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Editorial

Kasia Szymanska introduces the present issue.

IN this issue we have strayed from the norm and included photographs of the winners of the Division of Counselling Psychology inaugural awards, which were presented by Professor Charles Spielberger at the First International Counselling Psychology Conference in May of this year.

In this publication, the focus of the first article is on Post Traumatic Stress Disorder, its assessment and treatment, using the framework of Personal Construct Psychology, which places emphasis on the individual's unique experience of the event, rather then what the 'event should mean for the individual'.

Ernesto Spinelli, the current chair of The Division of Counselling Psychology, addresses the arena of human sexuality from a existential-phenomenological perspective He examines three assumptions, the link between sexuality and biology, the differences between 'normal' and 'perverted' sexual practices and how identity and sexual expression are linked. In the final paper, Eric Hall and his associates argue for the inclusion of group work in training and include an interesting account of a study they carried out to assess the members evaluations of their experiences.

I'm really pleased to say we have a vibrant letters page: if you want to share your views, please send or fax me your letters. Also I'm still keen to encourage Division members who wish to review books for the journal to submit their CVs with examples of their written work as soon as possible.

Have a good Christmas and a very happy New Year!

Kasia Szymanska

Letter from the Chair

(nb. all opinions expressed herein are personal and do not necessarily reflect the views of the Division, its Executive, or its Members.)

SOME years ago, just about all of the major psychotherapy training institutes in the UK joined together in an attempt to form an umbrella organization which would seek to advance the psychotherapy profession in the UK and provide the impetus for some much-needed regulations that would begin to address public concerns and complaints. Just about the time that the United Kingdom Council for Psychotherapy (UKCP) was set to run, a number of training organizations decided to leave it and formed their own - the British Confederation for Psychotherapy (BCP). The BCP was then, and remains today, made up exclusively of some of the most well-known psychoanalytic organizations in this country. Their representatives had claimed, initially, that since psychoanalysis is the 'source point' of modern day psychotherapy, the psychoanalytic organizations within UKCP should have a greater say in its running. If this reminds you of Animal Farm's (in)famous dictum that 'all animals are created equal but some are more equal than others', then your response is somewhat similar to that of most of the remaining UKCP organizational representatives. Subsequent to this, the same psychoanalytic representatives went on to argue that they were concerned about the inadequate standards being put forward by UKCP. Indeed, BCP today continues to assert that their training and professional standards are superior to those of UKCP. But just what are these standards of training and practice that supposedly make BCP psychotherapists so much more adequate than UKCP ones? I think you can guess. And, equally, I don't think that you need any reminder from me that not one of these standards has been shown by proper research to make one jot of positive difference in either outcome or process variables in psychotherapy.

Now, a number of organizations that joined BCP also opted to remain as members of UKCP. This was tolerated by BCP for awhile but recently it seems that BCP has ordained that this situation cannot continue and any organization that currently enjoys a 'menage a trois' with UKCP and BCP must give such up and choose one partner or the other. For various reasons, related to power, influence and jobs, these rebellious organizations are likely to have to choose BCP, and some have begun to do so.

Well, by now you are probably wondering what I am writing all this for. What does it matter to us? We are neither UKCP nor BCP; we're British Psychological Society. And, in any case, sometime over the next couple of years we'll have our own register of Society psychotherapists. So what do we care about these other organizations?

I think that we in this Division should, and do, care. First because, I suppose, a fair number of us belong to either, or both, of these organizations. But, even putting that aside, all of us, through the Society, are indirectly involved with both organizations in that Society representatives are invited to their meetings and the Society is recognized as a sort of 'special guest/member' at these meetings. Now here is my point: given its status, it seems to me that, at the very least, the Society, through its representatives, could voice its deepest concerns about BCP's questionable manoeuvres. Perhaps it might even choose to do more than that; perhaps, indeed, it might ask (as we might ask) just what it is doing providing BCP with more respectability and authority than it deserves simply by our association with it. But, most importantly, it might well ask BCP just how BCP proposes to react to the forthcoming Society register of psychotherapists and whether it will seek to impose the same either/or choice as it has demanded of organizations who currently hold UKCP/BCP membership. In case you're worried that Society might not have considered these points, don't worry; your Divisional representatives on the Professional Affairs Board will ensure that they are raised.

But even then, even if they are raised and something sensible occurs and some sort of 'peace' descends once more over the world of psychotherapy, you might still find that that bad taste in your mouth and that sense of deep embarrassment at being associated however indirectly with psychotherapeutic machinations won't go away. And, perhaps, that will be no bad thing not only for the future of this Division, and that of the Society register of psychotherapists, and for UK psychotherapy as a whole.

Ernesto Spinelli

Personal construct contributions to conceptualizing and treating Post Traumatic Stress Disorder

Malcolm C. Cross and Mary H.Watts

ONCE the exclusive domain of psychiatry (Horowitz, 1986) and clinical psychology (Fairbank & Nicholson, 1987), Counselling Psychologists are increasingly being asked to provide assessment and treatment services to people diagnosed with Post Traumatic Stress Disorder (PTSD) (American Psychological Association, 1994). The present paper seeks to answer the call from Hall and Henderson (1996, p.361) and others who believe that:

> not only is it important to modify various efficacious treatments to fit different client populations and to demonstrate the effectiveness of these treatments with treatment-outcome studies, but it is also helpful to elucidate the treatment process itself, including the means by which positive outcomes result. In this way practitioners can gain an understanding not only that particular treatments work, but *how* … [original emphasis] … they work as well (p.361).

To that end Hall & Henderson (1996) provided an illuminating account of the treatment of a PTSD case within the framework of Cognitive Processing Therapy (CPT). While not disputing the contributions of CPT and other psychological approaches to PTSD the present paper seeks to provide an alternative. Personal Construct Psychology (PCP) has demonstrated its applicability and efficacy across a wide range of psychological problems (Fransella, 1995) including that of PTSD (Sewell & Cromwell, 1996). Through reference to the role of diagnosis in PCP, a brief review of assessment procedures, descriptive accounts of guidelines for intervention and attention to relevant outcome studies this paper aims to provide the reader with an overview of a Constructivist conceptualisation and treatment of PTSD.

