Learning to Counsel

Develop the skills, insight and knowledge to counsel others

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Counselling and Psychotherapy Journal

THIRD EDITION

Jan Sutton & William Stewart

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Learning to Counsel

Third edition

Jan Sutton & William Stewart

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Foreword

Recent years have witnessed an explosion of interest in counselling, and the use of counselling skills. It has been estimated that some 600 educational centres around the country are running a counselling programme of one sort or another. There is a plethora of counselling 'schools of thought' and approaches. It has even been suggested that there are more people involved in counselling training than are in the armed forces! That may take some verification, but it highlights the interest of many people in developing a bank of skills for the purpose of self-development, or applying within a particular setting or context.

Counselling students fall into three cohorts: firstly, there are those who do not want to become practitioners but would like to develop and enhance their interpersonal, communication and counselling skills within their own sphere of work, such as a nurse or teacher or social worker. A second cohort is similar; these are students who wish to use these skills within a voluntary capacity, without necessarily intending to seek professional status. A third cohort is made up of those who are seeking to make counselling their vocation, and are working towards professional recognition as a practitioner of counselling. For all three cohorts, knowledge of counselling skills and techniques is both essential and necessary if they are going to work safely and competently.

The third edition of this excellent, easy-to-read *Learning to Counsel* book enables the reader to understand and develop a bank of skills necessary to work within a counselling context, or one where counselling skills are practised. The authors bring to this work a wealth of experience as both counselling practitioners and trainers, and this revised edition is vibrant with their insights into the fundamentals that underpin the foundation of all counselling practice. Building on the success of the first two editions of *Learning to Counsel,* this edition

helps the reader to differentiate between the role of a counsellor and the use of counselling skills; it provides a sound introduction to the basic approaches of counselling and defines the rudiments of counselling skills and qualities. It is qualitatively enhanced by the use of illustrative graphics and case studies. Whether or not the authors envisaged further editions when they wrote the first one, both Jan Sutton and William Stewart are to be congratulated on the quality of this revised third edition. I am privileged to know both authors, and can verify their commitment to producing a book that will be both educationally enhancing and a pleasure to read.

I have been fortunate over many years to work as both a teacher and examiner with students of counselling in independent training centres, further and higher education settings, in both the UK and abroad, and to work with major awarding bodies. In all these settings, I have enthused about *Learning to Counsel*, and encouraged students and tutors to read and study it. I am pleased to do the same with *Learning to Counsel, Third Edition,* and would recommend it to all students and practitioners of counselling and psychotherapy. It is up to date in knowledge and understanding, and is a rich resource of skills for the novice student and the mature practitioner. It is a book that should be in the library of tutors, students and practitioners of counselling.

Dr Phillip A. Rees
Birmingham, UK, April 2008

Preface

Being invited to produce a third edition of what has proved a popular book is very satisfying, and writing it has been a stimulating and rewarding experience for both of us. Since publishing the first edition in 1997, *Learning to Counsel* has proved such a success that it has taken us by surprise, and we have been greatly encouraged by the positive feedback received from both students of counselling, and tutors.

The book is based on our experience as counsellors and of running counselling workshops and lecturing. It is not intended to serve as a substitute for hands-on experience which is crucial to effective practice. However, it is our belief that the skills presented here can enhance all human relationships.

We have thoroughly revised the third edition, reworked and updated most of the chapters and new material and illustrations have been added. Two new chapters are included, along with an additional appendix focusing on important people in the development of counselling.

Many of the original illustrations have been modified to improve clarity and consistency, all with the aim of enhancing learning. Finally, to add a touch of warmth, some inspirational quotes and poems have been added to the chapters.

Written in a clear, concise and jargon-free style, and with its wealth of case studies, abundance of illustrative graphics, examples of skills in practice, and practical exercises, this new edition is an ideal text for those contemplating embarking on a counselling or psychotherapy course, trainee counsellors, counselling tutors to use in training, professionals working in the area of health care, management and education, and counsellors working in the voluntary sector.

The framework of the book is based firmly in the person-centred approach of Carl Rogers, and the skills-based approach of Gerard Egan. Carl Rogers suggested that if counsellors can plant the core conditions necessary for growth – genuineness,

unconditional positive regard, and empathic understanding – these enable a healthy and nurturing relationship between counsellor and client to flourish. He believed that these conditions were sufficient to bring about growth and change in clients, enabling them to move towards fulfilment of their own potential.

Gerard Egan suggested that in addition to providing the core conditions, counsellors may need to help clients make decisions, clarify and set goals, and to support them with implementing their action. In his three-stage model, Egan analyses the skills which the counsellor needs to develop and use for each stage of the model.

To become a professional counsellor takes years of training and supervised counselling practice, and we would not presume to suggest that by reading this book you will have at your fingertips all that it takes to become an effective counsellor. A knowledge and understanding of the major theories of counselling is important as is a sound knowledge of psychology. However, counsellors can benefit from a model to guide them in their work, together with a repertoire of skills, and a careful study of the principles outlined here will provide a basis for counselling practice.

The book has been arranged in a logical sequence and we recommend that you work through the case studies and exercises in the sequence presented. Please ensure you have a pen and notebook handy to write down your responses to the exercises. Throughout several chapters we follow five fictitious clients to demonstrate the skills.

We hope this new edition will provide you with some understanding of what is involved in counselling; will help you achieve some insight and appreciation of counselling, and will help you develop the skills you need to counsel more effectively.

To avoid the clumsy formula of he/she we have used them interchangeably throughout the book.

Finally, we would like to thank Giles Lewis and Nikki Read at How To Books for their continued support for our work.

Jan Sutton has authored numerous personal development books including *Healing the Hurt Within: Understand Self-injury and Self-harm, and Heal the Emotional Wounds*, How To Books Ltd, third (revised) edition (2007). Additionally, she is the founder of SIARI (Self-Injury and Related Issues) website www.siari.co.uk which has been online since 2001. Jan has recently retired as an independent counsellor after more than two decades working in the counselling profession. However, she continues to be active in raising awareness about counselling and self-injury via training workshops, conference presentations and her website.

William Stewart has spent a lifetime in the field of mental health in nursing and psychiatric social work and for four years was Student Counsellor/Lecturer at a College of Nursing in London. He has been a tutor with the Institute of Counselling in Glasgow since 1992. In addition to his many counselling and self-help books, he has branched out into writing biographical dictionaries – the first of which *British and Irish Poets: A biographical Dictionary, 449–2006* – was published by McFarland of Jefferson, North Carolina in 2007.

Jan Sutton
William Stewart

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Nature gave us one tongue and two ears so we could hear twice as much as we speak.

EPICTETUS (GREEK PHILOSOPHER)

CHAPTER 1

Exploring Counselling

This broad-ranging first chapter covers considerable ground on the multifaceted topic of counselling. It opens by defining counselling, illustrating the differences between counselling and other forms of helping, and examines whether a distinction can be made between counselling and psychotherapy. It then addresses the extensive range of counselling approaches currently practised, and outlines five widely used approaches: psychodynamic counselling, person-centred counselling, cognitive behavioural therapy (CBT), eclectic counselling and integrative counselling. Next, it draws attention to transference and counter-transference (a psychoanalytic concept) and clarifies that psychodynamic counselling is different to psychoanalysis.

The issue of confidentiality is then discussed, followed by a review of future climate changes in the profession, and the potential impact of these. The broad work areas where counsellors are employed, a debate on the opportunities of full-time paid employment for counsellors, what motivates people to seek counselling, barriers to seeking counselling and the elements required to counsel effectively draw the chapter to a close.

Defining counselling

Counselling, often described as 'talking therapy', is a process aimed at providing clients with the time and space to explore their problems, understand their problems, and resolve, or come to terms with their problems, in a confidential setting. The Royal College of Psychiatrists (2006a) defines counselling simply as 'a type of psychotherapy which helps people address and resolve their problems and work through their feelings'. They describe a counsellor (2006b) as 'someone who uses

"counselling" to solve people's problems or plan for the future' and who 'may work with individual patients, in pairs or groups'.

Dictionary definitions usually define counselling as giving advice or guidance. Figure 1.1 distinguishes between advice giving, guidance and counselling.

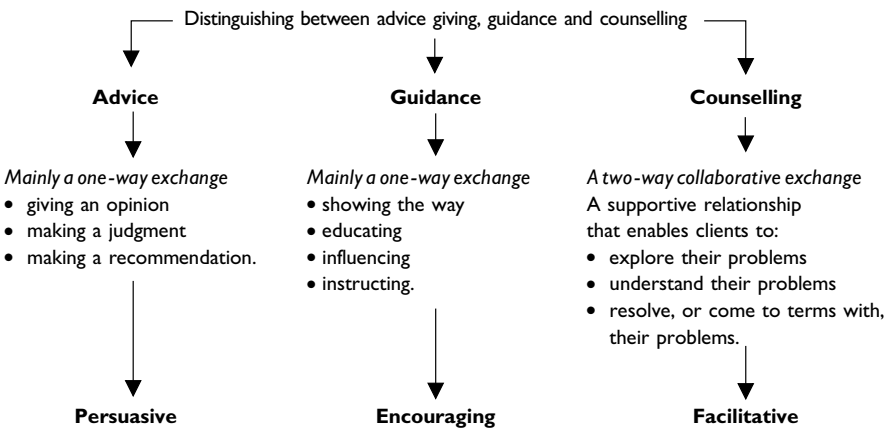

Figure 1.1. Distinguishing between advice giving, guidance and counselling.

To lay the foundations for building a trusting relationship, counsellors:

- provide a safe and supportive setting, free from intrusions and distractions;
- respect client confidentiality;
- respect the client's principles, ethnicity, and coping resources;
- refrain from being judgmental;
- avoid stereotyping or labelling;
- shelve personal prejudices;
- maintain impartiality, integrity, and reliability.

If you judge people, you have no time to love them.

Mother Teresa of Calcutta

Through the counselling process clients are helped to:

- adapt to situations that cannot be changed (e.g., terminal illness, death of a loved one);
- consider aspects of their lives they want to change;
- view their situation from a different perspective;
- create positive changes;

- develop coping strategies;
- develop their full potential;
- find their own solutions to their problems;
- gain insight into their thoughts, feelings and behaviour;
- grow and develop;
- let go of painful secrets;
- make informed decisions;
- manage life transitions and crises;
- resolve personal and interpersonal conflicts;
- set and achieve goals;
- take control over their lives.

For counselling to prove an empowering experience, the client must be self-motivated and committed to change. Coerced into participating to satisfy someone else's needs is likely to be met with resistance, or a reluctance to cooperate.

Clarifying why counselling is not advice giving

*Giving advice frequently means telling people what they *should* do or *ought* to do. This conflicts with the true meaning of counselling. Certainly, counsellors help clients look at what is *possible,* but they avoid telling clients what they should do. That would be the counsellor *taking control* rather than the client *gaining* control.

The counsellor who answers the question 'What would you advise me to do?' with 'What ideas have you had?' is helping the client to recognise that they have a part to play in seeking an answer. They help the client take responsibility for finding a solution that feels right for them.

Advice may be appropriate in crises, for example, at times when clients' thoughts are clearly confused or they feel overwhelmed following a traumatic event. At such times the counsellor will exercise greater caution than when clients are fully responsive and responsible. Advice offered and accepted when in crisis, and then acted upon, could prove to be, if not 'bad advice', not totally apt to meet the client's needs. When people are in a state of shock or under stress they are vulnerable. For all those reasons, counsellors are wary about responding to a request for advice.

Not offering advice can sometimes prove difficult for even the most seasoned counsellors. For example, if a client is suffering from tension the counsellor may suggest relaxation techniques to help reduce stress levels. Even though the given 'advice' might be offered with the client's best interests at heart, the choice should always remain with the client as to whether it is pursued.

He that gives good advice, builds with one hand; he that gives good counsel and example, builds with both; but he that gives good admonition and bad example, builds with one hand and pulls down with the other.

Francis Bacon, Sr.
English lawyer and philosopher (1561–1626)

Examining why counselling is not persuasion

Counselling is not about persuading, prevailing upon, overcoming the client's resistances, wearing the client down or 'bringing the client to their senses'. Persuasion is in direct conflict with at least one principle of counselling – self-direction – the client's right to choose for themselves their course of action. If the counsellor were to persuade the client to go a certain way, make a certain choice, there could be a very real danger of the whole affair backfiring in the counsellor's face and resulting in further damage to the client's self-esteem.

This concept of self-direction, based on personal freedom, is the touchstone of the non-directive approach to counselling but is present in most others. The basis of the principle is that:

- any pressure which is brought to bear on the client will increase conflict and so impede exploration.

Exploring why counselling is not exercising undue influence

Some people believe that successful counsellors are those who are able to suggest solutions to clients' problems in such a way that the clients feel they are their own. This is commonly called 'manipulation', a behaviour from which most counsellors would recoil. However, situations are seldom clear cut. There is a fine line between legitimate influence and manipulation.

Manipulation always carries with it some benefit to the manipulator. Influence is generally unconscious. In any case, suggesting solutions is not part of effective counselling. There is a difference between exploring alternatives and suggesting solutions and manipulation. Manipulation invariably leaves the person on the receiving end feeling uncomfortable, used and angry.

The dividing line between manipulation and seeking ways and means to resolve a problem may not always be easily seen, but the deciding factor must be *who benefits?* Is it you, or is it the other person?

(*Adapted from Stewart, W. and Martin, A. (1999) Going For Counselling. Used with permission of the authors.)

Counselling skills versus counselling per se

Counselling skills are used by a range of professionals and volunteer helpers. Examples of counselling skills in practice include the doctor who listens attentively to his patient without interrupting before prescribing, the psychiatrist who pays thoughtful attention to the symptoms being described by a patient before making a diagnosis, the priest who helps an anonymous parishioner accept God's grace and forgiveness from behind the curtain of the confessional box, or the life-coach who allows time and space for a client to explore any roadblocks that are hindering achieving a desired goal.

The dividing line between using counselling skills and counselling per se is often blurred. Managers, nurses, social workers and other health practitioners may apply counselling techniques to help their clients, patients or employees, and may have undertaken a counselling skills training course. In effect, they use counselling skills as a part of their role, but counselling is not their main career or how they earn a living.

Counselling, in contrast, is a distinct occupation which requires extensive training, supervised practice to reflect on one's own performance and maintain high standards of professionalism, keeping abreast of changes in the field, and an ongoing commitment to personal growth and professional development. It entails a sound understanding of theories of human development and counselling theory and its

applications to practice. Furthermore, it is a mandatory requirement of many counselling training courses for trainees to undertake personal therapy, the aim of which is to address personal issues that arise through their counselling work, to foster personal growth, and to experience what it feels like to be in the client role.

Counselling is a contractual agreement – client and counsellor have agreed to work together. The client may have attended an initial assessment interview to determine if counselling is appropriate and counsellor and client may have negotiated a time-limited contract (typically between six and twelve sessions) or an open-ended contract (no set limit on number of sessions). (See Chapter 4 for an example of a counselling contract and further discussion on the topic.)

Counsellor and psychotherapist: is there a difference?

The terms 'counsellor' and 'psychotherapist' are often used interchangeably and, just as distinguishing between using counselling skills and counselling per se is not straightforward, so it is with attempting to differentiate between counselling and psychotherapy. Some would argue that there is no difference, or that the disparity in minimal. In contrast, others would advocate that a distinction can be made on the basis that psychotherapy is more in-depth and longer term and that psychotherapists receive more extensive training than a counsellor.

Different counselling approaches

A mind-boggling array of counselling and psychotherapy models exist – Figure 1.2 shows a range of approaches currently practised. This is *by no means* an exhaustive list.

What is important to emphasise is that a particular approach, method or model does not necessarily make an effective counsellor. What will make more of a difference is the relationship between client and counsellor rather than technique. Thus developing relationship skills must rate very highly. In behavioural or cognitive counselling, for example, there might not be as much emphasis on the counsellor

working within the client's frame of reference (a key concept in person-centred counselling which is further discussed in Chapter 2) yet the relationship can be just as rewarding and the outcome equally positive.

Adlerian therapy
Behavioural therapy
Bibliotherapy
Brief therapy
Client-centred counselling
Cognitive analytical therapy (CAT)
Cognitive behavioural therapy (CBT)
Cognitive therapy
Creative therapies – art, drama, music, dance, movement
Dialectical behaviour therapy (DBT)
Eclectic counselling
Emotional freedom techniques (EFT)
Existential counselling
Eye movement desensitisation and reprocessing (EMDR)
Gestalt therapy
Humanistic psychotherapy
Integrative counselling
Logotherapy
Multicultural counselling
Multimodel counselling
Narrative therapy
Neuro-linguistic programming (NLP)
Person-centred counselling
Primal therapy
Psychoanalysis
Psychodynamic counselling
Psychosynthesis
Rational emotive behavioural therapy (REBT)
Re-birthing
Sensorimotor psychotherapy
Solution-focused brief therapy
Systemic therapies
Transactional analysis
Transcendent counselling
Transpersonal therapy

Figure 1.2 A range of counselling and psychotherapy approaches currently practised.

Descriptions of some, but not all, of the approaches shown in Figure 1.2, can be found on the British Association for Counselling and Psychotherapy (BACP) website at www.bacp.co.uk. The roots of many approaches are based on the psychoanalytic, person-centred, and cognitive or behavioural traditions. Five widely used approaches: psychodynamic counselling, person-centred counselling, cognitive behavioural therapy (CBT), eclectic counselling and integrative counselling are discussed next.

Psychodynamic counselling

A psychodynamic approach (derived from psychoanalysis) is the systematised knowledge and theory of human behaviour and its motivation. Inherent in this is the study of the functions of emotions. Psychodynamic counselling recognises the role of the unconscious, and how it influences behaviour. Further, behaviour is determined by past experience, genetic endowment and what is happening in the present.

Insight

While feelings are not ignored – for to ignore them would be to deny an essential part of the person – feelings are not the emphasis – **insight** is, and that insight relates to the functioning of the unconscious. For the underlying belief is that it is the unconscious that produces dysfunction. Thus insight, in the psychodynamic model, is:

- getting in touch with the unconscious; and
- bringing what is unconscious into the conscious.

Although insight is usually worked towards in those approaches which focus on feelings, in the psychodynamic approach it is considered essential. You achieve insight when you understand what is causing a conflict. The premise is that if insight is gained, conflicts will cease. Insight is often accompanied by catharsis, which is the release of emotion, often quite dramatic.

On the one hand, the development of insight can elicit excitement. It brings clarity, awareness, and understanding to complex situations – like stepping out of a fog and seeing things more clearly. Insights may be sudden and experienced as a flash of inspiration, like a light has suddenly been switched on, or that 'eureka moment' when one realises something for the first time. Insight may be accompanied by a sense of relief or element of satisfaction – 'now I understand why I am like I am, why I have these feeling about . . . , why I behave as I do towards . . .'. In contrast, insight gained too early in the therapeutic relationship can elicit distress by providing lucid recognition of the painful truth about a previously repressed experience that is not ready to be faced – 'that can't be how things really were . . .', 'she wouldn't have allowed that to happen to me'.

Insight, rather than dawning spontaneously or springing out of the blue, more usually develops stage by stage as the client develops psychological strength to deal with what is revealed. It may linger for days or weeks, gradually working away in the client's subconscious mind, figuring in their dreams, or revealing itself in flashbacks (unwanted brief snapshots or scenes from the past). From initially seeing things through frosted glass and with a lack of detail, shape slowly takes place, ultimately revealing a picture or image that doesn't filter out the truth that lies beneath.

The skilled psychodynamic counsellor will recognise when traumatic insight is being gained prematurely, and will slow the pace down until the client has achieved sufficient ego strength to cope with information that is filtering through from the unconscious to the conscious.

Understanding why psychodynamic counselling is not psychoanalysis

Psychodynamic counselling is derived from psychoanalysis, generally believed (although sometimes disputed) to be 'the baby' of Sigmund Freud. What is important to establish is that psychodynamic counsellors are not analysts, and counselling is not psychoanalysis. The principal difference between psychoanalysis and counselling is that psychoanalysis deals more, but not exclusively, with the unconscious and the past, while counselling deals more, but not exclusively, with the conscious and the present – the here-and-now and the very recent past and how to live in the future. Counselling cannot ignore the past, for it is the past which has made us the way we are now. It is inevitable that things from the past will creep through into the conscious present. Nor can they ignore the unconscious. The past and the present are bound together with cords that cannot be broken and it is inevitable that things from the past will filter through into the conscious present. When this happens the client will usually be aware of it. As previously mentioned, flashes of insight can carry with them a degree of exhilaration, or the possibility of pain if they bring forth traumatic memories. The counsellor's ability to hold a client safely through the coming to light of traumatic insights is

paramount to the client's movement forward in the healing process.

Exploring the past

We do not want to give the impression that exploration of the past has no place in counselling or that probing is inappropriate and unnecessary. We have said that the past and the present are inseparable and if this is so then the one cannot be examined without some part of the other emerging; it is all a matter of degree and emphasis.

The past will show its influence quite clearly; and if dealt with when appropriate, will yield fruit. Too much emphasis on the past can detract from the present. If the counselling relationship helps clients to learn to do their own exploring they will have acquired a valuable tool which they can put to good use in the future.

Solving problems

Sometimes counsellors will enable clients to look at problem-solving strategies, but we cannot solve clients' problems. If we attempt to do this, it would put the client in an inferior position. The client would become dependent. The aim is to help clients explore what the problem is, then together client and counsellor work out how the client might go about resolving the problem. However, some problems may never be solved, but clients can learn strategies to manage them more effectively.

Counsellor and client have come together for a specific purpose and however satisfying the counselling relationship is, it will end. Both counsellor and client will go their separate ways, possibly never to meet again. The client will have experienced something unique, and the counsellor will have contributed something to the good of humankind, and in turn the client will have something he or she can offer to someone else.

Transference and countertransference

Before moving on from the topic of psychodynamic counselling and psychoanalysis, we consider it is important to address two

additional key concepts in the psychoanalytic school of thought, i.e. the phenomenon of transference and countertransference. Simply put, transference refers to the client's unconscious transfer of feelings, attitudes, and desires projected on to therapist that are associated with significant relationships from the client's past (parents, grandparents, siblings, teachers, doctors, authority figures, etc.). Client transference reactions can be affirmative (positive feelings towards the therapist) or negative (hostile feelings toward the therapist). If the counsellor reacts to these projected feelings, this is called 'countertransference'.

Counsellors, in contrast to psychoanalysts, do not deliberately foster transference. In psychoanalysis much use is made of transference and of working through it. Nevertheless counsellors should be aware that clients may be investing feelings in them that would be more appropriately directed toward another person. These feelings are more likely to develop in psychoanalysis than in counselling, partly because of the depth at which analysts work, but also because of the greater frequency of contact. To acknowledge these may be sufficient. By so doing, the counsellor is opening the way for clients to discuss their feelings at that moment. This supports the point made earlier that counselling deals more with the present than with the past and more with the conscious than with the unconscious.

Person-centred counselling

A broad distinction can be made between the psychodynamic and person-centred approaches. The psychodynamic approach works with insight related to unconscious material, whereas the person-centred counsellor works with insight related to the client's feelings. If in the process unconscious material is elicited, so be it, but the unconscious is not the focus. According to Carl Rogers, founder of the person-centred approach, three core conditions are crucial to facilitating therapeutic growth: genuineness, unconditional regard, empathic understanding, plus non-possessive warmth. These conditions (also referred to as personal qualities) are discussed in detail in Chapter 2.

Essential characteristics of the helping relationship

Necessary features of the counselling relationship, as defined by Carl Rogers (1961) highlight the following questions which counsellors should consider:

- **Trustworthy.** Can I *be* in some way which will be perceived by the other person as trustworthy, as dependable or consistent in some deep sense?
- **Congruent.** Can I be expressive enough as a person so what I am will be communicated unambiguously?
- **Warmth.** Can I let myself experience positive attitudes towards this person – attitudes of warmth, caring, liking, interest, respect?
- **Separateness.** Can I be strong enough as a person to be separate from the other?
- **Secure.** Am I secure enough within myself to permit him his separateness?
- **Empathic.** Can I let myself enter fully into the world of his feelings and personal meanings and see these as he does?
- **Accepting.** Can I be accepting of each facet of this person which he presents to me?
- **Non-threatening.** Can I act with sufficient sensitivity in the relationship that my behaviour will not be perceived as a threat?
- **Non-evaluative.** Can I free this client from the threat of external evaluation, from his or her past and my past?

Cognitive behavioural therapy (CBT)

Aaron T Beck (the founder of CBT) was influenced by the philosophy of Epictetus, who placed prominence on the belief that 'Men are disturbed not by things, but by the view which they take of them' (*The Enchiridion*, 1st Century AD).

CBT focuses on how a person thinks, and how thinking influences behaviour – what you think, you become, is the basic premise upon which the CBT approach is built. Emotional or behavioural problems are considered the consequences of faulty learned thinking and behaviour patterns. The aim of CBT is to change faulty thinking and behaviour patterns by having the client learn new patterns; to learn decision-making and problem-solving skills as part of the process of thinking and behaviour rehabilitation.

The client is helped to challenge the discrepancies between their thoughts, feelings and behaviours within and outside of counselling. False logic and irrational beliefs contribute to faulty thinking, thus one particular challenge is that of replacing irrational thinking with rational. Changing behaviour and self-defeating beliefs, is the focus rather than trying to find the root cause.

CBT is a collaborative endeavour – the client–counsellor relationship being more like that of tutor and student. It is typically short-term, structured, directive, and goal oriented. Completion of homework tasks by the client in between sessions forms a significant component of treatment. CBT is used widely to treat depression, anxiety, panic-attacks, phobias, obsessive compulsive behaviours, and eating difficulties, etc.

Eclectic and integrative approaches: are they two sides of the same coin?

While some counsellors choose to remain loyal to their original model of training, others elect to spread their wings and offer an eclectic or integrated approach. Understanding the difference between eclecticism and integrationalism can be a bit like wading through treacle as often there appears to be an overlap – what they share in common is the belief that no one approach or theory suits all. As respected author, John McLeod (2003) in the third edition of his classic book *An Introduction to Counselling*, points out:

> *It should be clear that there is no one 'eclectic' or 'integrated' approach to counselling. There is, rather, a powerful trend towards finding ways of combining the valuable ideas and techniques developed within separate schools and approaches.*
>
> (pp70–1)

The fundamental difference between the two can perhaps be explained on the premise that while eclectic counsellors are most likely to have one core framework (psychodynamic, or Rogerian, for instance), they tailor their interventions to suit the client's particular needs by adopting techniques from other models, whereas, in contrast, integrative counsellors weave together, or draw on the strengths of multiple theories, such as

CBT, psychodynamic, and humanistic, to develop a model that best suits their personality and style of working. In the following passage, McLeod (2003) offers this useful distinction:

> *An eclectic approach to counselling is one in which the counsellor chooses the best or most appropriate ideas and techniques from a range of theories or models, in order to meet the needs of the client. Integration, on the other hand, refers to a somewhat more ambitious enterprise in which the counsellor brings together elements from different theories and models into a new theory or model. To be an eclectic it is merely necessary to be able to recognise or identify what you like in the approaches on offer. To be an integrationist it is necessary not only to identify what is useful, but also to weld these pieces into a whole.*
>
> (p64)

Understanding confidentiality

Counselling is a highly confidential relationship. The preservation of confidential information is a basic right of the client and an ethical obligation upon the counsellor. If you were asked what is your understanding of 'confidentiality' you would probably say that you didn't want the details of what you disclosed gossiped about or discussed with people who didn't have to be involved. You would probably agree that the counsellor, where necessary, would be free to discuss broad details with professional colleagues, but only after your prior consent had been obtained.

Most counsellors at some time in their careers have been faced with the painful decision of whether or not to respect confidence or, for the good of society or to prevent something disastrous happening, to break it. Whatever is decided, no action should be taken without discussion with the client. Confidentiality is two-way. Just as the counsellor respects the client's privacy, there is an obligation on the client to respect the counsellor's privacy and whatever the counsellor discloses about him or herself, or what the client gleans about the counsellor from the relationship. What the client tells other people about the counselling is the client's prerogative provided it does not break the confidential relationship with the counsellor.

The BACP lays down a strict code of ethics for its members, although not all counsellors are members. (Membership of this or any other body is not yet a legal requirement in Britain.) Confidentiality provides the client with safety and privacy, and any doubts about confidentiality will seriously interfere with what the client reveals.

Nothing the counsellor says, writes or in any way communicates to a third party should identify the client. When writing to another professional, such as a doctor, then we suggest that the content of the letter is discussed with the client, and a copy given to the client. The counsellor should have a copy of the BACP *Ethical Framework for Good Practice in Counselling and Psychotherapy* (2007) available for clients to peruse.

(Taken from Stewart, W. and Martin, A. (1999) Going For Counselling. Used with permission of the authors.)

Counselling touches human lives intimately, possibly more so than any other helping relationship. The counsellor is frequently the observer and, often the recipient, of confidential material about people, their life situations and intimate details of their families. Confidentiality is both an ethical consideration and an element in the counselling relationship. At first glance, it is deceptively simple.

- Confidentiality means not passing on secret details about another person disclosed during counselling.
- Everything said in a counselling interview is confidential; not everything is secret – what are secrets?
  - The private secret is that which, if we reveal it, would libel, injure or cause great sadness to the person concerned.
  - The pledged secret is when one person shares something with another and is assured that it will remain in confidence.
  - The entrusted secret is the explicit or implicit understanding that the confidant will not divulge the information.
- A belief that absolutely everything the client says must never be shared with anyone else can lead to problems.
- If it becomes imperative that some information must be

passed on, full discussion with the client is essential.

- The professional counsellor is bound by certain ethics, which are not applicable in their totality to people using counselling skills as part of their repertoire of work skills. People who use counselling at work, as distinct from independent counsellors, must consider the rules of professional conduct of their organisation. It is helpful to ask: is this information concerned mainly with the client as a person within the organisation? Purely personal material, unless it impinges on the client's working life and influences performance, is of no concern to anyone else. The dividing line between 'personal' and 'organisational' is finely drawn. Only after a weighing up of all the pros and cons will we realise why the balance is tipped the way it is and so make our decision to keep something confidential or pass it on.
- Wherever possible agreement to disclose should be received, to avoid feelings of betrayal.
- Feelings as well as facts should not be shared indiscriminately.
- Confidentiality is limited by:
  - whose needs predominate;
  - who would be harmed;
  - the organisational needs;
  - the needs of the wider society.

Counsellors need to be quite clear what information gleaned during counselling they may pass on and to whom. Some clients need to be reassured of confidentiality and counsellors should take time to clarify precisely what the client understands by confidentiality.

While it would be breaking confidentiality to relate to someone what the client said, it would not be wrong to relate your feelings and professional opinion about the client's mental and emotional state, or to give an opinion.

The person's right to secrecy is never absolute. Counsellors may be required by a court to disclose secret information. Failure to do so may lead to imprisonment for contempt of court (Stewart, 2005).

Confidentiality and young people

The Economic and Social Data Service (ESDS) website www.esds.ac.uk/aandp/create/guidelineschildren.asp draws attention to the ambiguity and the possible difficulty of confidentiality and the rights of the young person. The ESDS states: 'A child aged 16 years can give their consent to surgical, medical or dental treatment as stated in the Family Law Reform Act 1969 ss.8 and 21.'

However, since 1985 'the Gillick principle' has meant that with certain provisos a child under 16 years can give their consent, without necessarily having their parent's. The case of Gillick v West Norfolk and Wisbech Area Health Authority (1985) established that 'as a matter of law the parental right to determine whether or not their minor child below the age of 16 will have medical treatment terminates if and when the child achieves a sufficient understanding and intelligence to understand fully what is proposed' (Lord Scarman).

A later court ruling also states that a child's refusal to consent to medical treatment can be overridden by someone with parental responsibility and by the court, even if the child has sufficient understanding.

The Gillick case was concerned with the issue of prescribing contraceptives to under-age teenagers and the name was derived from Mrs Victoria Gillick, the parent who pursued the case right through to an appeal hearing in the House of Lords, and lost.

Thus in counselling, the counsellor might be on the horns of a dilemma, if, for example, the young person, who might be under the age of 16, discloses sexual activity, or worse, sexual abuse. Should the counsellor override counsellor/client confidentiality or keep the disclosure within the counselling relationship? The 'Gillick principle' when applied to counselling young people rests, therefore, on the phrase *when the child achieves a sufficient understanding and intelligence to understand fully what is proposed.* The argument could be put that if a young person comes for counselling on her own, that she has achieved *a sufficient understanding and intelligence to understand fully what is proposed.* If, however, she is accompanied by her parent (even though the parent might not be present during

the session), then it could be argued that maybe the client should confide in her parent. If the disclosure is of a serious nature, such as rape or sexual abuse, then the counsellor has a duty of care to help the young client understand all the implications of telling her parent(s), and/or the police.

Against that is the argument that if children of a very young age are being given contraception without parental knowledge, then they are also old enough to make the decision of whether or not to involve their parents. Above all, the counsellor has to avoid persuading the young client either way; and this is one instance where scrupulous records should be kept.

Assuring confidentiality with young people seeking counselling can be particularly fraught with problems. To feel supported they need to be aware at the outset when the counsellor is bound to breach confidentiality. Many agencies working with young people apply the 'Gillick principle'. If the young person is considered 'Gillick competent', access to counselling or medical treatment without parental consent or knowledge may be permitted. The Faculty for Healthcare Counsellors and Psychotherapists (FHCP) website (www.fhcp.org.uk/faqs.html), a subsidiary organisation of the BACP, provides useful background into the 'Gillick principle'.

Future developments in the field

Statutory regulation for counsellors

At the time of writing there is no mandatory statutory regulation of counsellors, psychotherapists, or other allied professions. This means that anyone can claim to be a counsellor or psychotherapist, or can advertise themselves as such without flouting the law.

While an array of professional qualifications listed after a counsellor's or psychotherapist's name may give the impression that the individual is highly qualified or possesses the essential experience or proficiency to practice effectively, this may not always be the case. Credentials do not necessarily make a skilled counsellor.

This situation is set to change within the next few years by the introduction of statutory regulation, which 'exists to protect

the public from poorly performing practitioners by:

- setting standards of professional competence, education and training, and conduct;
- registering those who have completed their training and demonstrated competence and can show they are of good health and character and therefore fit to practise, with protected titles that may only be used by those registered; and
- operating a system to investigate and impose sanctions against registrants who are found unfit to practise'

(Quoted from: www.pm.gov.uk/output/Page14969.asp)

The Department of Health (February 2007) White Paper: 'Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century' sets out proposals for the regulation of all healthcare professionals, including counsellors, psychotherapists and psychologists. It is available from the publications section of the DOH website www.dh.gov.uk

Cognitive behavioural therapy (CBT)

In December, 2004, The National Institute for Health and Clinical Excellence (NICE) – part of the NHS, responsible for providing clinical guidelines on treatments and care for NHS patients in England and Wales, issued guidelines to improve the treatment and care of people with depression and anxiety. (See NICE Clinical Guideline CG23 Depression: management of depression in primary and secondary care (Dec 2004, amended, 2007, www.nice.org.uk/). The guideline recommends that brief CBT should be considered in cases of mild and moderate depression – in cases where patients do not respond to CBT (or other interventions, e.g. antidepressants), longer-term psychological therapy should be considered. NICE (2006, TA97) is also appraising the use of computerised cognitive behavioural therapy (CCBT) as a cost-effective solution for treating depression and anxiety.

This is good news for CBT therapists, those wishing to train in the field of clinical psychology, or for nurses and other mental health workers in the NHS who would welcome the opportunity to add 'another string to their bow', since there is

a noticeable gap between supply and demand for trained CBT therapists. However, the news is less welcomed by counsellors trained in other disciplines such as psychodynamic, or person-centred, some of whom feel aggrieved at their expertise being 'pushed to the back of the queue' or consider that CBT is a 'sticking plaster treatment'.

Due to a shortage of CBT therapists at present, the NICE guidelines have not yet been executed. However, this is set to change by the government's recent pledge to improve access to psychological therapies (IAPT) on the NHS. It is anticipated that 'By 2010/2011, 3,600 therapists will be trained' (mainly it appears in CBT) 'and employed at an annual cost of £170 million'. (See King's College London http://www.kcl.ac.uk/news/news_details.php?year=2008&news_id=744). Further information on this controversial issue can be found in the publications section of the Department of Health website www.dh.gov.uk under the search term 'Improving Access to Psychological Therapies implementation plan: National guidelines for regional delivery' (accessed 26 February 2008). Thus, in summary, CBT appears to be 'in vogue' partly due to cost implications, partly because its short-term nature should reduce NHS waiting lists for therapy, and partly because the effectiveness of CBT is supported by research evidence – although this latter point is another bone of contention in the field.

Where do counsellors work?

Counsellors are employed in various settings: independent practices, schools, colleges, universities, hospitals, GP practices, and other mental health services, and charitable and voluntary organisations. Some are paid a salary, hourly, or sessional rate by their employing body. Some (typically in the independent sector) charge a set fee, or offer a sliding scale depending on the client's financial circumstances. Others (typically in the voluntary sector) provide their expertise as a 'labour of love' receiving no financial reward, although they may receive free training and supervision from the employing agency (Relate, Cruse, and the Samaritans for example).

Paid employment as a counsellor

Getting a foothold in the door to paid full-time employment as a counsellor is no easy feat, because full-time positions, although slowly increasing, do not match the number of professionally trained counsellors. Moreover, potential employers are becoming increasingly insistent on counsellors being accredited by the BACP, or well on the pathway to achieving accreditation. See the BACP website (www.bacp.co.uk) for further information about careers in counselling and the BACP accreditation scheme.

What motivates people to seek counselling?

People frequently seek counselling at times of crisis or change. They may have reached the end of their tether, or cannot see a light at the end of the tunnel and are struggling to cope. A current precipitating event such as a major life event (e.g., from married to widowed or single, coming to terms with a terminal illness, a pending change in career direction) may spur a person to seek help. Equally, the motivation might stem from deeply rooted unresolved traumatic experiences such as child abuse, loss, neglect, abandonment, or issues of attachment, which are interfering with a person's ability to cope and function in the present.

The desire to change self-defeating thinking patterns, or self-harming behaviours such as a compulsion, phobia, addiction, an eating disorder or self-injury could be the driving force. Interpersonal relationship problems, intimacy problems, sexual problems or work related issues, are other potential reasons. Thoughts, feelings and emotions that the person cannot make sense of, such as feeling emotionally overwhelmed, emotionally numb, debilitating depression, unrelenting anxiety or stress, feelings of hopelessness, helplessness or despair, or suicidal thoughts may be the final straw that fuels the desire to seek help.

Barriers to seeking counselling

The road to the counsellor's door may have been a long one. Attempts to sort out one's problems alone may have proved

futile and talking with a partner, friends, family members or work colleagues may have been unfruitful. Embarrassment, pride, shame, or strongly held beliefs ('I should be able to sort this out myself', 'asking for help is a sign of weakness', 'I could never tell anyone . . .', 'what would they think of me . . . ?') can also serve as a strong deterrent from reaching out for help.

Furthermore, although the benefits of counselling are becoming more widely recognised, there is still an element of stigma attached to it in some circles, and unhelpful comments from prejudiced or unenlightened others such as 'counselling is a waste of time and money', 'they do more harm than good', 'it's for the self-indulgent', 'why can't you just pull yourself together?' can put hurdles in the way. Just such an attitude is superbly illustrated in the following poem taken from Sutton, J. (2007, pp398–9) *Healing the Hurt Within.*

Take my advice (why don't you?)
Go and get a life I say
just tell the your hurt to go away.
I don't like it when you are low,
I want the 'old you' back, you know.

It's not healthy to be depressed,
you're getting really self-obsessed,
get out of the bed and face the day,
put on a smile; it's better that way.

There, there, dear, I know how you feel,
but it's all in the past so what's the big deal?
Go find a job: you could learn how to knit,
I think that you should stop dwelling on it.

Aunt Maud says her neighbour Miss Wood,
thinks all this counselling really does you no good,
And my friend Beryl (her sister's a nurse),
says she's read in the paper that they just make you worse.

And I'm not being nasty, but cannot see
how your nervous breakdown is worrying me?
You know that I love you, you know that I care,
but I really do think you're being unfair.

And then there's the children, they still need their Mum,
so pull up your socks and get off your bum.
I know what you're thinking, I'm nobody's fool,
emotional blackmail's a powerful tool.

So take my advice and block out the past,
live for today and put on your mask,
try not to cry, try not to feel,
who really cares if you're not being real?

What does it matter, what small price to pay,
to take who you are and lock it away?
So please stop this nonsense, do it for me,
I know that you're hurting, but I don't want to see.

(Stephanie)

Learning to counsel

To draw this chapter to a close, we highlight the three basic elements required to counsel effectively.

1. **Knowledge and understanding**. This involves:
   - gaining knowledge of the theory of personality development and the underlying principles of the counselling approach adopted; and
   - gaining knowledge of common psychological processes, for example bereavement and loss and relationship interactions.
2. **Developing skills.** This involves:
   - changing behaviour, which can feel very uncomfortable to begin with. However, in time, and with practice, the skills feel more comfortable and counsellors start to use them without even thinking about them – they become part of your style.
3. **Personal development.** This involves:
   - being able to separate your own feelings from those of the client's. This means increasing self-awareness: the more self-awareness gained, the more you are able to understand your clients.

Summary

In this chapter we have explored counselling from several standpoints. First we defined counselling, highlighted the distinction between counselling and other forms of helping, and discussed the ambiguity surrounding the terms counselling and psychotherapy. We then drew attention to the wide-ranging counselling approaches presently practised, outlining five common approaches, explained the meaning of transference and counter transference and demonstrated the difference between psychodynamic counselling and psychoanalysis. Next we focused on the important topic of confidentiality, and forthcoming changes in the field. Other topics featured have highlighted the numerous settings in which counsellors work, addressed counsellors' current prospects for full-time paid employment, identified the diverse reasons that prompt people to seek counselling, and potential barriers that can serve as a deterrent from seeking help. To conclude, the key elements required to counsel effectively were emphasised, and the primary focus of this book clarified.

Our next task is to explore essential counsellor qualities.

Advice is seldom welcome; and those who want it the most always like it the least.

Philip Dormer Stanhope (Fourth Earl of Chesterfield)

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As we grow as unique persons, we learn to respect the uniqueness of others.

ROBERT H. SCHULLER (MINISTER)

CHAPTER 2

Exploring Essential Counsellor Qualities

In Chapter 1, we introduced you to a broad range of topics related to counselling.

In this chapter the emphasis is on counsellor qualities (attitudes) considered by Carl Rogers as vital for therapeutic change: genuineness, unconditional regard and empathic understanding. Also referred to as 'the core conditions', these qualities are essential to building a therapeutic alliance (a collaborative client–counsellor relationship – strong bond – growth-promoting environment). (See Figure 2.1 for an overview.) We also accentuate the importance of responding appropriately to help clients feel accepted, heard and understood.

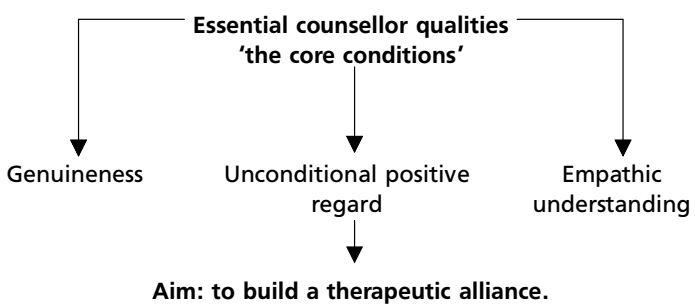

Figure 2.1 Essential counsellor qualities.

Developing self-awareness is another crucial aspect in the personal and professional development of a counsellor. This topic is discussed in Chapter 3. In this, and subsequent chapters, exercises designed to increase your self-awareness are included, so be sure to keep a notebook handy from here on.

Elaborating on essential counsellor qualities

Fundamentally, the counsellor qualities mentioned are relationship qualities that are embraced in most therapies, and deemed crucial in person-centred counselling. Briefly, they include the counsellor's ability to:

- **demonstrate genuineness**: being oneself (open, transparent) in the relationship, not hiding behind a mask of professionalism (also known as congruence, realness or authenticity);
- **show unconditional positive regard**: acceptance of the client without judgment or conditions attached (also referred to as caring, valuing, prizing, respect);
- **convey a deep level of empathic understanding**: the ability to step into the client's world – *as if* you are in their shoes and without losing the *as if* quality. We will look at the three qualities needed in more detail below.

