



Fifth Edition

Counselling Skills and Theory

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1

Key aspects of counselling

● Introduction

In Unit 1 we shall look at definitions of counselling and discuss ways in which it differs from other helping activities. These are questions that students are often asked to discuss at the beginning of training. It is important to differentiate between counselling and other ways of helping because there are some significant differences, which you will probably be able to identify in groups by completing the following exercise. Try to generate as many answers as possible from group participants. Key aspects of counselling are shown in Figure 1.1.

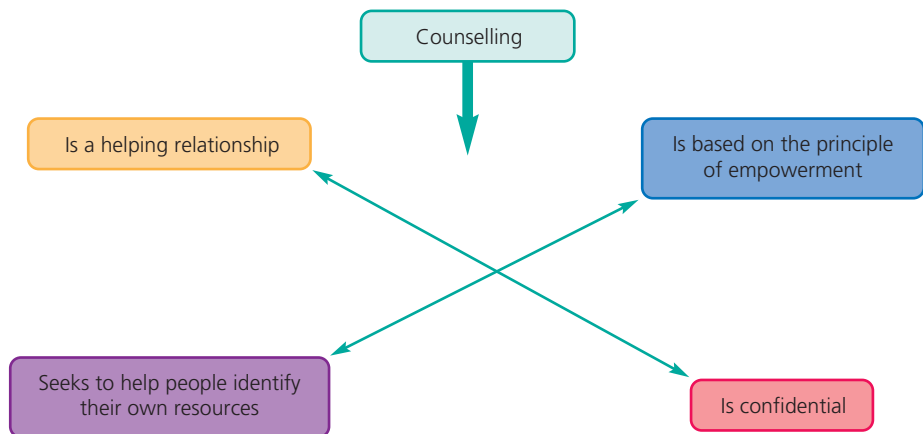


Figure 1.1 Key aspects of counselling

EXERCISE

What is counselling?

Working in small groups discuss the above question.

Spend about 30 minutes on the exercise, then consider the following:

- It is an explicit contract and is confidential.
- It is an activity carried out by trained people.
- It is a non-judgemental form of helping.
- It is based on the principle of empowerment.
- It is a relationship in which one person helps another.
- It is a process that requires a special kind of listening from the counsellor. This is called 'active listening' (see Unit 2).
- It is a process that helps people to clarify and address problems.



- It is a process that recognises that each person is unique with unique experiences.
- It is a process that respects people from different backgrounds, religions and ethnicities.
- It is a process that upholds and values equally experiences of people with different sexualities and gender identities.
- It is guided by theories about the causes of problems and the methods needed to help people address these.

In this first unit we shall discuss your responses to this exercise and elaborate on other important issues relating to the nature of counselling. We shall consider the difference between counselling skills and counselling theory, and assess the use of counselling in a wide range of professions and other situations. We shall also look at the kind of problems that counselling addresses. Aspects of counsellor training will be highlighted too, though this topic will be dealt with at greater length in a later unit. It goes without saying that some areas of counselling require extra study and training, but here we are concerned with the basic skills of counselling.

How does counselling differ from other helping activities?

Here are some differences:

- Some helping activities include giving advice, for example careers counselling.
- There may be a conflict of interest in some helping relationships.
- Other relationships may not have the same kind of boundaries.
- In some helping relationships the helper may be judgemental.
- Other helpers may offer sympathy rather than empathy.
- Other helpers may not be objective.
- There is an absence of mutual expectation in counselling. This means that the counsellor is there to help the client and does not expect help from the client in return.
- Counsellors do not impose particular conditions or expectations upon clients, while other helpers may expect their clients to behave in certain ways.

Awareness and acceptance of counselling

The list of differences between trained counsellors and other helpers is not exhaustive, but it does provide enough material for discussion. In recent years the public has become more aware of the purpose and nature

of counselling. This is due, in part, to the high profile that counselling services and provision have achieved. Counselling is routinely advertised after television programmes that contain traumatic events or depictions of violence or bullying. In addition, there are now many people who undertake the basic counselling skills of listening and attending, but who do not call themselves counsellors. Many of these people use counselling skills as part of their work, for example nurses, social workers and carers, to name just a few.