A unique perspective on trauma

Personal construct psychology operates from a relativist philosophical position, specifically that of constructive alternativism. *Constructive alternativism* as defined by Kelly (1955, p.15) suggests that 'all our present interpretations of the universe are subject to revision or replacement.' His position is not that the 'real' world does not

exist, but rather that we represent the world uniquely through the application of the building blocks of experience called constructs. As events do not come with prescriptive, unvarying meanings attached, we as active construers and meaning makers act to make sense of the world of which we are a part. As such, individual differences in reaction to crisis-triggering events are accounted for, and predicted by, personal construct models of trauma (Viney, 1996). People create bipolar constructs as they compare and contrast the events of their lives (e.g. *challenging vs. boring, nice vs. manipulative*); and because no two people can have been exposed to precisely the same life events. Even if their constructs were apparently similar, that is, even if two people use the same word, describing an event as *'challenging'*, they could still prove to have different contrast poles. For example one person, as in the case above, may see the opposite of *'challenging'* as *'boring'*, while another may see the opposite of challenging as *'easy'*, *'predictable'* or *'supported'*. Bipolar constructs provide the individual with dimensions along which they may evaluate their experience. Construct dimensions, in addition to being unique and bipolar, may also be found to occupy positions of differing importance in construct systems (Viney, 1996). In particular, constructs are said to have ordinal relationships with other constructs. Simply stated, some constructs are more important, for an individual, than other constructs. In the case of our example, should we be able to find two people who share the construct *'challenging vs. boring'* we may subsequently discover that the importance of this dimension varies for each. For one person the dimension may be described as relatively superordinate (of higher importance) while for the other it may be relatively subordinate (of lesser importance). A Personal Construct perspective suggests that behaviour is determined and constrained by its underlying constructs. Therefore even apparently similar behavioural reactions to a crisis-triggering event may actually be different (Viney, 1996). In terms of assessment and treatment this means that the constructivist therapist is aware that apparently similar behaviours may arise in clients for vastly different reasons and that the meaning attached to behaviour will be unique to individual clients.

A personal construct account of PTSD will necessarily have its focus on an individual's experience of an event, intentionally divorced from normative expectations of what such an event *should* mean for an individual. This view is reflected in the most recent edition of DSM IV (APA, 1994), which sees a significant revision of the diagnostic criteria of PTSD with the omission of the necessity of the trauma event to be 'outside the range of human experience [that] would be markedly distressing to almost anyone' (APA, 1987, p.247). The loosening of association between specific events and a fixed range of interpretations and subsequent outcomes is consistent with constructivist theory. Indeed, as we have articulated, Personal Construct Theory (PCT) predicts that people make sense of events in unique and personally meaningful ways. Therefore such a move by mainstream mental health practitioners (APA, 1994) may be interpreted as an important convergence between popular / nomothetic conceptualizations of PTSD and those offered by constructivist theorists and practitioners.

Tammie Ronen (1996), an experienced PCP practitioner working with children, also reinforces the importance of not focusing on the event in a realist sense, but rather the sense the child makes of the events which it construes.

> It is difficult to determine what kind of incident will have a traumatic impact on an individual child. In response to an external event that is generally considered to be of traumatic significance for adults, such as war, some children may react with fears, nightmares, and other problematic behaviours; others may view the same war experience not as traumatic but as a challenging experience to be encountered together with their families; and still others may appreciate that the war enables them to remain in the presence of their customarily working mother's for several weeks. What these children may remember later may be the cakes they ate all day long or the games they played with other family

members (Ronen, 1996, pp.140-141).

In addition Ronen (1996) suggests that some events which may be typically less problematic for adults may pose major hurdles for a child's capacity to incorporate this new event into their construct system in a helpful way. For example Ronen (1996, p.141) suggests that the disappearance of the family pet, the loss of a loved doll, a severe argument between parents 'may be construed by some children as traumatic events with a long-lasting and detrimental effect, leading to the development of symptoms typical of post-traumatic cases'.

A personal construct theorist or practitioner is suspicious of formulations of PTSD which hinge on the assumption that an event may lead to an unvarying experiential outcome (such as trauma). PCP and non-PCP accounts of PTSD alike do, however, share a focus on the experience of the individual, who when confronted with a particular event, makes a traumatic sense of it. A sense which Neimeyer and Steward (1996) remind us, is profoundly disruptive to premorbid psychological functioning and which results in a syndrome of symptoms including; hypervigilance, impulsiveness, heightened physiological reactivity, re-experiencing of the traumatic event through dreams, intrusive recollections and/or behaving as if the traumatic event were recurring (Neimeyer & Steward, 1996).

The role of diagnosis in PCP

Kelly (1991) suggested that there are two distinct ways in which we can look upon the issue of diagnosis in clinical interventions. On the one hand we can seek to fix the position of the client with respect to certain dimensions or co-ordinates - such as the application of the label PTSD, alternatively we can concern ourselves with the subject's freedom of movement; their potentialities, the resources which can be mobilised, and what we can do with our formulation. With his consistent emphasis on process, Kelly (1991) suggested that in personal construct practice:

> the primary purpose of psychological measurement in the clinical setting is to survey the pathways along which the subject is free to move, and the primary purpose of clinical diagnosis is the plotting of the most feasible course of movement (Kelly, 1991, p.141).

George Kelly (1991, p.141) saw diagnosis as 'the planning stage of therapy.' For him there was no prize in pinning the phenomena down to a particular label or category unless the helper was able to do something with this insight. The task of the personal construct psychologist or counsellor therefore becomes two fold. Firstly the therapist must engage in the task of operationalizing a range of professional constructs with which they can make sense of the individual's process of construing and secondly plot a course out of the present problematic circumstances using the landmarks provided by the theoretical terrain of personal construct theory.

