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LETTER FROM THE CHAIR

Jenifer Elton Wilson

For once, I am writing this letter looking backwards rather than in anticipation. I still hold a warm memory of our Conference in May. I remember, of course, the genuine feelings of celebration and satisfaction about our becoming a Division, which we shared on the first evening and throughout the three days of the conference. I enjoyed sharing the many expressions of gratitude and appreciation towards all the founder members who had guided the membership from Section to Special Group and into the safe harbour of Divisionhood. These emotions seemed to develop into an atmosphere of determination and clarity.

The unique contribution of counselling psychology as a discipline became a theme in so many conversations and meetings. I loved Maja O'Brien's analogy, made at a large meeting on Sunday morning, regarding counselling psychology's way forward in the employment market - not as "miners" owned by the mine-owners but as freelance "gardeners". Gardeners work alongside their clients, not just for them, using their experience and, particularly in the case of garden designers, using a considerable knowledge base. They do not have to work in unpleasant conditions for exploitative and bureaucratic managements, and they can work for private individuals as well as large organizations. Finally, they work best by giving natural growth a helping boost, not by trying to marshal living forms into neat rows and boxes.

So there may be laurels for us to wear, for a bit, but not to rest on. The new Division Committee is having a 24-hour meeting in July so as to set in motion all the new sub-committees described in our new Rules, on which the membership voted so overwhelmingly in favour. I am particularly hopeful that the new Standing Committee for Scientific Affairs will attract our General Members. Please would anyone interested in serving on such a committee contact me, Mary Watts or Waseem Alladin in the near future. This committee will represent all the interest areas which usually belong to a Section within the Society, and we hope that exciting mini-conferences, learned papers and training events may result from their efforts. The encouragement and development of creative and exciting counselling psychology research projects may be a particular interest of this committee.

The new Standing Committee for Professional Affairs will continue the work of the SCPMA in promoting the interests of the counselling psychologist as practitioner. There are many opportunities for counselling psychologists to contribute to the world of psychological therapy and counselling in general. More participation in BAC and UKCP events is one way forward. Another is for counselling psychologists to take part in all relevant discussions about the ethical dimensions of therapeutic counselling as a profession. Once again, will all members of the Division interested in this sub-committee contact Mary, Waseem or me. Finally, may I once again ask any member with expertise and experience in public relations to get in touch with any member of the Division Committee, so that the Working Party for CoP Public Relations can try to co-opt them!

HYPNOSIS IN COUNSELLING

Peter J. Hawkins

The popular view of hypnosis, which has its origins in the work and ideas of Mesmer, Braid and other nineteenth century hypnotists, is that it is a specially induced trance state in which the individual loses, to a greater or lesser degree, their critical faculties. In essence, this means that there is a depotentiation of their logical and conscious mind which allows the unconscious mind to become dominant. The person is then able to be more creative because the constraints imposed by the "logical" mind are minimized. In this case the individual is more suggestible than normally. For example, someone with chronic and intractable pain, whose normal state of reason and logic would prevent them from believing that the pain could be resolved (in whatever way), could in the "trance" state take a therapeutic suggestion (provided by the therapist) that the pain could be given away to a friendly animal for safe-keeping. The latter action is not logical or reasonable but, given a well-motivated client, can be accepted during a state of trance with very good therapeutic outcomes (Jaffe and Bresler, 1980).

Before the induction the counsellor has to prepare the client for the "hypnotic experience", and then provide the necessary therapeutic interventions that are required for the presenting problems. The preparation involves a number of factors: dealing with any resistance, providing the patient with information concerning the procedures and clearing up any misunderstandings concerning the nature of hypnosis. This increases motivation and also enhances the client-therapist relationship (i.e. rapport). This phase can be considered to be the pre-induction phase, and may be considered part of the induction procedure as well as an important aspect of the therapeutic process. The next stage is the hypnotic induction *per se*, of which there are many techniques.

Induction methods can be broadly divided into two categories: traditional methods or formal methods of induction, and "naturalistic" methods. Formal induction techniques generally involve the client in focusing. As clients concentrate and narrow their field of attention, there is, *ipso facto*, a reduction in peripheral consciousness and consequently a blocking of the critical faculty and an increase in suggestibility. Clients can focus on something external to themselves. This may be visual (e.g. an object such as the tip of a pen or a spot on the wall), auditory (music, bird songs, listening to stories), olfactory (smelling a flower, incense) or tactile (being touched, as in massage). Focusing may also be internal, with the client focusing on an image suggested by the counsellor, such as being in a quiet, relaxing place, or becoming aware of bodily sensations. As the client engages in these activities the counsellor usually makes suggestions concerning relaxation, tiredness and heaviness of the eyes etc. There are many traditional techniques and the reader is referred to Karle and Boys (1987), Hartland (1971), and Crasilneck and Hall (1975) for comprehensive accounts of such induction methods. It is important to note here that the focusing techniques described above also occur "naturally", e.g. when absorbed in a book, watching a film, listening to music or describing a traumatic event to the counsellor.

"Naturalistic" methods are informal because there is no apparent induction, and consequently the explanation of hypnosis is different. The induction occurs as part of natural conversation or behaviour (i.e. meta-communication) and therefore cannot be discerned consciously by the client. The assumption made is that the unconscious "understands" and processes the covert communication. It could also be said that the therapy and the induction are one and the same thing, e.g. telling a story contain-

ing therapeutic metaphors induces "trance" (because the client is focusing by listening) but is also therapy. A definition of hypnosis can now be offered.

Hypnosis is a psychological state in which the person's critical faculty or logical mind is suspended or diminished leading to an increase in the probability of the acceptance of therapeutic interventions. In this state all of the so-called hypnotic phenomena can be suggested by the therapist and consequently produced by the patient, e.g. analgesia, amnesia, post-hypnotic behaviour, ideodynamic behaviour, dissociation. This state can occur naturally or may be formally induced by the therapist, in co-operation with the patient, or by the patient themselves (as in self-hypnosis).

It is within this hypnosis context or environment that counselling and psychotherapy occur. The counselling interventions are the primary strategy and the hypnosis is the secondary or facilitating strategy. The secondary strategy is the application of the professional's intervention skills, e.g. surgery, dentistry, counselling psychology. Being able to facilitate or initiate the hypnosis process does not qualify the professional to use primary strategies!

In experimental research into hypnosis various scales have been developed to measure the hypnotic capacity of the client (e.g. Spiegel and Spiegel, 1978). A good review of the various scales is provided by Fellows (1988). It may be argued that it is important for the counsellor to have a diagnostic profile of the client in order to determine the most effective therapeutic approach. In practice very few clinicians make use of such instruments because it is now assumed that even clients with very low capacity can still benefit from hypnosis by using the imaginal capacities that they have, and particularly their "skills" in producing specific phenomena. In contrast to this view is the one that suggests that the capacity test is an important tool to be used in the initial phase of counselling. It introduces clients to hypnotic procedures and helps to develop the trusting relationship between counsellor and client, as well as providing important diagnostic information.

Hypnosis and Counselling

It is essential to clarify the relationship between hypnosis and counselling at this point. This is presented in Figure 1. Hypnosis is understood to be a facilitating or catalytic strategy, helping the client to develop particular phenomena (e.g. dissociation, ideodynamic signals, time distortion, regression) that support the counselling interventions. In this sense hypnosis could be construed as being an additional, and important, curative factor.

It seems reasonable to assume that during a counselling session, clients will "naturally" go into hypnosis (as defined above) because they focus on the counsellor (voice, eye contact etc.) and because they talk about their problems they will create internal images (related to seeing, hearing etc.) along with associated feelings, and consequently will go into a "trance". They can also be "induced" into the hypnosis "trance" state using direct or indirect methods. As a result of being in a trance state they are more suggestible, and

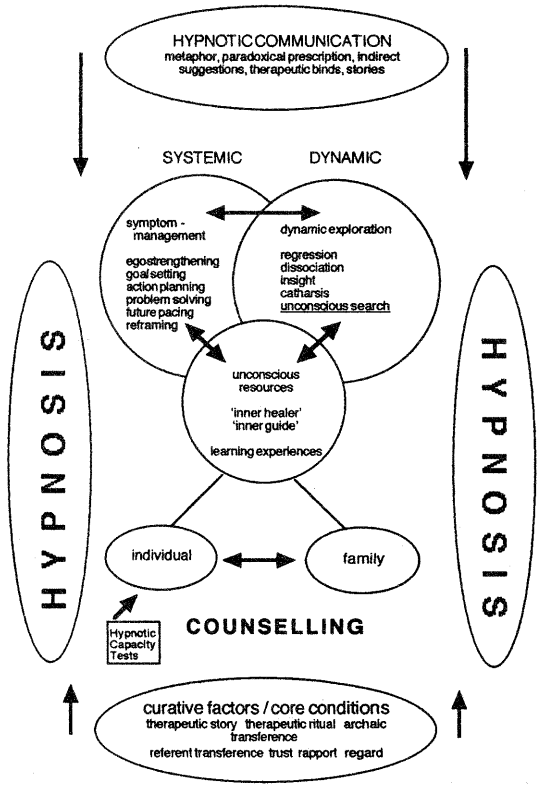


Figure 1. Relationship between hypnosis and counselling

there is also an increased possibility that they will be able to produce many of the hypnotic phenomena (e.g. regression, dissociation, time distortion, amnesia) if these facilitate the therapeutic process.

The two major strategies in psychotherapy and counselling are those emphasizing behaviour or symptom change, i.e. symptom management approaches, and those which emphasize dynamic resolution, i.e. psychodynamic approaches (see Figure 1). In the context of clinical practice these two approaches are frequently, and necessarily, used together. Many practitioners of hypnosis assume that the client has inner resources for change, and that hypnosis is required in order for the these "unconscious resources" (creativity, potentiality, healing) to be accessed, and used for therapeutic gains. These same assumptions relating to self-actualization and inner potential are, of course, made by counselling psychologists who practice from humanistic perspectives.

The most commonly used methods in hypnosis for symptom management are relaxation, ego strengthening and suggestion. For example, the client could be asked to relax using a form of passive progressive relaxation or autogenic training. The use of "imaginary scenes" is also very common, e.g. visiting a garden or a favourite outdoor place associated with peacefulness and calmness. The therapist helps the client build-up the images by making suggestions, which ideally include all the sensory modalities (visual, auditory, olfactory, tactile and kinesthetic). When relaxed (and in "hypnosis") the therapist can provide suggestions concerning the treatment of the symptom. As in the earlier example, a client with chronic pain could be offered a suggestion to give the pain away to a friendly animal (Jaffe and Bresler, 1980). The friendly animal could become a client's counsellor helping them to engage in the therapeutic process. A client who is highly kinesthetic may be asked "if she would like to reach high and put the pain on the top shelf" (Asbury, 1994). There are many therapeutic solutions to a client's problems and the counsellor needs to be creative to help the client find the solutions, i.e. the answer is "within" and not "without". A guide to possible therapeutic interventions are adequately provided by Karle and Boys (1987), and by Gibson and Heap (1991).

