

1

Introduction to Counselling and Psychotherapy: From Theory to Practice

1.1 INTRODUCTION

CHAPTER OVERVIEW

Counselling and psychotherapy, following their initial emergence, have moved from the periphery into the mainstream. This chapter considers key definitions of counselling and psychotherapy and outlines the debate on the relationship (in terms of differences and similarities) between the two. In addition, the position of counselling and psychotherapy within wider helping professional roles is explored. The chapter also offers an outline of the overall structure of the book.

So much change in so little time

It is difficult to imagine when thinking of counselling and psychotherapy in today's context that, not too long ago, it was quite different. The proliferation of therapy across a range of settings and the subsequent embedding of therapy as viable choices for proportions of the population would be almost unheard of just a few decades ago. Indeed, I recall clearly in the mid- to late 1980s when I began my training that finding placements proved to be a significant challenge. Not, as is

the case today, because of the number of people chasing the same opportunities, but rather because it was difficult to find counselling and psychotherapy in many settings at all outside of independent practice or specialist environments. Therapy in primary and secondary care was very limited, with opportunities existing mostly in the third sector.

A number of factors have led to change in the intervening years. They include: work by a number of professional bodies to communicate the benefits of counselling and psychotherapy; increasing acknowledgement of the importance of mental health and the link between mental and physical wellbeing; a slow move away from a medication culture, with a population more willing perhaps to question the treatment they receive; an increasing evidence base demonstrating the efficacy of the psychological therapies across a range of difficulties; a challenge (led by mental health charities) to the stigma of mental health distress and the promotion of help-seeking; a higher profile of counselling and psychotherapy in the media; and a change in policy, particularly around mental health, towards a greater involvement of service users and the increasing potency of the client/patient voice.

When I qualified as a social worker and began working in adult mental health secondary care settings, psychiatry was still a very dominant force: the psychiatrist was rarely questioned and intervention for people experiencing acute and chronic mental health distress typically consisted of medication or in- and out-patient care. Over the intervening years the dominance of psychiatry has waned: the psychiatrist remains an important figure, but one who is now part of a mental health team. Nursing, social work, advocacy and psychology have become more prominent and hospital admission is seen very much as a last alternative. Advances in medication have given medical personnel greater treatment options and people experiencing difficulties have demanded alternatives to medication and hospitalisation. Counselling and psychotherapy have increasingly come to be seen as a viable and beneficial alternative or addition to other forms of support. Therapy has moved from the periphery into the mainstream. In the process, it has further embedded itself into mainstream culture, such as in films, music, literature, art and television and, in doing so, has entered the public consciousness.

This change has brought challenges. Counsellors and psychotherapists need to be equipped by their training to work in a wider variety of contexts and to acquire skills and knowledge to meet a wide range of presenting issues. Each working context demands its own level of competence, with therapists trained on generic courses needing to undertake further training to equip them for their role. With this proliferation too comes the need to ensure that practice remains ethically and legally pertinent, offering high levels of care and integrity to those accessing help. With a greater demand for innovative and effective treatments comes a necessity to demonstrate efficacy in the face of falling budgets and closing services. Counsellors and psychotherapists need to develop competency as researcher-practitioners, or at

least as competent critical consumers of research. The imperative is for counselling and psychotherapy to clearly and unequivocally demonstrate a sound evidence base for practice. We cannot just assume that what we do works: we need to demonstrate it in the language of commissioners, budget holders and policy developers. The development and implementation of benchmarking tools and outcome measures demand that therapists find ways of integrating such tools into their day-to-day work with clients.

The rapid development of technology too has made its inroads into the provision of therapy. This has occurred not only in terms of record keeping, databases and tracking client demographic information, but also in the actual delivery of therapy, moving away from face-to-face contact and transporting therapy into a virtual world of email, synchronous chat and message boards. Clients now, quite rightly, demand up-to-date information not just about the types of therapy on offer, but also the form and nature of the delivery of the therapy they will receive. They have become informed consumers, requesting specific therapies and particular interventions.

Counselling and psychotherapy: from theory to practice

There is so much for new trainees to discover that it is quite impossible for courses, however hard they try, to cover all that is needed. The place of supervision is important here in helping new practitioners to make the link from theory to practice in both contextualising and understanding the lessons from direct work with clients. The responsibility for self-direction in personal and professional development is key too.

When beginning to think about this book, I reflected on what was already available and where the gaps were between existing resources. There are a number of excellent introductory texts that help draw on research and academic learning to inspire new therapists. There are also some great texts that explore the acquisition and development of skills. As a practitioner I have sought to write something that could accompany you from your earliest steps at the beginning of your training, into the practice placement, then on to the process of reflecting on how you begin direct work with clients. I have aimed too for the book, as your competence and experience develops, to help link practice learning and theory and to explore the possibility of employment and, finally, qualified practice. That is, I have wanted to produce a book that would accompany you every step of the way – a book written by a practitioner for new practitioners. I have tried to include everything in here – including the kitchen sink! I have sought to include all those aspects of practice that we consider, think about and reflect on. Though in the end I haven't actually been able to include the sink, I hope that the book proves to be useful and thought-provoking and that it prompts further questions and discovery.