Neimeyer and Stewart (1996) provide a succinct account of the narrative constructivist's conceptualization of PTSD when they suggest;

> the traumatic experience not only disrupts or damages the victim's narrative stream of consciousness, but may also fundamentally challenge the unity of the victim's selfhood. A narrative conceptualization of trauma, therefore, would be incomplete if it did not acknowledge the existence of both multiple selves and corresponding narratives (Neimeyer & Stewart, 1996, p.362) .

Sewell, Cromwell, Farrell-Higgins, Palmer, Ohlde, and Patterson (1996) remind us of the importance of considering Kelly's definition of anxiety in relation to meeting events which lie outside the range of convenience of the existing construct system (Kelly, 1991). These authors, however, suggest that the experience of anxiety in either Kellian or popular terms does not adequately account for the multiplicity of symptoms typically associated with the phenomena of PTSD.

Sewell (1996), in an opinion consistent with other constructivist thinkers in the area of PTSD, considers that it is the trauma sufferers inability to form overarching constructs to link selected events together which disposes them to experience PTSD. This isolation allows events of the future to be anticipated in an extremely and unrelentingly polarized fashion (i.e., unmodulated by new circumstances). Sewell (1996) sug-

gests that for any new associated event, or events with only minor potential threat, the full extent of trauma is predicted again and again.

If a person's processes are channellized by the ways in which they anticipate events (Kelly, 1991) then a PCP conceptualisation of the psychological problems associated with the diagnostic phenomena of PTSD will find it's focus in anticipation. A focus on anticipation reminds us of the active meaning making potential of the individual who, rather than read the unvarying meanings attached to the events which pass them by, instead makes up meanings, interprets and acts in accordance with the implications of the stories the individual tells herself or himself about their world.

Klion and Pfenninger (1996) see the personal construct notion of constriction as central to an adequate conceptualization and treatment of PTSD. They define role *constriction* as 'an individual's enacting a very limited and circumscribed set of strategies and constructs in understanding the world' (Klion & Pfenninger, 1996, p.127). *Role* in personal construct theory may be understood as the 'ongoing pattern of behaviour that follows from a person's understandings' (Kelly, 1955, p.97-98). A person's role is 'anchored' in his or her construing yet it is played out in the social context. It has been argued (Mair, 1977) that psychological adaptation can be characterised by an individual's 'ability to enact several roles flexibly, depending upon situational factors (Klion & Pfenninger, 1996, p.128). Conversely, problems in living are thought to emerge when a person becomes rigidly locked into a set configuration of behaviours and interactional patterns. That is, in the words of Klion and Pfenninger (1996, p.128-129), psychological adaptation can be related to an individual's ability to cope with events adaptively and to grow and evolve throughout life. This adaptive process, however, appears lost, at least temporarily, in many persons diagnosed with PTSD.

Isolation, for Sewell *et al.* (1996) is also fundamental to their personal construct conceptualization of PTSD. The isolation which forms the focus of their theorizing relates to trauma-related construct sub-systems, rather than the individuals per se. In their work, Sewell *et al.* (1996) have demonstrated that the construct sub-system which relates to the trauma experienced by someone with a diagnosis of PTSD is essentially isolated in psychological space. Such construct sub-systems are largely unstable and characterized by a propensity for *slot movement*, that is, rapid movement from one extreme pole of a bipolar construct to the other. For example, an individual who utilises the construct *'calm vs. threatened'* would be expected to display aggressive and defensive behaviour whenever they did not feel *'calm'*. In such a case it is possible to conceive of a situation where providing the individual with relaxation training could unintentionally increase the frequency and intensity of aggressive acting-out behaviours. As this individual experientially learned more about what *'calm'* is, they also, by implication, learn more about what it is not – which is in their terms – *'threat!'*. Slot movement in this case describes the propensity of the individual to rapidly shift from interpretations of events, both internal or external, in terms of either *'calm'* or *'threat'*. This shift – along already existing dimensions – allows one to incorporate new information without developing new constructs. Such a strategy enables one to make sense of new events without revising old understandings of how the world is. This strategy however, also precludes one from making novel interpretations of events and exercising flexibility in interpretations, an arguably essential capacity if one is to make a helpful sense of events associated with trauma. Sewell *et al.* (1996) further suggest that slot movement, particularly when it involves the self, is central to understanding the mood swings often experienced by people with a diagnosis of PTSD.

Personal constructs exist within systems (Kelly, 1955). Trauma produces isolated construct classes which cannot enter into transitive or associated relationships with the rest of the individual's conceptual system (Sewell *et al.*, 1996). For example, where a trauma event is encountered by an individual at night they may find it impossible to separate night or darkness from the experience of threat or trauma. In such a case this individual would be precluded

from making contextualized judgements about lighting, even though darkness was neither a necessary nor sufficient condition to bring about the trauma event. Most of us take for granted the capacity to make contextualized judgements about events, perhaps enjoying moonlit walks and candle light dinners or experiencing unease at hearing quickening footsteps as we walk through poorly lit streets at night. Sewell *et al.* (1996) make two observations regarding these isolated construct classes. Firstly, they suggest that even in the short term the constructs governing the very grammar of the memory record are impaired, so that traumatized individuals cannot integrate the sights, sounds, smells, fears, and thoughts which occurred during the traumatic event. It is this interruption of encoding which accounts for why many victims of trauma are often unable to put together an integrated story of what happened to them (Sewell et. al., 1996). Secondly, if the traumatic event cannot be subsumed by superordinate constructs, it cannot be construed in terms of 'likeness' to other negative events so that it and other negative events can be evaluated comparatively in terms of 'degrees of negativity'. The traumatic event associated with PTSD is therefore like no other event and has had an impact upon the person like nothing ever anticipated or experienced.

In summary, personal construct psychology may be understood as embedded in the philosophy of constructive alternativism. In an attempt to elaborate a personal construct conceptualisation of PTSD a range of theoretical devices arising from the philosophical position are operationalized. These include a shift in emphasis away from the centrality of events in shaping our experience and a focus on the role of anticipation and interpretation in determining our experience of trauma. In addition, the Kellian concepts of isolated construct sub-systems, constriction and slot-rattle are offered in an attempt to account for the syndrome of symptomotology often associated with the phenomena of post-traumatic stress disorder.

