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Division of Counselling Psychology

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Notes for Contributors to
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Submissions

The Editorial Board of *Counselling Psychology Review* invites contributions on any aspects of counselling psychology. Papers concerned with professional issues, the training of counselling psychologists and the application and practice of counselling psychology are particularly welcome. The Editorial Board would also like to encourage the submission of letters and news of forthcoming events.

Academic submissions

Manuscripts should be typewritten, double spaced with 1" margins on one side of A4 paper. Each manuscript should include a word count at the end of each page and overall. Sheets should be numbered. On a separate sheet include author's name, any relevant qualifications, address, telephone number, current professional activity and a statement that the article is not under consideration elsewhere and has only been submitted to *Counselling Psychology Review*. As academic articles are refereed, the rest of the manuscript should be free of information identifying the author. Authors should follow the BPS Guidelines for the Use of Non-Sexist Language contained in the booklet *Code of Conduct, Ethical Principles and Guidelines*. Four copies of the manuscript should be submitted with a large s.a.e. A copy should be retained by the author.

Full bibliographic references should be contained in the list of references at the end of each article. They should be listed alphabetically by author, be complete, accurate and in the format used in previous issues of *Counselling Psychology Review*.

Low-quality artwork will not be used. Graphs, diagrams etc. should be supplied in camera-ready form. Each should have a title. Written permission should be obtained by the author for the reproduction of tables. diagrams etc. taken from other sources.

Proofs of academic articles are sent to authors for the correction of typesetting errors only. The Editor needs the prompt return of proofs.

Contributors are asked, if possible, to supply copy on a PC-compatible 3.5" disk. Please use ASCII where possible, and indicate the format employed if another has to be used. Contributors should enclose four hard copies with any disk sent.

Other submissions

Book reviews, letters, details about courses and notices of forthcoming events are not refereed but evaluated by the Editor. However, book reviews should conform to the general guidelines for academic articles. Contributors should enclose two hard copies.

Deadlines for notices of forthcoming events, letters and advertisements are listed below:

For publication in	*Copy must be received by*
February	5 November
May	5 February
August	5 May
November	5 August

All submissions should be sent to: *Counselling Psychology Review*, Stephen Palmer, Centre for Stress Management, 156 Westcombe Hill, Blackheath, London SE3 7DH.

The British Psychological Society

Counselling Psychology Review

Volume 11 ● Number 3 ● August 1996

British Psychological Society
Division of Counselling Psychology

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Abstract forms and further details from:

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Editorial

More changes!

Stephen Palmer

COUNSELLING Psychology Review has always been provided free to members of the British Psychological Society's Division of Counselling Psychology and, originally, the former members of the Special Group and Section. Over the years much time and effort has been given to improving the quality of the articles and the overall appearance. A few years ago it was decided to set up an editorial board and subsequently referee all academic papers. More recently two Associate Editors joined the main editorial team to help with the demanding production process. These developments have helped us to continue providing members with a British publication focusing on counselling psychology.

So what is the latest news about your publication? To help us deal with the ever increasing number of advertisements, Pat Didsbury has now joined the team as our Advertising Co-ordinator. Jennifer Smith now edits our Diary of Events section. Please send her dates of conferences that would interest Division members. And there is still more news to come! It was agreed by the Division of Counselling Psychology Executive Committee to upgrade the appearance of *Counselling Psychology Review*. The new cover allows us to put information on the spine and the next volume will have consecutive page numbers. The editors would be interested in receiving your comments about the new *Counselling Psychology Review* and any further ideas about possible future developments.

In this issue we have five main articles on a range of topics. Alan Frankland gives a personal view of the psychology qualifications within the Society. He raises a number of current issues that may affect counselling psychologists especially if the Society accepts the notion of a model-based route to join the proposed psychotherapy register. Ian Owen discusses the guidelines for integrative practice via clinical audit and looks at how to integrate disparate views. Philip Jones gives an outline of 'Individual Psychology' and the typical framework of Adlerian counselling. He then describes how hypnosis can be used in a diagnostic and therapeutic capacity within this framework. Martin Milton describes 'coming out' in therapy and uses a case study to illustrate the issues involved. Finally, Carol Shillito-Clarke gives a personal reflection of the distinguishing features of counselling psychology.

Do note our announcements regarding our First International Conference, titled 'Counselling Psychology: Origins and Progress' and also a symposium issue of *Counselling Psychology Review* focusing on 'Training in Counselling'. If you are interested in contributing to either, please contact the relevant people as directed in the notices.

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Psychotherapy qualifications within the Society

Thoughts stimulated by the joint meeting between members of the Committee of the Division of Counselling Psychology (DCoP) and the Standing Committee for the Psychotherapies (18.1.96).

Alan Frankland

THE Standing Committee for the Psychotherapies (SCP) was given a brief, some three years ago, to make proposals for a Society qualification/recognition route for psychologists who were psychotherapy practitioners. The position of the SCP has been coming together (and has gradually been exposed to the scrutiny of others) over the last twelve to eighteen months. Division Committees and individual members have had some anxieties about their capacity to influence the emerging position of SCP and in response to expressions of frustration on this matter the SCP Chair Adele Kosvener with other SCP members have held consultative meetings with Division representatives. This commentary was formulated following the meeting held with members of the DCoP Committee, although the views expressed are those of the author and not the formal position of that body.

The three elements of the SCP position

From Adele Kosvener's account of the SCP position it would appear that SCP believes:
I) that it is clear that the Society should be offering qualifications for psychologists who wish to be recognised as psychotherapists.
II) that these qualifications should be at a minimum of two levels.
III) that the only way to create qualifications and standards in this area is to adopt an approach based on particular theoretical models (such as those currently available to psychoanalytic psychotherapists or systemic family therapists) rather than developing a generic or more broadly psychological model of psychotherapeutic practice and training.

None of these elements is unproblematic, and some of the issues and alternative positions are outlined below:
I) Counselling psychologists would have considerable sympathy for the view expressed by SCP that members of the Society who wished to work as psychotherapists should not have to give up their identity as psychologists. They would also accept that it may be unduly time/energy consuming to maintain an active membership of a multiplicity of professional bodies, which is what may occur when psychologists do not have their own route to qualifications for areas of professional activity in which they may develop special expertise or practice. It was for precisely this reason that many of us invested time and energy in the creation and development of DCoP and a route to Society Registration for practitioners of psychotherapeutic counselling (for which the terms counselling and psychotherapy are often used interchangeably) within the Society.

There are however a number of cogent

objections to BPS seeking to expand its interest in this area any further:

I.i) Expansion may be seen as a take-over bid for all psychotherapy training and recognition. In the light of the continuing experience of DCoP (which has been quite vehemently attacked by some British Association of Counselling (BAC) members for seeming to imply that only psychologists have an appropriate background to be trained as professionals in the area of psychotherapeutic counselling) and of the experience of some European neighbours (where psychologists have tried - occasionally successfully - to gain a monopoly on non-medical psychotherapeutic practice) we may predict that this will continue to be a significant issue for many non-psychologist professionals in this area, and could attract considerable bad feeling towards BPS if inappropriately handled.

I.ii) Increasing influence from formal/academic psychology in the development and training of psychotherapeutic and counselling practitioners may be at the expense of less organised, but no less important, bodies of knowledge and ways of seeing that currently exercise a creative influence on the conceptual frameworks and practice of psychotherapeutic and counselling practitioners in the UK. Influences from philosophy, literature and the arts, as well as from theological, religious and arcane studies and practices, from sociology, anthropology and from alternative approaches to health not based on eurocentric models of persons or on 'scientific' concepts and procedures, are all potentially valuable in the complexity of conceptualising and training for psychotherapeutic practice. The increasing involvement of formal psychology in defining and developing psychotherapeutic theory and practice which would follow from more Society qualifications in this area might squeeze out such studies and thus, at best, be a mixed blessing.

I.iii) We may be re-inventing the wheel, again. The Society is already engaged in moving towards National Vocational Qualifications (NVQs) in Applied Psychology, (themselves seen by some to be a poor quality duplication of existing multi-faceted qualification routes); many members who are psychotherapeutic practitioners may already be registered with United Kingdom Council for Psychotherapy (UKCP), British Council of Psychotherapists (BCP) or be BAC accredited counsellors. What may be lacking is not so much a complete set of new qualifications and recognitions, but a route through which more BPS practitioners can be entered on these other registers as a consequence of their professional status in BPS. Formal negotiation for recognition and entry to UKCP (and/or UKRC [United Kingdom Register of Counsellors]) for BPS members with identified additional training or experience could be sufficient to meet the need of psychotherapeutic practitioners to maintain their identity as psychologists, to work within a single organisation, but to have formal recognition of their qualifications and competence in psychotherapeutic practice.

If the Society is to go ahead with the creation of a full set of its own qualifications in the area of psychotherapeutic and counselling practice (prior to NVQs, if they ever materialise) it must be quite clear that the effects on the field as a whole, on the disciplines which contribute to it, on those of its members currently practising in the area, and on the reputation and image of the Society as a whole is benign. It is not yet at all clear that these considerations are met by the SCP's current proposals.

II) SCP's current proposals suggest that qualifications in this area will have to be offered at two levels (a third level has even been posited in some discussions). The arguments against such a proposal seem overwhelming, and it is not clear how an objective analysis could lead to such proposals.

II.i) There is a claim that the two tier model will put BPS practitioners in line with Europe. Even dedicated Europhiles do not always consider that our mainland colleagues, some with very different cultural and academic traditions, will always come up with the right answer for Europe as a whole, or for the UK. There is no unified system of training and professional recognition for psychotherapeutic practitioners in Europe to which we have to align ourselves or fade into insignificance. In those countries where psychology has by statute or tradition cornered the market in all non-medical psychotherapy, it is not clear who, if

anyone, has benefited. As a Society with a strong empirical tradition surely BPS needs evidence that our mainland colleagues are right to have created such systems, before we copy them.

II.ii) For UK practitioners the system proposed seems to be modelled as much on our own medical profession, as on European systems for the training and development of psychotherapeutic practitioners. In essence a two tier system parallels the practitioner/specialist (consultant) divisions of medical doctors, and seems to be specifically designed to allow psychologists to claim parity with consultant (medical) psychotherapists and to enable them to compete with such personnel for consultant psychotherapist posts. Apart from the problem of resurrecting the rather drab and tiring ghosts of the psychological/medical competition attendant on the birth and early development of clinical psychology, it is far from clear that these considerations are relevant to the to the majority of psychotherapeutic practitioners (in the Society, or in the UK as a whole) or beneficial to the development and maintenance of the highest levels of professional practice. The majority of psychotherapeutic practitioners probably do not work in or for the National Health Service (NHS), but within other organisations and in private practice, and yet if current SCP proposals go ahead the whole profession may be saddled with a registration/qualification system that has neither an empirical base (it has not been shown to be the most effective way of delivering excellent service, and its use in the medical profession is increasingly questioned, and is not universally applied) nor direct relevance to the majority of working psychotherapeutic practitioners. We are being offered a system to meet the needs of a small (and possibly shrinking) group of health service practitioners who seem to be having difficulty in recognising that their work setting does not constitute the whole world of therapy.

II.iii) Two or more levels of qualifications automatically imply that those at the lower level(s) are not "fully qualified". This may be precisely what some of the protagonists of a two-level system wish to imply/assert: but if that is the case they need to be open about it, and provide the evidence on which they base such a view. A two tier system is not the general practice of this Society, and where other professions have tried it (nursing, social work, and to some extent teaching) it has typically not been sustainable, and done little to enhance overall standards in the profession with too much time and energy being spent on first setting up differential systems, and later setting up remedial operations to re-create a single level of professional qualification.

II.iv) As already indicated there could be fairly widespread support for the idea of a second Society professional qualification in this area (alongside the Diploma in Counselling Psychology or even combined with it) - so long as it was equivalent to (and clearly recognised common ground with) other Society professional qualifications giving access to the Register as a Chartered Psychologist. As a result of such a development Society Chartered Psychological Psychotherapists would be able to maintain their identity as psychologists. This identity would not then be harmed if those wanting further or specialist qualifications went to specialist bodies outside BPS, for their additional training, and such external qualifications would not harm the "fully qualified" status of psychotherapeutic practitioners within BPS who did not feel the need for additional paper qualification or specialisation, but preferred perhaps to put time and energy into continuing professional development (CPD) to increase the range of their knowledge and skills, rather than seeking further specialism. The model of professional qualification now widespread in the society is:

[1] 3 year full time equivalent (FTE) Undergraduate study of Psychology, leading to graduate basis for registration (GBR), followed by

[2] 3 years FTE (usually) Postgraduate training leading to Professional qualification: Chartered Psychologist,

followed by

[3] Maintaining proficiency through CPD etc..

Keeping to this model would have the additional advantage of enabling psychotherapeutic practitioners to keep common ground with fellow psychologists within the Society as a whole, and tend to disconfirm colleagues prejudices about our

maverick tendencies.

III) Lastly we can turn to the question of the value of a "model based" approach to psychotherapeutic qualifications. The question has two facets: Is this an appropriate model for psychological psychotherapists to follow —should BPS be promoting such a model? Does the acceptance of a "model based" approach for some automatically exclude a generic approach for others?

III.i) One of the distinctive qualities of counselling psychologists (Elton Wilson, 1994) compared to other professional counsellors has been seen to be their training in an empirical research tradition, which leads them to ask theoretical/conceptual questions that other counsellors may not ask and to ensure that at least one of the pediments on which their practice rests is evidence. We can expect no less of other psychotherapeutic practitioners within the Society seeking to create professional or equivalent qualifications. It is clear that there is currently no firm evidence that the practice derived from any one theory or model consistently produces more effective outcomes (or any other measurable therapeutic goal) than any other. It also seems doubtful whether any model-based practice is consistently more effective than personally cogent ethical practice with no specific theoretical base: indeed the evidence seems to be building up in favour of the benign effects of "non-specific" factors, and of particular forms of therapy showing better outcomes than others only for quite limited specific difficulties and disorders. It is therefore not logical for the Society, of all organisations who might have an interest in the psychotherapeutic area, to accept a model-based approach to its own qualifications.

There is also a long tradition in psychological literature of eliding counselling and psychotherapy (c.f. Rogers, Patterson, Ivey, Van Deurzen Smith, Dryden), and the beginnings of empirical work on definitions and training which show them to be far from distinct (Kwiatowski, 1996).

Taken together a more empirical view, appropriate for psychological practitioners and their professional association/learned society would appear to be one that did not seek to rest on artificial distinctions between models or minor differences between fields of operation, but emphasised common ground and the development of an overview of therapeutic practice, alongside the development of specific skills.

