though I’m broke or anything. I can afford it. I don’t know what it was but I can remember not wanting to seem miserly.
   *Counsellor:* You felt annoyed when he asked you and didn’t want him to think you’re mean.

3. **Summarizing** is a way of offering clients a precis of the information they have given you. A summary is essentially a longer paraphrase and should not be given as a list of facts but as an organized overview of important themes or
clusters of concerns. These are called *attending summaries* because you will be summing up what clients have said, without adding another perspective. Appropriate use of reflective skills means being both tentative and direct in your manner. You should not add to or make any interpretations about what clients have been saying.

<table>
<thead>
<tr>
<th><strong>USEFUL FEEDBACK</strong></th>
<th><strong>FUTILE FEEDBACK</strong></th>
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</thead>
<tbody>
<tr>
<td>Repeating key client words or phrases</td>
<td>Ignoring key client words or phrases</td>
</tr>
<tr>
<td>Reflecting client feelings</td>
<td>Telling client how/what they should feel</td>
</tr>
<tr>
<td>Reflecting client thinking</td>
<td>Telling client how/what they should think</td>
</tr>
<tr>
<td>Reflecting what client is doing.</td>
<td>Telling client what they should do</td>
</tr>
<tr>
<td>Reflecting how client is behaving</td>
<td>Telling clients how to behave. Counsellor does not acknowledge client behaviour.</td>
</tr>
<tr>
<td>Paraphrasing current thoughts/feelings/behaviour of client.</td>
<td>Listing counsellor priorities to exclusion of client priorities.</td>
</tr>
<tr>
<td>Summarizing client views</td>
<td>Replacing client view with counsellor view.</td>
</tr>
<tr>
<td>Summarizing client feelings</td>
<td>Refusing to summarize client feelings</td>
</tr>
<tr>
<td>Summarizing client actions</td>
<td>Refusing to summarize client actions.</td>
</tr>
<tr>
<td>Counsellors say how they feel about client/situation</td>
<td>Counsellors fail to express how they feel about client/situation.</td>
</tr>
<tr>
<td>Counsellors say what they think about client/situation.</td>
<td>Counsellors fail to express what they think about client/situation</td>
</tr>
<tr>
<td>Counsellors express hunches about their understanding of client</td>
<td>Counsellors do not express hunches about their understanding of client</td>
</tr>
<tr>
<td>Checking consequences of clients' thoughts/feelings/actions.</td>
<td>Counsellors do not check their understanding of consequences for client.</td>
</tr>
<tr>
<td>Checking clients' understanding of their thoughts/feelings/actions</td>
<td>Counsellor does not check clients' understanding of their thoughts/feelings/actions.</td>
</tr>
</tbody>
</table>
• **Probing skills**

Probing skills express the counsellor's perspective or *external frame of reference* (Nelson-Jones 1988). When you probe, you will usually be following your agenda and focusing on aspects which you believe are important. At times, you will want to influence the direction of the exploration and probing will enable you to do this. Probes are interventions which increase counsellor control and their overuse may invite clients into passivity. For these reasons, they should be used sparingly, particularly in the early stages of counselling.

The probing skills are:

1. **Questioning**

   The most useful forms of questions are called *open* questions. They begin with 'what', 'how', 'when' or 'where'. Your intention in asking them will be to invite a full, descriptive response from clients. For example, if you were exploring a relationship difficulty with a client, you might ask: 'How do your quarrels usually start?'; 'What happens when you quarrel?'; or 'When do you usually quarrel?'

   There are forms of questions which are unhelpful because they do not encourage open dialogue. First, *closed questions* are those which encourage a 'yes/no' answer, for example: 'Do you love your wife?'; 'Have you talked to your son?' Overuse of 'closed' questions is inhibiting for clients and may set up a pattern of question and answer which is hard to break. Conversely, if you want to check some information, a closed question can be an efficient way of doing so. For example: 'Do you write poetry?' rather than 'How do you express your poetic tendencies?'

   Second *leading questions* are those that communicate to clients that they are expected to give a particular answer. As the label suggests, these questions both lead clients and impose the counsellor's values. They do not stimulate clients to explore what is important for them. An example of a leading question is:

   'I don't think money is *that* important, do you?'

   Third, *either/or questions* are generally restrictive and leading because they offer options which the counsellor has chosen. For example: 'Have you told your daughter how you feel or are you keeping your feelings to yourself?'

   Fourth, *multiple questions* involve asking two or more questions at once. This is both inefficient and confusing. Invariably, you will not know which question the client has answered. For example: 'What did she say when you told her you were angry, did she accept what you felt or did she contradict you, I mean, do you think you've cleared the air between you now?'

   Finally, *why questions* generally invite a search for reasons and may promote rumination rather than exploration. One of the aims of counselling is increased self-understanding for clients, but this is rarely achieved by asking
'why'. These types of questions do not encourage description and may appear interrogative. For example: 'Why don’t you like her?' might be more profitably explored by asking ‘What is it about her that you don’t like?’

2. **Making statements** is another way of probing. Statements are softer probes and tend to be less intrusive than questions. For example, instead of asking a client ‘What did you say when she asked you to leave?’ you might say ‘I’m not sure how you replied when she asked you to leave’. They are especially useful for focusing clients on their own behaviour, thoughts and feelings. For example:

‘I have a clear picture of your partner’s reservations, what I’m less clear about is what you think.’

**Being concrete**

If clients are to make changes in their lives, they will first need specific information about what they are doing now, and in what ways that is unhelpful or destructive both for them and others. One of the ways you can invite a more specific description from clients is to ask for or offer a concrete example. For example:

‘If you were being more open, what would you be doing that you’re not doing now?’ *(counsellor asks a hypothetical question to invite a concrete description)*

or ‘Would sharing your feelings with your partner be an example of you being more open?’ *(counsellor offers a concrete example)*

This is a particularly useful skill in forming contracts where you will be helping clients to focus on the outcomes they want from counselling.
Once you have created, established and retained rapport, and begun to listen to clients, you should find it helpful to discover the kind of information that is important to them and how it might be reordered for use in counselling sessions. These questions, when used sensitively alongside your other counselling skills, are potent in revealing personal information that is relevant to clients in counselling.

<table>
<thead>
<tr>
<th>Hot Information</th>
<th>Information that deals with emotions/feelings</th>
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<tbody>
<tr>
<td></td>
<td>Cold Information Information that deals with facts/data</td>
</tr>
<tr>
<td>• ‘How do you feel about that?’</td>
<td>• ‘Where did this happen?’</td>
</tr>
<tr>
<td>• ‘What feeling does that give you?’</td>
<td>• ‘Who was present/absent at the time?’</td>
</tr>
<tr>
<td>• ‘When you have this experience what is it like?’</td>
<td>• ‘When did it/does it...happen?’</td>
</tr>
<tr>
<td>• ‘How does that affect you/them?’</td>
<td>• ‘When does it not happen?’</td>
</tr>
<tr>
<td>• ‘I wonder how it feels when you think about that as you look back/now/as you look forward.’</td>
<td>• ‘How does it happen/not happen?’</td>
</tr>
<tr>
<td>• ‘Can you help me understand the emotions you are experiencing now?’</td>
<td>• ‘What makes you think this is a problem?’</td>
</tr>
<tr>
<td>• ‘I would be interested to learn how you feel when....’</td>
<td>• ‘How much better/worse is it in these situations?’</td>
</tr>
<tr>
<td>• ‘How do you know when you are upset?’</td>
<td>• ‘What is it about him/her/them/the situation that ...?’</td>
</tr>
<tr>
<td>• ‘How would I/he/she/they know you felt ...?’</td>
<td>• ‘How do you stop it happening?’</td>
</tr>
<tr>
<td>• ‘What are you feeling now?’</td>
<td>• ‘Which people are involved?’</td>
</tr>
<tr>
<td>• ‘What would you like to feel instead?’</td>
<td>• ‘How will you know when this problem has been solved?’</td>
</tr>
<tr>
<td></td>
<td>• ‘How long have you experienced this?’</td>
</tr>
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</table>

Skill sequence for exploration
Effective counsellors use a good mix of both reflective and probing skills. As you will see from the case-study, skills may be used in sequence. A useful sequence for exploration is to paraphrase before asking a question or making a statement. This
has the effect of showing acceptance and understanding of what clients have said before moving on.