Modes of assessment

Undoubtedly the most distinctive and innovative methodological devices used in the assessment of PTSD in published constructivist research are the Biographical Grid (Neimeyer, 1985) and the Life Events Repertory Grid (Sewell *et al.*, 1996). The Biographical Grid described by Neimeyer and Stewart (1996) is characterized by three distinct stages; firstly, identification of significant life events or stages (elements);

secondly, elicitation of life themes or personal meanings (constructs); and thirdly, weaving events through the themes (exploring the relationship between elements and constructs).

Both the Biographical Grid and the Life Events Repertory Grid (LERG) are variations of Kelly's (1955) repertory grid technique. In the LERG reported by Sewell *et al.* (1996) 20 important personally-relevant events, (both positive and negative) which occurred at various specified periods in the participants' life, are used as elements. These events are contrasted by participants in order to elicit personal constructs about their life and their experience of trauma. The LERG uses a protocol similar to Neimeyer and Stewart's (1996) Biographical Grid, with an additional variation which sees the inclusion of an element which was *'the most traumatic event'* recalled from the participant's experience. Life events to be considered by the participant are presented in triads. In such a procedure the participant is typically asked 'how are two of these events alike in an important way, yet different from the third event.' In personal construct terms the participant is said to be offering the *'emergent pole'* of a construct when they report a way in which two of the triad are similar. In order to obtain the contrast or *'opposite pole'* of the bi-polar construct the participant is simply asked to indicate what the 'opposite' of that previously elicited similarity is for them. Having elicited and recorded an emergent and opposite pole of the construct the researcher / practitioner typically would ask the participant to indicate which pole of the construct is most preferred or has the most positive connotation.

Elaboration of the construct system within which one makes sense of a traumatic event and the degree of integration of trauma events within the spectre of events of one's life are suggested as key indicators of adjustment post-trauma. As such, analyses of grid data focus on establishing indices of elaboration and integration. The HICLAS analysis as developed by De Boeck (1988) is reputedly one such data modelling procedure. Sewell *et al.* (1996) report in their study the successful use of the HICLAS analysis to measure elaboration of construct systems involving trauma. This method was employed by these authors in order to facilitate the examination of the relationship between life events (elements) and the best fitting hierarchical model of each subjects construct system. Unlike other hierarchical clustering methods, hierarchical classes modelling takes into account simultaneously both life events (elements) and the way participants make sense of those events (constructs) in the analysis. This feature, suggest Sewell, Cromwell, Farrell-Higgins, Palmer, Ohlde and Patterson (1996) makes hierarchical classes modelling particularly appropriate for repertory grid analyses given the entire matrix is of interest. Thus abstractions derived from one set of vectors (i.e. constructs) are not, and cannot be divorced conceptually or mathematically, from elements. In terms of their study, the greater the number of hierarchically associated, yet separate classes of constructs related to the traumatic experience, the more 'elaborated' that experience was said to be. In simpler terms, elaboration referred to the amount of one's entire conceptual system that was brought to bear in the understanding of a particular experience.

The results of the Sewell *et al.* (1996, p.92) study demonstrated empirically that individuals who exhibited PTSD symptoms failed to integrate their conception of the trauma into their total hierarchical structure. Otherwise stated;

> the traumatic event is less elaborated, lower in hierarchical assignment, isolated, unable to enter into subsets and supersets with other construed events, and therefore less likely to be related by associated or transitive propositions with the rest of the individual's conceptual structure (p.92).

Interestingly, no such impairment was found by Sewell *et al.* (1996) for either non-PTSD combat veterans in general, or for PTSD combat veterans when assessing non-traumatic events prior to Vietnam. Analyses of event elaboration and construct elaboration yielded comparable results. Thus the basic proposition of the constructivist model of PTSD described by Sewell *et al.*, (1996) was supported – that PTSD was characterized by an unelaborated construct subsystem.

Development and maintenance of the problem

In proposing constructivist models of PTSD Sewell (1996), Neimeyer and Stewart (1996), Klion and Pfenninger (1996), Sewell *et al.*, (1996) have explored how the victim defines their experience of the traumatic event. Sewell (1996) suggests that individuals make meaning of events by processing them in the context of phenomena previously experienced. They look to their old ways of making sense of the world for an explanation of what they have newly encountered. Such 'old ways,' however, prove both inadequate for the task at hand and problematic as they foreshorten healing and elaborative opportunities for making a helpful sense of an otherwise horrific situation. For Klion and Pfenninger (1996) an understanding of the Kellian concept of *role constriction* is essential to an adequate understanding of the development and maintenance of PTSD, whereby *'individual's enact […] a very limited set of strategies and constructs in understanding the world'* (p.127).

Personal construct psychology provides a number of theoretically grounded accounts as to how we may formulate our unique view of the world and how we may change our minds or revise our view when necessary or appropriate. One such account articulated by Kelly (1970) was that of the experience cycle. The experience cycle is characterized by five stages including that of the *anticipation* of an event, *commitment* to experiment, *encounter* with the event, *confirmation* or *disconfirmation* of the expected outcome and *constructive revision*. The execution of the experience cycle places one in a position to make successively adaptive sense of their environment. Under such circumstances one may imagine new possibilities, check the goodness of fit between anticipation and outcome and maximize opportunities for validation and elaboration of ones construct system.

The openness to new experiences and preparedness to revise ones constructions of self and the world in the light of experience are not characteristics commonly associated with the phenomena of PTSD. Rather, individuals typically experience a range of problematic construing styles severely limiting their range of immediate and anticipated experience (Klion & Pfenninger, 1996). It has been suggested by constructivist clinicians that the earlier in the experience cycle a blockage occurs the more severe the resulting disorder is likely to be (Neimeyer, 1985).