III.ii) If the Society were nevertheless to accept the notion of a model based route, this does not have to exclude the possibility of an equivalent route to qualification which is more generic or even eclectic. A strong case has already been made (see for example the Society's Diploma in Counselling Psychology) for a pattern of training which is based on the acquisition and intelligent co-development of two or three conceptual/practice frameworks. Such an approach may or may not give rise to integrative work, or practice which is eclectic at the technique/skills level; but some individuals, trained and apparently practising from a single theoretical base, do seem to have difficulty in distinguishing such an approach from undisciplined eclecticism. Advocates of a well founded empirical and critical approach which is based on more than one theoretical model (or on no one theory more than another) are not speaking for an approach in which practitioners draw elements of their work with clients from a kind of rag-bag of theory and technique without much regard to the evidence or to the ontological and epistemological problems such an approach might entail. The constant linking of a psychologically sound approach which is not model based with such practitioners (allegedly of the kind advertising on the back of *Time Out*) could be seen to be a rather desperate rhetorical device, rather than an element of a reasoned argument.

The Society cannot possibly endorse "a model based or nothing" approach to psychotherapeutic qualifications without insulting and alienating a very high proportion of its professional members (particularly in the Division of Clinical Psychology [DCP] and in DCoP) who work from thoughtful and evidence based principles and guidelines drawn from training in a number of schools or models, and from empirical positions developed through their own work. Given a choice between inclusivity and exclusivity it only makes sense to become exclusive (conceptually or as a professional association) when there is clear evidence that an inclusive approach is not working.

III.iii) SCP and the advocates of a model based qualification route have not answered (have they even addressed?) the question of when is a model not a model? Are the models, on which sound psychotherapeutic practice may be based broad, conceptual areas and approaches (psychodynamic, cognitive, behavioural, humanistic etc.) or are they to be drawn from much narrower bands of discourse (Freudian, Kleinian, T.A. etc.)? Psychotherapeutic theory and schools of thought are constantly evolving, often through processes of integration and cross-breeding; gradually old models dissolve and what might have been an integrative novelty becomes an established position. For examples we need look no further than the cognitive behavioural approach, which still carries the name of both its forbears, but is increasingly accepted as a single position (a potential core model for training and qualification). CAT (Cognitive Analytic Therapy) is probably now in the same position, but many other combination approaches may still be held up as weak eclecticism, because they are at an earlier stage of their evolutionary process. Can it be appropriate for BPS to give exclusive backing to a system which appears to assume that the models are in a stable relationship with each other when all the evidence is of constant evolution and flux?

I am conscious that DCoP members and others have made a number of these points before, and that SCP has responded to some and discounted others, but taken all together they seem to be a fairly conclusive rebuttal of the current position of that group, suggesting the need for a radical revision.

Two further issues

There are two further issues, not so much about the content of the current SCP position, but about the way their ideas are being put before the Society.

Firstly, we have been told that bringing the discussions to a conclusion on which the Society can act is now a matter of urgency and that our position vis-à-vis European Psychologists and Psychotherapists in a fast moving climate of change means that there can be no further delays. Even if it were not based on a false premise, the sense of urgency being pressed upon the Society does not seem to be helpful if we are to reach a consensual decision on a matter of great importance to a large number of the professional members of the Society.

It seems that SCP has taken more interest in developments in mainland Europe than in change and development in the therapeutic and regulatory environment in the U.K. which must be the British Psychological Society's first concern. Since the time when SCP was set up there have been major changes related to the registration of therapeutic activities in Britain. UKCP is up and running with every sign of being taken seriously as a major player in this field, UKRC will be active by September 1996 bringing a further group of therapeutic workers into public registration, and the Society itself has created and validated a Diploma and hence a route to Registration for psychotherapeutic counselling psychologists. The proposals being offered by SCP may (possibly) have been a reasonable response to its brief when that was set, but are clearly unhelpful now since they largely ignore these Society based and wider UK considerations in favour of a narrower definition of psychotherapy, and "qualification", and some (possibly mistaken or spurious) notion of keeping up with Europe.

In a recent workshop conducted at an international conference (Frankland 1995) it was clear from discussion of the material that our European therapeutic colleagues are no more homogeneous within or between member states of the European Union than we are at home. Harmonization of qualifications and practice rights in one another's countries are thus likely to be some considerable way off yet. British psychotherapeutic psychologists and other groups in this field are only going to find themselves actually left behind or left out if they completely ignore the European dimension (which is not what is advocated here) or so alienate their peers as to be excluded.

Whilst accepting that the current membership of SCP have a considerable investment in finishing what they have begun, it seems vital for the Society to recognise the shortcomings of its original brief. Noting the developments that have taken place in the UK since that brief was set, and the importance of ensuring that there is

enough time to take on board the issues raised by UKCP/UKRC and our own psychotherapeutic counselling route to Registration (as well as the possible implications of NVQs, if they survive) the Society must pause to reconsider before committing itself to a position that will only satisfy a small minority of the professionally qualified therapeutic membership.

Secondly, we are told that there is no intention to disparage or harm the interests of Clinical or Counselling Psychology Divisions, but that the brief as originally given to SCP has to be fulfilled, and that the current proposals are the right response to that brief. This reassurance gets harder and harder to believe. In the face of continued argument and requests to reconsider the positions adopted, from representatives of DCoP amongst others, SCP has tended to press on with its agenda and preferred scenario - seeming to believe, despite the protestations of colleagues who will be adversely affected by these proposals, that if they assert sufficiently loudly and frequently that they intend no harm, there can be no harm. It is understood that representative meetings with DCP have produced a very strong response similar to that from the meeting with DCoP, and although the Counselling Psychologists' meeting with SCP representatives remained reasonable and cordial, some very strong feelings were evident both during and after the meeting - especially when it emerged that SCP members were unaware of the specific content of the Diploma in Counselling Psychology, so that it was impossible for them to have taken every care not to encroach on DCoP interests as they had claimed.

If SCP continues the urgent pressure for a set of proposals which disqualifies significant numbers of competent psychotherapeutic practitioners it will continue to alienate colleagues in both DCP and DCoP. Doubtless there will be continued attempts to drive a wedge between these divisions because it will be difficult for the Society to approve measures which are seen to be actively against the interests of its largest professional Divisions.

Conclusions: a modest proposal

Even if only half the points raised in this piece are seen to be valid it cannot be in the interests of the Society to proceed without fresh discussions and the emergence of a new consensus.

Probably the simplest way to ensure new discussions is to recognise that the brief of the current SCP is no longer tenable. The mandate to the current group should therefore be withdrawn and a new standing committee or working party should be constituted, drawn from a more widely representative group of the society's psychotherapeutic practitioners, with formal representation from the Divisions most likely to be effected, under an independent Chair.

This new group would be briefed to seek consensus between all interested parties in sections and divisions about the desirability (or otherwise) of a route to professional qualification for those psychotherapeutic practitioners within BPS who would not wish to identify with counselling psychology, or with clinical psychology, or would like this aspect of their work as clinical or counselling psychologists recognised as a viable branch of psychological practice in its own right. They would need to take into account all the above issues and the work of the current SCP, but would seek especially to relate to UK as well as EU systems and to the needs of therapeutic practitioners in BPS, in an inclusive rather than exclusive way. Assuming a positive consensus can be found the group would then go on to outline the structure of the professional qualification in psychological psychotherapy which would be analogous to professional diplomas in Division of Education and Child Psychology (DECP), DCP, DCoP etc.. The working party could also be asked to make some initial comment (rather than proposals) on potential structural effects of such a Diploma, and the ways in which such a Diploma might best be developed in detail and supported in practice: a Division of Psychotherapy? a Division of Psychotherapy and Counselling, a combined division of Clinical, Counselling and Psychotherapeutic Psychology etc.?

Some may argue that this proposal is wasteful and undervalues the work of the present SCP. That is not the intention. It is to be proposed that an explicit part of the brief to the new working party would be to build on the work of the current SCP wherever

possible, and no doubt the old and the new groups would have some members in common to ensure a degree of continuity, even if particular interests within the current SCP could no longer be guarantied the dominant position they currently enjoy.

The issue of qualifications in this area is an important one. With a diversity of potential registers outside the society it is vital that BPS does not reinforce schism within its membership. Well crafted proposals that hold colleagues together might even become a template for co-operation and respect between psychotherapeutic practitioners in the wider community, and could certainly help the "talking cures" profession, which is generally diverse and schismatic to believe that is possible to work towards unity and mutual support.

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Are we before or after integration?

Discussing guidelines for integrative practice via clinical audit

Ian Owen

A PsycLIT search of the counselling psychology literature shows that the term 'eclectic' is in recession during the last five years while the term 'integration' is flourishing. PsycLIT records for the period January 1974 to December 1989 show 974 papers were published which focused on counselling psychology: of these 16 were about an eclectic approach and 26 were integrative. However, from January 1990 to December 1995, of the grand total of 7,190 papers on counselling psychology, there were only 55 papers published on an eclectic approach and 228 on integration. It would be a huge task to assimilate all this material and weigh up its import. Rather than give an overview of all these attempts at integration, this paper stands back from the details of theory, research and practice, to discuss the broader themes of integrative practice. The beliefs expressed in this paper is partly derived from my own beginning experiences of teaching and practising in an integrative manner. In my own attempt to integrate disparate approaches I find that I have come up against recurring themes of a need to justify interventions according to evidence. However, the evidence cited by each author is not shared by all other researchers or practitioners.

Introduction

Following the work of Richard Nelson-Jones, this paper suggests that there are three major choices, responsibilities and developmental tasks for an organised integration of counselling psychology (Nelson-Jones, 1982, 1984, 1985, 1988). These tasks each address a problem that lies within the field of practice, theory and research. These tasks are (1) the acknowledgement of interpretative free play, (2) the problem of an ideal of integration which bring together many different practices and models, and (3) the problem of agreed evidence. In answer to these tasks three novel perspectives are suggested which are linked to clinical audit. This discussion starts by noting that integration assumes that contradictory, yet mutually connected theoretical perspectives for practice, are being attempted to be brought together. The aim of this paper is to bring to discussion the nature of these contradictory demands and forces.

The paper begins with the consideration of three observations concerning assumptions about human nature and the range of practice in the UK. First, it is claimed that cognition occurs concurrently with emotion, behaviour, self-reflection and the presence of non-verbal processes that are difficult to be given in language. The evidence for this remark is Zajonc (1980) who disagrees that cognition is prior to, and causative of, emotion, thought and behaviour. He found that emotion is quicker to arise and so comes before cognition and Rachman has agreed (1981). Second, there are many practitioners who describe their practice with reference to humanistic, cognitive-behavioural and psychodynamic terms. Third, the BPS booklist for counselling psychology has a series of perspectives in it and recent state of the art publications like the *Handbook of Counselling Psychology* list eight paradigms for practice alongside a gamut of other topics to be born in mind (Woolfe & Dryden, 1996). These publications imply that a wide awareness of the possibilities is being suggested. If these observations are agreed, then are we before

the official integration, or after the unofficial integration of counselling psychology? By an official integration I mean an integration of theory, practice and research that has been accepted by the Society or by a majority of practitioners. Whereas an unofficial integration is one where individual practitioners, departments and training schools permit their own local integration of ideas and practices from different traditions.

Theoretical and practical evolution

During the last 20 years there has been a rising interest in the possibility of integrative practice. This has occurred alongside the slow evolution in what had been separate fields of practice, namely the four major styles of psychotherapy: psychoanalysis, humanistic counselling and the cognitive and behavioural approaches. For instance, all four forms of practice have been developed by the criticisms and research of their own practitioners. Omer and London (1988) bring together research material on the demise of separate schools of counselling and therapy. Furthermore, they do not believe that there ever has been an overall paradigm to which practitioners had belonged (ibid, p.172) which implies that the field as a whole has always been fragmented.

Those who made the developments that Omer and London refer to previously mixed two or more ways of working in an ad hoc manner and called this new approach eclectic. Initially these innovators chose interventions without the background of a unifying theory. They were practising before any official integration. Consequently, this paper discusses practice in the context of the large number of theories that are available to guide integrative practice. It also argues that the space mapped out between the four major styles of therapeutic relating is a space worth traversing according to the individual needs of clients. For instance, there are many interesting comparisons to be gained from comparing and contrasting these styles of working, and indeed, this space is the area of legitimate therapeutic relationships. Other purists would find integrative practice abhorrent, as they prefer to stay within the clear consistency of one model of practice. Also, for some it might be a matter of concern that there are multiple standards and methods of practice, some of which might be even considered unethical.

Task 1: acknowledging interpretative free play

When the large number of schools of counselling psychology, counselling and psychotherapy are discussed, often no mention is made of interpretation and the interpretative free play that exists due to the varying degrees of expertise of the practitioners and the varying perspectives that exist within a single school of thought (Westerman, 1993). Through the years, and across the country, conceptual drift and variation occurs as terms are gradually redefined and employed differently. Hence, within each department, counselling psychology is enacted in a slightly different manner. Practitioners are not robots and each one interprets the ground rules, their training and clients differently.

Interpretative free play is part of the procedure of embodying and enacting theories and beliefs. It is a major area in which it is difficult, if not impossible, to ensure a consistency and regularity of actual practice. This variance and free play exists in interpreting any situation or guideline for practice and its importance is not to be underestimated. As a consequence, it could be argued that there are as many counselling theories and practices as there are practitioners. Another way of stating this thought is to write that not only do all practitioners have their own variation on the group theme, but also, given the natural variance in the character of practitioners, it is the case that there are no distinct schools of therapy at all, but only individual practitioners each practising their own style. As a corollary, it might also be the case that schools of therapy exist to satisfy a need for agreement and mutual support in the justification of each style of working. In short, practitioners continually mix ideas that they use to justify their varying actions with clients. For instance, there is the case where a trainee who might have a 'cognitive' personality, say, learns person-centred therapy. Even though they have a veneer of person-centred skills and a person-centred vocabulary, are they truly a person-centred therapist when their natural style of relating to others is at a level of intellectual reasoning?

Therefore, I reason that the local, unofficial integration of the therapies has begun, yet the nationwide, official integration has not. These types of practitioners mix and match concepts in practice in a relatively ad hoc manner. This process is legitimate and concerns acquiring insight and empathy through practice, supervision and training, and building therapeutic discernment and skills throughout a career. What occurs already is that each person integrates their own practice according to what they value, without a fundamental, agreed theory that takes into account all the complex variables and forces in the field of human endeavour. So, if there is no universally accepted paradigm for practice, and all practitioners "invent" their own form of therapy by applying their interpretations of the principles of one or more schools, then what is an acceptable way of creating a cohesive, official integrative approach which brings together practice, supervision, ethics, theory, research and other factors? The next section discusses the main problem that an official integration tries to tackle.

Task 2: the ideal of integration as a problem

The integrative approach may be defined as one which seeks to find out what type of counselling, by what sort of counsellor, works best for a specific type of client, with a specific type of problem, who is in a specific set of life circumstances (Norcross & Goldfried, 1992). By definition the process of official integration should search for core commonalities within each of the four major schools. This is to be achieved within an official integrated and cohesive overview of counselling psychology as a whole. This ideal of an integrative approach aims to overcome the inadequacies of a random eclecticism and provide a cohesive and consistent theoretical model that draws on some aspects of the major schools. Integration appears to be an answer because counselling is continually evolving and reconsidering its approaches. Therefore, such integrative practice would eventually be able to join together some of these elements into a cohesive whole. But this also implies that some attitudes, ways of relating and techniques will be omitted. This will be a problem for those who wish to practice in those ways which are no longer official or who wish to innovate and experiment.