Many clients are distressed and experience feelings of hopelessness and helplessness. Ego strengthening is valuable for a number of reasons and by itself may be sufficient to help the client deal with some of their problems (Hartland, 1971). A number of ego-strengthening techniques are reported (Karle and Boys, 1987). Hawkins (1991) working with a bulimic client found that regression to a past event, when the patient experienced feelings of control, was very useful. The patient then "holds on to the feeling" and imagines themselves dealing with the current problem using "time progression", and maybe hallucinating a date by which the changes will be achieved. Other ego strengthening techniques include imagining a photograph album or scrap book containing past positive experiences and events, metaphors and stories (e.g. the story of the oak tree), positive suggestions without imagery (Karle and Boys, 1987).

The techniques described above can be easily taught to the client who then practices them at home, perhaps by using a tape made by the counsellor (a form of "self-hypnosis").

Dynamic Approaches

Psychodynamic (or hypnoanalytical) approaches assume that the presenting problem is being dynamically maintained by repressed historical experiences or current conflicts. In order to resolve the problem the client needs to access the repressed experiences in order to gain insight and to "work through" the associated feelings in order to reevaluate the conflictual material. A number of hypnoanalytical procedures have been described (Hartland, 1971; Karle and Boys, 1987). One such approach is ideodynamic finger signalling which can be used as a procedure for uncovering unconscious material (unconscious search process) in a much shorter time than the traditional psychoanalytical approaches (Rossi and Cheek, 1988).

Ideodynamic signalling is a utilization approach particularly useful for uncovering repressed traumatic events, and their associ-

ated distressed feelings, related to current psychological and psychosomatic problems (Rossi and Cheek, 1988; Cheek and LeCron, 1968; Erickson and Rossi, 1981). The method rapidly accesses statebound* information that may not be available to the client's conscious verbal levels of functioning, and consequently allows them to reframe their problems psychosomatically. Because the levels of dissociation can be therapeutically managed by the co-operation of the counsellor and client, the possibility of negative iatragenic reactions is considerably minimized. It is also recognized that the repetitive, recursive, and sequential reviewing of the original experience is often necessary in order to break through the traumatic amnesia (Scheff, 1979).

Rossi and Cheek (1988) argue that "The induction and maintenance of a trance serve to provide a special psychological state in which clients can reassociate and reorganise their inner psychological complexities and utilise their own capacities in a manner in accord with their own experiential life" (p.14). A practical guide for applying this approach has been developed by Hawkins (1993; 1994).

Using the unconscious search process

In the context of both symptom management and psychodynamic approaches, clients would be initiated into an "unconscious search for the solutions to their problems". This might be in relation to "finding" alternative and creative ways to manage particular problems", or to "understanding the aetiological and maintaining dynamics". Such unconscious searching and reviewing continues outside the formal counselling sessions, and to this extent counselling is continuous. In order to use this powerful phenomenon it is important that clients keep some record of its manifestations, e.g. dreams, feelings, unexpected thoughts and images.

I believe that clinical hypnosis is now in the ascendant, with its use in psychotherapy and medicine well established. Its value has now been "indicated" across a wide range of problems including pain, psychosomatic illnesses (gastrointestinal disorders, respiratory disorders, cardiovascular problems, genitourinary problems, and musculoskeletal disorders), behavioural problems (smoking, eating problems), obstetrics and gynaecology, sexual problems, anxiety states, stress etc.). Hypnosis can also be used in family therapy and group counselling (Hawkins, 1994b). For the practising counselling psychologist, hypnosis may provide a powerful context to facilitate their preferred therapeutic approach and to manage the therapeutic process, although it should be recognized that it is not a panacea, and will not enhance poor clinical practice. It is crucial that counsellors who use hypnosis to facilitate their work, evaluate what they are doing, and make sure that they receive adequate training and supervision in its use (Hawkins, 1994a).

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* "statebound" = dissociated "psychosomatic" behaviours, e.g. stress substances such as endorphins and adrenalin.

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THE IMPACT OF THE TERMINATION OF BRIEF PSYCHOTHERAPY, AND ITS IMPLICATIONS FOR COUNSELLING PRACTICE

Kate Donoghue

As a clinical psychology trainee, the ending of my last placement signalled the contractual ending of therapy for many of the clients I had been working with. For some, this phase of treatment appeared to be a non-traumatic, anticipated event. For others however, termination proved to prompt strong feelings of grief, anger and disappointment. These reactions highlighted for me the significance of the termination phase in time-limited therapy. The critical issue seemed to be how and when to say goodbye, so that the parting would be constructive and none of the earlier positive gains lost.

This paper sets out to address this issue. Clients' affective reactions to the termination of brief psychotherapy shall be reviewed. Implications of these findings for practice and further research will then be examined. It is not within the scope of this review, however, to include therapists' affective reactions to endings nor to evaluate the literature on forced or premature termination.

Research on the termination of brief psychotherapy

Many researchers (Levinson, 1977; Maholick and Turner, 1979; Quintana and Holahan, 1992) have acknowledged the importance of the termination process in brief therapy. However, it is an area which has received little attention in the theoretical or empirical literature. Clearly, many more studies are dedicated to the initial stages of therapy, whilst literature on the ending process has for the most part focused on the theoretical meaning of termination. Nevertheless, two areas which *have* been considered are: the nature of clients' reactions to termination, and the relative efficacy of different strategies used to handle this process.

How do clients react to termination of brief therapy?

Unfortunately, theoreticians' debates over the nature of clients' reactions to termination, have failed to reach consensus about significant aspects of the final phase of therapy. Some have suggested that the end of therapy is accompanied by intense dysphoric feelings. Anger, grief, depression and anxiety are frequently recounted, and termination may be conceptualized as a loss experience for the client (Gould, 1978; Mann, 1973; Strupp and Binder, 1984). Others have questioned the termination-as-loss metaphor, suggesting that for some clients termination fails to be an issue at all. Indeed, in some studies clients have reported experiencing primarily positive reactions to ending therapy (Marx and Gelso, 1987; Pinkerton and Rockwell, 1990).

Overall, however, it is generally accepted that, for all types of clients, termination has the potential to revive feelings about earlier loss and separation experiences (Gould, 1978; Budman and Gurman, 1980; Garfield, 1989; Pinkerton and Rockwell, 1990). This may be especially significant in those cases where growing-up, separation-individuation and dependence-independence have been central themes (Ward, 1984). Negative affect may also be association with a client's high level of dependency on therapy (Bornstein, 1993). In these cases, termination reactions

may result in clients raising new concerns during the ending phase, reporting feeling worse, and negating or idealizing their experience of therapy (Strupp and Binder, 1984).

It is generally considered that clients' reactions to termination are modified by the duration of therapy (in terms of number of sessions). Thus, the briefer the therapy, the less intense will be the reaction to ending (Garfield, 1988; Marx and Gelso, 1987). However, exceptions to this have been found (e.g. Flegenheimer, 1978) suggesting that the strength of the therapeutic alliance is a much more powerful predictor of the client experiencing a painful response to termination.

Wolberg (1980) argues that clients are very subjective in their responses to termination, depending on their psychodynamics, the nature of the problem and the quality of the therapeutic relationship. He states that "Where the history reveals an early loss of, separation from, or abandonment by a parent, the therapist must be triply mindful of the need to watch for signs of anger, depression and grief" (p.58). By contrast, he believes there are those for whom termination poses no problem. These include clients who are adequately prepared for termination, and those who have remained sufficiently detached or chosen not to invest too much in the therapeutic relationship. Wolberg (1980) and others (e.g. Pinkerton and Rockwell, 1990) therefore advocate the use of termination management strategies tailored to the needs of the individual case. The value of such strategies will be discussed next.

Termination management strategies

A theoretical rationale on which to base effective management of termination, is to regard it as a process rather than a sudden ending (Cavanaugh, 1982; Ward, 1984; Yalom, 1975). This view has also received support in the empirical literature, which highlights the value of planning and discussing the end of therapy at the outset, with the aim of preparing clients for the inevitability of terminating (Lamb, 1985; Mann, 1973; Marx and Gelso, 1987; Quintana and Holahan, 1992). Given that clients in unsuccessful cases have been shown to express more frustration about termination (Quintana and Holahan, 1992), it seems particularly important for therapists to help these clients prepare for the ending of therapy.

Studies have demonstrated positive trends between termination activity (e.g. clients exploring termination issues) and favourable therapeutic outcome (Malan, 1963; Quintana and Holahan, 1992). Even those clients who experienced significantly positive reactions during termination, reported having valued discussions relevant to the ending process (Marx and Gelso, 1987). Indeed, clinical evidence suggests that an omission of termination activity may influence the experience of therapy as a whole (Martinez, 1982). Findings suggest this may occur more frequently with unsuccessful cases, where therapists have been shown to limit their discussion of clients' feelings about ending, to spend less time reviewing the course of therapy and to make fewer attempts to bring closure to the therapeutic relationship (Quintana and Holahan, 1992).

Considerable debate exists over the value of therapists inviting clients to return to therapy. Some researchers have suggested that productive therapeutic work occurs when clients are forced to deal with the finality of therapy (e.g. Mann, 1973). Others argue that it is valuable to invite clients to return (Budman and Gurman, 1988), especially when the therapy has not been of a psychodynamic orientation (Dewald, 1969). The pervasive finding across studies that therapists routinely invite clients to return for future therapy (Kramer, 1986; Marx and Gelso, 1987; Quintana and Holahan, 1992) may partly be explained as a way of dealing with "unpleasant" feelings associated with loss. Furthermore, this policy raises the question of how definitive a termination clients experience, and consequently how this may obscure clinical findings.

One issue briefly discussed in the literature is whether or not there should be any change of therapeutic technique towards the end of therapy. For example, some suggest that therapists should reveal more of themselves as people during termination (e.g. Ward, 1984). Transforming the relationship

is thought to signify the closure of the therapeutic relationship (Dewald, 1969). Another question which warrants further attention is how much time should be spent focusing on termination activity. There is clearly a lack of consensus on this issue, with some practitioners suggesting one sixth of the time of the therapeutic process (Shulman, 1979), others one quarter of the therapy time (Mann, 1973), and others still, suggesting one to five sessions if loss has been a central focus of the work (Davenloo, 1978; 1980). Some researchers rather than specifying time limits, suggest working through tasks. For example, Bruckner-Gordon et al. (1988) discuss various termination tasks for clients including exploring one's reactions to ending therapy, planning leave-taking, completing therapy and saying goodbye. Proportionately longer time may therefore be spent on ending.

The factors which have converged to provide a rationale for the treatment of the termination process appear to be somewhat varied. Some may argue that the complex process of therapy cannot be driven by formulated guidelines. It nevertheless seems necessary to provide a structure from which practitioners can proceed with the sometimes difficult business of ending treatment. Such guidelines may also eventually help to establish links between theoretical and practical aspects of termination.

Conclusion

There have been very few attempts to study termination as it occurs in clinical practice, and although these are a positive first step, they are limited in methodology and scope. Consequently, the number of empirical investigations is too small and their findings too diffuse either to clarify typical client reactions to the process of termination, or to show with any clarity that termination activity significantly affects client outcome.