The book as a whole: what's in store

Here I want to offer a pen picture of each chapter so you can quickly see how the book is structured, 'signposting' you to sections most relevant for your stage on the journey into practice. The book is structured over three parts: Setting the Context (in which we will look at training, theories, settings, law and ethics); The Therapeutic Relationship (in which we will consider the types of problems we may work with in sessions with clients and the management of the therapeutic relationship); and The Professional Self (in which we will consider key aspects of, and beyond, contact with clients that help determine accountable and professional practice).

Chapter 1: Introduction to Counselling and Psychotherapy

Well, you're here already! This first chapter outlines definitions of counselling and psychotherapy and how they are different and similar (and, trust me, that is no easy task!), before moving on to an overview of their development. The process of tracing this emergence provides a helpful overview in locating today's practice in a wider historical context. It is important to view the current situation in the context of its history and development – the past so often helps us make sense of the present.

Part One: Setting the Context

Chapter 2: Becoming a Counsellor or Psychotherapist: The Training Journey

The next chapter examines all the factors that inform, shape, support and challenge the process of becoming a counsellor or psychotherapist, starting right at the very beginning of training. While it is, without doubt, a fascinating and life-changing process, it can also bring difficult challenges that you need to consider before you begin. Likewise, knowing what sort of training you are looking for, the context you might wish to work in when you qualify, as well as the multitude of practical considerations, all require commensurate thought.

Chapter 3: Principal Counselling and Psychotherapy Approaches and Skills

Here I provide an overview of the main theories and models that inform contemporary counselling and psychotherapy. The chapter does not seek to provide an exhaustive list (given the estimated 450 models of therapy available!); instead, it focuses on the key models and provides a checklist for each of the principal ideas and philosophical assumptions. Models include cognitive-behavioural approaches, the psychodynamic approaches, as well as the humanistic models. Additionally, the chapter considers current developments in counselling and psychotherapy thinking, including the emergence of models such as mindfulness-based cognitive-behavioural therapy and working pluralistically.

Chapter 4: Professional Settings and Organisations

The sheer scope of working contexts and settings in which counselling and psychotherapy are found can be overwhelming. This chapter considers why and how the setting in which counselling and psychotherapy take place is so important in shaping the form and nature of the therapy on offer, as well as how counselling and psychotherapy 'sit' within a procedural and political frame and the importance of your having an understanding of the policies that have particular influence on their setting and practice, including independent practice.

Chapter 5: Law, Policy, Values and Ethics

Counselling and psychotherapy operate within a legal framework and are informed by policy, yet are fundamentally rooted in strong values and ethics. This chapter looks at how law and policy define what we do, but also how our values and ethics as counsellors and psychotherapists shape and structure our thinking and approach to practice. Here we will consider how the soul of the therapeutic relationship is enlivened by our core beliefs.

Part Two: The Therapeutic Relationship

Chapter 6: Clients and Presenting Issues

Clients present with a wide range of problems in counselling and psychotherapy, from struggles with worry and wellbeing, through to complex and long-standing mental health problems. Some clients will have a formal diagnosis of mental health distress, while others will not. Before we can critically reflect on diagnostic structures and labels (or reject them) we need to understand how they work so that we can see problems in context. The problems explored in greater detail will include: anxiety and panic attacks; depression; post-traumatic stress; eating disorders; loss and bereavement; suicide and self-harm; sexual problems; psychosis; and personality disorders.

Chapter 7: Managing Aspects of the Therapeutic Relationship

Counselling and psychotherapy are about beginning, structuring, contracting, maintaining and ending, and managing all aspects in between; the therapeutic process begins before the client ever enters the room. Here we will outline and explore all these factors so that you can support your learning and offer your clients a safe, respectful and appropriate space for them to explore their difficulties.

Chapter 8: Challenges in the Therapeutic Relationship

There are a number of important areas integral to the therapeutic process that can also present particular challenges to it, including: transference and countertransference;

dependency; missed appointments and cancellations; clients who are resistant to therapy; self-disclosure; and getting 'stuck'. While the chapter won't be able to offer a blueprint response applicable to all situations all of the time, having the confidence to understand them as part of the therapeutic process, as opposed to outside of it, can help us work more effectively with them.

Chapter 9: Working with Diversity and Difference

It is important that we acknowledge the diversity in human experience and how that will be presented in counselling and psychotherapy sessions, including through sexual orientation, gender, faith and spirituality, culture and disability. We must challenge the idea that there is a 'one size fits all' approach to therapy and reflect on and adapt our practice in accordance with our clients' needs. This will involve questioning our own underlying assumptions and stereotypes.

Part Three: The Professional Self

Chapter 10: Managing Professional Responsibilities

There are a number of important skills and boundaries for us to consider that not only facilitate the therapeutic relationship, but can also be important aspects of it. How we communicate with clients outside of sessions, keep our relationships appropriate and manage dual relationships (where we may have contact with clients in other settings or roles) all demand commensurate skill. Likewise, whether or how to use touch as part of our work, how to check we continue to work within the boundaries of competency and, finally, how we take care of ourselves all demand time and consideration.