EXERCISE

Responses to questions

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

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

EXERCISE

Personal expectations

Work in small groups of three or four and discuss the characteristics each of you would look for in a counsellor. Do not go into detail about any personal problems or concerns you may have at this stage. Concentrate instead on listing those skills and attributes that you think an effective helper should possess.

KEY TERMS

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

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

Responses to questions raised in this unit and some definitions

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

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

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

CASE STUDY Rosemary

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

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

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

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

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

CASE STUDY Robert

Robert, who was 46, had lived with asthma since childhood. During his early years he had experienced many serious flare ups of his condition, but in his teens and twenties his asthma had stabilised as a result of medication and excellent medical care. During the COVID-19 pandemic in 2020 he received a letter from his health practice telling him that, as a vulnerable person, he



should stay at home ('shield') for at least eight weeks from the start of lockdown. This was difficult for him because he was currently single, and had an 8-year-old son from a previous relationship who was not living with him.

Robert found being alone difficult and he felt imprisoned by his isolation. He was used to going to work, meeting friends and spending time with his son. The feeling of isolation was heightened when, towards the end of the eight weeks, he received another letter advising him to remain isolated for another month, after which time his situation would be reassessed. This second communication intensified an obsessive-compulsive tendency, which took the form of excessive handwashing, experienced intermittently when he was under stress. After a while this was compounded by depression and problems sleeping. He missed his son but could not visit him, nor was his son permitted to come to him. In addition, he was worried about his future prospects and job.

During his shielding experience Robert phoned a friend several times. His friend, Martin, tried to cheer him up by offering advice and suggesting he should think of his isolation as an extended rest. Martin also talked about himself and his own problems during the pandemic. By the end of these conversations Robert felt more depressed, and eventually stopped phoning. Then he decided to look online for help and found a site offering free CBT. This helped him and he decided to seek one-to-one counselling once he was free to do so.

Comment: This case study illustrates the point that friends need to talk about themselves too, as Robert found out. In addition, Martin wanted to offer advice, while Robert wanted him to listen without making any judgements or suggestions. In seeking help online Robert was able to deal with his immediate problem of obsessive-compulsive disorder (OCD), and later when he was free to leave the house, he made an appointment for a one-to-one consultation with a counsellor. In later units we shall pick up some of the problems of advice giving and the importance of non-judgemental listening. Another point highlighted by this case study is that people in isolation are susceptible to anxiety and depression brought on by lack of social support and decreased physical activity.

Therapeutic counselling and counselling skills

Therapeutic counselling is an activity undertaken by people who are specifically skilled in this field. It differs from many other occupations and areas of work that are often described as 'counselling' but, strictly speaking, are not. These other areas include, for example, career counselling, financial counselling and sports counselling, to name just a few. In fact, there is a growing tendency to describe any occupation in which advice is given as 'counselling'. Therapeutic counselling does not include advice giving

in its repertoire of skills, although it should be added that clients intuit a counsellor's attitude to certain issues, even when they are not explicitly stated. Again, though, it should be emphasised that direct advice giving is not part of therapeutic counselling.

In therapeutic counselling, the relationship between helper and client is especially significant and based on the principle of equality. Vulnerable clients may not always feel equal, but it is a principle that all counsellors need to respect and uphold. There is, moreover, no obvious conflict of interest in the relationship, and this is just one of the factors that sets it apart from other working relationships. Teachers may, for example, need to discipline pupils, while nurses and social workers often give advice to the people they help. However, a distinction should be made here between the use of therapeutic counselling with clients and the use of counselling skills by other professionals in a variety of work situations. As we noted earlier, there are many people who now undertake counsellor training because they believe the skills they gain will prove useful in the work they do. As a result of the training they receive, those people are well aware that they are not acting 'as counsellors' in their professional roles. Instead, they are using the interpersonal skills they have developed and refined within their counsellor training.

KEY TERM

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

EXERCISE

Helping relationships

Working in small groups, compile a list of the ways in which the counselling relationship differs from other helping relationships. What conflicts of interests could exist in any of these other helping relationships? How might counsellor training help people in other professional roles?