In order to make an integrative counselling that is consistent with integrative values and approaches, then there is a confusion of ideas, values and practices from which to choose. As regards the practice of integration there are very many aspects to the whole field in which we are situated and pulled in various directions. Some of the major dimensions include long-term and brief work; group, family, couple and individual; gender-sensitive and cross-cultural. There are a variety of specialisms for sexual problems, sexual abuse or eating disorders and the list could continue. All these numerous possibilities give rise to a dismay at ever being able to weigh up all the possibilities for an official unified integrative theory, because not all aspects are integrable and it would take much work to consider which therapeutic procedures might be appropriate for specific therapeutic situations. Overall, it is a tall order to produce a single path through all these conflicting forces - but this is the path to integration. One leading question is to ask "what evidence is there to prefer one mode of practice or a specific intervention over another?"

Task 3: are we before or after evidence?

A further problem that appears, is that despite 40 years of research there is little agreement or knowledge about what works (Luborsky, Singer & Luborsky, 1975; Stiles, Shapiro & Elliott, 1986). An agreed starting point and an empirical base is not shared by all those who practice. Currently, there are two forms of research which seem to vie with each other in their appropriateness to investigate counselling and psychotherapy: the quantitative and the qualitative. But the continued development of psychology is not a choice between either the quantitative approach or the qualitative approach, but rather a tension and interdependence between the two. Consequently, if further integration is the correct course of action, and empirical research has not yet shown us what is effective, then it is also possible to turn to theoretical or ethical analyses of therapeutic guidelines. Because there are many interventions from the different schools of practice, there are multiple possi-

ble ways of proceeding during each session. If there is no agreed evidence for practising in one manner or another, then counselling psychology is operating before the establishment of agreed proof and the discussion of the ethical dimensions that occur in different forms of practice.

Research shows that there are claims and counter-claims. If there is no evidence that is acceptable to the majority of practitioners, then the whole project goes forward on shaky ground. Evidence is a major subject for counselling psychologists as dependable knowledge provides the basis by which informed decisions can be made. If there is no reliable knowledge, then there may be uncertainty and anxiety about how to proceed. Some way out of this deadlock is required. A possible line for research is to take a "trouble case" perspective which would focus on the nature of therapeutic relationships, processes and outcomes within a specific psychology department. This approach is introduced below.

Perspectives for an answer:

1 - audit in the organisational context

Another way of looking at the practice of integrative counselling psychology is to view it within its context in a department of psychology. In this way the contextual and background issues which shape the relation between theory, research and practice are taken into consideration. The responsibility that a psychology department has for the quality of its contact with the public is a shared responsibility. If certain counsellors are making interventions that are generally not accepted, or could be seen as ineffective or irresponsible, then the managers of the unit have a responsibility to intervene and advise a different course of action to be taken. This organisational context is part of the human system and ambience of the counselling psychology team. Clinical audit which relates the service clients receive to the practice of the service providers can consider all factors arising to do with the core conditions of this service: such is the nature of the shared responsibility of practice. If there is no unified model for the department as a whole, then counselling psychologists practice as they like and obey the minimum requirements of the BPS code of ethics.

Audit as trouble-case research

A trouble case form of research would help in being able to establish where the boundary of ethical and effective practice lies. To do this it is necessary to picture the choices for relating to clients in a manner that emphasizes the choice of therapeutic relating by counsellors. This form of qualitative research could use the following procedures in clinical audit, to investigate complaints in an even-handed manner, to analyze client feedback and understand client-counsellor agreement and disagreement. Surely, it is the case that counsellors of all kinds meet with the full range of clients and presenting problems. Therefore, counsellors of all types will meet the same problems of, say, coming to an impasse, or having clients who drop out without having accepted the chance to make the changes that they came for in the first place. One aim for integrative theory could be for it to follow closely the possible twists and turns in therapeutic relationships and so predict the ground accurately for others to follow. Currently there are cases when practitioners follow a single model of practice and clients do not improve. What has gone wrong, if anything? These cases are of interest because they show how the theoretical model used is either (1) incorrectly identified, or (2) the model is incorrect, or (3) the model may have been correctly identified but applied, and/or, interpreted incorrectly.

The process of going through how difficulties have arisen or mistakes have been made is helpful for on-going learning and preventing them happen again. Following an initial assessment interview within integrative practice, a therapeutic model is chosen. If clients respond to counselling, then this could be due to many factors including placebo effects. Also, some clients will not be telling the truth in research. Even if they have felt that therapy was not helpful for them, they may not admit it. Trouble case research starts when clients do not respond to counselling. There are several possibilities here:

1. The client-counsellor mix may have be unhelpful for both parties. In this case clients need to be referred to someone else with a different style of approach and counsellors need to be given clients who do not exceed their abilities.
2. The initial choice of therapeutic model

may either be unsuitable, or the initial assessment was incorrect for the possible reason that clients did not give, or were not able to give, a full picture of themselves at the first interview. In either case, the wrong model has been applied.

3. The model that has been chosen is incorrect for clients, or counsellors have not been able to engage clients into that form of work. In this case further training, supervision and attention is required to help reduce this effect.

4. The model of counselling that has been identified is correct, but it has been incorrectly applied for a number of possible reasons which may include the lack of expertise of the counsellor. The situation might be rectified by taking action as in case 3, above.

5. The model may have been correctly applied by counsellors, but they may be "at fault" elsewhere in the view of clients. In this case counsellors may not have paid sufficient attention to any signs that clients were dissatisfied, if any were shown. In this case possibly counsellors may need more self-awareness. Video work and training may help in giving the necessary evaluation and feedback.

6. The therapeutic model may have been correctly applied, but allocated clients may not have been suitable for this form of work and the approach will have to be changed so that clients can be engaged in a new therapeutic process whilst staying with the same counsellor. Rather than referring clients to another counsellor, it may be possible to save the situation through identifying any deficits in skills and awareness. The matter could also be rectified in supervision or personal reflection.

7. There could be the possibility that clients no longer want counselling and do not wish to change for a variety of reasons. If this is the case, counsellors can do little except to ask what the reasons are for leaving counselling and so continue to try and re-engage clients if they still wish to work on their problems.

2 - Matters arising: practice and training

In order to integrate counselling psychology in an organised manner, a model is required to link counsellor qualities and interpersonal behaviours to a process of developing a core integrative model and providing feedback via supervision. In this manner, the on-going learning, supervision and personal development aspects of the work can be integrated into the development of the department as a whole. Clear counselling outcomes will increase the probability of counsellors knowing how to distinguish and provide the necessary care.

One way of getting clarity on integrative practice in its actual context is to imagine that we have a blank sheet for the initial and on-going training of integrative counselling psychologists. This could start by drawing up a person specification and a job description which we could use in finding ideal candidates. The person specification would ask for those who felt they had the prerequisite qualities of warmth, empathy, insight and a consistent ability to meet with clients on any subject. This would specify candidates who can strike up intimate long-lasting, good quality relations with others of both genders, of all sexual orientations, cultures, ages, educational backgrounds and social classes. The job description would define the tasks to be carried out and would include breaking down all the possible therapeutic processes into the most fundamental interpersonal tasks. These would include an inventory of skills for accurate conceptualisation of possible processes and outcomes, empathic qualities, self-awareness, adequate life experience, nurturance, skills for reflecting and interpreting, monitoring oneself, so on and so forth. As regards the personal qualities versus skills debate, it might be useful to bear in mind that ideal counsellors would have both a mature and tolerant personality and transferable skills for the job. This begs the question about what are the preferred skills and aptitudes for integrative work. In this manner, the boundaries of the most basic role, skills and qualities that practitioners should posses could be agreed. Each practitioner can practice as they please from within the bounds of an unified frame of practice within the current BPS code of conduct as ratified within their department.

The question also arises about what kind of training is each course allowed to produce by the professional organisation to which it belongs. Is it the case that every training course makes its own integrative

mixture? Does a course alone have the right to specify those aspects which it feels are ethically correct and empirically effective? However, it is only reasonable that each course and practitioner has an amount of freedom to practice as they wish, as long as they abide by a code of conduct and work within a permitted theoretical framework. As regards the current models of integrative practice, one problem that needs to be avoided is rampant intuition. Instead of destructive or inaccurate intuition, accurate empathy with clients and accurate insight into oneself are central and can be grounded only by validation from them.

3 - An aim of choices for clients and counsellors

An integrative theory could be built from the consideration of the decision-making possibilities that exist within the major forms of counselling. In addition to the theoretical problems, there is also the practical aspect of how to integrate on-going career development within a cohesive framework due to the conflicting aspects of theory, research, supervision, personal reflection practice. Each aspect needs be taken into account and given a specific emphasis.

Norcross is a major contributor to this debate who initially formulated the eclectic-integrative method of selecting the best therapy choice from all the schools that are available (Norcross, 1986; Goldfried & Newman, 1986). The view of Nelson-Jones is that all aspects of the work should be integrated and this is the approach that has been used as a model here (1985). Another currently existing model for helping counsellors choose a suitable intervention is multimodal therapy, which is similar to the medical model of analysis for the provision of appropriate care (Lazarus, 1976, 1986). But any integrative approach could end up as multi-muddle therapy, when it is not clear which aspect should take preference at any one stage in the proceedings. In addition to this confusion, if medication is being taken, it damps down the abilities of clients to respond emotionally, gain access to their memories, and feel, to the full extent of their ability, the anxiety, frustration and guilt which they may currently be hiding from themselves.

Conclusion

This discussion paper has avoided the specifics of integrating two or more forms of counselling. This paper takes a wider view of the whole enterprise. Some examples to illustrate this confusion is the possibility of integrating only two approaches. It is a point of debate whether the behavioural approach be made humanistic by the addition of the reflection of feelings and an emphasis on the empathic understanding of phobic clients. Some counsellors would agree and some not. For instance, does the cognitive approach really fit with the psychodynamic emphasis on creative silence? Some psychodynamic counsellors would say that nothing should stand in the way of creative silence and the process of attending to unconscious communication. Does the cognitive approach fit with the person-centred need to be congruent, value and empathise? Again, some would strongly agree and some would strongly disagree. For instance, some believe that a cognitive approach and the humanistic approach of Carl Rogers could not fit together because of the mutually exclusive need of cognitive therapy to challenge current thoughts, assumptions and behaviours; whereas the person-centred therapist is always bound to empathise with what clients feel and particularly to move them away from cognition, towards the rediscovery of their organismic true self. But some feel that specific cognitive techniques can be added to the person-centred emphasis on the therapeutic relationship to make "empathic challenges" of client's self-limiting assumptions.

One way of trying to integrate these disparate views is to consider that counselling is new each time it is practised and each counsellor varies their approach with specific clients and during their career. Each session is a time for applying oneself, researching and theorising. Consequently, counselling is a rough set of guiding principles, some of which are more relevant to one client-counsellor meeting than another. Although there is a growing interest in the possibility of an integrative framework for therapy, there is yet to appear a single theory which takes into account the key aspects of the leading approaches. Given the very large number of schools, it is difficult for a single therapy to arise that considers

all the possibilities for interventions, either from the direction of theory which guides practice, from the direction of ethics, or from research into effectiveness. Counselling can perform radically different tasks for clients. It can also be seen as an ethical decision-making process about how to live and treat others. It can help make and break emotional bonds through processes of unlearning and relearning so facilitating cognitive and behavioural change. In finishing, I would like to emphasize the importance of assumptions and truth claims that are made about human nature and the widely differing interpretations that are made of human nature. For me, the initial frame of understanding that counsellors or researchers have define their consequent interactions. These are all areas for future debate and agreement.

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Adlerian psychology, counselling and hypnosis

Philip R. Jones

This article gives an outline of 'Individual Psychology' and the typical framework of Adlerian counselling. It further describes how hypnosis can be utilised within this framework in a diagnostic and therapeutic capacity.

THE approach to human development which has come to be known as 'Individual Psychology' was developed by Alfred Adler, a Vienese physician. Adler was an early associate of Sigmund Freud and attended regularly the weekly Wednesday night meetings of Freud's psychoanalytical group. Adler has been at pains to state, however, that he was an associate but not a disciple of Freud (Orgler, 1973). He was the first of many to subsequently break away from Freud's circle (Jones, 1964).

Early on in his work Adler developed the idea of organ inferiority. He noted that organs like the heart and thyroid will enlarge and try to be more productive in an attempt to compensate for any damage or deficiency. He also included psychological as well as physical compensation (Orgler, 1973) e.g. Mussolini made great physical and psychological attempts to present himself as taller than his natural short stature. Any dysfunctionally inadequate psychological compensation was referred to by Adler as an Inferiority Complex. With such a complex, people withdraw from areas in life which are difficult e.g. agoraphobia, and limit the possibility of development, feeling the world is against them.

A Superiority Complex can lead from such inferiority. This represents an unhealthy overcompensation for difficulties and can lead to social dominance, a feeling of specialness, looking downwards on others (I'm OK, you're not'). Many people would cite personalities like Mussolini as fitting into this pattern.

These human strivings towards significance and the fulfilment of goals reflect Adler's own conquering of childhood illness and early determination to be a medical practitioner. These ideas were seen by Freud as being in direct opposition to his emphasis on the major role of psychosexual considerations in human development e.g. The Oedipus Complex.

Adler felt that these strivings could be mediated by childhood experiences. For example, if a child was spoilt they do not hope to attempt themselves, to overcome life's challenges. They will subsequently not learn the skill of life and fail to develop the confidence to move forward in their development. Alternatively parental neglect can lead to someone feeling that they are not loved and unlikely to receive the support of others. Subsequently a lack of trust and social isolation can develop.

Basic principles of individual psychology

(Based on Beattie, undated and Dreikurs, 1953)

1. All behaviour has social meaning.

Adler considered that because humans are social animals, that, their behaviour should be understood in a social context. He also believed that one's early development as an

infant and its social context produce a thought framework which moulds the personality. These rules of thinking, or '*private logic*' are used within an individual to understand and manage the world and develop a life style. In other words 'we live life as we believe it to be'.

2. All behaviour is purposive and self fulfilling.
Individual psychology espouses the freedom of the individual to choose. At an early age humans develop goals that are important to them. Understanding these goals is central to understanding the person.

3. Our interpretation of life is subjective.
Each person has their own internal storyline based on their interpretation of experiences. We then form a belief system that is personal to us. This '*private logic*' is of the form 'I am ... I should be ... the world is ... the world should be ... my beliefs and convictions are ... therefore I operate in this way because ... .'

When a person's private logic does not match up with reality of the rest of the world's common sense there can be internal conflict with feelings of guilt (e.g. A Japanese soldier surrendering in World War 2). When the private logic of two individuals or organisations clash, there can be both internal and external conflict (e.g. The European inmates and guards of a Japanese prisoner of war camp).

4. Our lifestyle is holistic.
Everything we do and experience, our thoughts, feelings, fantasies, dreams, our history and ambitions are a reflection of our own story. Nothing is in isolation to the style of life we have chosen.

Tasks of life

Adler considered that each of us has three life tasks.
1. Occupation.
2. Friendship.
3. Love and procreation.