Genuineness

This is the degree to which we are freely and deeply ourselves, and are able to relate to people in a sincere and non-defensive manner. For example, we may not approve of an aspect of a client's behaviour, and may aim to find a way to point this out sensitively to the client. Genuineness is the precondition for empathy and unconditional positive regard. Effective counselling depends wholly on the degree to which the counsellor is integrated and genuine.

Genuineness encourages client self-disclosure. Appropriate counsellor disclosure enhances genuineness. The genuine counsellor does not feel under any obligation to disclose, either about events, situations, or feelings aroused within the counselling relationship.

Being genuine means being truthful, and not pretending. It means agreement between what we feel and what we say. Betty telephoned William. 'I want you to see my husband. He's being perfectly silly, says he wants a divorce – after all these years! Talk some sense into him, will you?' Betty was irate when, several weeks later, Dennis really did go ahead with the divorce. Betty considered William had failed, but he refused to work to any hidden agenda.

We would not be genuine if we took on a client we did not feel competent to work with. We are not being genuine if we feel angry at something the client says, and we attempt to hide our feelings.

For example, Derek at one stage was sounding off about women, and being really sexist. William felt his anger rising, and said so, adding that sexism and racism does stir him up. He said to Derek: 'I fully acknowledge that these are my feelings, and that I need to discuss those at supervision, but had I not voiced them here and now, they could seriously affect our relationship.'

Derek would have sensed William's change of feelings and attitude – because feelings influence attitudes – and not known why. William's openness helped them both deal with the here and now. Anything less and Derek would have been quite justified in questioning William's sincerity.

Admitting that we do not understand what the client is saying, or cannot identify the feelings, or something is unclear, is being genuine. It certainly does not mean that we lose face; in fact, it produces the opposite effect. Admitting that we are not perfect will enhance the relationship; it makes us real people, not cardboard cut-outs of some idealised counsellor.

Showing non-possessive warmth

Non-possessive warmth is genuine. It springs from an attitude of friendliness towards others. A relationship in which friendliness is absent will not flourish. Showing non-possessive warmth makes the client feel comfortable. It is liberating, non-demanding, and melts the coldness and hardness within people's hearts.

Conveying warmth

We convey warmth by:

- body language – posture, proximity, personal space, facial expressions, eye contact;
- words and the way we speak: tone of voice, delivery, rate of speech;

- all the indicators of warmth – the non-verbal parts of speech and body;
- language must be in agreement with the words used; any discrepancy between the words and how we deliver them will cause confusion in the other person.

Warmth, like a hot water bottle, must be used with great care. A client who is aloof, distant, cynical, and mistrustful, could feel threatened by a counsellor's depth of warmth – a useful analogy would be to think how an iceberg would react in the presence of sun.

Warmth and physical contact

It is worth digressing a little here to examine physical contact. Touch can convey a powerful message of unconditional acceptance, if used sparingly and appropriately. However, not everybody is comfortable with touch, so it is crucial to check out the client's views about being touched. With a distressed client, a simple question such as: 'What would you like me to do?' can guide the counsellor to responding appropriately.

For survivors of child abuse, touch can be a particularly difficult issue – some are not comfortable with any form of touch as it can open the doorway to unresolved wounds, or re-activate painful memories – *so please tread cautiously* (Sutton, 2007). Even shaking hands or an innocent pat on the client's shoulder may trigger an adverse reaction in some clients. *Physical contact should never be forced on clients.*

William is speaking

Ted had been talking about the break-up of his marriage, and the feared loss of his home and children. Ted's crying was that of a child, gasping for breath, like a child who has been crying for a long time. Sensing the terror he felt, I leaned over and held his hand. He pulled me to him, and as I held him, the sobbing slowly eased.

In the case of Sharon, I was aware (this awareness came via experience) that I wanted to hold her, to ease her pain. Those were *my* needs; the parent within me. For Ted it was different.

His needs were uppermost. If Ted had pushed me away, then I would know I'd got it wrong. That is experience.

Unconditional positive regard

Unconditional positive regard is about valuing and respecting the client as a unique human being. It's about conveying a non-possessive caring and acceptance of the client, irrespective of how offensive the client's behaviour might be. Demonstrating unconditional positive regard facilitates change. It is where we communicate a deep and genuine caring, not filtered through our own feelings, thoughts and behaviours. Conditional regard implies enforced control, and compliance with behaviour dictated by someone else.

Demonstrating acceptance

Inherent in the idea of demonstrating acceptance is that the counsellor does not judge the client by some set of rules or standards. This means that counsellors have to be able to suspend their own judgments. Acceptance is a special kind of loving which moves out toward people as they are, and maintains their dignity and personal worth. It means accepting their strengths and weaknesses; their favourable and unfavourable qualities; their positive and negative attitudes; their constructive and destructive wishes, and their thoughts, feelings, and behaviours.

Understanding what acceptance means

Communicating acceptance means we avoid pressurising the client to become someone else. We do not take control, and we avoid judging, criticising, or condemning. We do not attach 'if ' clauses; e.g. 'I will love you if . . .'. Clients will test the counsellor's unconditional acceptance, until they sense that the counsellor accepts them as they are, without approval or disapproval, and without making the client feel less a person.

When counsellors accept clients just as they are, clients accept counsellors just as they are, with *their* strengths and weaknesses, with their successes and failures. The degree to which we accept other people is dependent on the degree of

our own self-awareness. Only if we are well grounded psychologically can we work with other people to mobilise their feelings and energies toward change, growth and fulfilment.

When we feel accepted as we truly are, including our strengths and weaknesses, differences of opinions, no matter how unpleasant or uncongenial, we feel liberated from many of the things that enslave us.

Acceptance is client-centred

Acceptance is directed to the needs of the client, rather than to the counsellor's own needs. Acceptance recognises the potential of the client for self-help, and it encourages the promotion of growth of the client. Acceptance contains elements of the counsellor's thoughts (knowledge, psychological grounding), feelings (use of self), and behaviour (which must be congruent with what we say).

The qualities of acceptance

- caring
- concern
- compassion
- consistency
- courtesy
- firmness
- interest
- listening
- moving toward
- prizing
- respect
- valuing
- warmth.

Obstacles to acceptance

There are numerous obstacles that can get in the way of acceptance. One major stumbling block is stereotyping, which is explained below.

- Stereotyping, also described as labelling, classifying, typecasting, and pigeon-holing, categorising, putting in a mould, pre-judging or making assumptions, is our beliefs about people or groups of people.
- Stereotyping allows no room for individuality, and is generally negative. It stems from our deeply embedded, and often conditioned, conviction about others, and may be due

to fear, or a lack of understanding about people different to ourselves.

- Stereotyping can have a damaging effect on the therapeutic alliance. To remain neutral, and to prevent putting a barrier in the way, counsellors need to listen to themselves carefully for any signs of 'putting their client into a niche'.

Other stumbling blocks to acceptance

- Lack of knowledge of human behaviour.
- Blocks or blind spots within one's self, for example, conscious hidden agendas, or unconscious unresolved conflicts.
- Attributing one's feelings to the client.
- Biases and prejudices, values, beliefs.
- Unfounded reassurances, unwillingness to explore.
- Confusion between acceptance and approval.
- Loss of respect for the client.
- Over-identification with the client, which may be an unconscious blind spot, or
- a conscious hidden agenda.

Demonstrating a non-judgmental attitude

Being non-judgmental is yet another important facet of acceptance. Judgment is to do with law, blame, guilty or innocent, and punishment. Clients may engage in self-judgment and will need to work through this if healing is to take place. Although counsellors are entitled to hold their own values, these should not be imposed on the client, and the counsellor must strive not to make judgements about their clients.

Understanding judgmentalism

Judgmentalism takes no account of feelings. It is critical, and condemns others because of their conduct or supposed false beliefs, wrong motives, or character. Judgmentalism is arbitrary, without room for negotiation or understanding and is an evaluation and rejection of another person's worth. The result of judgmentalism is that it dims, divides and fragments relationships.

Judgmentalism seeks to elevate one person above another. Within it are the characteristics of self-exaltation, self-promotion and the determination to be first on every occasion.

Judgment often attacks the person rather than the behaviour. Judgmentalism creates massive blind spots in our relationships. We cannot counsel people effectively while we are judging and condemning them. When we are troubled we need help, not judgment.

When we pass judgment upon others, if we examine ourselves, we will find that the very thing on which we pass judgment is also present within ourselves in one degree or another.

Detecting judgmentalism

Judgmentalism can often be detected by such words as:

- should
- ought
- must
- got to
- don't

and by such phrases as:

- in my opinion
- I think . . .
- this is what you should do.

Why counsellors should avoid being judgmental

Judgmentalism is moralistic. It is based on norms and values, warning, approval/disapproval, instruction, and induces inferiority. Judgmentalism evokes inhibition, guilt and distress. It is often associated with authority, control, hierarchy, rules and regulations that impose standards of behaviour. Judgmentalism is the opposite of acceptance. Judgmentalism paralyses: acceptance affirms and encourages action.

A judgmental response has a tendency to indicate that the counsellor has made a judgment of relative goodness, appropriateness, effectiveness, rightness. In some way the counsellor implies, however grossly or subtly, what the client might or ought to do. The responses imply a personal moral

standpoint, and involve a judgment (critical or approving) of others.

Being non-judgmental is a fundamental quality of the counselling relationship. Demonstrating a non-judgmental attitude is based on the firmly held belief that assigning guilt or innocence, or the degree to which the client is responsible, or not, for causing the problem has no place in the counselling relationship.

Clients who are nurtured within a non-judgmental relationship learn not to pass judgment upon themselves. Within this relationship they find the courage and the strength to change.

Being non-judgmental

'Non-judgmental' does not mean being valueless or without standards. It does mean trying not to mould others to fit into our value systems. Our values may be right for us; they may be totally wrong for other people.

Being non-judgmental means recognising and understanding our own values and standards in order that we can suspend them and so minimise their influence on the way we respond to other people. Counsellors must remain true to their own values and standards. They are not human chameleons. Whenever we speak, we communicate the unspoken judgment that lurks within our hearts.

When we feel non-judgmental, that feeling is communicated. No words can convey a non-judgmental attitude if it does not reside within the heart of the counsellor. Counsellors may not like all clients, but it is their duty to strive to be free from prejudices which will lead them into being judgmental. Being non-judgmental means holding within the heart respect for other people's opinions. Very often we are judgmental over trivial issues.

Developing a non-judgmental attitude

We can develop a non-judgmental attitude by:

- recognising and carefully scrutinising our own values and standards; we may decide to abandon some of them;

- trying to see the world from the client's frame of reference;
- not jumping to conclusions;
- not saying, 'I know how you feel';
- not comparing the client to someone else;
- not becoming over-involved.

To formulate a non-judgmental response involves:

- being receptive and accepting;
- concentrating on what the client's experience means, not on the facts;
- being interested in the person, not just in the problem itself;
- demonstrating sincere respect for the client as a person of worth;
- facilitating, not interpreting unconscious motives;
- trying to understand what it means to be this particular client;
- getting into the client's inner world; their frame of reference;
- not rushing to answer;
- being aware of your own values;
- hearing, then responding to, the client's expressed and implied feelings;
- accepting that clients know more about their inner world than you do.

Empathic understanding

Empathic understanding is primarily a subjective experience on the part of the counsellor. It means having the ability to perceive the client's world as the client sees it – to grasp it from their frame of reference, and being able to communicate that understanding tentatively and sensitively. Demonstrating empathy means:

- being able to step into the client's shoes, and being able to step out again;
- being able to stand back far enough to remain objective, rather than standing too close and risk becoming enmeshed in the client's world;
- being close to, yet remaining separate from – it doesn't mean we become the other person.

Empathy works within the conditional framework of *as if* I were that other person. It taps into the listener's intuition and imagination.

Is there a difference between empathy, sympathy and pity?

Sympathy and pity are frequently confused with empathy, yet they are not the same. Sympathy could be defined as feeling *like*, or sharing in another's feelings, 'I know exactly how you must be feeling.' Pity, on the other hand, could be defined as feeling *for*, 'There, there, don't upset yourself so it hurts me to see you crying.' While appropriate in certain situations, such as comforting someone who has recently experienced bereavement, there is little room for sympathy and pity in counselling. Counselling is essentially about facilitating change. Expressing sympathy or pity can hinder this process by keeping the client stuck, or wallowing in their current situation.

For empathy to mean anything, we have to respond in such a way that the other person feels that understanding has been reached, or is being striven for. It means constantly checking for inaccuracies, for example:

- 'Would I be right in thinking that . . .?'
- 'I think I understand what you mean . . . but can I just recap to be sure?'
- 'What you seem to be saying is . . .am I hearing you correctly?'

It means being *genuine* if we don't understand, for example:

- 'I'm not quite clear what you mean . . . perhaps you could give me an example?'
- 'I'm getting a bit confused about . . .'
- 'I'm trying to get a picture of your situation but it's a bit fuzzy. I wonder if you would mind going over what you just said.'

Empathy is not a state that one reaches, nor a qualification that one is awarded. It is a transient thing. We can move into it and lose it again very quickly. Literally, it means getting 'alongside'. Counsellors from a wide range of approaches rank empathy as being one of the highest qualities a counsellor can demonstrate.

Levels of empathy are related to the degree to which the client is able to explore and reach self-understanding. It can be taught within an empathic climate.

The three parts of empathy

1. **Thinking** (cognitive) – an intellectual or conceptual grasping of the feeling of another.
2. **Feeling** (affective) – a mirroring or sharing of the emotion with the other person.
3. **Behavioural** (doing) – assuming in one's mind the role of the other person.

Empathy is also communicated non-verbally through facial expression, eye contact, and a forward leaning of the trunk, and a reduction of the physical distance. Non-empathic body language weakens the spoken message, however deeply empathic it may be.

Empathy is not a gift from the gods, it is a skill we can all develop. For some of us, we might have to work very hard at it, for others it might come more easily. If you find it difficult to pick out feelings and respond to them with empathy, try not to feel too discouraged. Keep plugging away at it, and find a sympathetic friend on whom you can practice.

Love is empathy

A mother took her five-year-old son shopping at a large department store during the Christmas season. She knew it would be fun for him to see all the decorations, window displays, toys, and Santa Claus. As she dragged him by the hand, twice as fast as his little legs could move, he began to fuss and cry, clinging to his mother's coat. 'Good heavens, what on earth is the matter with you?' she scolded impatiently. 'I brought you with me to get in the Christmas spirit. Santa doesn't bring toys to little cry-babies!'

His fussing continued as she tried to find some bargains during the last-minute rush on 23 December. 'I'm not going to take you shopping with me, ever again, if you don't stop that whimpering,' she admonished. 'Oh well, maybe it's because your shoes are untied and you are tripping over your own laces,' she

said, kneeling down in the aisle to tie his shoes.

As she knelt down beside him, she happened to look up. For the first time, she viewed a large department store through the eyes of a five-year-old. From that position there were no baubles, bangles, beads, presents, gaily decorated display tables, or animated toys. All that could be seen was a maze of corridors too high to see above, full of giants moving about on legs as large as trees. These mountainous strangers, with feet as big as skateboards, were pushing and shoving, bumping and thumping, rushing and crushing!

She took her child home and vowed to herself never to impose her version of a good time on him again.

(Source unknown)

Staying in the client's frame of reference

The frame of reference is a two-part concept which is emphasised in person-centred counselling. Table 2.1 gives an example of the internal frame of reference of a client (the client's inner world).

Table 2.1 Internal frame of reference: The inner world of the client

Cultural influences	Experiences
Beliefs and values	Memories
Meanings	Feelings, thoughts and emotions
Sensations	Behaviours
Perceptions	

External frame of reference: 'the inner world of the counsellor'

The contents of the counsellor's frame are similar to the client's frame, and therein lies a danger. When the experiences of one person are akin to someone else's, it is tempting to 'know' how the other person feels. This knowing cannot come from our experience. It can only resonate within us as we listen and try to understand what things mean to clients from their own frame of reference. The external frame of reference is when we perceive only from our own subjective frame of reference and when there is no accurate, empathic understanding of the subjective world of the other person.

Evaluating another person through the values of our external frame of reference will ensure lack of understanding. When we perceive accurately another person's experiences solely from within their internal frame of reference, that person's behaviour makes more sense. The principal limitation is that we can then deal only with what is within the consciousness of the other person. That which is unconscious lies outside the frame of reference.

Building a bridge of empathy

To understand the frame of reference of the client, the counsellor needs to build a bridge of empathy in order to enter the client's world; encourage the client to communicate; understand the personal meanings from the client's perspective and convey that understanding to the client.

Lack of self-awareness impedes the ability to enter someone else's frame of reference. The more we feel able to express ourselves freely to another person, without feeling on trial, the more of the contents of our frame of reference will be communicated.

Communicating with another person's frame of reference depends on:

1. Listening carefully to the other person's total communication – words, non-verbal messages, voice-related cues.
2. Trying to identify the feelings that are being expressed, and behaviours that give rise to those feelings.
3. Endeavouring to communicate an understanding of what the person seems to be feeling and of the sources of those feelings.
4. Responding not by evaluating what the person has to say, but by showing your understanding of the other person's world from his or her frame of reference.

Listening with understanding

More than any other communication skill, responding with

understanding helps to create a climate of support and trust between two people or among the members of a group. There are three basic ways of responding:

1. **Evaluating: our first instinct**. Whenever we evaluate others, we *decide* whether they are right or wrong. The process of evaluating and judging doesn't draw people closer together; it sets them farther apart.
2. **Hollow listening: Listening without responding**. Listening is hollow if it consists merely of listening and nothing more.
3. **Responding with understanding**. The most effective, yet the least used response in interpersonal communication. Responding with understanding in counselling entails making a real effort to 'hear' the client's feelings and responding in such a way that the client feels truly heard and understood. **The ultimate proof of genuine listening is effective responding.**

Six ways of responding

The majority of counsellors will use a variety of responses, and may use all of the following six at some time during counselling. If we want to develop as effective counsellors, we should analyse very carefully the type of responses we make. We should be striving toward a consistent understanding response, which is an accurate reflection of what the client has said.

1. **Evaluative responses (judgmental)**
   A response tendency which indicates that the counsellor has made a judgment on relative goodness, appropriateness, effectiveness, rightness. In some way the counsellor implies what the client might or ought to do, however grossly or subtly. The responses imply a personal moral standpoint, and involve a judgment (critical or approving) of others. You set yourself up as a judge, and filter people's responses through your own standards and values.
2. **Interpretive responses**
   A response tendency which indicates that the counsellor's intent is to teach, to impart meaning to the client, to show

what should be done. In some way you imply what the client might or ought to think, however grossly or subtly. The responses are interpretations of what the client says. You understand only what fits with some predetermined model. You look for what seems important *to you*, and your mind seeks an explanation. In fact, you are liable to distort what the client wanted to say. You twist the client's thoughts.

3. **Supportive responses**
   A response tendency which indicates that the counsellor's intent is to reassure, to reduce the client's intensity of feeling, to pacify. In some way you imply that the client need not feel the way she or he does feel. The aim is to bring encouragement, consolation or compensation. The counsellor sympathises a great deal, and thinks that exploration of feelings should be avoided.

4. **Probing responses**
   A response tendency which indicates that the counsellor's intent is to gather information, provoke further discussion along a certain line, to query. The counsellor is eager to find out more, and directs the conversation toward what seems important *to the counsellor*, as if not trusting the client to disclose essentials, or the counsellor considers the client to be wasting time. The counsellor appears to be in a hurry, and hurries the client by asking about what seems important *to the counsellor*.

5. **Solution responses**
   You respond by action and by urging action. You see at once the way out which *you* would choose. You don't wait to hear any more. This type of response disposes of clients and their complaints. This also indicates a strong tendency to control, to know what is best for the client.

6. **Empathic, understanding responses**
   A response tendency which indicates that the counsellor's intent is to respond in a manner which asks the client whether the counsellor understands what the client is 'saying', how the client 'feels' about it, how it 'strikes' the client, how the client 'sees' it. This is the person-centred (Rogerian) reflection-of-feeling approach.

> Your replies reflect a sincere attempt to get inside the problem as the client experiences it. You try first to verify that you have understood what has been said. This attitude encourages clients to express themselves further, since they have proof that you are listening to them without preconceived ideas.

Now reflect upon your habitual attitude and think honestly of all the ways in which you express that attitude to others – family, friends, colleagues and clients. Note the kinds of reaction you have frequently produced without realising it. Now you know you can attribute that reaction to your own attitude as being a reaction to something within you.
(Adapted from Mucchielli, R., 1972).

Summary

Two key themes have been highlighted in this chapter: the importance of developing the counsellor qualities of genuineness, unconditional regard and empathic understanding to build a firm client–counsellor alliance and facilitate the client's personal growth, and striving to respond accurately so clients feel truly heard and understood. Additionally, we have drawn attention to the significance of increasing self-awareness – an understanding of our inner world – our beliefs, attitudes and values. Grasping the legacy of our past, cultivating self-knowledge and self-acceptance, brings self-enlightenment and the ability to assist others on their journey to raised self-awareness. This topic is taken up in Chapter 3.

The first step to change is awareness.
The second step is acceptance.

Nathaniel Branden (psychotherapist and author)

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A musician must make music, an artist must paint, a poet must write, if he is to be ultimately at peace with himself. What a man can be, he must be.

MOTIVATION AND PERSONALITY, (ABRAHAM MASLOW, 1954)

CHAPTER 3

Developing Self-Awareness

Everything that irritates us about others can lead us to an understanding of ourselves.

(Carl Jung (1875–1961) – Swiss psychiatrist, founder of analytical psychology, and revered member of Freud's inner circle until their conflicting views on the unconscious led to an inevitable separation.)

In Chapter 2 we blended the essential ingredients of counsellor qualities – genuineness, unconditional regard and empathic understanding with strategies designed at responding accurately. These basic elements are the finest we can offer to clients to begin building a solid base of trust and to foster therapeutic progress. A further important 'seasoning' skill that can enhance the client–counsellor relationship and advance the client's journey to personal growth and self-empowerment is the counsellor's commitment to increasing self-awareness, which is the aim of this chapter.

In order to maximise learning, we examine three pivotal, well-recognised and straightforward models to improving self-awareness, namely:

1. Psychiatrist Adolf Meyer's 'Life Chart'.
2. Professor in psychology Abraham Maslow's 'Hierarchy of Human Needs'.
3. 'The Johari Window', created by American psychologists Joseph Luft and Harry Ingram (hence the name).

Three exercises based on these models, specifically aimed at enhancing self-awareness, are provided. Additional exercises to promote increased self-knowledge are given using the psychoanalytic technique of free association, and exploring your internal frame of reference.

Exploring the meaning of self-awareness

To become effective counsellors, we need to strive constantly to increase our self-awareness – to discover what makes us tick – to monitor what goes on within us: our thoughts, feelings, sensing, intuition, attitudes, beliefs, and how these manifest themselves in our behaviour. Burnard (1997, p25) in his enlightening book dedicated to raising self-awareness entitled *Know Yourself!* defines self-awareness as 'the continuous and evolving process of getting to know who you are.' If we don't know 'who lives in here' and feel at home with ourselves, it's likely that our ability to help others will be impeded.

A lack of self-knowledge means there are areas that are unknown or blind to us. By increasing our self-understanding, we enhance our ability to be genuine and empathic, and our understanding of what makes other people tick. Developing a skill without the necessary grasp of the principles would be like an engineer trying to build a house without having the ability to read a blueprint, or being able to understand what was meant by stresses and strains. So far as counselling is concerned, the development of insights and self-awareness are crucial, if anything worthwhile is to be achieved.

Self-awareness is being aware of our physical, mental, emotional, moral, spiritual and social qualities, which together make us unique individuals; they are all working together to help us towards our fullest potential.

Self-awareness hinges on our ability and willingness to explore our own inner world. It is doubtful if any of us truly *knows* who we are. Life is a constant discovery about parts of us that have, until that moment, remained hidden from our conscious knowledge. There is always more to learn. Every new relationship gives us the opportunity to discover more about ourselves. Indeed many of us would rather be thought of by others in a way other than our true self. Yet this, by itself, can put us under great pressure. Generally it is less stressful to be true than to be false. There is no guarantee that being self-aware will bring 'happiness' – a very transient feeling – however, it will bring a certain sense of wholeness. You can never say, 'I have arrived.' But you can say, 'I am arriving.'

Kahlil Gibran, in *The Prophet* (1980, pp65–6) says this about self-knowledge:

But let there be no scales to weigh your unknown treasures;
And seek not the depths of your knowledge with staff or sounding line.
For self is a sea boundless and measureless.
Say not, 'I have found the truth,' but rather, 'I have found a truth.'
Say not, 'I have found the path of the soul,'
Say rather, 'I have met the soul walking upon my path.'
For the soul walks upon all paths.
The soul walks not upon a line, neither does it grow like a reed.
The soul unfolds itself, like a lotus of countless petals.

The quest for self-knowledge is the backbone to a counsellor's personal and professional development. Self-knowledge facilitates deeper understanding of the issues that clients present with in counselling – it is to counselling as the glove is to the hand.

Exercise 3.1

Using your life chart to develop self-awareness

This activity is based on the 'life-chart' theory of Adolf Meyer (1866–1950) an influential Swiss–American psychiatrist, much of whose teaching has been incorporated into psychiatric theory and practice. This exercise will take some time, and you may find it easier to spread it over several sessions.

1. Start from your birth date, and chart your life up to the present. You might not remember your birth! But what were the circumstances surrounding that momentous event? Were you a 'wanted' or 'unwanted' child? Where do you fit in the family?
2. Record anything significant, such as illness, presents, changes in the family, school, college or university, first boyfriend/girlfriend, marriage, children, and so on.
3. Pay particular attention to recalling your thoughts, feelings and behaviours associated with the events. This can be considered in two strands: as you were at the time, and as you now feel about them.

4. Use the chart as a basis for deeper exploration of your past life. You may find it helpful to talk to your family about specific happenings. They might be able to fill in some of the details.

As you progress through life, you can use this chart to add to your self-awareness. As you explore the various stages of your life, don't rush over them; use free association (see Exercise 3.5) to plumb the depths of what hitherto might only have been vague memories. **Be cautious about with whom you share the intimate details of your life chart!**

Creating a visual timeline chart

For people who think in pictures, or have a poor memory for dates, an alternative to the method described above is to create a visual timeline chart of significant life events. This can prove useful for *seeing* the high and low points and significant dates in chronological order. Figure 3.1 illustrates a simple timeline chart.

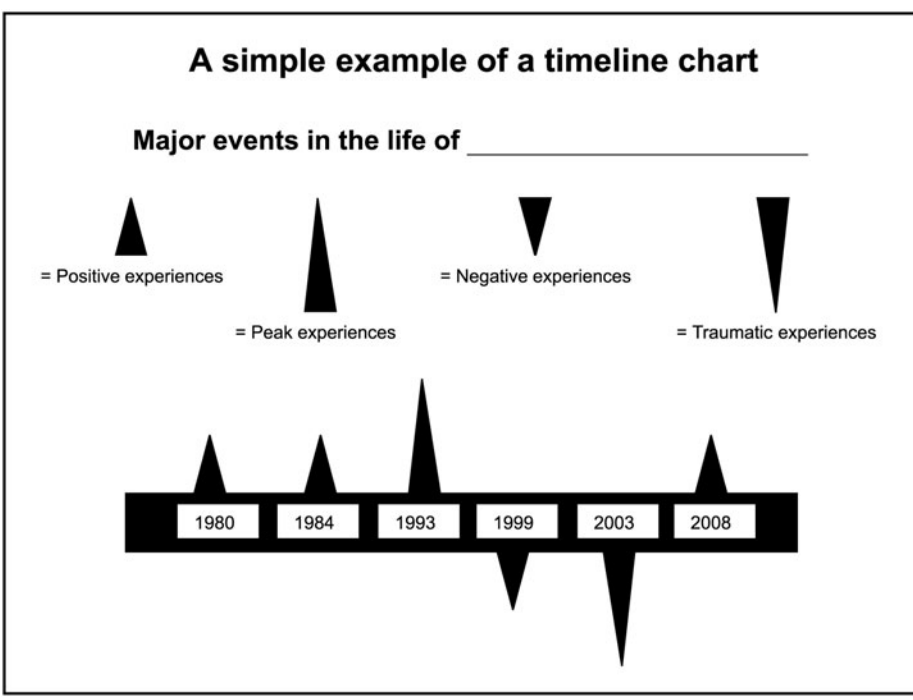

Figure 3.1 A simple timeline chart.

Using Maslow's hierarchy of human needs to enhance your self-awareness

Abraham H. Maslow (1908–1970), a US psychologist and philosopher best known for his self-actualisation theory of psychology, proposed that the primary goal of psychotherapy should be the integration of the self. Maslow postulated that each person has a hierarchy of human needs that must be satisfied.

The theory is that only as each need is satisfied are we motivated to reach for the next higher level; thus, people who lack food or shelter or who cannot feel themselves to be in a safe environment are unable to concentrate on higher needs.

Our drive for self-actualisation may conflict with our rights and duties and responsibilities to other people who are involved.

While I might be high on self-actualisation today, tomorrow something could happen that would change that, and thrust me back into satisfying the basic needs. For example, if my job were made redundant, then however much I might want to continue the upward climb toward reaching my potential, my primary concern is likely to be trying to find another job, trying to meet the security needs. If I were flying over the desert and the plane crashed, and I survived, my immediate needs would be very basic, food and water, not self-actualisation.

Another way of looking at Maslow's model is that rather than moving on from stage to stage, as in climbing a ladder, all five needs are being met simultaneously, to some degree. It must also be remembered that full self-actualisation is never reached.

Maslow's hierarchy of needs is frequently presented as a pyramid encompassing five levels of needs – Figure 3.2 shows the hierarchy of human needs based on Maslow's theory. According to Maslow, the four lower levels of the human needs are 'D-needs' (deficiency needs) which means that individuals do not suffer providing these needs are met, but may experience anxiety if they are unmet. Maslow (1943) originally developed his five levels hierarchy of needs model in the 1940s and 1950s. Over the years the hierarchy of needs has been

adapted by others to include cognitive needs (the pursuit of knowledge), aesthetic needs (the appreciation of beauty), and transcendence needs (spiritual needs), however, Maslow's original five levels hierarchy remains the definitive resource for understanding human motivation.

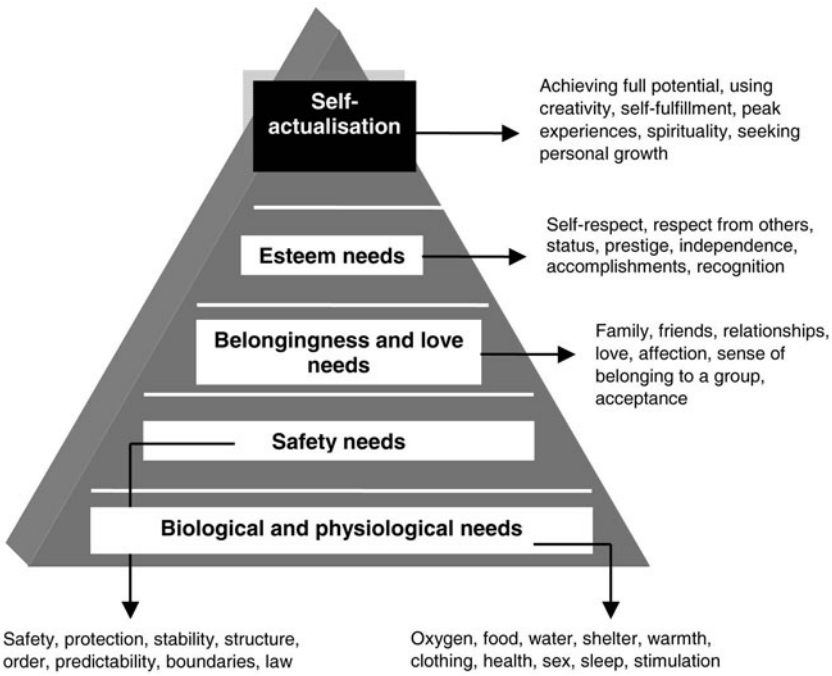

Figure 3.2 Hierarchy of human needs based on Maslow's theory.

Elaborating on the five levels of the hierarchy

First level needs: biological and physiological needs

All human beings have basic needs – we couldn't survive without air, water, food, and adequate sleep. Having a 'roof over our head', ample clothing, an education, a job, enough money to live, and mental stimulation could also be considered as fairly basic needs that are intrinsic to leading a satisfying and healthy life. If our basic needs are not met, life can become an ongoing struggle of striving to meet these unmet needs, which ultimately can lead to adverse health outcomes if the needs remain frustrated.

Second level needs: safety

The need to feel safe is a basic human instinct. Children need to feel secure and protected to thrive. Raised in a chaotic or abusive environment where adults fail to provide stability, predictability, or to set firm boundaries, or where kids are pushed from pillar to post, can produce a deep sense of insecurity. Practical measures taken as an adult such as protecting one's home, one's family and oneself from harm, taking out insurance policies, securing regular paid employment, setting limits, and risk avoidance, can help to create an increased sense of safety and security.

Third level needs: belongingness and love

Each and every one of us, no matter what our upbringing or culture is, has an innate psychological need to feel part of, belong to, fit in with, and be accepted by our fellow human beings. Mutual love and affection are part of the human experience – children who are deprived of love and affection are emotionally undernourished and at risk of developing psychological illness or behavioural problems.

Fourth level needs: esteem

Self-esteem refers to the value we attach to ourselves – our personal estimation of our worth as a person. To quote the wise words of self-esteem guru Nathaniel Branden (American psychotherapist) 'Self-esteem is the reputation we acquire with ourselves'. Low self-esteem can affect every area of our lives, from denying our strengths and achievements, dwelling on our perceived weaknesses, beating ourselves up if we make a mistake, driving ourselves towards attaining unrealistic perfectionism, to behavioural and emotional problems. Improved self-esteem can be achieved by learning to become more assertive and taking on, and gaining mastery over, new challenges.

Fifth level needs: self-actualisation

Self-actualisation refers to the desire to reach the pinnacle of

our full potential – being all we can be – focusing our efforts on achieving all we are capable of achieving, following our dreams, using our gifts and talents, and maximising the meaning of life. Self-actualisation requires taking action – deciding what you want from life – setting goals to achieve what you want and seeing your goals through. As mentioned earlier, self-actualisation is a not an end in itself – rather it is a never-ending process of becoming.

Exercise 3.2

Using Maslow's theory to develop your self-awareness

1. Where do you think you are now on the needs hierarchy?
2. Which of your basic needs are being met?
3. Which of your basic needs are not being met?
4. How secure do you feel with yourself and your environment?
5. What could you do to enhance your need for security?
6. How satisfied are you with your need to belong?
7. What could you do to nourish your need for love and affection?
8. On a scale of one to five (one being the lowest and five being the highest) where would you rank your current level of self-esteem?
9. What could you do to boost your esteem needs?
10. What gifts and talents are you blessed with that you could make better use of?
11. What could you do to ensure your gifts and talents are utilised to their full potential?
12. What other steps could you take that will help you on your journey to self-actualisation?

Introducing the Johari Window

Derived from the work of Joseph Luft and Harry Ingram (1955) and named after them, the Johari Window focuses on the dynamics of interpersonal relationships and human interactions. It is usually diagrammatically presented in the form of a four paned 'window' (see Figure 3.3 for an illustration). The four quadrants: known to all, blind region,

hidden region and unknown region, represent the whole person and different levels of awareness. The theory suggests that through the process of self-disclosure and constructive feedback from others, the 'known to all' area expands, and the three other areas are reduced, thus increasing self-knowledge and self-awareness and integration. The model is a simple and effective tool for developing self-awareness.

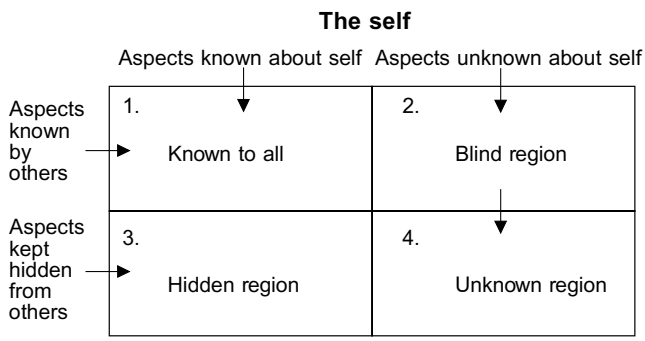

Figure 3.3 Modified Johari Window.

Quadrant 1: known to all

The quadrant 'known to all' can be viewed as our fully open window, or public region. It is the aspects of us that we choose to show, or that cannot remain hidden from others, for example our height, body size and shape, skin colour, attitudes, beliefs, morals, opinions, behaviour, hobbies, The 'known to all' area of our window can be enlarged by self-disclosure (revealing more of ourselves).

Quadrant 2: blind region

The 'blind region' refers to aspects of us that others can see but that we are oblivious to, for example, mannerisms, habits and other aspects of our behaviour that we remain unaware of. The 'blind region' of our window can be reduced by listening to, and being receptive to hearing, what other people observe (feedback). Constructive feedback is designed to help not to condemn. Becoming aware of the impact of our behaviour and actions on others offers the opportunity for change – if we choose to.

Quadrant 3: hidden region

The 'hidden region' refers to aspects of us we know about but choose not to disclose (typically out of fear, guilt or shame, or because they might hurt others if revealed) – for example, watching pornography, sexual addiction, self-injury, child abuse, unacceptable traits, fear of public speaking. The 'hidden region' of our window can be reduced by opting to come out from behind our façade and reveal hidden aspects, our fears or closely guarded secrets, with safe and trusted others. The process of disclosing intimate details about ourselves with a trusted other can result in increased openness and intimacy for both.

Quadrant 4: unknown region

The 'unknown region' refers to aspects of us not yet discovered by ourselves or known to others – that which remains unconscious, repressed, denied, disowned, or split off from our awareness – our dark side (or in Jungian terms our 'shadow' side). In psychoanalytic language this is the region of the unconscious, seething with repressed desires, thoughts, feelings and wishes, which influence our current thoughts, feelings and behaviour. Unconscious material often contains negative or painful experiences that are deemed too difficult or perilous to face. Safely accessing our unknown regions usually requires help, support and sensitive feedback from a qualified counsellor or psychotherapist.

Exercise 3.3

Creating your own Johari Window

For this activity you are advised to use a large sheet of paper divided into four quadrants (as show in Figure 3.3).

1. In the *known to all* quadrant record the parts of yourself that you, and others are aware of.
2. In the *blind region* quadrant record things about yourself that have been brought to light through feedback by others.
3. In the *hidden region* quadrant record things you know about yourself that others don't know.

4. You may not be in a position to record anything in the *unknown region* quadrant unless you have had, or are currently in therapy. However, if you have gleaned any personal insights about yourself through individual or group therapy, for example, record them in this quadrant.

Peruse your Johari Window then consider the following questions:

1. What could you do to enlarge your *known to all* region? What would you like others to know about you?
2. How could you reduce your *blind* region? What aspects of yourself or your behaviour would you appreciate feedback on? Who do your trust to provide you with constructive and accurate feedback?
3. How many items have you got listed in your *hidden* region? Are you surprised at the number of things you keep hidden from others? What is the personal cost to you of keeping these aspects of yourself hidden? If you marked them on a scale (assuming there is more than one) which hidden aspect would be the *least threatening* to disclose? Which would be the most? If you decided to reveal the *least threatening* aspect as a starting point, who would you consider most trustworthy to tell?
4. Are there any aspects of your life of which you are dimly aware, but can't shed light on? Do you have any significant memory gaps in your personal history? Do you sometimes experience a strong emotional reaction to certain events and can't grasp why? Do you get recurring dreams or flashbacks that you can't make sense of? It's possible that these could indicate material stored in the unknown (unconscious) region of which you are unaware. Unravelling unconscious material requires extremely careful handling, and is best left in the hands of therapy professionals.
5. How different would you like the quadrants of your Johari Window to look in a year? Five years?

Limitations to self-awareness

Being self-aware does not mean we are as transparent as the purest glass. Being aware of self means just that – striving to know who we are, our faults and failings, our good points and strengths. It also does not mean that we have nothing to hide from other people; it means that we are selective about what we reveal and to whom. It does not mean that we have worked through all our problems and difficulties; it does mean that we still have foibles and quirks, but that we are seeking to understand them and how they influence our lives and our behaviour.

Becoming aware of self means that we are prepared to dip into the regions of our personal underworld. It may mean that we have to fight with fearsome feelings and memories which influence our lives. But it may also mean we get in touch with what is beautiful and worthy because rarely is our quest solely concerned with discovering the dark. One of the functions of the psyche is to help us transform the bad and the ugly into the good and beautiful.

Exercise 3.4

Expanding self-awareness (from your internal frame of reference)

You are advised not to rush through this exercise, because a greater understanding of your own frame of reference will aid your self-awareness and how what is within it may get in the way of entering a client's frame of reference. As this exercise is very individual, no 'answers' will be provided.

1.	**Name**	How important is it to you?
2.	**Gender**	Are you satisfied with being who you are?
3.	**Body**	Are you satisfied with your physical appearance?
4.	**Abilities**	What are you particularly good at?
5.	**Mind**	Do you feel OK about your intellectual ability?
6.	**Age**	Are you comfortable with the age you are now?

7.	**Birth**	How do you feel about where you were born?
8.	**Culture(s)**	Where were you brought up? If you have moved between different cultures, what influences has this had?
9.	**People**	Who influenced you most when growing up?
10.	**Mother**	What is your opinion of your mother?
11.	**Father**	What is your opinion of your father? If you have no parents, how has that influenced you?
12.	**Siblings**	What is your opinion of your brothers/sisters? If you have no brothers or sisters what influence has that had?
13.	**Education**	What influence did your education have? What would you like to have achieved which you did not?
14.	**Employment**	List the various jobs you have had, the people you remember associated with those jobs, and the overall influence of the work and the associated people.
15.	**Spouse**	If you are married, how has your spouse influenced you?
16.	**Children**	How have your children influenced you? If you wanted children, and were unable to have them, how has that influenced you?
17.	**Unmarried**	If you are unmarried, or have no partner, what influence does that have?
18.	**Preferences**	How do your sexual preferences influence you?
19.	**Values**	What values do you have, and what influence do they exert? Have you taken them over from other people without thought?
20.	**Beliefs**	What are your fundamental beliefs? How did you acquire them?
21.	**Religion**	If you are religious, what influence does that exert? If you have no religion, what influence does that exert?

22. **Experiences**	What life experiences are significant for you, and why?
23. **Health**	How have any illnesses or accidents influenced you?
24. **Memories**	What memories do you treasure, and what memories do you try hard to forget?
25. **Relationships**	What relationships in the past are you glad you had, and what relationships do you wish you had never had?
26. **Circumstances**	What life circumstances, past or present, do you welcome, and which do you regret?
27. **Authority**	Who represents authority for you, in the past and now? What influence do these authority figures exert on you?
28. **Strengths**	What are your major strengths, and how might these influence your listening to clients?
29. **Weaknesses**	What are your major weaknesses, and how might these influence your ability to listen to clients?
30. **Virtues**	What do you consider to be your virtues? How do they influence your behaviour?
31. **Vices**	Do you have any vices, and how do they influence your relationships?

How much insight do you think you gained by working through those 31 questions on your frame of reference?

Learning to use free association

Free association, a psychoanalytical technique created by Sigmund Freud, is designed to facilitate access to unconscious part of the minds outside direct awareness (silent thoughts and emotions seldom available to awareness, slips of the tongue [Freudian slips] caused by unconscious mental activity). Three assumptions operate:

- that all lines of thought tend to lead to what is significant;
- that your unconscious will lead the associations towards what is significant;

- that resistance is minimised by relaxation, but concentration increases it.

The basic rule of free association is that you take note of everything that comes into your mind, without any attempt to control or bring reason to bear. 'Everything' means thoughts, feelings, ideas, even if they are disagreeable, even if they seem unimportant or nonsensical. 'Everything' may include views and opinions, past experiences, flashes of fantasy, religion, morals, the quarrel with someone, ambitions; the list is endless, yet everything has a place, and a specific meaning for you. If your psyche is leading you, then ask, 'Why has this come up now? What is the meaning?'