Counselling skills and counselling theory

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

- listening and attending
- empathy, or the ability to see things from the client's perspective
- paraphrasing
- summarising
- asking questions to help clarify problems
- encouraging clients to be specific
- reflecting their feelings
- helping them to clarify their thoughts
- encouraging them to focus on key issues
- offering forms of challenge when needed.

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

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

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

Counselling theory, on the other hand, deals with assumptions and hypotheses about the process of human development. The problems and difficulties that can arise at various stages throughout our lifespan, as a result of environmental or other influences, are also considered under the heading of counselling theory. The ways in which different forms of therapy and counselling approach these problems, as well as their individual methods of helping clients, have evolved alongside theories about human development and the acquisition of helpful and unhelpful behaviours. A summary of the three main approaches to counselling theory will be given in Unit 2. Individual theories will be described in more detail in subsequent units.

People who use counselling skills in their work

We have seen that many people, including doctors, nurses, teachers, social workers and ministers of religion often use counselling skills as part of their work. There is a growing emphasis on the need for interpersonal skills training among health professionals, but even when this is undertaken, doctors and others cannot devote the necessary time to individual patients. In addition to this, doctors frequently tell their patients what to do, and the central focus in doctor–patient interactions tends towards the factual rather than the emotional aspects of problems presented. Smith and Norton (1999: 15) stress this dimension of doctor–patient interaction when they state that doctors are trained in ‘transmitting information’. This focus is now changing, however, since doctors are increasingly aware that psychological and physical problems are often interrelated. The transmission of information referred to by Smith and Norton is usually factual in nature, and is applicable to people working in other areas of health care too. In spite of the limitations just described, it is nevertheless the case that many health professionals and carers often use counselling skills in their daily work. The following list represents a selection of the many areas of work in which some counselling skills form an integral part of the professional’s role:

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

This list represents only a selection of the many areas of work in which some counselling skills are used.

CASE STUDY Mrs Feltmann

Mrs Feltmann was an 80-year-old patient who attended her central GP surgery complaining of chest pains. She had a history of chronic obstructive pulmonary disease (COPD), as well as a history of anxiety, which had worsened over the previous six months. This heightened anxiety was associated with her recent move to the area and was further exacerbated by the experience of chest pains and profound worries about her health generally. Mrs Feltmann’s doctor ensured that all aspects of her physical problems were investigated. He referred her for X-rays and to a consultant



who suggested that she might benefit from stress counselling or some other form of psychological assistance.

Mrs Feltmann tended to become tearful during visits to her GP and, although he was sympathetic and attentive, he could not give her the time and quality of support she obviously needed. When the subject of counselling was raised, Mrs Feltmann agreed to it and an appointment was made with the practice counsellor. During her first session with the counsellor, Mrs Feltmann talked at length about her health worries and the sequence of events that had led to her state of anxiety. She seemed relieved to express the pent-up emotions she had tried to ignore until then.

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

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

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

COUNSELLOR: So you didn't feel properly consulted ... that nobody listened.

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

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

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

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

CLIENT: Yes.

Comment: This case study highlights the difficulties that exist for many professionals in relation to their patients or clients. Mrs Feltmann's GP, for example, understood that she needed more time than he could possibly give her. He had other patients to see, though he was aware of her emotional needs and suggested counselling to address these.

The British Association for Counselling and Psychotherapy (BACP) along with the British Association for Behavioural and Cognitive Psychotherapies (BABCP) is working with the UK-wide Improving Access to Psychological Therapies (IAPT) programme to accredit high-intensity courses for counsellors who wish to train and work in the profession. This is a welcome and much-needed initiative, because the demand for trained counsellors is increasing alongside public awareness of mental health issues.

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

- Louise: I get a bit uptight about housework ... I really obsess about it.
- Lesley: All the new commitments you have now, especially the baby ... that's a very new experience and responsibility.
- Louise: [starting to cry] It seems endless ... and I'm so tired. Sometimes I can hardly get out of bed.
- Lesley: Sit down for a moment and let's talk about this. Just tell me more about this, exactly the way you feel.