In the points (a) through (g) below Sewell (1996, p.105-6) provides an informative constructivist snapshot of the clinical picture typically encountered when an individual is referred experiencing PTSD. Within this text he begins to lay a foundation for the complexities of cumulative and overlapping symptomology which may lead to the syndrome of PTSD, hinting at the recursive nature of problematic construing. In particular Sewell (1996) describes how the experience of trauma can negatively affect the experiential opportunities of the present and set the scene for further limiting possibilities in the future. Sewell (1996, pp.105-6) suggested that:

a) subsequent to encountering the traumatic event the person fails to see the likenesses and differences to other construed events.
b) thereby they fail to create over-arching constructs which allow the trauma to be seen within the context of other experiences.
c) because such overarching (elaborated) construction is necessary in order to construe 'graduations' of outcome, the person is left with 'black and white' (polarised) anticipation rather than 'shades of grey'.
d) what is left for anticipating similar trauma-related events in the future is primarily the isolated low-level (bottom class) constructs. They are not efficient except for predicting extremity of event outcome. These isolated construct classes cannot enter into transitive or associative relationships with the rest of the individual's conceptual system.
e) as for the total conceptual structure of the person, the lacunae from these isolated trauma-related construct classes preclude a global overview. Therefore, the probability is increased that fragmentation or gaps in retrieval of personal experience will occur (i.e., psychogenic amnesia).
f) with the increasing failure to predict outcomes other than profound terror and

uncertainty, the person's core identity constructs become loosened (therefore producing depersonalization and derealization experiences).

g) because extreme negative anticipation begins to occur with even the mildest of threatening events, a blocking out of awareness (i.e., numbing) and a flight from the terror then evolves in an attempt to gain greater certainty. This tends to remove the individual from a situation that would promote a healing reconstruction.

Thus for Sewell (1996, pp.105-6) points (a) through (g) provide an inventory of cascading events which support the diagnosis of post traumatic stress disorder. The gap between the optimal experience of an individual, as describe by Kelly (1970) in his account of the experience cycle, and that of Sewell's (1996) clients living with PTSD is vast and immediately apparent.

Neimeyer and Stewart (1996) suggest that by failing to elaboratively process the trauma the person's core identity becomes compromised and it is this failure of the premorbid construct system to accommodate this new event which leads to the symptoms such as depression, anxiety, depersonalisation, and disassociation. Neimeyer and Stewart (1996, p.362) have proposed the notion of *the traumatic self* as a means of accounting for the development and maintenance of psychological problems associated with PTSD. When a person experiences a particular event as traumatic, 'in either the normative or idiopathic sense,' Neimeyer and Stewart (1996, p.362) suggest that they may be disposed to adopt a variety of roles which minimise the opportunity for development such as self as *victim*, *injured* or *maimed*.

Neimeyer and Stewart (1996) in exploring narrative accounts of PTSD development and maintenance suggest that such an experience could be conceptualised as being lost in what would usually be an adequately elaborated story. That is to say an 'adequate story' is one which is sufficiently sophisticated to accommodate a range of novel events and / or sufficiently robust to act as a solid platform from which one might build new meaning in the light of new experiences. Neimeyer and Stewart (1996) contend that to date no adequate narrative explanation has been developed to describe how a victim's life stories are altered both during and after traumatic experience. They express dissatisfaction with the narrative accounts which cast the survivor of PTSD as a victim who is suffering from a 'broken' or 'incomplete' story, and suggest such simplistic accounts preclude helpers from attending to the distressed person who has created the narrative or who is struggling to live within a story which is, in the light of present evidence, inadequate and unworkable.

Sewell (1996) has demonstrated empirically that when a traumatic event associated with PTSD is encountered the elaborative process of incorporating this new event in the conceptual structure of the individual does not occur. The traumatic event remains isolated and unprocessed (Neimeyer & Stewart, 1996). Klion and Pfenninger, (1996) have summarized this theme by suggesting that the traumatic self constrains the possible selves otherwise available to the individual in negotiating their world. In particular; as long as the traumatic self exists in its original form, the cognitive, perceptual, and emotional processes invoked during its creation place limits on psychological processes available to the premorbid selves.

Rather than the traumatized person being without a narrative, they are faced with a traumatic narrative that, by definition, is very different from the primary, co-ordinating life story. The trauma survivor no longer understand themselves as a *parent, office worker, friend*, or *lover*, but instead as *injured, maimed*, a *victim – incomplete and damaged*. Neimeyer and Stewart (1996) suggest that the traumatic narrative is 'written' using very different symbols and languages from the premorbid, primary life text. It is, for Neimeyer and Stewart (1996), the existence of disparate narratives and process limitations associated with them which may comprise secondary and ongoing trauma. Thus the person facing once familiar roles with constrained narratives is only something of their former self, accounting for the phenomena reported by Neimeyer and Stewart (1996) where the person feels like they have left something of themselves behind in the wake of the trauma.

Constructivist treatment: *Elaborated recovery*

Constructivist accounts of the treatment of PTSD have ranged from the articulation of broad aims to the identification of detailed guidelines. These approaches share in common an emphasis on *elaboration* and *integration*.

Constructivist therapists and practitioners are conscious that the factors which predict the onset of a PTS response are not the same variables which predict recovery (Sewell, 1996) . In fact Sewell (1996) has demonstrated empirically that exposure variables such as past PTS response, available social support, premorbid symptom pattern, or even post-incident symptom pattern variables are not significantly related to recovery within the first three months after an incident. Typically persons experiencing PTSD demonstrate a propensity to use low level, unelaborated methods to construe traumatic experiences and as a consequence such problematic strategies for construing the world become the target of constructivist interventions.

Essentially, recovering from a psychological trauma like that associated with PTSD, involves bringing the trauma experience within the range of convenience of one's construct system (Sewell, 1996). This means assisting the individual to understand trauma events by applying pre-existing constructs or developing new constructs with which they may understand the trauma and other events within their life. Recovery may be conceptualized as the adaptation of more and more of one's conceptual repertoire, newly developed or existent, to the events and experiential concomitants of trauma (Sewell, 1996) and is likely to involve the integration of the isolated construct subsystem into the entire construct system (Sewell, *et al.*, 1996).