Identifying difficulties in free association

It is possible that free association is not for everyone. Some people take to it like the proverbial duck to water; others shy away from anything approaching introspection. Free association is not a miracle-worker, neither is it a panacea. But if it is persevered with, and undertaken with as much dedication as learning any other skill, the majority of people will find it answers many of their questions, and it certainly shows the inner workings of the mind.

The following types of people might experience difficulty working with free association, but that does not mean that they should not try:

- people who steer clear of anything to do with self-development;
- people who have difficulty with intimate relationships;
- people who cannot make judgments for themselves; who are afraid to speak lest what they say does not meet with approval;
- people who are so caught up in the trap of their conflicts that their whole life is over-controlled by negative thinking;
- people who would be so ashamed by what free association reveals that they would feel safer if they never started.

Exercise 3.5

Starting to use free association

Spend time getting yourself comfortable and relaxed. Imagine you are looking at a cinema screen, upon which a picture will be projected. If you find this difficult, just let your mind wander, until a word, a thought, a feeling comes to you.

Another suggestion is that you imagine you are drifting down a stream on a raft. As you pass, you see certain people, places, incidents that have meaning for you. Do not stop and dwell on any one thing, but, as in the example given above, let your mind make associations. You may do this for five minutes or longer. Your psyche will tell you when it is time to end. Trust it!

Do not make notes while you are free associating, for that would interrupt the stream of consciousness. When you feel the association has ended, then you can start making notes, but don't break the recall by analysing them. You may wonder if you will be able to recall all the material. You may consider yourself to have a not very good memory; you might not, but your psyche has the perfect memory. Trust it!

Start with the last word, idea or feeling, and work back to the beginning, jotting down just words or short phrases. Don't fret if you cannot remember every single one. You might recall the missing ones at the next stage. One of the things about memory is that it improves with use. The more you practise accurate recall, the easier it will become.

When you have completed your list (and we suggest that you keep a special notebook for your free associations), then you can start making connections, and exploring themes. What you will probably discover is that not everything comes at once. When you are psychologically ready, and not before, the psyche will reveal more. From time to time read what you have written, and take heart at the progress you have made since you started.

Another way is to have a tape recorder running while you are free associating. You might feel a bit strange talking aloud, but if you are used to talking to yourself, that should not present too much of a problem.

Case study

James faces the truth (William is speaking)

One of the areas James (a nurse) and I discussed was that he was (in his words) too fond of judging people. This involved him in telling them what he thought they should be doing, and not doing. He felt that his own moral standards were 'right', and that the world would be a better place if people behaved like him.

In order for James to practise free association he had to make an agreement with his wife, Jenny, so that at a specific time, when the bedroom door was closed, no interruptions, short of a major disaster, would be allowed. He liked the idea of using a tape recorder. He tried to set a regular time weekly, so far as his shifts would allow.

In one of his sessions he achieved what for him was a monumental insight. He had been thinking (and talking) about his ward assessment, where a senior nurse commented on his attitude of 'always blaming other people'. This had led to an argument, then later to James apologising, and promising to look at his attitude.

In his next free association session he started with the word 'blame', and the final theme was just one word, 'victim'. In between the start and finish James recalled many instances to which the word blame was attached. As he meditated on the victim theme, he recalled his feelings of being a victim at the hands of an abusive teacher at his junior school. His father told him to 'be a man'. James felt helpless. He now realised that he judged other people to put himself in the right; and that he blamed other people to divert attention from himself. He was able to share his insights with me, and then, at a later stage, with the members of his team.

(Taken from, Stewart, W. (1998) *Self-Counselling*, pp22–5, and used with permission.)

Summary

Counselling is about helping clients develop their self-awareness. To facilitate this process, it is imperative that counsellors work towards increasing their own self-awareness. This chapter has highlighted three well-recognised models for expanding self-awareness: Adolf Meyer's 'Life chart', Abraham Maslow's 'Hierarchy of human needs' and 'The Johari Window', created by Joseph Luft and Harry Ingram. To further enhance understanding of the models, illustrative diagrams

have been provided. Moreover, exercises based on each model have been included with the specific aim of gaining self-awareness. Using the psychoanalytic technique of free association, and an exercise intended to explore your internal frame of reference are additional items incorporated to aid the development of self-knowledge.

Our next task is to address what counsellors need to do in readiness for the first meeting with a client. This is the essence of Chapter 4.

I want, by understanding myself, to understand others.
I want to be all that I am capable of becoming.
Katherine Mansfield (1888–1923 – prominent New Zealand author)

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To be trusted is a greater compliment than to be loved.

GEORGE MACDONALD (1824–1905) SCOTTISH AUTHOR AND POET

CHAPTER 4

Helping the Client Feel Safe

In Chapter 3 we highlighted the importance of developing self-awareness to enhance counsellor practice and provided suggestions and exercises for gaining self-awareness. This chapter covers a variety of topics – setting the scene for the first session with a new client being its main thrust. To bring meaning to the skills presented, we introduce five fictitious clients: Pat, Paul, Hayley, Ellen and Danny, who you will continue to meet in Chapters 5, 6, and 7. Other relevant themes addressed include establishing clear boundaries and boundary issues, counselling contracts, the 'so called' 50-minute therapeutic hour, note taking and record keeping, referral issues, and recording sessions.

The first meeting

'Baring your soul' to a complete stranger can be a daunting prospect – it takes courage and trust, and an aspect of counselling that cannot be emphasised strongly enough is helping clients to feel safe, at ease, and accepted, when they cross the threshold of the counselling room for the first time. Thorough preparation for the first meeting and creating a welcoming, warm and safe environment are paramount to enable clients to start voicing their concerns, and to alleviate their nervousness or anxiety about embarking into unknown territory. It's worth bearing in mind, too, that counsellors are also entering an uncharted province when they meet a new client and may feel apprehensive. Being well prepared can greatly reduce a sense of uneasiness, thus it can pay dividends for both client and counsellor.

Paying attention to meeting, greeting and seating

For counselling to be an empowering experience for the client, the counsellor needs to work hard at building a relationship of trust, safety and equality, which is not always easy, particularly in the beginning when the client is likely to feel vulnerable and uncomfortable. Counselling rarely happens on neutral territory – it usually takes place at a counselling centre, or at a counsellor's premises – this in itself can hinder the development of a trusting and safe relationship as it places the client and counsellor on unequal footing. Giving careful thought to how the counselling room is arranged can set the scene for reducing the equality gap. Practical steps the counsellor can take to create an atmosphere of trust, safety and neutrality include the following.

- Make certain that the room is non-clinical and inviting – warm, but not too warm – light, but not overly bright.
- Ensure the room is uncluttered and free of personal belongings such as family photographs, books, DVDs, etc.
- Add some personal touches such as a vase of fresh flowers, a bottle of water and glass, and a discreet box of tissues.
- Position chairs at a comfortable distance apart and slightly at an angle. This helps clients who have difficulty making direct eye contact feel less intimidated. To prevent an air of one-upmanship, identical and comfortable chairs (but not too comfortable) should be used. Where you place the chairs in relation to the door is also an important consideration, especially when working with childhood trauma survivors, many of whom feel unsafe, panicky or fearful when sitting with their back to a door.
- Keep potential barriers such as desks or large tables out of the therapeutic space.
- Guarantee privacy by unplugging the telephone, switch mobiles off, shut the computer down and put a notice on the door to prevent intrusions.
- Position a small clock in a place where you can glance at it surreptitiously to avoid running over time and you can remind the client when a session is nearing the end. Looking at your watch can be distracting to clients: some might see it as a sign of disinterest, disrespect, or that you are getting bored and are wishing the session would come to an end.

Counsellor safety

In addition to striving to create an atmosphere of comfort, safety and neutrality for the client, it is vital to recognise that safety is a two-way street and to consider your personal safety. Ensure that someone else is close to hand while you are counselling, let someone else know where you are and what time you anticipate finishing, and have a panic button nearby (and check regularly that it is working).

Greeting the client

First impressions count. Greeting the client in the waiting room (if there is one) with a warm smile, comfortable eye contact, firm handshake – if it feels appropriate – and a brief introduction, communicates an amenable attitude. Saying something informal along the lines of: 'Hello, my name is William, and yours is?' Or, 'Hi, my name is Jan, how would you like me to address you?' and listening to how the client responds can provide useful information, for example, if the client says 'I am Mr . . . ', or 'my name is Mrs . . .' it suggests the client is more at ease with a formal, rather than informal approach. Clients' physical appearance and mode of dress (i.e. casual or smart; well-groomed, poorly groomed) can also speak volumes about their disposition without a word being spoken.

Once greeted, lead the client to the counselling room avoiding any form of touch, and invite her to choose a chair.

Issuing an open invitation to talk with our five fictitious clients

Your opening sentence should be empathic and your tone of voice and posture should demonstrate to the client that you are ready to give your full attention.

1. Pat, perhaps you would like to tell me in your own time what has prompted you to seek counselling?
2. Paul, we have 50 minutes to talk together today. Where would it help to start?
3. *To Hayley, an anxious client, who sits in silence on the edge of the chair with her feet pointing towards the door:* Hayley, I sense that you are feeling on edge and are struggling to find the words to begin. Would it help to start by telling me a little bit about yourself . . .?

4. *To Ellen, who is staring out of the window and looks miles away:* Ellen, you seem to be somewhat preoccupied, or perhaps have a lot on your mind . . . would it help to say a little about what's going on with you . . .?
5. *To Danny, a resistant client, sent by a third party – e.g. the Magistrates Court – who has pushed his chair further away from the counsellor, and is sitting with his arms and legs tightly crossed:* Danny, I get the impression that this is the last place you want to be right now . . . perhaps it might help if I explain a bit about the counselling . . .

Building trust

The quality of the therapeutic relationship, also referred to as the therapeutic alliance, hinges on the counsellor's ability to cultivate the client's capacity to trust over time. Establishing trust can be particularly challenging with clients whose faith has been shattered by traumatic early experiences such as abandonment, betrayal, abuse, rape, neglect, or violence. Developing trust is a key aspect of a counsellor's work that requires constant consideration. The client's trust can be earned by offering the skills of active listening; accurate, sensitive responding; reflecting feelings; empathy; genuineness; and by actively modelling trust through being honest, open, reliable, loyal, and consistent. Investing time wisely to building the client's trust can result in an enriching harvest of personal growth for the client.

Planting the seeds of trust with our five fictitious clients

1. Pat, I can see that you are very distressed because of what has happened.
2. Paul, I appreciate that talking about your job being made redundant is painful for you.
3. Hayley, I understand that it is not easy for you to talk about your concerns, and I feel very humbled by your trust in me . . .
4. Ellen, I've noticed that you seem a little less tense than when you first arrived; your shoulders have lowered, and your breathing has slowed down. Could it be that you are

feeling a bit more relaxed . . .

5. Danny, I respect your honesty in telling me that you are reluctant to be here . . .

Knowing what to avoid

- Avoid restricting the client by placing emphasis on such topics as 'difficulties', 'problems', 'help'; for example, saying, 'Please go ahead and tell me the problem', 'What difficulties are you having?' 'How can I help you?' Be careful about statements such as 'I hope I can help you'. We may not be able to help at all.
- Avoid minimising counselling with expressions such as: 'Let's have a chat', or 'Shall we have a little talk?' Counselling is not a chat. We talk, yes, but 'chat' carries with it inferences of a social meeting, which is not the purpose of counselling. To think of it as a chat demeans the process.
- Try to avoid what could be stereotyped responses such as:
  – Thank you for sharing.
  – Am I on the right track?
  – Am I getting the picture?
  – Have a good day.
- Stereotyped phrases frequently pepper counselling literature, so much that the word 'sharing' has lost much of its meaning. Always try to keep your responses fresh.

Boundaries in counselling

Constructing clear boundaries with the client provides the scaffolding for building a therapeutic relationship, along with creating rapport (being 'attuned' to the client's needs or getting on the client's wavelength). However, before discussing boundary setting in counselling in more detail, it is useful to understand the concept of boundaries, as clients often present with boundary issues.

Rigid boundaries

People with rigid boundaries tend to be self-sufficient. They 'erect an impenetrable wall' to prevent others entering their

space. They keep others at a distance, shut others out, or reveal little or nothing about themselves, their thoughts or feelings. Rigid boundaries prevent emotional connection and intimacy. Inflexible boundaries may stem from being badly hurt, rejected, or let down in the past, and a need to protect oneself from further pain. The firmly held conviction that 'If I don't let anyone get close, I won't be hurt or abandoned again' operates an internal marker that sends a non-verbal warning signal to others to not get too close. Figure 4.1 gives an example of rigid boundaries.

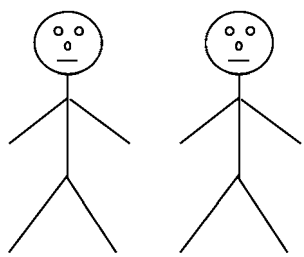

Figure 4.1 Rigid boundaries.

Enmeshed boundaries

Whereas rigid boundaries are usually formed to prevent the risk of getting hurt, people with enmeshed boundaries (although they may not be aware of it) can leave themselves wide open to getting hurt, which is equally as harmful as setting rigid boundaries.

People with enmeshed boundaries have little sense of themselves as being separate in relationships. For example, a mother might encourage an overly close relationship with her child to compensate for her own inner emptiness, or inappropriately turn her daughter into an intimate friend and confidant at too young an age.

Children who are raised in an environment where boundaries are fragile, ignored, or non-existent, may unwittingly, in later life, expose themselves to flagrant boundary infringements. For example, a child who has been emotionally, physically or sexually abused, might easily be led

into prostitution, or become promiscuous, the victim of domestic violence, bullied, raped, sexually assaulted by a stranger, or ensnared into dangerous situations or relationships.

If inappropriate boundaries have been the norm, or people are not aware when their boundaries are being violated, saying 'no' to unwanted sex, touch, or other forms of abuse or recognising when they are being manipulated by another to feed that person's own needs, may not even enter the equation. Such is their desperate need for love and affection that they are blind or naïve to the exploitation by others aimed at satisfying the instigators' own needs. Lax boundaries can also indicate an ambivalent or unhealthy attachment to the original perpetrator of the abuse. Individuals with enmeshed boundaries often have difficulty knowing where to draw the line.
Figure 4.2 gives an example of enmeshed boundaries.

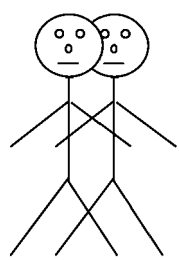

Figure 4.2 Enmeshed boundaries.

Healthy boundaries

In relationships, the word boundary can be defined as an invisible line or perimeter that enables each person to maintain a separate sense of their own identity. People with healthy boundaries choose who they allow to enter their space, and honour other people's boundaries. Healthy boundaries promote safety, independence, self-respect, respect from others and foster emotional connection and intimacy. People with healthy boundaries know exactly where to draw the line, and if their boundaries are desecrated by others they are likely to get upset,

angry, indignant or irritated. Figure 4.3 gives an example of healthy boundaries.

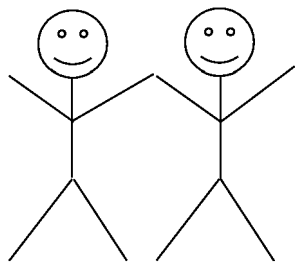

Figure 4.3 Healthy boundaries.

Developing healthy boundaries

Developing healthy boundaries involves becoming aware of when others are overstepping the mark, not tolerating others intruding into your personal space, setting clear limits about what is acceptable and not acceptable, and learning to take responsibility for your own safety (physically, emotionally and sexually). Creating healthy boundaries demonstrates self-respect, and encourages respect from others.

Boundary setting in counselling

Establishing clear boundaries in counselling is designed to separate the realm between client and counsellor. Boundaries may include agreement over such things as the duration of counselling, length of counselling sessions, limits of confidentiality, appropriate touching, number and duration of phone calls, sending and responding to emails, or strategies for managing episodes of self-harm or suicidal thoughts.

The terms on which counselling is being offered should be made clear to clients before counselling commences. These may be agreed verbally, or they may be set out in a formal written contract between counsellor and client, and signed by both parties. Subsequent revision of these terms should be agreed in advance of any change. Clear contracting enhances,

and shows respect for, the client's autonomy. A contract helps to ensure the professional nature of the relationship and may, in addition to the ground-rules already mentioned, include:

- venue;
- fees, if appropriate;
- frequency of sessions;
- how counselling will be evaluated;
- process of referral, if and when necessary;
- broad details of the counselling relationship;
- duties and responsibilities of each party;
- details of counsellor's supervision;
- goals of counselling;
- means by which the goals will be achieved;
- the provision and completion of 'homework';
- the setting of boundaries and expectations;
- the terms of the therapeutic relationship;
- provision of renegotiation of contract.

For an example of a written counselling contract see Figure 4.4.

Boundary issues

It is the counsellor's duty to act in the best interests of the client and establishing and maintaining firm boundaries is of paramount importance. Some clients who seek counselling are very needy – they may have come from backgrounds where they have felt 'invisible', unlovable, or unworthy of receiving care and attention. In an attempt to be liked and accepted, or to gain extra attention or time from the counsellor they may try to stretch the boundaries. Here are a few hypothetical examples:

- Miranda sends texts in between sessions to her counsellor without seeking the counsellor's permission.
- Reece turns up at the counsellor's premises without an appointment.
- Kristen gives the counsellor a hug at the end of the session without asking.
- Sonia invites her counsellor to her 21st birthday party.
- Bryan lavishes the counsellor with expensive gifts.

This contract is made between:

Counsellor: _____ Client: _____ on the _____ year _____

1. CONFIDENTIALITY

Although our sessions are confidential, I reserve the right to breach confidentiality in exceptional circumstances – possible examples include:

i. If you disclose any information during the course of counselling which indicates that you are at risk of seriously harming yourself, or injuring someone else.
ii. If it becomes evident during counselling that you have committed a crime such as murder/and or attempted murder, arson, armed robbery, child abuse, child or drug trafficking, downloading and/or using children in pornography, kidnapping or child abduction, rape and/or sexual assault, or you express intent to commit a crime such as an act of terrorism.
iii. If I am ordered by a court to disclose information about you.

As part of my ongoing training, professional development as a counsellor, and to ensure efficacy of my client work, I attend sessions every four weeks with an experienced and qualified supervisor, at which I present my case work. Should I discuss your case, in order to safeguard confidentiality and protect your anonymity, I will not disclose your name or any possible identifying details.

Before considering breaching confidentiality, I will consult with my counselling supervisor. Additionally, I will discuss the situation with you if this is feasible.

2. NUMBER OF SESSIONS

We have provisionally agreed that you will commit to attending 15 counselling sessions. The sessions will last for 50 minutes and will take place at:_____

To ensure continuity, sessions will take place at the same time each week, commencing on _____ at _____ . Should additional sessions be identified as necessary during the 15 sessions contracted for, we will negotiate a new contract.

3. FEES

We have agreed that you will pay my standard fee of £ _____ per 50 minute session. Moreover, we have agreed that should your financial situation change during the course of counselling, we will negotiate a reduced fee until your financial situation improves. As agreed in the assessment interview, you will receive a fee invoice every four weeks via your email address. Payment of fees can be made by cheque, or electronically by credit/debit card, and should be paid within two weeks of receipt. My fees are reviewed on a yearly basis every March, and you will be notified of any forthcoming increase four weeks before the new charges take effect.

4. MISSED OR CANCELLED APPOINTMENTS

The 15 time-slots allocated to you for counselling is your time and will not be assigned to another client, even if you are on holiday, or cannot attend because of illness or other unavoidable circumstances. Whereas scheduled breaks such as holidays will not be charged for, my normal fee will be charged for non-attendance or cancelled sessions.

5. ARRIVING LATE FOR SESSIONS, OR LEAVING EARLY

Should you arrive late for a session, or decide to end a session before the scheduled time, my standard fee remains applicable. If you arrive late for a session, I will not be able to extend the session beyond the allocated time.

6. MY HOLIDAYS AND BANK HOLIDAYS

I take seven weeks holidays per year – two weeks at Christmas – two weeks at Easter, and three weeks during the summer period (between July and September). I will provide you with as much notice as possible of my holiday breaks, and you will not be charged for sessions when I am on holiday. Should I need to cancel a session through illness, or for other extenuating circumstances, I will endeavour to give you as much notice as possible, and wherever possible I will offer you an alternative appointment in the same week as the

Figure 4.4 Example of a written counselling contract.

cancelled appointment. If, however, a mutually convenient time and day cannot be agreed within the timescale, you will not be charged. Should a session fall on a bank holiday, we will discuss this in advance and, if possible, arrange an appointment on a different day within the same week. Should an alternative day prove impossible for you, no fee will be charged.

7. NOTE KEEPING AND RECORDS

As an aide-memoire, I will keep brief confidential notes of our counselling sessions. Additional notes and records kept in your file will include liaison with other professionals concerned with your case; supervision notes relevant to your case; correspondence received, requested or sent in relation to your case, and any correspondence received from you. To ensure privacy and maximum security, your notes will be locked in a filing cabinet at my premises, to which only I have a key. In accordance with the timescale for storage of records as recommended by my professional body: The British Association for Counselling and Psychotherapy (BACP) notes and records pertaining to your case will be retained for seven years. See *Ethical Framework for Good Practice in Counselling and Psychotherapy* (www.bacp.co.uk) for further information. When the seven years expires all notes and records retained concerning your case will be destroyed by shredding or incineration.

Access to your notes and records

In line with the Data Protection Act (1998) (see www.ico.gov.uk/what_we_cover/data_protection/your_rights.aspx) I believe in your right to access information held about you, including all pertinent notes, letters, and computerised correspondence. If you wish to read any notes personally made by me throughout our counselling contract, or other information/correspondence kept in your file concerning your case, you can either:

a. ask me informally to see your notes and records, or:
b. make a formal request to view them under the Data Protection Act.

Before seeing your notes, any references to third parties will be blurred or disguised, to protect their confidentiality.

8. TERMINATION OF COUNSELLING

Ending counselling, particularly long-term counselling, can be a difficult time for both client and counsellor, thus at regular intervals throughout our sessions together, you will be encouraged to share your thoughts and feelings, and any concerns you may have, about counselling drawing to a close. While it is your right to terminate counselling with me if it is not meeting your needs and expectations, I would encourage you to consider the implications of ending prematurely or abruptly without allowing yourself the time or opportunity of saying a proper goodbye. Should you wish to terminate counselling before the contracted number of sessions, please provide me with at least two weeks' notice.

Should any damage be caused by you to my premises, counselling room, furniture, fixtures and fittings, or physical harm committed to me during the course of our sessions, I reserve the right to terminate counselling immediately.

9. ACCREDITATION

I am a British Association for Counselling and Psychotherapy (BACP) accredited counsellor, and adhere to the BACP *Ethical Framework for Good Practice in Counselling and Psychotherapy*. (See http://www.bacp.co.uk for further information).
Should you, at any time, be dissatisfied with my work, and this matter cannot be resolved between us, you have the right to register a formal complaint to the BACP.

Please read the foregoing carefully and if you are satisfied everything is correct, please sign below.

Client's signature _____ Date_____

Counsellor's signature _____ Date_____

Figure 4.4 (continued).

Counsellor boundary issues

Counsellors too can blur the boundaries, which can cause bewilderment to clients over roles and expectations, create an unhealthy dependence, intensify their problems, or emotionally and psychologically harm the client. Here are some examples:

- Engaging in sexual activity with a client.
- Touching the client without being given permission.
- Allowing sessions to run way beyond the agreed time.
- Meeting outside the counselling environment (having lunch; meeting the client's family; accepting a lift from a client; greeting the client in the supermarket; telephoning, emailing or texting the client, except in the case of an emergency such as the need to cancel, or change an appointment).
- Taking the client to conferences.
- Accepting monetary/expensive gifts from the client.
- Giving gifts – although different counselling orientations hold divergent views on this. For example, some counsellors might give the client an object of small value such as a stone, or poem, when going on a long holiday break, as a way of acknowledging the relationship, or a card to mark a milestone in the client's life.
- Accepting a client's offer to do a job because the client has a particular skill.
- Inappropriate counsellor self-disclosure (incongruously shifting the focus of attention from client to counsellor).
- Not referring a client when it is clear that the counsellor is not qualified or sufficiently experienced to serve the client's needs.

Whose needs?

When counsellors find themselves acting out of character with a client, they need to examine their motivation. These are some useful questions to consider:

- How might my actions impact on the counselling relationship?
- How might my behaviour be interpreted by my colleagues? Would I feel comfortable telling them or my supervisor what I've done?

- Why am I treating this client in an exclusive way?
- Am I exploiting the client in any way?
- Am I trying to buy the client's trust or affection to get in his good books?
- Who does my action benefit – me or the client?

Understanding the therapeutic hour

Most counsellors work to what is called the 'therapeutic hour' or '50-minute hour'. This allows the counsellor time to make any notes before seeing the next client; beyond this time, efficiency begins to drop off rapidly. However, not all counsellors adhere to this practice. Sometimes extra time is desirable, and much will depend on the complexity of the case. But the time should not be extended by accident or by either the client or the counsellor wishing to have more of the other's time; it should be planned. If you find yourself consistently running over the agreed time, then you would profit from exploring this with your supervisor.

Counselling can be emotionally demanding and exhausting. The knowledge that there is a time limit can be a positive safeguard for both client and counsellor.

What if the client thinks of something important just as the session is ending?

This is a difficult one, and it is certainly something you might want to discuss with your client before it happens. In counselling circles this phenomenon is known as the 'hand on the door' – the client, just leaving, halts and discloses something quite dramatic. This immediately thrusts the counsellor on the horns of a dilemma – to extend the time or leave the disclosure hanging around for another week.

You have to make a decision – continue with the session or close it. You may say something like, 'I heard what you said, however, our time has gone, we will explore it next time if you wish.' This leaves the client knowing that you did hear, and the matter is clearly in the client's control.

Case study 4.1

Meg heads for the door

Meg, a trainee counsellor, was coming to me (William) for personal therapy as part of her training. In the fourth session we had been discussing a particular issue. As we were closing the session, I said to Meg, 'What will you take away with you from today?' She said, 'My supervisor suggested I talk to you about my feelings with the training group.' We both laughed; she and I knew that that was a beautiful demonstration of the 'hand on the door phenomenon'. The following week we did discuss it, and the reason for waiting until the last minute. Meg freely admitted that the feelings she needed to discuss were too raw and she needed time to sort them out.

(Taken from Stewart, W. and Martin, A. (1999) *Going For Counselling*, p116.)

Ending sessions on time

It is important to end sessions on time. This helps the client feel safe, and to understand the boundaries. When a session is nearing an end, it can be helpful to say something like: 'We have about 10 minutes left of this session. Perhaps it would be helpful to summarise what we have talked about today?' It can often prove beneficial to let your client summarise what has been discussed during the session. Something like, 'What will you take away with you from today?' helps the client to summarise. Your closing sentences need to be clear, and should indicate that it's time to end the session.

Things to avoid

- Don't introduce **new topics** into the concluding period. If you do this, it may confuse your client. He or she will think that they can still go on for a while. If your client introduces a new subject in the last few minutes of the session, you could say: 'I can see that this is very important to you, and I think it is an area we could look at in more depth in our next session together. How would you feel about that?'
- Some clients wait until they are leaving before disclosing an important piece of information, for example, 'Oh, by the way. . .'. This may reflect the client's feeling of shame or embarrassment, or the realisation that this is their last opportunity to 'let the cat out of the bag'. Don't be

manipulated into giving **extra time**. Again, show the client respect by saying something like: 'I appreciate your courage in telling me that. I can see that it wasn't easy for you, and it sounds as if you have been holding on to that secret for a long time. Would it help if we allocated the next session to give the situation the attention it deserves?' Often, just verbalising a painful secret, and being heard, can bring a tremendous sense of relief.

- Don't get hooked into **the presenting problem**. The problem which the client chooses to talk about, or the 'presenting problem' as it is sometimes called, is of considerable significance. It is what clients complain of, their 'admission ticket' to counselling, a 'trial balloon'. Sometimes it is something which is not of primary importance in order to test out the counsellor, but more often it represents that aspect of the client's problem which, at this present time, is giving him the most anxiety. Perhaps it would be too emotionally demanding to talk about the significant problem before the counselling relationship had been firmly established. Whatever the reasons, it is always wise to sit back and wait for the client to develop the theme. At the same time, it is essential to acknowledge the presenting problem but also being aware that there are probably other issues to be considered.

Note taking and record keeping

In certain situations some notes are essential, if only to keep the key issues before one's eyes. Such notes need only be single words, enough to act as refreshers later in the session. Single words or short sentences can usually be written without taking one's eyes off the client for too long. Referring to the notes from time to time may give the client confidence that what has been noted is there to be used. Note taking may also be used effectively to slow up a very talkative client. The client should be made aware of the purpose of the notes and of their confidentiality.

Counselling records serve four main purposes:

- to aid good counselling practice;
- help administration;

- training;
- research.

A good record should be readable. A good recording style is plain, clear and as brief as treatment will permit. We cannot record accurately if we have not heard and observed accurately. Clarity and brevity indicate analytical thinking. The record will be a thoughtful reflection of what took place in the interview.

Suggested items to include:

- how and why the client came to you: was it a referral or self-referred?
- the presenting problem;
- the facts;
- the relationship between the client and any significant others;
- personal history;
- any significant comments made either by you or the client that bring out important feelings, attitudes, and opinions or refer to the 'larger problem';
- your own activity within the session; thoughts, feelings, behaviours, interventions;
- (as counselling progresses) the record should reflect development and include your periodic evaluations and statements of aims;
- future dates for sessions;
- referrals, if any.

A final point should be made about computer-kept records. The whole issue of record-keeping presents difficulties of confidentiality; counsellors certainly must consider the implications of keeping client records on computer. Such questions as: storing (on hard disk or on removable media – CD, DVD, memory sticks, etc.); security of material (where is it kept?); access (password; who has access?); how long the records are kept and for what purposes; and, if you are part of a computer network, how you protect the material all have to be considered. Computer-kept records can save an enormous amount of time and space but client confidentiality must always be uppermost in our minds.

Legal and ethical issues

One of the major recent developments in legal requirements concerning record keeping occurred when data protection principles were extended to include written records by the Data Protection Act 1998. This legislation creates two levels of duty. Therapeutic records fall within the category that has stricter requirements concerning the protection of 'sensitive personal data'.

Some counsellors find it better to write brief notes after the session noting down key words and themes that emerged during the session as an aide-memoire. It is important to consult these notes prior to the next session to refresh one's memory of the previous session. Such notes can also be useful as a starting point for summarising what took place in the previous session. They can then be used to ask clients what they remember most about the previous session (which can sometimes be very different to the things the counsellor remembers). It was discussed under 'Confidentiality' in Chapter 1 that counsellors may be required by a court to disclose secret information, and this would probably include having to produce their records.

The following is taken from a February 2008 BACP information sheet (Bond *et al*, 2008), entitled *Breaches in confidentiality*, 'A court may order disclosure, or order the therapist to attend court and to bring notes and records with them.'

Under the Freedom of Information Act UK (2000) it is conceivable that clients could ask to see their records, even though the Act refers to records held by public authorities. So the Act could apply to counsellors engaged by the NHS and other public authorities, such as school or college counsellors. Although the situation regarding private counsellors is uncertain, the authors of this book would never deny a request from clients to examine their records. This raises the important issue of never committing anything to paper that would cause embarrassment or distress to a client if your records ever became public, either because the client requested to read them or because they were part of a court case.

(Adapted from Stewart, W. (2005) *An A–Z of Counselling Theory and Practice*, pp419–21, and used with permission.)

Recording sessions

Some counsellors find it useful to audio tape sessions as a way of monitoring their performance, evaluating their interventions, and for the purpose of receiving constructive feedback in supervision. However, clients should be asked if recording of sessions is acceptable, and recording should never take place without the client's agreement, or without the client signing a consent form. Moreover, issues concerning confidentiality about who hears the tapes, and what happens when the tapes are no longer needed, should be clearly communicated to the client.

The presence of a tape recorder in sessions can be off-putting for some clients. If the client expresses discomfort during a session that is being recorded, the counsellor should respect the client's wishes and abandon the idea.

Referring a client

Not every counsellor is the best person for all clients, so from time to time it may become necessary for the client's development that he is referred to another counsellor or counselling agency.

It may become necessary, therefore, to refer a client for one or a combination of the following reasons:

- medical;
- social;
- pastoral;
- psychiatric
- psychological;
- emotional;
- spiritual;
- legal.

It is helpful to know what resources are available in your own locality, agencies as well as people.

Referral maybe delayed for the following reasons.

- The counsellor's hurt pride at not being able to continue with the client until completion.
- Not creating an awareness in the mind of the client from the start that referral is a possibility.

- Not admitting limitations.
- Not working through and helping the client understand why referral is indicated.
- Not being able to separate from the client.

The client might see referral as rejection or abandonment rather than development. Sometimes there is the tendency to refer too quickly. Perhaps the counsellor may see a need for referral but this is totally rejected by the client. The limitations should be brought into the open and discussed. The counsellor may need to seek expert help if work with the client is to be productive. Working with a client who is reluctant to be referred is both demanding and challenging, but the counsellor will need a great deal of support.

Referral is particularly difficult for clients who feel they have already been pushed from one counsellor to another; this could lead to a feeling that they are beyond help. It is certainly true that the longer the relationship the more difficult referral might be, even though the need is recognised by the counsellor and accepted by the client. But just as it is possible to work toward separation at the end of counselling, so it is equally possible to achieve this in referral.

You should do all you can to make the transition easy – talk about the other counsellor or agency, arrange a visit, let the client make contact, work with the client to prepare a summary of what has been achieved so far. Clients who feel totally involved in the referral are likely to get the most out of the new relationship.

(Taken from Stewart, W. (2005) *An A–Z of Counselling Theory and Practice*, p425). See also, Bayne, R., Horton, I., Merry, T. and Noyes, E. (1994) *The Counsellor's Handbook: A practical A–Z guide to professional and clinical practice.* London: Chapman and Hall.)

Case study 4.2

Natasha (William speaking)

Natasha was a self-referred medical student when I was a college counsellor. Her history emerged slowly over three sessions. A highly intelligent child who was reared by a single, dominant mother who

displayed bizarre and neglectful behaviour, such as leaving Natasha alone in the house for days without food. Natasha developed the habit of fantasising, so that her dolls and other playthings were real to her, and became a part of her world. This was so intense that she was more at home with her imaginary friends than with people.

In the fourth session, she started talking about feeling controlled by various 'people' who live within her. These people make her act in strange ways, such as being very hyperactive. Another makes her spend, spend, spend, so much so that she is many hundreds of pounds in debt, usually for clothes she doesn't need.

She gave names to the four people residing within her, all of whom were famous in the pop world. Natasha never knew which of the four she would wake with, or which would emerge during the course of a day.

My own background in psychiatry suggested that Natasha was suffering from what was once called 'multiple personality disorder' (MPD), and is now called 'dissociative identity disorder' (DID). I suggested to Natasha that she give me permission to contact the university doctor, which she eventually did, and I telephoned the doctor while Natasha was there, and arranged to accompany Natasha.

The college doctor was sympathetic and understanding, though, like me, he didn't feel qualified to offer an opinion. Natasha let me do most of the talking, although I was able to draw her out a bit, without going into too much detail. The doctor, while Natasha and I were there, rang the psychiatric consultant to the college, who arranged to see Natasha with the doctor and me later that day.

Subsequent to that consultation, Natasha was admitted to a psychiatric unit for observation, medication and psychotherapy. She was there for three months, then returned to the medical school, with provision for regular sessions of psychotherapy. She continued with her medication for several months.

I met Natasha on occasions in the canteen, though we never again entered into a counselling relationship. Natasha eventually completed her course of study.

Discussion

I considered it would be unprofessional of me to make a clinical diagnosis, as I am not a psychiatrist. Although I felt able to act as counsellor to Natasha, I lacked the medical backup necessary. It was difficult for me not to give in to Natasha's pleas of why couldn't she stay with me. It had been extremely difficult for her to even come for counselling, and equally difficult

to start to build a relationship. This was one case I took to my supervisor, who was a psychiatrist, and it took some time before I worked through the feeling that I had betrayed Natasha.

Summary

In this chapter we have provided insight into setting the scene for the first session with a new client, together with examples of appropriate questions to ask to help put the client at ease, and build trust. The importance of establishing clear boundaries has been emphasised; an example of a written counselling contract presented, and two case studies designed to draw attention to specific topics being discussed included. The background to the '50-minute therapeutic hour' has been explained, and note taking and record keeping, referral issues and recording sessions, examined. In Chapter 5 we explore the next important stage – developing the skills to enable clients to explore their problems.

When love and skill work together,
Expect a masterpiece.

John Ruskin

References

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Stewart, W. and Martin, A. (1999) *Going For Counselling*. Oxford: How To Books.

Stewart, W. (2005) *An A–Z of Counselling Theory and Practice*, 4th edn. Gloucester: Nelson Thornes.

So when you are listening to somebody, completely, attentively, then you are listening not only to the words, but also to the feeling of what is being conveyed,to the whole of it, not part of it.

JIDDU KRISHNAMURTI, AUTHOR

CHAPTER 5

Helping the Client Explore the Problem (Part 1)

Having examined various topics related to establishing a climate of safety and trust designed to enable counselling to start off on a good footing in the previous chapter, the next two chapters concentrate on the fundamentals of counselling – what the counsellor does to facilitate the counselling process.

In this chapter the spotlight is placed on basic skills used by counsellors to facilitate exploration of the client's problem: primary level empathy, active listening, attending, appropriate use of silences, paraphrasing, reflecting feelings, and open and closed questions. Examples of the skills in action are presented to augment learning, and pitfalls that can hinder client–counsellor communication are also given prominence.

Essentially, the core skills for a blossoming client experience are characterised by good listening skills on the part of the counsellor. To get a feel for the listening skills used by the counsellor to facilitate exploration of the problem see Figure 5.1.

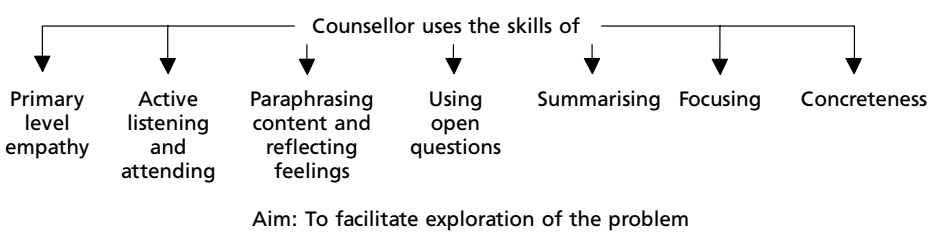

Figure 5.1 The listening skills used by the counsellor to facilitate exploration of the problem.

Primary level empathy

To introduce you to the basic skills counsellors need to acquire

to facilitate exploration of the client's issues, we start by examining primary empathy (the capacity to step into the client's shoes and step out again; to accurately perceive the client's internal world through the client's eyes). Empathy hinges on the quality of active listening. Empathy will not thrive in an atmosphere of imperfect listening. The client will intuitively know if we are listening by the quality of our responses and by how precisely we respond.

Empathic responding

Communicating empathy is a central to active listening – hearing what the client says from their internal frame of reference, and responding in such a way that the client knows and feels that the counsellor is striving to understand their difficulties accurately. It is crucial to remember that empathy is about distinguishing and acknowledging the client's frame of reference, not conveying our own.

Primary level empathy in action

(Client and counsellor talking.)

1. *Client:* I keep telling myself not to move too quickly with Jenny. She's so quiet, and when she does say anything, it's usually how nervous she is. It's obvious to me that when I say anything to her she gets fidgety and anxious, then I wish I hadn't opened my mouth. It's like a checkmate. If I move I push her away, and if I don't move, nothing will happen between us, and I'll lose her anyway.
(Facts and feelings identified by counsellor: anxious, Catch-22, cautious, frustrated, protective, regret.)

Counsellor: George, you feel both protective of Jenny because you want to respect her pace, yet you also feel on edge because you're afraid that the relationship is not going anywhere.

2. *Client:* I'm enjoying the work, and get on really well with my colleagues, but I am struggling to

keep up with the long hours. I can't sleep – keep waking up at 4.30am, have lost my appetite, and am getting a lot of headaches. (Facts and feelings identified by counsellor: enthusiastic, stressed, exhausted, falling apart.)

Counsellor: While on the one hand you like your job, and have a good relationship with your co-workers, on the other you are feeling the pressure from having to put in such long hours, which is making it difficult for you keep afloat and is taking a considerable toll on your overall well-being.

Knowing if empathy has been achieved

Client responses such as 'You've got it in one', 'That's it exactly', 'You've hit the nail right on the head', or 'That's it in a nutshell' generally indicate that the counsellor has accurately perceived the situation from the client's frame of reference.

Active listening

Active listening is a powerful tool for improving understanding. It enhances mutual trust and respect; it demonstrates interest in the client and illustrates that you are keen to hear about, and grasp, the client's situation. The tools of active listening include, but are not limited to, attending, listening with an open mind, listening for meaning, listening beyond the words to hear the client's feelings, listening to the whole person, and observing the client's verbal and non-verbal signals for signs of possible conflict. Active listening is an art that requires much more than simply listening – it entails energetic use of our senses: our ears to hear, our eyes to see, and our sense of smell, touch, and taste to perceive the full picture. Perfecting the art of active listening implies constantly sharpening your tools.

Examples of poor listening

Good listening can be affected by numerous factors – here are ten examples of poor listening that could encumber effective client–counsellor interaction:

1. Not paying attention – wandering off at a tangent, daydreaming, clock-watching, preoccupation with other things/other client concerns.
2. Listening only for the facts and not hearing the client's feelings.
3. Pretend-listening – faking listening, acting interested while planning what to say next.
4. Selective listening – tuning in to elements of the client's story that interest you and filtering out the rest.
5. Listening but not hearing the meaning – missing the point, losing the gist.
6. Mental rehearsal – calculating how to respond before the client has finished talking.
7. Interrupting the client in mid-sentence – breaking the client's train of thought.
8. Second-guessing what the client is going to say next – predicting the client's next statement.
9. Appeasing the client to maintain harmony by agreeing with what she has said rather than sensitively drawing attention to identified cognitive distortions or negative thought patterns that could be preventing the client from moving forward.
10. Side-stepping difficult material – avoiding emotionally-laden experiences, memories, or words.

Other obstacles to listening

Active listening can also be affected by a range of other factors. Figure 5.2 provides examples of 'internal blocks' to listening, followed by Figure 5.3 which gives examples of 'external blocks' to listening.

Listening with the third ear

Theodor Reik (1888–1969), a prominent psychoanalyst, and author of *Listening with the Third Ear: The Inner Experience of a Psychoanalyst* (1948) coined the term 'listening with the third ear' to emphasise the quality of psychotherapy, where active listening goes beyond the five senses. The 'third ear' hears what is said, as well as hearing what is not being expressed (the

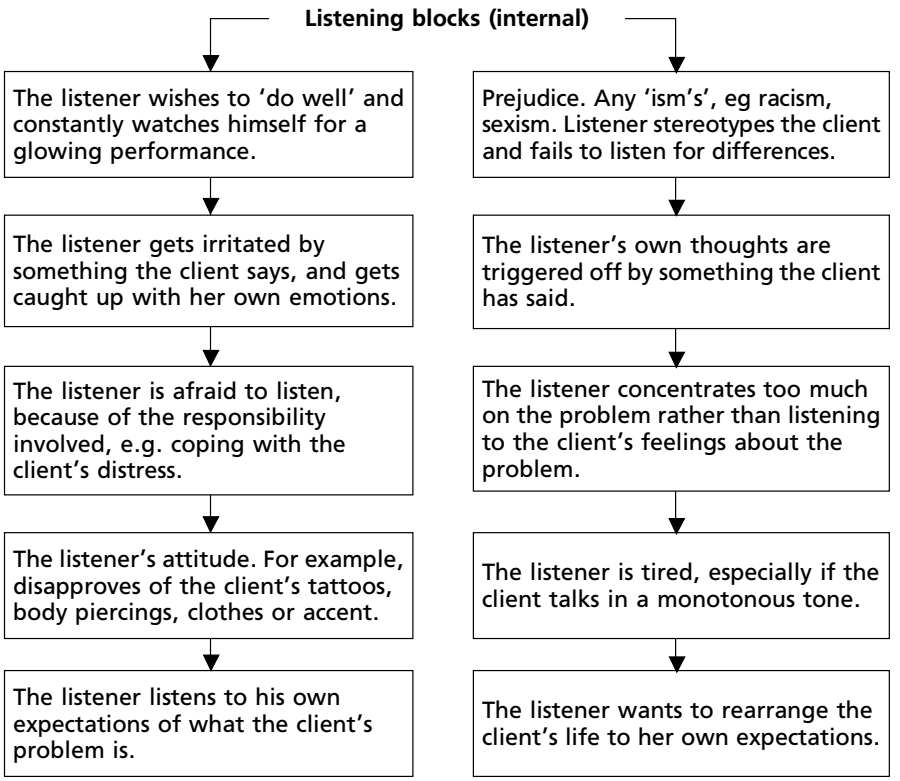

Figure 5.2 Examples of 'internal blocks' to listening.