The current literature suffers from a number of methodological shortcomings:

- few psychometrically refined instruments exist to tap the variables relevant to this area of research. This raises questions about the reliability and validity of these measures;
- the impact of termination activity on outcome criteria cannot be determined with any confidence. Some researchers emphasize the finality of treatment, whilst others offer follow-up appointments, refer-on or practice an open-door policy;
- a lack of formulated practical and theoretical structures to guide the termination process, makes it difficult to replicate findings;
- many studies fail to account for the bias in therapists selection of clients. As suggested by Quintana and Holahan (1992), future research might include client data, such as clients' sensitivity to loss;
- studies based on employing questionnaire measures typically suffer from a low return rate since to participate, therapists must have completed a formal termination phase with a client. A sizeable number of therapists may not have worked through a termination process.

Client reports may help to minimize distortion arising from therapists' response bias. Examining the number of sessions devoted to termination, as well as analysing the content of these sessions, may further advance our understanding of the termination process. Investigating the specific causes responsible for differential levels of termi-nation activity, also warrants more attention. This may also call for more focus on the emotional reactions of the therapists to termination. Empirical studies focusing on the impact of duration of treatment, the finality and nature of treatment and other factors, therefore appear to be the logical next steps for further research.

So to conclude, methodological problems and sparse data preclude firm conclusions from being drawn about the process and outcome of termination activity. Consequently, implications for practice must be offered tentatively, pending further theoretical and research developments. Nevertheless, the importance of termination is becoming increasingly clear. Future research efforts should prompt greater conceptual and methodological precision. This can only enhance the utility of termination as an essential clinical tool.

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ETHNIC MATCHING IN COUNSELLING: HOW IMPORTANT IS IT TO ETHNICALLY MATCH CLIENTS AND COUNSELLORS?*

Waseem J. Alladin

The short answer to this complex question is "It depends". It may help to consider the rationale behind ethnic matching. When counsellor and client share the same cultural background, empathic understanding and self-disclosure are more easily facilitated. However, most counsellors and counsellor trainers are white, middle-class people whose values and communication styles may differ from those of ethnic minority clients especially those of lower socio-economic status. Thus white counsellors may unwittingly engage in cultural oppression by imposing Western values on ethnic minority clients. Further, ethnic minority clients, because of a historical exposure to, and current experiences of, racism may have a damaged ethnic or racial identity which would hinder the development of a therapeutic alliance with a white counsellor. Thus understanding the client's ethnic or racial identity development is important in cross-cultural counselling.

Ethnicity is a group classification of individuals sharing a unique social and cultural heritage (customs, language, religion) from generation to generation. It therefore follows that ethnicity and race are not necessarily synonymous, though common usage of the term "race" in the literature really ought to refer specificity to ethnicity or culture. According to Sundberg (1981), culture - a convenient label for knowledge, skills and attitudes that are learned and passed on from one generation to the next - implies a way of life which can become so ingrained that people are not conscious of assumptions they make of themselves and others. In this discussion I will therefore assume that ethnicity and culture are interchangeable terms and focus on black people as one example of an ethnic minority group.

The case for and against ethnic matching

The Eurocentric bias in counselling approaches has been highlighted time and again (see Alladin, 1989). Counselling consciously or unconsciously promotes mainstream (majority) cultural values which leads to a culturally encapsulated counsellor, and if the client does not share the counsellor's values the lack of congruence could lead to premature termination by the client or the failure to agree on the goals of counselling. But what's all the fuss about? Surely counselling is a helping process and considerations of colour, ethnicity, religion, etc. should not come into it? Not surprisingly, there are shades of opinion about the desirability of ethnic matching for successful outcome in counselling.

Let us first consider somewhat extreme views which insist on ethnic matching or reject outright any need for ethnic matching. One extreme view is that the white counsellor cannot possibly counsel the "black psyche" and would merely perpetuate the "colonial master-slave" relationship. More accurately, a white counsellor who has not developed awareness of cultural issues, denies the presence of racism and the impact of colonization and is unable to empathize with the oppression that many black clients

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feel in a dominant white society, is obviously not going to develop a helping relationship. Such a counsellor should not be surprised by "premature" termination or blame the client for "lack of motivation" or even a presumed "inability to benefit from counselling".

A strict and inflexible insistence on ethnic matching of client and counsellor risks a danger of segregation, with white clients being seen only by white counsellors and black clients being seen only by black counsellors. This not only clashes with the principle that counsellors should offer services to all citizens, but is contrary to the notion of generic counsellor training. Matching black clients with black counsellors assumes that the black counsellor necessarily shares the same values and ignores possible class differences. Further, as Kareem (1992) warns, matching done purely on the basis of race or colour can imprison both the counsellor and the client in their own racial and cultural identity. It also diminishes the human element which must be an integral part of all professional encounters.

To contrast our discussion with another extreme view, consider Patterson (1978, p.133) who rejects the principles and practices of cross-culturalism:

> The role of counselling and psychotherapy is to facilitate the development of self-actualization in clients. Cultures can be evaluated in terms of their contribution to the self-actualization of their members. The major conditions for the development of self-actualizing persons are known, and must be present in counseling and psychotherapy as practised with any client regardless of culture ... The problems of practising counseling or psychotherapy in others' cultures are viewed as problems of implementing these conditions. Certain characteristics of clients which present obstacles to the implementation of the conditions are associated with certain cultures. Until cultural changes lead to change in these characteristics, counseling or psychotherapy will be difficult and in some cases impossible with certain clients from certain cultures. Structuring and client education and training may change client expectations and make therapy possible. In any case, however, to accede to client expectations, abandoning methods which have been demonstrated to be related to self-actualization as an outcome of counselling or psychotherapy, is to abandon self-actualization as the goal, and to accept goals which are often inconsistent with self-actualization.

This "colour- and culture-blind" view is naïve and denies the real world in which people live. As Draguns (1989) notes, Patterson's critique rests on several misunderstandings of cross-cultural counselling in theory and in practice. The goal of cross-cultural counselling is not to change the culture but to enable change to take place in the client. Cross-cultural counsellors also reject the notion that whatever does not aim at self-actualization is not counselling. Counselling, Draguns suggests, starts with distress that the client cannot alleviate or with a problem he or she cannot solve.

In counselling the culturally different client, the counsellor may unwittingly engage in cultural oppression, that is, the unconscious imposition of mainstream cultural values on to the client. Any counsellor should be able to counsel effectively irrespective of ethnicity. In other words, all counsellors should acquire cross-cultural competencies so that they can deal effectively with culturally different clients.

Others take the view that the client's preferences for a white or black counsellor should always be respected. In principle this seems commendable. However, a risk is that this preference can sometimes hide avoidance both on the part of the client who requests it and the counsellor who accedes to it, if the reasons for it are not explored honestly.

The benefits of developing cross-cultural competence

The same-ethnicity counsellor-client dyad has both advantages and disadvantages which vary according to the theoretical background of the counsellor. For example, Tyler et al. (1985) consider the various pairings of white and ethnic minority counsellors and clients (see also Lago and

Thompson, 1989). A black client can have a therapeutically helpful and unique learning experience from working with a white counsellor if his or her racial/ethnic uniqueness can be valued and appreciated without condescension. The white counsellor, in turn, can gain a far deeper and less intellectually contained sense of the pain and destructiveness of discrimination, of the ways in which counsellors may use their theories to rationalize their prejudices, and of the strengths the black client can bring to his or her struggle with racism and with himself or herself.

Research on ethnic matching

Pedersen et al. (1989) conclude that the findings from research on client counselling preferences for same-race counsellors are mixed and raise more questions than answers. Some reasons for this are inadequate research methodologies and measures and the limitations of using a narrowly defined concept of "race". To encompass the complexities of cross-cultural relationships, other variables such as the client's racial identity, social class and counselling style preferences need to be considered. Since the research literature on ethnic matching can reduce premature termination rates but does not seem to make a significant difference to therapeutic outcome. Case examples from counselling practice, on the other hand, confirm, at the very least, the need to be aware of racial and cultural issues and to accommodate different world-views. As Thomas and Althen (1985) put it (in the context of counselling foreign students, for example), to be effective with foreign clients, counsellors must learn to adapt their counselling styles and their expectations to accommodate the differing world-views and cultural value orientations of their foreign clients.

The importance of ethnic or racial identity in cross-cultural counselling

The white counsellor (and the black client) may stereotype each other and be surprised by an oppressive silence or even open hostility. Edwards (1983) stresses that a general disposition shared by some black people is that personal problems should not be discussed outside the family: "Never tell your business to strangers; black people have to be careful about who they talk to." Edwards notes that some black clients may have knee-jerk hostility reactions which include statements like: "That's none of your business ... What do you want to know that for? ... How would I know? I mind my own business", and cautions against interpreting the client's responses in a literal, concrete way. The counsellor should view such reticence about self-disclosure or hostility as signals of anxieties and as styles of self-protective armour. On the other hand, to react defensively, Edwards (1983) warns, is to give legitimacy to the client's need for self-protection. In these eventualities, it is essential that the counsellor use a model of racial identity to understand the blocks to the relationship.

Helms (1984) outlined a model of racial identity, focusing on the dynamics of cross-racial dyads so that counsellors can acquire a better understanding of how best to treat the culturally different client. Of course, both counsellor and client have their own ethnic identities. According to Helms (1990) white racial identity development refers to the process through which a white person (here the counsellor) first acknowledges racism, abandons racist attitudes and finally develops a non-racist persona. Black racial identity development refers to the process through which a black person (here the client) relinquishes negative racial stereotypes that to be black is "bad" and inferior to whites, recognizing the oppressive existence of many black people under white dominance and finally developing pride in being black and a more positive self-esteem.

Alladin (1986) has pointed out that in cross-racial dyads, there is a danger of the projection of racism by either party. For example, some clients (and counsellors!) may conveniently and wholly blame racism for all their problems but then refuse to accept any personal responsibility for challenging it or taking steps which could help change their situation. On the other hand, some counsellors (and clients!) may collude in denying racism when it exists for fear of arousing strong emotions. A typical dyad in cross-cultural counselling is that of black cli-

ent and white counsellor. Jones and Seagull (1983) suggest that in cross-racial interactions it is important for white counsellors to examine feelings aroused, such as white racial guilt for colonial oppression of blacks, countertransference and their need to be powerful. If these issues are not adequately resolved then obviously they would inhibit the development of a therapeutic alliance.

Atkinson and Thompson (1992), in their review of the research on racial, ethnic and cultural variables in counselling, conclude that if race/ethnicity is relevant to the client's problem, then a racially/ethnically similar counsellor who is perceived as expert and trustworthy will exercise greater influence on the client's attitudes.

The problem is, how does the practising counsellor ascertain whether race/ethnicity is relevant to a particular client's problem? One hint from the research literature (see Abramovitz and Murray, 1983) is to look at premature termination rates. A counsellor who finds a disproportionate number of his or her culturally different clients dropping out prematurely can infer that race/ethnicity is relevant and has probably been ignored or mismanaged in counselling.