**What Counselling is Not**

It may be useful to spell out what counselling is *not* - in terms of responding skills - in order to more clearly see what it *does* involve. The following list may prove helpful:

Counselling is not these twelve blocks to communication:

1. Reassuring  ‘It’ll be alright, you’ll see’.
2. Logical Argument ‘Yes, but’
3. Diverting ‘Let’s talk about something pleasant.’
4. Advising ‘You should ..’
5. Inappropriate Questioning ‘Why...’
6. Moralizing ‘You ought to...’
7. Threatening ‘If you don’t...’
8. Ordering ‘You must go’ and
9. Praising ‘You’re doing a wonderful job ....’
10. Diagnosing ‘I think your problem is....’
11. Labelling ‘You’re a worrier....’
12. Criticising ‘You shouldn’t have.....’

**Case study - Jane**

The client in the case-study is Jane. Jane has referred herself for counselling because of ‘relationship difficulties’. The counsellor gained the following biographical information both from the initial telephone contact and during the first session.

Jane is 28 years old and has been working as an administrator for a large public company. Three years ago she decided to embark on a part-time degree course. She enjoys her course enormously, both for the academic and social opportunities it offers. She lives alone and has a partner of two years’ standing called Alan. She describes him as ‘caring, easy-going but not very confident of his abilities’. The counsellor notices that she is very concerned to describe Alan in positive terms, almost as if she is defending him. Jane begins by saying angrily that she feels ‘put on’. The counsellor uses a mix of skills to help Jane explore her thoughts, feelings, experiences and behaviour.
Counsellor: You feel angry because others take you for granted. (paraphrase which focuses on feelings and content)

Jane: (in a tense tone) Yes, I am. I’m always being expected to help others out, look after them, take care of them. I’ve been feeling really irritated lately and have wanted to yell ‘Go away and do it yourself – you’re an adult now, the same as me and if I’ve learned to cope so can you!’

The counsellor has a choice here, to focus on Jane’s feelings or to ask for specific information - for example, who usually makes demands on her. She decides to stay with Jane’s feelings.

Counsellor: It sounds as though you feel frustrated and from the way you said ‘always’, I imagine you’ve been supporting others for a long time. (paraphrase plus a statement to probe)

Jane: Uhm, (with a hollow laugh) a hell of a long time! Although things have been getting worse recently. Alan expects me to make most of the decisions. This may sound awful but sometimes he’s like a clinging child. He keeps telling me he’s not as bright as me and my friends don’t like him. None of which is true. It’s not just him though, if it was I wouldn’t feel so used.

Counsellor: You’re feeling so used. (counsellor reflects Jane’s last statements to prompt further exploration)

Jane tells the counsellor about three of her close women friends from college.

Jane: I’m really irritated about the way they lean and ‘dump’ on me. I realize I get so little back from them. I’m beginning to want to avoid them!

Counsellor: What would be an example of the demands they make on you and your response to them? (open question to gain concrete information)

Jane: Well! One of them has just bought a computer and because I’m used to word processing and have some programming she thinks I have nothing else to do but teach her. She phoned me four times yesterday and moaned about how she couldn’t get the hang of it. She’s got a manual but she says she can’t understand it. So, I end up spending time on the phone or driving to her place to help her out. I’ve got my own work to do.

Counsellor: So you feel resentful and think she’s using you. Whenever she–calls you help her out, even though you don’t want to. (paraphrase to separate feelings, thoughts and behaviour)
Jane recognizes what she does and how she feels in response to others' demands. She continues by describing aspects of her childhood and adolescence. She is the eldest of three children. Her parents owned a pub and for almost as long as she can remember, Jane has been taking responsibility for her siblings. As a child, when she expressed any resentment about this, she was usually called mean or ungrateful. She says, she feels almost compelled to help others and wants to explore that idea. The counsellor and Jane contract for six sessions. They agree to focus on Jane's behaviour in relationships with the aim of both understanding her urge to 'rescue' and discovering how she will develop more equal relationships.

The counsellor's assessment is that Jane has a strong belief or 'should', learned in childhood and reinforced by negative labelling ('you're mean and ungrateful'), that her needs are not important and that others' needs come first. She also hypothesizes that, out of awareness, Jane both attracts and is attracted to people who are less resilient than she is. Jane can then, despite feeling anger and resentment, continue to be the ever-available 'prop'. The counsellor believes that changing the pattern of her relationships will require Jane to see her own needs as important and to recognize her part in creating this uncomfortable yet familiar pattern. The counsellor's hypotheses will be important in helping Jane to reassess her behaviour. This is the work of the Middle Stage.

The Middle Stage

The focus of the counselling work changes in the Middle Stage. Your aim is to help clients to gain the sort of new understanding crucial for making changes. This is the process of reassessment. For example, without reassessment, Jane is likely to stay trapped, believing that she has no other options but to bail others out and may feel increasingly resentful and guilty.

Let us now turn to the aims, strategies and skills of the Middle Stage.

Aims

The Middle Stage has three aims.

1. Reassessment

This involves helping clients to understand themselves and their concerns from a different and more liberating perspective. A metaphor used for describing reassessment is that of taking a familiar route by car and instead of driving, being the passenger. Freed from the responsibility of driving, you are likely to discover aspects of the scenery that you had not noticed before. Now that you have noticed them, you will not overlook them in future, even when driving. So it is with clients, becoming aware of what they have hitherto been unaware of, overlooking or avoiding, transforms their perspectives on their concerns. Clients
will take varying lengths of time before they are prepared to modify or relinquish their ‘old’ views and adopt a different perspective.

2. Maintenance of the working relationship
Reassessment is often painful for clients and it is important that you are experienced by them as acting in their best interests. A secure relationship, based on the core values of acceptance and understanding, will be significant in enabling them to examine their beliefs, feelings and behaviour at a deeper level. The relationship you have developed will be your ‘interpersonal power base’ for influencing clients to explore and develop new perspectives.

3. Working to the contract
The contract agrees the boundaries of the work and the outcomes clients want to achieve. You will need to keep the contract in mind because your interventions should be geared to helping clients move in the direction you have both agreed they will move in.

Strategies - Challenging

‘Challenging’ is the generic term that can be used for the following group of strategies which encourage clients to the kind of deeper exploration essential to reviewing their perspectives on their concerns. Each strategy has a particular focus.