Chapter 11: Supervision and Consultation

Supervision is an integral part of what we do as counsellors and psychotherapists and, in the UK, is an ethical requirement of practice. Here we will look at what is meant by the term, offering definitions that help explore the different components of a successful supervisory relationship. The process begins with finding the right supervisor, and then includes how to contract, review and, eventually, end a supervisory relationship: all these aspects are considered fully.

Chapter 12: Counselling, Psychotherapy and Research

We have already highlighted how, in moving from the periphery to the mainstream, counselling and psychotherapy need to demonstrate their efficacy not only to funders and commissioners, but also (and most importantly perhaps) to those accessing help at times of distress. We need to become at least a research-aware profession, if not a research-active one. Here we will consider some of the main skills required in

critically evaluating research, as well as theories and ideas that might help us take the first steps to becoming researchers.

Chapter 13: Endings and the Next Steps

Like all journeys, this one has an ending. This chapter will aim to prompt reflection to help you consider the process you have been through and look forward to what may be next. When we finish our training we step out into the world as qualified practitioners and are tasked with making important decisions about our personal and professional future. The journey from placement to practice is the point at which theory becomes alive, speculations become reality and the immense satisfaction that can be gained in meeting with another to help them find their way through difficulty and disturbance becomes realised. I hope that you enjoy your journey as much as I am enjoying mine and that you will find this book of benefit to you along the way. On the companion website I have made a short [video](#) talking through the structure of the book, which you may want to watch.

So, let's begin ...



1.2 DEFINING COUNSELLING AND PSYCHOTHERAPY

SECTION OUTLINE

There is much debate over the differences and similarities between 'counselling' and 'psychotherapy' and this has vexed theorists, academics, practitioners and researchers for some considerable time. This section explores the question of whether counselling and psychotherapy are discrete disciplines or, in contrast, whether the overlap is sufficient to render distinction irrelevant.

There are always challenges in trying to define 'counselling' and 'psychotherapy' as it inevitably and immediately leads into contentious territory about similarities and differences. If one writes about 'counselling', the risk is that those psychotherapists who see their role as different from counselling will disengage. Likewise, writing about 'psychotherapy' runs the risk of leaving a proportion of counsellors out in the cold. To write about 'counselling and psychotherapy', however, runs the risk of presuming they are two, distinct activities, while to use 'psychological therapies' as a 'catch-all' phrase runs the risk of leaving everyone out in the cold.

These dilemmas present problems not only for textbook authors: imagine the implications for delivery of services, regulation and accreditation, training and, most importantly, the confusion potential clients might experience when considering

what services to access. Should they see a counsellor or a psychotherapist, and (they may ask) what's the difference between the two anyway?

Kanellakis and D'Aubyn (2010) undertook a study of the public's perception of the titles of counsellor and psychotherapist. Four hundred and fifty members of the UK public were interviewed by researchers and asked their thoughts about the terms 'counsellor', 'psychotherapist' and 'psychological therapist': 30% thought the terms 'counsellor' and 'psychotherapist' were almost identical, while 64% thought them significantly different. Only 24% thought the terms 'psychotherapist' and 'psychological therapist' were significantly different, while 66% thought them almost identical. In this study the public's perception was that 'psychotherapist' was much closer to 'psychological therapist' than to 'counsellor'. Perhaps there is as much confusion in the public perception as there is within the professional field between the different terms.

Definitions

The British Association for Counselling and Psychotherapy (BACP, 2012) defines counselling and psychotherapy as:

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

The American Counseling Association (ACA, 2005, p. 4) says that counselling

encourage[s] client growth and development in ways that foster the interest and welfare of clients and promote formation of healthy relationships. Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process.

Feltham (2012, p. 3) says of counselling and psychotherapy that they are:

mainly, though not exclusively, listening-and-talking based methods of addressing psychological and psychosomatic problems and change, including deep and prolonged human suffering, situational dilemmas, crises and developmental needs, and aspirations towards the realisation of human potential. In contrast to bio-medical approaches, the psychological therapies operate largely without medication or other physical interventions and may be concerned not only with mental health but with spiritual, philosophical, social and other aspects of living. Professional forms of counselling and psychotherapy are based on formal training which encompasses attention to pertinent theory, clinical and/or micro-skills development, the personal development/theory of the trainee, and supervised practice.

According to the United Kingdom Council of Psychotherapy (UKCP, 2012) psychotherapy

aims to help clients gain insight into their difficulties or distress, establish a greater understanding of their motivation, and enable them to find more appropriate ways of coping or bring about changes in their thinking and behaviour. Psychotherapy involves exploring feelings, beliefs, thoughts and relevant events, sometimes from childhood and personal history, in a structured way with someone trained to help you do it safely. Depending on the nature of [the] problem, therapy can be short or long term. Sessions can be provided for adults, adolescents and children on a one-to-one basis, or for couples, families and within groups whose members share similar problems.