Dreikurs and Mosak have extended Adler's life tasks to two others (Mosak & Dreikurs, 1967).
4. Getting along with oneself
5. One's relationships with the cosmos.

Successfully meeting these tasks results in happy and healthy lives.

Human's often cannot meet the demands of these tasks in a positive way. They may regress and withdraw from reality (e.g. the husband in the attic with his toy train). Alternatively they may give up facing reality e.g. accepting life on the dole or the emotional poverty of a failed marriage. Equally distressing can be provarication, to and fro activities or becoming too busy to face reality (e.g. the workaholic).

The mistaken goals of disturbing behaviour

Four mistaken goals have been formulated by Rudolf Dreikurs, a disciple of Adler (Sweeney, 1989).

1. Attention seeking.
'I can only have a role in life if people are constantly paying attention to me. To do this I will use every technique at my disposal' e.g. a person at public meetings who constantly asks questions while not really hearing the answers (similar to the three year old asking why?).

2. The struggle for power.
'I can only achieve my place in life if I show others I am more powerful than them' e.g. Often both parents and children show this when they argue over trivial issues like tidying the bedroom. Similarly the struggle for power is shown in boardroom struggles or office politics.

3. Revenge.
'My place in the world is being right'. Often exhibited in self defeating and self fulfilling prophecies. Revengeful children often feel unwanted and unloved and set up situations to prove it e.g. Thomas Hardy's *Jude the Obscure*.

4. Assumed helplessness/disability.
'I will never be good enough so what's the point of trying'. In school non achievers often either behaviourally act out or become phobic. This can be a very powerful strategy e.g. Mr Fairley in Wilkie Collin's *A Woman in White*.

Family constellation

Adler considered that the position of a child in the family as being a considerable influence on the development of the personality, (Adler, 1932).

Below I will present typical Adlerian characteristics of people born into a particu-

lar position in the family. These represent stereotypes, as other factors effect lifestyle development and even family constellation is more complicated e.g. if there are large gaps between births, or gender differences. However, these stereotypes are still useful as an aid to hypotheses development and discussion.

'The Only Child'
Such children are often pampered. They typically become self orientated and like to be the centre of attention. They like to have a lot of room and easily feel crowded ('a dwarf in the world of giants').

'The Eldest Child'
A first child and wants to stay first. They can feel threatened by the arrival of the next child. Eldest children often feel and are told to be responsible. As a result, show characteristics of leaders. Goodall (1972) reported that 52% of all presidents of the USA were eldest children. He reported similar findings for vice-presidents and British prime ministers. If the second child does actually overtake the eldest they can become demoralised and give up.

'The Second Child'
They try to catch up with the first child with whom there is considerable sibling rivalry. Often they exhibit an opposite character and excel in different areas to the first born.

'The Middle Child'
The middle child may feel hemmed in or squeezed out. They may also consider that they do not have the benefits of the eldest or the rights of the youngest. In being uncertain of their place in the family they can feel life is unfair. They may well consider that if they cannot be the best best they will be the best worst.

'The Youngest Child'
The youngest child is never dethroned and is often spoilt. Often develops skills at manipulating others and can act helpless when it suits them. Highest number of alcoholics in a study were recorded as youngest children (Barry & Blane, 1977).

The other factors in relation to family constellation are the issues of half and step sibling, different attitudes in the family to boys and girls and the affects of disability in a sibling. The position of adults in the family can also be influential and also the family atmosphere and values can determine an individual's development.

Adlerian counselling

Adlerian therapy has a number of characteristics, some of which it shares with other forms of counselling.

It aims to be a co-operative and democratic process which is both educative and encouraging. It accepts human frailty (including the therapist's) and seeks to develop social interest.

Counselling involves an active process where the therapist guides the conversation gently and perceptively. A dialogue is encouraged in which hypotheses are conjectural and tested out in an attempt to understand the client's 'lifestyle' and 'private logic'

The counselling process

(Based on Beattie, 1988 and Sweeney, 1989)
The process consists of several stages although because of the conjecturing framework, the counsellor may be working in parallel at different levels and not necessarily in a sequential manner.

The stages are:
1. Gaining rapport and the formation of the relationship.
2. An investigation of the problem presented.
3. An appraisal of the client's 'lifestyle'.
4. Interpretation of the client's 'lifestyle'.
5. Reorientation of the client's 'lifestyle' in terms of a more encouraging existence and more highly developed social interest.

1. Gaining rapport and the development of a relationship
This is a very similar process as in any other person centred approach. Congruence, empathy and appropriate body language are important. However, rapport can specifically build via the other processes of Adlerian counselling.
2. An investigation of the problem presented.
This process can be omitted or considered again after the appraisal of the client's 'lifestyle'. It is important to consider both the objective and subjective nature of the problem and to take the client through a

typical day looking at the consequences of the problem behaviour and/or feelings. It can often be helpful to ask the client the question "What would be different if the problem was no longer present?" and possibly "How would it change your life?"

3. An appraisal of the client's 'lifestyle'
Adlerian counsellors use a typical series of formats and processes which elicit the client's lifestyle.
a) An investigation of a client's background and family constellation.
b) An exploration of early recollections.
c) Dream analysis.
d) Various additional techniques.

a) An investigation of the client's family constellation.
Questions are asked about birth order and the relationship between siblings and with each sibling and parents. Clients are also questioned on how the family operated over a typical day and how this varied in differing circumstances e.g. when on holiday or if a member was away. Stereotypes of family relationships presented earlier are considered by the counsellor in relation to client's family structure.

b) Early recollections.
Adler believed that the child's experience of social training in the first 4 or 5 years is important in influencing the 'lifestyle' and personality. Clients have a tendency to recall early recollections that reflect not only their overall 'lifestyle' but also it's reflection in their current concerns. Eliciting early recollections is therefore a projective technique

A minimum of three recollections are typically elicited by Adlerian counsellors and each recollection is recorded verbatim. Each time a counsellor usually asks the client "what would be the highlight/snapshot of the recollection and what would be the title of the recollection?"

The counsellor looks at common themes in recollections, who is typically involved and whether there is an ideal represented as a fantasy. After building with the client an integrated framework of how the recollection reflects a lifestyle and private logic, the client can be asked 'what change would you like to make in the memory?' Their response may indicate an ideal or preferred outcome and also reflect the willingness of the client to change.

c. Dream Analysis.
Dreams can often by analysed in a similar manner to early recollections. They may contain an indication of an individual's basic fears and excuses. If people say they cannot remember dreams it is perfectly acceptable to ask them to imagine one (they will still project what is relevant to their lifestyle).

d. Additional approaches to investigating the 'lifestyle'.
Favourite fairy stories or other cherished narratives can be used to investigate lifestyle. When a client is asked to tell a story around a presented object this also often elicits projected material.

As in other therapeutic techniques it is perfectly possible to utilise alternatives to direct verbal expression in both artistic forms or psychodrama.

4. Interpretation of a client's lifestyle
Interpretation is often concerned with earlier processes of investigation. It should always be conjectural (maybe) and in terms of a hypotheses (I guess you may have felt ..... ?). As the dialogue develops the client's response to hypotheses promotes the picture of the web of their lifestyle and builds a rapport and motivation as the client begins to feel understood.

At this stage it can be important to link the client's lifestyle with presented problems.

5. Re-orientation
By emphasising the relationship of the problem presented to the client's lifestyle a client will often spontaneously consider more functional and 'healthy' ways of living their life. The motivation for change can be considerably enhanced via the insight of being understood. The client is subsequently encouraged to develop their assets and not be paralysed by the social context.

More specific techniques of re-orientation include (Allen 1971 and Mozak, 1972):
a) Humourously emphasising self defeating ideas;
b) Paradoxical suggestion;
c) Task setting initially with limited objec-

tives to enable the client to gain confidence in the ability to change;
d) Emotional button pushing. Utilising significant music, song, film, etc chosen to emotionally develop more functional thoughts and behaviour.

Adlerian counselling's main outcome is an insight by the client into their own problems and a motivation to change. At this point congruent utilisation of a wide range of solution orientated approaches in the cognitive, behavioural or existential traditions can be facilitated.

Hypnosis and Adlerian counselling

The constitution British Society of Experimental and Clinical Hypnosis (BSECH) conceptualises hypnosis as a technique rather than a therapy in itself and this has been supported by other commentators (Frischoltz & Spiegel, 1983). If one accepts this proposition it follows that anyone using 'hypnotherapy' must have some theoretical framework external to the actual process of hypnosis.

Individual psychology is primarily a holistic perspective with some consequent theoretical and counselling framework but is not particularly prescriptive about specific techniques. It follows therefore that the use of hypnosis within an Adlerian perspective is a perfectly congruent proposal.

For the purpose of defining any possible therapeutic relationship I would like to define hypnosis as 'a technique to focus and enhance human subjective experiences'.

Hypnosis can be useful in building initial rapport, an essential pre-cursor to an appropriate Adlerian dialogue. With well motivated, open, articulate adults this may not be considered a major issue. However, many people outside this category (the majority in a public service context) often find being initially required to speak an ordeal which does not promote rapport. I have found that hypnosis at the very earliest stages of therapy can be a less threatening approach in which the client initially, more passively, gains confidence in their ability to develop a new skill and confidence in the therapist to help them.

Similarly an Adlerian insight can provide a context and a motivation to change and a faith in the therapist. With these features, any technique utilised within hypnotherapy is likely to be more successful.

Hypnosis can be utilised more specifically within the Adlerian counselling context.

For example, hypnosis can be used to help specify and intensify the experience of relationships within a family constellation. It can assist in maintaining the emotional and sensory vividness and modulate the flow of the 'typical day'. In a manner similar to Richard Bandler (Bandler, 1993) I have, within hypnosis, offered clients the opportunity to tune up to experience the effects of changing different modalities (rather like using the TV controller). They can replay sections, slow or speed up the mental video to maximise the motivational power of the insight.

Such techniques can similarly be used in pinpointing and intensifying 'early memories'. After preliminary appraisal of such experience clients can 'in trance' go back and experience and 'tune' the modalities to confirm these tentative hypotheses so to maximise the motivational insight. One approach often utilised within current hypnotherapy is a technique in which the objective issues are dissociated by the client looking on or down at the relived experience (Gibson & Heap, 1991). The subjective aspect of the experience can also, if appropriate, be developed via hypnosis (possibly abreaction) e.g. use of the affect bridge technique (Watkins, 1971; Gibson & Heap, 1991).

Hypnosis can also be a very powerful technique in exploring or creatively inventing dreams. The power of hypnosis being utilised to focus on those aspects which assist the client in 'telling their own story' and help explaining the way they are.

Insight historically into the objective and subjective experience of one's problems can provide within the Adlerian perspective a strong motivation to change and almost in many cases a spontaneous reorientation without further active therapeutic input. However, as I have already implied, individual psychology's strengths are not as strong in my opinion in specific reorientation techniques but it does complement and not usually contradict many of the more solution based approaches which have recently developed (O'Hanlon & Weiner Davis, 1989). Homeostatic mechanisms defend the way we are, both mentally as well as physically (Jones, 1992). We get as

familiar with our dysfunction as an old shoe. Hypnotic trance can be very powerful in exemplifying the possibility of a change if autonomy via self hypnosis is encouraged. Obviously hypnosis can be more focused in terms of specific orientation. However, I have found that even as an isolated interlude, experience between Adlerian appraisal of the client's lifestyle and behavioural, cognitive, or a solution based reorientation, hypnosis can act as a very effective therapeutic catalyst.

Adlerian's believe that emotions are used to cause outcomes rather than passive products. Hypnosis can therefore be useful in its focusing mode to intensify the development of emotional button pushing. Using sentimental, exciting or calming stories, songs and experiences to evoke the emotions are helpful to develop a re-orientation of a lifestyle.

Individual psychology developed at the time of Freud and Jung when psychological archaeology meant concentrating almost entirely on dysfunction. In Adlerian counselling, while there could be said to be a similar flavour of historical fatalism, Adler also emphasised that one can walk forward into a more functional future via emphasising the more positive aspects and resources from one's past 'life style'. Hypnosis can help specify, focus and intensify these attributes thus enhancing the client's feeling of strength as well being as well as giving a very positive insight into how to tackle the future.

Following on from this it is possible to use more fluid 'time-line' hypnosis as advocated by exponents of NLP (Bandler, 1993). In this way in 'trance', clients are taken quickly passing from the past to the future emphasising the power to positively change the interpretation of events. Bandler, as I have mentioned before, encourages the client to change modalities via an imaginary TV controller. This approach is essentially limited to sensory experience. The Adlerian perspective through insight into 'life style' gives, in my experience, a stronger ideological perspective and motivation to such 'time-line' processes.

In concluding this commentary I am aware that many therapists who say they are eclectic utilise widely varying approaches in an atheoretical (not necessary ineffective) mish mash. I have tried in this account to provide a more rational framework for combining the effectiveness of different approaches. This, of course, has been done in a more extensive and elegant manner before (Lazarus,1981).

However rationally multimodal approaches are devised there remains considerable problems in empirical verification. In fact difficulties in assessing which aspects are most effective are in direct proportion to the sophistication and complexity of the model.

These problems are not of course new. Apothecaries and physicians over centuries argued over the wisdom of utilising 'simple' and 'complex' mixtures of herbs, fashions, waxing and waining down the years. The process continues today in arguments over whether treatments, for example, in epilepsy should involve only serial rather than parallel polypharmacy.

Karl Popper (Popper, 1963) of course argued that science can only consider simple variables which can be tested and negated. It is my prejudice however that life is complex and multifaceted and therefore multimodal therapies are likely to be more effective. Simple and singular ideas appeal to the academic but rather like the simple philosophies (utilitarianism) while they are more easily testable are not always so applicable to real life (Dickens, 1854).

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‘Coming out’ in therapy

Martin Milton

It has recently been suggested that we can see a move away from a pathological model of sexuality in psychotherapy, and a move towards gay and lesbian affirmative models. Despite this, Hitchings (1994) suggests that there is a gap in our understandings, and he invites practitioners to share their clinical experience and develop and refine the alternative models that are developing. Hitchings has discussed a model of the coming out process, developed by Coleman (1985). ‘Coming out’ is used to describe a process that gay men and lesbians undertake in disclosing their sexual orientation and is elaborated throughout this paper.

THIS paper is written in response to Hitchings’ invitation. Other issues arose during the writing of this paper and are also considered. For example consideration is given to how the therapists’ experiences compare to that of the client, with regard to the process model — that is, do different people ‘share similar stages of identity development’ (Coleman, 1985). The paper also considers how and when the disclosure of a therapist’s sexual orientation may be therapeutic for the client.

I have decided to consider these issues in a case study format. I found Rollo May’s writing on this topic useful in this decision. He has suggested that case studies can be useful for the ‘[p]urpose of delving into the understanding of some problem about human beings rather than for the purpose of illustrating how the case should or should not be managed therapeutically’ (May, 1969:18).

The client’s identity has been disguised to preserve anonymity, despite the fact that the paper is written with his consent and assistance.