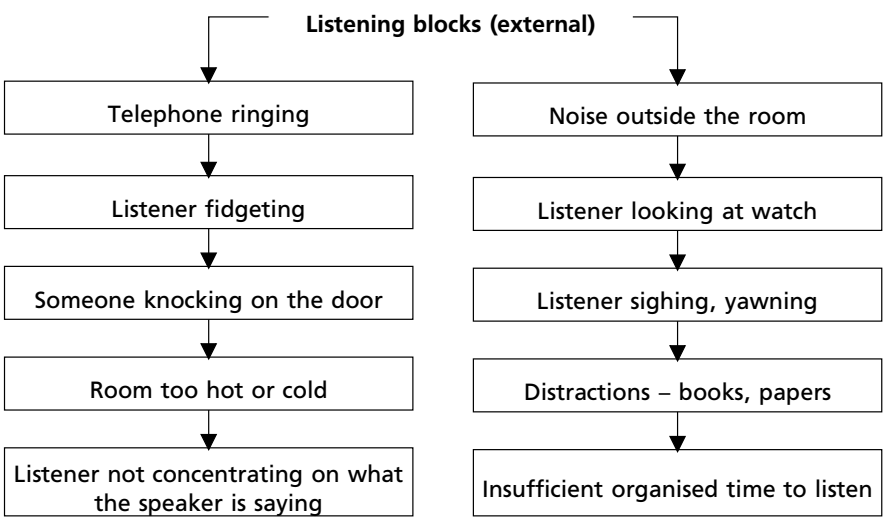

Figure 5.3 Examples of 'external blocks' to listening.

emotions behind the words – the sensations – the silent language expressed by the body, the client's internal experience).

Principles for third ear listening

- Have a reason or purpose for listening.
- Suspend judgment.
- Resist distractions.
- Wait before responding.
- Repeat verbatim.
- Rephrase the message accurately.
- Identify important themes.
- Reflect content and search for meaning.
- Be ready to respond.

Contrasting good and poor listening

With good listening, we communicate interest in the client, show respect for the client's thoughts, feelings and actions (i.e. unconditionally accept the client even though we may not concur with their beliefs, values or behaviour), and validate the client as a person of worth.

Listening demonstrates, it does not tell. Listening catches on. Just as non-constructive anger is typically greeted with antagonism, good listening cultivates enhanced listening.

Listening is a beneficial activity and the person who consistently listens with understanding is the person who is most likely to be listened to.

Amenable listening can bring about changes in attitudes and the way we behave toward others and ourselves. When we genuinely feel heard, we tend to respond in a more emotionally mature way, become more trusting, more open, more accepting, more independent. We listen to ourselves with more care, and can express our thoughts and feelings more clearly, free from fear of being judged, criticised, or erecting barriers to protect ourselves. We can shed our masks of pretence, discover our real selves, and allow ourselves to become at one with who we truly are.

> Good listening feeds on itself – what we give out invariably flows back.

In contrast, poor listening has many unpleasant by-products. It can keep us stuck it a state of limbo, embarrassed to speak out, afraid to come out of our shell, ashamed to show who we really are, battened down emotionally, firmly anchored in the victim position, hurting inside, fearful of criticism, or shackled to painful unresolved issues or long-held hidden and toxic secrets.

> Poor listening is pervasive – it keeps us emotionally impoverished, vulnerable, and fearful of trusting, reaching out, rejection and intimacy.

Responding as a part of listening

Passive listening, without responding, is deadening and demeaning. We should never assume that we have really understood until we can communicate that understanding to the full satisfaction of the client. Effective listening hinges on constant clarification to establish true understanding.

Effective listeners:

1. Put the talker at ease.
2. Limit their own talking.
3. Are attentive.
4. Remove distractions.
5. Get inside the talker's frame of reference.
6. Are patient and don't interrupt.
7. Watch for 'feeling' words.
8. Listen to the paralinguistics (utterances, manner of speaking, pitch, volume, intonation).
9. Are aware of their own biases.
10. Are aware of body language.

Knowing what to avoid

When we try to get people to see themselves as we see them,

or would like to see them, this is control and direction, and is more for our needs than for theirs. The less we need to evaluate, influence, control and direct, the more we enable ourselves to listen with understanding.

- When we respond to the demand for decisions, actions, judgments and evaluations, or agree with someone against someone else, we are in danger of losing our objectivity.
- When we shoulder responsibility for other people, we remove from them the right to be active participants in the problem-solving process. Active involvement releases energy, it does not drain it from the other person. Active participation is a process of thinking *with* people, instead of thinking *for*, or about them.
- Judgment – critical or favourable – is generally patronising.
- Platitudes and clichés demonstrate either disinterest or a verbal poverty.
- Verbal reassurances are insulting, for they demean the problem.

Conveying non-acceptance

Demonstrating unconditional acceptance of the client is crucial to the client's personal growth. Non-acceptance is characterised by:

- Advising, giving solutions – 'Why don't you. . .?'
- Evaluating, blaming – 'You are definitely wrong. . . '
- Interpreting, analysing – 'What you need is. . . '
- Lecturing, informing – 'Here are the facts. . .'
- Name-calling, shaming – 'You are stupid. . .'
- Ordering, directing – 'You have to. . . '
- Praising, agreeing – 'You are definitely right. . .'
- Preaching, moralising – 'You ought to. . .'
- Questioning, probing – 'Why did you . . .?'
- Sympathising, supporting – 'You'll be OK. . .'
- Warning, threatening – 'You had better not. . .'
- Withdrawing, avoiding – 'Let's forget it. . .'

Staying in tune with the client

Remaining on the same wavelength as clients involves:

- Entering the client's frame of reference (the client's internal world).
- Listening for total meaning which is the content and the feelings. Both require hearing and responding to. In some instances the content is far less important than the feeling, for the words are but vehicles. We must try to remain sensitive to the total meaning the message has to the client:
  – What is the client trying to convey?
  – What does this mean to the client?
  – How does the client see this situation?
- Note all cues; not all communication is verbal. Truly sensitive listening notes:
  – body posture;
  – breathing changes;
  – eye movements;
  – facial expression;
  – hand movements;
  – hesitancies;
  – inflection;
  – mumbled words;
  – stressed words.

Summary

Listening is far from the passive state which some people think it is. Active listening – as presented here – is a skill of great sophistication, which is available to all who would attempt to acquire and practise it. Words are vehicles for feelings, and feelings are the cement which holds together the bricks of a relationship. So it is essential to respond to both words (content) and feelings.

Responding is giving feedback, but not feedback which merely repeats what the person says – that is parroting, which is unconstructive.

Constructive feedback is two-pronged. Positive feedback, sincerely given, can be a priceless gift to building the client's self-esteem and acknowledging the client's achievements and progress. Alternatively, while negative feedback may feel uncomfortable to give, if imparted sensitively and caringly, it has potential to facilitate the client's personal growth.

Attending

The greatest gift you can give another is the purity of your attention.

Richard Moss (teacher and author)

Attending demonstrates that we are physically and emotionally available to the client. It involves giving the client our undivided attention – listening to the facts, and feelings, and paying attention to the client's body language.

Attending involves:

- *body:* eye contact, facial expression, limbs relaxed;
- *thoughts:* uncluttered and focused, totally engaged in listening;
- *attitude:* open and available;
- *feelings:* secure, calm, confident.

Gerard Egan (2007, pp75–7) coined the acronym SOLER to encapsulate the non-verbal skills required to stay tuned in to the client. See Figure 5.4 for examples of SOLER contact.

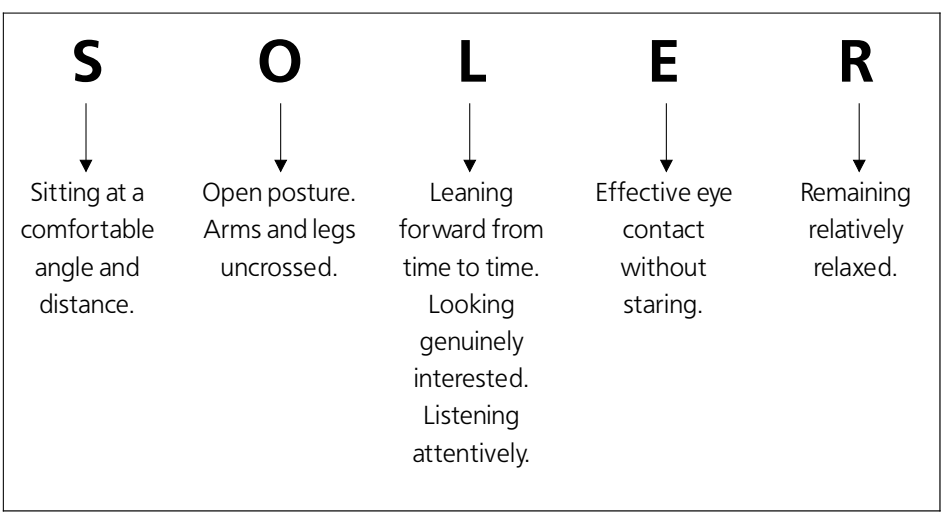

Figure 5.4 Examples of SOLER contact.

Minimal encouragers

Minimal encouragers are single words, brief phrases, or sounds that demonstrate to the client that you are fully attending. They

are designed to encourage the client to say more, and to reveal to the client you are listening, interested, and open to hearing additional information. Here are some examples of attending responses:

- Oh…
- And?
- Go on…
- Uh-huh
- Umm-hmmm
- I'm listening…
- And after that…
- Tell me more…
- But…?
- Then?

Attending means total concentration. We can look as if we are attending, but our thoughts can be a thousand miles away. We may fool ourselves, but the other person will be intuitively aware that we have left to go on another journey. At some of the more dramatic moments of our life, just having another person with us helps us to feel in control, when otherwise we might collapse.

In relationships, ask yourself:

- Am I truly present and in emotional contact?
- Does my non-verbal behaviour reinforce my attitudes?
- How am I being distracted from giving my full attention?
- What am I doing to handle these distractions?

Silence as a minimal encourager

Just as each client's life experiences, feelings and beliefs are unique, so it is with counsellors – we each bring our lived experiences, training and casework experiences into the counselling arena. Diversity of experiences and divergent standpoints are healthy – they bring fresh perspectives, voices of experience that can be shared, and varied points of view to consider. While collaborative book writing on a subject close to the authors' hearts can prove both interesting and stimulating it can inevitably raise a disparity of opinion. The real-life view

that follows perfectly illustrate the authors' differing beliefs on the value of silence in counselling.

Use of silences (Jan's view)

In some instances, remaining quiet can be a valuable minimal encourager as it provides time and space for the client to think, feel and express. However, while some clients are comfortable with silences, others can feel threatened or intimidated by them. Thus counsellors need to be extremely cautious about allowing long silences, particularly in the early stages of counselling when the client may be feeling fragile, vulnerable, and exposed.

Tense silences can be very distressing, particularly for many trauma survivors, who could have spent years locked in a world of silence, and who may view the silent counsellor as threatening, authoritarian, all powerful, remote – even abusive.

Reading the silence

Read the client's silence with your eyes and instincts – listen to its intensity – is it a golden silence? Does the client appear relaxed, calm, and contemplative? Or is it a vociferous silence (sends shivers up and down your spine?). Does the client appear to be anxious, fidgety, or looking as if she can't wait to leave? Trust your gut reaction. If you sense that the client is struggling with the silence, consider actively intervening to end the silence and put the client at ease or to prevent the client from 'suffering in silence'.

While the positive value of tolerating silences may be emphasised in some counselling traditions as sacrosanct to allow time for the 'penny to drop', it needs to be borne in mind that silences are only effective if the client feels comfortable with them. Leaving a client 'stuck in a threatening silence' is not only dispassionate, it may well drive the client to abandon counselling holding the belief that counselling is more harmful than helpful.

Use of silences (William's view)

On the one hand, we have to be careful that we don't interpret silences wrongly; for example as resistance, because they may be a necessary process in helping the client integrate what has been said and perhaps to gain some insight or to understand some deep emotion. Don't give the impression of being caught up in an express train. On the other hand, take note of the client who must always rush in and say something. Counsellors who are never silent deprive themselves and their clients of the opportunity to listen to the deeper meanings that lie beyond words. When silence is thought to be resistance or blocking, the counsellor may use a prompt, for example, by repeating something previously said, or by drawing attention to the nature of the silence. Counsellors may have to work hard on their ability to tolerate silence – what could be a constructive silence is easily ruined by too quick an intervention. Some silences are as deep as communing with another spirit.

Attending responses in action with our five fictitious clients

1. *Pat:* 'It's really embarrassing to talk about what he did.'
   Jan: 'Embarrassing?'
   Pat: 'Yes, you see, I think it was partly my fault. . .'
   Jan: 'Please go on.'

2. *Paul:* 'I've tried getting another job and have sent off six application forms. . . '
   William: 'And?'
   Paul: 'And I've heard absolutely nothing, it's so . . .'
   William: 'So?'
   Paul: 'Disheartening. I almost feel like giving up.'

3. *Hayley:* 'I keep cutting and burning myself.'
   Jan: 'Go on.'
   Hayley: 'I feel so ashamed and disgusted with myself. . .'
   Jan: (Leans forward towards Hayley and remains silent.)
   Hayley: Bursts into tears and says, 'I really hate myself, and I can't take much more.'
   Jan: 'Can't take much more?'

4. *Ellen:* 'I felt so low when my Charlie died, but now. . .'
   William: 'But now?'
   Ellen: 'Well now I have met a kind and caring man who wants me to move in with him, but . . .'
   William: 'But?'
   Ellen: 'But I know my Charlie wouldn't approve – don't get me wrong – he wouldn't want me to be unhappy.'
   William: 'Tell me a bit more.'
5. *Danny:* 'I keep losing my temper – that's the problem.'
   Jan: 'Uh-huh.'
   Danny: 'It's got me into trouble – I nearly got sent to prison.'
   Jan: 'Sent to prison.'

Paraphrasing

Paraphrasing refers to reflecting back the client's communication in your own words. Paraphrasing can bring clarification. It means reflecting the content, mirroring the literal meaning of the communication.

Sometimes paraphrasing is necessary; at others, reflecting feelings is more appropriate. In every communication, words are vehicles for feelings, so it is essential to hear and respond to both content and feeling.

When listening, we focus initially upon the content. In doing so, we want to be sure that we have all the details of the client's experiences. Otherwise we will not be able to help the client to understand them.

> A paraphrased response will capture the main points communicated.

Focusing on content

WHO? WHAT? WHY? WHEN? WHERE? HOW?
I keep six honest serving-men
(They taught me all I knew);
Their names are What and Why and When
And How and Where and Who.
(*Just So Stories* 'The Elephant's Child', Rudyard Kipling, 1902)

If we can supply answers to the above questions, we can be sure that we have the basic ingredients of the client's experience.

Useful formats for responding to content are:

- 'You're saying _____ '

or

- 'In other words _____'

or

- 'It sounds as if _____ '

However, if we're not careful, such responses can sound stilted and stereotyped. Try to retain freshness.

Paraphrasing is not parroting

A paraphrase is a brief response, in the hearer's own words, that captures the main points of the content of what the other person has said. It may condense or expand what has been said. In general conversation, many assumptions are made about what has been said. Counselling is not an 'ordinary' conversation.

> Effective paraphrasing is part of effective listening which ensures understanding.

Words carry feelings, so not only is it necessary to understand the client's words, we must also try to understand why particular words, in preference to others, are used.

If clients have been expressing their thoughts with difficulty, then is a good time to paraphrase. Letting clients hear the meaning as understood by someone else may help them to clarify more precisely what they do mean. Paraphrasing may echo feeling words without responding to them. Here are some examples of paraphrasing responses:

- What I seem to be hearing is…
- So what you are saying is…
- So it's as though…
- In other words, what you're saying is…
- What appears to be coming across is…
- From what you have told me it seems as if…

- So, to paraphrase then...
- From listening to you, would it be correct to say that...
- So, in effect, what you are saying is...

Paraphrasing in action

(Client and counsellor talking.)

1. *Client:* I used to . . . enjoy going out and having . . . fun. Now I have to really force myself, and I, I . . . don't enjoy myself any more. All the time I just have a, a . . . feeling of (longer pause) sadness. I'm not really part of the group any more.
   (The key words and phrases here are: going out; fun; force; sadness, not part of.)

   Counsellor: In the past, Andrew, you had a great time socialising. Right now, however, you've lost your drive, and don't get much pleasure from going out and meeting people. For a lot of the time you feel down and flat and not really part of what's going on around you.

2. *Client:* I don't expect Sam to help with *all* the household chores, but he knows very well I need time to study for my nursing finals. I can't spend all my spare time cooking and cleaning and waiting on him hand and foot.
   (The key words and phrases here are: expect, chores, time, exams, hand and foot.)

   Counsellor: Susan, you would like Sam to support you more, and take his share of the work around the house, so that you can find more time to study instead of running after him. You would like a bit more sharing.

To conclude our discussion on paraphrasing we continue our dialogue with our five fictitious clients:

1. *Counsellor:* Pat, 'So what you are saying is that you think you might be partly to blame for what happened . . .'

2. *Counsellor:* 'Paul, it sounds as if not getting any replies to your job applications so far is making your wonder whether it's worth bothering applying for any more . . .'

3. *Counsellor*: 'Hayley, from what you have told me it seems as though you are having a difficult time right now, and things are getting too much for you . . .'

4. *Counsellor:* 'Ellen, what you seem to be saying is that you think you would be letting Charlie down in some way if you accepted this man's offer . . . '

5. *Counsellor:* 'Danny, from my understanding, your anger is landing you in trouble, and the magistrates' court is concerned that if you don't learn to manage it constructively you'll end up in serious trouble . ..'

Reflecting feelings

Being in touch with, and connected to, our feelings and emotions is crucial to physical and psychological well-being, and many clients seek counselling to help them identify and work through distressing and difficult emotions – indeed, helping clients to recognise and process painful emotions is a key task for most counsellors.

Reflecting concentrates on the feelings within a statement. Paraphrasing and reflecting are invariably linked. In practice, it may be artificial to try to separate them. Reflecting feelings accurately depends on empathic understanding.

In listening to someone who is talking about a problem, neither pity nor sympathy are constructive. Both are highly subjective. Reflecting involves both listening and understanding and communicating that understanding. If our understanding remains locked up within us, we contribute little to the communication.

The ability to accurately reflect feelings involve viewing the world from the other person's frame of reference; thoughts, feelings and behaviours. Effective responding indicates a basic acceptance of people.

Reflecting does not act as a communication 'stopper' on the flow of talk, on emotions, or make people feel inadequate,

inferior, defensive, or as though they are being patronised. Effective responses are made in language that is easily understood. They have a clarity and freshness of expression. Effective responses are accompanied by good vocal and bodily communication. Here are some examples of reflecting feeling responses:

- You feel . . . because . . .
- I sense that you feel . . .
- So you feel as though . . .
- The situation has left you feeling . . .
- I seem to picking up a feeling of . . .
- Could it be that you are feeling . . .
- It seems as if you are feeling
- You come across as feeling . . .
- You appear to be feeling . . .
- Perhaps you feel . . .

Keeping within the parameters of the client's comfort zone

Reflecting feelings essentially holds up a mirror to clients to help them clarify how they might be feeling, gives them space to sort out their feelings and, most importantly, affords the opportunity to gain relief from, or better control over, previously unexpressed emotions or feelings that have been tightly bottled up inside. **But beware** – encouraging clients who have deeply repressed and intense emotions due to early traumatic experiences (e.g. incest, child abuse, abandonment, neglect) to uncover their feelings too early on in the counselling relationship can lead to dire consequences, such as the client becoming overwhelmed with emotions, retraumatised, or regressing (reverting to childlike behaviour in order to escape from, or cope with, their feelings).

> To keep out of the danger feelings zone, stay firmly focused on working with surface feelings until the relationship is securely established, and the client has developed sufficient ego strength to face, and work with, and through, intense emotions.

Listening for clues

Client comments such as those listed below can alert the counsellor to the client's difficulty with expressing feelings and emotions.

- Feelings weren't allowed in our family . . .
- I'm not sure how I feel about . . .
- I haven't got a clue how I feel . . .
- I don't know how to handle my feelings . . .
- I don't know what my feelings are . . .
- I don't do feelings . . .
- I feel numb . . .
- I've got no idea how to express my feelings . . .
- I don't get emotional . . .
- I don't have words to express my feelings . . .
- I find it so difficult to express my feelings . . .
- I never get angry . . .
- It's a sign of weakness to cry. . .

Responding effectively to feelings

Choosing the right time to respond is important. To respond effectively:

- observe facial and bodily movements;
- listen to the words and their meanings;
- tune into your own emotional reactions to what the client is communicating;
- sense the meaning of the communication;
- take into account the degree of the client's self-awareness;
- respond appropriately and so facilitate communication;
- use vocal and bodily language that is congruent with each other;
- check out the accuracy of your understanding;
- use real, rather than stereotyped, language.

Examples of stereotyped responses:

- 'Thank you for sharing.'
- 'Am I on the right track?'
- 'Am I getting the picture?'
- 'Have a good day.'

Such phrases frequently pepper counselling literature, so much that the word 'sharing' has lost much of its meaning.

- 'You have shared many deep feelings today' would be appropriate.

Reflecting feelings in action

(Client and counsellor talking.)

1. *Client:* I'm 23, but I'll have to leave home soon. I'm not sure I'll cope though. Mum and Dad smother me, and can't see why I want to lead my own life.
   (The key words are: have to; cope, smother, own life.)
   Counsellor: Alex, you sound confused and very uncertain that you would be doing the right thing, moving away from home. You feel suffocated by your parents, and want your independence, but it seems as if the price of this is having to separate from your parents.

2. *Client:* I'd just had enough of Dave. You should have heard the way he yelled at Emma. I mean, she's only ten months old. Did I do the right thing leaving? Should we try again?
   (The key words are: had enough, Emma, right thing, try again.)
   Counsellor: Christine, what I hear is that you couldn't put up with Dave's behaviour any longer, but are possibly having some regrets about leaving him and are wondering whether to attempt reconciliation. At the same time you are concerned for Emma's safety. You would like me to tell you what to do to resolve this conflict.

To conclude this section we demonstrate reflecting feelings responses with our five fictitious clients:

1. *Counsellor:* Pat, you say you feel ashamed about what happened because you think it might have been partly your fault . . .'

2. *Counsellor:* 'Paul, I can appreciate your feelings of despondency and disappointment when you have put so much effort into applying for jobs and haven't been offered an interview yet.'

3. *Counsellor:* 'Hayley, you mentioned earlier feeling ashamed, disgusted and hating yourself because you keep cutting or burning yourself. It sounds to me as if you are carrying around very strong feelings that are weighing heavily on you . . .'

4. *Counsellor:* 'Ellen, you feel you would be disloyal to Charlie if you accepted this man's offer to move in with him, yet you also state that he wouldn't want you to be unhappy . . .'

5. *Counsellor:* 'Danny, I can understand you feeling resentful because the magistrates' court has made you come, and because you think you have been given no choice in the matter.'

Asking appropriate questions

There are three types of questions: closed, tagged, and open questions. What is the difference?

Closed questions

Closed questions are useful for seeking factual information, or data gathering. They usually elicit a 'yes', 'no', or a brief response. They are typically effortless to answer, and require little thought. They also keep the reins of the communication with the counsellor. For example:

- How old are you?
- What is your date of birth?
- Have you had counselling before?
- Are you married?
- Have you got any children?
- Do you drink?
- Are you taking any medication?
- Did you suffer any form of abuse as a child?
- Do you, or have you, self-harmed?

- Do you get on well with your parents?
- Do you think counselling can help you?

While closed questions have their place in counselling, it's best to avoid them where possible, or at least to keep them to a minimum, for example, to check out needed specifics.

Tag questions

Tag questions refer to declarative statements or opinions turned into questions by adding a raised tone 'question tag'. They aim to seek verification: 'Am I right?' or 'I'm sure you'll agree that . . . ' – like closed questions they usually bring forth a 'yes' or 'no' reply or a brief phrase, and keep the reins of the communication with the counsellor, thus discouraging open communication. Here are some examples:

- You will continue coming for counselling, **won't you?**
- You won't forget to complete your homework assignment, **will you?**
- You must admit that was a foolish thing to do, **wasn't it?**
- You have made a note of my holidays, **haven't you?**
- It would be good if you could stop that behaviour, **wouldn't it?**
- It's alright if I change the time of our next session, **isn't it?**
- CBT (cognitive behavioural therapy) might be helpful for some clients, but not for all, **right?**
- You don't mind if I open the window, **do you?**
- You got a lot out of our last session, **didn't you?**
- I am convinced that long-term counselling is the most appropriate way to deal with your problems, **aren't you?**

An abundance of closed or tagged questions may cause the client to feel grilled, put on the spot, or uncomfortable.

Open questions

Open questions hand the reins of communication to the client. They are designed to help clients think, reflect, focus, elaborate, or be more specific, and express their thoughts and feelings. Further, they are intended to encourage exploration, seek clarification, gauge feelings, establish mutual understanding,

build rapport, and discourage a 'yes' or 'no' response. Open questions are structured in a manner that enables clients to 'fill in the blanks', or assemble the 'missing pieces of the jigsaw'.

Examples of open questions

- Earlier on you mentioned . . . I wasn't quite clear what you meant . . . perhaps you can give me a specific example?
- What plans have you made for . . . ?
- What inspired you to . . . ?
- What's uppermost in your mind at the moment?
- What other topics would you like to discuss?
- What happened then?
- How do you feel about the situation?
- What other issues are important to you?
- What is your greatest fear about . . .?
- What is the best thing about . . .?
- Where does this fit on your list of priorities?
- What would you like to see change?
- What is the next step you need to take?

It is important to be aware that open questions can be turned into closed questions when a statement is accompanied by the following.

- Could it be?
- Do you think/feel?
- Does this mean?
- Have you considered?
- Am I (would I be) right?
- Is that . . .?
- Don't you think?

Using open questions with our five fictitious clients

1. *Counsellor:* 'Pat, what makes you think you were partly responsible for your dreadful ordeal?
2. *Counsellor:* 'Paul, can you clarify what type of jobs you have been applying for?'

3. *Counsellor:* 'Hayley, I appreciate that this might be hard for you, but I am wondering if you could try to put into words what situations or feelings trigger you to hurt yourself so I can attempt to understand . . . please take your time . . .'

4. *Counsellor:* 'Ellen, although I understand how much you loved Charlie, just for the moment I am wondering, without being disrespectful, if it might help if you could leave him out of the equation to enable you to focus on your own thoughts and feelings about moving in with . . .'

5. *Counsellor:* Danny, 'I'm trying to grasp what's going on for you when your anger gets the better of you Danny . . . one possibility that springs to mind is that losing your cool might be associated with feeling threatened in some way . . . please tell me if I am barking up the wrong tree . . .'

Other questioning traps to avoid falling into

1. Asking two or more questions at the same time, which create confusion in the client's mind. Usually the client will answer the last question asked.
2. Wrongly timed questions that interrupt and hinder the helping process.
3. Asking too many questions which may give the impression that we can provide solutions to other people's problems.
4. Bombarding the client with questions which may give the impression of an inquisition.
5. Asking **prying questions** – which are asked out of your curiosity about areas not yet opened up by the client. 'Tell me exactly what he did when he abused you?'
6. Asking **limiting questions** – such as, 'Don't you think that . . ?' 'Isn't it a fact that . . .?'
7. Asking **punishing questions** – the purpose of which are to expose the other person without appearing to, and put the person on the spot: 'With your vast experience you can answer the question, surely?'
8. Asking **hypothetical questions** – which are often motivated

by criticism: 'If you were making that report, wouldn't you say it differently?' Such questions typically begin with 'If', 'What if', 'How about'.

9. Asking **demand or command questions** – which are designed to impress urgency or importance. 'Have you done anything about . . .?'
10. Asking **screened questions** – which are designed to get the other person to make a decision that fits with your hidden agenda.
11. Asking **leading questions** – which manoeuvre the other person into a vulnerable position. Leading questions are often used in court to confuse or steer the witness's answer. 'Is it fair to say that you . . .?' 'Would you agree that . . .?'
12. Asking **rhetorical questions** – which forestall a response because the questioner fears the reply might not be a favourable one. Such questions attempt to secure a guaranteed agreement. No response is required: 'I'm coming for the weekend, OK?'
13. Asking **'Now I've got you' questions** – where the motive is to dig a trap for the other person to fall into: 'Weren't you the one who . . .?'
14. Making **statements that sound like questions** – 'You argue with your partner a lot, **don't you?**'

Asking appropriate questions can assist in clarifying something that is not quite clear. 'I don't understand. Do you mean . . .?' will usually help the client by letting her see that the counsellor is still with her.

Questions normally should be based on material already provided by the client, rather than based on the counsellor's inquisitiveness. Facts may be necessary, but not to the extent that they impede the client from talking.

Questions should never intrude into the counselling process. They should always be a natural part of what is going on, and the client should always be able to understand the relevance of the question at the time it is asked. There is a time to ask a question and a time to not.

(From Stewart, W. (1983) *Counselling in Nursing*)

Useful aids:

- Respond to what the person has said, rather than asking questions.
- Think of the counselling process as building a wall, brick by brick. The client makes a statement (brick one), followed by the counsellor's statement (brick two), and so on. In this way, we do not rush ahead and cause anxiety by pushing indelicately into sensitive areas not yet ready to be explored.

Summary

This chapter has highlighted the basic skills used by counsellors to facilitate exploration of the client's problem. Predominantly we have focused on primary level empathy, active listening, attending, appropriate use of silences, paraphrasing, reflecting feelings and open and closed questions. To enhance learning and counsellor competence, examples of the skills in action have been presented. Moreover, we have accentuated some potential pitfalls to avoid that can impede client–counsellor interaction. Our next task is to focus on the skills counsellors use to facilitate clients to be more specific about their difficulties, namely: summarising, focusing, and concreteness.

The greatest compliment that was ever paid me was when one asked me what I thought, and attended to my answer.

Henry David Thoreau

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Don't let life discourage you; everyone who got where he is had to start where he was.

RALPH WALDO EMERSON (1803-82) AMERICAN POET, PHILOSOPHER, AND AUTHOR

CHAPTER 6

Helping the Client Explore the Problem (Part 2)

This chapter builds on the basic listening skills covered in Chapter 5. It introduces you to three additional skills that enable clients to explore and clarify their issues effectively, namely: summarising, focusing, and being concrete.

Additionally, through a series of nine stimulating exercises, you are offered the chance to practise using the skills presented, in this and the previous chapter. Seven exercises are designed specifically to develop your skills of primary level empathy, paraphrasing, reflecting feelings, structuring open questions, summarising, focusing, and being concrete; the remaining two exercises focus on increasing your feelings vocabulary (to build a better emotional connection with clients) and to gauge your current status in terms of being a good listener.

Summarising

Summarising is the process of tying together all that has been talked about during part of, or all of, the counselling session. It attempts to draw together the main threads of what has been discussed. It clarifies what has been accomplished and what still needs to be done.

Summarising enables the counsellor to get a better understanding of the client's view of things, and enables the client to see what progress has been made. When summarising, the counsellor should pull together the most relevant points, state them as simply and clearly as possible, and then check with the client the accuracy of the summary.

Summarising should not be overdone and should not be experienced by the client as an intrusion. Summarising may

happen at any time during a session – it can be particularly valuable to highlight recurring themes. A summary at the end of a session is vital for several reasons. It gives the client an opportunity to hear again the main points; it gives the counsellor an opportunity to clarify and consolidate her understanding of what has taken place; it provides an opportunity for both, and particularly the client, to think about the next session.

(Paraphrased from Stewart, W. (1983) *Counselling in Nursing.*)

The aim of summarising

The aim of summarising is to:

- outline relevant facts, thoughts, feelings and meanings;
- prompt further exploration of a particular theme;
- close the discussion on a particular theme;
- help both counsellor and client find direction;
- move the interview forward.

Summarising may:

- include a mixture of what was said and what was implied;
- focus scattered facts, thoughts, feelings and meanings.

Summarising should:

- be simple, clear and jargon-free;
- checked for accuracy;
- catch the essential meanings.

Case study 6.1

Jane, 20

Jane says:

I have strong religious beliefs that sex outside marriage is wrong. Alan has tried to persuade me to have sex because he would like me to have a baby. He has told me if I have a baby, he will be sure that I am truly in love with him. But the whole idea of having a baby outside marriage is too much for me. Alan says he is not ready for marriage and settling down yet, and I would like to carry on with my career in teaching. If I do what he wants I'm not being true to myself, and if I don't I'll probably lose him.

Counsellor:
Jane, you seem very confused with all that's happening in your life right now (*empathic responding*). Alan wants you to have a baby, but you're not sure about that. It's important for you to be married before you consider having a family, but Alan doesn't think the same way. For the moment you would like to continue with your teaching career because that is important to you. You are afraid if you stick to your principles, Alan might end your relationship.

Examples of summarising responses

- Let me see if I can sum up the main points you have talked about today.
- Perhaps we can take a look at what we have seen so far.
- So, to recap then...
- Can we hold things there for a moment and go over what you have just said?
- Perhaps it might help if I encapsulate what I think I am hearing.
- Let me just check that I understand you correctly.
- Let's see if we can pull a few threads together here.
- We've covered a lot of ground in this session and we've only got ten minutes left. Perhaps it would help to précis what's been discussed. Maybe you could summarise what you see as the key topics we've covered.

Summarising in action

To conclude this section we use summarising responses with our five fictitious clients, who are responding to open questions.

Pat: Well, we both had too much to drink and he offered to escort me home. I asked him in for coffee and well . . . he . . . he . . . raped me.

Counsellor: Pat, can I check out that I understand you correctly? What I hear you saying is that both of you were worse the wear from alcohol, and when he took you home you invited him in for coffee, and it ended up with you being raped. . . and you

feel in some way that you are to blame for what happened by inviting him into your home.

Paul: Well, I've applied for three posts as manager for different engineering companies, and three for the position of supervisor with manufacturing plants. I don't have much experience in anything else.

Counsellor: Paul, can we recap on what you have told me so far? You have applied to three engineering firms for the post of manager and to three manufacturing plants for the post of supervisor. You feel your experience in other fields is somewhat limited, and this may be holding you back?

Hayley: It's really difficult to explain . . . things build up and up and I get totally overwhelmed with feelings but I can't tell you what the feelings are . . . or . . . I feel . . . totally numb . . . unreal . . . like it's not me . . . can't feel anything . . . I just know I have to do something to stop the horrible feelings and . . . cutting myself is the only thing . . . the only thing that ends the feelings . . .

Counsellor: Hayley, can I reiterate what you've said to ensure I've got things clear in my mind, and to check out that I understand you correctly . . . there seems to be two reasons that drive you to injure yourself . . . either you feel completely crushed by unbearable feelings that you can't put a name to, or you feel absolutely nothing . . . as if you are not part of this world . . . not yourself or someone else has taken you over . . . and cutting yourself is the only answer you know of, to relieve these alarming feelings . . .

Ellen: In many ways, I would like to move in with Peter. I really enjoy his company and he has a great sense of humour – he really makes me laugh. He's ever so kind too; nothing is too much trouble, and he says he loves me a lot. But, I can't stop thinking what my Charlie would think of me

– I'm sure he wouldn't like me living with another man.

Counsellor: Ellen, it sounds like you are torn between the devil and the deep blue sea. To make sure I have got the picture straight, let me just restate what I hear you saying . . . A big part of you would like to share your life with Peter because he loves you, is kind and considerate, fun to be with, and has brought a ray of sunshine back into your life, but . . . and it's a big but . . . you are in a total dilemma because you think Charlie might not approve of you living with another man.

Danny: Well, it was a Friday night, and I'd had a few – as you do – and there was a fight at the club, and I lobbed a chair at a guy. It hit him on the head and he was hauled off to hospital to get his wounds stitched up. The Old Bill arrived and I hurled a bit of verbal at them, so they arrested me and banged me up in a cell, telling me to calm down and sleep it off. Next morning I was up before the beaks on a charge of ABH (actual bodily harm).

Counsellor: Danny, can I briefly recount what you have just said . . . you'd been on a Friday night drinking binge, got involved in a brawl, lost your rag, lashed out, and a chap got injured. The police took you into custody because you attacked them verbally; you were locked up overnight, and charged with actual bodily harm in court the following morning.

Focusing

When clients are suffering from high stress levels, or have a lot on their mind it can limit their powers of concentration, and restrict their ability to think and communicate clearly and cohesively. They may speak rapidly or disjointedly, digress, go round in circles, or jump from subject to subject without coming up for air. Here is an example of not-joined-up/ scattered thinking:

> I just don't know what to do . . . my mum's poorly and . . . the girls won't give me a hand with the housework, my friend's coming to stay for a week . . . I really ought to spend more time with my mum. . . I must remember to take my library books back . . . I don't ask much of the girls . . . I must check what time my friend's flight arrives . . . no idea what we're going to have for dinner tonight . . . maybe it would be better if mum came to stay with us . . . I must put the washing machine on . . . I wonder what's on TV tonight . . .

When clients speak in a jumbled fashion, or it becomes blatantly clear that their head is spinning, applying the skill of focusing can work wonders in slowing the client's thoughts from racing at a hundred miles an hour. Focusing implies a certain degree of counsellor direction and guidance of the exploration. The aim of focusing responses is to help the client keep on track, get them back on track if they are wandering off on a tangent or losing the thread. Clients often need help to get to grips with complex issues. Everything cannot be worked out at once. Focusing uses specific questions to tease out detail, and to facilitate prioritisation of issues.

Examples of focusing responses

- You mentioned . . . then you said . . . also you brought up that . . . These all seem to be important issues. Maybe it would help to pick them apart a bit . . .
- So you have identified that . . . also that . . . it seems as if the most pressing issue is . . . would it help to focus on that first?
- What I am hearing is that . . . and . . . are having a profound effect on you. Maybe it would be useful to focus our attention on each of these concerns separately?
- Was it before . . . or after?

Principles to bear in mind

If there is a crisis, first help the client to manage the crisis. Focus on issues that the client sees as important. Begin with a

problem that seems to be causing the client pain. Begin with some manageable part of the problem.

Examples

1. Carol, in her mid 30s, was left a widow 18 months ago. She is experiencing financial difficulties. A male friend has suggested she lives with him. This means moving some distance away. Her children do not want to move.

All of these issues are important; some of them need longer work. Helping Carol get the finances sorted out would be the most practical, and release energy to deal with some of the other issues.

Response

I've heard what you've been saying, and there is a lot there. It seems as if the main strands are . . . Which do you think is the most urgent issue to explore first?

2. George, aged 80, is dying of cancer. As the pastoral counsellor, Anne, listens to him, she picks up Mr Davies' concern for his wife. At the same time, she detects underlying fears about his own death, fear he is not admitting to.

Anne's response

George, I hear a number of issues you would probably like to talk about, not necessarily right now. My hunch is that the one you would like to spend time talking over is your concern for your wife, and how she is managing.

Types of response

The 'contrast response'

The term 'contrast response' describes a marked awareness of the differences between two conditions or events which results from bringing them together: 'If you think about staying in your present job, or moving to another job, what would it be like then?'

Example

The counsellor says: 'Carol, perhaps we can take a look at what we have seen so far. Your husband died 18 months ago, and since then you have had financial worries. Fred has asked you to go and live with him. However, this means moving away from the area, and your children are very reluctant to go. If you think about your life as it is now, and then think about Fred's offer to live with him, what differences do you think it will make?'

The 'choice-point response'

The term 'choice-point', describes any set of circumstances in which a choice among several alternatives is required: 'From what you've said, it looks as if these are the major issues [itemising them]. Which of these would you feel most comfortable working with first?'

Example

The counsellor says: 'Carol, let's pull a few things together here. Sadly, your husband died 18 months ago, and you are left with the children to cope with on your own. Fred has asked you to move in with him, but your children are opposed to the idea of moving away. You are also very concerned about how you are managing financially. It seems as if there are a lot of separate issues we could talk about, and I'm wondering which one you would like to focus on first?'

The 'figure-ground response'

The term 'figure-ground' describes how a person perceives the relationship between the object of the attention or focus – the figure – and the rest of what is around – the perceptual field, the ground. The figure generally has form or structure and appears to be in front of the ground. The figure is given shape or form and the background is left unshaped and lacking in form. 'These are the various points of the problem, it seems to me that the most worthwhile to address first could be the need for you to get a job. How do you feel about that?'

Thus, figure-ground focusing helps to give one part of the problem shape and form and so helps the client to more readily grasp hold of something and work with it.

Example

The counsellor says: 'Carol, can we stop for a minute and look at what you have told me so far. First, there's the issue of managing your finances. Second, there's the issue of whether you should live with Fred. Third, there's the issue of your children not wanting to move away from the area. I noticed when you mentioned your financial situation that you looked extremely anxious, and my feeling is that working on the finances might be beneficial to begin with. How does that sound to you?

Focusing responses with our five fictitious clients

Counsellor: Pat, you told me you were raped by this man, and that you feel you may have brought it on yourself in some way. There appear to be two issues here, and it seems as if being raped is causing you a great deal of distress. How would you feel about exploring that issue first? *(figure-ground).*

Counsellor: You mentioned that you have applied for six different jobs without success, Paul, and you feel your lack of experience in areas other than engineering and manufacturing might be a stumbling block. Perhaps it might be helpful to focus on one specific issue. What would be most helpful for you to talk about first? *(choice-point).*

Counsellor: Hayley, you have shared with me some of the feelings you get before you harm yourself. You have also told me that these feelings won't go away, and that you feel compelled to cut or burn yourself as a way of escaping from these awful feelings. When you spoke about cutting yourself I noticed you rubbing the scar on your wrist, which looks very painful and raw. I wonder whether it

would help to talk about that scar and what it means to you? *(figure-ground).*

Counsellor: Ellen, you say that a big part of you wants to share your life with Peter, but you think Charlie would disapprove, and this leaves you feeling that you would be disloyal to him in some way. There seems to be a lot of painful issues we could talk about, and I'm wondering which one it would be most helpful for you to talk about first?' (*choice-point).*

Counsellor: Danny, from where I am sitting there seems to be a lot of issues involved here. First, there's the issue of your anger which you seem to have difficulty controlling. Second, there's the issue of your drinking which seems to spark your anger. Third, there's the issue of injuring someone as a result of not being able to control your anger, and fourth there's the issue of having a criminal record and how this might affect your life in the future. If you could look ahead a bit, how different would you like things to look for you in the future?' *(contrast).*

Being concrete to help the client be more specific

Being concrete means enabling clients to be concrete or specific, which at times can be quite difficult, yet is essential if they are to come to terms fully with whatever is causing them concern. The opposite of being concrete, direct and specific is making 'generalised', indirect and vague statements. So often, in general conversation, as well as in counselling, we confuse the issue by not being concrete, specific and direct. A generalisation does not discriminate, but lumps all parts together.

A generality, common in everyday speech is 'you'. Clients who say, 'You never know when people approve of what you're doing', when encouraged to rephrase it to, 'I never know when people approve of what I'm doing', will usually be able to perceive their statement in a different light. The client needs to

be able to identify thoughts, feelings, behaviour and experiences in specific ways. Personalising a statement in this way makes it pertinent and real. In one sense it is owning the problem. Being specific opens the way for a realistic acknowledgement of feelings.