However, the development of awareness about racism and racial identity, and recognition that cultures different from that of the counsellor are not deviant or deficient, coupled with an understanding of different ways of being (for example, communication styles, world-views, patterns of self-disclosure) can make counselling a truly helping and challenging relationship, irrespective of ethnicity for both counsellor and client.

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Division of Counselling Psychology: North East Region

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1. Welcome
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EARLY EXPERIENCES AS FACTORS INFLUENCING OCCUPATIONAL CHOICE IN COUNSELLING AND PSYCHOTHERAPY*

G. Manya Merodoulaki

Vocational choice can be defined as the process by which an individual comes to follow a certain occupation, to enter a specific field of work. The theme of vocational choice has largely been explored by occupational psychologists and career guidance officers. Various theories have been developed, regarding how the actual choice is made, what process(es) one goes through, and what factors act on the process and influence the final decisions.

Although theories about vocational choice have been put forward from various disciplines, the ones that will be presented here come primarily from the psychology field. These theories deal primarily with aspects within the individual which play a role as motivating forces and/or as part of the process, and include psychodynamic theories and need theories, self theory of occupational choice, and the developmental and the differentialist theories.

However, "Several writers see the study of occupational choice, in its turn, as a means of understanding personality, and some even imply that decisions about choice of work can actually form or modify personality" (Lancashire, 1976, p.195).

If decisions about choice of work can influence personality, might it also be that the reverse is true, i.e. that personality formation/development may lead to a choice of a certain field of work (as a natural consequence)? As early life experiences are believed to be significant in personality development, and they become conscious and/or unconscious influences on our perception of ourselves and the world around us, perhaps childhood experiences also influence career choice.

To what extent do experiences in our childhood leave marks or guide us to develop certain skills - perhaps they can be viewed as an "endowment"? Skills that we use later in life either as a natural consequence (i.e. the skills are there, therefore we utilise them vocationally) or - in psycho-analytic terms - as a kind of "repetition compulsion" to understand, resolve, create meaning from them, as the means of satisfying needs dating from our early years, in a socially acceptable way.

Vocational choice

The following is a brief overview of the major psychological theories of vocational choice most frequently met in the literature.

Psychodynamic theories consider vocational choice as a process; they encompass: psychoanalytic theory, need theory, and self theory. Psychoanalytic theories propose that the most significant factor in the making of a vocational choice is a motivational or process variable. Psychoanalytically speaking, work is seen as primarily a defence mechanism, i.e. sublimation (e.g. Bordin et al., 1963, cited in Crites, 1969, p.91-93).

Important assumptions here are: the role of the early development of coping mechanisms in the development of future more complex behaviours; that our behaviour in adulthood is linked with that in childhood

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through similarities in instinctual gratification; the importance of the first six years of life in shaping our personality and future needs that are expressed in vocational behaviour (ibid.).

Need theories emphasize the desires and wants which influence the individual to choose one occupation rather than another (Crites, p.93/97). Roe's study of eminent scientists is based on early experiences and their effect on need formation and patterning of psychic energy.

> The way in which the individual learns to more or less automatically (unconsciously) satisfy his [her] needs determines which of his [her] special abilities, interests, and attitudes [she] he will follow and develop.Needs which parents fill routinely as they appear have little effect upon the factors which determine an individual's vocational behavior, but needs which they satisfy (1) only minimally or (2) with delay become unconscious motivators and directly influence the individual's preferences for activities which involve working with things or with people and which are the basis for vocational choice. (ibid., my brackets).

Ginzberg and colleagues (1951, cited in Crites, 1969, p.93) also see vocational choice as a developmental process, and their ideas are related to the Ego Psychology school. Here, ego functions, such as reality testing, delayed gratification, means-end cognizance, and future orientation are related to vocational development, starting in adolescence.

> In short, to make a realistic vocational choice, the individual must be able to bring the future into the psychological present, consider the advantages and disadvantages of alternative courses of action, commit himself to one of the alternatives, and then control his behavior sufficiently to implement the alternative he selected (ibid.).

Self theories view "self" as a functional as well as structural unit that "motivates the individual to action and organizes his [her] perceptions of himself [herself] and the environment." (Combs and Snygg, 1959, in Crites, op. cit., p.98, my brackets).

According to Super (1951, in Crites, ibid.), the self influences vocational choice, because the latter makes a statement about the person's concept of themselves.

> Super Starishevsky, Matlin and Jordaan (1963) have further elaborated upon the process whereby the self is related to vocational behaviour by enumerating and describing (1) how the self-concept is formed, (2) how it is translated into occupational terms, and (3) how it is implemented in the individual's work life. ... The congruence between the self-concept and the chosen occupation is determined by the degree of comparability among the descriptive statements assigned to the two referents (Crites, p.98-99).

Theorists and researchers interested in how people develop their ideas about work/career and the stages they go through in their attempts to develop and modify these ideas are classified as developmentalists.

Ginzberg's and Super's theories would come under this umbrella. Ginzberg's research findings and subsequent theory postulates three propositions about the developmental nature of vocational choice: that vocational choice is a process that spans the whole of adolescence; that, due to the action/training/expenditure consequences of the initial decision, it is a largely irreversible process ("the single most important factor in his vocational choice becomes the inertia of the decision-making process itself" - Crites, 1969, p.101); and that the final stage is a compromise of the person's needs and the dimensions of the external realities (ibid.).

Super (in Crites, 1969, p.102-3) emphasizes the continuous process-nature of vocational choice, "because it comprehends the concepts of preference, choice, entry, and adjustment" (ibid.).

> The process of vocational development is essentially that of developing and implementing a self-concept; it is a compromise process in which the self-concept is a product of the interaction of the inherited aptitudes, neural and endocrine makeup, opportunity to play various roles, and evaluations of the extent to which the results of role playing meet

with approval of superiors and fellows (Super, 1953, in Crites, p.103).

Of importance is also Super's concept of "vocational maturity" (ibid.), and the idea of passages through life stages (growth, exploration, establishment, maintenance, and decline) which link vocational choice with the development of self concept.

The theories which concentrate on individual differences, especially the extent and the way people in one field of work differ from people in others fields, have been called differentialist (Lancashire, 1976, p.195). These theories are based on the following assumptions: that people have different personalities and abilities/skills; that different types of work require different abilities and personalities; and that occupational choice is the the process through which the two aforementioned are matched (Lancashire, 1976, p.195).

> Such theories usually imply that patterns of ability, interests, disposition and so on, are developed early on in life, that although modifications occur these are slight (Lancashire, 1976, p.196).

Crites (1969) also describes this, although implying that the process is a conscious decision rather that an event that "happens", under the name "trait-and-factor" theories.

> In short, the individual compares his capabilities and dispositions with those demanded by occupations and selects the one that "matches" best (p.91)

The different psychological theories of vocational choice generally suggest: that occupational choice is a process, in which various factors could play an important role, e.g. the individual's search for personal meaning through occupation, comparisons between one's own abilities with those of others, and a matching of the perceived abilities with a job that requires them.

Yet, what attracts people to work with other people in the context of attempting to make meaning from life experiences, through the establishment of a very intimate relationship with their clients, at a strictly professional level? Or, to rephrase the question in the afore-mentioned context, to what extent and how do the life experiences and development in early years affect or lead to a choice of psychological therapies as a profession?

The therapist

The study of therapists' lives and how these may contribute to their choice of profession is a very recent phenomenon.

Traditionally, especially in the (psycho-) analytic models of psychological therapies, information about the person of the therapist, their life, experience, feelings have been the silent, unveiled part of the therapeutic encounter. The therapist has been required to remain a "blank screen" in order to guard for counter-transference interfering with the process in which the client and his oe her life experiences, feelings, etc. are in the focal position. Somehow this "tradition" has been promoted in the life of therapists outside the sessions, in a way it has become a habit. As various authors point out, the lives of therapists have been kept out of public view (Dryden and Spurling, 1989; Burton, 1972). This silence has been taken to task beyond its initial purpose, as - in a transferential perhaps manner - it has been taken as evidence that therapists come from pleasant, carefree backgrounds and social circumstances that may actually make it inappropriate for them to purport to understand the difficult circumstances and traumatic experiences of their clients (Masson, 1988).

As psychotherapeutic models evolved, issues about countertransference became clearer, and the appropriate use of therapist's feelings within the session became more openly acceptable, the veil covering therapists' lives started to be pulled, and books emerged on the lives of these opaque individuals.

> This emphasis perhaps reflects a similar trend in the psychotherapy research literature which has found little differential effectiveness in different approaches to psychotherapy (the "technical"). As a result, researchers are turning again to more "personal" therapist variables such as the capacity to form and maintain a therapeutic alliance with clients, in their search for explanations of differential

therapeutic outcome (Dryden and Spurling, 1988, p.ix).

These generally tend to reveal that the life of a therapist is as common as anybody's, filled with the pains and disturbances of everyday life, and for some with more pain and upheaval than usual (e.g. see Lemma, 1992; Waskett, 1993). What seems to transpire, however, from the literature, is that therapists (to be) tend to become aware, accepting, and retaining of their observations on the effect of experiences on them and the accompanying feelings; that the experience of pain takes on meaning that allows the individual not only to survive the experience but also to derive benefit from it, as she or he starts looking for a space for reflection between experience/event and response/behaviour. It would also appear that this is an attribute that has developed over time from experiences that may be dating back to their early life.

> One aspect of becoming a therapist seems to be the recognition that the different aspects of a situation, conflict or dilemma should not be met with denial, avoidance or other such measures, but rather by an attempt to hold the different parts together (Dryden and Spurling, 1988, p.198).

Yet, how early in life does the capacity develop that enables the individual to hold a contrast with minimum use of defence mechanisms?

> Development is shaped not only by the hereditary traits of the individual, as moulded by the specific demands of the environment, by specific conditioning, by the culture of the family, and so forth, but also by the effort of the child himself in coping, first with his own internal imbalances and other vulnerability and internal problems, and second, with the opportunities, pressures, demands, obstacles, and so forth of the environment. His way of dealing with this contributes both to an adaptational style and to sometimes consciously verbalized orientations to life in a way you could call a philosophy of life." (Murphy, 1978, p.174)

The idea that therapists tend to be people who have gone through and survived great difficulties in life are linked with ideas about shamanism and the wounded healer (Bates, 1993; Goldberg, 1986; Burton, 1972; autobiographies in Dryden and Spurling, 1989). It would seem that the therapist is someone who has retained a sense of control through making personal meaning out of/in difficult circumstances, a quality that would necessitate a certain ability to distance themselves, analyse and "philosophize".

> psychotherapists are not decontextualized beings who, as tabulae rasae, are ready to be stamped with learnt technique. Rather they are individuals in search of a method which fits with their personal experiences (Dryden and Spurling, 1988, p.5).

Roe (1961/1953) found in her research on occupational choice, "for the social scientists, [the introduction to their career may have been] through dissatisfaction with literature as a means of studying the behavior of people, or through a service motivation" (p.220).