Lesley, the health visitor, was concerned to help Louise express her feelings and gave her enough time to do so. As part of her work, Lesley used a range of counselling skills including listening, paraphrasing, reflecting back feelings and asking relevant questions. However, Lesley's job also included giving advice, which was entirely appropriate and necessary in this instance, since Louise needed it in order to get help for the post-natal depression she experienced. Advice giving would not be appropriate in therapeutic counselling though, because the focus there is on helping clients to identify what it is they want and need.

Problems of advice giving

In *The Art of Counselling* the psychologist Rollo May was clear that advice giving was not ‘an adequate counselling function’ because in his view ‘it violated the autonomy of the personality’ (May, 1993: 117). Even before May expressed his reservations in this way, Freud (1920) had cautioned against giving direct advice, for in his view people should be helped to identify their own conclusions without pressure from a therapist. However, many clients seek counselling in the hope that they will be told what to do. Others hope for advice about the best way to tackle their personal problems. Nevertheless, advice is not given in therapeutic counselling and there are many reasons, including those highlighted by Freud and May, for withholding it. Perhaps one of the most important reasons is one that Amada (2011) identifies. He refers to the experience of young children who are given frequent and copious advice, and who harbour feelings of resentment on account of it. These feelings do not disappear, but are carried into adult life and operate at an unconscious level thereafter. Advice, therefore, is not always valued in the way that advisers would like to believe. On the other hand, there are some people who may be quite willing to follow any advice in a slavish and uncritical way. These people tend to view all helpers as experts, but in the context of therapeutic counselling they can be helped to look more closely at this aspect of their thinking and identify the reasons such expectations exist. If a client in therapy is willing to believe and follow everything a counsellor says, it is likely they respond in a similar way to other significant people in their life. These ways of responding should be discussed between counsellor and client. If they are not, the client will have gained little as a result of therapy.

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

Advice or information?

We have seen that advice is a necessary component of some helping relationships. Patients expect and need advice from their doctors, for example, and practical help is often given too. Psychological and emotional conflicts cannot be approached in this utilitarian way, however, since it is only clients themselves who are aware of the complex dimensions of their

own problems. The ways in which counsellors can help clients to identify and clarify their problems will be discussed in subsequent units. Meanwhile, an important caveat should be added in this section about advice regarding certain emergency situations in which clients seem incapable of acting in autonomous ways to protect themselves against harm or danger. In these situations, the counsellor may find it necessary to intervene by suggesting alternative courses of action. A client who is deeply depressed or suicidal, for example, may lack the psychological strength to make a constructive or informed decision about effective and available treatments that could help them. Giving information to clients is, of course, not quite the same thing as giving advice, although a distinction between the two is sometimes hard to detect. The skill of information giving will be discussed in Unit 2.