Confrontation
Confrontation is used when you want to enable clients to face and to explore the distortions or discrepancies which they employ to inhibit change. Discrepancies may be between: what clients say they want and what they are doing to get it; clients’ views of themselves and how others view them; clients’ verbal and non-verbal behaviour.
<table>
<thead>
<tr>
<th><strong>Unhelpful Challenging</strong></th>
<th><strong>Helpful Challenging</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Forcing clients to face their concerns</td>
<td>• Inviting clients to clarify their problem</td>
</tr>
<tr>
<td>• Insisting clients do something else</td>
<td>• Asking how someone else would see their situation</td>
</tr>
<tr>
<td>• Telling the client there are no other choices</td>
<td>• Wondering which part of the problem/concern client wants to work on</td>
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<tr>
<td>• Playing the 'expert'</td>
<td>• Asking client for help</td>
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<tr>
<td>• Suggesting things will not get better unless they change</td>
<td>• Listing client opportunities alongside their problems</td>
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<tr>
<td>• Trying to be helpful too soon</td>
<td>• Waiting for appropriate moments</td>
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<tr>
<td>• Offering solutions</td>
<td>• Finding out how client has managed difficulties in the past</td>
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<tr>
<td>• Concentrating on past failures</td>
<td>• Congratulating client for overcoming problems in the past</td>
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<tr>
<td>• Going over and over the problem in the same old way</td>
<td>• Looking at the problem from a different perspective</td>
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<td></td>
<td>• Asking clients to describe their strengths</td>
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<td></td>
<td>• Asking/inviting clients to summarize where they are in their thinking/feeling/doing</td>
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<tr>
<td>• Assuming you know how clients feel/think about their choosing</td>
<td>• Summarizing how you think/feel about where clients are in their choosing</td>
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<tr>
<td>• Assuming you know how/what client wants to change</td>
<td>• Summarizing where you feel/think the client wants to change</td>
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<td></td>
<td>• Checking with clients the changes they want/do not want to make</td>
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<td></td>
<td>• Expressing where you think/feel client is at present</td>
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<td></td>
<td>• Expressing your views/feelings about client problem/change</td>
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<tr>
<td>• Failing to check with client</td>
<td>• Encouraging client to doubt the current solutions</td>
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<tr>
<td>• Encouraging client not to change</td>
<td>• Encouraging client to entertain change</td>
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For example, Jane tells the counsellor that she is determined to stop taking decisions for her partner, Alan. Her voice has a flat tone and she sits in a hunched position. The counsellor thinks she sounds anxious rather than determined. She confronts her:

**Counsellor:** Jane, I can understand that you want change. As I listened to the way you were describing what you would do, my hunch was you sounded anxious and burdened rather than determined. Does that make any sense to you?

Jane considers what the counsellor has said. She reveals that her lack of determination is based on an underlying fear that he will not be able to cope if she changes. The counselling moves to a deeper level. As Jane explores her fears she begins to realize that it is her beliefs about herself and others which are inhibiting her. She believes that others must have her help, that they are incapable of managing their problems on their own.

**Giving feedback**
This involves letting clients know how you experience them in their interaction with you. Giving feedback to clients means offering them another different and more objective view of themselves. Hearing how another person experiences them is a challenge to clients’ current self-understanding. The outcome is that clients will begin to explore and to modify the ways in which they see themselves.

For example, Jane described herself as ‘selfish’ and ‘self-centred’. Her counsellor experiences her as having little regard or concern for her own needs. Hearing the counsellor’s view encourages Jane to examine which of her needs she fulfils by being at others’ ‘beck and call’.

**Giving information**
This is similar to giving feedback and involves providing clients with specific information about an aspect of their problems. Information challenges clients because, used appropriately, it invariably prompts them to take a different perspective on themselves and their concerns. For example, if a client believes that he will have little trouble entering a popular training course, some figures on the number of applicants may encourage him to reassess what he needs to do to obtain a place. Information should not be used as a subtle means of discouraging clients or telling them what they should do. Rather, it is a way of helping clients to understand themselves and their situations in a different way, in order that they may set clear goals and take the necessary action to achieve their goals.
Giving directives
As the label suggests, ‘giving directives’ is the strategy whereby the counsellor assumes greater control of the process. This is a powerful strategy most appropriately used when the relationship between counsellor and client has developed into a robust and secure one. Used prematurely, clients may feel dominated. Some directives you may want to give are, for example, ‘Stay with what you’re feeling now’, or ‘Put some words to that feeling’. Giving directives is a way of focusing clients’ attention on significant behaviour or feelings. It is the focusing of attention which challenges clients to explore more deeply and to discover new meanings in what they have hitherto been avoiding or been unaware of.

Jane rarely shows her anger, she covers it with sarcasm or a joke. Focusing on her anger helps her to discover new insights into her behaviour.

Counsellor: You sound angry Jane.
Jane: I am, (with a wry smile) but what good does being angry with you do for me?
Counsellor: Stay with your anger. (gives a directive)
Jane: (after a few moments) I feel worn out and . . . I feel sad. I’ve always taken care of others and . . . well, I feel embarrassed telling you this, I feel frightened at the thought of being dumped, rejected if I don’t do what they want. Thinking back to what I said about Alan, I think I’ve always had boy-friends who were less competent than me. I’ve always been the organized, capable one. I don’t want friendships to be like this, but somehow they are. I didn’t realize being left was such an issue for me.

Counsellor self-disclosure
This strategy involves counsellors sharing something of their own experiences with clients. Self-disclosure challenges clients because it invites them to explore their own material in the light of another’s and from there to begin to form different perspectives. Although self-disclosure may be good modelling for clients in how to articulate thoughts, to label and to express feelings, it should be used sparingly and only when counsellors believe it would be enabling for clients. Using the strategy to relieve your own feelings or give yourself a boost is burdening clients and not helping. Any disclosure should also be experiences with which you think clients will be able to identify. For example, describing your thoughts and feelings about the time when you failed to obtain a management position to a client whose job is redundant is likely to antagonize rather than encourage. The following is an example of counsellor self-disclosure.
which enables Jane to begin to see her concerns from a new angle. Jane is saying how miserable she feels after successfully saying no to a request from a friend.

Jane: I feel awful, really guilty and such a heel. I know that I hate being put on and yet when I do stand up for myself, I feel bad too. Yet this friend was fine about me saying ‘no’. She said, she was glad I’d been honest and felt that she could always ask me because she’d get a straight answer.

Counsellor: I grew up with the clear message that refusing requests was mean and uncaring. I learned to judge myself harshly and punish myself. It sounds to me like that is what you’re doing now.

Jane: Yes, I’ve been telling myself what a lousy friend I am, that I’m greedy and unsupportive. Those are exactly the messages I grew up with and they’re not true. Hearing you say that, I realize how strong those rules still are for me and I don’t like that one bit. They have got to go.

The counsellor’s disclosure helps Jane to articulate her beliefs about herself and to understand her own process. She now knows that she has learned to punish herself for breaking the ‘family rules’, just as her parents punished her when she was little. Once Jane is aware of what she believes, then her beliefs are available for updating.

**Immediacy**

What is going on ‘here and now’ in the counselling relationship is the focus of immediacy. You may use this strategy to explore either what is happening ‘now’ with a client or the relationship patterns you think are emerging. Using immediacy challenges clients because it not only presents them with the counsellor’s view of the relationship, but also provides a chance to explore the relationship and to identify self-defeating patterns and themes. Clients, like Jane in the case-study, often have relationship difficulties; and the patterns and themes which become apparent in counselling may reflect their difficulties with relationships outside the counselling room. Immediacy faces both you and clients with the dynamics of your relationship, and used appropriately will bring you into closer contact. It is not an opportunity to tell clients what they have been doing that is unhelpful; rather, it is an invitation to explore the relationship as a way of helping clients to reassess themselves and their behaviour. The following is an example of ‘relationship immediacy’. The counsellor realizes that Jane is often rebellious and complaining in sessions. She avoids focusing on change.
Counsellor: Jane, I’d like to say what I think is going on between us. I’ve noticed that you often complain about how others treat you. I’ve realized when I’ve asked you to consider how you might act differently, you sound angry as if I’ve dismissed what you’ve been saying. Perhaps I’m moving to action too quickly for you but it’s almost as if you’re telling me how important it is for you to be heard. Does that make any sense to you?