Considerations

Psychological models should not be used in a prescriptive, or predictive, manner. However, we have a great range of examples of how models have been taken as normative statements regardless of the originators intention, e.g. Freud’s stage model of psychosexual development and Erickson’s epigenetic model. When this occurs, it means that the ‘truth’ is taken as known, and ‘knowable’, which is often not an accurate way of seeing the world. Rather than make assumptions about validity of behaviour and expected outcome, as therapists we need to allow the client the space to consider their total situation. This is particularly important with regard to the model under discussion. Coleman points out that the formation of a sexual identity is a fluid process. Clients enter therapy for a

variety of reasons, e.g. to alleviate distress and may come to explore their sexuality almost incidentally. Others may come with that explicit goal. The end result may be that the client considers themselves as one of any number of sexualities — gay, bisexual, heterosexual or they may create another way of understanding their sexuality.

With regard to the second focus of this paper, that of the disclosure of the therapists sexuality - I was struck by a comment of Yalom's when he said that 'there is no way around the conclusion that the therapist who is to relate to the patient must disclose himself or herself as person ... Therapist self disclosure is central to the therapeutic process' (1980:411). This will be considered within the case study.

While therapist self-disclosure has received attention within traditional therapeutic perspectives, it is also evident that to disclose an issue such as therapists sexuality, has a political dimension. The therapist is inculcated in this political act, by virtue of their attention to and acceptance of, the client's process. This is also true should the therapist themselves be gay. By disclosing a gay sexual orientation the therapist takes an overt political stance. Living 'a life into which homosexuality has been integrated is in itself a challenge to marriage, the nuclear family and capitalistic social organisation' (Samuels, 1993:197). A great deal of attention has recently been paid to this political dimension in therapy with the launch of such organisations as 'Psychotherapists and Counsellors for Social Responsibility' and in the literature. (See Kitzinger, 1987, Leitman, 1995, Samuels, 1993 and Van Deurzen-Smith, 1993,). This is another important consideration within the paper.

Client and therapist's meeting

The client, Sean, is a male student in his early twenties undertaking an intensive professional training and was referred to me by a fellow health professional. In the referral communication it was stated that the issue for therapy was likely to be a consideration of the client's sexuality. Although Sean is born and raised in Britain, his family is originally from the Far East. As the therapist, I am a gay man and a counselling psychologist in my early thirties. My sexuality was not known to the client when the referral was made, nor during most of the therapy. This is different to many therapeutic relationships in the private arena where referrals are made because of the clients desire to see a gay therapist, or because of how the client learned of the therapist, e.g. from a referral network stating the therapists interests in issues related to sexuality.

Stage 1 — pre-coming out

Coleman's model suggests that while in this stage people are unaware of having feelings of same sex attraction. People may manifest a sense of discomfort and unease, but not have any sense of it being in relation to their sexual orientation. In fact, Coleman suggests

> Because individuals at the pre-coming out stage are not consciously aware of same sex feelings, they cannot describe what is wrong (Coleman, 1985:33)

Sean

The model would not consider Sean to be in this stage as he was already aware of issues relating to his sexuality on coming to therapy. The content of the sessions didn't give rise to any illustrations of the dynamics of the pre-coming out stage - despite Sean not having 'come out' yet.

The therapist

My personal experience was somewhat different to that that Coleman suggests, in that the difficulties and concerns about sexual orientation had long been known before finally coming out.

Review

At this point there seemed to be a gap between the model and both my clinical and personal experiences. The name given to this stage seems only to cover some of the possibilities. The name is not able to highlight the fact that some people are aware of same sex feelings long before coming out. In this regard we can turn to Coyle's (1991) research to see that many gay men report life long awareness of same-sex attractions, and same-sex sexual behaviours.

Stage 2 — coming out

At this point the model sees the client as aware of same sex attraction. The task is seen to be to tell others. The telling of others

is considered important as it functions to help self-acceptance, by way of external validation (Coleman, 1985). It is suggested that this is best done by telling those that will have an accepting response before testing it out with people who are less likely to be accepting. The therapist's role should be to be one of the people to support the investigation of the sexual dimension of their being.

Sean

Although Sean was aware of same sex attraction, the experience of talking aloud about this with another person as witness did seem very important as suggested by the model, as for Sean, there were few people he felt able to be open with at that stage. This could be considered an example of 'facing the existential crisis of being different' (Coleman, 1985).

Soon after therapy began, Sean asked of my own orientation. The manner in which this question was asked seemed important, as it came at the end of a slow, somewhat sluggish session in which Sean had described an uneventful week. I felt this highlighted the importance of the interpersonal dynamics within the relationship.

My initial response was to reflect briefly on the process that we were experiencing. I wondered aloud about Sean's reasons for asking and for asking at that point in time. I suggested that the question and the need to ask it needed attention and suggested that we address it at the beginning of the next session. Sean agreed to this saying that he would think about what knowing would mean to him.

At the beginning of the next session Sean began by talking about an uneventful week and soon came to a silence. I referred back to the way that the last session had ended and Sean seemed to welcome both the focus, and the fact that I had raised it. Sean said that knowing about my own sexuality would make me more credible, and less likely to abandon him. In saying this, Sean voiced realistic concerns about people's acceptance of a gay person's sexuality, and how this might effect interpersonal relations. In the session we also came to see the question as part of Sean's current way of searching for meaning outside of himself. With this in mind, I explained that as a rule I didn't disclose a great deal about myself and that with the understanding that we had just reached, it might be useful to help him come to his own understanding of his sexuality, uninfluenced by and 'pressure' from knowing my sexuality. I felt that disclosure at that point in time could encourage a tendency to define himself through others, e.g. it might influence assumptions such as 'He seems to have the answer so I'll do it his way, (and it should turn out the same way)' or alternatively 'He's got it easy, I'm not like him, therefore I can't be the same.'

Confusion lingered during this period and was evidenced in Sean's mood and in his manner of talking. He felt quite low and uncertain, and when talking of his parents he wondered how it might be, to disclose details 'if he was gay'. Sean's responses to my interventions were also important. Intellectually, he would agree with my comments, but felt no sense of 'anything clicking'. He would say 'You're probably saying great things -but they don't help' or 'You're doing your job, aren't you?' This stage included a sense of separateness between us and a month later, at the end of our contracted period of three months, resulted in a break in therapy. Sean saying that he felt he needed 'to try things on his own'.

The therapist

At this stage it seemed particularly important to concentrate on exploring the questions coming from the client rather than on answering them. This was led by a recognition that there are conflicting thoughts relating to self disclosure in the literature, and these needed to be addressed. These issues highlight that, as with so many dynamics in psychotherapy, there is a lack of certainty on 'coming out' to clients. It struck me that there is value in not self disclosing prematurely, and disclosing only when it is in service of the client (Spinelli, 1994). There was also a lack of certainty of how disclosure (or non disclosure) would impact the therapy. On the one hand the therapeutic focus needed to be on the client's process (with an attempt not to impose my own values unnecessarily), yet on the other hand I could see the view that to be 'Out' would be a model for Sean if the exploration led to a 'gay' identity. The

dilemmas at this points also paralleled the conflicting views that Sean was experiencing. Reflection on my own experiences was useful as it reminded me of the difficulties and anxieties inherent in the anticipation Sean could be feeling. However, the fact that I had reached and successfully negotiated, certain milestones, meant that at times, I risked being distracted by the fantasy of 'It'll be all right, - just do it.' I had to consciously remind myself of the uncertainty we faced, e.g. I couldn't know whether Sean's family would respond in a way that could be anticipated, let alone in a similar way to my own. Logic and thought was important at this point rather than relying on intuition alone.

These thoughts could be tested in the interactions between Sean and myself, e.g. I noted that when my statements included 'If ...', then Sean's responses would seem to expand on the topic under discussion, if the tentativeness was not so overt, Sean would often change the topic, seemingly unaware that this was happening. It was as if the concepts could be discussed rather than an individual experience.

Review

The process of coming out can create some confusion, and this was evidenced in the histories of Sean and myself. It seems useful if reflection on sexual orientation includes reflection on these feelings of confusion, as it can assist in the clarification that can help create meaning. Coleman suggests that individuals would benefit '[i]f the therapist initiates a discussion of homosexual feelings with clients, [as the] confusing feelings can be recognised more quickly and identity confusion can be resolved sooner' (1985; 34). The result of this focus may be that the therapist is at times, open to feeling some of the confusion that the client is feeling.

Stage 3 — exploration

Exploration is seen in cognitive, emotional and behavioural terms. Hitchings suggests that this stage is characterised by learning of new skills and roles. In particular he notes the 'development of interpersonal skills for meeting others, the development of skills of sexual competence, setting appropriate boundaries for self, recognising internalised self-oppression, awareness of the potential use of intoxicants to aneasthetise the pain and shore up a weak self concept.' (Hitchings, 1994).

Sean

Sean returned to see me for a scheduled follow up session several months after we had agreed the break. His descriptions of attending groups, exploring the 'gay scene' and relationships with other gay people suggested that in terms of the Coleman model he had moved to an exploration of a 'gay' identity. It was at this session that Sean decided he would like to re-enter therapy in order to further explore issues. There seemed to greater understanding, (and I wondered 'valuing'), of the nature of therapy. There was less of an explicit hope that I would 'do it for' him. This was also evident in that Sean seemed more able to experience and express emotions than before. These emotions included sadness related to the period of mourning that Hitchings (1994) described. He was mourning a lost perception of himself and of the relationship his identity afforded with other significant others, such as his family.

Despite these feelings Sean was able to see himself as involved in life and was also able to keep himself involved in a spirit of self questioning and relationship with the therapist. It was this recognition that led to Sean suggesting that it might be useful to recommence therapy at this point.

The therapist

Although I would not generally see the therapeutic role to be one of overt education, the importance of this aspect in my own therapy, the literature and the dynamics of the therapy did lead to some interactions which had an educative remit. The educative aspect of the interactions were not seen as an offer of expertise to a novice, but rather a sense of my daring to be more relaxed and more authentic in relation to Sean. Again, reference to my own therapy occurred and I realised that the educative aspect had been of particular importance e.g. questions about finding a support group?, or where people can read about aspects of gay culture? The educative aspect may be different when working with a heterosexual client in a heterosexual culture. For many gay people, coming out can be made more difficult by the invisibility of many aspects of

gay life. These considerations meant that gay therapists may be a useful model, and resource, should their sexuality be known.

Review

Coleman suggested that one of the tasks of this stage is the development of friendships and relationships. Sean appeared to start making these connections with people, but they flourished more a little later, when maybe one would expect it to in line with the stage of 'first relationships'. The recommencement of therapy seemed to mean that not only was Sean exploring his relationships with others, but that his relationship to himself was also open to exploration and that this was less anxiety provoking. Instead, the anxiety was related to real world issues of work and making friends.

Stage 4 — first relationships

In this stage it is expected that relationships will be developed, and it is said that there is a risk that these will be 'over' romanticised in an effort to explore a more intimate dimension than is possible in an overtly exploratory type of relationship. Coleman suggests this is because 'after a period of sexual and social experimentation, exploration can lose it's intrigue, and needs for intimacy often become more important' (1985:38).

Sean

During the following weeks Sean described the cultivation of new relationships of both a social and a sexual nature. Sean experienced disappointment in the way that some of these sexual interactions turned out.

The therapeutic relationship developed during this stage. It seemed to become more important to Sean and lost some of the rigidity and formality that had previously existed. Sean talked of greater commitment to facing his concerns. In terms of the relationship with himself, Sean seemed to move from feeling he had to find a label, (i.e. I am gay or I am straight), to something akin to 'I can be whoever I am, I have a choice in whether I use a label or not.' During this period Sean reviewed our relationship too, describing his regret too - 'We've done a lot here, but I'm sorry that I've not cried here.'

It was towards the end of therapy, as Sean was negotiating this stage that the issue of the therapist's sexual orientation arose again as Sean asked for some information about one of the gay clubs in town, again at the end of a session. I answered the question with knowledge about the gay press. This also led to a discussion of the boundaries that were to be established should the client and the therapist meet in gay venues (See Gartrell, 1994). The interchange went as follows:

> S: Can I ask you a question, . a social one? How do I get tickets to [that club]?
>
> M: I don't know ... in *Boyz*? [A gay newspaper in London]
>
> S: What would you do if you saw me in a club?
>
> M: Nothing — I wouldn't initiate contact, or even say hello, as I wouldn't know how you felt. But if you said hello, I wouldn't cut you dead, I'd say hello too. You can ask these questions in the hour too.

Sean didn't respond to this in the following sessions, and so I brought it up during the final session. Again it seemed right to discuss the meaning of this for Sean in order to clarify an important dynamic (Sean had raised the issue twice) and to aid clarification in general. Also in the final session, we came to review all the areas of our work and to have excluded any one area, let alone one as important as the interpersonal dynamics could have given a negative message about these areas of life. On reviewing the meaning of his having had a gay therapist, Sean was happy that the outcome had been as it had, i.e. that I hadn't said initially, that we allowed time and space to consider what his own feelings about himself were, and yet that I did respond later.

The therapist

The decision to disclose my sexual identity in this way was in light of the difference in the interpersonal dynamics over the course of therapy. At this point Sean had moved on and didn't seem to be looking for the answers directly on 'What to be' — but rather was exploring what the various options meant to him. Therefore it seemed that the disclosing of my own sexuality would have a different impact than I had initially been concerned about. Rather than encouraging any one view of sexuality as right or wrong, it would be seen as a role

model after a decision had been accepted. In addition it would allow a more authentic meeting. This also seemed to lead to a discussion of interpersonal boundaries, which is an important clarification that needs to be made when there the therapist works within a small community. (Gartrell, 1994).

Review

Coleman suggests that clients can perpetuate the negative views offered by society regarding homosexuality. He also suggests that it can be 'helpful for the therapist to challenge such clients and put the responsibility on them to overcome these barriers' (1985; 37). This appears to have been part of the therapeutic process with Sean, but it seems to have occurred somewhat later than in the model and in a less deliberate manner. I think that this is partly as it seemed to be important not to force any one view on Sean. I felt that pushing would have exacerbated the anxieties about having to have a label.

Stage 5 — integration

This final stage is characterised by a sense of identity as a gay person. 'Being gay at this stage becomes at one and the same time central to the individual's identity and paradoxically totally irrelevant' (Hitchings, 1994).

Sean

At the time that our contact came to an end, Sean could not be considered to be at this stage and therefore little will be written about him here. He was however, more at ease with the exploration of his sexuality. Sean felt that he needed to experience further relationships and had confidence that he would continue clarifying his attractions and his sexuality. One important change was that despite all not being settled, Sean felt confident that he would continue to develop his growing sense of himself.

Conclusion

This paper aimed to consider two main areas. Firstly, Coleman's model and its usefulness when applied to clinical work, and secondly, issues around disclosed information about the sexuality of the therapist.

On reflection, two points need further consideration. Firstly, there is the general difficulty that exists with all models, and that is that it could be used as a normative model. Secondly, I note that the model could be read as seeing homosexual relationships in the same light as heterosexual ones. Thus, risking the normative nature to be the pre-exisiting heterosexual norm. I say this as Coleman states that:

> [a]fter a period of sexual and social experimentation, exploration can lose its intrigue, and needs for intimacy often become more important. The individual may yearn for a more stable, committed relationship and explore relationships that combine emotional and physical attraction (1985: 38).