Issues that prompt people to seek counselling

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

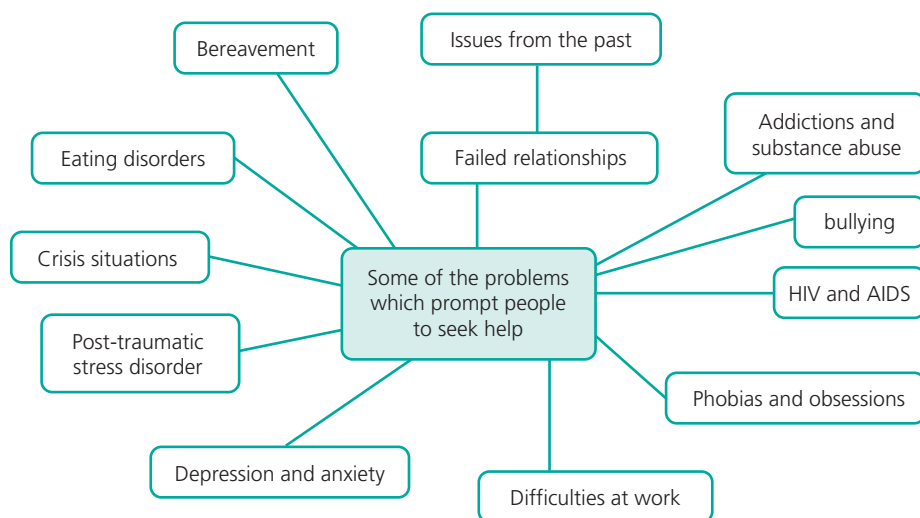


Figure 1.2 Some problems that prompt people to seek help

Repetition of problem relationships

Relationship problems are high on the list of factors that prompt clients to seek counselling. This does not imply that counsellors are relationship experts, since clearly this is not the case. However, there are therapists who are trained in this specific area and in some instances clients will choose to seek their help. Clients who attempt to solve their own relationship problems often find themselves unable to do so. This is because of the unconscious element that frequently operates to sabotage all conscious efforts. The units in this book dealing with psychodynamic counselling provide more information about unconscious motivation and the ways in which it is manifest. With the aid of a trained counsellor clients can be helped to identify the factors that disturb their relationships.

Crisis situations

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

services for people in crisis, although these two services differ in the sense that Childline also offers practical, sometimes interventionist advice. Both Childline and the Samaritans provide training for volunteers, though some go on to complete general training later.

Bereavement

Bereavement is an experience that everyone is likely to have at some stage in their life. Even when bereaved people are supported by family and friends, however, there remain certain situations for which counselling has added benefits; this is especially true when several members of a family have suffered the same loss. Counselling is also applicable in crisis bereavement, or in circumstances that are complicated in other ways. Children who have lost a parent or parents are especially vulnerable and often need the added support that counselling can give. Children's experiences of loss are often profound, though their responses to it are different in significant ways to those of adults. For example, small children often don't know how to acknowledge or express strong feelings like anger or sadness. It follows, therefore, that counselling support for children is a specialised area and one that requires its own specific training.

Parents and relatives of children who experience bereavement often complain of poor resources to approach for help. In their report published by the Joseph Rowntree Foundation, McCarthy and McCarthy (2005) express concern about the lack of research in the UK on the subject of bereavement. The Rowntree report recommends that more specific services be developed for young people. A range of complex problems is often a direct result of early bereavement, so it is certainly important that more people are trained to help young people who need it.

Cruse, which offers its own training programme for counsellors, is a national organisation that can direct family members to access help for bereavement. Child Bereavement UK is another organisation that offers help, information and support for bereaved young people and their relatives. Not all young, bereaved people need counselling, however, and those with supportive relatives usually manage to cope well. The circumstances in which bereaved children may benefit from counselling include the following:

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

Issues from the past

Some people seek counselling because of problems they experienced in childhood. These include sexual, emotional or physical abuse, or may be related to experiences of loss or abandonment. The difficulties stemming from childhood abuse, in particular, are now better understood and more openly discussed. We know, for example, that repeated trauma in early life can often lead to emotional numbness, depression or patterns of destructive relationships. At a deeper level, they can lead to feelings of despair, which in turn may lead to self-harm or suicide. Herman (2015: 108) refers to these 'attacks on the body' and describes them as attempts 'to regulate internal emotional states'. It is easy to see, therefore, why specialist training is often undertaken by counsellors who decide to work with survivors of childhood abuse and trauma. If we are to understand the many problems, including trauma and abuse, which people are increasingly disclosing, we need to commit to education and training as an integral part of our work. In a later unit we shall look again at issues relating to education and training for counsellors.

Depression and anxiety

Depression and anxiety are common problems for many people who seek counselling. It is estimated that three times as many women experience depression as men (Holford, 2009) but numerous other estimates indicate that many more people, of both sexes, experience minor levels of depression and are never actually diagnosed with the condition. Depression and anxiety often need medical as well as psychological support, and some of the clients seen in counselling may have been referred by their GP. CBT, which we shall discuss in a later unit, is now recognised as an effective approach for helping clients with problems of anxiety and depression. This is the form most likely to be offered in conjunction with medical support and, sometimes, medication. The subject of depression is often featured in health news items and increasingly interest has been directed towards its causes, especially in an era of job losses, mandatory isolation and the fear of illness, which has affected so many people during the COVID-19 pandemic. According to professor of psychiatry and medical historian Edward Shorter, however, depression can be caused by physical as well as psychological factors, including tiredness, for example (Shorter, 2013). Professor Shorter points to the benefits of therapy, which supports what we already know about the effectiveness of counselling, especially CBT for clients who are anxious and/or depressed. Professor Shorter also includes exercise as an effective therapeutic adjunct to therapy, and while this is not an entirely new idea, it does emphasise a more holistic and contemporary approach to helping clients with depression. It may seem counterintuitive to suggest exercise to someone who is tired, but it is increasingly recommended and used to good effect.