Overcoming client resistance

Owning, and not merely reporting such feelings, opens the door to exploring them. While this may be uncomfortable for the client, it is vital. Sometimes thoughts, feelings and behaviours are expressed before the counselling relationship has been established firmly enough to explore them. If such thoughts, feelings and behaviours are central to the client's problem the client will return to them at some stage. Concreteness requires clients to be prepared to examine themselves closely, and not to hide behind the facade of generality.

Clients may fiercely resist attempts to encourage them to be specific, particularly about feelings. They may have to be led gently into what, for many, is a new experience. Counsellors can collude with clients by allowing them to talk about feelings second-hand, as if they belonged to other people and not to them. 'Is this how *you* feel?' or 'Is that something like *your* situation?' (even though both of these are closed questions) may be enough to bring the interview back into focus from second-hand reporting, to 'This is what is happening to me, *now.*'

Questions to aid concreteness

Elaboration questions

Elaboration questions give the client the opportunity to expand on what has already been talked about. For example:

- 'Would you care to elaborate?'
- 'What else is there?'
- 'Could you expand on what you've just said?'
- 'Can you think of anything else that might be contributing to the problem?'

Specification questions

Specification questions aim to elicit detail about a problem. For example:

- 'You've referred to your propensity to . . . can you be more specific?'
- 'In what way precisely is the situation causing you concern?'
- 'Can you give me a specific example of what he says that upsets you?'

Focusing on feelings questions

Focusing on feelings questions aim to elicit the feelings generated by a problem area. For example:

- 'How does that leave you feeling . . .?'
- 'Can you describe exactly how you are feeling . . .?'
- 'How do you feel about that?'
- 'Can you name the feeling?'
- 'Could it be that you are feeling . . .?'
- 'Your body language suggests that you might possibly be feeling . . . I'm wondering if that's close to the mark or whether I am way off beam . . .?'
- 'You seem to be really struggling to try to explain in words how you feel. I could be barking up the wrong tree, but the impression I am getting is that you might possibly be feeling . . .'

Personal responsibility questions

Personal responsibility questions imply not only that the other has a responsibility for owning the problem, but also for making the choices that contribute to solving it. For example:

- 'You say that you have tried . . . is there anything else you can think of that could help you achieve your goal?'
- 'You mentioned that you and your partner are always arguing. Thinking about your most recent quarrel, to what extent do you think you might have contributed to it?'
- 'Have you considered any action you could implement that would improve the situation?'
- 'You say that people walk all over you. What do you think you could to do to prevent people treating you like a doormat?'

Examples

(Mavis, to Marion, the works supervisor.)

Mavis *(generalised and vague):* 'I know I haven't been very regular at work recently, I haven't been very well. That's the truth of it.'

Mavis *(concrete and specific):* 'I know that over the past month I've been off work six times. I've been attending the doctor for about six months with vague abdominal pains. They haven't yet reached a firm diagnosis, but they think it's probably something to do with the gall bladder.'

(Robert, to Joy, the school counsellor.)

Robert *(generalised and vague):* 'People keep picking on me.'

Robert *(concrete and specific):* 'My classmates pick on me because I wear glasses.'

(Trudy, student teacher, to Liz, her supervisor.)

Trudy *(generalised and vague):* 'I know I'm dreadfully inconsistent in my work.'

Trudy *(concrete and specific):* 'I make all sorts of teaching plans, yet when it comes to the day, I don't stick to them. I think the students run the class, not me.'

Being concrete and specific with our five fictitious clients

Counsellor to Pat:	You say you feel you may have brought the rape on yourself in some way. To help me understand, can you be more specific? *(specification question).*
Counsellor to Paul:	You say that you have applied for six different jobs and haven't had any replies. How has this left you feeling? (focusing on feelings question).
Counsellor to Hayley:	Can you talk me through what thoughts are going through your mind just before you cut yourself? *(elaboration question).*

Counsellor to Ellen: You have told me that a large part of you wants to share your life with Peter. Can you say precisely what it is that appeals to you about living with him? *(specification question).*

Counsellor to Danny: Danny, you say that you injured a guy, and this happened after you had been on a drinking binge. How much do you think your drinking contributed towards you getting angry and aggressive? *(personal responsibility question).*

Summary

To help the client explore the problem the counsellor uses the skills of:

- primary level empathy;
- active listening;
- attending;
- paraphrasing content;
- reflecting feelings;
- using open questions;
- summarising;
- focusing;
- concreteness.

Exercises

Presented next are nine exercises designed to enable you to practise the skills discussed. Below is a suggested framework on how to formulate your responses for the case study exercises.

1. Read each sentence in the case study carefully.
2. Identify the **facts**.
3. Identify the **expressed** feelings.
4. Identify the **implied** feelings, those that lie beneath the surface, those that are being hinted at, those that strike a chord within you.

5. Think of as many words as possible to describe the feelings.
6. Put the whole lot together in one response.

Exercise 6.1

Primary level empathy – case study 1 – Julie

Julie says: 'It's difficult here tonight, I can't seem to get involved with the group. We've been going an hour, and everything has been so painful. I'm not up to it right now. I get the impression that all my friends' relationships are parting at the seams, and when that happens here in the group too [pause] well, I'd like to be understanding and accepting, and all that, but I'd rather run away right now.'

- Identify the feelings, and then outline a response of four to six lines.

Primary level empathy – case study 2 – Margaret to Keith

'Keith, you're usually warm and accepting with me, but I'm still not sure of where I stand with you. I guess I want you to be affectionate with me, and that's not you. Maybe what I'm saying is that I need a lot of attention. I know that whenever I say something, I expect you to understand how I'm feeling. I'm wondering now if I've been putting too many demands on you?'

- Identify the feelings, and then outline a response of four to six lines.

Primary level empathy – case study 3 – Matthew

Matthew says, 'Six months ago, I wouldn't have dreamed I'd be saying what I'm about to say, to one person, maybe, but not to a group of people. That says a lot for what I feel about this group. I want you to know, I'm gay. Knowing that about me may help you understand the way I react. But more than that, I'm uneasy about my sexuality. It bothers me and makes me uncertain about who I am. That's the uncertain chap you see here. I think I can say this now because I trust you to understand me and not to think of me as a problem person who needs help.'

- Identify the feelings, and then outline a response of four to six lines.

This concludes the primary level empathy exercises. Turn to the Appendix 2 for suggested responses.

Exercise 6.2

Listening

Read each statement carefully and assess whether the client feels listened to or not listened to. Place a tick in the space you think is correct.

	Listened to	***Not listened to***
1. You cut me off and start telling me about your experiences.	☐	☐
2. You accept me as I am – warts and all.	☐	☐
3. You don't hide behind barriers.	☐	☐
4. You want to solve my problem for me.	☐	☐
5. You try to grasp my meaning when I feel confused.	☐	☐
6. You resist the temptation to give me good advice.	☐	☐
7. You hand me back the compliment I have given you.	☐	☐
8. You resist from telling me that funny joke you are dying to tell me.	☐	☐
9. You get embarrassed and avoid what I want to say.	☐	☐
10. You need to feel successful.	☐	☐
11. You allow me to express my negative feelings towards you without becoming defensive.	☐	☐
12. You give me your undivided attention.	☐	☐
13. You make judgments about me because of my language, grammar or accent.	☐	☐
14. You do not judge my beliefs even when they conflict with yours.	☐	☐
15. You gaze out of the window.	☐	☐
16. You trust me to find my own solution to my problem.	☐	☐
17. You plan my action for me, instead of letting me find my own action.	☐	☐

18.	You allow me time to think, feel and express.	☐	☐
19.	You tap your fingers on the arm of the chair.	☐	☐
20.	You speak with enthusiasm and at an appropriate volume.	☐	☐
21.	You choose an appropriate time to respond.	☐	☐
22.	You do not look at me when I am speaking.	☐	☐
23.	You enable me to make my experience feel important.	☐	☐
24.	You keep fidgeting.	☐	☐
25.	You keep looking at your watch.	☐	☐
26.	You look down your nose at me.	☐	☐
27.	You say you understand before you have heard what I have to say.	☐	☐
28.	You have a solution to my problem before I have had the opportunity to explore my problem fully.	☐	☐
29.	You interrupt me before I have finished talking.	☐	☐
30.	You are not aware of the feelings behind my words.	☐	☐
31.	You look directly at me, and face me.	☐	☐
32.	You use open and appropriate gestures.	☐	☐
33.	You quietly enter my internal world and try to grasp how it feels to be me.	☐	☐
34.	You allow me to express myself even if you don't agree with my language.	☐	☐
35.	You accept my gift of thanks.	☐	☐
36.	You don't preach morals or condemn me for my behaviour.	☐	☐
37.	You are interested in everything I have to say.	☐	☐
38.	You spend an hour with me and make that time feel very special.	☐	☐
39.	You do not laugh at me, or ridicule me.	☐	☐
40.	You are kind, gentle and encouraging.	☐	☐
41.	You try to understand me because you really care.	☐	☐

42. You try to help me become liberated from the destructive barriers I have erected with sensitivity and gentleness. ☐ ☐
43. You lean towards me and tilt your head. ☐ ☐
44. You cross your legs and fold your arms. ☐ ☐
45. You talk at me instead of talking with me. ☐ ☐

This concludes the listening exercise. Turn to Appendix 2 for the answers.

Exercise 6.3

Paraphrasing – case study 1 – Alex

Alex says, 'I'm twenty three, but I'll have to leave home. I'm not sure how I'll cope though. Mum and Dad smother me, and can't see why I want to lead my own life.'

- Outline a paraphrase. First of all identify the key words or phrases, then write down your response.

Paraphrasing case study 2 – James

James says, 'I want to take up nursing but my mates are giving me a hard time, they say it's only a job for women and gays, not real men. It's the job for me though. What should I do?'

- Outline a paraphrase. First of all identify the key words or phrases, then write down your response.

This ends the paraphrasing exercises. Turn to the Appendix 2 for suggested responses.

Exercise 6.4

Reflecting feelings

To enable us to reflect feelings it helps to develop a wide vocabulary of feeling words. List four alternative words or phrases for the statements given below.

I feel abandoned *You feel* _____ _____ _____ _____
I feel afraid *You feel* _____ _____ _____ _____
I feel aimless *You feel* _____ _____ _____ _____
I feel angry *You feel* _____ _____ _____ _____
I feel anguished *You feel* _____ _____ _____ _____
I feel antagonistic *You feel* _____ _____ _____ _____
I feel anxious *You feel* _____ _____ _____ _____
I feel appreciated *You feel* _____ _____ _____ _____

I feel apprehensive	*You feel*	_____	_____	_____	_____
I feel ashamed	*You feel*	_____	_____	_____	_____
I feel bitter	*You feel*	_____	_____	_____	_____
I feel bored	*You feel*	_____	_____	_____	_____
I feel confused	*You feel*	_____	_____	_____	_____
I feel delighted	*You feel*	_____	_____	_____	_____
I feel depressed	*You feel*	_____	_____	_____	_____
I feel devastated	*You feel*	_____	_____	_____	_____
I feel doubtful	*You feel*	_____	_____	_____	_____
I feel energetic	*You feel*	_____	_____	_____	_____
I feel envious	*You feel*	_____	_____	_____	_____
I feel embarrassed	*You feel*	_____	_____	_____	_____
I feel empty	*You feel*	_____	_____	_____	_____
I feel exasperated	*You feel*	_____	_____	_____	_____
I feel excited	*You feel*	_____	_____	_____	_____
I feel grief	*You feel*	_____	_____	_____	_____
I feel guilty	*You feel*	_____	_____	_____	_____
I feel helpless	*You feel*	_____	_____	_____	_____
I feel hopeless	*You feel*	_____	_____	_____	_____
I feel hurt	*You feel*	_____	_____	_____	_____
I feel inadequate	*You feel*	_____	_____	_____	_____
I feel inferior	*You feel*	_____	_____	_____	_____
I feel lonely	*You feel*	_____	_____	_____	_____
I feel lost	*You feel*	_____	_____	_____	_____
I feel miserable	*You feel*	_____	_____	_____	_____
I feel numb	*You feel*	_____	_____	_____	_____
I feel overwhelmed	*You feel*	_____	_____	_____	_____
I feel rejected	*You feel*	_____	_____	_____	_____
I feel sad	*You feel*	_____	_____	_____	_____
I feel shocked	*You feel*	_____	_____	_____	_____
I feel silly	*You feel*	_____	_____	_____	_____
I feel stifled	*You feel*	_____	_____	_____	_____
I feel tense	*You feel*	_____	_____	_____	_____
I feel tired	*You feel*	_____	_____	_____	_____
I feel trapped	*You feel*	_____	_____	_____	_____
I feel useless	*You feel*	_____	_____	_____	_____
I feel vulnerable	*You feel*	_____	_____	_____	_____

When you have completed the exercise turn to Appendix 2 and compare your answers.

Exercise 6.5

Reflecting feelings – case study 1 – Mary

Mary says, 'I will be a success. I can do it if I work hard. If it takes 18 hours a day chained to a VDU, I'll do it. If husband and family suffer, too bad. I hope they don't, but it'll be worth it in the end. Success is what matters to me.'

- Identify the key words, then create a response of about six lines.

Reflecting feelings – case study 2 – Sam

Sam says, 'I can never find the time to do the things I enjoy. I'm just getting ready to go out for a swim, or go jogging, when Bill reminds me there's some letters to write to customers, or Susan collars me into helping with some household chores. It's getting increasingly difficult to get the fun out of life that I expect to have. It's depressing.'

- Identify the key words, then create a response of about six lines.

This concludes the reflecting feelings exercises. Turn to the Appendix 2 for suggested responses.

Exercise 6.6

Open questions – case study 1 – Joe

Joe says, 'Honestly, I don't know what to do. It sounds really silly, I'm twenty-eight but I'm afraid of women. I like them, I think, but I never know what to do. Maybe its because I like them too much. I start to get to know a girl, and it's OK. Then I just fall head over heels for her. It scares me. I always end up getting hurt. That's how it's happened before, and that's how it is with Emma.'

Here are five closed questions:

1. How many times has this happened before?
2. Are you in love with Emma?
3. When was the last time this happened to you?
4. Is she in love with you?
5. Are you afraid of girls hurting you or you hurting them?

- Restructure these five closed questions into open questions.

Open questions – case study 2 – Amanda

Amanda says, 'I don't know what to do. My husband is going

out to America on contract. Charles wants me to go with him, but I'm afraid. I've never been away from this country. If I stay here I can carry on working and earn some extra money which we desperately need. But if I don't go, I shan't see him for months on end. What should I do?'

Here are five closed questions:

1. What part of America?
2. How long will he be away for?
3. You're afraid of going, aren't you?
4. How much money will you be able to earn while he's away?
5. What sort of work does Charles do?

◆ Restructure these five closed questions into open questions.

This completes the open questions exercises. When you have restructured the closed questions turn to Appendix 2 for suggested responses.

Exercise 6.7

Summarising – case study 1 – Tom

Tom says, 'Now don't you start Andy. I had enough of that with my old man when he was alive, never forgave me for letting the side down. I can hear him now, going on and on, "All our family have gone to the grammar school and have all done well, we want to be proud of you too." What a load of rubbish! I'd had enough of school. I suppose I'm the black sheep. The only child, and what have I got to be proud of?'

◆ Identify the key words, then construct a brief summary.

Summarising – case study 2 – Tom

Tom says, 'A bastard, that's what I am, Andy. All right, in law I'm not, but that's what I am, a bastard, bastard, bastard. God, what a mess. You know how I found out? When I was 15, mother and the old man were having one of their endless rows one night. I was in the attic doing some experiment, my workshop was up there; I think they'd forgotten me. I heard the old man shout at her. "I suppose you've got another fancy man, and then I'll have to take his child as mine, just like I did Tom." I couldn't hear any more, the door was slammed.'

◆ Identify the key words, then construct a brief summary.

This completes the summarising exercises. Turn to the Appendix 2 for suggested responses.

Exercise 6.8

Focusing – case study – Sally

Sally, 20, a student nurse, is speaking to the college counsellor: 'I'm in a mess. I moved out of the hospital residence six months ago into a house with four other students, several miles from the college, so I had to buy a car. Two of the others have moved on since then, and the two new ones are awful. They leave the kitchen like a pigsty, and we have endless rows. The atmosphere is so unpleasant. Plus the fact that they're so noisy, loud music and banging doors.

A month ago someone hit my car when it was parked outside in the street. I'm only covered third party, so couldn't claim on the insurance, and it's going to cost a bomb to repair. I'm already badly overdrawn and the bank keeps writing to me. They take off so much when my pay cheque goes in that I barely have enough to live on. In fact I eat so badly that I'm losing weight like an anorexic. To crown it all, my last assignment at college was awful. They made me resit, and I can't find the energy to even start it. What am I going to do?'

1. Formulate a contrast response to Sally.
2. Formulate a choice-point response to Sally.
3. Formulate a figure-ground response to Sally.

This completes the focusing exercises. Turn to the Appendix 2 for suggested responses.

Exercise 6.9

Being concrete

In these exercises your task is to turn a generalised, vague statement into a concrete one. The aim of these exercises is three-fold:

1. To help you when a client is making a generalised statement.
2. To help you make more concrete than generalised statements.
3. To enable you, through being more concrete, to help clients explore their situation more effectively.

Case study 1 – Adam, generalised and vague

Adam says, 'I'm not very considerate to my wife.'

- Imagine you are Adam. What sort of things would you say that would tell the listener precisely just how you relate to your wife?

Case study 2 – Judith, generalised and vague

Judith says, 'I find these counselling training groups really difficult.'

- Imagine you are Judith. What sort of things would you say that would tell the listener precisely just what your difficulties are?

Case study 3 – Bill, generalised and vague

Bill says, 'I feel uneasy about the relationship with my mother.'

- Imagine you are Bill. What sort of things would you say that would tell the listener precisely your feelings about your mother?

This concludes the being concrete exercises. Turn to the Appendix 2 for suggested responses.

Final summary

In this chapter, supported by examples, appropriate responses, and case studies, we have drawn your attention to three skills that further encourage client exploration and clarification: namely summarising, focusing, and being concrete. Diverse scenarios have been integrated to demonstrate the skills in practice. Moreover, exercises have been incorporated, specifically designed to facilitate development of the counselling skills presented in this chapter, as well as in Chapter 5.

The basic listening and responding skills presented in Chapter 5 and the current chapter whilst crucial in paving the way for clients to explore their difficulties, more sophisticated counselling skills such as challenging and confronting the client, advanced level empathy, immediacy, counsellor self-disclosure and focusing on 'unfinished business' may be required to facilitate a deeper understanding of the root causes of the client's difficulties (both from the client's and counsellor's perspective). Advanced counselling skills are thus the primary focus of Chapter 7.

In helping others, we shall help ourselves,
for whatever good we give out completes
the circle and comes back to us.

Flora Edwards (South-African born industrialist)

References

Stewart, W. (1983) *Counselling in Nursing*. London: Harper and Row.

There is no challenge more challenging than the challenge to improve yourself.

MICHAEL F. STALEY, AUTHOR

CHAPTER 7

Helping the Client Understand the Problem

Using the basic active listening skills may take the client some way along the path of self-awareness, yet more may be needed to help the client gain a deeper understanding of the problem and its root cause. In this chapter we provide insight into the skills the counsellor uses to facilitate understanding. These skills, termed 'challenging and confronting' invite clients to examine their behaviour and its consequences. In other words, by encouraging the client to come face to face with herself, she develops the skill of self-challenge and the potential to change. However, it needs to be borne in mind that in the context of counselling, challenges and confrontations are always offered with the client's best interests at heart – as a gift, not an attack. The skills need to be used with great sensitivity, care and respect. They need to come out of a deep empathy with the client, and should not be used until trust has been well established.

We also explore advanced level empathy and include several exercises and examples of using advanced empathy, possibly one of the most difficult of all the counselling skills to acquire and use effectively. Immediacy is another skill that requires practice, reflecting how you, yourself, feel about the interaction. The pros and cons of self-disclosure are discussed and show it can be productive.

Challenging and confronting

The aim of challenging is to provide accurate information and to offer our perspective. We challenge the strengths of the client rather than the weaknesses – we point out the strengths,

assets and resources which the client may fail to use fully. Challenging and confronting helps clients develop new perspectives. Figure 7.1 gives an overview of the skills the counsellor uses to facilitate understanding on the problem. The skills covered in this section are specific to challenging.

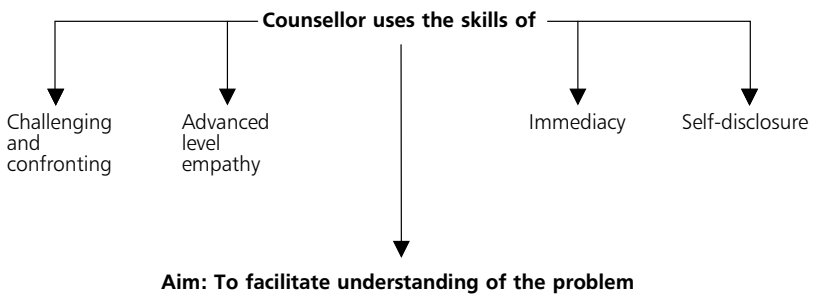

Figure 7.1 An overview of the skills the counsellor uses to facilitate understanding of the problem.

Confronting a client

Many people get the misguided image of counsellors as a bunch of head nodders or do-gooders, who get paid a lot of money for just sitting and listening. Confronting a client with something she might prefer not to see, might not want to hear, or might not want to know, is not easy. It can be a painful learning process for the client, as well as a risky business for the counsellor. It takes guts to challenge a client, and the counsellor may well be left wondering whether she has said the right thing. It can also be an exhausting experience for both.

What confrontation is and is not

- Confrontation is not verbal fisticuffs or a head-on clash.
- Confrontation should be a tentative suggestion, not a declaration.
- Confrontation is an observation, not an accusation.
- Confrontation should be made only after careful deliberation.
- Confrontation should never be used as retaliation, nor as a put down.
- Confrontation is safest when the relationship is well established.

The main areas of confrontation are as follows.

1. Discrepancies, distortions and manipulations.
2. Negative thought patterns and behaviours.
3. Games, tricks and smoke screens.
4. Excuses: manipulation, complacency, rationalisations, procrastinations, passing the buck.

Forms of confronting are as follows:

1. 'Your perspective is . . . mine is . . .'
2. 'When you say/do . . . I think/feel . . .'
3. 'On the one hand you are saying . . . on the other you are saying . . .'
4. 'You have said (or done) . . . my reaction is . . .'

Examples of confrontations

Discrepancy

- 'You say that being rejected has really upset you, yet you smile as you talk about it.'
- 'When you arrived, I observed a smiling and happy-go-lucky person sitting opposite me, and yet this doesn't seem to fit with the words I am hearing.'
- 'On the one hand you say you love your wife, but on the other you say you have a mistress.'
- 'You have mentioned to me several times that you hate arriving late for appointments, yet I've noticed that you have been late for the last two sessions, and I'm wondering what that's about?'
- 'You speak of your many losses, yet you smile continuously.'
- 'You say you are fine, yet you seem to be very close to tears.'

Distortion of feelings

- 'You say you feel really depressed, yet you laugh whenever you say that, as if it was nothing at all.'
- 'You say you are not worried about your exams, yet you are spending all your evenings in the students' bar drowning your sorrows.'
- 'You say you feel lonely, yet you shrug it off as though it's not important.'

Manipulation

- 'You say your parents have never really understood you. However, the way you said that makes me wonder if you are trying to play on my sympathy in some way?'
- 'You know you have the ability to pass your first year finals, yet you say you haven't bothered to write up your assignments. You are hoping that I can bail you out of this tricky situation by having a word with your tutor.'

Negative thought patterns

- 'You say that you don't think you are up to handling this change in your life. Yet you are clearly a resourceful person. You're intelligent and motivated and have coped well with changes in the past.'
- 'You say you are finding it difficult to decide whether you should accept this new job. Yet from other things you have told me, you strike me as a person who normally finds it easy to make decisions.'

Excuses

- 'You say you believe in taking responsibility for what you do, yet I hear you blaming your wife and daughter for everything that is wrong in your relationship with them.'
- 'You say you want to go back to college, and yet it feels as though you are putting obstacles in the way when I hear you keep saying:"Yes but . . ." '
- 'You say you are keen to apply for a new job, yet you seem reluctant to update your CV.'

Complacency

- 'You say you've been out of work for six months, and it really gets you down. Yet in all that time you haven't applied for any jobs, and you're quite happy to collect your money every week; "That's what I've paid in for all these years!" you said.'
- 'You say you would like a better relationship with your wife. Yet for the past six months you have been going out almost every evening with the lads.'

Procrastination

- 'A month ago you moaned because you hadn't worked for six months. You made a contract then to start looking for work, now you're telling me you haven't even tried. You haven't kept your contract, and didn't realise how the time was flying.'
- 'In our fifth session, you told me how desperate you were to give up smoking, and you had joined a "smoke stop" group. Yet now you are telling me that you haven't attended for the past three weeks.'

Rationalisation

- 'Last time you admitted that you kept putting off looking for a job, now you're saying you couldn't go because the weather was wet.'
- 'In the last group session you told us all you wanted to settle down with your partner, now you're saying you want to sow a few wild oats.'

Effective confrontation

A confrontation should be preceded by careful consideration:

1. What is the purpose of the confrontation?
2. Can I handle the consequences?
3. Does the confrontation relate to the here and now?
4. Whose needs are being met by the confrontation?

Effective confrontation usually contains elements of some or all of the following:

1. A reflection or summary of what the client has said so that the client feels heard and understood.
2. A statement of the counsellor's present feelings.
3. A concrete statement of what the counsellor has noticed or observed, given without interpretation.

Examples of confronting

1. *Client:* Jane says, 'I don't know what's wrong with me; I can never seem to get to work on

time. Not only am I late, but often I'm so tired I can't get up. Evenings are all right, though. I go to church every evening, and most nights I'm with the team around the down-and-outs of the city. I really enjoy that, and somehow I don't feel tired.'

Counsellor: 'Jane, you obviously have an absorbing passion for the down-and-outs and this takes you out pretty late, yet you often have trouble getting to work on time. I wonder if there is a discrepancy somewhere there, between responsibility to your employer and your charitable works.'

2. *Group member:* Albert says, 'What's the matter with me. I sit here in this training group, week after week and wonder what I'm getting out of it, or if I've anything to give. It's so frustrating. I have plenty to say, but nobody seems to want to listen.'

Group leader: 'Albert, I hear your frustration, you want to say something in the group, you feel you have plenty to say, yet you merge into the background like the wallpaper, as if you wanted to make yourself invisible. When you've taken your courage in both hands and spoken out I've appreciated what you've said, usually to the point of the discussion, as if you've given it a lot of thought. Yet there are many other times when you have tried to speak, and your voice has been so soft, as if you were apologising for speaking.'

3. *Clive* *(looking tearful):* 'I've failed my finals, but I don't really care. My good social life makes up for all that, and I can try again in three months' time. Maybe if I don't make it I could try something else. What do you think?'

Counsellor: 'Clive, on the one hand you are saying you don't care that you've failed your finals, but you look very downhearted. You think you could try something else, yet you want to have another crack at the finals in three months. What do you think about these discrepancies?

Confrontation responses with our five fictitious clients

Counsellor: 'Pat, when I hear you talking about being raped, you appear very calm. However, this doesn't seem to fit with your body-language, which seems to be saying how desperate you really feel.'

Counsellor: 'Paul, you say that you desperately want to get a job, however, you then tell me that you have given up trying. There seems to be a contradiction here.'

Counsellor: 'Hayley, you say that you feel absolutely useless and this is what makes you hurt yourself, yet just now you told me that you had got a place at University, which seems to contradict with your view of yourself.'

Counsellor: 'Ellen, on the one hand you say that the idea of sharing your life with Peter appeals to you, and on the other that you would feel guilty because you think you would be letting Charlie down. There seems to be a discrepancy between your wanting to remain loyal to Charlie and wanting to have a new life with Peter.'

Counsellor: 'Danny, you say that you don't think it's alcohol that makes you aggressive, and yet you have told me that you are a different person when you haven't been drinking.'

Using advanced level empathy

Advanced level empathy works more (but not exclusively) with implied feelings – those that lie below the surface – and

hunches. The aim is to help clients see their problems and concerns more clearly and in a context that will enable them to move forward. Hunches can be communicated as follows:

- *To get a larger picture*
  'It seems that the problem is not only in the relationship between you and the charge nurse; it looks as if the war between you has spread to the rest of the team.'

  'I've noticed recently that when you talk about your feelings you seem to somehow cushion them. For example, today you said that you got a *'teeny bit'* annoyed with..., you were *'quite'* upset with..., you feel *'pretty'* anxious about... I've got a hunch that maybe cushioning your feelings serves a very important purpose for you...'
- *To challenge indirect expression or implication*
  'What I think I'm hearing is that it's more than disappointment about the end of the friendship, perhaps it's also about pain and anger.'
- *To draw logical conclusions*
  'From what you say about the charge nurse, although you haven't actually used the word, I wonder if you're feeling bitter towards him.'
- *To challenge hints*
  'Several times over about the last three sessions, you've brought up relationships with men, though you haven't pursued them, although the door was left open for you. My hunch is that sexual relationships is an important subject, yet you find it difficult to address it.'
- *To challenge blind spots*
  'I wonder if the way you laugh at serious things give some people the impression of an attitude of not caring and of being cynical.'

  'I'm wondering if you realise that when you talk about your grandfather your face radiates warmth and you become animated, yet when you mention your father your face goes pale, your voice goes quiet, and you almost seem to shrink in size...'
- *To identify themes*
  'Several times you've mentioned certain things about women. I wonder if underlying that points to an attitude that puts women down. For example, you said, "I don't

think women drivers are as reliable as men." Then you said, "What do you think about that?" '

- *To own thoughts*
  'My hunch is that you've already decided to pack that job in, though you haven't said so in so many words.'

The ability to identify implied feelings is closely linked to intuition and imagination. For many of us, however, the imagination and intuition we were born with have been overlaid by thinking and sensing activities. Careful nurturing and use will help them to resurface.

Example 1 – advanced level empathy – Susan to her friend Mandy

'Just listen to us. We're both talking, but we're not really listening, I mean. Are we all so self-centred that we can't take time to listen to each other?'

(Identified feelings: Angry, disappointed, furious, ready to explode, ready to pull out, ready to wash your hands of the whole group.)

Mandy says: 'Susan, I hear your anger coming from a long way down, as if you've been keeping it in check for some time, and even now you don't really want to let it out in case someone gets hurt. I also sense that tied up with the anger, is an intense disappointment which is almost pushing you out of the group, because we are not listening to your needs.'

Example 2 – advanced level empathy – John talking with Dave his teenage son

John says: 'Dave, we've been fighting each other for years, not listening to each other, pushing our own views and competing with each other. Today, it's like we've really talked. And you know, Dave, it's been great talking with you rather than at you. Maybe I've been afraid of that.'

(*Identified feelings:* Achieved something, at peace, fulfilled, load taken off, moving closer, new ground, relief, satisfied.)

Dave says: 'Dad, it seems as if you and I have been talking at each other from different planets, or from different sides of the

earth. Now we're talking face to face, man to man, and that feels good. It's as if we've both won a tremendous victory, and now you feel we can work hard at establishing peace between us.'

Example 3 – advanced level empathy – George

This example uses the situation in Example 1 of primary level empathy (page 83) where George is talking to his counsellor about his girlfriend, Jenny, and says: 'I keep telling myself not to move too quickly with Jenny. She's so quiet, and when she does say anything, it's usually how nervous she is. It's obvious to me that when I say anything to her she gets fidgety and anxious, then I wish I hadn't opened my mouth. It's like a checkmate. If I move I push her away, and if I don't move, nothing will happen between us, and I'll lose her anyway.'

(*Identified feelings:* Anxious, Catch-22, cautious, frustrated, protective, regret.)

Counsellor says: 'George, it seems that you feel quite frustrated that things are not developing with Jenny as quickly as you would like, and that there's something in the relationship that makes you both back off. Yet I also sense that you feel there's something about you that puts her off, and that maybe you feel things will never come to anything, and yet you feel trapped somehow and not able to let go.'

Forms of advanced empathic responding*:*

- 'I can sense that you feel…'
- 'I have this hunch that…'
- 'The picture I am getting…'
- 'I have a fantasy that…'
- 'The image I am getting is one of…'
- 'I imagine you…'
- 'I guess it's as if…'
- 'My gut feeling is…'

When formulating advanced empathic responses it must be remembered that implied facts and feelings are never stated as absolutes; they are hunches, and as such they must be tentative.

Advanced empathy responses with our five fictitious clients

Counsellor: 'Pat, I can sense that you feel very distraught about what has happened, and you seem to be holding on to a lot of pain.' *(Pat bursts into tears.)*

Counsellor: 'Paul, I have a hunch I would like to share with you. I somehow get a picture of someone who is struggling to keep his head above water, but the setbacks he keeps getting leave him feeling as if he's beginning to drown in a sea of despair.'

Counsellor: 'Hayley, the image I am getting is of someone who has lost all hope of ever being able to stop harming herself. It's as if she feels so useless that she deserves to be punished in some way.'

Counsellor: 'Ellen, the picture I am getting is like a photograph that has been torn in two. In one part of the photograph I see a woman who is filled with hope because she has found a man she would like to share her life with. However, the other part shows a very different story. In this part I see a woman who is filled with confusion and . . . perhaps . . . guilt . . . because she feels as if she is being unfaithful to her beloved Charlie by even considering the idea of sharing her life with another man. It feels to me as if she's in a no-win situation; like there is no way she can see how the two torn pieces can ever be repaired.'

Counsellor: 'Danny, the image I am getting is of a young man who perhaps lacks self-confidence, and who uses drink to give himself Dutch courage to join in, and perhaps to be accepted by his mates. But when he drinks it seems to completely change his character from a person who is usually quiet and inoffensive, to a person who is loud, punchy and aggressive – a bit like Jekyll and Hyde. I somehow sense that the quiet Danny feels embarrassed and ashamed by the behaviour of the loud and aggressive Danny, and quiet Danny would like to be able to control loud Danny's unacceptable behaviour.'

Using immediacy as a way of discussing your relationship with the client

Immediacy is about open and honest communication. It's about being aware of what is happening in the counselling relationship at any given moment, and reflecting this to the client tentatively and sensitively. Immediacy can be defined as the skill of discussing your relationship with your clients, and is also referred to as 'here and now', or 'you–me talk'. The aim of immediacy is to address lack of direction that might be having a bearing on the relationship, any tension experienced between client and counsellor, lack of trust, attraction and dependency or counter-dependency. Immediacy makes it possible for both client and counsellor to see more clearly what is going on between them. Immediacy includes perceiving what is happening and putting it into words, putting yourself on the spot about your own and the client's feelings, and pointing out distortions, games and discrepancies which are going on in the counselling room – in the relationship – in the 'here and now'. It helps the client look at the interaction within the relationship, as it is happening.

Clients often talk about feelings in the past (the then and there), rather than in the 'now'. They also have a tendency to act (or 'act out') the very behaviours and feelings with which they have expressed having difficulty. They may try to set the counsellor up with the kind of relationships that are causing them difficulties in their everyday lives. Immediacy enables the counsellor to highlight these interactions.

People who rarely talk in the present, often dilute the interactions by the use of 'you' instead of 'I'. Clients may be helped to feel the immediacy of the statement when 'I' is used.

Examples of immediacy

- 'You say that you have never been able to talk to your mother, and I wonder if you realise that whenever we start to discuss painful concerns, you give me warning signals to back off?'
- 'I would like us to stop for a moment and see what is happening between us. We have talked freely so far, but now we seem to have reached a kind of "stuckness" which

is leaving me feeling quite tense. I wonder if you share my feeling?'

- 'I find it difficult, listening to you, to know how you really feel right now. You talk about everything as if you were talking about somebody else. How do you feel about what I've just said?'
- 'When you talk about your employees, you sound as if you're talking about little children. Just now you used the same tone with me. I felt really very small and put down. How do you feel about me saying that?'
- 'When you were telling me about being burgled, you looked so calm yet I felt a great surge of anger within me. I wonder, was that my anger, or was I picking up your hidden anger?'
- 'I just want to tell you that right now I'm feeling irritated. Whenever we start to talk about your relationship with your wife you clam up, cross your legs and fold your arms, which tell me to "keep out", and I'm finding that frustrating. I'm wondering if that is how your wife feels when she tries to talk to you?'

Counsellors cannot change clients. What counsellors can do is help clients to change themselves, and this can influence the relationship with third persons in a way that is most constructive. The relationship between counsellor and client therefore becomes a model, and an environment for testing out new behaviours.

As with confronting a client, and advanced empathy, immediacy is more appropriate when the counselling relationship is firmly established. As concreteness contrasts with generality, so here-and-now immediacy contrasts with 'then and there'. The principal difference is that in the one, clients are encouraged to own their feelings and not to generalise; in the other, they are encouraged to own their feelings as they exist *at that moment.*

Immediacy responses with our five fictitious clients

Counsellor: 'Pat, I see you smiling when you talk about being raped, and yet I feel enraged. I'm not too sure where that rage is coming from, but I wonder if I

could be picking up the real feeling behind your smile?'

Counsellor: 'Paul, when you talk about not being successful with getting a job, you sound pretty angry and as if you want to blame someone. It feels right now as if I am the target of your anger, like you want to blame me in some way.'

Counsellor: 'Hayley, when you were telling me about how you cut and burn yourself, I felt quite helpless and inadequate. It felt almost like you expected me to provide an instant cure, and because I can't come up with one, I've disappointed you. How do you feel about me saying this?'

Counsellor: 'Ellen, when you talked about the habits Charlie had that irritated you, I felt really uncomfortable, and I'm not sure what this is all about. I wonder if I am picking up this feeling from you – like it somehow feels wrong to speak ill of the dead?'

Counsellor: 'Danny, when you talk about your relationship with your father, I wonder if you realise that your voice gets louder, you clench your fists, and your knuckles go white. I'm feeling a bit threatened by it, and I wonder if that's how your father feels when he tries to have a discussion with you?'

What immediacy involves:

1. Being open with the client about how you feel about something in the relationship.
2. Disclosing a hunch about the client's behaviour towards you by drawing attention to discrepancies, distortions, avoidances, games.
3. Inviting the client to explore what is happening, with a view to developing a more productive working relationship.

Disclosing self to facilitate communication

Immediacy and disclosing self often go hand in hand. Frequently it is the disclosure of a behaviour or feeling by the counsellor which starts this way of communicating. A strategy

for disclosing self is to use 'I' statements: 'I sense that…' or 'I feel that…', rather than 'You said…' or 'You did…'. By using 'I' statements the client is not attacked, and can respond appropriately, either denying or accepting that she feels the same way. It can also encourage the client to use 'I' statements and thus take responsibility for their own thoughts, feelings and behaviour.

Disclosing self is the process by which we let ourselves be known to others, and, in the process, we enhance our self-awareness. Disclosing self means that the counsellor makes a conscious decision to reveal something to the client. Essentially it means we share with the client a similar experience to the one that is causing her present difficulties, and use the common denominator to work with.

Disclosing self is only useful if it encourages the client to self-disclose and open herself up to the counselling process. Accurately used, disclosing self can be helpful and positive, but inappropriate and mistimed disclosures may increase the client's anxiety, particularly where it shifts the emphasis from the client to the counsellor. The client comes with her own set of problems, and it doesn't help her to know what problems the counsellor has. Another danger of disclosing self is the impression that it may give of 'If I have overcome it…' or 'This is the way I overcame it…' , the implication being that the client can do the same.

> Disclosing self must be used with caution and discretion.

Disclosing self is only appropriate if:

- it keeps the client on target and doesn't distract;
- it does not add to the client's burden;
- it is not done too often.

Recognising appropriate disclosures

Appropriate disclosures involve sharing of:

- attitudes;
- beliefs;
- feelings;
- reactions to the client;
- views.

Disclosures should be:

- direct;
- sensitive;
- relevant;
- non-possessive;
- brief;
- selective.

Reasons for disclosing self include:

- using self as a model;
- showing genuineness in helping;
- sharing experiences;
- sharing feelings;
- sharing opinions;
- modelling assertiveness.

Not all counsellors agree with disclosing self. It is embraced in humanistic therapies, but seldom in psychodynamic theories, where it is believed that to disclose self can get in the way of constructive counselling.

Examples of disclosing self

1. Peter was talking to Roy about his father's recent death. Peter was having difficulty expressing himself until Roy said, 'My father died four years after mother. When he died I felt I'd been orphaned. Maybe that is something like how you feel.' Peter sat for several minutes in deep silence before saying, 'You've put into words exactly how I feel. May I talk about my childhood and how Dad and I got on together?'

2. Janet, a nurse, was working with Sheila, one of her patients, when Sheila said, 'Janet, you're very quiet today, and seem on edge, have I upset you in some way?' Janet said, 'Sorry, Sheila, it's not you. Simon and I had an argument before we left for work, and it's still on my mind. Thank you for drawing my attention to it. My feelings could easily have got in the way with you and others. Let's think about you, now.' Having made this disclosure, Janet moves on and returns the focus to the client.

Disclosing self – important points to remember

- Although counsellors should be willing to make disclosures about themselves that might help clients understand some part of their problem more clearly, they should do so only if such disclosures do not disturb or distract the clients in their own work.
- Disclosing self is more appropriate in well established relationships, and should reflect the needs of the client, not the needs of the counsellor.

Self-disclosure responses to our five fictitious clients

Counsellor: 'Pat, I would like to share something with you if you don't mind. I was raped when I was 15, and I can remember feeling dirty and contaminated. I also blamed myself because I felt I should have tried harder to stop him. I wonder if that's anywhere close to how you are feeling right now?'

Counsellor: 'Paul, when you talked about all the application forms you have sent off, it took me back to when my job was made redundant. I can remember sending off loads of application forms, and feeling very rejected when I didn't get any replies. It nearly destroyed my self-confidence. I wonder if you can identify with any of those feelings I experienced?'

Counsellor: 'Hayley, would you mind if I shared something with you? When I was a teenager I was fat, and I used to get called horrible names at school. I'll never forget them because they hurt so much – names like "ugly", "grotesque", "fatso", "freak". I heard these names so often that I ended up believing that I was some sort of worthless monster, who should be annihilated. I wanted to murder the kids who said it, and then I felt guilty for having such evil thoughts. I hated myself so much I just wanted to die. I wonder whether you can relate to any of those feelings I experienced?'

Counsellor: 'Ellen, I can remember feeling incredibly guilty when I formed a new relationship two years after my husband had died. It felt almost as if I was having an affair behind his back and that left me feeling as if I had betrayed his trust in me. I wonder if you are carrying around any feelings similar to those I had?'

Counsellor: 'Danny, when I was about your age I had a scrape or two with the law. Each time it was when I'd had one over the eight, which made me boisterous and rowdy. I remember thumping my mate once because he'd been chatting up my girlfriend, and then feeling terribly guilty, remorseful, and ashamed of myself, when I sobered up and realised what I'd done. I wonder if any of those feelings I experienced are ringing bells with you?'

Counsellor self-disclosure is only helpful if it:

- keeps the client on target;
- serves the needs of the client;
- moves the client forward to self-understanding.

It should be used with tact and sensitivity and only when a relationship of trust has been established between client and counsellor.

Exercises

Your task is to create a confrontation response to each of the following case studies.

Exercise 7.1 Confronting a client

Case study 1 – Vanessa

Vanessa says, 'I do wish I could do something about my weight. Look at me, 15 stones. But, I'm my own worst enemy. Stuart and I went out last night for a slap-up meal. That's the way of it. One of these days I'll win, though.'

- How would you confront Vanessa?

Case study 2 – Dan

Dan says, 'I don't have any problems with my children, we have a wonderful relationship, that's because Alice and I give them responsibility. They know who's boss, though. Bill wanted a front door key. I told him, "When you're working, my lad, then you can have a key to my house. You're only seventeen." He stormed out, muttering something like, "Come into this century, old man." Cheeky young (cough).'

◆ How would you confront Dan?

We can also use confrontations to bring out strengths of which the client seems unaware, or is discounting. This is, of course, a discrepancy, but of a different kind.

Case study 3 – Keith

Keith was about to be demobbed from the army, in which he had served for 22 years. He was a sergeant with an exemplary record. He had served in Northern Ireland on two tours, and had been decorated for bravery. One of his duties, for four years, had been in charge of the Sergeants' Mess accounts, a job that carried a lot of financial responsibility. He and Mavis married nineteen years ago. She had been in the WRAC. They have two boys, Adrian, aged 18, and John, aged 17, both in the army. They have a stable family life, with both sets of parents still alive.