Jane: (angrily) So I’m not allowed to complain here. It’s easy for you sitting there, criticizing me and telling me what to do. You don’t have to take the risk, do you?

Counsellor: You sound angry with me now and it sounds as though you heard what I said as criticism of you. (counsellor uses immediacy again)

Jane: (looking sad) Yes, I was angry and I don’t want you to criticize me or to think I’m not trying. It’s like no one has recognized how much it costs me to keep on minding about others. I feel anxious when you talk about changing. I know what to do but it’s so risky doing it.

Counsellor: So, you feel sad when you think I’m criticizing you and scared at the thought of changing.

Jane: Yes, I don’t want you or anyone to think badly of me and dump me, I suppose. I know that you won’t but I still feel scared.

Counsellor: I’m not going to reject you and I want you to be able to do more than complain effectively as a result of counselling.

Jane: (laughing) So do I and you know, I’ve just had a thought. It was always alright to moan about being hard done by in our family, as long as no one tried to change anything.

Jane continues to explore her fear of rejection. The counsellor offers her the hypothesis that she seeks friends and lovers who will allow her to do what she has learned to do - act as a prop. She realizes that this is both a fear and a pattern she has carried with her since childhood. With her counsellor, she updates her view of herself and her relationships. She begins to see that as an adult, she does not have to assume responsibility for friends as if they were her younger siblings. She ends by telling her counsellor that she wants to look at how she can change. In owning that she has responsibility for her choice of friends and in telling the counsellor that she ‘wants to say no’, Jane shows that she is ready to explore what she might do differently. The next stage of counselling focuses on precisely what changes Jane will make and the action which she will take to achieve the outcomes she wants.

Skills of challenging
The reflective and probing skills are again used in sequences. Sensitive challenging involves recognizing the client’s perspective by paraphrasing the core
content; adding your understanding of what they have been communicating in a brief summary; returning the focus to the client and inviting exploration of what you have offered. You may do this by making statements, for example: 'I imagine you have some thoughts about what I've just said', or asking an open question: 'How does that sound to you?'

Any new perspective you offer clients should be close to the message the client has been conveying. Challenging is not indulging in extravagant speculations. The process could be understood as 'discovering the obvious'. This means giving clients a view which makes enough sense to them that they wonder how they could have overlooked it.

The purpose of challenging is to enable clients to make a reassessment of their concerns. Reassessment can be both empowering and painful for clients as they face their problems squarely and prepare to take the risk of changing. The ending stage focuses on helping clients to harness their energy and desire for change by working with them to identify specific and realizable goals.

The Ending Stage

The Ending Stage typically has to do with planning for and taking effective action. Ending the counselling relationship is also an important aim for this stage. There are four aims.

Aims

1. **Deciding on change**
   If clients are to make changes, then they will need to know what changes are possible and what particular outcomes they want. You will also want to explore with them what impact any changes will have on issues that concern them.

   For example, Jane may tell her counsellor that a change she wants to make is to cease her friendship with those who lean on her. This will not help her to learn to be equal in friendships, to learn to negotiate for what she wants or to be clear about the limits to the support she is prepared to give.

2. **Implementing change**
   Changing involves taking some action; it means doing some things and stopping doing others. Clients may need help in both choosing what action to take and acting. For example, Jane talking about refusing requests from friends is not the same as her doing it. She may need some coaching/teaching in assertiveness techniques. Jane and her counsellor may engage in role-play or guided fantasy. Some clients will need the support of the counsellor while they take action. It is sometimes the case that clients stumble while they are trying out new behaviours.
3. **Transferring learning**
What clients learn in counselling about themselves and the different options open to them will need to be transferred to their life outside the counselling room.

For example, Jane and her counsellor contracted that Jane would ask her counsellor for what she wanted. Jane became used to asking for feedback, expressing preferences and taking more control in sessions. However, Jane needs to transfer this learning and apply it in her other relationships.

4. **Ending the counselling relationship**
The counselling relationship will have been a very important relationship for most clients. For many it is the first time they have experienced so much genuine interest from another, been challenged constructively and supported while they struggle with their difficulties. Ending must be concerned with the loss of this relationship as well as the fulfillment of a contract.

**Strategies**

**Goal-setting**
As a result of the reassessment of the Middle Stage, clients will be change-oriented. However, they will still need to decide precisely what outcomes they want. Goal-setting provides a valuable framework for both identifying and assessing change.

Goals are defined by Egan (1986) as ‘valued outcomes’ and should meet the following criteria:

- **Wanted by the client:** You will be helping clients to decide what they want to do, rather than what they think they should do or what others want them to do. This is not to imply that clients should be encouraged to act only out of self-interest; rather, that they identify goals which are in tune with their values. Counsellors are influential people in clients’ lives and it is important that you distinguish between challenging clients to explore and discover what they want and leading clients to fulfil either your or others’ expectations. Clients are likely to work harder for goals that are in keeping with their values and wanted by them. Clues that clients are not doing what they want are statements such as, ‘My partner thinks we should’. You will also need to be alert to incongruence between verbal and non-verbal behaviour.

- **Specific:** Goals which are clear and specific enable clients to focus their energy and resources and plan appropriate action. For example, Jane began by saying
that she wanted more equal relationships. This is fine as a starting-point, but it is a vague statement and needs tailoring into a specific goal.

- **Realistic**: This is meant realistic within clients' emotional, physical and financial resources. This involves helping clients to take a census of their resources and challenging them when you think they are overlooking important strengths or obstacles. Discovering what is realistic with clients may be done by using the following simple sentence completion exercise.

  You might say to clients, 'Imagine you are resolving this problem, and this time you are doing something different. What are you doing?' The answers which clients give will form the basis for exploration about what might be realistic options.

Another way in which clients' goals may be unrealistic is in their attempts to set goals for others. Clients have most control over their own behaviour and while they may influence others to change, this is not the focus of goal-setting. The client's behaviour is the target.

- **Observable and assessable**: How will Jane know that her relationships are more equal? What will she be doing that she is not doing now and how will she assess her progress towards this goal? Identifying some criteria for assessment helps clients both to decide if at any point in the process they need to modify their goals and to know when they have achieved their goals.

Clients are more likely to succeed in making changes if they choose from a number of options. There is usually more than one way of managing or resolving a problem and 'brainstorming' is a useful technique for generating alternatives. Brainstorming can be a pleasurable activity, which encourages clients to use their creativity and imagination. It involves suspending critical judgement and generating as many options as possible for solving a problem. All solutions, however unusual, are recorded. Options are then evaluated for their desirability and efficacy.

Let us now return to the client, Jane. She has a clear idea about the patterns in her relationships and has decided she is no longer prepared to rescue her friends and partner. Her aim is more equal and reciprocal relationships. You will see that the counsellor uses the strategies of exploration and challenging in helping Jane to shape goals.

**Counsellor**: Jane, what would a more equal relationship be like?

**Jane**: Well, I'd be supported by my friends, Alan wouldn't keep leaning on me financially and emotionally.

**Counsellor**: You've told me what others would be doing. If you imagine yourself behaving differently, what changes would you have made?

**Jane**: I'd be feeling that I had a right to refuse, without feeling guilty. I'd feel better about myself. I'd say 'no' more often, particularly when I
get a twinge in my stomach, which is a sure sign that I don’t want to do something.