While I have no objection for this development as a choice, it is important that we note that this may not be so for everyone. When reading this, care needs to be taken to recognise that Coleman states '... exploration *can* lose its intrigue,...' (My italics). It is not necessarily making a case for a desired developmental outcome. Many gay men and gay couples find that they settle in a range of happy and fulfilling constructions of relationship - monogamy, serial monogamy, open relationships of different kinds and being single. This model hasn't been able to consider the diversity of these relationships. I was aware of limited overt discussion in the model of the social construction of identity and the effects of prejudice and bigotry.

In addition to these this, I have to note that throughout this paper, I was struck by the fact that both my clinical and personal experiences were different to the model - However, here it should be recognised that there may be a generational difference. The model was developed prior to 1985 (when it was published) and social attitudes may have impacted 'coming out' in ways that are different to today, to some degree. However, I feel that there is a need for a model of possibility. The respondents to a recent survey (Milton, in process) indicated discomfort with a lack of information about the issue of homosexuality. I think that the model is likely to be useful to those needing models most, i.e. practitioners with little experience of an issue or client group, but it should be taken as only *one* possible way of seeing the experience, a point that Coleman himself has made.

Turning attention to the issue of therapists' self disclosure, I have come to the end of this paper with greater uncertainty than is evident in the comment from Yalom (1980). He has said that 'there is no way around the conclusion that the therapist who is to relate to the patient must disclose himself or herself as a person ... Therapist self-disclosure is central to the therapeutic process.' (Yalom, 1980:411.) This reads with a sense of certainty which I have yet to feel - in fact there was a point in the therapy (discussed above) where I felt that it would not have been at all useful to make an overt comment on my own sexuality. As mentioned above, this lack of certainty is also evident in some of the responses to a survey of psychologists in the British Psychological Society (Milton, in process). Thus I experienced a dilemma. On the one hand recognising the importance of self-discovery of the client, yet also recognising that 'neutrality always favours the aggressor' (Clarkson, 1995), particularly when the issue is related to an aspect of the person that often receives reaction on the socio-political dimension. Jeffries (1995) has commented that 'the role of self-disclosure is complex and delicate, and does not translate straightforwardly from the personal to the professional sphere'. I have attempted, in this paper, to highlight the process that I undertook, in working with these considerations.

My final conclusion is that this model is a useful starting point for people wanting to consider the coming out process for gay clients and who are willing to forego a sense of certainty about that experience. With regard to the disclosure of the therapists sexuality, it seems to me that further debate is needed, but that as with many issues, there is no definite answer. The answer is to be found in the therapeutic relationship with each client and that disclosure needs to be considered when it is in the therapeutic interest of the client. Or as Spinelli has written '... the question seems .. to be not whether therapists should or should not disclose material from their personal lives, but, rather, under what set of circumstances might such disclosures be of potential benefit to clients?' (1995:12). I hope that this paper will add to the discussion of this issue.

Acknowledgements

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The distinguishing features of counselling psychology

A personal reflection

Carol Shillito-Clarke

EARLIER this year, as the recipient of stories and reports from around the country, I raised a number of issues with the Standing Committee for Professional Affairs (SCPA). The response from the SCPA and the interest from the divisional committee suggested that the issues raised are of importance to the wider membership and to counselling psychologists who may be personally affected and feeling isolated.

The issues which had been brought to my attention correspond broadly with the two major meanings of the word 'distinguish': to recognise differences and, to promote and honour. This article raises concerns about how, in practice, counselling psychology is being distinguished from its closest professional activities, particularly clinical psychology, counselling, and psychotherapy, and how we, as counselling psychologists, can promote honourable practice. This is not a paper based in research, although it may hopefully, be the precursor of some research. It is written to share concerns, stimulate personal reflection and encourage public enquiry and debate.

The debate about what counselling psychology is and is not has been alive in the British Psychological Society (BPS) since before 1982 when the Counselling Psychology Section was established. Since then much has been done to raise awareness about counselling psychology as a branch of psychology within the Society. Much has been written in journals such as *Counselling Psychology Review* and other recent texts on counselling psychology and other therapies. However the stories and concerns that have reached my ears suggest that whilst we as practitioners may be clear about what constitutes counselling psychology, others are much less clear or even concerned. For instance some people are using the title 'Counselling Psychologist' to promote their practise who do not have the training and experience comparable to even Part I of the Society's Diploma in Counselling Psychology. Further, where counselling psychologists are being employed, there are many instances of confusion about the kind of work they can do, the methodologies used, the professional boundaries requi red and the need for appropriate professional support particularly supervision.

Examples of best and worst practice have arisen when counselling psychologists are employed by clinical psychology departments to offer counselling services within the health service and primary care settings. At best counselling psychologists are treated as having professional parity with their clinical colleagues, their particular strengths and interest s are recognised and

they are given autonomy over their casework Regular supervision is provided as part of the contract either by clinical psychologists thoroughly trained and experienced in counselling or psychotherapy or by other well trained and experienced therapists. Despite the lack of a recognised professional pay scale, such as the Whitley scale, the practitioner is paid according to their professional experience. On the other hand, counselling psychologists working in less enlightened clinical psychology departments report that clients have been inappropriately referred, standards of confidentiality have been disregarded, and supervision has been sporadic and offered by clinical psychologists with less training and experience in counselling or psychotherapy than the counselling psychologist. Pay is at the lowest possible level. I have used the example of employment by clinical psychologists here because it has been the most frequently cited. However, it must be emphasized that counselling psychologists employed in other arenas have reported similar experiences.

If such reports are representative of widespread difficulties being faced by counselling psychologists and not simply the teething troubles of a professional practice in its infancy', we need to pay more attention to publicising the work and standards of counselling psychology where it matters - in the 'market place'. However we need to be careful how we go about this. Sheelagh Strawbridge has pointed out that the process of distinguishing any practice is 'highly political and the issues are often more about power. status and financial reward than the clarification of distinctive identities and practices and the disinterested pursuit of best practice within each "equal but different" ...form of practice' Strawbridge 1996). Jenifer Elton Wilson , in her lecture to the Society's Annual Conference in 1994 stated that: 'It is difficult to avoid the temptation to define this new movement (counselling psychology) entirely by comparison with other established subsystems of psychology, psychotherapy or counselling. Such an approach can lead to defensive and somewhat aggressively phrased definitions which rely implicitly on criticism of the "grown-up" established organisations.' (Elton Wilson 1995: 499).

The problem for BPS members employing and being employed as psychologists is more complex than their affiliation to one division or another. It is also a matter of conforming to ethical practice. All Society members are hound by the Society's Code of Conduct, Ethical Principles and Guidelines. Article 2 of the Code of Conduct states that 'Psychologists shall endeavour to maintain and develop their professional competence to recognise and work within its limits, and to identify and ameliorate factors which restrict it.' (BPS 1993. 2) This statement is then elaborated in 5 sub-clauses each item of which, if the stories are accurate, is currently being breached by some psychologist employers of counselling psychologists.

However, before we complain about others perhaps we should give some attention to our own position. To date, we have not ring-fenced the title of 'counselling psychologist' for use only by those chartered as counselling psychologists or registered as being in training. Although we now have in place the Society's Diploma in Counselling Psychology and standards for those registered as students, we do not have any agreed recognition of what constitutes competency in training, experience and practice against which other psychologists can measure themselves. We do not have recognised criteria for training placements or for clinical and placement supervisors. Appropriate clinical placements are limited and hotly contested by many counselling students and graduates who may settle for lower pay. In reality, there are too few chartered counselling psychologists to offer supervision for all, particularly those without easy access to London and other large centres. How can employers assess the sufficiency of the provision they are offering to prospective counselling psychologists? How can counselling psychologists assess the work contract offered and argue for their needs? Possible answers to some of these dilemmas are actually implicit in the answer to the question: How can we make counselling psychology a distinguished branch of the discipline?

There are of course no absolute and definite answers but I would like to suggest there are three things that all counselling psychologists can do: they can inform, demonstrate and reflect.

Informing others about counselling psychology

Counselling psychology is a relatively new profession, We need to be more proactive in disseminating information about what we do, how we do it and the standards involved Purchasers and other professionals need to be aware of what they are investing in and what underlies the title and qualifications of a chartered counselling psychologist. At the 1996 Divisional Conference, the Chair of the Standing Committee for Professional Affairs promised moves towards sharing our Guidelines for Good Practice in order to promote dialogue with other divisions and sections on these kinds of issues. Plans for recognition of supervisors are also being finalised. But at the grass-roots level, it is also important that each one of us should promote knowledge and understanding of what we do.

Demonstrating what counselling psychologists do

It is not enough however to tell people what we do, the way in which we tell them and the ways in which we work must also reflect the values and methodologies of counselling psychology. We need to demonstrate respect for others, whether clients, psychologists or other professionals. We have to be open to others' practices, opinions, perceptions and criticisms. We need to speak clearly for the needs of our practice, particularly the ethical boundaries and requirements for good professional support and also be creative and flexible in negotiating contracts. We do not have to pretend to be paragons of virtue, to have clear-cut answers or the best approach. As I have written elsewhere, we might even advance the respectability of psychology if we encourage the open debate of ethical dilemmas and issues as an intrinsic part of the daily life and work of every practitioner. (Shillito-Clarke 1996)

Reflecting on our own standards

A hallmark of counselling psychology is the reflexivity of theory and practice and the consequent need for training in personal awareness. If we are to be seen to be congruent, to practice what we preach, we have to examine our own practice against the Division's Guidelines for Good Practice from time to time and improve our individual practice wherever possible. If we are to promote our branch of psychology, we need to take the requirements for continuing professional development seriously, and be careful how we represent ourselves in the pressure to secure work and professional esteem. If we are to be respected we need to practice respect and authenticity, not only towards out clients but also towards ourselves, our peers and colleagues in other arenas.

It may be that qualities such as personal integrity, belief in one's own strengths and declared values, awareness of one's limitations, openness to criticism and respect for others perceptions are a tall order. This is particularly so in a commercial society where job opportunities are limited, quantity is valued above quality and where honest limitations and high ideals are perceived as uneconomic weaknesses. It is my belief, however, that these are the qualities that distinguish the work of the counselling psychologist in practice and we would do well to advance them.

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The art and craft of moving into supervision

Becoming a Supervisor
Francesca Inskipp & Brigid Proctor
176 pp and three audio tapes, Cascade, 4 Ducks Walk, Twickenham, Middlesex TW1 2DD. £33.00 inc.p&p.

THIS workbook and set of audio tapes form Part II of *Art, Craft and Tasks of Counselling Supervision* by the founders of Cascade Training Associates. Part I in the series, *Making the Most of Supervision* (1994), provided a resource to enable counsellors and therapists to enrich the professional supervision of their own work. The current manual builds on Part I (referred to as MMS), and ambitiously aims to provide for its users, who may be new or experienced supervisors or trainers, all they ever wanted to know about individual and group supervision. Certainly more than four decades of combined, accumulated wisdom of counselling and supervision have been pooled by the authors, both honoured by BAC amongst their first Fellows, to produce this material. Perhaps the ambitious claim is justified, for there are few other such sources in the UK.

The premise of this work is that at the heart of supervision is the client-counsellor alliance, which the supervisor supports by understanding and having a prime concern for the safety and welfare of the supervisee's client. However, a supervisor can never absolutely ensure that safety and welfare, because it depends on the competence and confidence of the counsellor. It is in the service of the client that the supervisor/counsellor working alliance is essentially characterised by the supervisor being an "understander" rather than a "super-visor".

The authors view supervision as a craft offering an analogy of apprentice, journeyperson and master or m/ster, (which perhaps means ms/ter?) and the book and tapes are presented in the form of a craft manual. This format uses six units of material each containing information on different aspects of supervision, together with numerous activity boxes and case studies which are used to raise important and often tough issues in an imaginative and realistic way. The book is packed with ideas and activities which will be most helpful if they are shared with others. Unit 1 revises some of the work offered in Part I (MMS) and offers a useful overview diagram on the relationship between the working alliances of counselling and supervision, one of which highlights the task aspects of supervision: the formative task, with its roles of teacher, tutor, facilitator and trainer; the restorative task with colleague, counsellor and play promotor roles and the normative task requiring supervisors to be inductor, co-monitor, challenger, appraiser and assessor.

Unit 2 raises issues about meeting the supervisee, whilst Unit 3 is concerned with the supervision session itself. This unit is designated the nub of both the work of supervision and the manual itself. It deals with managing the session, supervising the work and guarding the working alliance, in short offering good sessions for counsellors. It is full of good examples, pertinent questions and useful information, including the 'seven-eyed' focus.

Group supervision is the topic covered in unit 4, which identifies four models: supervision in a group; participative group supervision; co-operative group supervision and supervision in a peer group. Unit 5 looks at the related supervision issues of monitoring, evaluating, assessing and reviewing.

The final unit 'The Bubbles' develops in greater detail and depth some of the points raised in the first five units, with the aim of encouraging readers to give these issues further thought — hence the 'thought bubbles' which point up these particular items throughout the manual. The bubbles are tightly packed both in layout and content and include the use and abuse of power, ethical issues, working cross-culturally and the recording of supervision sessions in both written and audio-visual forms.

The idea of using audio-tapes to supplement the work manual is an excellent one and the majority of the taped excerpts are a delight. There are a few bars of attractive 'upbeat' music to signal the start and the finish of the recording on each of the three tapes. The places in which the tapes need to be used in conjunction with the units are illustrated in the text by a drawing of a set of headphones. The taped excerpts and the work-book examples do not match sequentially, so some tape searching needs to be done, but the beginning and end of the excerpts are clearly announced on the tapes. There is a list of the contents of the tapes at the beginning of the manual, but it would have been helpful to include the relevant page numbers in this list.

Tape one includes some model excerpts of experienced, perceptive counsellors articulating their client's concerns and circumstances together with their own feelings and reactions in a refreshing, thoughtful and honest way. The Seven-Eyed Supervisor model is illustrated and there is a useful example of a consultation review for the supervisor, illustrating the issue of who supervises the supervisor.

Tape two is a series of discussions, the first a most realistic look at managing counsellors in an organisation, namely the Post Office and the second a chaired discussion between three experienced supervisors and trainers. It is a privilege to eavesdrop on the way in which these supervisors reflect upon their work with counsellors. They are honest about their present way of working, candid about the things which are difficult for them and open about the changes they may make as a result of listening to each other. An interesting example of parallel processing occurs in the discussion on 'stuckness', which suggests that it is as intransigent a problem for the supervisors as for counsellors. Indeed one of the supervisors does not appear to join in this discussion at all!

Tape three is concerned mainly with various issues arising from group supervision. The discussion on an individual supervisor's concerns about his readiness to supervise a group is an important example of the responsibilities to be faced before undertaking new work. There are too many worrying examples on the counselling grapevine of fledgling counsellors offering themselves as supervisors, or supervisors without understanding of group dynamics too readily assuming that they can automatically move into working with a group of counsellors. If you are in either of these situations and have no doubts about your ability, it is likely that you are not 'ready' One of the vital benefits of experience is that it is so often through discussing our doubts that we achieve our most critical learning

This tape ends with an outstandingly courageous and thoughtful session from a supervisor discussing with her consultant that most difficult of supervisory situations, how to face up to the challenge that she is working with a counsellor whose work she does not consider is good enough.