On his pre-release interview he said to the interviewing officer, 'I'm scared stiff, Sir, of going back into Civvy Street. I've been in the army since I was 18, and boy's service before that, so I've never known anything else since 16. I married an army girl, and we've lived in army quarters all our married life. Our two boys are in the services. I don't know anything else. When I think about it, I get cold sweats. I'm not sleeping well either, just thinking about it.'

◆ How would you confront Keith?

This is the end of the confronting exercises. Turn to Appendix 2 for suggested responses.

Exercise 7.2 Identifying your own strengths
Have a dialogue with yourself. Talk about your strengths. Be realistic, not coy. Many people have difficulty even saying they have strengths. Part of your self-development as a counsellor is discovering how you feel about drawing attention to your strong points. Many people are happier talking about their weaknesses and hardly ever realise that they have strengths. Counselling is often concerned with identifying strengths and building on them. The client can no more build on weaknesses than a builder can build a house on a foundation of sand. When you have considered your strengths, write them down in your notebook. Try to list at least five.

Exercise 7.3 Advanced empathy
Suggested framework on how to formulate responses for the advanced empathy case study exercises.

Read the case studies and identify the expressed facts and feelings and the implied facts and feelings. When you have done this, think of what those facts and feelings might imply. When you have done this, think of as many adjectives as you can to describe the implied feelings. Then formulate your response. Remember, implied facts and feelings are never stated as absolutes; they are hunches, and as such they must be tentative.

Case study 1 – Nigel to Brenda, a counsellor
'You know me, Brenda, the life and soul of the party. Give me a pint in my hand and I'll keep them amused for hours. It's not like that in the house, though. "Oh, shut up Dad," is all I get. "Don't put on that act here. Be your age." It hurts. Sometimes they get quite angry at my jokes. Why don't they appreciate me?'

- Create a response of six to eight lines.

Case study 2 – Kate, a senior nurse teacher, talking to Simon, a colleague
'It's no secret, and you know better than anybody else, I'm a workaholic. I can't remember when I allowed myself to have a day off to do just nothing. It sounds awful when it's put like that. I've been that way for 12 years now. I ought to do

something about it, shouldn't I? I'm a free agent. Nobody's making me do it, or holding a gun to my head. I feel caught on a treadmill.'

- Create a response of six to eight lines.

Case study 3 – Karen, talking to Joan, one of the counsellors in attendance at the church coffee morning.

'I love Jack and my children very much, and I like doing most things around the house. Of course they get boring at times, but on the whole I suppose it can be very rewarding at times. I don't really miss working, going to the office every day. Most women complain of being just a housewife and just a mother. But then, again, I wonder if there's more for me. Others say there has to be. I really don't know.'

- Create a response of eight to ten lines.

In the above exercise and the next one, you will not be given an analysis. When you compare your response with the one given, see if you can identify why Joan responds the way she does.

Case study 4 – Andrea's fourth counselling session with Martin.

Andrea says: 'I'm really disappointed in you, Martin. I thought we could get along together and you could help me. But we're not getting anywhere. You don't understand me. I might as well not be here. I don't even think you care for me, and you don't hear me when I talk. You seem to be somewhere else. What you say has got nothing to do with what I've been talking about. I don't know where to turn. I'm just so – oh damn it – I don't know what I'm going to do, but I know you can't help me. There's no hope.'

- Create a response of eight to ten lines.

This is the end of the advanced empathy exercises. Turn to Appendix 2 for suggested responses.

Exercise 7.4 Immediacy

In these case study exercises, use the following formula:

- disclose specifically how the issue affects you
- create a specific empathic challenge

- as with a challenge, immediacy should be tentative – an invitation to consider.

Case study 1 – Alan

You are a facilitator of a counselling training group of 12 people. One of the group, Alan, is very vocal, and always seems to have an answer to any point that you or anyone else raises. In the third session, you start to feel irritated. The source of your irritation is that whenever silences occur, Alan invariably jumps in with a comment that does not always facilitate what has gone before. You also notice that other members of the group start to fidget and cast knowing glances at one another when Alan starts speaking. The immediate issue is that Alan cuts across what one of the women in the group is saying. What do you say to Alan?

- Create a response to Alan.

Case study 2 – Jenny

You are a member of a counselling group. There has been a lot of disclosure and some tears. Cathy is talking about the pain of her recent divorce. Many people in the group are looking damp-eyed. Jenny gets up and walks right through the middle of the group to the door, saying, 'I need a smoke'. The group members look very uncomfortable. After a few minutes, Jenny recrosses the group and sits down. As a member of the group you feel angry at what you feel is an intrusion. What do you say to Jenny?

- Create a response to Jenny.

Case study 3 – Steve

Steve is your client, and this is the sixth session. When he started with you, he said, 'Oh, I'm fairly well off, so the fee isn't a problem.' You, personally, have difficulty talking about charging a fee, you would much rather leave that to someone else to handle, but there is no one else. At least three times during your time together, Steve has said things like, 'I hadn't realised just how expensive this business would be.' You find that this issue is unresolved. You also wonder if Steve thinks that the length of the counselling relationship is more to do with your needs than with his.

◆ Create a response to Steve.

Case study 4 – Sally
Sally, aged 19, is a student at the college where you are the counsellor. She came to you six months ago, referred by her lecturer, for problems with relationships in the group. She came regularly, every week, for six weeks, then started missing sessions altogether. Your policy is to drop a line after one missed appointment, expressing concern and hoping that illness or an emergency did not prevent her from attending. You also remind her of the next agreed appointment. Usually she would attend the next appointment, with apologies, which sounded like excuses, rather than reasons. Several times you have challenged her on this unreliability, and on every occasion she says, 'I really, really promise to do better'. She had a break from counselling for two months, and one month ago started again. She came for two sessions, missed one and is now sitting with you. She says, in a pleading little-girl voice, 'I'm really, really sorry. Can you forgive me?'
◆ Create a response to Sally.

This is the end of the immediacy case study exercises. Turn to Appendix 2 for suggested responses.

Exercise 7.5 Unfinished business
Think of someone you have 'unfinished business' with that you would like to resolve.
1. Describe the current situation.
2. What are your thoughts about this person? Try to identify both positive and negative thoughts.
3. What are you feelings about this person? Try to identify both positive and negative feelings.
4. Endeavour to put yourself in this person's shoes, and explore why you think the person is treating you the way he/she is.
5. What could you say to this person to encourage her or him to discuss the unresolved issue?
6. Look carefully at your response to number 5, and consider whether you could pluck up the courage to say this to the person concerned.

Exercise 7.6

Disclosing self: 1

Disclosure of self is different from previous exercises, and is clearly linked to the development of self-awareness. It would be difficult to present an exercise on disclosing self to which every student could respond appropriately, for disclosing self is uniquely personal. The object of this exercise is that you think around some aspect of living which you feel you have handled reasonably well, or are learning to manage. Remember, the aim of disclosing self is to help the client to move forward, not to pass problems on to the client. To help you, here are some ideas. What could you disclose and to whom? You may choose any other subject or subjects.

There are no suggested responses to this exercise.

What are your views, feelings and thoughts about the following?

- Religious groups other than your own?
- Your experience of drinking, smoking, drugs?
- Your sexual preferences?
- Your childhood experiences?
- Your feelings about the client you are counselling?
- How much you are worth financially?
- The aspects of your personality you are not happy with?
- Things in the past you are ashamed of?
- The sort of things that can hurt you?
- The parts of your body you don't like?
- Whether or not you feel sexually adequate?

Disclosing self: 2

For this exercise enlist the help of a friend. Role-play being a counsellor, with your friend taking the part of the client. Ask your friend to talk about something important to him or her for 15 minutes. During this time, make several personal disclosures and talk about your experiences.

At the end of the 15 minutes ask your partner for feedback on the impact of your personal disclosures, for example;

- Did your personal disclosures help or hinder your friend? In what way?
- Did your personal disclosure distract your friend?

Summary

It might be helpful at this point in the book to summarise our journey so far. We have:

- defined counselling and examined various aspects of counselling;
- explored counsellor qualities deemed necessary to work effectively with others, and provided opportunities for increasing self-awareness;
- given consideration to boundary issues and provided information on what counsellors can do to help their clients feel safe;
- explored self-awareness, primary and advanced empathy;
- presented a range of basic listening skills and advanced skills, with exercises designed to develop the skills.

We are heading towards the home straight, but there's still a few more important topics we need to pay attention to, the next being: What can counsellors do to help their clients resolve their problems?

The possibility of encountering one's reality –
learning about one's self – can be frightening and frustrating.
Many people expect to discover the worst.
A hidden fear lies in the fact that they may also discover the best.
Muriel James and Dorothy Jongeward

There comes a moment when you have to stop revving up the car and shove it into gear.
DAVID MAHONEY

CHAPTER 8

Helping the Client Resolve the Problem

We have stressed throughout this book that counselling is about change. However, it's important to recognise that some things cannot be changed. Just as we cannot alter the colour of our eyes or our height, we cannot reverse incurable illness or a physical disability. We cannot give a one-legged man two limbs, or a blind person sight. What counsellors can do in these circumstances is to offer help and support in coming to terms with what cannot be changed, and encouragement to explore strategies for coping with the situation.

Up until now, emphasis has been placed on the value of good communication in the counselling relationship. Yet there comes a time when talking may not be enough and the client needs to take the bull by the horns and *do* something. Put another way, he or she needs to take action to resolve the problem. To this end, the counsellor can play an important role by teaching the client to use a problem-solving and goal-setting approach to their difficulties. This method, which is essentially a self-help technique, can be highly effective, especially if the counsellor stays alongside the client as he works through the stages. It enables the client to explore choices perhaps not previously considered, helps him to replace stumbling blocks with stepping stones, and provides the confidence and courage to take risks and implement decisions. And, as an added bonus, once learned, the client has a very useful self-help tool for solving problems that might arise after the counselling relationship ends.

After explaining the process and presenting some examples of goal setting in action, and introducing a model called force

field analysis, we have provided an exercise for you to practise the techniques for yourself, so make sure you have your pen and notepad at the ready. We also include a discussion and exercises on assertiveness.

What is problem solving?

Problem solving resolves a discrepancy. It changes something that is actual, nearer to what is desired. A goal is a result that will reduce that discrepancy. Problem solving is, in many ways, simply a process of managing information. Indeed, it is probably true to say that in the majority of instances, the only reason we fail to solve problems is that we fail to recognise that we already have sufficient information to do so. Problem solving has two parts:

1. Decision-making which consists of choosing courses of action to reach the desired goal.
2. Problem analysis which involves identifying various factors and forces that interfere with or facilitate goal achievement. Planning can only take place when decision-making and problem analysis have been thoroughly carried out.

Identifying the premises of problem solving

The premises of problem solving are as follows.

1. To become thoroughly aware of the problem.
2. Problems with one root cause are as rare as two moons in the sky.
3. Effective problem solving means balancing disturbed forces.
4. Valid decisions depend on accurate, clear and complete information.
5. Working with other people can shorten the process time.
6. People given the responsibility of action, must be committed to it.
7. There must be a supportive climate.

Not all counselling is concerned with problem solving but a great deal of it is. Some people want to increase their self-awareness, to understand a bit better how they interact with others, or to develop more insight of the helping relationship by first-hand experience. Very often the client presents the

'problem' to the counsellor in a jumbled and unclear way. In the early stages, therefore, it is useful to have a plan which counsellor and client can work on together to bring order out of chaos. The model presented here may help. As client and counsellor work through this together, step by step, it will let the client see that there is a logical way of tackling the problem. It will also help the counsellor by relieving some of the anxiety of not knowing where to start.

Identifying the problem

A problem clearly stated is a problem half solved.
Dorothea Brande (writer)

1. Establish the problem
- Identify the origins.
- Help the client define and describe the problem by using the six key words – Who? What? Why? When? Where? How?
- Encourage the client to be precise and avoid generalisations.

2. Explore the problem
- Listen with understanding.
- Keep an open mind and your questions will be open.
- Respond with empathy.
- Concentrate on observable and specific behaviours.

3. Eliminate the problem
- What is not right about the present scene?
- What goal does the client want to set?
- What sub-goals can be set to reach the goal?
- How can the first goal – then subsequent goals – be reached?
- Goals must be in specific terms – avoid vague and generalised language.

4. Evaluate
- Decide whether the goal has been achieved/partly achieved.
- Decide whether the problem has changed.

Summary of problem-solving counselling

The four stages of problem-solving counselling involve:
1. *establishing* the problem;
2. *exploring* the problem;
3. *eliminating* the problem;
4. *evaluation* of the problem-solving process.

Goal setting

One important part of problem solving that can sometimes be difficult is goal setting – working out a satisfactory solution. Goal setting is a highly cognitive approach which many people have difficulty working with. Goal setting must take into account the affective and behavioural factors as well as the creative potential of the client.

Figure 8.1 highlights eight important tasks involved in the process of problem solving and goal setting.

Understanding the process of goal setting

To move from:
- **point A,** where the client is, to
- **point B,** where the client would like to be

The counsellor and client need to explore:
- feelings
- thoughts
- behaviours

in order to develop a new perspective and work through hindrances.

Counsellor and client need to work out strategies in order to reach:
- **point C,** *getting* to where the client wants to be.

Example

Point A:	Where the client is: Harry is dissatisfied with his job.
Point B:	Where the client would like to be: Harry would like a more satisfying job.

1. Assessment – helps clients identify:

- what they feel is OK about their life;
- what they feel is not OK about their life;
- the resources they have to draw on.

Assessment continues throughout the counselling relationship.

2. Identifying the initial problem:
help the client to focus on the initial problem by using Rudyard Kipling's 'six honest serving men and true': What? Why? How? Where? When? Who?

3. Develop new ways of looking at the problem:
looking beyond the now, to what could be.

4. Goal setting:
a goal is what a person would like to attain so that the problem can be managed more easily and constructively.

5. Opening up possibilities:
there are often several ways in which a problem may be tackled using resources the client may not have recognised.

6. Making an informed choice:
achieving the best 'fit' between resources, personality, and abilities in order to achieve the desired outcome.

7. Implementing the choice.

8. Evaluation.

Figure 8.1 Eight important tasks involved in the process of problem solving and goal setting.

Perspective

Why should Harry stay in a job that does not satisfy?

Hindrances

1. Self-defeating beliefs and attitudes. Harry believes that he could never get through an interview.
2. Misplaced loyalty. Harry has been with the company for 10 years, and they have given him time off to take a degree course.
3. The comfort zone is preferred. Changing jobs would probably mean that Harry had to travel further to work, and learning a new job requires effort.

Point C: Getting to where the client wants to be:

One of the strategies Harry decided on was to learn to drive a car, as this would make him more mobile. Harry role-played several interviews in which the counsellor put him under progressive pressure, until Harry felt confident at applying for a new post.

Advantages of goal setting

- Focuses attention and action.
- Mobilises energy and effort.
- Increases patience.
- Strategy oriented.

At point A, the counsellor helps clients to:

- understand themselves;
- understand the problem(s);
- set goals;
- take action.

The client's goal is **self-exploration.**
The counsellor's goal is **responding.**

The counsellor helps clients to:

- tell their story;
- focus;
- develop new insight and new perspectives.

At point B, the counsellor helps clients to:

- examine their problems;
- think how they could be handled differently;
- develop their powers of imagination;
- think through: 'How will I know when I have got there?'.

The client's goal is **self-understanding.**
The counsellor's goal is to **integrate understanding.**

The counsellor helps clients to:

- create a plan;
- evaluate the plan;
- develop choices and commitment to change.

At point C, the client's goal is **action;** and the counsellor's goal is to **facilitate action.**

The counsellor helps clients to:

- identify and assess action strategies;
- formulate plans;
- implement plans.

Requirements for effective goal setting

Visions, ideas and possibilities all create enthusiasm; behaviour is driven by creating an achievable plan which should have the following criteria:

- a clearly defined, and achievable goal;
- how the goal will be evaluated;
- a realistic timetable for achieving the goal.

Working for commitment

1. Ownership of the plan is essential for it to work.
2. A plan that has appeal encourages commitment.
3. A detailed plan has a logic to it.
4. An effective plan has an emotional content.
5. Flexibility increases the chance of commitment.
6. Clients need to see that the plan is within their capabilities and that they have the personal and external resources.

7. Client commitment is often influenced by counsellor enthusiasm;
8. Getting started by using problem-solving skills.

Brainstorming

Clients can generate a free flow of ideas that might resolve the problem by brainstorming their thoughts on a sheet of paper. Encourage them to be adventurous by jotting down whatever comes into their heads, no matter how silly it seems.

Case study

Jane was having problems at work. Her boss criticised her work constantly, and generally made life very difficult for her. With the help of her counsellor she worked through her feelings about the problem, (point A), and then brainstormed ideas of how she might solve the problem (point B). Figure 8.2 shows Jane's ideas generated through brainstorming.

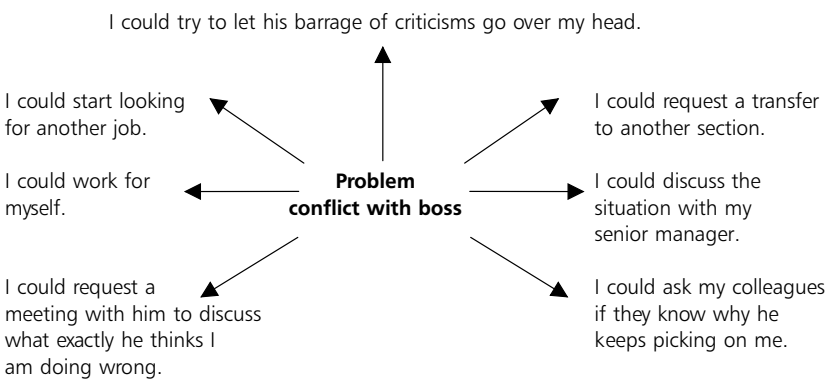

Figure 8.2 Jane's ideas generated through brainstorming.

The next stage for Jane was to make her mind up which alternative felt right for her, and to plan a realistic goal (point C). She decided that there were two goals she wanted to achieve.

1. To resolve the problems she was having with her boss.
2. To become self-employed.

We return to Jane later to see how she planned her action for reaching her goals.

Force field analysis

Force field analysis, a decision-making technique developed from psychologist Kurt Lewin's (1890–1947) field theory, is designed to help people understand the various internal and external forces that influence the way they make decisions. It is a way of helping people plan how to move forward toward the desired outcome. For most of the time these forces are in relative balance; but when something disturbs the balance, decisions are more difficult to make. When the forces are identified, counsellor and client work on strategies to help the client reach the desired goal.

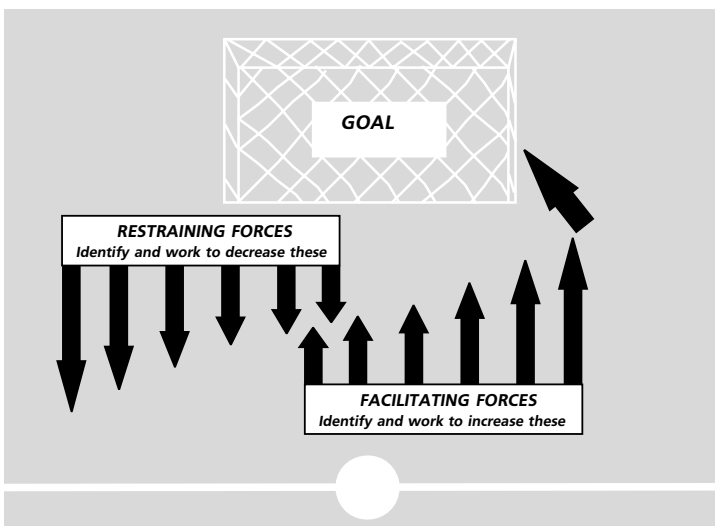

Figure 8.3 Force field analysis.

Stages in force field analysis

1. What is the **goal** to be achieved?
2. Identifying **restraining forces** that act as **obstacles** to outcomes.
3. Identifying **facilitating forces** that act as **aids** to outcome.
4. Working out how to **weaken** some of the restraining forces, or how to **strengthen** some of the facilitating forces, or both.
5. Using **imagery** to picture moving toward the desired goal and achieving it.

Forces may be **internal** or **external** as shown in Figure 8.4. The underlying principle is that by strengthening the facilitating forces and diminishing the restraining forces, a decision will be easier to make, because energy, trapped by the restraining forces, has been released.

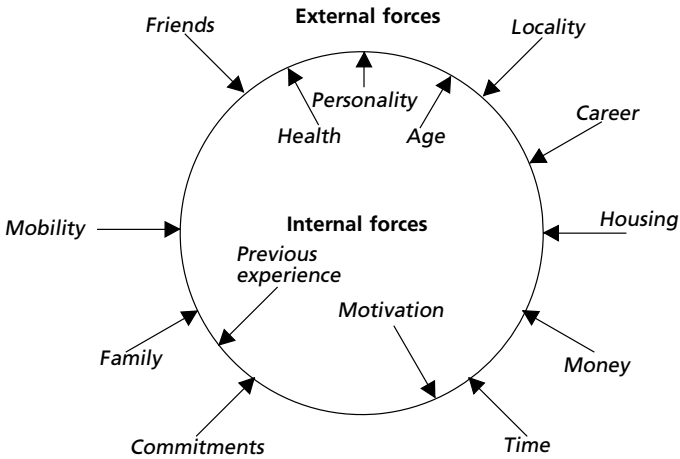

Figure 8.4 Internal and external forces.

Restraining forces

The restraining forces are the obstacles that are, or seem to be, hindering the client from implementing her action plan. Once the restraining forces have been identified, ways of coping with them are discussed. The counsellor must ensure that the client does not dwell on these forces and become demoralised.

Facilitating forces

These are the positive forces to be used by the client. They may be other people, places or things. Any factors that facilitate or assist the client to attain her goal are utilised. This part of the process of searching for facilitating forces actually pushes the client to look at her positive attributes.

Everything in force field analysis should be specific. Imagine you were telling someone how to get from London to Glasgow; you would be as specific as possible. Force field analysis is a bit like that. You would know you were in Glasgow when you arrived there. Force field analysis helps the client be specific.

Plan of action

The plan of action is born out of utilising the facilitating forces to reach the defined goal. The plan should be simplistic and easily understood by the client.

Case study

Jane's force field analysis in action

Let us return to Jane now to see how she used force field analysis to identify her restraining and facilitating forces, and to plan her action.

Goal 1. Jane's identified goal: to resolve the problems with her boss

Jane's restraining forces:
- Anxiety about confronting the situation.
- Fear of making the situation worse.
- Fear of bursting into tears or getting angry.
- Fear of hearing something she would rather not hear.

Jane's facilitating forces:
- Determination.
- Dislike of disharmony.
- Desire to get to the bottom of the problem.

Jane's plan of action:

1. Prepare a 'script' of what she wants to say to her boss.
2. Ask for a meeting with her boss.
3. Practise her relaxation techniques prior to the meeting.
4. Communicate to her boss how much his criticism is upsetting her, and ask him what exactly she is doing that seems to be causing him concern.
5. Be prepared to compromise to reach a solution.

Goal 2. Jane's identified goal: to become self-employed

Jane's restraining forces:
- Anxiety about how she will manage for money, until her business is established.
- Self-doubts about her skills and abilities.
- Concern about taking the risk.

Jane's facilitating forces:
- Self-motivated and works well on her own.
- Good organisational and time management skills.
- Enjoys new challenges.
- Gets on well with people.
- Good communication skills.

Jane's plan of action:

- Prepare a skills audit.
- Prepare a business plan.
- Make appointment with bank manager.
- Investigate advertising costs.
- Prepare a marketing strategy.
- Plan publicity campaign.
- Inform tax office and DSS.
- Research for potential clients.
- Plan a start date and go for it!

Coping with complex problems

Complex problems may need the creation of sub-goals, steps towards a larger goal. Each sub-goal has the same requirements as a goal.

Workable plans may flounder on the rocks of:

1. too much detail;
2. not taking into account the difficulties some people experience with a cognitive exercise if it does not take feeling, intuition and initiative into account.

There is more to helping than talking and planning. If clients are to live more effectively they *must act*. When they refuse to act, they fail to cope with problems in living or do not exploit opportunities. The attainment of goals cannot be left to chance.

Only when the client speaks of the problem in the past tense has the goal been reached.

Many programmes may have to be devised before the final outcome is reached. Clients cannot know whether or not they are making progress if they do not know from where they started or the milestones they should have reached.

Goals should be set neither too low nor too high. Goals set inappropriately high can cause the client to feel inadequate. Goals set too low do not generate enthusiasm.

- ◆ Goals must be tailored to the uniqueness of the individual client.

- Goals that are to be accomplished 'sometime or other' are rarely achieved.

Evaluation

Evaluation should identify:

- the different problems and how these were tackled;
- the goals and how they have been achieved;
- areas of growth and insight.

Evaluation encourages the growth of both client and counsellor. If counsellor and client are active partners in the evaluation process, they learn from each other. Ongoing evaluation gives both partners an opportunity to explore their feelings about what is happening and also to appraise constructively what should be done next.

Summary

- Help the client look beyond the problem and failure, toward success.
- Help the client construct alternative scenarios.
- Encourage the client to be specific.
- Get clients to state goals in terms of definite outcomes.
- Goals should be specific enough to drive action.
- Goals must be verifiable and measurable.
- Goals must be realistic in terms of personal and environmental resources.
- Goals must be chosen and owned by the client.
- Goals must be stated in a realistic time frame.
- Make sure, whenever possible, that the client chooses a preferred scenario from among options.
- Make sure that the chosen option is spelled out in sufficient detail.
- Help clients discover incentives or commitment in order to make the new scenario more attractive.
- Challenge the client to stretch beyond the comfort zone.
- Help clients identify the resources needed to make the preferred scenario work, including supportive and challenging relationships.

- The use of contracts enhances commitment.

Exercise 8.1 Goal setting

Step 1: My goal is

Write down a specific goal you would like to achieve within the next few months.

Step 2: Restraining forces

Identify any obstacles that are getting in the way of you reaching your goal. Include external and internal forces.

Step 3: Facilitating forces

Identify positive forces that can assist you in reaching your goal.

Step 4: Restraining forces

Identify ways you can think of to reduce these forces.

Step 5: Facilitating forces

Identify ways you can think of to increase these forces.

Plan of action

You may find that you do not need all ten steps to complete your plan.

My goal is:_____

The steps I need to take to achieve my goal.

1._____

Sub-goal

2._____

Sub-goal

3._____

Sub-goal

4._____

Sub-goal

5._____

Sub-goal

6. _____

Sub-goal

7. _____

Sub-goal

8. _____

Sub-goal

9. _____

Sub-goal

10. _____

Sub-goal

Evaluation

Step	Goal – action taken	Date achieved
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

Helping the client become more assertive

Non-assertive behaviour can impede clients from achieving their goals. Thus, modelling assertiveness and encouraging clients to develop their assertiveness skills can be a valuable tool to help them attain their goals. The ability to be assertive can be empowering – it raises self-esteem, increases self-confidence, and restores self-belief. According to Sutton (2000):

> *Assertive people express their needs clearly and honestly. They stand up for their rights and show respect for other people's needs and rights. They are genuine in their communication. They do not blame others. They work towards achieving equal communication and win-win situations, where both parties feel respected, valued and important.*
>
> (pp122–3)

Due to space limitation, we are restricted to 'scratching the surface' of assertiveness and its advantages, but recommend you take a closer look at the topic. It can be a precious stress, tension, and anxiety reducing technique that can benefit both clients and counsellors.

Assertiveness training

Assertiveness training seeks to help people become aware of: the following.

- **Aggressive behaviour:** Aggressive behaviour is a **fight** response. The goal is conflict. Aggressive people violate the rights of others, humiliate others, put down other people – their goal is win–lose.
- **Indirect aggressive behaviour:** Indirect aggressive behaviour is more difficult to detect than directly aggressive behaviour (manipulation, sarcasm, emotional blackmail are examples). If you ever get the feeling that you've been hit by a sniper's bullet but there is no trace of an attacker, or that 'ouch that hurt' feeling, then chances are you may have been on the receiving end of indirect aggressive behaviour.
- **Passive behaviour**: Passive behaviour is a **flight** response. The goal is to ignore conflict and maintain harmony at all costs. Passive people allow themselves to be trampled on by others, and their rights to be violated. They generally have an overriding need to please.
- **Assertive behaviour:** The goal is direct, honest, open and appropriate verbal and non-verbal behaviour.

The power of self-belief

Our ability to be assertive is influenced by our life experiences.

Clients whose upbringing has led to the beliefs that 'I am unworthy', 'I don't deserve' can, albeit perhaps unwittingly, set themselves up to behave in such a way that these beliefs become a self-fulfilling prophecy, for example, the client who repeatedly goes back to living with an abusive partner, believing they deserve no better. It is the right of every individual to feel they have a right to exist. Developing assertiveness skills enables non-assertive clients to do the following.

- Manage difficult people and situations more effectively.
- Communicate their thoughts, feelings and needs more openly and genuinely.
- Set clear boundaries – what is personally acceptable/not acceptable.
- Take responsibility for their thoughts, feelings, and actions without blaming others.
- Make clear 'I' statements – this is what 'I' think, feel . . .
- Validate their achievements.
- Change their mind without feeling guilty.
- Say 'no' without feeling guilty.
- Ask directly for what they need/want, rather than expecting others to second-guess what they need or want.
- Recognise that they have a responsibility **towards others**, as opposed to having a responsibility **for others.**
- Accept that making mistakes is inevitable for self and others.
- Stand up for their rights without violating the rights of others.
- Work towards achieving a compromise where conflicts exist.
- Respect other people's rights to be assertive.

Using an assertive approach to expressing feelings

As previously mentioned, encouraging clients to own their feelings by using 'I' statements fosters open communication. The following assertive approach is a productive way to express feelings:

- 'I feel . . . [describe emotion] with you because . . . [give reason].'
- 'I feel . . . [describe emotion] about . . . [give reason].'

Adopting this approach enables clients to express their feelings and the reason for their feelings. It is honest and clear communication. By using 'I' statements, clients are taking responsibility. They are not blaming the other person. To get out of the blaming trap they need to eliminate unassertive statements from their vocabulary.

Examples of blaming non-assertive statements

'You have made me . . . ' *[describe emotion]* For example: *'You've made me very upset.'* Reworked: 'I am upset.'
'You have . . . ' *[describe emotion].'* For example: 'You've hurt me.' Reworked: 'I feel hurt.'

Examples of assertive statements

- 'I *love* being with you.'
- 'I *really appreciate* it when you help me with the housework.'
- 'I am feeling *very apprehensive* about this interview.'
- 'I feel *annoyed* because you have broken your promise.'

Exercises

This activity is designed to help your clients practise owning and taking responsibility for their feelings. If deemed appropriate, the client may add the word **you** after the statement. For example, I feel happy when **you**...

I feel . . . when

I feel happy when_____
I feel angry when_____
I feel frightened when_____
I feel sad when_____
I feel stimulated when_____

The list can always be added to by the client.
(Taken from Sutton, J. (2000) *Thriving On Stress: Manage pressure and positively thrive on it!)*

Obstacles to assertiveness

- Lack of awareness that we have the option of responding in an assertive manner.

- Anxiety about expressing ourselves, even when we know what we want to say, in a way that expresses how we feel.
- Negative self-talk inhibits self-assertion by what we tell ourselves.
- Verbal poverty: A difficulty in finding the right words at the right time leads to self-consciousness and hesitancy.
- Behavioural poverty: A non-assertive, non-verbal manner hinders all assertive expression.

Self-assertiveness assessment test

Instructions

Consider each question thoughtfully and decide whether it fits with how you behave. There are no right or wrong answers – the important thing is to be honest with yourself. Tick whichever box you think best describes you.

	True	False
1. I can usually ask for what I want without feel anxious	☐	☐
2. I often get treated like a doormat	☐	☐
3. I can usually say 'no' to requests without feeling guilty	☐	☐
4. I often find it difficult to express my feelings	☐	☐
5. I often keep my opinions to myself	☐	☐
6. I accept that I make mistakes and that other people make mistakes too	☐	☐
7. I try to please others all the time	☐	☐
8. I'm forever saying sorry to other people	☐	☐
9. I put other people's needs first most of the time	☐	☐
10. I often get pushed around	☐	☐
11. I find it difficult to stand up for my rights	☐	☐
12. I can usually voice my beliefs	☐	☐
13. I need to be liked and approved of by everyone	☐	☐
14. I take responsibility for my actions without blaming other people	☐	☐

15.	I respect myself and show respect for other people	☐	☐
16.	In a conflict situation I am prepared to work towards a compromise	☐	☐
17.	I often have a subtle dig at other people	☐	☐
18.	I can give compliments easily	☐	☐
19.	I get embarrassed when people pay me compliments and usually shrug them off	☐	☐
20.	I can give constructive criticism	☐	☐
21.	I take criticism to heart and can't let go of it	☐	☐
22.	I take criticism in my stride	☐	☐
23.	I accept that not everyone will like me	☐	☐
24.	I'm not bothered if people don't like me	☐	☐
25.	I prefer to avoid conflict situations	☐	☐
26.	I often use sarcasm to have a dig at people	☐	☐
27.	I often manipulate other people to get my needs met	☐	☐
28.	I have a tendency to humiliate other people	☐	☐
29.	It's vital that I win	☐	☐
30.	I sometimes violate the rights of other people	☐	☐
31.	I can change my mind without feeling guilty	☐	☐
32.	I can usually stand my ground in an argument	☐	☐
33.	I never admit I'm wrong when having an argument	☐	☐
34.	I refuse to let people get the better of me	☐	☐
35.	I use humour to poke fun at people	☐	☐
36.	When I feel angry I seethe inside and say nothing or sulk	☐	☐
37.	When I feel angry I lash out physically or verbally	☐	☐
38.	When I feel angry with someone I own my anger, and can express it directly to the person I feel angry with, without judging or blaming him or her. (**I'm** angry with you because rather than, **You've** made me angry because…)	☐	☐

39. I demand my money back if I buy a faulty item ☐ ☐
40. If someone jumps in a queue before me, I say nothing ☐ ☐

Passive	Aggressive	Indirectly aggressive	Assertive
2	24	17	1
4	28	26	3
5	29	27	6
7	30	35	12
8	33		14
9	34		15
10	37		16
11	39		18
13			20
19			22
21			23
25			31
36			32
40			38

Final summary

This chapter has provided you with a goal-setting model that can be used with clients to help them explore and resolve their problems. We have highlighted that once learned, this valuable tool can be used as a self-help method for problem solving. In addition to goal setting, the section on assertiveness will give clients another skill to add to their repertoire of interpersonal skills.

This brings to an end the chapters dealing with counsellor qualities and skills, so it seems an appropriate place to map out what has been covered (see Figure 8.5). In Chapter 9 we shall cover the termination phase of counselling, with an illustrative case study.

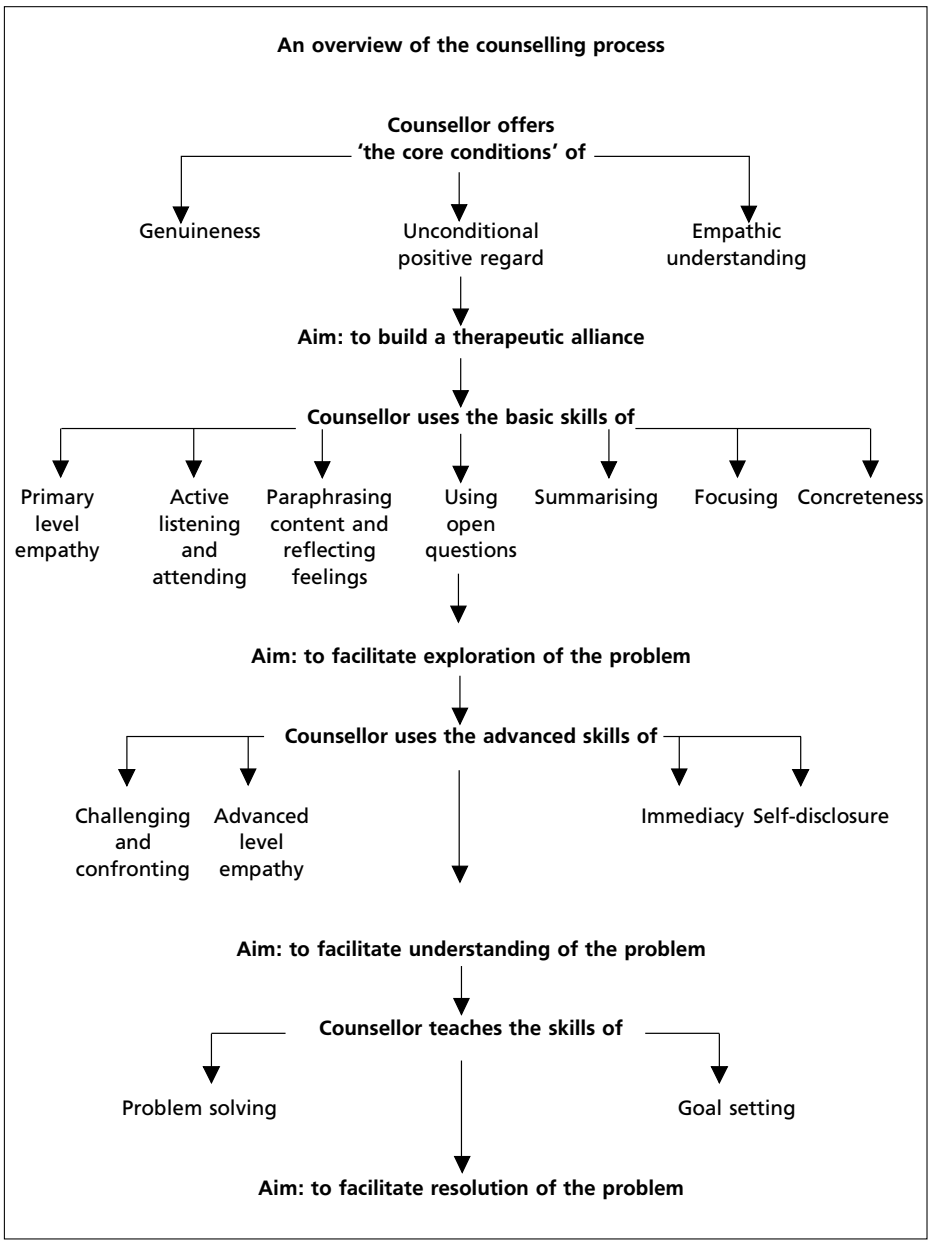

Figure 8.5 An overview of the counselling process.

Some key points to consider

Before we move on to discuss the topic of preparing for termination of counselling, there are two important points we consider need to be addressed:

- It is crucial to bear in mind that every client is a unique individual who comes with their own distinctive set of needs, and no particular approach or model of counselling is right for every client. Don't straitjacket the client, be flexible, listen to the client's needs, and be prepared to adjust your approach if necessary.
- In practice, the skills presented in this book often overlap, and it is worth remembering that some clients work more effectively by exploring their feelings – an affective approach – while others get more from counselling by using their thinking capacity – a cognitive approach. Goal setting is more cognitive than affective; although to be truly effective both head and heart must be used.

Goals are a means to an end, not the ultimate purpose of our lives. They are simply a tool to concentrate our focus and move us in a direction. The only reason we really pursue goals is to cause ourselves to expand and grow. Achieving goals by themselves will never make us happy in the long term; it's who you become, as you overcome the obstacles necessary to achieve your goals, that can give you the deepest and most long-lasting sense of fulfilment.

Anthony Robbins

References

Sutton, J. (2000) *Thriving On Stress: Manage pressure and positively thrive on it!* Oxford: How To Books.

The meeting of two personalities is like the contact of two chemical substances; if there is any reaction, both are transformed.
CARL GUSTAV JUNG

CHAPTER 9

Terminating the Counselling Relationship

In Chapter 8, one of the areas we focused on was goal setting. Ending the counselling relationship is, in itself, a goal. Counselling is a relationship with a purpose. Within it are the seeds of the ending that will come when the purpose is completed. Termination is built into the initial contract, and is kept in view throughout the entire counselling relationship. A 'weaning off' period is recommended, especially if counselling has taken place over a long time.

Preparing for termination

Termination should be well planned and worked through. Premature endings can be traumatic to both client and counsellor. Termination should be approached with as much sensitivity and caring as any stage in the counselling. When counselling has taken place over a long period, the original reason(s) may have faded into insignificance.

Counselling is like taking a journey; we know from where we have come, and roughly the route taken, but looking back, the starting point has become obscured, partly through distance, but also through time. Unlike a journey, it is necessary for both counsellor and client to look back in order to firmly establish the final position. Looking back to where and why the journey began may prove difficult; feelings, as well as memories, fade with time. Looking back is not always comfortable. It may reveal obstacles not previously recognised.

Premature termination by the client

A client's premature exit from counselling can be attributed to a variety of reasons. However, ending counselling early does not

necessarily imply a negative experience such as the counselling not meeting the client's needs or expectations. It could be that the client has reached a stage in the process where he or she has achieved sufficient new insights and confidence to tackle some of the issues the client intended to address. There may be other deeper issues that the client recognises as important to focus on, but feels the need to take time out before working on resolving these more complex issues.

If a pause in counselling is imminent, it remains important for counsellor and client to discuss any potential losses perceived in the client temporarily discontinuing therapy, to ascertain the client's progress and sense of personal accomplishments, to confer over key unresolved issues that the client might want to address in the future, to agree on a plan for resuming counselling at a later date, and to prepare for a separation period.

Terminal evaluation

The relationship between counsellor and client is not an end in itself. Evaluation helps to establish just how the client has been able to transfer the learning into relationships outside of counselling. Evaluation helps the client to realise and acknowledge personal gains. The counsellor, in return, receives something from every counselling relationship.

A terminal evaluation should identify the following.

1. The different problems and how these were tackled.
2. The goals and how they have been achieved.
3. Areas of growth and insights.

A terminal evaluation gives both client and counsellor a feeling of completeness. It gives the counsellor an opportunity to look at some of those things that did not go according to plan, as well as those that did. A well carried out evaluation not only looks backward, it also looks forward. A final evaluation provides the client with something positive to carry into the future.

Success? Failure? Shared responsibility?

Success is not always so easily measured. A person who comes for one session and leaves saying, 'I feel better for having talked it over, even though there is nothing you can actually do,' may then be more able to cope with life.

For example, Angela, a middle-aged woman, came to see her counsellor, William. She had multiple difficulties arising from a disastrous second marriage. She had left her first husband, 'a boring and uninteresting man,' for a 'good looking, jolly, charming man', who later turned into a criminal and who, at the time she met the counsellor, was in prison. She poured out her story, saying as she finished, 'I know there's nothing you can do. But it has helped to talk about it and not hide it.'

Success and progress or failure – whose responsibility is it?

Whose credit or whose responsibility? Unlike the engineer carrying out a bench procedure, the counsellor has no blueprint to follow and ultimately it is the client who must shoulder the responsibility for his own decisions and actions.

> The counsellor can never remain absolutely neutral or unaffected by the outcome of counselling.

It would be all too easy when counselling ends without seeing positive results, to pass all the responsibility on to the client. If counsellors feel, 'If only I had been more open, more communicative, less defensive', and so on, this should lead to them fully evaluating their own contribution.

Similarly, it may be easy, when counselling ends positively, for counsellors to accept all the credit, forgetting that whatever their contribution has been, it was the clients who were in focus throughout; and whatever was happening within the counsellors, much more was likely to be happening within the clients. If counsellors experienced growth from conflict within the counselling relationship, how much more did the clients experience conflict and subsequent growth? To the client then must go the credit for whatever success has been achieved. Likewise, lack of success must remain with the client. The counsellor shares in both.

Clients who have succeeded in climbing a few hills are more likely to want to tackle mountains, and, emotionally, are more equipped to. Counsellors who have helped create an atmosphere of trust and respect, and have helped a client travel a little way along the road of self-discovery, are entitled to share the success the client feels.

The feeling of failure in counselling is difficult to handle. Blame should not be attributed to either counsellor or client. Both, (if possible, if not the counsellor alone) should examine what did happen rather than what did not happen.

> When counselling goes full term, it is unlikely to have been a failure.