Neimeyer and Stewart (1996) suggest that narrative approaches to treatment are multimodal and multiphasic. During the active phases of treatment, psychotherapy optimally occurs on at least two general levels. Firstly this will involve intense emotional exploration of the sequence of traumatic events and of their impact on the victim's life i.e., exploration and expression of the *traumatic self*; secondly, treatment will involve more reflective and integrative work. For example, the therapist might facilitate therapeutic experiences where the individual moves in and out of their experience of trauma with the aim of weaving together increasingly less disparate identities (Neimeyer & Stewart, 1996). In particular; Neimeyer and Stewart (1996) report the utility of techniques such as character sketches, values clarification exercises, and the use of drawings which aim to assist the co-participant in therapy form a more coherent sense of self across a variety of contexts.

Neimeyer and Stewart (1996) describe as a 'hallmark' of constructivist narrative therapy its concern with not only palliative goals (i.e. the reduction of distress), and restorative goals (i.e., recapturing premorbid levels of functioning), but also elaborative goals where the individual is assisted in growth through and beyond the limitations of the temporary *traumatic self*.

In the context of a process study Ronen (1996) articulated a cognitive-constructivist model for treating traumatised children. This model was comprised of three Aims and five Phases which together provide the foundation for an individually sensitive three-dimensional model of therapeutic helping.

Across the top of Figure 1, there can be seen Ronen's three aims of intervening; 'targeting immediate experience of trauma', 'changing unhelpful meanings' and 'future orientation'. The westerly, or left, axis of the three dimensional representation depicts the five phases of intervention, these being; 'changing negative perceptions', 'response analysis', 'increased sensitivity to internal events', 'empowerment through exercises and change methods', and 'eliminating traumatised reactions' (Ronen, 1996, pp.148-151). Each aim and phase interacts in this model to produce an implication for intervention, summarised on the forward facing plane of the three dimensional representation. In Ronen's (1996, p.154) words:

> The proposed treatment model aims to help children accept the trauma as part of life, to understand, re-construct, and be aware of it, and to use their positive skills and efforts in order to go on with life. The main aim, therefore, is not to overcome but to live with the trauma.

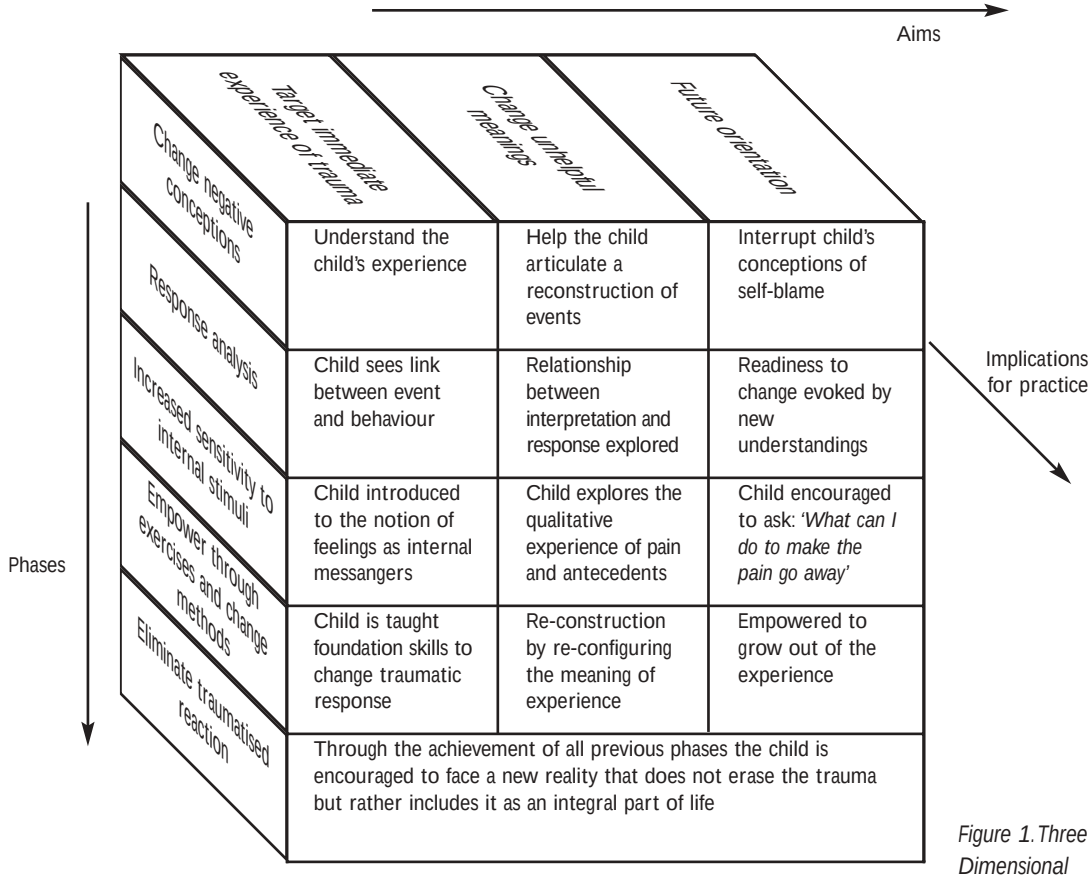

Figure 1. Three Dimensional representation of Ronen's Constructivist Therapy with child survivors of PTSD.

Klion and Pfenninger (1996, pp.132-136), who in their conceptualization of PTSD emphasize the Kellian notion of role constriction, outline a three phase model of intervention which they have employed in their work with Vietnam combat veterans.

Phase 1 interventions are concentrated on the development of a therapeutic alliance, characterised by a respectful, collaborative relationship. Klion and Pfenninger (1996) suggest that issues of trust are central to this alliance and may be a major hurdle since they are encountered initially and again cyclically as new material is revealed. During this phase the therapist will begin to elaborate the client's complaint and come to understand their current difficulties. Those authors see this phase as consistent with Kelly's (1955) directive that a formulation of a seemingly distinct psychological phenomena should take into account how the current problems, however peculiar, relate to the broader personality system and therefore seek to understand the overall 'conceptual framework within which the symptoms arose and within which they are currently sustained' (Kelly 1955, p.976).