> The greatest learning resource for all of us is honest feedback — that is either 'professionally' informed, or life informed. It is hard to get (and maybe, hard to take) straight, unbiased feedback, with no hidden agendas, whether you are a beginner or (an experienced person). If you get it hold it — it's gold dust. If you give it you are a scarce asset-value yourself. (p128.)

Feedback for the second edition — this is a book to be used, time after time, please present it in a more robust package than its present spiral notebook form in a plastic wallet.

This material is extremely admirable — a gem.

It is also reminiscent of sitting down to a six course meal with three wines, an experience to be savoured, digested thoroughly, with stimulating discussion in good company. Bon appetit.

Pat Milner

Self-help with a humane and creative compassion

Change for the Better: Self-help through Practical Psychotherapy
Wilde McCormick, E.
London: Cassell. ISBN (paper): 0 304 33530 4 256 pages £9.99

THE shelves of bookshops are laden with self-help manuals holding out the promise of quick solutions to personal difficulties and new ways of improving your relationships without the trouble and expense of seeking out professional counselling. Elizabeth Wilde McCormick, in my view, offers much more in this guide to self-understanding. The book is both scholarly and inspiring at the same time, written in a flowing style, and wittily illustrated by Bee Willey. The model is firmly rooted in the author's own wide experience of Cognitive Analytic Therapy (CAT), a form of time-limited, focused psychotherapy which has been systematically developed and evaluated at Guy's and St Thomas' Hospitals, London. Practitioners and trainers will also find the exercises useful additions to their repertoire of interventions.

The author makes imaginative use of stories, drawings, flow charts, genograms, questionnaires and checklists to encompass and nurture the potential for growth which, she believes, is in each one of us. There is scope for everyone. Here we find manageable tasks which anyone with a genuine wish to embark on a journey of self-discovery could find time to do — five minutes of daily meditation, keeping a notebook of observations, drawing maps to chart where you are in your life, taking the opportunity to examine the traps and dilemmas which many of us face in our daily interactions with others.

Essentially this book trusts readers to take these tried and tested methods and apply them to their own lives, and so encourages the lay-person to collect evidence through careful observation of self and others as the basis for a more reflective stance on relationships and self-understanding. Some practitioners may be concerned that people in need run the risk of substituting self-help books for the challenge of the real counselling which would help them far more effectively. However, it could also be argued that an enlightened book such as *Change for the Better* plays a significant role in overcoming some misconceptions which many lay-people have about counselling. The author ends with responsible guidance for those who would like to take the process further through work with a counsellor and suggests that they take their charts, drawings and reflections along as a starting point. I recommend this book. It is full of a humane, creative compassion for those who would like to make changes, however small, to their concept of self and to their ways of relating to others.

Helen Cowie

An overwhelming shadow

In the Shadow of the Epidemic: Being HIV-Negative in the age of AIDS

Walt Odets

Published in the USA by Duke University Press & in UK by Cassell, 1995, pp 314

THIS book is about the experiences of HIV negative gay men. A great many issues that are relevant to this population are looked at, but its main themes are the relationships between the practice of therapeutic psychology, the politics of being gay and effects of the HIV epidemic.

As I began reading the book, I found that I was surprised at the focus it took. The psychology of HIV negative gay men is not often addressed in the literature, except maybe in relation to the 'Worried Well' - an offensive title that tries to simplify the complexity underlying an individuals inability to accept their HIV negative status.

I feel that this is probably quite an important book and one that engages with an important, and complex area. This attempt is in line with the goals of the DCoP whose Guidelines for Professional Practice (1995) require that we pay attention to the social context - which is a difficult undertaking. One particular area that has long been a problem and needs clarification is the conflation of homosexuality and HIV/AIDS. Odets writes at length about how '...AIDS was so easily homosexualized... and how homosexuality, in some quarters, has been "AIDSified".' (p102). He also explores how the conflation of homosexuality and HIV/AIDS creates psychological confusion on a personal, social and political levels. In order to address this further, Odets calls for a greater working together of the different disciplines that come together in the field of psychology, medicine and health promotion — values that we can see in Britain with the recent launch of 'Psychotherapists and Counsellors for Social Responsibility'. Odets argues that much health promotion has not been successful as it has been developed in isolation - it hasn't taken the insights into account that psychology can provide. A related view was recently discussed in the British context. (See Lennard, 1995).

There is a debate currently that this book can usefully inform. This debate is with regard to the appropriate therapists for gay men (Leitman, 1995). This debate has been evident in responses to a recent survey sent to members of the DCoP and the DCP by the Standing Committee for Professional Affairs. Odets addresses this point at several points in the book without stating one final, categorical ideal. In fact he talks about the characteristics that makes therapists appropriate - his major argument being that the most appropriate therapist is one who can appreciate the pleasure involved in same sex relationships. One might ask whether a therapist with little exposure to gay clients might have this appreciation, and one might ask whether homosexuality can be accepted and affirmed in light of the normative stances that some psychological theories hold. The book challenges the reader in a personal way in this area, as it includes a great number of session transcripts in the book. Some of these transcripts are frank accounts and explorations of clients sexual experiences. The readers reactions are likely to be an indication of the reader's level of ease with homo-sex.

This use of case transcripts gives the arguments a human/authoritative tone. It allows us a greater insight into the nature of the client who lives as an HIV negative man, as well as allowing us insight into the pressures and experiences of professionals working in the HIV area.

I realise that so far I have commented on what I liked about the book. I am also aware that this book has aspects that I found difficult. Firstly, his use of language can jar. It is, at times, overtly psychoanalytic, at times philosophical, at times more scientifically psychological, at times medical and at times political. I found myself having to reread certain passages to integrate these discourses in a meaningful way.

Another point to keep in mind is that this is a book that it is based in the American context where the services around HIV may be different, as may some of the socio-political issues. However, recent British writings (see Denman, 1993 & Lennard, 1995) suggest that there are many similarities and therefore I think that this book is relevant to a British audience.

At times, I also found this book to be overwhelming (both in an emotional and intellectual manner) and I thought that some points were repetitive, I often had a sense of 'Oh, not again'. However, on reflecting on this, I wondered whether this can be understood in terms of parallel process. Odets manages to capture the sense of being overwhelmed that can affect those that face the issues of living in the epidemic - as clients, professionals and as the wider society.

My overall thought is that this book is well worth the effort that it requires. This is a book that offers a lot to therapeutic practitioners of all kinds, counselling psychologists and psychotherapists in particular, as well as those working in the AIDS field.

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Martin Milton

The eight dimensions of space

The Space Between Us
Josselson, R.
London; Sage. (1996) ISBN (paper); 0-7619-0126 320 pages £15.50

RUTHELLEN Josselson attempts the difficult task of charting "the space between us" - the nature of the invisible bonds of love which tie us one to the other and which are central to our emotional well-being. She does not claim to give an exhaustive account of all the theorists who have blazed the trail before her but acknowledges the influences on her thinking. As a result, she is refreshingly flexible in her analysis of the whole range of ways in which societies and individuals think about love and does not fall into the trap of pathologising adaptations to different circumstances and experiences.

Rooted as she is in the stance of the counsellor, she brings to this task the wisdom and insight of her years of experience in helping troubled people, and an awareness of the pain which people experience when they are having difficulty in their close relationships with others. She writes, "How we think about love is central to our identity and to our quest for meaning in our lives." One of the delights of the book is that the reader shares in her search for a vocabulary to capture the essential quality of love relationships. She does this by exploring the literature on relationships (self theory and object relations theory are especially helpful here) and by drawing on her own case material.

In addition, she has devised a method for asking people about their own "lived experience", with the researcher in the role of interested Other rather than objective scientist. Sixty-seven people in the age-range 30-50 were invited "to draw their own relational space" at different points in time. These accounts - visual and spoken - offer the reader the opportunity to see the quality of a person's close relationships across the lifespan, and to chart the ways in which they changed.

Ruthellen Josselson identifies eight dimensions of this space between us, each drawn from the evidence of her interviews, her clinical practice, her literature review and even on her own subjective experience. The first four dimensions - holding, attachment, passionate experience, eye-to-eye validation - she considers as primary dimensions which emerge early in life. The second four dimensions appear later since they require cognitive maturation; idealisation and embeddedness require the concept of self and the capacity to think about oneself in relation to others; mutuality and tending involve moving out of egocentrism into the world of others. Her thesis is that, although each of the eight dimensions is present in everyone's life, the balance and emphasis is unique to each person. Some might focus on caring; others on idealisation; some might be enmeshed in early attachments; others free to explore new forms of loving. In this open-ended model she begins to explore the complexity of adult relationships and the range of ways in which love may be experienced and shared with others.

While I applaud the intentions of the author, I have a few criticisms. I would have liked a more encompassing analysis of the data rather than the case study approach which tended to stay with the individual rather than move beyond that person to the broader dimension under review. I found myself wishing that she had wrestled more with the task of drawing conclusions about each person's experience of loving and taken more account of the unspoken. At times I felt that she glossed over the pain and anguish which can accompany love and which is certainly a significant part of separation and loss. In this she could have given us a critical comparison with other theorists - for example Erikson, Levinson and Sternberg - who have also attempted the difficult task of charting the space between us. Again, although she gives a useful overview of attachment theory, there is no mention of Main and Goldberg's research on the Adult Attachment Interview (AAI) in which discourse analysis is applied to adults' accounts of the quality of their early and current relationships. Nor does she mention the Family Systems Test (FAST) in which adults and children can map their own position in relation to others through their perceptions of power and affiliation. She could, in my view, have made more creative use of the wide range of qualitative research methods which are now available for the phenomenological inquirer.

I do not want to end on a negative note, however, and would like to recommend this book for practitioners and for students in training. I also look forward to reading more about her research in the future.

Helen Cowie

A journey to centre on the person

Just Beneath the Surface: The Processes of Counseling and Psychotherapy
Sandra Delroy, in collaboration with Cheryl Cordon
London: Dohro, (1996), Pbk £15.00, pp160.

THIS book is written in what Delroy describes as an anecdotal style. This style means that we hear a lot about the author's own professional history, values and conclusions and this helps to explain why she developed the style of working that she has. It seems appropriate therefore, to take a personal approach to describe my own thoughts and reactions to the book in this review.

This book appealed to me in some ways. Firstly, it is the first book I have read which describes a formal attempt to integrate the work of Carl

Rogers (Client Centred Therapy) and Robert Langs (Communicative Psychoanalysis and Psychotherapy), and therefore needs consideration for this laudable aim. Secondly, the book alerts us to the effects of prejudice on people and also refers to many issues of bad practice. Delroy suggests that only through the deliberate efforts of therapists to take greater responsibility for these practices will we minimise these phenomena. In this regard, Delroy gives some clear examples of the rationale for clinical interventions. I found her rationale for silence and good listening to be simple and a good reminder of why the psychotherapy relationship is different, the different experience it can offer clients, as well as reminding me of the discipline it involves. For me, on these issues, reading the book felt like having a discussion with an experienced colleague, although someone from a different theoretical and philosophical basis. Which in effect, it was.

Despite these points, I also found the book problematic. Firstly, I'm not convinced about the anecdotal approach that was taken. At times the book seemed to express opinions without the 'weight of research or evidence. Also this approach meant that Delroy makes many statements about professions and settings and although I might agree with her (or not) on the attitudes of clinical psychologists, doctors the British and the like, the statements read as personal judgements on these groups, and were too general and universalized. e.g. "... being a clinical psychologist in America was totally different from being a clinical psychologist in Britain ...I opted to stay in the group 'with high self esteem'" (5&6) "... because the British love to put people into classes" (p28). These type of statements left me wondering what weight that really gave to the phenomena under discussion.

Secondly, 'with regard to the effort to integrate a person centred and psychoanalytic approach. I feel that the book isn't successful, although I recognise that this is an inherently difficult task for anyone to undertake, as philosophically the approaches are at times so far apart (Consider their relative stances on the concept of the Unconscious and how they each conceptualise the issue of relation). This resulted in writing that seemed to jar at times, e.g. Delroy alerts us to the dangers of imposing concepts onto our clients when she says that Langs and Rogers ... demonstrate a depth of sensitivity towards their clients and genuinely respect the client's process rather than imposing their own selves inappropriately (p12). Yet, there are many occasions 'within the book, (whether its in its criticisms of clinical psychology, in the accounts of sessions or when explaining what makes a good assessment), where it seems to imply that from a thorough study of theory and good listening we can *know* the truth and point it out to clients (and to the readers). This also manifests itself in a causal-linear focus that is taken rather than a relational one. e.g. We see discussion of "self concept versus experience" (p50). I would have welcomed consideration of the self concept in relation to experience. If this focus had also been considered it would also have supported Delroy's overt statements on the importance of the relationship in counselling and psychotherapy. Another problematic aspect in the book is that the discussion about the therapeutic relationship places the relationship as central in the therapy, without reference to the different dimensions of the relationship. (See Gelso & Carter, 1985, & Clarkson, 1994).

Despite Delroy's attempts to integrate the Person-Centred and Psychoanalytic thinking, the book's allegiance to the psychoanalytic tradition is highlighted when the two are compared. The book talks of the person centred practitioners who don't see the iatrogenic consequences of their actions. Spinelli (1995) has shown this to be the case for all major therapeutic schools. At this point I would also raise questions about Delroy's claim that "... it was not psychoanalysis per se that was racist and sexist". Although I cannot claim to have studied psychoanalysis with particular reference to race, it would have been interesting to hear more of Delroy's disputing the sexist (and homophobic) nature in psychoanalytic writing which exists due to its normative theorising.

Finally, when I consider who the book would seem most useful for, I would suggest that it is a book for people new to the field of counselling and psychotherapy, and could be seen as a personable introduction. However greater elaboration would have allowed a more thorough debate of the issues that Delroy so rightly raises.

References

Clarkson, P (1994) 'The Psychotherapeutic Relationship' in Clarkson, P & Pokorny, M (Eds) *The Handbook of Psychotherapy*, Routledge, London.

Gelso J & Carter P (1985) 'The Relationship in Counseling & Psychotherapy: Components, Consequences, & Theoretical Antecedents', in *The Counseling Psychologist*, V13, #2.

Spinelli, E (1995) *Demystifying Therapy*, Constable, London.

Martin Milton.