Addictions and substance abuse

Sometimes clients seek counselling because they are unable to deal effectively with their own addictive behaviour. Addictions and substance abuse include the most obvious examples of alcohol, drugs and gambling, although we now know there are other addictive problems and behaviours too, including addiction to exercise or shopping. It is important for clients to address the underlying problems underpinning addiction and substance abuse, and counselling gives them the opportunity to do this. Different agencies offer specialist courses for people who want to work in the area of addiction. In its information about training and career prospects, the BACP lists some of the specialist areas, including bereavement, family therapy, mental health, sexual health and substance abuse, which trained counsellors may choose to follow (BACP, 2020a, 2020b). Regardless of the specialist field chosen, however, a prerequisite for further study is an accredited qualification in counselling from a relevant professional body.

Phobias and obsessions

There is an almost infinite variety of phobias people can have. The best known, and perhaps most common, are phobias about animals, insects, meeting people, enclosed spaces, germs and flying. It is probably true to say that people can become obsessive about almost anything and OCD is a condition that affects many people, especially when they are under stress. Different theoretical approaches to counselling offer varying explanations for the causes and development of obsessions and phobias, and some of these will be discussed in later sections of the book. CBT is currently regarded as an effective form of counselling for clients with irrational fears, phobias and obsessions. Many relatively short CBT programmes are now being offered to clients with these difficulties, though not everyone is convinced that these are effective in the long term. Yalom (2017), whose work we shall consider later in the book, is critical of short-term CBT, though he does acknowledge that it is certainly an empirically validated approach.

Work problems

Many relationship problems are experienced in the context of work, and employment stress or burnout are often symptoms of the underlying difficulties clients bring to counselling. Some companies now offer stress counselling to employees who need it, and even those who do not are increasingly aware of the importance of counselling support. People need to understand how they themselves contribute to the stress they experience,

and a focus of counselling is this identification of individual factors in stress maintenance. Clients are often surprised to discover that they sometimes collude in punishing themselves when they agree to every single request, no matter how unreasonable it seems.

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

Bullying in schools and online

Perhaps one of the most insidious developments in modern times is the pervasiveness of bullying among teenagers and children. This highlights the importance of counselling support for individuals that experience bullying in schools, especially since we now know that bullying behaviour can lead to depression and even suicide among those that are bullied. We also know that bullying is often hard to detect and may be widespread in schools before, and if, it is discovered. Even when anti-bullying policies are in place, most children experience bullying (which may be physical, emotional or rumour spreading) at some stage in their school years and it is something that school counsellors often have to address. Cyberbullying may take place outside of school, but it too needs to be addressed when uncovered. In addition, bullying frequently involves groups of young people, in which case the problem needs to be addressed in the group context. This is much easier said than done, as the next case study shows. It also has implications for counsellors working in schools, in the sense that additional training in groupwork skills is clearly indicated. Counsellor practitioners who work in schools are increasingly seeing young people who are subjected to bullying behaviour. This means that school counselling is a specialist area of work, which deserves extra training in that particular context.

CASE STUDY The school group

Grace, a counsellor at a high school for girls, was asked by the principal to talk to Year 11 about some disturbance she (the principal) sensed in the group. There were no overt signs of bullying, and no one had complained, but other teachers had also sensed that something was wrong. Grace had trained in groupwork skills and agreed to facilitate the group, but away from



the classroom, where the pupils could sit in a circle in an uninterrupted environment. When the girls arrived at the appointed time it was clear they saw the situation as something of a novelty. Initially, there was a lot of barely suppressed giggling and some whispering, which subsided when Grace introduced herself and asked if the girls would take turns to introduce themselves by name. These introductions started slowly, but gradually the atmosphere became more relaxed. Grace formed a contract with the group, which consisted of basic ground rules. These rules included observing confidentiality about issues discussed within the group, listening without interruption when individual members spoke and showing respect for other people's views.

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

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

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

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



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ISBN 978-1-3983-2811-2