From biographies of well-known psychotherapists, such as Melanie Klein, Sigmund Freud and Carl Jung, it appears that there are also personal characteristics such as introversion, spirituality, tolerance of ambivalence, respect of the person beyond the problem, that prevail in psychotherapists (Alexander, 1991; Wallace, 1978; Grosskurth, 1986; Bernfield and Bernfield, 1943). The relationship with and between parents in childhood would also appear important, and it seems that therapists on the whole have had similar, and usually difficult relationships with their parents.

In the case of Jung, for instance, he was "left largely to his own devices, the child of a marriage that he identified as difficult" (Alexander, 1991, p.154).

> In the relationship between father and mother, which is characterized as a stormy one, Jung as a child often played the role of the arbitrator. This role he later recognized as a precondition to an overinflated notion about oneself and one's powers (Alexander, 1982, p.1010).

This is also in agreement with Storr's (1988, p.106) ideas about creativity, solitude and meaning making:

> The people who later devote their lives to pursuits in which imagination plays a major role have often started to do so in childhood to a greater extent than the average because circumstances of separation, loss, or enforced isolation have impelled them in that direction.
>
> But, as one would expect, imaginative capacity tends to become particularly highly developed in gifted children who, for one reason or another, have passed rather solitary childhood.

As seems to be the case with various eminent therapists, as biographical material suggests.

In the examples presented by Storr (1988), it becomes clear that he suggests a view of creativity as resulting from painful life events, separations, isolation, and the ability to be alone, which, Storr seems to be arguing, is as "normal" as being able to form strong ties with other people.

In a similar vein, Albert (1971) suggests that "some important cognitive differences [are reported] between the two groups [children of IQs 155 or higher vs children of normal IQ] as well as the high rate of early parental loss among historically famous highly intelligent persons" (p.19).

Burton (1972) seems to recognize that therapists choose their profession for specific reasons, largely based on their experiences within their parental family and (resulting?) patterns of thinking, feeling and being.

It appears from the literature that, although Burton's criteria may be too specific to be of appropriate use (e.g. people not espousing the ideas of Judaism or similar would be excluded), taken in a more general sense they would tend to be broadly in agreement with biographical information (where they initially derived from). It certainly appears in the biographies - more so than the autobiographies - that people who choose a career of relating to others in an intimate and professional manner simultaneously, tend to come from homes where there are significant tensions, mainly between the parents, overt or covert. It may also be the case that as a child, the therapist was the arbitrator or tension resolver between the parents (as in the case of C. G. Jung), or the support for both, which would result in split loyalties, and the need to hold both simultaneously.

Perhaps it would be reasonable to say about the therapists whose biographies I had available that they had had at least one parental figure who provided - or at least intended to, as in the case of Melanie Klein's mother - emotional support; but they also had a counterpart parental figure representing the other side of the ambivalence. In Jung's case, for instance, father represented a wealth of knowledge but also indoctrination, while mother represented warmth, temperament and emotion (Alexander, 1991). Similarly, in Freud's childhood, mother seems to be a warm and loving figure that gave him a sense of being special, whereas father seems to have been a man who made impression on young Sigmund as being powerless and ineffective in the face of insult (Alexander, 1982).

Contrary to Burton's assertions, it also seems that (some) mothers had a very significant and positive role in shaping the future career of some of the early therapists (perhaps in representing the internal, personal strength and power, as women have had little social power) as well as the side of feelings and emotions. It would also appear that fathers had a negatively powerful role (avoided or unpleasant models), perhaps representing the social oppression and silencing of feelings, stiff upper lip, and similar characteristics that the masculine stereotype is burdened with.

Again, taking on the ideas of Alexander (1982), "I am struck by the observation that each man's [Freud's and Jung's] attitude toward his mother was similar to his attitude toward his theoretical work." (p.1014).

Perhaps the differences in responses in the two samples, i.e. of therapists approached in more recent literature, and in the biographies of those earlier in the century are also partly due to changes in the general social circumstances. Roe's (1961/ 1953) findings may be generally true, however.

> Patterns involving overprotection and firm, if not overt, control are very com-

mon in the group (of social scientists). They are commoner among psychologists than among anthropologists among whom there was more overprotection and more open hostility. Over half of this group reacted with more rebelliousness than is generally usual, and of these a number are still angry or rejecting or disrespectful of one or both parents (Roe, 1961, p.215).

The issue of control underlines Burton's criteria of belief in and "relation" to a powerful spirit (Logos) and the Existential concomitants of this in terms of the prerequisite experience of despair, depression and dissociation; assumptions of a world subject to cognitive rule; and the Promethean caring and assuming of the absurdity of living.

Relevant here is also the issue of secrets in childhood, i.e. the creation of a safer, and more comfortable world to escape the unhappiness of reality. Jung's ideas of control in childhood were cited earlier and more examples of children's attempts at assuming control have been documented in case study vignettes in psychotherapy books (eg. V. P. Varma, 1992).

> A child is in some strange way selected to provide happiness for all, and to him is given the role of the healer. Obviously, a grown-up is better prepared to handle such a mandate than a child, so the child, in the face of the impossibility of the task, carries it over to adulthood ... On the face of it, no therapist would rationally submit to psychotherapy for any of the rewards now extant (Burton, 1972, p.10).

This assertion is in line with Alice Miller's ideas that psychotherapists are "moulded" in childhood. Miller (1983) argues that psychotherapists have had emotionally insecure primary caretakers, whose "narcissistic equilibrium" depended on the child's actions, behaviour, etc. This leads to the child becoming very sensitive and perceptive to the needs of others, assuming control over other people's emotional state/welfare, starting with the primary caretaker:

> take over responsibility for their siblings and eventually develop a special sensitivity to unconscious signals manifesting the needs of others. No wonder that they often choose the psychoanalytic profession later on. Who else, without this previous history, would muster sufficient interest to spend the whole day trying to discover what is happening in the other person's unconscious? But the development and perfecting of this differentiated sensorium - which once assisted the child in surviving and now enables the adult to pursue his strange profession - also contains the roots of his narcissistic disturbance (p.22-23).

So far, there has been biographical evidence that perhaps in psychotherapy/counselling, the process of occupational choice and the skills required for it, may have started very early, in the webs of family dynamics and the child's (future therapist) attempts to make sense and deal with his or her reality at that time.

Psychological therapies as occupational choices

This paper may be seen as crossing the boundaries of various fields of psychology. The theme lies partly within occupational psychology, in terms of occupational choice. It can also be looked at from the point of view of development in early life and personality theory, to the extent that these factors may contribute to occupational choice.

But as a contribution to our knowledge as part of a course in counselling psychology, it is primarily a piece of work on psychotherapy/counselling and metapsychology, relating to healing and ideas linked to the concept of the "wounded healer", looking at the psychology and the formation of the psychological therapist's occupational identity.

> This interest has sometimes arisen out of their difficulties in choosing, since psychologists are often torn between the arts and sciences, attracted to both intuition and to scientific method (Lancashire, 1976, p.194).

Perhaps it is this basic tension and partnership, a near replication of the (hypothetical) tensions within the therapist's original family, that becomes the attraction that

motivates the people to choose to work in this field.

In the literature (as reviewed above), there are suggestions that the attraction to becoming a therapist may be traced to family interactions that have meant that therapists had always been the children chosen for the role of emotional supports, carers, arbitrators, listeners (e.g. Miller, 1983). This is also partly the theme of this paper, aiming to examine whether early experiences, e.g. relationship with parents, siblings, or other significant others, school traumas, health problems, etc., predispose people to follow a career in alleviating (psychological) pain, or the potentially painful effects of adverse experiences.

The dichotomy of personality vs training, is one often encountered in the research literature on this subject, as some researchers choose to look at one aspect at the expense or ignoring the effects of the other.

As Parloff et al. (1978, p.247) put it:

> there appears to be a lack of agreement among investigators as to whether they are dealing with therapist attitudes that are manifested in the treatment setting, or with therapist traits, skills, techniques, and language styles, or with the global apperception of the therapist as a "good guy".

Thus there seem to be two types of situation, on the whole: Those similar to the one outlined below:

> Serious efforts have been made, particularly by Carkhuff and his associates, to train therapists, counsellors, and nonprofessional helpers to develop the necessary and sufficient therapist skills ... the clients of therapists who had been trained showed greater improvement than did the clients of untrained helpers. In support of these conclusions, Carkhuff cited 30 studies (1972).
>
> Empirical support for the effectiveness of such training in enhancing patient outcome has been increasingly challenged (Gormally and Hill, 1974). (Parloff et al., 1978, p.247)

There are also others who argue that the main and most important element in psychological therapies is the practitioner's ability to form a therapeutic relationship, therefore shifting the emphasis on to personality characteristics and interpersonal skills. According to Frank (1982),

> All psychotherapeutic methods are elaborations and variations of age-old procedures of psychological healing. These include confession, atonement and absolution, encouragement, positive and negative reinforcements, modeling, and promulgation of a particular set of values. These methods become embedded in theories as to the causes and cures of various conditions which often become highly elaborated (p.9).

Frank later (p.15) mentions the importance of establishing a good therapeutic relationship as the means of achieving psychological healing: "No method works in the absence of this relationship".

There is growing evidence that psychotherapy outcomes may be directly related to therapists' personalities.

> Multiple and converging sources of evidence indicate that the person of the therapist is inextricably intertwined with the outcome of psychotherapy. There is a dawning recognition, really a reawakening, that the therapist him or herself is the focal process of change. Second only to the severity of the client's symptomatology, the psychotherapist - not theory, not technique - is the powerful determinant of clinical improvement (Norcross and Guy, in Dryden and Spurling (Eds), 1988, p.215;).

An examination of important influences on therapist's "occupational personality" and choice of profession seems pertinent.

The topic of this paper could broadly be seen as part of the question of matching characteristics of the task/job with those of the worker, with an emphasis on experiences that may predispose the latter to choose the former. We are examining whether certain experiences can be seen as important for the formation of characteristics, predispositions, or skills and as such, prerequisitres for training programmes.

The paper consists of two main parts. The first covered theories of vocational

choice, psychodynamic, ego-psychological, differentialist and developmentalist, as well as others less well-known, in an attempt to see whether early experiences could play a role in vocational choice. Theory and research on the theme of (early) experiences in relation to becoming a "healer" are also covered in this part. A review of the literature available on therapists' lives and on "what makes a good therapist" is given; and the question asked, whether it is their life experiences that lead them to become therapists may be what we infer, given the scarcity of data beyond biographies.

The second part is about the research that is carried out as part of this paper. The aim is to examine whether most people who choose to pursue listening to other people's feelings and experiences, as a profession, have done so since they were very young, perhaps having been first-born mother's helpers, confidants within the family, arbitrators or tension-releasing people, etc. In other words, we are looking at the theoretical point of early experiences having resulted in the development of certain skills which are then applied occupationally.

Using a questionnaire designed for the purpose of eliciting information relevant to this topic, an attempt is made to explore possible relationships between childhood experiences and occupational choice in two samples, one of counsellors and psychotherapists, and one of people trained to work with computers. Conclusions are discussed, especially taking into account that in a climate of international economic crisis, perhaps income generation is the major motive and incentive in choices, occupational and other.