The British Psychological Society (BPS, 2005, pp. 1-2) states that counselling psychology

draws upon and seeks to develop phenomenological models of practice and enquiry in addition to that of traditional scientific psychology. It continues to develop models of practice and research, which marry the scientific demand for rigorous empirical enquiry with a firm value base grounded in the primacy of the counselling or psychotherapeutic relationship. These models seek:

- 1 to engage with subjectivity and intersubjectivity, values and beliefs;
- 2 to know empathically and to respect first person accounts as valid in their own terms; to elucidate, interpret and negotiate between perceptions and world views but not to assume the automatic superiority of any one way of experiencing, feeling, valuing and knowing;
- 3 to be practice led, with a research base grounded in professional practice values as well as professional artistry;
- 4 to recognise social contexts and discrimination and to work always in ways that empower rather than control and also demonstrate the high standards of anti-discriminatory practice appropriate to the pluralistic nature of society today.

In distinguishing the terms ‘counselling’ and ‘psychotherapy’ it is helpful to explore a number of themes in more detail. For example:

- 1 The nature of the activity: the extent to which it is seen as (a) medical or (b) social
- 2 The typical duration of the intervention – the extent to which it is likely to be short or long term
- 3 The depth of intervention
- 4 The type of training required.



Below, we explore each of these themes in turn. You may also want to look at the companion website for a [PowerPoint presentation](#) of the definitions of counselling and psychotherapy.

The nature of the activity: medical or social?

The Oxford English Dictionary (OED, 2012) states that counselling is ‘the provision of professional assistance and guidance in resolving personal or psychological problems’, while psychotherapy is ‘the treatment of mental disorder by psychological rather than medical means’. Even though they are the simplest, perhaps the OED definitions are also the most helpful in beginning to tease out some of the points of differentiation that some claim to exist between counselling and psychotherapy. The emphasis placed on counselling is that of offering assistance and guidance in an attempt to resolve problems. The emphasis in psychotherapy is on the treatment of mental disorder without using medical means. Here we see an implication that counselling assists and guides, while psychotherapy treats. Also, the use of the term ‘medical’ in the psychotherapy definition strikes at the heart of a philosophical differentiation, according to commentators who claim that psychotherapy is more allied to medicine, while counselling is more allied to a psychosocial model of help.

However, the suggestion that psychotherapy is more akin to a medical model, while counselling is more akin to a social model, does not resolve the problem of differentiation. For example, person-centred therapy has been a predominant model of choice for training for several years in the UK. Rejecting a medicalising or pathologising view of the human condition, this approach is based instead on a philosophical standpoint of equality, acceptance, and empathy. In most modalities the therapist does not take the ‘expert’ role and certainly does not explicitly intend to offer a ‘treatment’. Yet it is possible to train either as a person-centred counsellor or a person-centred psychotherapist. Both retain their non-medical position yet use different titles. Some argue this anomaly strengthens the view that there is more commonality than difference between counselling and psychotherapy.

Counselling and Psychotherapy in Scotland (COSCA, 2011a), Scotland’s counselling and psychotherapy professional body, additionally suggest that differentiation might be found in the traditions of each discipline, with psychotherapy developing with the emergence of psychoanalysis in the 1920s, while counselling developed somewhat later, in the 1950s.

Duration of intervention: short or long term

Another point of differentiation often made is that counselling typically offers shorter-term or brief interventions, while psychotherapy offers longer-term interventions. Psychotherapy has often been linked with longer-term approaches, and while this may be true historically, over recent years, and with funding restrictions hitting therapy services hard, many therapy providers now offer time-limited interventions, delivered by both counsellors and psychotherapists. Likewise, there are agencies who offer longer-term counselling and, in independent practice where practitioners are freely able to determine their own length of contract, open-ended

or longer-term work is offered by both counsellors and psychotherapists. The distinction between the length of contract offered as a means of differentiating between the two titles is less pertinent in today's financially demanding world.

Depth of intervention

According to McLeod, some have argued that 'although there is a certain amount of overlap between the theories and methods of counsellors and psychotherapists, and the types of clients they see, there is nevertheless a fundamental difference between the two, with psychotherapy representing a deeper, more fundamental level of work over a longer period, usually with more disturbed clients' (McLeod, 2009, p. 10). Psychoanalysis is probably the first approach that comes to mind when people think about psychotherapy. The stereotype of a couch, the therapist (very probably with a goatee beard and an Austrian accent) sitting out of sight encouraging free association and interpreting the results represents many people's image of 'in-depth' therapy. Certainly in my own setting new clients often comment on the fact that I don't have a couch (or an Austrian accent) with a mixture of relief and disappointment. Of course, the premise of this approach is not just a stereotype: psychoanalytic therapy is alive and well – albeit out of the reach of many clients given its long-term nature (typically it lasts many years), frequency (typically several sessions per week) and cost.