Jane thinks that if she learned to say ‘no’, she would have greater self-esteem and greater control over her life. She describes how she gets into a downward spiral of acquiescing to others, feeling used and believing she is valueless. Her counsellor asks her what the costs might be if she pursued this goal.

Jane: What costs? Well, the one I’ve always dreaded I suppose, that friends will reject me. That won’t happen though.

Counsellor: Jane, my understanding is that you sustain many of your relationships by ignoring your own needs. You told me at our first meeting that you noticed Alan becoming more clinging, the more confident you became. I don’t want to be negative, but it seems to me that some friends may not want to stay around when the balance of power shifts and you become more assertive. What do you think?

Jane: Yes, I guess you’re right and I’m sad about that, but I don’t want to be like this. I want to be respected for me, not just for what I will do.

Any goals and any action which clients plan should be assessed for costs and benefits. No change is without its costs to clients and sometimes to their families and social circle. The question you will be addressing with clients is, ‘Is the cost too exorbitant?’ You will also need to keep in mind that some clients will be satisfied with smaller changes than you think they are capable of making. An excellent technique for assessing options and action plans is called force-field analysis (Lewin 1969). Each one of us can conceptualize our lives as having a ‘space’ or ‘field’. Our spaces contain our physical surroundings, relationship ties, personal characteristics such as interests, values, strengths and achievements. Whenever we decide to make changes, there will be certain aspects or ‘forces’ in our lives which will assist us and others that will hinder us. The list of ‘pros’ and ‘cons’ which you help clients to generate will be a census of the important aspects of their lives. Reviewing the list will enable them to assess the feasibility of any goal or action plan.

Action planning

Just as there is usually more than one way of managing a problem, so there are different ways that clients can achieve their goals. Jane decided she would start with learning to say ‘no’ to friends when they asked for more help than she wants to give. That is her goal. She lists what action she could take, as follows:

- take a course in assertiveness skills
• role-play saying ‘no’ in counselling
• tackle the issue before it occurs again
• learn positive messages to replace the negative ones of ‘you’re mean and thoughtless, if you don’t do what others want’
• widen her circle of friends
• read some books about developing interpersonal skills.

Jane decided she wanted to rehearse using role-play in counselling. She put the assertiveness training ‘on hold’ until she had finished her studies. The notion of tackling the issue with friends appealed to her but she felt anxious about what she thought was ‘jumping too far ahead’. In the role-play, her counsellor encouraged her to be aware of her bodily responses when faced with a request she did not want to meet and to give herself time before answering. Jane discovered how quickly and almost automatically she leapt to be helpful. The counsellor again asked her to put some words to her feelings; she says:

Jane: This is risky, you should help. Something bad will happen if you don’t. You’re a bad person. Others are more important than you.

The counsellor and Jane worked out a believable, positive sentence which Jane could substitute for the abusive ones she had been running through her head.

Evaluating
Any action that clients take needs to be evaluated. The important question for clients is, ‘Is this action helping me to obtain the outcomes I want?’ Jane reported a mixture of success and stumbling. She discovered both how difficult it was for her to change a life-long pattern and how empowered she felt when she stated what she would like in a direct, assertive way. The counsellor asked her to describe her experiences in a concrete way and together they discussed the options for tackling the pitfalls Jane had identified. This is new behaviour for Jane and she is still experimenting to find a style which suits her. Jane decided she would end counselling, knowing that she still had some distance to travel but that she had done enough for the moment.

Ending
From the beginning of counselling the end is in sight. You will have been working towards the time when clients leave, having made the changes they sought. Endings will usually occur when clients have fulfilled their contracts. Clients may have experiences of endings which are painful, and ending with you may be evocative of those times. Alerting them to the possibility of sadness may help them to express what feelings they do have. You will also be concerned to encourage clients to express any feelings that are ‘left over’ from previous
sessions. Your aim will be to enable clients to end well with you. This means that they are changing in the ways that are valuable for them, they have cleared any 'unfinished business' with you and recognized and expressed any feelings of loss.

Jane decided to end with her counsellor. In reviewing the work, she confirmed her strategy for coping with unwanted demands. She had experienced a relationship with her counsellor where her wants were recognized and respected. Her self-esteem and self-assurance had increased as a result of being accepted and valued by the counsellor. She was still undecided about her relationship with her partner but was not ready to make a decision about her future with him.

During the ending session Jane and her counsellor explored a plan for how she might sustain the changes she had made. They discussed how Jane could identify situations where she might feel vulnerable. For example, she thought that a man on her course was going to ask her to do a joint project with him. She enjoyed his company but did not want to work with him. She also decided she would keep a diary and record both the praise she received and her achievements. This would be a tangible record to turn to when she failed to sustain change.

Finally, they addressed the end of the relationship. The counsellor asked Jane if she had any unexpressed resentments or left-over feelings about their work.

Jane: Well, I had, but even you asking me has somehow defused them. I was really angry when you said I chose friends who would let me rescue them. I wish I'd said so at the time. I told someone at work and they said that I did have choice over who I picked to spend time with. I know now that taking responsibility for myself is what I hadn't been doing.

Counsellor: I wish you had said so too and that I had picked up on your feelings. I'm interested in whether telling me now has cleared the issue for you and also what you'll take away from that session?

Jane: Yes, I'm clear with you and I think what I learned I was in some way repeating my patterns. Not saying how I was feeling and hanging on to resentment.

The session ends with the counsellor giving Jane some positive feedback about how she has experienced working with her over the past six sessions.

Conclusion

This model is a 'content-free', process model, which can be integrated with other theoretical approaches. Whatever theory you espouse, you will need the strategies and the skills with which to implement that theory. Just as counsellors need
theories which attempt to explain how individuals have developed as they have and provide models of healthy development, so they need frameworks to understand process. This model conceptualizes process and enables you to translate theory into practice.
Counsellor Qualities

Both the techniques/skills of counselling and the personal qualities/attitudes of the counsellor are essential. Technique without heart is empty; heart without head blunders around. But what is ‘heart’? Any number of aspects might be considered, which may include:

Analytical ability  To sift, track and control the flow of information
Judgment  To know when to suspend it
Patience  To control one’s immediate reactions
Warmth  To create a safe atmosphere
Alertness  To note non-verbal signals and discrepancies
Resilience  To tolerate ambiguity and seeming contradictions
Plainness  To say what one means
Trustworthiness  To refuse to gossip
Restraint  To control the urge to talk about oneself
Concentration  To hear what is implied as well as what is said openly
Experience  Of life, to allow an element of compassion for people
Training  To supplement commonsense
Self-confidence  To allow the client to be in charge sometimes
Courage  To confront when necessary
Coolness  To know when to reassure or sympathize and when not
Firmness  To stop the client focusing responsibility on outside sources
Prudence  To stay clear of organisational conflicts
Integrity  To refrain from abusing authority
Creativity  To shift the focus of solutions
Realism  To understand organisational, cultural and political factors
Sensitivity  To connect with others’ feelings
Taken together these qualities seem more like a preparation for sainthood than for a job, but they are intended as a source for reflection rather than emulation. Indeed one of the wisest things said about the qualities needed for counsellors is that they should start with freedom from the need for perfection.

• **Tolerance**

A counsellor may well get started with the lack of a need for perfection as suggested above. Counsellors need tolerance and a measure of self acceptance if they are ever going to show it to others. Counsellors who like things to be neat and tidy are in for a hard time. People and their personal problems are not generally neat and tidy.