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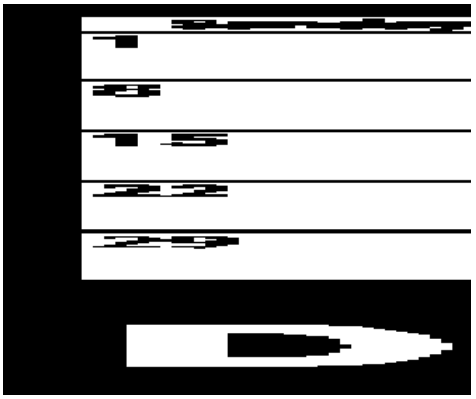


Events Diary

In the March 1995 edition of *Counselling Psychology Review* (Vol. 10, No 1), Ian James' article "Continuing Professional Development 'Recommended' Status: Would you like to advertise using it?" stated that one of the benefits to the Division of inviting course providers to apply for this was that it would be "the beginning of a process towards a diary of events for Chartered Counselling Psychologists". Now, with an eye to measurable results proper to the Division, that process begins to be made visible. Should you be irritated by the incomplete nature of the information provided here, I invite you to help me improve it. Let me know of conferences you would like to see noted; and apply for the Division's CPD "Recommended" status for your courses, so the diary becomes a better resource.

Conferences

Format is:
date: **event**
venue
contact

August

26-27: **International Society for Advancement of Respiratory Psychophysiology (ISARP) convention**
University Lung Centre "Dekkerswald" Groesbeek, The Netherlands.
Mrs. M. v. Engelen, Eeneind 2, NL 5674 VP Nuenen, The Netherlands
Tel: +31 40 834833
Fax: +31 40 836422

27-31: **Fourth International Congress on Physical Activity, Ageing & Sports (WHO Co-sponsored)**
Heidelberg, Germany
Congress Office G Conrad, Uissigheimer Str. 10, 97956 Hamburg, Germany.

28-30: **The (Non)Expression of Emotions in Health and Disease.**
Tilburg University, The Netherlands
The Conference Secretariat, Dept of Psychology, Tilburg University, PO Box 90153, 5000 LE TILBURG, NL

September

5-7: **British Association for Counselling 20th Annual Training Conference & AGM**
Nottingham
BAC Information Line 01788 578328

6-9: **British Assoc. of Behavioural and Cognitive Psychotherapy Annual Conference**
Southampton
Conference Office, Univ. of Southampton 01703 760260

12-14: **Quality Assessment in Health Promotion and Health Education - 3rd European Conference on Effectiveness**
Turin, Italy
Regione Piemonte, Assessorato alla Sanita, Settore Sanita Pubblica, Ufficio Educazione Sanitaria, Segreteria Organizzativa, Corso Stati Uniti, 1, 10128 Torino, Italy

15-20: **25th International Congress on Occupational Health**
Stockholm, Sweden
ICOH Congress, National Institute of Occupational Health, S-171 84 Solna, Sweden.

16-18: **British Academy of Management Conference**
Aston University
Conference Co-ordinator: Pat Clark 0121 359 3611 ex 5053

26/27: **Health Promoting Universities: 1st international Conference - Strategies for Developing Healthy Universities into the next Millennium**
Lancaster
Mrs Sheila M Makinson 01524 592010
Fax: 01524 594294 / email: s.makinson@lancaster.ac.uk

26-28: **III European Conference & AGM of the European Association of Counselling**
Vouliagmeni, Greece
N. Papaevangelou, Greek Assoc. for Counselling, PO Box 14119, Athens, Greece
Tel: +30 1 2020119, 98, 84, 196
Fax: +30 1 6477221

And beyond...

5-8 Oct 96 **International Congress on Stress & Health.**
Manly Pacific Parkroyal Hotel, Sydney, Australia
Shan Wolody, International Congress on Stress & Health, Continuing Professional Education & Conference Unit, Faculty of Health Sciences, University of Sydney, PO Box 170 Lidcombe NSW, Australia 2141

9/10 Nov 96 **The Placebo Response**
UK
01895 835818

17-18 Dec 96 **British Psychological Society London Conference**
London
Conference Office 0116 252 9555

3-6 Apr 97 **British Psychological Society Annual Conference**
Edinburgh
Conference Office 0116 252 9555

15-17 Apr 97 **International Conference on Eating Disorders**
London
Mark Allen, International Conferences Ltd 0181 671 7521

25-27 Jul 97 **Brit. Assoc. for Supervision Practice & Research 2nd International Conference on Supervision**

Courses

Recommended for Continuing Professional Development by the Division of Counselling Psychology

[Please note: "CPD Recommended" status refers to short courses (lectures, presentations or courses) which have demonstrated a minimum requirement (see guidelines for assessors from BPS office]

Format is:
course name
venue
dates
organiser/presenter
contact

Counselling Skills Workshop
3 Northumberland House, 237 Ballards Lane, Finchley, London N3 1LB
next courses - 19 July, 12/13 September, 6 December, 23/24 January 97, 25/26 April 97
Sandra Delroy
contact at venue above

Five-Day Counselling Skills Course
3 Northumberland House, 237

Ballards Lane, Finchley, London N3 1LB
next courses - 15, 16, 19, 20, 21 August
7, 8, 11, 12, 13 November
12, 13, 16, 17, 18 June 97
Sandra Delroy
contact at venue above

Primary Certificate in Cognitive Behavioural Therapy
Centre for Stress Management, London
next course - 12/13 September 96
Stephen Palmer
Centre for Stress Management, 156 Westcombe Hill, Blackheath, London SE3 7DH
Tel: 0181 293 4114 / Fax: 0181 293 1441

Primary Certificate in REBT
Centre for Stress Management, London
next course - 20-22 September 96
Stephen Palmer
(as above)

Assertiveness Training Workshop
3 Northumberland House, 237 Ballards Lane, Finchley, London N3 1LB
next courses - 10/11 October 96, 27/28 February 97
Sandra Delroy
contact at venue above

Primary Certificate in Multimodal Therapy & Counselling
Centre for Stress Management, London
next course - 10/11 October 96
Stephen Palmer
(as above)

Primary Certificate in Supervision
Centre for Stress Management, London
next course - 10/11 December 96
Stephen Palmer
(as above)

Please send details of appropriate conferences to me:
by post at - People in Progress Ltd, 11 Denmark Terrace, Brighton BN1 3AN
by fax on - 01273 778847
by email to - wellbeing@pip.co.uk

If you wish to apply for CPD Recommended status for your courses, please request an application form from the BPS office.

Jennifer Smith

Conference Report: Imagery rescripting

FACILITATED by Marvin Smucker, an Associate Clinical Professor at the Medical College of Wisconsin, this one day workshop organised by the British Association for Behavioural and Cognitive Psychotherapies, focused on the use of imagery rescripting. With specific reference to the use of imagery rescripting to help individuals who experience flashbacks associated with PTSD, as a consequence of childhood sexual abuse. The process of imagery rescripting involves reframing prior memories using imaginal exposure, mastery imagery and cognitive restructuring. The role of the therapist is facilitative without being directive.

Professor Smucker used a number of case studies including a videoed session to illustrate the application of this technique. One vignette presented was that of a woman who experienced re occurring nightmares after being raped. Using imaginal exposure the woman was taken back to the time of the rape, at which point the client was asked to restructure the memory. She choose to kick her attacker in the groin, see him in agony and tell exactly what she thought of him, thus modifying the image. With further exposure to the reframed image the client, after only one session she stopped getting nightmares. Other examples presented by Professor Smucker of childhood abuse involved the bringing of significant other(s) into the image to help the client, this may be the client as an adult, the police or even the therapist. The emphasis is on the client to reframe the image, there is no right way to do this. This is not guided but socratic imagery, i.e. the therapist uses socratic questioning to support the client's own healing process. This can be very distressing for the client and can lead to dissociation, some clients have talked about looking down on themselves from the ceiling, if this occurs the therapist may need to ask some leading questions to encourage the client to access the image again. The sessions are long, lasting up to two hours and the recommended treatment duration is at least nine sessions.

Overall, the workshop was excellent, it served as an succinct introduction, only. The technique is powerful and needs to used under supervision, for some clients the recollection of the abuse can lead to suicidal ideation, therefore it is best practised in environments where support is available if required.

Kasia Szymanska

What happens when trust is 'downsized'?

IPD publishes major report on management-employee relations

ONLY a quarter of UK workers unreservedly trust their organisation to keep its promises to them says a major report launched by the Institute of Personnel and Development (IPD). According to 'The New Employment Relationship' report, prepared for the IPD by Ian Kessler and Roger Undy of Templeton College Oxford, people also feel that the loyalty they are offering their employer isn't being reciprocated.

Geoff Armstrong, the IPD's Director General, attributes workers' sense of betrayal to a 'ripping up of the psychological contract which has governed relations between managers and employees'. This implicit contract is based on the expectation that organisations will reward hard working and loyal staff with a secure job, training and the 6pportunity to move up the career ladder.

'Survivors of redundancy programmes, mergers and relentless restructuring feel that top managers have reneged on their side of the bargain' Armstrong argues. 'People are being promised empowerment and employability in return for their co-operation with change necessitated by global competition. But all too often the reality they experience is enforced compliance, heavier workloads and widespread insecurity'.

Armstrong states that: 'World class performance won't come from a climate of fear and instability. All. the rhetoric about stakeholding is just hot air unless organisations are seen by their employees to be committed to long-term strategies for maximising employment opportunities.'

The IPD/Templeton College research adds weight to trade union claims that they have learnt from the industrial relations disasters of the 70s and are moving away from confrontational bargaining strategies.

Fifty-six percent of managers surveyed in unionised organisations said the union was accepted as a partner in workplace decisions, compared with 14 percent who saw it as an adversary: Forty-two percent felt that unions make their job easier, compared to just 10 percent who said they make their jobs harder.

The survey also found that 40 percent of managers in unionised organisations felt that unions helped performance, compared with only 6 percent who said they were a hindrance.

'This is encouraging progress away from the damaging adversarial practices of the past,' comments Armstrong. 'It shows there is scope for greater partnership between managers and recognised unions to work on a common agenda for sustainable competitive success.'

Key survey findings:

'Portfolio working? No thanks'

- Instead of seeing themselves as itinerant workers-for-hire, nearly half (46 percent) of all those surveyed by the

IPD and Templeton College Oxford regarded their current job as a long-term position that they would stay in. Twenty-one percent saw it as an opportunity for career advancement within the same company. Only 16 percent defined themselves as a portfolio worker, viewing their current job as part of a career or profession which would probably take them to different companies. These individuals were primarily young (18-29), male, had a higher-education qualification, worked in industry or services and were employed in professional and managerial areas.

Levels of trust and loyalty

- Senior managers were almost twice as likely to trust the organisation a lot (38 percent) as those working in junior management positions (20 percent). Although the majority of workers surveyed were still offering their employer some degree of loyalty, they displayed more allegiance to their fellow employees than to their organisation (64 percent said they felt a lot of loyalty to their colleagues, compared to 40 percent who said they felt a lot of loyalty to their organisation).

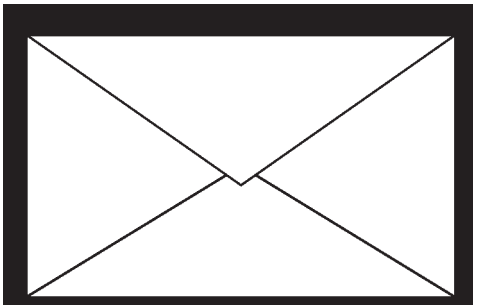
The gap between influence desired and achieved

- Employees have most influence over how they do their day-to-day jobs, but still desire more direct influence in areas such as pay, benefits and health and safety. The biggest gap between influence desired and achieved was in the area of pay. Although 43 percent of those surveyed considered it very important to be involved in deciding how much of a pay increase the people in their work group should get, only 1 percent actually had a lot of influence.

Trade unions

- In non-union environments managers were more hostile to unions, with only 18 percent saying they would welcome an approach for union recognition. Senior managers were more likely to be opposed to union recognition (56 percent).

Editor's note: The telephone survey of 1006 UK workers was carried out by the Harris Research Centre for the IPD and Templeton College. The sample was representative of workers, managers and non-managers employed in public and private sector organisations employing over 25 workers.



Correspondence

Inaugural lecture

THE Dryden Lecture committee was founded as a tribute to the contribution that Professor Windy Dryden has made to the field of Counselling and Psychotherapy

The first Dryden Lecture will be **Counselling and Psychotherapy: the Sickness and the Prognosis,** speaker: Brian Thorne, Director of Student Services and the Centre for Counselling Studies, University of East Anglia, Norwich.

It will take place from 6.15pm-9.00pm, Friday 22 November 1996 at The Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE.

Places cost £5.00 (a subsidised rate inclusive of refreshments) and are limited — so please book early by sending an s.a.e. together with your cheque for £5.00 made payable to the Woolwich Building Society to:
The Dryden Lecture
3 Southvale Road
Blackheath
London SE3 0TP

Co-researchers

I AM looking for Counselling Psychologists who would like to be co-researchers with me for an investigation into therapy with clients taking benzodiazepines (tranquillisers and sleeping tablets). If you have experience of counselling clients on benzodiazepines and one who has stopped, would you be willing be interviewed about your experience and views?

I hope that it would be a mutually beneficial discussion which might be some reward for taking part. Please contact by letter or telephone
Diane Hammersley
Chartered Counselling Psychologist
25 Hanbury Road
Droitwich
Worcestershire WR9 8PR

Dual relationships: A research study

WE are undertaking a research study, which may be published at a later date, into trainer-trainee, supervisor-supervisee, sexual contact. If you have experienced a dual relationship with a trainer or supervisor, please contact us in writing at:
Centre for Stress
Management/Research Unit
156 Westcombe Hill
Blackheath
London SE3 7DH

All replies will be treated in strict confidence.
Kasia Szymanska
& Stephen Palmer

Training in counselling psychology

Call for submissions

Symposium for the May 1997 edition of *Counselling Psychology Review* on the subject of training.

Deadline: end of November 1996.

Submissions should be up to 3,000 words and will be subject to peer review.

If you are interested in making a contribution, please contact

Ray Woolfe
Department of Applied Social Studies
Keele University,
Keele,
Staffordshire

Tel (work): 01782 621 111 x8035

Symposium on 'Training in counselling psychology'

I AM editing a symposium for the May 1997 edition of *Counselling Psychology Review* on the subject of training and am seeking contributions.

These can be of any length up to 3,000 words and I will require copy by the end of November at the latest. Please note that all papers submitted to *Counselling Psychology Review* are peer reviewed.

If you are interested in making a contribution, please contact me at — Department of Applied Social Studies, Keele University, Keele, Staffordshire (Tel: 01782 621 111 x8035, work).
Ray Woolfe

The British Psychological Society announces a

Call for Submissions for the

1997 Annual Conference

The Edinburgh Conference Centre

Heriot-Watt University, Riccarton, Edinburgh, EH14 4AS

3-6 April 1997

Conference themes

- **Evolutionary approaches to psychology**
- **Organisational psychology**
- **Feminist psychology**

Submissions are welcome in line with these main themes or on any topic in the form of symposia, papers, workshops and posters. Please note that guidelines for submission were revised last year and prospective contributors are advised to obtain a copy of the guidelines from the Society's Leicester Office before submitting material.

A number of bursaries are available for postgraduate students who wish to present material at this Conference. Details are available from the Society's Office.

The closing date for submissions to this Conference is **Monday 14 October 1996**.

Submissions and inquiries to:

The Conference and Events Manager
The British Psychological Society
St Andrews House
48 Princess Road East
Leicester, LE1 7DR
Tel: 0116 252 9555
Fax: 0116 255 7123

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