Beyond psychoanalysis, however, the depth and extent of work offered by psychotherapists becomes harder to differentiate from that of counsellors. Again in my own setting (namely, higher education), I work in a team, some members of which are trained as psychotherapists, and others as counsellors. The nature of the work is the same: the complexity of work is not differentiated between the two titles and the extent of work (i.e., the duration and frequency) is identical too. In supervising across a range of contexts over the years, including primary and secondary care settings, education, third-sector and independent practice, this seems generally true. However, there are settings where the desired qualification is in psychotherapy rather than counselling. These tend to be specialist settings, such as therapeutic communities for people with personality disorders, or eating disorders. Interestingly, the commonality between such settings where psychotherapy is preferred is that they are often allied to a medical intervention, such as psychiatry. Related to this, some psychiatrists will undertake additional therapy training and will describe themselves as consultant psychiatrist psychotherapists. I have yet to come across a consultant psychiatrist counsellor (though they may exist).

Training

Perhaps the clearest point of distinction between counsellor and psychotherapist has been the structure of training. Although in the UK therapy training is in a process

of change following a debate on the possibility of statutory regulation, psychotherapy training is often structured differently to that of counsellor training. These differences are discussed in more detail in Chapter 2. In summary, we may say here that psychotherapy training is often structured over four years, part-time, leading to a postgraduate diploma in psychotherapy (and registration with UKCP). It is not uncommon for psychotherapy training to require a 20–25 day psychiatric observation placement, and that the trainee be in personal therapy for the duration of their training. In contrast, counsellor training is typically structured over a three-year, part-time course, without a psychiatric placement (although there is often a specialist module on mental health), with the personal therapy requirement ranging from none, through to 40 hours or thereabouts. Exit awards during counsellor training tend to include a certificate in skills. The qualifying award for counsellor training was, for many years, a diploma (or postgraduate diploma). Both counsellor and psychotherapy training have, however, increasingly moved towards a Masters-level qualifying award over recent years, with more courses including a requirement that their students undertake research.

UKCP emphasise training as a key difference for them between counselling and psychotherapy. They state:

Different people use the words counselling and psychotherapy in different ways, so there is no commonly agreed definition. There is a general understanding that a psychotherapist can work with a wider range of clients or patients and can offer more in-depth work where appropriate. UKCP believes the difference lies in the length and depth of training involved and in the quality of the relationship between the client and their therapist. UKCP-registered psychotherapists are trained to Masters level. UKCP registers psychotherapists and psychotherapeutic counsellors. Psychotherapeutic counsellors are counsellors who have received more in-depth training than that undertaken by most counsellors. UKCP's training standards for both qualifications seek to ensure that UKCP registrants are competent to practise to the highest standards. (UKCP, 2012)

During fierce debate in early stages of the (now-defunct) plan to introduce statutory regulation in the UK, the differentiation in training was brought into focus with a consultation document that placed psychotherapists as having a higher level of training than counsellors, citing a greater degree of research competence and emphasising the specialist treatment of mental disorder. This provoked much debate (which was never fully resolved) and the principle was rejected by some leading therapy organisations.

Overall: what difference?

It remains very difficult, if not impossible, to bridge the two sides of the 'different vs. the same' debate. BACP's position is that counselling and psychotherapy describe

the same activity; UKCP see a distinction between them. Spinelli (2006, p. 38) states: ‘Some have suggested that the main distinction between psychotherapy and counselling is that while the former requires clients to recline on a couch, the latter only provides an armchair.’ For each of the points outlined above, there will be several different perspectives. This has implications for clients, who have to make important decisions when seeking help.

For my own view, while I acknowledge differences in the structure and provision (and cost) of training, over the 20 years (plus) that I have been practising I have always worked with practitioners who, regardless of their title, have essentially undertaken the same work. I would define myself as a counsellor in virtue of my training, which was a ‘counsellor’ training. The title for me is defined simply by what my certificate says, rather than any substantive difference between what I do and the role of my psychotherapist colleagues.

Returning to my earlier authorial dilemma, for the purposes of this text I will use a variety of terms. Essentially I will refer to ‘counsellors and psychotherapists’ and ‘counselling and psychotherapy’ to acknowledge that, regardless of the actuality of the situation, people define themselves using these terms. I will also use terms like ‘therapy’, ‘therapist’ and ‘practitioner’ for example, simply to facilitate the flow of text – there is no other intent behind the use of these terms!



DISCUSSION QUESTIONS

- 1 How would you define counselling?
- 2 How would you define psychotherapy?
- 3 What do you consider to be the key similarities and differences between counselling and psychotherapy?
- 4 In what ways do you feel current debates around counselling and psychotherapy (a) help inform the development of the profession and (b) hinder it?

1.3 THE EMERGENCE OF COUNSELLING AND PSYCHOTHERAPY AS DISCIPLINES

SECTION OUTLINE

It is best to understand the nature and scope of counselling and psychotherapy as practised today by placing them within the context of their history. The historical development of counselling and psychotherapy has influenced the shape of current theories and ideas, as well as the contexts in which they operate. This section outlines key milestones of that development and provides the historical background required to contextualise counselling and psychotherapy in general and the particular facets of practice considered elsewhere in this book.