The feeling of failure, and consequent blame, is more likely when the client terminates prematurely. When counsellors have created a conducive climate, and clients are unable to travel their own road toward self-discovery, then the responsibility for not travelling that road must rest with them.

Some possible indicators of impending termination

- Abandonment; acting out, or apathy.
- Decrease in intensity, denial.
- Expressions of anger.
- Feelings of separation and loss.
- Futility.
- Impotence.
- Inadequacy.
- Intellectualising.
- Joking.
- Lateness.
- Missed appointments.
- Mourning.
- Regression.
- Withdrawal.

Case Study 9.1

Joan's final evaluation

Joan, a head teacher, has now retired. She is unmarried and lives alone in a fashionable part of the town. She has no relatives living, although she has

many friends and acquaintances. She is a regular churchgoer and is secretary of her local Conservative Party.

One year ago she had surgery for the removal of a benign tumour from her abdomen. She has been attended by her GP for many years and over the past year he has been concerned for her well-being. Joan was in counselling for 16 sessions. She and Hazel, her counsellor, had a warm relationship in which Joan was able to explore many of her feelings. She worked through them toward an understanding of the factors that had contributed to her loss of zest of life.

The following were the main issues identified by Hazel:
- retirement with loss of status;
- change of identity and role;
- loss of colleagues as friends;
- what to do with leisure time.

The following were the main feelings identified:
- loneliness;
- as if starting to wander through a wilderness;
- fear of the future;
- fear of ill-health;
- anxieties about the previous surgery;
- rejected by society;
- fear of not having enough money to live on.

The following were the main approaches used in counselling:
- exploration of feelings;
- using imagery to identify feelings;
- using force field analysis to work towards goals;
- homework that concentrated matching local needs to her abilities.

The following were the main parts of the action plan:
- discussions with various voluntary organisations and offers of help;
- discussion with the bank manager and an investment company, on how to best invest her retirement gratuity;
- exploring the possibility of becoming a home tutor;
- to go back to studying for a doctorate;
- to take in one or two university students as lodgers.

Hazel and Joan wanted the final evaluation to cover:
1. The different problems and how these were tackled.

2. The goals and how they have been achieved.
3. Areas of growth and insights.

Hazel concludes
We've journeyed together over some very interesting country, Joan, and even into outer space. Thank you for allowing me to journey with you. One last thing; How would you feel about us compiling a letter to your GP, bringing him up to date?

Joan and Hazel's letter
You referred Miss (Joan) for counselling, and this is our joint letter to keep you informed. Joan and I have worked together for sixteen sessions. One of the points on which you referred her was her ebbing away of zest for life. This seemed to be linked to various fears and anxieties which had their focus on her impending retirement from teaching.

Together we teased out the various component parts of the total problem, and, having done this, Joan found it much easier to look objectively at her life. We explored many issues which resulted in greater understanding of the nature of her difficulties. We set up an action plan which she is still following through, though she would be the first to admit that some of the possibilities on that plan no longer have priority.

Now that Joan has retired, she finds life much more exciting and full than she could ever have imagined. We have an understanding that should she ever feel the need for further sessions, she can come direct to me.

Yours sincerely

Joan left counselling with the understanding that further sessions would be possible if and when they were needed.

> The ending of counselling brings the satisfaction of having been involved with the soul of another. This is often coupled with the humbling acceptance that perhaps not all that was hoped for has been achieved. Added to this is the knowledge that in the helping, one has been helped; that in sharing the pain of another's wounds, one's own wounds have been touched and transformed. Above all, there is a sense of gratitude that whatever was changed was made possible by the spiritual presence.

Travelling at the client's pace

We can only take people along the road of self-discovery who are willing to travel that road, and travelling at the client's pace is crucial. Pressure brought to bear on clients to work through their difficulties too early in the process or too quickly, or probing into areas where the client is not ready, or willing to go, not only carries the risk of traumatising the client, or causing emotional harm, it may bring about a sudden and unscheduled termination of counselling by the client. As Sutton (2007, p339) emphasises: 'the client needs to stay safe within the boundaries of the "bearable".'

Summary

Saying goodbye can be painful. The longer the relationship, the deeper the exploration and the more insights gained, the more difficult it can be to end. Both client and counsellor may feel this, and sometimes both will delay the final closing of the door. Yet, as we said at the start, every counselling relationship has within it the seeds of its own ending. Just as a young person leaves childhood behind, and the adult leaves adolescence behind, so the client has to move forward. The counselling relationship has been but a stage in the client's journey, which the counsellor has been privileged to share, but if the ending has been kept in sight from the start, then both client and counsellor will accept it as an essential part of the overall relationship. In the final chapter we discuss the important topic of counsellor self-care, something that all counsellors need to consider seriously to alleviate the risk of suffering from burnout.

You give but little when you give of your possessions.
It is when you give of yourself that you truly give.
Kahlil Gibran

References

Sutton, J. (2007) *Healing the Hurt Within: Understand Self-injury and Self-harm, and Heal the Emotional Wounds*, 3rd revised edn. Oxford: How To Books.

To keep a lamp burning we have to keep putting oil in it.

MOTHER TERESA OF CALCUTTA (1910–97)

CHAPTER 10

Counsellor Self-Care

In Chapter 9 we emphasised the importance of planning for the termination of counselling, and the potential effects of premature endings on both client and counsellor. In this final chapter we focus our attention on yet another noteworthy topic – the need for counsellor self-care.

Constant empathic engagement and giving our all to our clients – particularly traumatised or resistant clients – is emotionally demanding. If the counsellor does not recognise the warning signs of emotional and physical exhaustion, and manage it effectively, the consequences can prove extremely costly. Depleted personal resources and exhaustion not only show themselves in reduced client empathy, they can affect every area of our life – from snapping inappropriately at the kids or our partner, to being forever tired and irritable, or not sleeping properly because we cannot switch off, or being detached, or worrying about whether we are doing the right thing with our clients and keep replaying things over and over in our mind.

Ignoring what is happening within us, or burying our head in the sand to the pressure we feel under, and failing to nip it in the bud, invariably leads to decreased functioning and burnout, defined in the Merriam-Webster's Online Dictionary as 'exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration.' (www.merriam-webster.com/dictionary/burn+out). Other terms that have recently appeared in the literature to describe the detrimental effects of intense empathic engagement with clients are 'compassion fatigue' (Figley, 1995) and 'vicarious traumatisation' (Pearlman and Saakvitne, 1995).

To avoid the risk of burnout, or whatever term we choose to use, invariably poses the question of what counsellors can do

to minimise the hazard of falling foul to what can be a debilitating experience. Certainly, there are two positive routes that counsellors can take – one being supervision to ensure professional, ethical and competent practice – the second being to devise a personal action plan to safeguard against falling victim to the disabling consequences of feeling 'sucked dry' and unable to cope. These two themes are therefore the primary focus of this chapter. We start by looking at supervision, and discussing several approaches to supervision. This is followed by suggestions to prevent the risk of burnout, and two case studies.

What is supervision?

A good supervisory relationship is the best way we know to ensure that we stay open to ourselves and our clients.

(Hawkins and Shohet, 1989, p157)

Ongoing supervision is a professional requirement for all BACP members who are practising counsellors. (www.bacp.co.uk/). The function of supervision is to facilitate the enhancement of the counsellor's theoretical knowledge, skills, and personal development as a practitioner – it is not aimed at providing personal therapy. Thus the task of the supervisor falls between the polarities of expert and apprentice.

Increasing self-understanding

For counselling to prove a fruitful experience for the client, counsellors need to continually move forward toward increased understanding of themselves in relation to other people. Repeatedly, through their client work, they will encounter experiences that will awaken within them something which will create resistance or conflict *within that relationship and specific to it.* The client's difficulty will not be adequately resolved until the counsellor's own resistance or conflict is resolved. When faced with a client whose emotions throw our own into turmoil, or where counselling appears to have reached an impasse, the counsellor has three options. Either they can pull the blanket over their head and hope that the problem will disappear; work at resolving the issue on their own; or seek help and guidance.

Supervision is the first port of call when concerned about a client's problems or feeling 'stuck' and unable to see the best way forward. Just as counsellors enable their clients to unravel their concerns, view things in a different light, make informed decisions, and take strides forward, so it is with supervision. Seeking supervision if a counselling relationship appears to have turned sour, if the client is actively being resistant, hostile, or difficult, if the counsellor feels out of their depth, or if counselling has reached stalemate, is an absolute must to prevent what could potentially result in the counselling relationship degenerating into a recipe for disaster for both client and counsellor.

Understanding the supervisor's role in counselling

Supervisors can provide valuable guidance to counsellors by offering a one-step-removed perception on any difficulties that are arising between counsellor and client. In other words, the supervisor can offer an objective, rather than subjective, view of what might be happening in the interaction between the two, based on counsellor reporting of the situation as opposed to being 'in the room' with the client.

A supervisor is a non-participating interested spectator/observer standing on the outside looking in. Additionally, the supervisor may be able to use what is happening within the supervisory relationship to point to what may be happening between the counsellor and the client and between significant others in their outside world. As such, the engagement in a fruitful supervisory relationship has infinite potential for the counsellor to grow and develop. Counsellors who choose to disregard such a relationship will lose out and run the risk of eventually becoming ineffective in their counselling.

The essence of the supervisory relationship is simple:

> I proceed with a case of counselling and, on a regular basis, report back to another counsellor with whom I discuss what transpired in the counselling of the client and how the supervisory relationship affects me personally.

Components of the supervisory relationship

- To support and encourage the counsellor.
- To teach the counsellor to integrate theoretical knowledge and practice.
- To assess the maintenance of standards.
- To transmit professional values and ethics.
- To help the counsellor develop through insight.
- To enable the counsellor to develop skills and build self-confidence.
- To enable the counsellor to share vulnerabilities, disappointments and to be aware of his limitations.
- To help the counsellor move forward with a client if she feels stuck.
- To enable the counsellor to evaluate his work and effectiveness.
- To share ideas and explore different counselling approaches.
- To report on the client's progress or lack of progress.
- To recharge the counsellor's batteries.

Types of supervision

Supervision can be achieved in several ways:

1. **One-to-one supervision**
   Individual supervision is a formal arrangement between counsellor and supervisor where they meet on a regular basis to discuss the counsellor's case work. The advantages of one-to-one supervision are that the time is wholly the counsellor's, and the entire session is totally confidential and related to the counsellor's client(s). The main disadvantage is that the counsellor only gets the perspective and experience of the supervisor and works with only one approach.

2. **Co-supervision or peer supervision**
   This is usually recommended for experienced counsellors who meet on a regular basis. The advantages are the mix of different views and hearing about different cases and the skills used. The insights gained are increased as each case is explored and as different skills and techniques are shared.

The disadvantages are that sessions need to be longer and each person's time is limited. Another disadvantage for some people is the lack of structure.

Peer group supervision is a small group typically comprising experienced counsellors who meet together at regular intervals to present their cases, discuss any difficulties encountered in their client work, enhance their practice, and for mutual support. In this form of supervision, group members may temporarily take on the role of supervisor on a rotating basis. BACP does not advocate this supervision approach for counselling trainees or recently qualified counsellors.

3. **Group supervision**
   Group supervision is a formal arrangement between a small group of counsellors and a designated supervisor, who meet on a regular basis. Typically the supervisor assumes responsibility for dividing the supervision time among group members. The advantages of group supervision are that members benefit from feedback on the quality of their practice from both supervisor and their peers, and the opportunity to listen to other member's present their casework, which can provide valuable learning. The disadvantage is that the shared time may prevent in-depth discussion of a case which an individual counsellor has concerns about.

Three approaches to supervision

1. **Focus on the case: characteristics of this approach**
   (a) Exploration of case material.
   (b) Concentrated mainly on what took place, with little, if any exploration of the counsellor's feelings.
   (c) Little exploration of the counselling relationship.
   (d) A teacher/pupil relationship.
   (e) Discussion is more in the 'then-and-there', than in the 'here-and-now'.

This approach may create a relationship of the expert and the novice who seeks to please. Because there is often a climate of criticism in this case-centred style of supervision there may be

a tendency for the counsellor to skate over the events he is ashamed of or doubtful about revealing – so there may be an 'evasion factor' in the discussion.

2. **Focus on the counsellor: characteristics of this approach**
   (a) The counselling relationship and what is happening within the counsellor.
   (b) Feelings are more readily acknowledged.
   (c) Carried out in an uncritical atmosphere.

The belief that underpins this approach is that learning is only meaningful if it is personal, so it is advocated that links are made between situations in casework and the counsellor's own personal circumstances. With this approach, the counsellor is likely to feel less criticised and so more supported and thus the ability to learn from the teaching offered may be greater.

3. **Focus on the interaction: characteristics of this approach**
   (a) Takes into account both the case and the counselling relationship.
   (b) The interaction between client and counsellor, may, in some way, be reflected in the supervisor relationship. Recognising the interaction, and working with it, is likely to provide the counsellor with invaluable first-hand experience.

The key to this interactive approach is that the counsellor's behaviour with the case is not taken up directly, but always in relation to the affect the client is having on them. The interactive supervisor knows that the counsellor normally manages his cases thoughtfully and assumes, therefore, what has happened tells him something about the dynamics of the case. Clearly not everything a counsellor does is a reflection of the case, and the supervisor would need to draw attention to how the counsellor is using defences to avoid dealing with a particular issue. Perhaps in certain circumstances he or she might even suggest therapy elsewhere to help, but would not deal with the problem personally.

Burnout and how to prevent it

Burnout is a term used in two ways:

- to describe the injurious effects of the stress of counselling upon counsellors;
- to describe the injurious effects of stress, particularly related to work.

Counsellor burnout

In counselling burnout resulting in physical or psychological withdrawal is characterised by:

- chronic low levels of energy;
- defensive behaviour;
- distancing emotionally from people.

Counsellors often look forward to sessions where there is progress and dread sessions that don't go anywhere. Sessions that go badly have a debilitating effect on the counsellor, because prolonged client resistance depletes energy. Burnout may also be associated with the relationship in which there is a high level of empathy and with the high level of concentration that goes with giving full attention.

Counsellors who feel that they are starting to be impatient with clients or with members of the family, who are having difficulty sleeping, who feel that there are never enough hours in the day and that they simply could not face taking on another client, are probably heading for burnout.

If counsellors suggest that their clients take stock of their lives, can they do less with theirs? Finding satisfying ways to recharge the batteries is essential in order to prevent burnout.

Case study 10.1

Tom's account of how he survived burnout at work

I work as a counsellor in a large college. I was finding myself getting tired and irritable, not at work but at home. Always biting the children's heads off. I had to take stock. So I asked myself some searching questions.

Goals

I decided that the goals I had originally hadn't changed. I still enjoyed my work with the students as well as my teaching role. I do experience some conflicts, in that sometimes the college want me to put their needs before the individual needs of the students who are my clients.

Resources

I fit in well with the other staff and they accept me and the job I do, and are ready to help if I need help. They also ask me for help. I don't experience any difficulty with the things like health and safety, or environmental factors. I do have difficulty sometimes getting access to photocopying facilities, and that annoys me. The college allows me supervision time and that's crucial.

Compare goals with resources

Overall, I consider I am well catered for. I feel a trusted and valued member of the team. I know that my quarterly reports are read and absorbed.

Time to plan

An essential part of planning is thinking, and I am given a lot of leeway in planning my time so that I can be effective.

So why do I feel stressed?

The main reason is that I don't allocate enough time for me. I have to travel 20 miles each way every day. I like driving, but the traffic winds me up. If I left earlier I could beat some of the worst of the traffic. I often have to do teaching preparation at home. If I cut the number of counselling sessions by one, I could have that hour for preparation and I wouldn't need to bring it home. Problem: I find it difficult to say no! Must discuss that with my supervisor. I think I've worked out how I can reduce some of the stress. If I can, then I can survive.

Case study 10.2

Burntout Bernice

Bernice set up her own aromatherapy practice. She loved helping people and enjoyed talking to her clients. Initially she was full of enthusiasm, had boundless energy and put her all into her work. Her hard work paid dividends; within a year she had built a very successful business.

However, after about three years she noticed that she was feeling very tired and her enthusiasm was waning. As her energy levels decreased so did her ability to sleep. Everyday tasks became more difficult to cope with, and she started feeling an element of resentment towards her clients for making so many demands on her energy and time. She began to get headaches and backache, and on waking each morning felt as if she'd hardly slept a wink. Normally a calm and relaxed person, she was surprised at what a short fuse she had. She would suddenly explode at her husband for no reason, and was rather cool towards her clients.

She pushed herself harder and harder to try to cope with her increasing workload, despite a large part of her wanting to run away and say 'to hell with everything'. After pushing herself in this way for a further six months, Bernice collapsed. She was admitted to hospital suffering from burnout. Bernice had become starved of vital fuel. She had nothing left in reserve to keep her going, rather like a car that's run out of petrol and hasn't been properly maintained.

(Taken from Sutton, 2007, p17).

16 tips for warding-off burnout

1. Be gentle with yourself.
2. Remind yourself that you are an enabler not a provider. You cannot change anyone else, you can only change how you relate to them.
3. Find a quiet spot, and use it daily.
4. Give support, encouragement and praise to peers and to management. Learn to accept praise in return.
5. Remember that in the light of all the pain we see, we are bound to feel helpless at times. Admit it without shame. Caring and being there are sometimes more important than doing.
6. Change your routine often and your tasks when you can.
7. Learn to recognise the difference between complaining that relieves and complaining that reinforces stress.
8. On the way home, focus on one good thing that occurred during the day.
9. Be a resource to yourself. Be creative – try new approaches. Be an artist as well as a technician.
10. Use a mentor regularly as a source of support, assurance and redirection.
11. Avoid 'shop-talk' during breaks and when socialising with colleagues.
12. Schedule 'withdraw' periods during the week – limit interruptions.
13. Say 'I choose' rather than 'I should', 'I ought to' or 'I have to'. Say 'I won't', rather than 'I can't'.
14. If you never say 'No', what is your 'Yes' worth?
15. Aloofness and indifference are harmful to people more than admitting you can't do something.

16. Laugh and play.

(Adapted from an unknown source.)

Drawing the threads together

Creating this third edition has been a stimulating and challenging experience for the authors. We hope you, too, will find it inspiring and thought-provoking.

Counselling is not merely learning theories and techniques – there is so much more to it than that. Counselling is a unique relationship within which many secrets, emotions, unresolved painful experiences, personal struggles and intimate details of client's lives are given a voice – it is a hugely privileged position to be in. Each client who enters the counsellor's door provides a precious opportunity for the development of knowledge on human behaviour, and a step forward on the path to increased self-awareness. Wherever you are on your counselling journey, whether considering training, in training, or practising as a counsellor, our sincere hope is that this book will add something of value to your ongoing journey of learning to counsel.

To conclude this final chapter we include a particularly poignant poem presented to Jan by a client – reprinted from *Healing the Hurt Within* (Sutton, 2007, p402), which in our view, speaks for itself:

Be with me (please)
Can I trust you with my pain?
To treat it with kindness and respect?
To listen to it,
So I can speak the unspoken?

Will you help me catch the tears
As the floodgates open?
Swim with me into the unknown?
Save me from drowning in my sorrow?

If I entrust you with my grief,
will you help me take care of it?
Console it? Soothe it? Make it feel safe?
Will you accept is as a gift to be protected?

If I take the risk and end the drought,
will you leave me alone and sodden after the storm?
Will you reach for your umbrella,
and just walk away?

I feel my need and I fear it
as I fear all that I do not understand,
yet I ask you to be with me,
for I am tired of walking alone.

On this note, we bid you farewell.

Jan Sutton and William Stewart

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APPENDIX 1

Sample Forms and Letters

Assessment for Counselling
All information will be treated in the strictest confidence

Please complete this form and return to:_____

Surname:_____ First name(s):_____

Address:_____

_____ Postcode:_____

Telephone numbers: Work_____ Home_____ Mobile_____

Can we leave a message on these numbers? (please tick) Yes ☐ No ☐

Email address:_____

Can we contact you by email? (please tick) Yes ☐ No ☐

If not, how would you like us to contact you?_____

Title (*please tick*) Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ Gender: Male ☐ Female ☐

Date of Birth: / /

Marital status:
(please tick) Single ☐ Married/Civil partnership ☐ Widowed ☐ Separated ☐ Divorced ☐

Ethnic Category
(*please tick)*
White ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Black-African ☐ Black-Caribbean ☐ Asian-Other ☐ Black-Other ☐ Other ☐

What is your first language:_____

Appointment availability
Appointments last one hour and are offered on the hour between 9.00am and 5.00pm Monday to Friday *(please tick days available).* The more flexible you can be the earlier we may be able to offer you an appointment

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Sample form 1. Assessment for counselling.

Counsellor preference
(*please tick)*

If we can accommodate your choice would you prefer to see a:
Male counsellor ☐ Female counsellor ☐

General Practitioner

Name of GP: _____

Address: _____

Postcode: _____ Telephone number: _____

Note: We respect your privacy and will not contact your GP without your permission

Physical disabilities
(please tick)

Do you suffer from any physical disabilities? Yes ☐ No ☐

If yes, please provide details _____

Mental health issues
(please tick)

Have you ever suffered from a mental illness? Yes ☐ No ☐

If yes, have you received a diagnosis? Yes ☐ No ☐

If yes, please provide details _____

Have you ever been admitted to hospital suffering from a mental illness? Yes ☐ No ☐

If yes, please provide dates _____

Medication
(please tick)

Are you currently taking prescribed medication? Yes ☐ No ☐

If yes, please provide details _____

Are you currently taking any non-prescribed medication? Yes ☐ No ☐

If yes, please provide details _____

Reason for seeking counselling
(*please tick*)

Is it your decision to seek counselling? Yes ☐ No ☐

Sample form 1. Assessment for counselling (continued).

Please describe briefly in the space below the issue(s) you are seeking counselling for, eg: depression, anxiety, bereavement, eating concerns, self-injury, drugs, alcohol, relationships, sexual problems.

Goals for counselling

Please describe briefly in the space below what you hope to gain from counselling

Previous counselling

(please tick)

Have you been for counselling before? Yes ☐ No ☐

If yes, please provide dates, details and reason for termination in the space below

Employment status

(*please tick*)

Are you currently in employment/self-employed? Yes ☐ No ☐

Are you currently in receipt of any benefits? Yes ☐ No ☐

Cost of assessment

£____ if in full time employment

£____ if in part-time employment

£____ if unemployed

Privacy

We will ensure that all personal data supplied is held in accordance with the Data Protection Act 1998.

Sample form 1. Assessment for counselling (continued).

Supervision presentation form

Client's reference_____ Date of presentation_____

Counselling commenced_____ Number of sessions to date_____

Counselling sessions presented_____ Supervisor_____

Issues raised in supervision

Feedback received from supervisor and interventions recommended

Sample form 2. Supervision presentation form.

Counsellor case notes form

Client's reference _____ Session number _____ Date_____

Changes observed in the client since the previous session

_____

_____

_____

Issues explored in the session

_____

_____

_____

Homework activities agreed

_____

_____

_____

Counsellor interventions and comments about the session

_____

_____

_____

Issues to be raised in supervision

_____

_____

_____

Date of next session_____ **Counsellor**_____

Sample form 3. Counsellor case notes form.

Confirmation of counselling consultation letter

Counsellor's Name
Qualifications

[Counsellor's address]

_____

_____

_____

Tel: _____

Mob: _____

Email: _____

Confidential

Date: _____

[Recipient's name and address]

_____

_____

_____

Dear _____

This letter confirms your appointment for an initial counselling consultation on _____ at _____ . This consultation, which will last fifty minutes, aims to provide us with an opportunity to discuss whether counselling is appropriate for the issue(s) that are causing you concern, to gauge if I have the relevant skills and experience to suit your needs, and to consider whether we can work together should we conclude that counselling is the best option for you.

Confidentiality and anonymity are vital to building trust and safety. It is essential therefore that you arrive for your appointment at the exact time stated. If you are unable to attend, or decide not to keep this appointment, twenty-four hours notice would be appreciated.

As discussed via the telephone, the initial consultation is free. Should we deem counselling appropriate for you following the consultation, we will agree a contract (number of sessions, day, time, fee, etc.). To clarify, my standard fee is £35.00 per fifty minute session for individuals, but I am willing to negotiate a sliding fee scale according to income.

A map giving directions to my premises is enclosed together with my counselling brochure, which explains more about counselling and the approach I use.

I trust this information is of assistance and look forward to meeting you. If you have any queries, please contact me.

Yours sincerely

[Signature]

Enclosures (2) Map of directions, Counselling brochure.

Sample letter 1. Confirmation of counselling consultation letter.

Referral letter to a general practitioner

Counsellor's Name
Qualifications

[Counsellor's address]
_____
_____
_____
Tel:_____
Mob:_____
Email:_____

Confidential

Date:_____

[GPs name and address]
_____
_____
_____

Dear_____
Re: Your Patient_____
Address:_____

I am writing to inform you that _____ attended a counselling consultation on _____. She is seeking help for self-injury, which started five years ago, and has become more serious and frequent over the past six months. We have talked at length and as much as I would like to help her, I do not consider I have the relevant skills or experience to adequately address this issue. She has assured me that she is not experiencing suicidal thoughts, and that she uses self-injury as a coping mechanism to deal with difficult feelings and emotions following a traumatic experience five years ago.

In the circumstances, I should be grateful if you could kindly arrange a psychiatric assessment referral for her as soon as possible.

_____ is in agreement with this course of action, and she has been given a copy of this letter. She will contact the surgery tomorrow to make an appointment to see you to discuss the matter further.

Thank you for your assistance in this regard.

Yours sincerely

[Signature]

Sample letter 2. Referral letter to a general practitioner.

APPENDIX 2

Suggested Responses to Exercises

Chapter 6

Exercise 6.1 Primary level empathy

Case study 1 – Julie

Feelings: Discouraged, disintegration, drained, frightened, pain, probing, scared, vulnerable.

'You feel drained and frightened because we're getting into some painful areas. What's happening to your friends outside of the group makes it too hot to handle your feelings now, and you'd rather be anywhere than here.'

Case study 2 – Margaret to Keith

Feelings: Appreciation, attention, caring, doubts, expectations, need to prove, pressures, uncertain, worth.

Keith says, 'Margaret, you feel both appreciation and doubt because I don't say the right things, even though, at the same time, you recognise that's the way I am.'

Case study 3 – Matthew

Feelings: Able to risk, at home, accepted, confident, edgy, hopeful, open, pretty good, relieved, safe, secure.

'Matthew, you feel both secure within the group yet uncertain, because of your sexuality and how we will respond to you now you've disclosed this about yourself.'

Exercise 6.2 Correct answers to listening exercise

1. Not listened to
2. Listened to.
3. Listened to.
4. Not listened to.
5. Listened to.
6. Listened to.

7. Not listened to.
8. Listened to.
9. Not listened to.
10. Not listened to.
11. Listened to.
12. Listened to.
13. Not listened to.
14. Listened to.
15. Not listened to.
16. Listened to.
17. Not listened to.
18. Listened to.
19. Not listened to.
20. Listened to.
21. Listened to.
22. Not listened to.
23. Listened to.
24. Not listened to.
25. Not listened to.
26. Not listened to.
27. Not listened to.
28. Not listened to.
29. Not listened to.
30. Not listened to.
31. Listened to.
32. Listened to.
33. Listened to.
34. Listened to.
35. Listened to.
36. Listened to.
37. Listened to.
38. Listened to.
39. Listened to.
40. Listened to.
41. Listened to.
42. Listened to.
43. Listened to.
44. Not listened to.
45. Not listened to.

Exercise 6.3 Paraphrasing

Case study 1 – Alex

Key words and phrases: have to, cope, own life.

The counsellor says: 'You're saying, Alex, that something is forcing you into making a break from your parents, even though living on your own might not be easy for you, and you're not quite certain you can manage by yourself. You also have difficulty getting your parents to see that you need more independence.'

Case study 2 – James

Key words and phrases: nursing, mates, gays, hard time, really want, what should I do?

The counsellor says: 'Life is not easy at the moment, James. Your mates are ribbing you because you want to become a nurse, yet you're convinced, in spite of what they think about you, that this is the career for you. You would like me to help you make up your mind.'

Exercise 6.4 Alternative words and phrases

Abandoned	Deserted	Forsaken	Cast out	Neglected
Afraid	Fearful	Anxious	Scared	Terrified
Aimless	Directionless	Purposeless	Goal-less	Pointless
Angry	Furious	Enraged	Bitter	Provoked
Anguished	Agonised	Tormented	Heartbroken	Distraught
Antagonistic	Contentious	Ill-disposed	Opposed	Averse
Anxious	Fretful	Distressed	Overwrought	Troubled
Appreciated	Valued	Understood	Admired	Cherished
Apprehensive	Disquieted	Uneasy	Concerned	Worried
Ashamed	Humiliated	Guilty	Remorseful	Humbled
Bitter	Hostile	Antagonistic	Spiteful	Malicious
Bored	Apathetic	Stale	Weary	Flat
Confused	Mixed up	Baffled	Bewildered	Perplexed
Delighted	Pleased	Triumphant	Cock-a-hoop	Jubilant
Depressed	Dismal	Downcast	Melancholy	Dejected
Devastated	Destroyed	Disconcerted	Demolished	Desolate
Doubtful	Indecisive	Dubious	Sceptical	Uncertain
Energetic	Vigorous	Alive	Overflowing	Active
Envious	Green-eyed	Jealous	Invidious	Malice
Embarrassed	Disconcerted	Abashed	Mortified	Awkward
Empty	Destitute	Bleak	Devoid	Hollow
Exasperated	Irritated	Aggravated	Riled	Annoyed
Excited	Elated	Exhilarated	Stimulated	Inspired
Grief	Sorrow	Heartache	Mournful	Agony
Guilty	Blameworthy	Wicked	Sinful	Wrong
Helpless	Powerless	Defenceless	Unprotected	Impotent
Hopeless	Despairing	Despondent	Giving up	Beaten
Hurt	Injured	Wounded	Aggrieved	Outraged
Inadequate	Defective	Lacking	Incapable	Inferior
Inferior	Poor relation	Second class	Lower	Menial
Lonely	Friendless	Isolated	Solitary	Forlorn
Lost	Bereft	Lonely	Deprived	Empty
Miserable	Sorrowful	Woeful	Wretched	Low
Numb	Stunned	Paralysed	Immobilised	Dazed
Overwhelmed	Swamped	Aghast	Dismayed	Unsettled
Rejected	Excluded	Rebuffed	Cast aside	Dismissed
Sad	Cheerless	Dejected	Dismal	Downcast
Shocked	Traumatised	Disturbed	Numb	Paralysed
Silly	Foolish	Absurd	Stupid	Idiotic
Stifled	Suffocated	Suppressed	Quashed	Smothered
Tense	Edgy	Nervy	Uptight	Uneasy
Tired	Drained	Worn out	Fatigued	Exhausted
Trapped	Ensnared	Cornered	Caught	Tangled
Useless	Worthless	Ineffective	Good-for-nothing	Inept
Vulnerable	Exposed	Sensitive	Defenceless	Weak

Exercise 6.5 Reflecting feelings

Case study 1 – Mary

Key words and phrases: success, hard work, long hours, suffer, end results.
The counsellor says: 'You're on the ladder of success, and very determined to reach the top. So desperate is your desire to succeed that no matter what it costs, you're going to slave away and, if necessary, burn the midnight oil to get what you want. You fully realise that this stiff climb could be painful and that you may put your relationships at risk, yet so strong is the drive that you won't let anything stand in the way.'

Case study 2 – Sam

Key words and phrases: time, enjoyment, work, chores.
The counsellor says: 'Sam, it seems that no matter what you do, other people always find something else for you to do. It's really bugging you, to the extent that you feel life is just one long chore. You long for some recreation, to have time to enjoy yourself doing what you want for yourself, yet all the time you're being driven into the ground by the pressure from Bill and Susan.'

Exercise 6.6 Open questions

Case study 1 – Joe

1. By the sound of it this has happened to you a few times before, Joe.
2. There seems some doubt in your mind that you're in love with Emma.
3. It's happened so many times before and you don't really know why.
4. You feel fairly sure how you feel, Joe, but not so sure how Emma feels.
5. You don't want to end up hurting girls or getting hurt yourself.

Case study 2 – Amanda

1. The prospect of going to America doesn't appeal to you.
2. You don't like the idea of being separated from Charles.
3. There's a fear within you that holds you back.
4. Both the money you will earn and being with Charles are equally important.
5. Your own work is important to you and Charles's work is important to him.

Exercise 6.7 Summarising

Case study 1 – Tom

Andy says: 'The last thing you want me to do is to lecture to you like your dad did when he was alive. The memory of his constant nagging to do well, and not to let the family down, still haunts you, and because you didn't make the grade in

his eyes, you feel you let him down, which he never forgave you for. You think that being an only child brought certain privileges perhaps, but instead it has left you feeling pretty worthless and as if you don't fit in.'

Case study 2 – Tom
Andy says: 'You have disclosed some very painful memories and feelings about parents, and your parentage. There was a lot of venom in your repetition of "bastard" and yet that seemed to unlock some dark and sinister secret that had eating away at you for years.'

Exercise 6.8 Focusing – Summarising issues

'Sally, would you mind if I recap? You are sharing a house with four other students, two of whom are untidy and inconsiderate. This is causing arguments and an unhappy atmosphere to live in. You need a car because you live quite a distance from the college, and recently you had a prang in your car. Because you are only covered by third party insurance you have to meet the cost of the repairs yourself, and these are going to prove expensive. The bank is putting pressure on you to pay back past debts, and is already deducting a large chunk of your pay which is leaving you with very little money to live on. This means that you **are** not eating properly and are rapidly losing a lot of weight. As if all this isn't enough to cope with, your work is suffering too, and you are now faced with having to redo your last college assignment. You feel completely exhausted and desperate and don't know what to do.'

1. Contrast response
   'Sally, it seems as if things have deteriorated since you moved out of residential accommodation at the hospital, and I'm wondering whether it might be helpful to look at the differences between living in and living out.'

2. Choice-point response
   'Sally, it seems as if there are many issues we could talk about:
   a) The stress of sharing a house with four students, two of whom are noisy and untidy.
   b) Needing your car to get to work, and how you are going to pay for the repairs.
   c) Being in debt with the bank, and being pressed to pay the money back.
   d) Insufficient money left to feed yourself properly, and losing weight rapidly.
   e) Having to resit your last assignment when you are feeling so drained and worried because of everything else that's going on.

Which one of these issues is the most urgent to explore first?'

3. Figure-ground response
'Sally, looking at what we've identified, it seems to me that the most urgent issue is how to balance your account. How would you feel about exploring that first?'

Exercise 6.9 Being concrete

Case study 1 – Adam
Adam says: 'I don't talk to my wife, except when I want something. When I come in from work I just sit in front of the TV and wait for her to bring my meal on a tray. I do talk a little at bedtime, but usually only when she speaks first. I never ask her how her day has gone. Yet I expect her to have sex with me whenever I want.'

Case study 2 – Judith
Judith says: 'I'm all right if I'm just listening to others, and I really can listen, but when I'm asked for an opinion, or even when I want to give something that I think is important, I just want to curl up and die. I just freeze, I start sweating and my mind might well be a bag of cotton wool. I feel so embarrassed.'

Case study 3 – Bill
Bill says: 'She really winds me up, and how! Whenever she rings me it's "You don't know how lonely I am, Bill, why can't you visit me more often." Whenever she rings off – after pounding my ear for ages – I feel really depressed, yet guilty that I feel like strangling her with the telephone cord, except it's a mobile! I feel really weighed down by her, and even when I am able to get over to see her, it's no better.'

Chapter 7

Exercise 7.1 Confronting

Case study 1 – Vanessa
The counsellor says: 'Vanessa, you say you want to lose weight, and you realise that your lifestyle probably works against that, yet the way you talk it seems you've a "couldn't care less" attitude. Something will turn up, you say, almost as if you're happy that it's out of your control.'

Case study 2 – Dan
The counsellor says: 'Dan I want to challenge you on what you've just said. On the one hand you said you have no problems with your children, and on the other you said that Bill swore at you. You also said you give them responsibility, yet refused to respect Bill's responsibility by giving him a key. What do you think about those contradictions?'

Case study 3 – Keith
The officer says: 'You say you don't feel up to handling this change in your life. Yet you are clearly a resourceful chap. You're intelligent and persistent and have coped well with changes in the past. Your Record of Service is first class. Your men speak highly of you, as do the officers. Apart from your coping skills, you relate well to people. I've watched you, and your outgoing personality is one of your assets. Had you considered that?

'Another strength is your loyalty. Your family life is sound, and I know that your family think you're a great guy. One of your other strengths is that you have managed the Mess accounts for four years, so your honesty is above question. Yes, you are scared of such a dramatic change, and maybe you need to think of this as yet another opportunity to show that positive side of yourself in Civvy Street just as you did in Northern Ireland.'

Exercise 7.3 Advanced empathy

Case study 1 – Nigel to Brenda, a counsellor
Expressed facts: Likes entertaining. Likes meeting people. Family don't appreciate his jokes.
Implied facts: Likes his drink. Is more at home with others than with his family.
Expressed feelings: Puzzled, hurt, unappreciated.
Implied feelings: Rejected, left out, misunderstood, childish.

Brenda says: 'Nigel, it seems that you feel hurt by the reaction of your family to your jokes and story-telling. In fact, you get more appreciation at the pub than you do from your family. You've become so used to playing the entertainer that perhaps it's wearing a bit thin for the family who probably have outgrown your humour. Maybe they would rather have you as a husband and father, not a pub entertainer. At the same time, being an entertainer gets you into company with people, but that entertainer doesn't fit too comfortably with the family.'

Case study 2 – Kate, a senior nurse teacher, talking to Simon, a colleague
Expressed facts: Nurse teacher. Works hard. Twelve years. Her own choosing.

Implied facts: Lacking enjoyment. Self-imposed. Stressed. Driven. Expressed feelings: Regrets, tired, fear, joyless.
Implied feelings: Trapped, no future, desperation, never getting anywhere, wasted life.

Simon says, 'Kate, it seems that you've pushed yourself all these years to get somewhere, and now the driving force has caught up with you. You've put work first in your life and you've forgotten how to relax and enjoy yourself. There seems to be a desperation in your voice as you think about the immediate future, for you can't see any way out of this feeling of being caught like a helpless mouse on some endless conveyer belt of work and more work, and never seeming to get anywhere.'

Case study 3 – Karen, talking to Joan, one of the counsellors in attendance at the church coffee morning
Joan says: 'Karen, what I'm hearing is that on the one hand you say you are content with your lot, and on the other I hear a big question mark. For most of the time what you do satisfies you and it's rewarding, yet within that there are moments of boredom. You say you don't miss going to the office, yet I hear a certain wistful longing there for change, something to relieve the boredom and routine. It seems as if there's also a certain feeling of "I'm not sure that I should be saying this, perhaps I'm being disloyal". It seems that you may be feeling that you've reached a stage when you would like to think about something else than just being a mother and a housewife, something to relieve the staleness, yet just thinking about that somehow feels wrong.

Case study 4 – Andrea's fourth counselling session with Martin
Martin says: 'Andrea, you feel so totally disillusioned with me and with counselling, that you want to give up. You feel angry that I misunderstand what you say and that I even don't hear what you say. It seems to you that we're caught on a roundabout, getting nowhere. I also hear a desperation that seems all mixed up with hopelessness. Part of you wants to call it a day, yet another part seems to be yelling out quite loudly, "Where else can I go?". I also hear a plea for me to understand you and what you are saying today.'

Exercise 7.4 Immediacy

Case study 1 – Alan

The facilitator says: 'Alan, I feel a bit uncomfortable in what I'm going to say, as I'm not sure how you'll take it. Over the past few weeks I've become increasingly frustrated and irritated. You are obviously very knowledgeable and have a lot of insight into counselling, and what you say is often to the point. There are times, however, when you've cut across me, as if what you have to say is more important than what I am saying. There are times when the group lapses into silence, as if we're all struggling with some deep issue, and you break the silence with a comment that doesn't seem to be relevant to what is happening. I just need you to know how I feel right now, for it's possible that this is the effect you have on other people. How do you feel about what I've just said?'

Case study 2 – Jenny

'Jenny, I would like you to know how I am feeling right now, bloody angry. When you got up and walked out I felt as if you were cutting right across what was happening in the group. Cathy was talking about her pain, something I thought we all felt, certainly I did. I would like to have heard your feelings about what Cathy was saying, for what you have to say is important to me. Yet what you did stopped the action, at least for me, and now I feel angry at what you did. I would like to hear what you think about what I've said.'

Case study 3 – Steve

'Steve, I feel embarrassed talking about money, you probably remember that from our first session, so right now I'm really uncomfortable about saying what I've wanted to for a few weeks. Although you said at the start that the level of fee was OK, several times you've dropped hints that I'm charging too much, and I feel some sort of a heel when you say that. Linked to that is another issue, which is that you say that therapy is taking longer than you thought. I'm wondering if you think I'm holding on to you to increase my bank balance at your expense. How do you feel about what I've said?'

Case study 4 – Sally

'Sally, we've been working together for six months, on and off, and I need you to hear what I have to say. There are many times when we've got along very well, and you've worked hard on this business of getting on with people. At the same time, I often feel I'm being used, particularly when you break appointments without letting me know. I've challenged you several times on that inconsistent behaviour and you've agreed with me. When you agree, I have the impression of a

little girl standing in front of the head teacher, with eyes downcast and, at the same time, body shifting very uncomfortably as if you've been caught doing something naughty and that I'm going to punish you. Then you put on that little-girl voice, your eyes open wide and you look as if you're going to cry. When that happens I feel like some monster, so I back off. It's as if you're using that little girl act to score points, and that makes me feel helpless to know what to do. Could we talk about how you see yourself in the mirror I've held up to you?'

APPENDIX 3

Important People in the Development of Counselling

(People marked with * can be found in Stewart, W. (2005, 4th edition) *An A–Z of Counselling Theory and Practice*, Nelson Thornes.)

Adler, Alfred (1870–1937) Individual psychology*

One of the neo-Freudians, he was the first to break with Freud. He resigned as president of the Vienna Psychoanalytic Society in 1911 and formed a society that later became the Society for Individual Psychology.

Major contributions

Adler established many child guidance centres in schools in Vienna and is credited with being the pioneer psychiatrist of group counselling. He disagreed with Freud over the libido theory, the sexual origin of neurosis and the importance of infantile wishes.

The individual cannot be considered apart from society, for all human problems relationships, occupation and love – are social. He coined the term 'inferiority complex', and his 'masculine protest' describes the drive for superiority or completeness arising out of a felt inferiority or incompleteness, femininity being regarded as incomplete and inferior.
Adler also developed a birth order theory; where children's position in their family – their birth order – was seen as determining significant character traits.

Adlerian counselling goals

- To establish and maintain a therapeutic relationship in which there is equality, trust and acceptance and which does not reflect differences but sameness.

- To uncover the uniqueness of the client.
- To give insight.
- To encourage redirection and reorientation.

Assagioli, Roberto (1888–1974) Psychosynthesis*

Assagioli, an Italian psychiatrist, broke away from Freudian orthodoxy and developed an integrated approach to psychiatry. Beginning around 1910 and continuing to the present day psychosynthesis is a synonym for human growth, the ongoing process of integrating all the parts, aspects and energies of the individual into a harmonious, powerful whole.

Major contributions

Assagioli drew upon psychoanalysis, Jungian and existential psychology, Buddhism and yoga and Christian traditions and philosophies, and affirms the spiritual dimension of the person, i.e. the 'higher' or 'transpersonal' self. He incorporated religion and spirituality into an overall view of the human psyche. Assagioli wanted in therapy to build up the whole structure of the personality around the concept of the higher self and use all its potentials in unifying individual consciousness. But a true synthesis is only brought about when we also make use of all the energies of the higher self.

Assagioli identified seven personality types. Each type has its own work to do to achieve integration and wholeness; that is psychosynthesis.

1. The will type.
2. The love type.
3. The active-practical type.
4. The creative-artistic type.
5. The scientific type.
6. The devotional-idealistic type.
7. The organisational type.

Beck, Aaron T. (1921–) The father of cognitive therapy*

An American psychiatrist who initially trained as a psychoanalyst and conducted research on the psychoanalytic treatment of depression. Dissatisfied with the outcome he developed cognitive therapy. Beck joined the Department of

Psychiatry of the University of Pennsylvania in 1954 and is currently University Professor Emeritus of Psychiatry and Director of the Beck Institute for Cognitive Therapy and Research, Pennsylvania.