Phase 2 of the Klion and Pfenninger (1996) intervention scheme involves the interweaving of the past, present, and future. The goal of this aspect of treatment is described as aiming 'to help the client develop a deeper contextual understanding of the problems' (Klion & Pfenninger, 1996, p.133). In the case of the post-war veteran they suggest that much of the content of this phase concentrates on events which occurred in Vietnam. At this point, suggest Klion and Pfenninger (1996), a stance commonly associated with Rogerian interventional style is called for, where the therapist stays close to the 'content expressed by the client' (p.134). It is noted, however, by Klion and Pfenninger (1996), that during this phase of the intervention the therapist should be vigilant for opportunities for 'relativizing and normalizing behaviour by building a longitudinal interpretative context' (p.134). They cite an example of such an intervention as that where the therapist might say; 'You were only 18 at the time of those terrible events,

what a vulnerable age.' Such interventions are described by Kelly (1955) as palliative, and designed to contain anxiety in the short term. Klion and Pfenninger (1996) further cite the use of prediction, another of the techniques classified by Kelly (1955) as of utility in anxiety management in relation to symptomatic intensification's and clinical setbacks which are common occurrences in therapeutic work of this nature.

Klion and Pfenninger (1996) see effective modulation of the individuals experience of anxiety, at a level which is both productive and manageable, as essential to the helping process. 'Poorly controlled elaborations tend to reinforce a cycle of oscillation between affective avoidance and affective over-involvement and prevent the development of a more comprehensive elaboration of traumatic events' (Klion & Pfenninger, 1996, p.134).

Phase 3 of the Klion and Pfenninger (1996, p.135) interventional scheme is described as; *Active Role Reconstruction*, and involves the development of a longitudinal interpretative context, which accounts for how the client got to be the way they are and how and where they may want to go. Work at this stage typically involves both symptom management techniques and interventions aimed at role elaboration.

Klion and Pfenninger (1996) acknowledge the importance of sensitivity and describe the therapist's role as one of walking a tyre-rope. Those authors explain that care must be taken when communicating to the client that change was as possible as their willingness to reconstrue. The implication of such a position is that the client has lived a post-traumatic life which need not have been lived in that way. The rudiments of such therapeutic work are captured in the words of Klion and Pfenninger (1996, p.135), when they were reported as saying to one client;

> You have described yourself as being an angry and alienated man over the past 25 years. What might it be like to give this up? What might it be like to change this somewhat? Is there some other way you might like to be? (p.135)

Thus throughout this process, attention is focused upon role dilation, that is, a broadening of the perceptual field and an increase in differentiation. This change can be understood as a reorganization at a comprehensive level and may be characterised by the generation of alternative life patterns.

The hostility often present in role constriction can be formidable, but it is important to encourage the client at least to start thinking about alternatives and begin the process of dilation and exploring other roles. As well as being soldiers, these men also have the potential to be parents, spouses, neighbours, and citizens (Klion & Pfenninger, 1996,p.136).

In their clinical work with trauma both Klion and Pfenninger (1996) and Ronen (1996) articulate parallels with methods usually associated with contemporary behavioural and cognitive paradigms. Specifically, Klion and Pfenninger (1996) suggest that their work in this phase has much in common with the graded behavioural exposure, often used in cognitive-behavioural therapies when working with problems associated with avoided stimuli.

Klion and Pfenninger (1996) see as essential to recovery their clients' work toward developing other ways of relating to self and others. Clients may be encouraged to enact roles previously inconsistent with a 'Vietnam Vet' such as assisting as a local football coach or perhaps helping out in a charity shop. Behavioural experiments like these are intended, very slowly, to begin the process of role elaboration without the client becoming overwhelmed. In such cases the therapist assists the client enact roles which are inconsistent with their post-trauma self. Personal construct theory predicts that although these new roles may have many positive implications they are likely to be experienced by the client as threatening. The therapist's job therefore becomes one of anxiety management at this critical period of positive reconstruction.

Conclusion

Accounts of constructivist work with individuals living in the wake of trauma are both hopeful and inspiring. Although articulated in relation to Ronen's (1996, p.154) work with children, her sentiments are of equal applicability to adults living with the diagnostic label of PTSD:

> If children are encouraged to give another meaning to a traumatic life event, to look at

it, to understand it, and to process it differently, then they might better develop their ability to go on with life rather than allowing the trauma to devastate them. The traumatic event can thus even generate growth and maturation (p.154).

A number of distinct themes have emerged from the reviewed personal construct studies of trauma. Personal construct formulations of PTSD are intentionally divorced from nomothetic assumptions about the impact of events on people. PCP assumes that individuals make a unique sense of their world and will therefore be uniquely affected by events (Kelly, 1955).

For persons living with PTSD, trauma produces isolated and unelaborated construct classes which cannot enter into transitive or associated relationships with the rest of the individual's conceptual system (Sewell, *et al.*, 1996). The major consequence of this lack of integration is the phenomena of role constriction and may be observed through the trauma sufferers enactment of a very limited range of constructs used to make sense of self and the world (Klion & Pfenninger, 1996). Of the trauma constructs used to make sense of self and the world, they may be characterised by a propensity for slot-movement or rapid shifts from one construct pole to the other, accounting for the common experience of mood swings (Sewell, *et al.*, 1996).

Within the PCP framework clinical assessment involves a range of innovative techniques such as the Biographical Grid (Neimeyer, 1985) and the Life Events Repertory Grid (Sewell, *et al.*, 1996), which in the hands of the skilful practitioner have been demonstrated as being of both diagnostic and therapeutic benefit. Treatment and recovery are characterised by the careful management of anxiety with the aim of elaborating the trauma sufferers role and the integration of trauma constructs into the entire conceptual system (Sewell *et al.*, 1996).

Through reference to the role of diagnosis in PCP, a brief review of assessment procedures, the provision of guidelines for intervention and attention to relevant process and outcome studies we hope to have provided an encouraging account of the scope for counselling psychologists to enact constructivist formulations and approaches to the of treatment of PTSD.