When we begin therapy with a new client it is important that, at some stage of the therapeutic process, we find out a little bit more about who they are, their context and where they have come from. Some modalities emphasise the importance of this more than others. Some therapists take very specific steps in taking a client history, while others allow the information to emerge during the course of therapy. However, there would be fewer therapists who would maintain that history isn't important at all. The more we can understand about the background to something, the more we are able to see its current presentation in a more informed context.

For the same reason, it would be unhelpful to launch into the other sections of this book without taking a moment to consider how counselling and psychotherapy came into being. Certainly, in my own work as a therapist I have, over a relatively short period of time (20 years), seen major changes. The proliferation of counselling and psychotherapy as it is practised today is very different to when I first came into the profession. When I speak with colleagues who have been working as therapists for longer than me, they report the same phenomenon. So, while it is perfectly possible to become a counsellor or psychotherapist without any understanding or insight into the history of our profession, it would be a bit like working with a client while having no knowledge or interest in anything about them beyond their immediate presentation; this option, though possible, is limited.

Many people assume that Sigmund Freud was the 'founder' of modern-day psychotherapy. While certainly his influence has been profound, and many of our current working practices can be traced back to his work, psychotherapy as an activity certainly existed before Freud began writing. It may be impossible to truly locate the origins of talking therapy given that the human propensity to communicate and be in relationships goes back many, many centuries. The process of counselling and psychotherapy, albeit not in a form that we might understand today, can be traced back to early religious and community rituals. In many ways we might argue that what we now call counselling and psychotherapy is merely a systematic form and type of communication with a specific purpose. One could, in addition, argue that all that has happened over the past 100 years, coinciding with the emergence and development of professions such as psychiatry and medicine, has been the application of scientific principles to the human art of discourse.

Medicalisation of distress

The way in which distress has been viewed has changed over the centuries. Ancient Greek and Roman perspectives on mental illness generally looked at causation, and cure, as both coming from the gods. During the 5th and 6th centuries BC the link between madness and the gods was challenged, partly informed by the work of Hippocrates. In the 4th century a tentative relationship between madness with

physical imbalance began to be postulated. He proposed that mental illness was related to a physical imbalance in the bodily humours, namely blood, yellow bile, phlegm, and black bile. They corresponded to the four supposed basic qualities of matter, namely heat, cold, moisture and dryness. The treatment of distress thus came to focus more on the rebalancing of the physical self. This took many forms, but included the management of diet, bathing and purges, and the use of vapours.

Aristotle proposed the idea that the mind and body were divided, but that bile mediated channels between the two. One of the earliest recorded instances of terms that have some resonance with those used today comes from Galen, a Roman physician (130–200 AD). He described several syndromes, including dysthymia, paranoia and hysteria, linked to anxiety and sexual tension. His premise, unlike that of Hippocrates, was that mental illness was more due to an imbalance between aspects of the soul as opposed to the body. According to Merkel (2003, p. 3), the soul was seen to have ‘rational, irrational and lustful parts’.

During the Middle Ages the church reasserted its influence on how mental illness was seen. However, this influence began to decline once again in the 15th and 16th centuries with the emergence of science, with Descartes (1596–1650) arguing that the soul and mind were divided, with the soul having a spiritual dimension while the mind a mental one. However, he did believe there was interaction between the two. Merkel (2003) suggests that during this time the body was seen as primarily mechanical, materialistic and quantifiable, whereas the mind was seen as unlimited, nonmaterial, and situated in the realm of consciousness and thought.

The conception of the body as essentially mechanical began to gain further credibility in the 17th century with the increasing use of anatomical studies. In the 19th and 20th centuries there was acknowledgement of organic and environmental causes for mental illness. Psychiatry began to organise and categorise concepts of mental illness, thus heralding early examples of diagnostic structures in relation to mental illness (the term ‘mental health’ would have been a misnomer given theories were still predominantly driven by medical models of illness and insanity).

The organisation of ideas: the development of psychotherapy

With the categorisation of mental illness (the term itself evolved from ‘insanity’), greater interest in treatments continued to develop. Here we can see the earliest emergence of psychotherapy as a systematic and organised form of response to disorder. Dendy, an English psychiatrist, in 1853 is credited with using the term ‘psycho-therapeia’ to describe a talking cure for psychological problems. Around the same time there was great interest in the use of hypnosis for both psychological and physiological problems. Hypnosis was seen to be able to calm and anaesthetise during medical procedures. McLeod (2009, p. 26) notes that ‘hypnosis was helpful to patients (because) it gave access to an area of the mind that was not accessible

during normal waking consciousness. In other words, the notion of the “unconscious” mind was part of the apparatus of 19th-century hypnotism.’

Freud, a psychiatrist working in the late 19th and early 20th centuries, began to move away from models of psychiatry and hypnosis predominant at the time and looked to develop a new approach to treatment. By developing psychoanalysis, Freud had a profound influence on the subsequent development of psychotherapy. Early analysis relied on the interpretation of dreams and the use of free association. Freud wrote about his experiences with patients extensively and these works are still read and have influence today (Freud, 2004, 2009, 2010). We should make reference too to some of Freud’s collaborators who worked with him early on, but later split away to further develop their own ideas. Most notable of these were Carl Jung and also Alfred Adler, Sandor Ferenczi and Otto Rank. They continued to develop theories and ideas set within a psychodynamic tradition.