Design

A self completion questionnaire was used in order to find out:

- whether counsellors/psychotherapists considered their early experiences (in the family) as important, specifically in their choice of occupation?
- whether people from other occupations, e.g. computer scientists, considered their early experiences (in the family) as important, specifically in their choice of occupation?
- what differences existed in the answers of different occupational groups in terms of their early experiences?
- were therapists' early experiences consistently similar across the sample?
- were there similarities with or differences from another occupational group?

Participants

The questionnaire designed for this study was distributed to a total of 100 respondents. Fifty of the respondents were counsellors or psychotherapists.

The comparison sample consisted of 50 people trained to work with computers.

The age, sex and ethnicity of the sample were random. As for many of these people the only personal information at the start was a surname and an initial, it was not possible to give an account of male or female, nationality, age, and such information.

In total, 48 completed questionnaires were received (48 per cent response rate), 25 (52 per cent) of which were from counsellors/psychotherapists, and 23 (48 per cent) from people working with computers. In terms of sex, there were 25 (52 per cent) female and 23 (48 per cent) male respondents; within the computer occupation, there were five women and 18 men, while there were 20 female and five male psychotherapists/counsellors. In terms of nationality, in total there were: one Asian, one African, two West Indians, 31 White British, and 13 from other nationalities, mainly Europeans. In the computing group, these numbers became: one Asian, 17 White British, and five from other ethnicities, mainly Europeans. Within the group of psychotherapists/counsellors, there were one African, two West Indians, 14 White British, and eight others, from the Middle East and Europe. In terms of higher education, in total, 24 psychotherapists/counsellors had some form of higher education, one did not; 16 computing people had some form of higher education, four did not, and three did not answer the question. The age range was widely varied and was therefore regrouped into the following three categories:

Table 1. Age group frequencies in sample (25 counsellors, 23 computer scientists)

Age	Counsellors	Computer scioentists
18-35	5 (20%)	10 (43%)
36-45	12 (48%)	6 (26%)
46-55	8 (32%)	6 (26%)
56-on	0	1 (5%)

18-35years, 36-45, 46-55, and 56 onwards. Table 1 outlines the age ranges.

In terms of family background, a total of 37 people came from nuclear families (21 of the psychotherapists/counsellors, 16 of the computing people), two came from extended families (one from each group), five came from one-parent families (two therapists, three computing people), two computing people came from families with one step-parent, a total of two came from families classified as "other" (one from each group). Information about birth order shows that there were nine only children (five therapists, four computing people), 17 were first born (ten therapists, seven computing professionals), 16 were second born (seven therapists, nine computing people), five came third (two of the computing respondents, three therapists, and one of the computing people was fifth.

Questionnaire design

The questionnaire was based on issues that repeatedly came up in the literature review, in terms of therapists' early life experiences and their role and relationships within their parental family. The final draft consists of four parts, each in a different colour, to signify that different responses are expected. The questionnaire was piloted and amended twice.

Procedure

The final questionnaire was sent to the sample in the mail or delivered by hand. A reminder letter was sent after the first deadline.

General observations and aggregate responses

It would seem that the two occupational groups treated the questionnaires in distinctly different ways, especially in how they related to the questions and how they responded. Whereas computing professionals tended to give exact and laconic answers, therapists tended to expand and use the spaces provided beyond the tick, occasionally writing in the margins or on the blank sides, and appeared to share openly about their past family life and the efects they considered their experience of it had on them. In terms of their responses, an account of how the two groups responded is in Tables 2-22. Ratings are on a scale of 0 to 4 where) represents "not at all" and 4 represents "great importance". Tables 16-20 explore various answers to the question in Table 15.

Data analysis

The data were analysed to produce chi square value for independence. Initially, the chi square test was applied to examine occupational cross-group similarities and differences. After this, the data were split according to occupation of each group, to examine intra-group similarities and differences, again applying the chi square test. Significance was tested at the 5 per cent probability level, but where they are also significant at 1 per cent per cent level, this is also reported.

In cases of 2x2 tables with expected frequencies less than 5, the Fisher's exact value has been calculated, and p value given. Some of the tables of size larger than 2x2

Table 2. "Your role in the family"

Rating	0	1	2	3	4
Counsellors/ Psychotherapists	4 (16%)	0	2 (8%)	9 (36%)	10 (40%)
Computer Scientists	16 (69%)	3 (13%)	0	2 (9%)	2 (9%)

Table 3. "Any childhood experiences that stand out"

Rating	0	1	2	3	4
Counsellors/ Psychotherapists	8 (32%)	1 (4%)	2 (8%)	7 (28%)	15 (60%)
Computer Scientists	20 (69%)	0	1 (4%)	1 (4%)	1 (4%)

Table 4. "Your relationship with one or both parent(s)"

Rating	0	1	2	3	4
Counsellors/ Psychotherapists	6 (24%)	1 (4%)	3 (12%)	3 (12%)	11 (44%)
Computer Scientists	13 (56%)	2 (9%)	3 (13%)	2 (9 %)	3 (13%)

Table 5. "Your responsibilities to other family members"

Rating	0	1	2	3	4
Counsellors/ Psychotherapists	9 (36%)	2 (8%)	2 (8%)	5 (20%)	4 (16%)
Computer Scientists	20 (88%)	1 (4%)	0	2 (8%)	0

Table 6. "Your birth order"

Rating	0	1	2	3	4
Counsellors/ Psychotherapists	7 (28%)	0	7 (28%)	6 (24%)	3 (12%)
Computer Scientists	19 (84 per cent)	1 (4%)	0	3 (12%)	0

Table 7. Did you feel you were the source of emotional support for: Mother, Father, Both, Sibling(s), None

Categories	Counselling Psychologist	Computer Scientists
Mother	4	0
Father	0	2
Both	7	2
Siblings	3	2
None	3	14
Mother & Siblings	4	2
Father & Siblings	1	0
All	2	0

Table 8. In your opinion, did your parents have realistic expectations of you?

	Counsellors	Computer scioentists
Yes	11	20
No	14	3

Table 9. Did you consider yourself as being in the role of best friend for your parent(s)

Categories	Counsellors	Computer scioentists
No	16	21
Yes - Mother	4	1
Yes - Father	5	0
Yes - Both	0	1

had a significant chi square value but also a few cells with expected frequencies lower than 5. As the standardized residual values were available, they were examined for confirmation of significance. The idea is that when the variables forming the contingency table are independent, the adjusted standardised residuals are approximately normally distributed with a mean 0 and standard deviation of 1.

Table 10. Did you feel responsible for your parents happiness?

	Counsellors	Computer scientists
No	12	15
Yes	12	8

Table 11. Did you sometimes feel your privacy was invaded by: Mother, Father, I did not feel this?

	Counsellors	Computer scientists
Mother	8	3
Father	2	2
Both	8	2
No	7	16

Table 11. Did you sometimes feel your privacy was invaded by: Mother, Father, I did not feel this?

	Counsellors	Computer scientists
Mother	8	3
Father	2	2
Both	8	2
No	7	16

If a large proportion of cells have adjusted residuals greater than 2, this will suggest a departure from independence, thus reinforcing a significant chi square value, and additionally highlights those cells in the table which contribute most to the chi square value (Everitt, 1992).

Between groups comparisons

Starting with factual information, the two groups were compared for significant differences in terms of sex, Higher Education attainment, age, family type and size, and ethnicity.

A cross-tabulation of work by age group gave a chi square value of 4.878, which, with 3 degrees of freedom was not significant, indicative of the even spread of age groups in both occupational samples. Similarly, work by higher education value was 2.880, which was not significant (d.f.=1). As the table was 2x2 and contained two cells with expected frequencies less than 5, the Fisher's exact was calculated and found p=0.1118, still not significant, indicative of a majority of respondents who had been through higher education.

Table 12. Did you feel that any of your brother(s) or sister(s) were/are resentful because of parental preoccupation with you?

	Counsellors	Computer scientists
No	16	20
Yes	8	3

Table 13. Did you feel have any responsibilities for the care of another person (e.g. younger sibling)?

	Counsellors	Computer scientists
No	17	20
Yes	8	3

Table 14. Please describe your health while growing up

	Counsellors	Computer scientists
OK	22	20
ILL	2	2

Table 15. Do you ever feel that going through childhood was particularly difficult?

	Counsellors	Computer scientists
No	7	17
Yes	16	7

Table 16. Illness/Hospitalization

	Counsellors	Computer scientists
No	20	22
Yes	5	1

Table 17. Finances

	Counsellors	Computer scientists
No	19	19
Yes	6	4

Table 18. School life

	Counsellors	Computer scientists
No	14	19
Yes	11	4

Table 19. Bereavement

	Counsellors	Computer scientists
No	21	21
Yes	4	2

In terms of the work by family type table, again this yielded a chi square value of 2.797, not significant (d.f.=4), and indicative of the high number of nuclear families that both groups came from. Similarly, work by number of siblings from same parents and work by number of siblings from step-parents were also not significant, with chi square values of 5.743 (d.f.=7) and 2.944 (d.f.=3).

Of significance at both 5 per cent and 1 per cent level was the cross-tabulation of work with respondent's sex, with a chi square value of 16.293 (d.f.=1), indicative of a large number of women in the counselling/psychotherapy group and a large number of men among the computer scientists.

Chi square value for the table work by nationality was 4.908 (d.f.=4) and was not significant, reflecting a large number of "White UK" and Europeans ("Other") respondents in both groups.

Of significance at 5 per cent and 1 per cent level (chi sq.=7.671, d.f.=1) was the result of the table comparing work and each group's responses to the question "Do you ever feel that going through childhood was particularly difficult?". This seemed to be due to a large number of computer scientists responding "No" and a large number of "Yes" from counsellors. The kinds of experiences that seemed to make the difference were: Difficulties in school life, chi square= 3.948 (d.f.=1) at 5 per cent, with reports of no difficulty from 19 computer scientists corresponding to 14 therapists.

Separation was also significant at 5 per cent and 1 per cent, as a difficult experience in childhood, chi square=10.045 (d.f.=1), in the table with work, indicative of all but one of the computer scientists who had not experienced it, while 11 counsellors had. "Other" difficult experiences in childhood were also significant at 5 per cent and 1 per

Table 20. Other

	Counsellors	Computer scientists
No	13	21
Yes	12	2

Table 21. Did you have a role to play in the relationship between your parents (e.g. go-between, arbitrator)?

	Counsellors	Computer scientists
No	10	19

Table 22. Any source of understanding and support in childhood?

	Counsellors	Computer scientists
No	9	1
Yes	16	22

cent, with a chi square value of 8.957 (d.f.=1), with a very high number of computer scientists ((21) reporting they had no "other experiences that made childhood difficult.

Not significant were chi square values for other difficult experiences in childhood such as illness/hospitalization (chi sq.=2.683, d.f.=1; Fisher's p=0.114011215), indicative of a healthy total sample; financial problems (chi sq.=0.317, d.f.=1; Fisher's p=0.4194), and bereavement (chi sq.=0.584, d.f.=1; Fisher's p=0.3748) with low numbers from both groups reporting any of these problems. The chi square value for birth order by work table was also not significant (1.455, d.f.=3) as the two groups are similar in terms of respondents' order of birth.