Then again, clients and their behaviour often do not fit into our own patterns of thought or belief or judgment as much as we might like; and the perfectionist counsellor will be easily tempted into evaluative comments rather than understanding ones.

Thirdly, such a person will find it difficult to deal with the lack of clarity and precision in many counselling situations. It may not be clear what the client really needs - or if this is the same as what he says he wants. It may not be clear what our own obligations are towards him or towards others. Again, in retrospect, it may not be clear that we did the right thing. The client may be delighted but we may not be at all sure if what we did was for the best. On the other hand we may be sure we did the right thing, but the client is telling us it is not what he wanted.

Engineers, artists, carpenters, gardeners and many others have the satisfaction of seeing the results of their work in a form which allows them to assess and take pleasure in it. Not so for counsellors. Counselling is full of ambiguity and the perfectionist who likes matters to be unambiguous will be wasting a lot of energy.

From a very practical point of view such a counsellor will be unable to listen properly because the chatter in his own head will drown out half of what the client is saying.

Lastly, the need for perfection usually means making as few mistakes as possible - better still, none at all - and this inhibits naturalness.

Counsellors need to be fairly balanced individuals, sufficiently relaxed in themselves to allow other people to be different; not to be too disturbed by their contradictions, ambivalences and seemingly odd ways of thinking, talking and doing. To be just that secure in oneself means, of course, knowing something about oneself.
• Self-Knowledge

Self-knowledge does not mean being endlessly self-analytical. That is a separate career in itself.

People sometimes imagine that to embark on counselling they need to know a lot more about people in general. No, you would do better, to begin with, by knowing a bit more about yourself.

The learning curve should take beginners first through listening skills. In the process they should begin to be aware of their own reactions, to listen to themselves; and then gradually to a greater knowledge of people in general.

Counselling is in itself a tremendous education in living. Nobody benefits more from counselling than counsellors. This education, however, will come gradually and naturally in its own time. It may be advanced by learning more about various personality theories but this is not the first priority. Knowing about oneself is.

The best starting-point for counsellors is to become involved in counselling, to learn to use themselves as the main tool and then to be aware of how the process is affecting them, and how they can improve.

(This will be returned to in Unit 2)

Counselling can be taxing

This much awareness of oneself is necessary because counselling can be quite a drain on the helper's own emotional and mental resources. Counsellors, whether they be full-time or those whose leadership or colleague position brings them into the role from time to time, need enough self-awareness to know when they themselves need help. Experience seems to show that they are not necessarily the best at seeking help for themselves, any more than the cobbler has well-shod children. Doctors and nurses are notorious for not taking care of themselves. Anybody engaged in counselling can be greatly helped by having their own resource and support network, not only to discuss the ins-and-outs of particular cases, but also to offload some of their own perplexity, frustration, irritation, excitement and the rest. Some counsellors try to hold it all in. As though only clients have the right to unload, as though clients and counsellors are somehow two different kinds of people.

Poor counselling can be dangerous

To be safe, counsellors need to understand something of their own motivation. They need to know why they enjoy counselling, if they do, and if not, why not. They need to know when they may be indulging themselves. Counsellors are in a powerful position. The more effective they are the more they are a force for good - or ill.

Research seems to indicate that the most damage is done to clients through counsellors who are perceived as emotionally distant and, at the other
extreme, those who are (usually unconsciously) serving their own needs-for love, for closeness, for a sense of being needed.

When a client sees someone as experienced, balanced and with good will, and interested in him, he will put a lot of trust in that person. There is a naive child still buried in most of us. He will then tend to yield to his judgment, believe what he says, have a blind faith in his values, and so on. The more troubled a person is, the more vulnerable they are. Consequently, the more open he is to being exploited, not just financially or sexually, but intellectually, emotionally, politically.

The power of the counsellor

This is overstating the case for most counselling situations, either because the counsellor is not effective enough to generate such a level of trust or because most professionals have been schooled to be aware of such pitfalls and to subscribe to a code of ethics. In any case, most clients still manage to protect themselves to some extent.

• Discretion

Thus arises the question of counsellor discretion, which is a topic in itself. Blabbermouths do not make good counsellors, although oddly enough blabbermouths tend to receive more than their share of confidences.

The good listener, the good counsellor, the good helper, every bit as much as the blabbermouth, cannot help finding out more than they would really like to know.

The counsellor needs to keep in the forefront of his mind the question: is this really in the other person’s interest, or am I indulging myself, serving my own ends?

Interest

One aspect of the counsellor’s own needs may be curiosity. In practice, this is more an asset than a handicap. Someone who is to help others needs some curiosity, some interest in people. And most counsellors, professional or just those whom everyone likes talking to, soon have their general curiosity satisfied. There is a sort of ‘pain barrier’ which most counsellors go through, when they cry ‘Enough! I don’t want to hear about anybody else’s problem ever again. I just don’t want to know.’

Liking

Does a counsellor need to like people?

Liking people (or perhaps better the ability to come to like people) is useful for a counsellor. Some warmth and some instinctive sympathy is a great asset. Not the
constant quest for the down-trodden, the sharp nose for every bird with a broken wing, but a combination of interest in and natural respect for others.

One comes back again and again to respect and tolerance as basic to counselling skills. One does not have to like the client but one does have to have enough respect to see things as he sees them and take that into account. Liking may help but it is not strictly necessary. What sometimes happens is that a client whom one immediately and instinctively dislikes, if treated with enough empathy and respect, may gradually come to be more likeable.

Liking, of course, is different from being emotionally involved with someone. That inevitably makes counselling more difficult, and usually inadvisable.

Commonsense might be another quality if it could be defined.

Our Approach to Others

The more we perceive ourselves as living although imperfect persons-and the more we can accept ourselves that way - the more we can let go of falseness and self-consciousness, the elements that bind us so hard to the role-expectations of being a helper. The latter situation deprives counsellors of the freedom and spontaneity through which they best express their strengths. Only as free counsellors do we experience our work with others as personally recreative rather than as a stressful chore.

Some people examine themselves rather harshly out of motives that are a mixture of fearfulness and a need not to be found wanting. It is not difficult to raise guilt feelings in people, as most preachers and fund-raisers know, and it is not hard to make helpers feel bad about the shortcomings that can be found in their counselling work. Progress, however, does not come out of feeling guilty any more than it comes out of an unrealistic striving to be the super-counsellor who always does the right thing. Raising unnecessary guilt gives self-examination a bad name and may be the reason that many people shun it or postpone it and, therefore, never realize its values.

There is another way to look at ourselves; it is more the way a professional does it - whether a doctor or an athlete-accepting the need for a particular discipline in view of freeing the self for a steadily improving performance. It is part, in other words, of what healthy professionals do, not to punish but to improve themselves.

When professionals get uptight it is difficult for them to perform at all; relaxation allows professionals to see the self in action, to note the false moves or the extra steps they have unconsciously incorporated into their behaviour and to deal constructively with these discoveries. There are no exceptions to the need to explore the self in view of improving performance, this means bringing forth the
best blend of natural ability and acquired skill. It helps if we can approach this good-naturedly, realizing that escaping this self-examination only sentences us to an increased experience of stress.

The following questions are offered to stimulate the examination of our approaches to other persons with a view toward improving our capacity to be of help to them:

- **Do we want clients to like us?**
  
  It is not unusual for us to look for a positive response from the individuals who come to see us. Although this may be hard to admit, there are not many people who are indifferent to the way in which other people regard them. This need for a response is only a problem if we make it a chief determinant of the helping relationship and its style.