A shift in emphasis: the emergence of the ‘person’

The work of Carl Rogers from the 1940s and 1950s onwards marked a dramatic shift in the progression of the talking therapies. Until this point, psychotherapy had been developed primarily by psychiatrists and psychologists and, while moving in different directions, retained an important ‘nod’ towards medicine. Rogers began developing client-centred therapy, drawing more on the existence and use of human qualities than scientific principles. It was his assertion that, given the right conditions, each individual had the propensity to move towards health. These conditions included acceptance, empathy and warmth. There was a philosophical shift away from conceptualising the therapist as expert and towards therapy as a collaborative process between the therapist and client.

The early influences on Rogers came from religion, but as he began his training to become a minister he decided instead to study psychology. His interest first centred on work with children and in 1939 he wrote *The Clinical Treatment of the Problem Child*. Then in 1942 he wrote *Counseling and Psychotherapy*, where he first proposed the ideas of client-centred therapy.

The development of counselling and psychotherapy was not informed only by the work of individuals, but also by the emergence of the institution of therapy. Table 1.1 outlines how the professionalism of counselling and psychotherapy was inextricably linked with the development of therapy institutions, together with other key events. For example, the early 1900s, around the time of Freud’s early influence, saw the establishment of several key psychoanalytic organisations, such as the International Psychoanalytical Association in 1910 and the Institute of Psycho-analysis in 1919. Likewise, the emergence of client-centred therapy and the writing of Rogers in the late 1940s and early 1950s coincided with the development

of counselling organisations drawing on humanistic principles. While the writing of key theorists and practitioners is often associated with the development of counselling and psychotherapy, the emergence of the profession is also located in the development of its organisation and institution.

Key historical developments

Table 1.1, extracted from Feltham and Horton's *Handbook of Counselling and Psychotherapy* (2012), outlines the key historical developments in counselling and psychotherapy from 1900 to the present day.

In summary, while early development was dominated by psychodynamic and psychoanalytic therapy, the emergence of humanistic approaches from the 1940s began to dramatically change the nature and shape of counselling and psychotherapy. Up until 1938, organisations had predominantly centred on psychoanalysis. The National Marriage Guidance Council marked the first instance of a non-psychoanalytic therapy organisation and also the development of a relationship between counselling and the voluntary sector. If psychotherapy was born out of medicine, counselling was perhaps born out of the voluntary movement and education. From the 1950s, with the establishment of the Samaritans and then later CRUSE, a bereavement charity, humanistic approaches became more prominent and the development of theory and practice grew apace. The British Association for Counselling (now the British Association for Counselling and Psychotherapy – BACP) was established in 1977. It is illustrative of the growth of counselling as a professional activity that BACP is now the second largest counselling organisation in the world, with membership of approximately 40,000.

Contemporary counselling and psychotherapy practice

As we have seen, there has been much debate over the similarities and differences between counselling and psychotherapy. A number of issues have been highlighted and, despite the best efforts of theorists and practitioners, there remains little consensus on the matter. Without historical context, it is hard to understand why such debates fuel passion and divergence. However, when viewed through a historical lens this becomes easier to understand: while there have been many commonalities over the years, essentially the disciplines were born from two different traditions.

Perhaps the debate has provoked such passion because counselling and psychotherapy 'speak' of very different ways of viewing the world and human experience. Indeed, much of the discussion around the difference between counselling and psychotherapy centres on whether human distress is located within a medical frame. Whatever the philosophical

TABLE 1.1 Key historical developments in counselling and psychotherapy since 1900

Year	Birth/growth of institutions and professional organisations	Significant events	Appearance of schools (approximate dates)
1900		Freud's <i>Interpretation of Dreams</i>	
1907	British Psychological Society Vienna Psychoanalytic Society		
1908		First (careers) counselling centre, Boston, USA (Frank Parsons)	
1910	International Psychoanalytical Association		
1913	National Vocational Guidance Association (USA)		Analytical psychology (Jung)
1919	London Psychoanalytic Society Institute of Psycho-analysis		Behavioural psychology Psychodrama
1920	Tavistock Clinic		
1921			
1924	British Psychoanalytic Society		
1926	London Clinic of Psychoanalysis Medico-Psychological Association (MPA; previously AMOAH I, originally 1841)		
1935	Alcoholics Anonymous		
1936	Society of Analytical Psychology		
1937		Death of Adler	
1938	National Marriage Guidance Council (now Relate)		
1939		Death of Freud	
1940			Client/person-centred approach
1948		British National Health Service T groups First student counselling service (University College Leicester)	
1950	International Association for Vocational and Educational Guidance (IAVEG)		Gestalt therapy
1951			Rogers's client-centred therapy
1952	Group Analytical Society American Association for Counseling and Development (AACD) American Counseling Association (ACA; originally NVCA)	<i>Diagnostic and Statistical Manual (DSM)</i> 1st edn	
1953	Samaritans		
1955			Rational emotive behaviour therapy (originally RT then RET) Personal construct therapy B
1957			Transactional analysis
1958			Behaviour therapy