For respondents' ratings of aspects of family life that influenced their occupational choices, the actual ratings had been condensed to three (0-1 was 1, 2 was 2, and 3-4 was 3). The following were found. In the table of work by respondent's role in the family the chi square value 21.519 (d.f.=2) was significant at 5 per cent and 1 per cent levels. Although there were two cells with expected frequencies less than 5, the adjusted values of the standardized residuals showed that the contribution of these cells to the chi square value was very small, thus confirming significance. The result points at the contrast of top ratings by 19 counsellors and lowest ratings by 19 computer scientists.

In terms of the table of work by "Any childhood experiences that stand out", again chi square (11.649, d.f.=2) was significant at both 5 per cent and 1 per cent level. As above, although there were two cells with expected frequencies less than 5, the adjusted values of the standardised residuals showed that the contribution of these cells to the chi square value was very small, confirming significance, and there was a similar contrast of high ratings by therapists and low by computer scientists.

A similar situation appeared for the table of work by "Your relationship with one or both parent(s)". The chi square value of 7.154 (d.f.=2) was significant at 5 per cent level, with a similar contrast as before, although the actual observed frequencies were slightly more even.

The table of work by "Your responsibility to other family members" yielded a chi square value of 9.562 (d.f.=2), significant at both 5 per cent and 1 per cent level. Again, the two cells of the middle ratings had expected frequencies less than 5, but the adjusted values of the standardised residuals showed that the contribution of these cells to the chi square value was very small, confirming significance. The striking feature of this table is the high number (21) of computer scientists rating the question lowest.

Further, tables were created for work by the responses to the question about the respondents' being sources of emotional support for other family members. The chi square value was 14.184 (d.f.=3), significant at 5 per cent and 1 per cent level, with a large number of computer scientists reporting they were not (14), while the majority of therapists (18) reported being the support for either or both parent(s). Here again, two cells had expected frequencies less than 5, but the adjusted values of the standardised residuals showed that the contribution of these cells to the chi square value was very small, thus confirming significance.

Significant at both 5 per cent and 1 per cent was also the result for the table of work with whether parental expectations were perceived as realistic (chi sq=9.664, d.f.=1). Important feature in this table was the high number (20) of computer scientists considering parental expectation realistic, while therapists gave a more even pattern of responses.

Also significant at 5 per cent level was the chi square (5.056, d.f.=1) for the table of work by whether respondents considered themselves in the role of best friend for either parent. Again, an interesting feature was the high number (21) of computer scientists responding "no". Quite high (16) was also the number of therapists responding in the affirmative. The table of work by whether respondents felt responsible for parents' happiness yield a low chi square value (1.113, d.f.=1) and thus not significant. The spread of answers was even throughout the table, but frquencies indicated, that although there were no significant differences between groups in the responses, a substantial number of people felt responsible for their parents' happiness.

Significant at 5 per cent and 1 per cent level was the result from the cross-tabulation of work by whether respondents felt their privacy was invaded by their parents (chi square=8.293, d.f.=1). Again there was a contrast here, with 18 therapists reporting they felt it was and 16 computer scientists reporting "no".

Not significant were the chi square results for questions "Did you feel that any of your brother(s) or sister(s) were/are resentful because of parental preoccupation with you." (1.570, d.f.=1) and "Did you have any responsibility for the care of another person (e.g. younger sibling)?" (2.437, d.f.=1) in a table with work. Although the greater number from both groups indicate that resentment and responsibility were not a frequent occurrence within the sample, still eight therapists and four computer scientists report sibling resentment, while eight therapists and three computer scientists report having had responsibility for the care of another person in the family.

Not significant was also the result from the table of work by health in childhood, the sample reporting a generally healthy childhood (chi sq=0.008, d.f.=1).

Of significance at the 5 and 1 per cent level was the result of the cross-tabulation of work by whether respondents felt they had played a role between the parental couple (chi sq=11.645, d.f.=1). Again the majority (19) of computer scientists responded "No", while 14 therapists responded in the affirmative.

In the question "Who was your own main source of understanding and support in childhood?", the responses were coded according to the indication that there was support or not. The results were significant at both 5 per cent and 1 per cent (chi sq=7.277, d.f.=1; Fisher's p=0.0077). Again a majority (22) of computer scientists perceived some kind of support in childhood, whereas

nine counsellors indicated that there was no support.

Intra-group analysis

After the comparative analysis, the data were split according to occupational group and chi square values were calculated for frequency tables of two main variables, sex and age group, with all the others, for each occupational group. None of these yielded chi square values at either 5 per cent or 1 per cent level, indicating a degree of independence between these variables within each group. As these results were not significant they are not reported in detail here.

Discussion

The aim of this study was to examine whether, in the perception of counsellors and psychotherapists, childhood experiences in choice of career would be seen as important, more so than by other professionals. This was tested through a number of chi-square tests, to see whether choice of profession in a sample consisting of people from two different occupational groups (one of counsellors/psychotherapists and one of computer scientists) would appear to be related to early experience variables (relying on the subjects' memory/account of their childhood).

The data were analysed for comparisons between as well as within groups. The results from the analyses within each vocational group appeared, on the whole, to be of low significance, therefore indicating a degree of independence between variables in the same group. However, the low values of chi square in these analyses could also be attributable to the existence of large number of categories for fairly small sized groups.

Two main variables were chosen for the intra-group analysis, sex, and age group. Responses to questions were tabulated with each of these. For the comparative analysis, work was the main variable in tables with different responses. The analysis of frequency tables in this case achieved a high chi square value on several occasions, indicating association between variables and occupational group. It could be argued that the results were biased because one group was conversant with the theory underlying this research, thus responding in ways that distinguish them from the other occupational group. Again, a reminder that what we observed in the responses is the perception of the respondent, not necessarily an "objective" fact verified by another participant in the same situation.

One of the objective facts, however, is that the two groups were inverse in their number of the two sexes, computer science seeming to attract mostly men, whereas counselling would seem to attract mostly women. This may be indicative of traditional occupational stereotypes about the sexes.

Although both groups seemed to remember childhood as a fairly healthy period in their life, it appeared that counsellors might have been more "delicate" children than the computer scientists.

There seemed to be strong indications that counsellors remember their childhood as a time of hardship, mainly due to separations, but also for other more general reasons. In their accounts, separations included instances when parents went abroad, or when mother went to work full-time, respondent having gone to boarding school, older siblings moving away to study, absent fathers, and beloved persons going into hospital.

This would also appear consistent with high chi square values in the cross-tabulation of work with ratings on the extent to which people perceived any prominent childhood experiences as influencial in their choice of work (11 counsellors and one computer scientist), although it is not always clear what kind of experiences these were.

It also appeared that counsellors could remember being involved between the parental couple as arbitrators etc., than the computer scientists did (14 counsellors, two computer scientists). This seemed also consistent with the high chi square value on cross-tabulations between work and being the source of emotional support for family members (total of 21 counsellors in that role and eight computer scientists). It would also seem important and related with the high chi square values from the cross-tabulation between work and rating on the extent to which the role within the family influenced occupational decisions.

However, the importance of the relationship with parents for counsellors was also shown in the high chi square values in cross-tabulation of work with: the rating of relationship with parents as an influence in occupational choice, having been in the role of parent's best friend, as well as feeling invaded by one or both parents, and perception that parents' expectations of the respondents were not realistic.

Birth order also seemed important in occupational choice decisions for the counsellors, and perhaps it is linked to the high chi square value for the cross-tabulation between work and responsibility for the care of another family member.

However, it is striking that the very people who seemed so involved in the welfare of others within the family (and later outside the family, professionally), also reported to have felt unsupported, and to have relied on their interests and intellectual pursuits for support. This was indicative of the need for the cultivation perhaps of one's own internal resources.

This may be one of the explanations for the high chi square value on difficulties during their school life for counsellors (11 counsellors reported school difficulties, compared to four computer scientists), as it would be reasonable to conclude that the emotional strain on the counsellors perhaps affected their experience of school life. One did not attend between ages 12 and 15 and then went to a special unit, two reported "cruel regime", "rough playground", four had changed schools frequently (mainly due to father's occupation), several found it difficult to establish bonds with other children and with staff, one had problems with staff, one reported feeling "so emotionally disturbed, I couldn't understand anything at school".

But what about the computer scientists? It seems that they have been marginalised in the reporting of significant results in a study about the effects of the past. Unanswered will remain the question: Is it that the childhoods of all the people who did not "vote" with the majority of counsellors were much more easy, care-free, beautiful and without painful experiences? Or are computer scientists, unlike many counsellors, people who "leave the past behind", to look ahead into the future. How common is this amongst them?: "My parents have always been happily married" (from computing respondent's questionaire).

Apart from the positive atmosphere in reading the questionnaires of computer scientists, there are also painfully insightful remarks "Not feeling loved/appreciated, except in return for good behaviour/achievement. Parents obsessed with appearance, pushed me into dieting." And: "Periods of stress as mother was ill ... since I was five years old." And "Yes. I was often an arbitrator between my natural parents - up to the point when they separated."

The theoretical underpinning in terms of theory of occupational choice in this paper are related to both major theories, i.e. developmental and differential, as the assumption is that people are attracted to a specific job, in this case, counselling/psychotherapy, and that their decision is developed through life experience.

Looking at occupational choice, the respondents were asked to make a trip to their past. Some recognised early experiences, especially within the family as influencial in their decisions. Although the present findings seemed to suggest that arguments about the creation of the therapist within their family interactions (e.g. Alice Miller, 1983) could be valid, there is still no certainty as to how widespread this is, or whether certain experiences have occurred with greater frequency or intensity for therapists than they do for the general population

This paper started with this in mind, and a wish to "know thyself" and others.

Looking back, there is a multitude of improvements that could have benefited this piece of work.

Starting with the questionnaire, the following points need improvement. Many respondents seemed unclear about the nature of the question on ranking what influenced their choice of vocation. Although ranking seemed a good idea at the time of its conception, its replacement with a rating scale would probably be closer to the understanding of the average person and would make the results more credible. As it stood,

only the top choice was used in the data analysis. If the rank method were used again, it should be made clear whether each order-number can be used more than once. Generally, this question seemed to need more clarity.

Discrimination between "self" and "other" appeared poor at times in the questions forming a part of childhood difficulties (illness, school, finances, etc.). For example, it seemed unclear whether it was the health of the respondent or a person close to them who had been ill.

In terms of discrimination, no information was available as to whether respondents worked in the private or public sector (although this information was not necessary for the purposes of this dissertation, it would be interesting and potentially useful).

Some of the shortcomings of the questionnaire were the result of the conflict between receiving meaningful/personal interesting information, but which could be coded for the purposes of this research. One such conflict was about the use of "tick" vs open-ended questions, and the risk that in an attempt to get at least minimum information, more personal information is lost, because despite the provision of space for further comments, several people still only ticked.