  Ordinarily, the notion of 'rapport' means that the client and the counselor should, right from the start, work at becoming comfortable in each other's presence. On the face of it, this is not a bad idea; the problem arises when our efforts to create rapport become artificial; then we do more harm than good. The best rapport arises, not out of some direct effort to get along well with the client but out of a simple and sincere effort to listen and hear accurately what he or she has to say.

  Rapport automatically exists when we are concerned enough about others not to worry about whether they like us or not. Efforts to find out where the other went to school, or if you know somebody in common, or whether they are interested in sports or art, merely interfere with a process that is immediately initiated by placing ourselves, insofar as we can, directly and sincerely in relationship to the client.

- **Do we judge others?**
  
  Psychologist Elias Porter has suggested that our tendency to evaluate others is so much a part of ourselves that we hardly realize that it is present. It is understandable that we pass judgment on the world and people around us, but this tendency often interferes with our effectiveness as counsellors and, as a consequence, increases the pressures we experience in our helping relationships.

  The penchant to evaluate refers to a need to compare ourselves to others, to give a grade to our performance or to their behavior and, in general, to preoccupy ourselves with judgments which may keep us on the outside of relationships when we really belong on the inside.

  To stand in judgment on others means to evaluate - to place a value on persons or events based on our own special point of view. For most of us it resembles a reflex by which, when we leave a movie or a lecture, the first question that comes to our lips may be, 'Well what did you think of that?' The question is
not, 'What was the director or lecturer trying to communicate?' Rather, it places us in the role of the critic, the individual who looks out on life and confidently judges it in terms of his own perhaps limited experience, education, and tradition. This judgment is also affected by our prejudices and unconscious motivations. The effects of excessive evaluation from our own narrow viewpoint are many. It may create a subtle distance that keeps us from ever really getting into relationship with a person who seeks help because we are so busy applying our own homemade labels to them.

Excessive evaluation makes the experience and communication of genuine understanding difficult because it keeps us on the outside looking in. If we are to be effective, we must suspend our own judgments for a while in order to get the other person into accurate focus. Too much evaluation also closes us off from learning about other persons and about life. When we feel that we have it all down perfectly and that we can fit everything into the categories of our own knowledge and experience, then we have closed ourselves in a windowless room where our effectiveness is quietly stifled. The signs of excessive evaluation can be heard in the remarks that we make ourselves. It takes a great deal of self-assurance even to say things like, 'It's too bad that you did that,' or 'It's good that you can tell me these things.' How we can be sure, from our viewpoint and limited information, about the correct courses of action for others is a mystery. If we find that we are inclined to be moralistic or that we lead clients by reinforcing certain of their statements, then it is time to examine our approach in this regard.

- Do we enjoy interpreting?
A better title might be: How to be wrong even when you are right. Some counselors, especially amateurs, feel that the art of helping others consists in weaving some interpretation of their behavior out of a smattering of Freudian principles and overconfidence in their own powers of analysis. It is sometimes interesting to note that the person who is given to interpreting too much always gives the same or a very similar interpretation to the behavior of others. Such a counselor-savant may, for example, always tell people that they have not resolved the oedipal situation; this says more about what is going on inside the counselor than what is necessarily the experience of the other.

Interpretation is a valid aspect of skilled counseling, but the therapist who understands its place knows that it is not something that can be used carelessly, out of some desire for mastery or as a demonstration of cleverness. The brash interpreter, however, is out to teach others about their behavior and to add meanings that the others may not be ready yet to recognize. Persons skilled in interpretation know that they must time their interpretive statement to that moment when the other individual is prepared to see, accept, and profit from
this kind of response. Good interpretations are characterized by understanding rather than mystery.

Counselors who define their work as searching for the right psychological analysis to apply to the other person's conflicts may badly misunderstand the nature of interpretation and retard their own development as competent counselors. The risk involved in premature interpretation is that, even though we may be right, we may be wrong because of our poor timing. Most of us resent having our behavior interpreted. We are defensive on this matter and interpretations only work when we are quite close to accepting and making them for ourselves. Otherwise they can be threatening and thus only increase the defensiveness, if not the total withdrawal, of the person we are trying to help. Interpretations may display our cleverness or they may help us to feel powerful because we seem to know more about others than they seem to know about themselves. This approach to dealing with them is filled with dangers and if we find that we are indulging in it, or excessively insisting upon our judgment of things, then it is time for a careful self-examination on this matter.

- Do we like to ask questions?
  This might be subtitled: what to do when we don't know what else to do. Approaching others through asking them for information, through saying to them, in other words, "Tell me more about this or that," is very common, especially among inexperienced counselors. If we look into our own experience, we know that nothing is more frustrating for us when we are trying to tell somebody about ourselves than to be interrupted by a number of questions which interfere with rather than facilitate this process. It is like being required to fill out a long medical inquiry at a desk in an emergency room when we have a sick child for whom we want some immediate attention. Questionnaires and forms of inquiry have become staples in our culture, however, and some people think that nothing can be done validly unless documents in triplicate are filled out in advance. This can happen in many different spheres of helping other persons; it occurs whenever counselors are bent on getting information they feel is more important than what the client is trying to say. Misplaced or excessive questions may, in fact, be part of the style through which we keep control over our work with others.

  Obviously, counseling cannot proceed without any questions. They are sometimes very important in order to clarify certain points the client makes, or to check to see that the counselor has really heard correctly what the other has communicated. Although sensible questioning clearly has a place, the approach which depends too much on soliciting information may be motivated more by curiosity or by the simple fact that the counselor does not know what else to do.

  When people come to us in order to talk, they usually do not need to be questioned very much. All we have to do is to make it possible for them to tell us
their story and to clarify their own perceptions of it as they do. When we cannot
follow what they are trying to say, or when we have not honed our skills at
listening to their statements, we may find ourselves at sea, using questions as we
would life rafts to keep ourselves afloat. This does not really help the other
person very much. It also involves us in more convoluted uncertainties which
ultimately multiply our own experience of stress.

Sometimes questions are asked because we are uncomfortable when the
client is silent for a while. This is a common problem in counseling, one that is a
source of stress for many helpers. Silence can have many meanings; it can be the
embarrassed fruit of non-communication, but it can also be the sign that
something meaningful is going on in the relationship. Good friends need not
talk to each other all the time, and lovers share many silences that are signs of
the depths of their relationship. When clients pause and seem to be thoughtful,
they may be absorbing what they have been able to discover about themselves.
The good counselor understands this and allows these silences to happen without
panicking. We need to learn to live with the significant silence that follows on
genuine self-exploration. To break that with unnecessary questions is to destroy
the mood and meaning of counseling itself.

- Do we like to reassure people?

To be supportive is an important function of good counseling. We must,
however, ask ourselves where support comes from in the counseling process. It
arises in those situations in which the helper is in contact with the person
seeking help and accurately communicates an understanding of the other's view
of the world. Great strength flows from a relationship in which the client is taken
seriously as a person; support arises in the context in which the client feels
accepted and heard by the counselor.

Sometimes counselors approach the question of support in a very different
way. They stress reassurance rather than the solid exchange which has just been
described. To be reassuring is not necessarily to be supportive, although it may
sound this way to bystanders. Non-supportive reassurance consists in telling
people that they need not feel the way they are feeling. It denies their experience.
This is, of course, the very opposite of acceptance and understanding and, in the
long run, can only be destructive.