Major contributions

His cognitive therapy was based on the view that behaviour is primarily determined by what that person thinks. Cognitive therapy is particularly relevant in treating depression, where thoughts of low self-worth and low self-esteem are a common feature. Cognitive therapy works on the premise that thoughts of low self-worth are incorrect and are due to faulty learning. Cognitive processes include: perceiving, thinking, memory, planning, evaluating, organising, interpreting.

In addition to depression and suicide intent, Beck has developed scales to assess anxiety, hopelessness, mania, self-esteem, panic, dysfunctional attitudes, substance abuse, insight, obsessive compulsion.

Beck's major areas of research are:

1. psychotherapy;
2. psychopathology;
3. studies of suicide;
4. assessment techniques. The development of a strategy for assessing the severity of specific psychiatric syndromes.

Berne, Eric (1910–1970) Transactional analysis*

Berne was born Leonard Bernstein in Canada, the son of Polish/Russian immigrants and shortened his name when he became an American citizen. He trained as a doctor and psychoanalyst and during the Second World War served in the Medical Corps. He broke with psychoanalysis in the 1950s to concentrate on a shorter form of treatment.

Contributions

Bernes' *Games People Play* assumed almost cult status and contributed to what is known as pop psychology. However, behind that is a very useful way of relating to people.

Four forms of hunger-need

1. Tactile.
2. Recognition.
3. Structure.
4. Excitement.

Personality structure

The three ego states are:
1. Parent (critical and nurturing). The 'taught' concept of life.
2. Adult (rational). The 'thought' concept of life.
3. Child (free or adapted). The 'felt' concept of life.

There are four life positions

1. I'm OK, you're not OK.
2. I'm not OK, you're OK.
3. I'm not OK, you're not OK.
4. I'm OK, you're OK.

Therapeutic change is based on decisions and action. If clients do not decide to act, no one can do it for them. When counsellors accept a 'can't' they agree with clients that they are helpless.

Bowlby, John (1907–1990) Attachment theory*

Trained as a doctor, he later studied child psychiatry and psychotherapy so that he might further pursue his ideas about family influences upon children's development.

Major contributions

He began studying Harlow's work with rhesus monkeys, reared in social groups, where both mother and baby suffered obvious emotional trauma when separated. His theory created uproar in psychoanalytic circles, where social influences were discounted.

John Robertson and Bowlby studied children in hospital and identified three phases of separation response:
1. Protest (related to separation anxiety).
2. Despair (related to grief and mourning).
3. Detachment or denial (related to defence).

Children deprived of maternal contract are likely to develop characters without affection. Mothers were advised to maintain contact with their children while in hospital. Bowlby challenged Anna Freud's and Melanie Klein's theories of childhood grief and loss, postulating that children mourn and experience grief and loss when the mother is unavailable. Three primary styles of attachment have been established:

1. Secure
   Child develops confident faith in self and caregivers.
2. Anxious
   Parenting inconsistent, hit-or-miss.
3. Avoidant
   Infant/young child repeatedly rebuffed, rejected, or ignored when he/she attempts to make contact or gain reassurance.

Breuer, Joseph (1842–1925) Forerunner of psychoanalysis*

Regarded as one of the finest physicians and scientists in Vienna, he met Freud, 14 years his junior in 1880. They became close friends, and collaborated in publishing *Studies in Hysteria* in 1895. Their conclusions were that traumatic experiences could cause diseases, because they stay in the unconscious mind. In order to release the trauma of these events, the patient would have to undergo abreaction. Later disagreement on basic theories of therapy ended their collaboration.

Major contributions

By 1880, Breuer was working with hypnosis to relieve patient's symptoms of hysteria, the most renowned patient, was Anna O. Allowing Anna to talk about her symptoms seemed to act cathartically to produce an abreaction, or discharge, of the pent-up emotional blockage at the root of the pathological behaviour. His conclusion was that neurotic symptoms result from unconscious processes and disappear when these processes become conscious. This formed the basis of psychoanalysis.

So intense was the rapport between Breuer and Anna that she divulged her strong sexual desire for him. Breuer,

recognising reciprocal feelings for her, broke off his treatment. Freud's observation of the sessions led him to develop the concept of transference and counter transference.

Briggs-Myers, Isabel (1897–1979) Personality typing*

Although Isabel had no formal psychological training, around the time of the First World War she became interested in the similarities and differences of human personality. When she became acquainted with the work of Carl Jung she quickly adopted and expanded what he had done.

The Second World War gave her the impetus to continue developing what was to become the Myers-Briggs Type Indicator (MBTI). Due to her lack of any formal qualifications, her work was not received warmly by the psychology fraternity. However, she persisted and now the Indicator is accepted as a reliable personality measure for people who were not mentally ill. The MBTI is used in a wide variety of different situations, and is a useful counselling tool, and one which clients easily understand and can relate to.

The Indicator measures eight personality preferences along four dimensions, giving sixteen types:

1. Extraversion (E) → Introversion (I). Extraversion/introversion describes the way we relate to the world around us.
2. Sensing (S) → Intuition (N). Sensing/intuition describes the way we perceive the world.
3. Thinking (T) → Feeling (F). Thinking/feeling describes the way we make judgements.
4. Judgment (J) → Perception (P). Judgment/perception describes the way we make decisions.

Ellis, Albert (1913–2007) Rational emotive behaviour therapy (REBT)*

An American psychologist who trained in psychoanalysis. He concluded that clients whom he saw weekly or even less frequently, made as good progress, as when he saw them daily. He began to concentrate on changing people's behaviour by

confronting them with their irrational beliefs and persuading them to adopt rational ones.

REBT

The A-B-C sequence:

A =activating event – fact, event, behaviour, attitude of another person;
B =beliefs or self-verbalisations of the individual about A;
C =consequence or reaction – happiness or emotional disturbance, which *erroneously may be presumed to follow directly from A.*

- Beliefs control emotions and behaviours.
- Highly charged emotional consequences are invariably created by our belief systems.
- Undesirable emotional consequences can usually be traced to irrational beliefs.
- When irrational beliefs are disputed, disturbed consequences disappear.

Five steps to help clients towards rational thinking

Select a situation that consistently generates stressful emotions.

1. Write down the objective facts of the event.
2. Write down self-talk about the event.
3. Label the client's emotional response 'angry', 'depressed'.
4. Dispute and change the irrational self-talk identified at step 2.
5. Substitute rational self-talk.

Erikson, Erik Homburger (1902–1994) Lifespan model of development*

Of German/Danish parents, he trained in psychiatry and underwent psychoanalytic training with Anna Freud. He emigrated to America in 1933 where he practised child psychoanalysis, and was Professor of Psychology at the University of California, Berkeley.

Major contributions

His classic study, *Childhood and Society* (1950) introduced his theories on identity, identity crisis and psychosexual development. Lifespan psychology is the study of people throughout life. Erikson, building on the work of earlier theorists, is the name most associated with lifespan psychology. Erikson's view of personality development has widely influenced the views of educators.

One of the implications of his model for counsellors is that development is lifelong, from birth to old age. Secondly, to view a client from a psychosocial development perspective adds another dimension to one's understanding of the client's frame of reference. It is highly doubtful that every last conflict of one stage could ever be resolved in order to make sense of the next stage. What Erikson's model implies is that serious disturbance in one stage of development might give the counsellor a focus to work on and enable the client to grow.

Eysenck, Hans Jurgen (1916–1997) Behaviour therapy

German-born British behavioural psychologist, renowned for his detailed research into the human personality. He left Nazi Germany in 1934 and continued his education at the University of London. He worked in London throughout his career, linked particularly with University of London Maudsley Hospital. He was Reader and Director of the Psychology Unit at the Institute of Psychiatry from 1950–55, Professor of Psychology from 1955–84 and Professor Emeritus until his death.

Major contributions

The Eysenck personality inventory (EPI) places people's personalities into a hierarchy of divisions rooted in Jungian theory, ranging from habitual reactions and traits at the lower end of the scale, through personality and neuroticism, to, at the top, psychoticism.

What the EPI showed was that very introverted people (high on the neurotic scale) are easily conditioned and have many inhibitions. They are predisposed to such disorders as

depression, anxiety, and obsessive compulsion.

High levels of both extraversion (outgoing tendencies) and neuroticism (emotionality or heightened emotional behaviour) are associated with criminal behaviour.

Eysenck aroused fierce controversy by linking people's racial origins with their IQs. This led to the claims by certain groups that they were genetically superior to other races.

Frankl, Viktor (1905–1997) Logotherapy*

Born and died in Vienna, Austria, he founded the Viktor-Frankl-Institute for Logotherapy and Existential Analysis. He survived four Nazi concentration camps, including, Auschwitz. His wife, father, mother, and brother all died in the camps. His book *Man's Search for Meaning* (1959) portrays the courageous confrontation and transformation of suffering that is a hallmark of existential psychology.

Major contributions

Logotherapy which means 'therapy through meaning' is officially recognised by the American Medical Society, the American Psychiatric Association, and the American Psychological Association as a scientifically-based school of psychotherapy. Frankl is considered on a par with Freud, and Adler.

He talks of the 'tragic triad' – pain, guilt, and death – and how it is possible to maintain optimism in the face of tragedy, and that the human potential which is able to:

1. turn suffering into a human achievement and accomplishment;
2. derive from guilt the opportunity to change oneself for the better;
3. derive an incentive to take responsible action from the transitory nature of life.

Logotherapy aims to help people who have crises of meaning, which manifest themselves through addiction, alcoholism or depression, phobias, anxiety, obsessive-compulsive disorders, juvenile delinquents, career counselling.

Freud, Anna (1895–1982) Child psychoanalysis

Austrian-born British founder of child psychoanalysis and one of its foremost practitioners, she was the youngest daughter of Sigmund Freud's six children. In 1938 father and daughter escaped from Nazi-dominated Austria and settled in London, where she worked at a Hampstead nursery (which provided foster care for over 80 children of single-parent families). From the 1950s until the end of her life Anna lectured in the United States.

During the 1970s she worked with emotionally deprived and socially disadvantaged children, and studied deviations and delays in development. At Yale Law School she taught seminars on crime and the family.

Major contributions

- Originated the concept of identification with the aggressor in ego psychology.
- Formulated the basic concepts in the theory and practice of child psychoanalysis.
- Systematically charted theoretical normal growth from dependency to emotional self-reliance.
- Identified many of the defence mechanisms.
- Founded the Hampstead Child Therapy Course and Clinic, London, in 1947 and served as its director from 1952 to 1982.
- Was one of the pioneers of play therapy, worked closely with parents and believed that analysis should have an educational influence on the child.

Freud, Sigmund (1856–1939) Founder of psychoanalysis*

The eldest of six children of Jewish parents, from Moravia, now in the Czech Republic, he graduated from medical school in 1881. In 1896 he coined the term 'psychoanalyse' (psyche = soul). In 1900 he published *The Interpretation of Dreams*. He founded the International Psychoanalytical Association in 1908. In 1923 he presented a structural model of id, ego and superego. The Nazis burned his books in Berlin in 1933 and in 1938 he left Vienna for London, where he died of cancer in 1939.

Major contributions

The aim of psychoanalysis is to make unconscious material conscious. From his observation that patients talked freely while under hypnosis, Freud evolved his technique of free association. His theory was that humans are driven by sex and aggression, the same basic instincts as animals; society is in constant struggle against any expression of these.

He believed that neuroses are rooted in suppressed sexual desires and sexual experiences in childhood. He analysed dreams in terms of unconscious desires.

He postulated that the conscious and the unconscious are sharply divided and that access to the unconscious is denied except by psychoanalysis

Psychoanalysis, behaviourism and humanistic psychology are the trilogy of the main orientations of psychotherapy.

Horney, Karen (1885–1952) Personality disorders*

Born in Hamburg, and entered psychoanalysis with Karl Abraham in 1911. Gained her medical degree from Berlin University in 1913, and in 1932 moved to the USA as associate director of the Institute for Psychoanalysis in Chicago. She returned to private practice in New York City and taught at the New School for Social Research in 1934. She settled in Brooklyn, where she developed her theories on neurosis, based on her experiences as a psychotherapist. In 1941 she founded the American Psychoanalytic Institute and became Professor at New York Medical College in 1942, when she Published *Self-Analysis* (W. W. Norton). She also founded the American Journal of Psychoanalysis and served as its editor until her death.

Major contributions

She rejected the psychoanalytic notion of penis envy and other manifestations of male bias in psychoanalytic theory. Her school of psychoanalysis was based on the conclusion that neuroses are the result of emotional conflicts arising from childhood experiences and later disturbances in interpersonal relationships. The child uses one of three strategies in its search for safety:

1. to be compliant;
2. to be aggressive;
3. to be detached.

Feelings are mistrusted and projected on to the outside world, where they develop into neurotic trends.

Jung, Carl (1875–1961) Analytical psychology*

A renowned Swiss psychologist and psychiatrist, he was a contemporary of Freud. Jung had already formulated some of his major ideas before he came to know Freud, and he left the psychoanalytic movement in 1913. He used the term 'analytical psychology' to distinguish his method from psychoanalysis, even though it evolved from that source. Jung saw analytical psychology as a general concept embracing both psychoanalysis and the individual psychology of Alfred Adler. His work was influenced by religion, mysticism and parapsychology. His *Psychological Types* Extraversion/Introversion; Sensing/Intuition; and Thinking/Feeling was developed by Isabel Briggs-Meyers (see page 219).

Jung proposes a personal unconscious and a collective unconscious, which contains archetypes, the persona, the animus (the male principle), the anima (the female principle), and the shadow. The goals of Jungian counselling are:

- to help the individual gain insight;
- to journey toward individuation;
- to facilitate greater integration of both conscious and unconscious components.

Jung used dream analysis to understand the person's current problems as well as to uncover past conflicts. He also used interpretation and free association, as did Freud, but advocated a more active relationship between therapist and patient.

Klein, Melanie (1882–1960) Analytical play therapy*

A lay psychoanalyst, born in Vienna, who lived most of her life in England where she is linked with the English objects relations school. ('Object relations', a psychoanalytical term that describes the relationship of the 'subject' to the 'object', which may be a person, a personal attribute, or a symbolic

representation of a person that attracts attention and/or satisfies a need. Objects are not 'things'.)

Her therapeutic techniques for children had great impact on present methods of child care and rearing. She developed her own system of child analysis and it is her contribution to child psychiatry for which she is mostly remembered, showing that how children play with toys reveals earlier infantile fantasies and anxieties. She used free play with toys to gain insight into the fantasies, anxieties and defences associated with the early years of life.

In *The Psychoanalysis of Children* (1932), she showed how these anxieties affected a child's developing ego, superego, and sexuality to bring about emotional disorders. Through her methods she attempted to relieve children of disabling guilt by having them direct toward the therapist the aggressive and Oedipal feelings they could not express to their parents.

Kubler-Ross, Elisabeth (1926–2004) Death, dying and bereavement*

Born in Zurich, Switzerland, she graduated from medical school at the University of Zurich in 1957, and went to the United States in 1958 and qualified in psychiatry at the University of Colorado in 1963. She received over 25 honorary doctorates.

Appalled at the way dying patients were not told the truth, she sat with patients and listened as they expressed their feelings. In her first book *On Death and Dying* (1969), Kubler-Ross conceptualised five stages in facing one's terminal illness: denial, anger, bargaining, depression and acceptance.

Further, the five stages are simply general reactions to many situations involving loss, not necessarily dying. These stages do not occur with predictable regularity nor in any set order. Seldom does a dying person follow a regular, clearly identifiable series of responses. In fact, it is more likely that the process will follow a cyclical order. Patients may be assisted in reaching acceptance by the hospital staff and family openly talking about death when the patient so desires. She was also a powerful force behind the movement for creating a hospice care system, and was anti-assisted suicide.

Maslow, Abraham (1908–1970) Needs hierarchy*

An influential American psychologist in humanistic psychology and humanistic psychotherapy, he is probably best known for his 'hierarchy of human needs', and his work on self-actualisation and peak experiences. He was active in the development of the human potential movement and the founding of the Esalen Institute in California.

Born in Brooklyn, New York, and educated at the City College of New York and the University of Wisconsin, he spent most of his teaching career at Brandeis University, in Waltham, Massachusetts.

His self-actualisation theory of psychology proposed that the primary goal of psychotherapy should be the integration of the self and that integration is achieved as needs are experienced and met.

The term 'self-actualisation' is used by most humanistic therapies to describe the dominating, motivating life force that drives the individual toward ever-developing, ever-perfecting his/her capacities to the highest heights and deepest depths. Self-actualisation is the road; to be self-actualised is the goal, striven for but never absolutely attained. Our drive for self-actualisation may conflict with our rights and duties and responsibilities to other people who are involved.

Maslow's writings include *Toward a Psychology of Being* (1962) and *Farther Reaches of Human Nature* (1971).

Rogers, Carl (1902–1987) Person-centred therapy*

Born in Oak Park, Illinois, a suburb of Chicago, he studied first for the ministry, but when he began to experience religious doubts, he switched to the clinical psychology programme of Columbia University, and received his PhD in 1931. His clinical work was at the Rochester Society for the Prevention of Cruelty to Children. He was offered a full professorship at Ohio State University in 1940, and in 1942, he wrote *Counselling and Psychotherapy.* In 1945, he was invited to set up a counselling centre at the University of Chicago. His major work, *Client-Centered Therapy* (1951), outlines his basic theory. In 1964 he accepted a research position in La Jolla University, California.

Rogers recorded sessions, analysed transcripts of these sessions, and examined factors related to the outcome of therapy. He received the Distinguished Scientific Achievement Award for his research from the American Psychological Association in 1956.

The person-centred approach emphasises the capacity and strengths of clients to direct the course and direction of their own therapy. The concept of self-actualisation is at the centre of person-centred counselling, in common with other humanistic therapies, philosophies and approaches.

Varah, Chad CH, CBE (1911–2007) Founder of the Samaritans

Working as an Anglican priest in south London, Varah recognised the problems caused by social isolation. One of his first duties was to officiate at the funeral of a 14-year-old girl, who had committed suicide. Shocked at the discovery of the first visible signs of puberty, she had nobody with whom she could discuss these symptoms and became convinced that she was suffering from a dreadful and incurable illness and taking her own life seemed the only way out.

In 1953 he began pastoral counselling at St Stephen Walbrook in the City of London, and founded the non-religious telephone counselling organisation the Samaritans, firstly offering advice on sex.

Varah was President of Befrienders International (Samaritans Worldwide) (1983–6), and travelled widely to introduce the principles of the Samaritans. In his eighties he campaigned to discourage East African immigrants from continuing their tradition of female genital mutilation.

Trained volunteers provide this free, confidential service 24 hours every day, and maintain a website listing centres and telephone helplines around the world. At the time of writing, 50 countries were listed, and the website is available in 15 languages (www.samaritans.org/).

Glossary

Acceptance. The feeling of being accepted as we really are, including our strengths and weaknesses, differences of opinions, or whatever, no matter how unpleasant or uncongenial, without censure. Not judging the client by some set of rules, values, or standards.

Active listening. Accurate and sensitive listening which indicates to the client that the counsellor is truly listening. Includes non-verbal responses such as gestures, body posture, facial expressions and eye contact. Involves listening at a 'head' level to the thinking behind the words, and a 'heart' level to the feelings and emotions behind the words.

Advanced empathy. Works almost exclusively with implied feelings, those that lie below the surface – and hunches. Helps clients see their problems and concerns more clearly and in a context that enables them to move forward.

Advising. Telling other people what they *should* do, rather than enabling them to find their own solutions. To recommend; suggest.

Affect. A subjective emotion or feeling attached to an idea, to some aspect of self, or to some object. Common affects are euphoria, anger and sadness. Affect may be flat, blunted, inappropriate, labile (shifting).

Affirmation. Positive self-talk. Affirmations are useful for changing a negative self-image to a positive one.

Ambivalence. Simultaneous and contradictory attitudes or feelings (as attraction and repulsion) towards an object, person or action; continual fluctuation between one thing and its opposite, uncertainty as to which approach to follow.

Anxiety. Apprehension, tension or uneasiness from anticipation of danger, the source of which is largely unknown or unrecognised.

Attending. Being physically and emotionally available to the client.

Attitude. A pattern of more or less stable mental views, opinions or interests, established by experience over a period of time. Attitudes are likes and dislikes, affinities or aversion to objects, people, groups, situations and ideas.

Availability. Where we make ourselves emotionally available to another person. It demonstrates our willingness to be involved.

Behaviour therapy. A method of treatment designed to modify observable behaviour and thoughts that relate to behaviour. Aims to help clients alter

maladaptive, or self-defeating, behaviour patterns using rewards such as praise, and negative reinforcements, such as withholding attention or disapproval. Also teaches clients strategies for calming the mind and body (relaxation techniques) so they feel better, can think more clearly, and can make effective decisions.

Body language. Non-verbal communication by largely unconscious signals. The principal elements of body language are: gesture, touch, eye contact, facial expression, posture, and non-verbal aspects of speech: tone of voice, volume, etc.

Boundaries. The ground-rules for counselling. Necessary for the comfort and safety of client and counsellor.

Brainstorming. Generating a free flow of thoughts and ideas that might assist with developing new ideas for solving a problem.

Catharsis. (from the Greek *katharsis*, to cleanse, purge). A purification or purgation of the emotions (e.g. pity and fear) primarily through psychology, fantasy or art. A process that brings about spiritual renewal or release from tensions or elimination of a complex by bringing it to consciousness and affording it expression.

Child psychologist. A person who studies the development of the mind of a child.

Clinical psychology. A branch of psychology concerned with the understanding and application of psychological techniques to a variety of clinical and health problems.

Clinician. A physician, psychologist or psychiatrist specialised in clinical studies or practice.

Coaching. A method of directing, instructing and training a person or group of people, with the aim to achieve some goal or develop specific skills. There are many ways to coach, types of coaching and methods to coaching. Direction may include motivational speaking. Training may include seminars, workshops, and supervised practice (www.certifiedcoach.org/).

Co-counselling. A self-directed, peer approach, where two people work together to help each other deal with problematical situations or traumatic experiences. Each person, for an agreed length of time, acts as counsellor to the other, supporting that person while he or she works through the problem and/or expresses their emotional pain.

Cognitive behavioural therapy. CBT combines two approaches: cognitive therapy and behaviour therapy. This therapy is based on the premise that we are all conditioned by our upbringing to behave and think in certain ways. CBT involves guiding clients through experiences that will change the way they think so that they can change behaviour, and encouraging clients to challenge their negative thought patterns.

Concreteness. Encouraging the client to be concrete or specific about events and feelings, rather than making vague, woolly or generalised statements, and responding in a clear and specific way.

Confidentiality. Maintaining trust with the client by not passing on personal information about them without permission being granted.

Conflict. The simultaneous presence of opposing or mutually exclusive impulses, desires or tendencies. Conflict may arise externally or internally.

Confrontation. Anything the counsellor does that invites the client to examine his behaviour and its consequences. Done with sensitivity and caring, it can be a powerful gift to the client and can open up possibilities for change. Pointing out discrepancies to the client, for instance, between what they do and what they say. A bold challenge.

Congruence. Agreement, harmony, conformity, consistency.

Contract. Terms on which counselling is offered. Agreement may be written and signed by client and counsellor, or may be verbal.

Control. The need to feel appropriately in control in a relationship, without either feeling the need to dominate or be dominated.

Core conditions. Relationship qualities embraced in most therapies, and considered to be crucial in person-centred therapy.

Defence mechanisms. Unconscious adjustments made, either through action or the avoidance of action, to keep from recognising personal qualities or motives that might lower self-esteem or heighten anxiety.

Delusion. A delusion is a persistent false belief which is both untrue and that cannot be shaken by reason or contradictory evidence, and which is inconsistent with the person's knowledge or culture.

Depression. A disorder of mood marked especially by sadness, inactivity, difficulty in thinking and concentration, a significant increase or decrease in appetite and time spent sleeping, feelings of dejection and hopelessness, and sometimes suicidal tendencies. Reactive depression is said to be attributable to a specific event, such as death. Clinical or endogenous depression: both these terms have been replaced by mood disorders, although some people still use them. Clinical depression refers to a depression which is serious enough to need treatment by a doctor. Endogenous means arising from within. In older textbooks the distinction was made between reactive and endogenous, the latter being more serious.

Dialectical behaviour therapy (BDT). A treatment method developed by Marsha Linehan, University of Washington, to treat patients displaying features of borderline personality disorder (BPD). Treatment includes: individual therapy, group skills training (comprising four modules – core mindfulness skills, interpersonal effectiveness skills, emotion modulation skills and distress tolerance skills), telephone contact and therapist consultation. The key strategies in DBT are *validation* and *problem solving*.

Dissociation. A temporary but noticeable change in a person's character or personal identity in order to avoid emotional distress. It is the separating off of

thoughts, feelings and fantasies from conscious awareness. Although the mental contents are disowned and separated from the rest of the personality, they are not repressed or projected on to someone else.

Eclectic approach. The eclectic counsellor does not adhere to any particular school of therapy or counselling. She or he chooses what is most appropriate from the complete gamut of therapeutic approaches. The approach chosen takes into consideration the client's individuality and identified needs.

Emotion. A mood, attitude, frame of mind, state of mind, strong feeling, particular mental state or disposition.

Emotional freedom techniques (EFT). A modern and growing form of personal development and therapy. EFT is one of a number of recent concepts increasingly used for improving and developing people. As a psychotherapeutic tool, EFT can be effective for various purposes, including personal and self-development, attitude and behaviour development, resolving personal problems, reducing stress, and restoring life balance.

Empathic responding. Understanding, or striving to understand, the thoughts, feelings, behaviours and personal meanings from another person's frame of reference, and responding with sensitivity and caring.

Empathy. The ability to step into the inner world of another person and step out of it again, without identifying too closely (becoming) that person. Trying to understand the thoughts, feelings, behaviours and meanings from the other person's frame of reference (to feel *with*, to be *alongside*). Should not be confused with *sympathy* (feeling *like)*, or pity (feeling *for).*

Euphoria. An exaggerated feeling of physical and emotional well-being, usually of psychological origin, not attributable to some external event.

Eye movement desensitisation and reprocessing (EMDR). EMDR is a therapeutic technique in which the patient moves his or her eyes back and forth, hither and thither, while concentrating on 'the problem'. The therapist waves a stick or light in front of the patient and the patient is supposed to follow the moving stick or light with his or her eyes. The therapy was discovered by therapist Dr Francine Shapiro while on a walk in the park. It is claimed that EMDR is useful in treating many emotional and behavioural difficulties but its main application has been in the treatment of post-traumatic stress disorder (PTSD).

Family therapy. Counselling more than one member of a family in the same session. The assumption is that problems in one member of the family affect all other members to some degree, and the interrelationship between family members. Particular attention is paid to the dynamics; how to mobilise the family strengths and resources; how to restructure dysfunctional behaviour. Family therapy should only be carried out by counsellors skilled in working with different family systems.

Feedback. An essential mechanism in any interpersonal communication. It gives one person the opportunity to be open to the perceptions of others. Giving feedback is both a verbal and a non-verbal process where people let others know their perceptions and feelings about their behaviours. Without effective feedback, communication will flounder.

Fight/flight response. The term given to the action of certain hormones within the body which prepares the person to fight or run away from danger.

Flashback. A past incident recurring vividly in the mind, often associated with previous taking of hallucinogen-type drugs, but also with traumatic experiences.

Focusing. Helping the client explore a specific area in depth. Focusing helps client and counsellor find out where to start, and in which direction to continue.

Force field analysis. A decision-making technique developed from Lewin's field theory. Designed to help people understand the various internal and external forces that influence the way they make decisions.

Frame of reference. Hearing and responding in such a way that you demonstrate that you are trying to see things through the other person's eyes.

Genuineness. The degree to which the counsellor can be freely and deeply herself with the client. Also referred to as congruence and authenticity.

Gestalt therapy. Gestalt, a German word, does not translate easily into a single English phrase. Loosely, it means the shape, the pattern, the whole form, the configuration. Gestalt therapy aims to increase a client's awareness of the whole – shape and pattern, and integration of incongruent parts. Gestalt therapists assist clients to work through 'unfinished business', that is, interfering with present-day functioning by helping them gain insight into what is happening within the self in the here-and-now.

Goal setting. Working out a satisfactory solution. A highly cognitive approach. Takes account of the affective and behavioural factors as well as the creative potential of the client.

Grief therapy. There is no single approach to dealing with grief and bereavement. What people have concentrated on are the various types of grief, and how grief can interfere with normal living. There are various models, such as Kubler Ross and her five phases of grief. A second, and for many, more acceptable, is William Worden's stages model: accept the reality; to experience the pain; to adjust to the new environment; and to withdraw emotional energy from the deceased; and re-invest it in new relationships. These are tasks to be worked at.

Humanistic approach. Humanistic psychological, or phenomenological approach to counselling emphasises the uniqueness of each individual. It stresses the subjective experience of the client, rather than trying to fit the client into some predetermined model or theory. Carl Rogers' person-centred approach is probably the definitive example of this approach. One of the emphasis is self-actualisation.

Hypnotherapy. Hypnosis produces a dream-like or trance-like state. Hypnotherapy is used to help clients achieve specific, achievable short-term goals – reduction, or cessation of, nail biting, bedwetting, smoking, weight, stress levels – relieving pain and depression or overcoming phobias. For many years a controversy has been raging concerning the possibility of hypnotic techniques creating 'false memories' in trauma survivors (memories believed to have been repressed, but in fact are fantasised). These memories (whether real or imagined) can cause considerable distress or retraumatisation. Therefore, hypnosis with trauma survivors should be used with extreme caution, and only administered by a qualified and experienced practitioner.

Immediacy. The skill of discussing your relationship with a client. Also referred to as 'here-and-now', or 'you-me-talk'.

Insight. In psychological terms, the discovery by an individual of the psychological connection between earlier and later events so as to lead to recognition of the roots of a particular conflict or conflicts. A clear or deep perception of a situation.

Integrative approach. Integrative counsellors do not subscribe to one therapeutic approach. The term 'integrative' refers to the integration of two or more theoretical models of therapy.

Intellectualising. Avoiding gaining psychological insight into an emotional problem by performing an intellectual analysis. Using the *head* rather than the *heart.*

Internal frame of reference. The subjective world of a person. When we view another person within the internal frame of reference, that person's behaviour makes more sense.

Intervention. Intervening with the aim of preventing or altering the result or course of actions.

Judgmentalism. Where we judge people according to our own self-imposed standards and values, and impose them in a way that condemns and criticises.

Mentoring. A relationship in which one person – usually someone more experienced, often more senior in the community, helps another to discover more about themselves, their potential and their capability. It can be an informal relationship, where an individual leans on someone else for guidance, support and feedback, or a more formal arrangement between two people who respect and trust each other. Mutual respect and trust is the essence of a successful mentoring process.

Mood. A prevailing and sustained emotion or feeling.

Neuro-linguistic programming (NLP). An interpersonal communication model and an alternative approach to psychotherapy, based on the subjective study of language, communication and personal change. It was co-created by Richard Bandler and linguist John Grinder in the 1970s. The initial focus was

pragmatic, modelling three successful psychotherapists, Fritz Perls (Gestalt therapy), Virginia Satir (family systems therapy), and Milton H. Erickson (clinical hypnosis), with the aim of discovering what made these individuals more successful than their peers.

Non-judgmental attitude. Suspending own judgments and standards and not imposing them on others.

Non-possessive warmth. An attitude of friendliness towards others.

Open invitation to talk. Demonstrating to the client that you are ready to listen.

Openness. How prepared we are to let other people see beneath the surface; to let them be appropriately aware of our feelings, secrets and innermost thoughts.

Open questions. Keep conversation going and create greater interest and depth. They seek clarification, elaboration and encourage exploration.

Paraphrasing. Restating the client's thoughts and feelings in your own words.

Person-centred approach. This approach emphasises the quality of the counsellor and client relationship. Genuineness, warmth, honesty, unconditional positive regard and empathy are considered essential 'conditions' to a growth-producing climate between client and counsellor.

Pharmacotherapy. Treatment of illness/symptoms with medication.

Post-traumatic stress disorder. An anxiety disorder in which exposure to a traumatic mental or physical stressor is followed, sometimes immediately and sometimes within up to three months or more after the incident, by persistent re-experiencing of the event, with its associated feelings and behaviours.

Problem solving. Helping someone, or ourselves, to resolve some difficulty by working to a model or plan, the aim of which is to generate positive action.

Psychiatry. A branch of medicine concerned with the diagnosis and treatment of psychological disorders. A psychiatrist is a doctor of medicine who has received postgraduate training in psychiatry.

Psychoanalysis. A theoretical system of psychology based on the work of Sigmund Freud. Psychoanalysis may be defined as human nature interpreted in terms of conflict. The mind is understood as an expression of conflicting forces – some conscious the majority unconscious. A deeper and more intense form of treatment than other forms of psychotherapy.

Psychodynamic. The study of human emotions as they influence behaviour. Psychodynamic theory recognises the role of the unconscious, and assumes that behaviour is determined by past experience, genetic endowment and current reality. A psychodynamic counsellor works toward the client achieving insight.

Psychotherapy. Form of 'talking cure'. The treatment of psychological problems through the use of a variety of theories of personality development, specific techniques and therapeutic aims. Aimed at relieving psychological distress. Psychotherapists use talk and thought, rather than surgery or drugs. May be superficial, deep, interpretive, supportive or suggestive.

Rational emotive behaviour therapy (REBT). REBT is a comprehensive, active-directive psychotherapy which focuses on resolving emotional and behavioural problems and disturbances and enabling people to lead happier and more fulfilling lives. REBT was created and developed by the American psychotherapist and psychologist Albert Ellis. REBT is one of the first and foremost forms of cognitive behaviour therapy (CBT) and was first expounded by Ellis in the mid 1950s.

Reflecting feelings. Understanding the client's emotional world and mirroring client's emotional content with empathic responses.

Repression. In all depth psychology it is where an idea or feeling is banished or not allowed to enter consciousness. It is the cornerstone concept of psychoanalytic theory. Repression prevents unacceptable ideas, wishes, anxieties, impulses and images from becoming conscious.

Self-awareness. An awareness of our inner experience – what goes on inside our heads – how we think and feel – knowing how we function emotionally. A continuous and evolving process of gathering information about ourselves. A basic need in effective helping.

Self-disclosure. Disclosing personal information, thoughts and feelings to clients. Used to serve the needs of the client, not the needs of the counsellor.

Self-esteem. A confidence and satisfaction in oneself: self-respect, self-worth, self-pride. Self-esteem is the value we place on ourselves. A high self-esteem is a positive value; a low self-esteem results from attaching negative values to ourselves or some part of ourselves.

Stereotyping. Pigeon-holing, putting people into a mould, typecasting, making assumptions – not making allowances for a person's individuality. Stereotyping is typically negative, and is often rooted in prejudice, ignorance or irrational fears.

Stress. An imprecise term, but generally taken to mean a state of psychological tension produced by the kinds of forces or pressures (stressors) that exert force with which the person feels unable to cope. The feeling of just being tired, jittery, or ill are subjective sensations of stress.

Summarising. The process of tying together all that has been talked about during part of, or all of, the counselling session. It clarifies what has been accomplished and what still needs to be done.

Supervision. Concerned with the emotional development of the counsellor, and developing the counsellor's skills. Focus is not therapy for the counsellor. Supervision falls between the polarities of counselling and tutoring.

Suppression. In a broad sense, suppression is the voluntary and conscious elimination of some behaviour, such as a bad habit or suppression of unacceptable ideas. In psychoanalytic terms, suppression refers to conscious, voluntary inhibition of activity, in contrast to repression, which is unconscious,

automatic and prompted by anxiety, not by an act of will. Disturbing ideas, feelings, memories are banished from the conscious to the preconscious. Suppression is less total than repression and, because it resides in the preconscious, is more accessible to the conscious. While issues are deliberately cut off, they are not avoided; discomfort is present but is minimised.

Syndrome. A group of signs and symptoms that occur together and characterise a particular abnormality.

Therapeutic alliance. A collaborative relationship between counsellor and client. A strong therapeutic alliance (client–counsellor bond) is considered a necessary condition for effective counselling.

Transactional analysis. TA is a system of analysis and therapy developed by Eric Berne (1910–70) and popularised in his book *Games People Play* (1964). The theory is that we have various ego states, parent, adult and child (PAC), all of which influence our behaviour. Counsellors using TA work with the client to get more harmony between the three ego states.

Transference. The process whereby emotions are passed on or displaced from one person to another during therapy. **Countertransference** is the therapist's displacement of emotions onto the client or more generally the therapist's emotional involvement in the therapeutic interaction.

Trust. Faith in one's own integrity (confidence in oneself), and reliance on the integrity, ability and character of another person (having faith in).

Unconditional positive regard. A non-possessive caring, valuing, prizing, acceptance of the client, regardless of how unpleasant the client's behaviour might be.

Unconscious. According to Freud and psychoanalysis, the unconscious is that part of the mind or mental functioning which is accessible only rarely to awareness. The aim of psychoanalysis is to bring into the conscious mind what has been repressed into the unconscious. We repress painful memories and wishes, and unacceptable drives. Counselling does not work directly with the unconscious, and that is one of the major differences between counselling and psychoanalysis.

Values. Deeply held principles, standards, or beliefs that we consider good or beneficial to our well-being and which influence our behaviour, thoughts and feelings and how we relate to people.

Useful Websites

Association for Counselling and Therapy Online (ACTO)
Web: www.acto-uk.org
Description: UK professional association for therapists who work online, formed in October 2006. Therapist members of ACTO are also members of an established professional body such as the BACP or UKCP (see below), or the HPC (Health Profession Council). The ACTO website includes a Directory of Online Therapists and Directory of Online Supervisors.

British Association of Psychotherapists (BAP)
Web: www.bap-psychotherapy.org
Description: The British Association of Psychotherapists is the longest established and largest psychotherapy association in the UK, providing individual psychoanalytic psychotherapy for adults, children and adolescents, Jungian Analytic Psychotherapy and clinical trainings.

British Association for Counselling and Psychotherapy (BACP)
Web: www.bacp.co.uk
Description: The leading body of counselling and psychotherapy in the UK. BACP sets, promotes and maintains standards for the profession, sets recognised standards for the delivery of education and training, and is strongly committed to high practice standards and the protection of the public. Publications include *Therapy Today* journal (currently 10 issues per year), *Counselling and Psychotherapy Research Journal* and *Healthcare Counselling and Psychotherapy Journal* (currently quarterly) and a *Counselling and Psychotherapy Resources Directory*. The BACP website features a wealth of useful information including a database for anyone 'Seeking a therapist'.

British Psychological Society (BPS)
Web: http://www.bps.org.uk
Description: Aims: to encourage the development of psychology as a scientific discipline and an applied profession, to raise standards of training and practice in the application of psychology and to raise public awareness of psychology and increase the influence of psychological practice in society.

Cruse Bereavement Care
Web: www.crusebereavementcare.org.uk
Description: Exists to promote the well-being of bereaved people and to enable anyone bereaved by death to understand their grief and cope with their loss. The organisation provides support and offers information, advice, education and training services.

Institute of Family Therapy
Web: www.instituteoffamilytherapy.org.uk
Description: Provides a range of services for families, couples and other relationship groups, family mediation service, training courses, conferences and workshops.

Mind
Web: www.mind.org.uk
Description: The leading mental health charity in England and Wales. Mind produces a wide range of publications. Useful booklets include: *Making sense of counselling, Making sense of psychotherapy and psychoanalysis, Making sense of cognitive behaviour therapy*, and *Understanding talking treatments.*

Relate: The relationship people
Web: www.relate.org.uk
Description: Relate is the UK's largest provider of relationship counselling and sex therapy. They also offer a range of other relationship support services. Local branches can be found by entering a postcode on the site.

The Institute of Counselling, Clinical and Pastoral Counselling
Web: www.collegeofcounselling.com
Description: The Institute offers a wide range of tutor supported correspondence courses, videos, audio cassettes and books; specialising in counselling skills training. The Institute is a non-profit organisation established in the UK in 1985 to provide quality home study training and education at affordable costs.

The Royal College of Psychiatrists
Web: www.rcpsych.ac.uk
Description: The professional and educational body for psychiatrists in the United Kingdom and the Republic of Ireland. The RCP website contains several informative factsheets including: *Psychotherapy, counselling, and psychological treatment in the NHS: FAQs for professionals and service commissioners; Psychotherapy in the NHS: 25 FAQs for service users; Professionals involved in the care of people with mental health problems* and a *Glossary of Terms.*

The Samaritans
Web: www.samaritans.org.uk
Description: Samaritans provides confidential non-judgmental emotional support, 24 hours a day for people who are experiencing feelings of distress or despair, including those which could lead to suicide. Site contains an alphabetical list of branches.

United Kingdom Council for Psychotherapy (UKCP)
Web: www.psychotherapy.org.uk
Description: The UKCP exists to promote and maintain the profession of psychotherapy and the highest standards in the practice of psychotherapy throughout the United Kingdom, for the benefit of the public. Their website includes facilities for Finding a Psychotherapist, and Finding a Psychotherapeutic Counsellor.

wpf Counselling & Psychotherapy
Web: www.wpf.org.uk/
Description: Established in 1969 wpf Counselling & Psychotherapy is a professional organisation that promotes psychological well-being, through the provision of high quality therapy appropriate to each individual and a wide range of accredited training programmes.

Further Reading

Approaches to counselling and psychotherapy

A Practical Approach to Counselling, Margaret Hough. Longman (2nd revised edn., 2001).

Cognitive-behavioural Counselling in Action, Peter Trower, Andrew Casey, and Windy Dryden. SAGE Publications (1988).

Four Approaches to Counselling and Psychotherapy, Windy Dryden and Jill Mytton. Routledge (1999).

Integrative Counselling Skills in Action, Sue Culley and Tim Bond. SAGE Publications (2nd edn., 2004).

Psychodynamic Counselling in Action, Michael Jacobs. SAGE Publications (3rd revised edn., 2004).

Assessment and interviewing

Client Assessment, Stephen Palmer and Gladeana McMahon. SAGE Publications (1997).

Carl Rogers

A Way of Being, Carl R. Rogers. Houghton Mifflin (1995).

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On Becoming a Person, Carl R. Rogers. Constable and Robinson (2004).

The Carl Rogers Reader, H. Kirschenbaum. Houghton Mifflin (1996).

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Contracts in Counselling and Psychotherapy, Charlotte Sills. SAGE Publications (2nd revised edn., 2006).

Counselling in a Nutshell Series

Cognitive Therapy in a Nutshell, Michael Neenan and Windy Dryden. SAGE

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Psychodynamic Counselling in a Nutshell, Susan Howard. SAGE Publications (2005).

Gerard Egan

The Skilled Helper: A Problem-Management and Opportunity Development Approach to Helping, Gerard Egan. Thomson Learning (8th international edn., 2006).

Introductory texts and next steps

An Introduction to Counselling, John McLeod. Open University Press (3rd revised edn., 2003).
Counselling for Toads: A Psychological Adventure, Robert De Board. Routledge (1997).
First Steps in Counselling: A students' companion for basic introductory courses, Pete Sanders. PCCS Books (3rd revised edn., 2002).
Next Steps in Counselling: A Students' Companion for Certificate and Counselling Skills Courses, Alan Frankland and Pete Sanders. PCCS Books (2008).

Legal matters

Counselling, Psychotherapy and the Law, Peter Jenkins. SAGE Publications (2nd edn., 2007).
Therapists in Court: Providing Evidence and Supporting Witnesses, Tim Bond and Amanpreet Sandhu. SAGE Publications (2005).

Medical and psychiatric matters

Medical and Psychiatric Issues for Counsellors, Brian Daines, Linda Gask, and Amanda Howe. SAGE Publications (2nd edn., 2007).

Personal and professional development

Counsellor's Workbook: Developing a Personal Approach, John McLeod. Open University Press (2004).
Personal Development in Counsellor Training, Hazel Johns. SAGE Publications (2002).

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Developing Person-Centred Counselling, Dave Mearns. SAGE Publications (2nd revised edn., 2002).

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Empathy: Rogers Therapeutic Conditions Evolution Theory and Practice, Sheila Haugh and Tony Merry. PCCS Books (2001).

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