In fact, there were advantages and disadvantages to using a questionnaire rather than an interview. Apart from the practical limitations of the author's time that made interviews impossible, the questions became increasingly personal and a questionnaire that respondents could fill on their own, seemed more appropriate in terms of privacy and anonymity. However, an interview could have elicited further information, given appropriate rapport was established. However, the results, on the whole, appeared in accordance with the literature on motivation to become a therapist, e.g. Miller's argument that a psychotherapist is/becomes someone with training in guessing and responding sensitively to other people's needs and who has started this training early with his or her primary carer.

Results indicate that therapists are people who have had an apparently great power in their parental families, reminding of Jung's statement about deceptions of control (Alexander, 1991), but also of the "highs and lows" of self-esteem that Alice Miller (1983) talks about, in terms of external appearance and internal, psychological state, and can be read about in various biographies of well-known therapists (e.g. Grosskurth, 1986, examples in Dryden and Spurling, p.202; also Strupp, 1982; Mahoney, 1982).

The results are also partly in agreement with Storr's (1988) argument that when needs for affection and care are frustrated introspection can aid the process of development of internal strengths and supports. However, is work really is a choice, especially in a world sufferring the effects of recession and unemployment?

> Psychologists, by focussing their attention on psychological processes, have tended to neglect the considerable limitations provided by economic and social factors. Sociologists such as Miller and Form (1964) tend to feel that by the time race, nationality, class, family and area of residence have played their part, not only has the range of occupational choice been severely restricted but so also have work expectancies (Lancashire, 1976, p.195).

Although Burton (1972) argues that the rewards of the psychotherapist are not significant, at a time when therapy is seen as a panacea, and the status of the work is upwardly mobile, there is also a question about the financial side of motivation (this is one aspect that would be clearer, if there were information on whether respondents worked in the private or public sector).

Perhaps it is here that the issue of personal experience and perhaps intrinsic motivation is important. Counselling and psychotherapy are a service akin to healing, spiritualism and religion, although also having a "business" aspect to it. Personal experience alone would probably be insufficient for the demands of the work.

One of the suggestions made through this dissertation is that life experience, starting in childhood, should be looked in a more favourable light in selection, training and perhaps accreditation. Personal experiences

can be part of the training required for developing the skills used in the counselling process. Although practical experience, such as unpaid work, is often recognised and counts towards training and accreditation, personal attributes are directed to personal development (personal therapy, experiential work, etc.). To this effect, a study similar to this but incorporating a standardised personality test could examine emotional maturity at different stages in training, to look for the effect of training on personality variables.

The general view is that anyone given educational training and practice can "do the job". A similar issue has been picked up by various groups of survivors of the psychiatric services and authors like Masson (1988). In the way of claiming that psychotherapists and other "helping" professionals cannot and are not really sensitive to their clients' needs because they are not acquainted with those needs, as, the assumption is, they have never encountered them.

There is a general association of counselling/psychotherapy with a practitioner's background from the middle classes. "Research into choice can only be considered valid so long as its social context is clearly defined and the results not given a wider significance" (Lancashire, 1976, p.195).

Although there is no information on respondents' social class, in this study, the majority of counsellors were white, another cultural issue, next to class. There is also a greater number of women than men in our field, possibly following the stereotypes of masculine/feminine labour, or for other reasons.

Suggestions for the future for research along these lines, would be the use of an interview technique (for an exploration of how this method might work compared to a questionnaire). It would be interesting to find out whether men and women choose counselling for same or different reasons, and what these are; similarly for counsellors from other cultures. An interesting added dimension would be to find out whether early experiences may be related to the theoretical/philosophical underpinnings of counselling practice.

Factors important in therapy are the relationship between client's and therapist's personalities, coupled with theory and technique and in their development they draw on "moulding" experiences of the therapist's early and current life, predispositions to becoming listeners, and adding to the interaction themes of co-dependence, survival, benefits of helping, etc.

Existential dilemmas and wonderings in early life about events involving oneself (being "the chosen child", the arbitrator, etc.), the quest for control and the observation of Chaos all contribute to the development of the scientist of the "interior" in actively creating meaning (Dryden and Spurling p.193).

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A lively, comprehensive and indispensible handbook for staff, carers and service providers.

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Introduces a multi-systems model, widely regarded as a classic.

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A wide ranging review of particular interest to clinical health psychologists.

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KAREEM, J., and LITTLEWOOD, R. (Eds) (1992) **Intercultural Therapy**. Oxford: Blackwell Scientific
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Background

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A critical analysis which focuses on minority ethnic groups and offers good practice guidelines.

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An overview of the problem and clarification of misconceptions about transcultural issues.

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SAYAL, A. (1990) Black women and mental health. **The Psychologist, 13,** 24-27
A challenging appraisal of anti-racism and feminist approaches.

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Elegantly demonstrates the importance of race using same- and cross-race vignettes.

LAU, A. (1990) Psychological problems in adolescents from ethnic minorities. **British Journal of Hospital Medicine, 44,** 201-205
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Describes an Islamic approach to the prevention and treatment of drug misuse.

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Research outcome

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BOOK REVIEWS

An Incomplete Guide to Referral Issues for Counsellors by Steve Williams. PCCS Books, 1993

Reviewed by Kasia Szymanska

This paperback is aimed at practitioners working in the care field. It sets out to familiarize the reader with the process of referral in short reader friendly chapters. At the onset the author argues that referral "is a principled, skilled, ethically driven activity" intrinsinc to all helpers, regardless of orientation.

He then goes on to address the reasons for referral and its adequate management. Issues such as personal limits, client needs and the skills of onward referral are discussed. Before moving on to examine the role of supervision in referral Williams addresses the types of formal help available to practitioners. Including the range of the statutory mental health services and methods of treatment.

In the penultimate chapters he covers how to develop appropriate networking skills and suggests contacting organizations such as MIND and joining the British Association for Counselling for further information. Finally the issue of receiving referrals is addressed.

This book provides a basic grounding in the process of referral. It would be of particular value to trainee counsellors and practitioners who are just starting out. It can also be utilized by trainers wishing to run groups on referral, since each chapter includes references to training issues.

Counselling for Family Problems by Eddy Street. Sage, 1994; £9.99

Reviewed by Stephen Palmer

This book is now one of many that is a part of a series on Counselling in Practice edited by Windy Dryden and E. Thomas Dowd. The series was developed especially for counsellors and students of counselling, providing practical and accessible guidelines "for dealing with clients with specific, but very common, problems". So far I have found the whole series an easy, yet interesting read. Would this book be different to the others?

It consists of nine main chapters which are: 1) systems and development: the context for understanding family problems; 2) families in operation; 3) the change process in family counselling; 4) meeting the family; 5) considering the current problem; 6) using counselling skills to encourage change; 7) problem solving strategies; 8) continuing and closing; 9) back to "one". Basically, Chapters 1 and 2 focus on theoretical issues about families as systems. Chapters 4-8 offer the practical material including many different scenarios illustrating what the counsellor actually says and does in family counselling. These examples help to bring the book alive and aid understanding of the concepts discussed in the text. Chapters 3 and 9 deal with change concepts as applied to families.

Is it a book I would recommend beginner and experienced counsellors or counselling psychologists to read and purchase? Yes, I believe I would if they are interested in learning about family counselling. The book is reasonably priced at only £9.95 for 173 pages and is up to the good standard of the other books in the series.

LETTERS

Network life and death education

I am writing to bring to your attention the establishment of a national network, the aim of which is to bring together individuals and organizations working in the area of education concerning death and dying.

The need for a network arose at a seminar held on 8 November 1993 entitled Life and Death Awareness.

I enclose notes from the planning meeting for the network, which indicates the dates of future meetings and activities which have been suggested (see note).

On behalf of the network, I would welcome any feedback on the aims, suggested dates and programme.

Looking forward to hearing from you.

A Chiva
Network Co-ordinator
The Pre-Retirement Association (PRA)
Nodus Centre
University Campus
Guildford
Surrey GU2 5RX

Note

Notes of planning meeting for living, dying and death network: Meeting held on 14 March 1994.
The agenda consisted of identifying a purpose considering the role of the network and potential participants.

1. Those present provisionally agreed the following purpose for the network.

- To establish and maintain a nationwide network involving individuals and organizations working educationally in the field of death and dying.
- To enable members of this network to share experiences.
- To establish a database for collation of current work, and good practice.
- To identify and develop appropriate projects and seek funding for such initiatives.
- To establish appropriate educational initiatives in support of the network or its purpose.

2. A great deal of discussion took place on the kind of activities in which the network could be involved, and the most useful things which could be done. It was agreed that dates should be selected well in advance and that a wider range of individuals and organizations should be involved.

All planning group members agreed to follow up networks and contacts relevant.

The following dates were agreed for events:

17 October 1994 - Network conference - Considering Educational Materials on Living and Dying

17 October 1994 - 5.00 p.m. planning group

24 April 1995 - Network seminar Multicultural Approaches to Life & Death.

2 October 1995 - Network Day - programme to be fixed.

3. A programme of events for the network was selected and will be pursued. In addition, planning team members believed a seminar programme could be established for other groups, not necessarily within the network to increase their awareness of issues concerning life and death. Some of these seminars will arise out of the information collected from the questionnaires circulated in November 1993. Others from suggestions from network members.

4. It was agreed that a newsletter would be produced to keep network members informed of relevant activities and events.

Case studies and fieldwork articles

The *British Journal of Guidance and Counselling* wishes to increase the number of articles published which are concerned with the practice of guidance and counselling. Contributions may take the form of case studies or fieldwork articles which are both interest-

ing in their own right and raise issues of a more general nature about the theory and practice of guidance and counselling. Topics may include reports of guidance and counselling techniques used with special populations and client problems; guidance activities and services; and professional, ethical and legal issues in practice.

In presenting case studies, authors should ensure the anonymity of their client so as not to breach confidentiality, and succinctly present the case in broad terms - session by session descriptions are not usually appropriate. Fieldwork articles should describe and critically evaluate particular techniques, practices or services. Practice-oriented articles should be no more than 1500-2500 words in length.

Dr Jenny Kidd, Consulting Editor, has specific responsibility for case-studies and she will provide editorial advice and assistance to those requesting it. Potential authors should contact Dr Jenny Kidd, Department of Organizational Psychology, Birkbeck College, University of London, Malet Street, London WC1E 7HX.

Dr Jenny Kidd

A Forthcoming Health and Stress Management at Work Conference: Healthy People, Healthy Organizations, Healthy Profits

The Government's Health of the Nation strategy emphasizes the benefits of preventative health care and recognizes the workplace as a key influence of people's health status and behaviour. But organizations need to know that money spent on preventative programmes is well-spent. This conference is aimed at managers in organizations who have the responsibility for the health and welfare of employees, giving them an opportunity to explore the validity and the cost-effectiveness of a range of health and stress management options for staff.

The conference content will cover approaches to the management of stress in organizations (including training and counselling), aspects of preventative health screening with particular emphasis on minimizing the risks of coronary heart disease, and an overview of the health and welfare policy at Marks & Spencer. Professor Terry Looker from Manchester Metropolitan University will be giving a keynote speech on stress.

Date: 21 September 1994

Venue: The Medical Society of London, Chandos Street, London W1

Further information/programme from:
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