Falsely supportive reassurance is found in the way that clergymen and
counselors sometimes sound in the movies or on television. It is a sad thing
to see these professionals portrayed as having nothing really to say to persons
who are in trouble. The phrases, 'It isn't as bad as you think,' or 'You'll feel better
tomorrow,' or 'You shouldn't feel so upset about this' are run-of-the-mill
reassurances that discourage rather than help others. Studies of grief and
mourning show that 'jollying' people along during periods in which they must
experience deep feelings of sadness is not at all helpful.
Real support arises from entering into the experience of other persons, being able to stand there with them as they explore themselves, and not in backing away when the experience threatens to become hard on us. To reassure another falsely is to find an escape hatch for ourselves that may isolate us from our counseling work and leave us empty and lonely. In an effort to avoid stress, counselors who only reassure others end up increasing the pressure on themselves. Such counselors may not realize that this stress may reflect their whole approach to other persons; it keeps them on the outside of their experience and therefore prevents them from feeling or being effective in their lives.

• Do we try to be understanding?
Understanding is essential in approaching all human relationships and is indispensable in any work that comes under the heading of counseling. It is contained in all schools of psychotherapy and in all techniques or applications of counseling principles. When understanding is lacking, nothing very effective can take place. It is the single most important aspect of our approach to others and, even when we fail to be completely understanding, the very effort to approach others in this fashion is helpful both to them and to us.

The effort to understand puts aside a tendency to evaluate or to pass judgements from some distant authoritarian vantage point. Understanding attempts neither to agree nor to disagree with clients as they express their feelings or experiences. Genuine understanding does not condemn the person seeking help but neither does it condone or enlist itself needlessly on their side of an issue.

Accurate understanding begins with an effort to get out of ourselves and to let go of our own narrow viewpoint and traditions. It grows with an effort to see from the viewpoint of the other. It demands that we suspend our tendency to impose our own meanings or judgments on them. Through understanding we are able to get on the inside of the world of another and to stand there without trampling on or confusing their meaning.

This approach to others, which requires great sensitivity and plain hard work on the part of the helper, is powerful, and it is essential if we want to improve our counselling and control our own experience of stress. The willingness to understand and to work consistently from this point of view strengthens our capacity to be helpful, frees us of a need to prove ourselves or demonstrate our mastery, and increases our sense of lively participation in the deep and meaningful work of counselling.

Questions for Counsellors
Sooner or later every person involved in helping others must face and deal with the complex issues implied by the following questions:
Can I be a friend to my counsellees?
Can I be a counsellor to my friends?

Those inquiries require self-examination, the kind of survey of one’s own inner life that is of continuing importance in understanding exactly who and where we are as helpers to other persons. Such questions take on added importance for counsellors who have heavy workloads or who have occupations into which counselling fits as an added and sometimes major feature of their responsibilities. Counsellors can be so busy that they do not take the time to reflect on the stance that they have assumed in their relationships with others. They come to understand that it is only through periodic investigation that they are able to note whether shifts have occurred in relation to their counselling work and what kind they are.

The questions stated above draw the personality of the counsellor into sharp focus. In answering these, counsellors must examine basic personal and professional attitudes which have implications for their lives both in and out of counselling.

Unlike close personal relations, a therapeutic relationship is asymmetrical. That is, only the client is supposed to reveal the intimate details of his life. The counsellor is not only free to determine what he will reveal and conceal about himself, but also to choose how to react to what the client is saying, if indeed he decides to respond at all. The relationship is also asymmetrical in that only the therapist is supposed to interpret and impute meaning to what the client is saying and only the therapist can evaluate the degree to which therapeutic objectives are being achieved in the relationship. In sum, the therapeutic relationship is a highly circumscribed, personal relationship conducted in accordance with the ground rules laid down by the therapist. These rules result in relationships in which the therapist comes to know all about the client as a person while the client never comes to know the therapist as anything but a therapist. Thus, from the therapist’s standpoint, the therapeutic transaction provides intimacy in close personal familiarity without, at the same time, involving the risks entailed in revealing one’s inner thoughts and feelings to another.

Common Ground

The theoretical agreement that therapy and friendship contain many qualities in common has also led, even in more disciplined therapies, to a greater emphasis on the characteristics of genuineness, openness and equality in the relationship. The qualities of ordinary friendship became the basis for describing the elements that are important in any counseling relationship.

hypothesized explicitly the similarity between good therapeutic relationships and
good personal relationships in general, noting that the formal qualities of
therapy permitted a more intense and consistent experience of these.

A subsequent massive review of the research inspired by Rogers and others
led to the isolation of certain common qualities as characteristic of a wide variety
of therapeutic relationships. These included genuineness, a capacity for empathy,
and the expression of "unconditional positive regard."

One can conclude that the debate about which model is appropriate for
understanding effective counseling is far from over. The fact of these
developments suggests that it is important for counselors to explore their own
way of conceptualizing their counseling work. This is especially true for
counselors who do their work in relationship to other professional
responsibilities or who work in smaller settings where they cannot help but know
socially many of the people they also see in counseling.

The question is one of balance knowing where one stands as a counselor
and a friend, and understanding the many issues that are implied in any such
discussion. It does not mean a retreat into coldness, aloofness, or benign
paternalism.

**Friend or Counsellor?**

Counsellors alone can tell just what their emotional investment is in their
relationships with their clients. Indeed, some helpers experience stress because
everything does run together in their work and social world. They are in the
middle of pressures that come from professional expectations as well as from
their own personal need and the needs of their clients. Sorting this out is not just
an intellectual exercise but a vital and indispensable form of self-supervision.

It is not a small issue to find out whether the counsellor is leading a
balanced emotional life. The pressure of work is often invoked as an excuse for
letting one’s emotional life become distorted. The need to respond to those in
distress has legitimated or rationalized many semi-neurotic adjustments on the
part of helpers. If the therapists are not working at maintaining a balanced life,
they may find that their own needs predominate whether they want them to or
not. Such emotional confusion constitutes a major source of stress for practicing
therapists. It is not something that takes care of itself.

Several years ago George Lawton provided a series of reflections that can
assist helpers who are interested in examining the style of their therapeutic
relationships. These include the following.

Counsellors may need to dominate their clients and often very subtly
assume stances that enable them to do this. They may need the affective response
of the client to such an extent that they find themselves in competition with
other figures in the client’s life. Such counsellors want the clients to listen to
Friends — when they lose themselves from this approach,
need a searching look at why this is happening. They will feel relieved — as will their
people who find that they are losing into therapists in all their relationships.

Harmful. It leads to a falsification of the counselor's professionalism, and this is a
danger of the manipulative process of may come our of a sincere desire to be
honest with the interpersonal process, and quickly give the impression that they are
not being themselves with others. This kind of reaction may be the result of
in place of ordinary conversation, and quickly give the impression that they are
unconcerned, however, for certain therapists to transfer their counseling attitudes
when spontaneous and generally distress their friends as well. It is not
that counselors can submerge their true selves in a role which not only destroys
what they will act like therapists with their friends, but on their counseling work is not what they will be friends with their clients but
perhaps one of the other dangers, especially to people who are just starting

Chiefs at every stage of their work together,

first of all possible to have hostility, which often causes counselors to try to appease
charges. Another signal indigent a need for self-examination is the counselors' recognition that they are very essential to certain counseling demands made by their
may have some deep built-in unexpressed feelings. It is instructive for counselors to
complex, in which they wish to remake clients, especially those for whom they
is also possible for some counselors to suffer from the "Pygmalion

which involve people in helping others.

Bonds of friendship more secure. This is a common danger in many professions,
attention, too much concerned in the lives, counselors may show too much love and
in other aspects of their lives. Counselors may show too much love and
them and seem to fear the fact that others may also be important and influential
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