Year	Birth/growth of institutions and professional organisations	Significant events	Appearance of schools (approximate dates)
1959	Cruse Scottish Pastoral Association		
1960		First fee-charging counsellor in private practice in UK	
1961		Death of Melanie Klein Death of Jung J.D. Frank's <i>Persuasion and Healing</i>	
1962			Cognitive therapy
1965		Halmos's <i>The Faith of the Counsellors</i>	
1966		Counselling training at Universities of Reading and Keele	
1969	Westminster Pastoral Foundation Association of Humanistic Psychology (USA 1962, UK 1969)		
1970	First Standing Conference for the Advancement of Counselling (annual) MPA becomes Royal College of Psychiatrists	Death of Perls and Berne	Primal therapy
1971		<i>Foster Report</i> on Scientology	
1975	National Association of Young People's Counselling and Advisory Services (later Youth Access)		Neuro-linguistic programming
1977	British Association for Counselling (BAC)		
1978		<i>Sieghart Report</i> on statutory regulation of psychotherapists	
1980	Association of Humanistic Psychology Practitioners (AHPP)	Smith et al. <i>The Benefits of Psychotherapy</i>	
1982		Rugby Psychotherapy Conference (set up by BAC)	
1983	Society for the Exploration of Psychotherapy Integration (SEPI)	First BAC accreditation scheme	Solution-focused therapy
1987		Death of Carl Rogers	
1989	United Kingdom Standing Conference on Psychotherapy (UKSCP)		
1990		Death of Bowlby	Cognitive analytic therapy
1991	British Confederation of Psychotherapists		
1992	European Association for Counselling	BPS Charter of Counselling Psychologists First UK Chair of Counselling (Windy Dryden)	
1993	United Kingdom Council for Psychotherapy (UKCP, originally UKSCP): advice, guidance, counselling and psychotherapy lead body		
1994	Independent Practitioners' Network UKCP Register of Psychotherapists	BPS Division of Counselling Psychology	
1995		BCP Register NHS Psychotherapy Services in England Review	

(Continued)

TABLE 1.1 (Continued)

Year	Birth/growth of institutions and professional organisations	Significant events	Appearance of schools (approximate dates)
1996	United Kingdom Register of Counsellors (UKRC) (individuals)	NHS Psychotherapy Services in England, Department of Health (DoH) Strategic Policy Review	
1998	World Council for Psychotherapy Association of Counsellors and Psychotherapists in Primary Care (CPC) UKRC (organizations)	Data Protection Act CORE introduced	
1999	National Institute for Health and Clinical Excellence (NICE)		
2000	BAC renamed British Association for Counselling and Psychotherapy (BACP) Universities Psychotherapy Association (UPA) adds 'Counselling' to its title, becoming UPCA	BACP's <i>Ethical Framework for Good Practice in Counselling and Psychotherapy</i>	
2001		Lord Alderdice's Psychotherapy Bill <i>Treatment Choice in Psychological Therapies and Counselling: Evidence-Based Clinical Practice Guidelines</i> (DoH) BACP's <i>Guidelines for Online Counselling and Psychotherapy</i>	
2002		Health Professions Council (HPC) is identified as the regulatory body for all health professions, including counselling and psychotherapy ('talking therapies')	
2003		UKCP establishes its Psychotherapeutic Counselling Section BACP Service Accreditation Scheme Telephone counselling (contractual) is accepted by BACP for accreditation hours	
2004	College of Psychoanalysts British Psychoanalytic Council	Graduate mental health workers in primary care British Confederation of Psychotherapists (BCP) renamed British Psychoanalytic Council (BPC)	
2006		Improving Access to Psychological Therapies	
2007		Death of Albert Ellis	
2008		BACP represented on HPC's Professional Liaison Group	
2009		HPC Register for Applied Psychologists opened	
2011		Statutory regulation plans abandoned	

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differences, however, the application of counselling and psychotherapy (i.e., how it is delivered in practice to clients/patients) is harder to differentiate. As this chapter has argued, there is very little difference today between the work of many counsellors and psychotherapists, regardless of their working context.

It could be argued, therefore, that we are potentially witnessing a key historical shift: the merging of the two disciplines. Possibly, in time, the terms counselling and psychotherapy will cease to exist as distinct from each other and will be instead replaced with a more generic phrase such as 'psychological therapies'. An important influence on how counselling and psychotherapy further develop will be the application of research and the further emergence of an evidence base. As services close due to financial constraints, the imperative to demonstrate efficacy and successful outcome will perhaps be the dominant factor in determining which discipline(s) survive(s), and in what form. If you visit the companion website there is a list of **web resources** for key organisations in counselling and psychotherapy.



DISCUSSION QUESTIONS

- 1 What is your understanding of the history of the setting in which you work?
- 2 How is the setting in which you work influenced by its history?
- 3 What do you consider to be the main factors currently influencing counselling and psychotherapy?
- 4 In your working context, how do you see the services provided developing in the future?