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Human sexuality and existential-phenomenological inquiry

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WHILE it may be odd for us to think so, scholarly evidence is overwhelmingly in favour of the assumption that, rather than *suppress* sexuality, our Victorian ancestors *invented* sexuality as we have come to think of it today. Just as, equally, it remains the case that they created those apparently irresolvable issues and dilemmas that persist in troubling us, their descendants, primarily via their explicit attempts to 'normalise' sexuality by pronouncing upon what were and were not its appropriate expressions and practices (Foucault, 1979, 1985, 1986; Weeks, 1985).

Indeed, a new science was invented – *sexology* – whose experts (almost exclusively male medical doctors) approached the study of human sexuality via the examination of diseases, illnesses and cures associated with sexual behaviour as well as with the distinction of normal and abnormal sexual practices, desires, thoughts and cravings. When such 'diseases' did not seem plentiful enough, new ones could always be invented (eg. *spermatorrhoea* – the 'disease' of spontaneous nocturnal emissions) (Laws Milton, 1887; Heath, 1992).

The early sexologists took their principal arena of investigation to be the medico-forensic study of abnormal sexuality. In this way, they claimed, through the delineation of the unnatural and pathological practices of sexuality, they would be able to discern that which was 'natural' sexual behaviour (Sulloway, 1979). Further, it should be noted that all sexological accounts assumed that the basis of sexuality lay in *biology* and ascribed a direct and seemingly unquestionable line of connection between reproduction and sexuality. Lastly, the Victorian sexual revolution proposed an indissoluble link between sexual preferences and practices and the psychological issues of personality and identity such that deviant and perverse sexual practices were distinguished as aspects of, or causal antecedents to, 'sick' or 'perverted minds' or identities.

While it is the case that psycho-analytic views on human sexuality continue to dominate a good deal of current thought and analysis, it is vital to note that these self-same views *exemplify* those Victorian biases and assumptions singled out above such that psycho-analysis emerges as their longest lasting proponent. Indeed, Sigmund Freud, while arguably among the more liberal of his sexological peers, nevertheless emerges as the Victorian sexologist *par excellence* since he placed sexuality firmly within the domain of biology, viewed the so-called 'sexual perversions' as deviations from either the 'natural' sexual object or the 'natural' sexual aim, and, through his constantly revised hypotheses concerning psycho-sexual development, proposed an indissoluble link between the 'blocks' or

'arrests' that such might confront and the development of personality and character.

It is these three crucial assumptions: the link between sexuality and biology (and reproduction in particular), the contrast between 'normal' and 'perverted' sexual practices, and the connection between sexual expression and identity, to which serious attention and reconsidertion is required. The aim of this paper will be to suggest that each of these assumptions is significantly challenged by existential-phenomenological theory and that, via this challenge, a novel means to examine and understand the sexual concerns that our clients bring to counselling psychology, or which we ourselves may be experiencing, can be initiated.

With this aim in mind, the first of these assumptions, that human sexuality must be placed within the context of biology in general, and human reproduction in particular, requires some reconsideration.

With regard to human sexuality, it is evident that, unlike virtually every other creature, our desire to engage in sexual activities is not solely, nor primarily, dictated by biological 'cycles' linked to the reproduction of the species. We do not engage in sexual relations with the principal aim that such will lead to the birth of our offspring. Rather, in opposite fashion, our most common sexual activities seek to ensure that just such an outcome is avoided. But more than this, a phenomenological analysis focused upon the human *experience* of sexual relations would likely reveal both obvious and significant experiential differences between the engagement in sexual relations whose purpose is to allow the possibility of reproduction to occur and those wherein procreation is anything but the principal intent. Put bluntly, the desire to 'make love' and the desire to 'make babies' is not the same, and while there may be a biological imperative with regard to the latter, it is questionable that such an imperative fuels the former.

The person who has highlighted this distinction most clearly is the French phenomenologist, Maurice Merleau-Ponty. In his illuminating discussion on the body, Merleau-Ponty has argued that the body is not a 'thing' among other 'things' to which one's consciousness is somehow affiliated. Rather, our body is 'the vehicle of being-in-the-world and a basic form of the appearance (manifestation) of the world itself' (Kovacs, 1993: p.210). For Merleau-Ponty, the body is the configuration through which all of our existential projects are realised (Merleau-Ponty, 1962). That is to say, our body is the mode by which we project our being onto the world. The body expresses our unique dialogue with the world – it is the very expression of our existence, of our creative presence, through which that which 'I idealize' becomes that which 'I can'.

> Thanks to my body, the abstract (ideal) plan of action....which is, at least in theory, realizable....becomes irrevocably mine (Kovacs, 1993: 210).

Merleau-Ponty stresses the intersubjective quality of *incarnational consciousness* such that each of us interprets the world through our body and, in parallel, interprets our body through the world. In summarizing this view, George Kovacs notes:

> The body is not just a means or a secondary instrument of human existence in the world, but the very expression of existence… My body expresses my existence in all its facticity and aliveness. For instance, by shaking hands my entire body (not only my hand) expresses (on many levels) the type of welcome (hesitant, happy, fearful, nauseating) my presence (existence) grants to the appearance of another human being… (Kovacs, 1993: 211).

This last point provides us with the necessary indication as to Merleau-Ponty's existential-phenomenological analysis of human sexuality. Sexual encounters provide us with a pivotal means with which to express our presence to 'the other' and, in turn, to express the presence of 'the other' to ourselves. Merleau-Ponty is not interested in the issues of male or female sexuality, sexual orientation, or the socio-political dimensions of sexuality. His is an investigation aimed toward the clarification of 'sexuality as it is revealed in its intentional dimensions' (Merleau-Ponty, 1962).

For Merleau-Ponty, the importance of sexuality lies in its ability to 'awaken' each of us to our relational being. '[I]n sexual living the person projects (therefore reveals) his mode of being-towards-the-world, other

persons, and time' (Kovacs, 1993: 213). His stance presents us with a conception of sexuality that expresses a world-view in its totality – and not just a limited expression of 'genitality'.

This argument presents us with a view of sexuality that undermines all assumptions regarding its links to any biological imperatives derived from reproductive drives. Instead, it places sexuality firmly within the arena of *inter-relational being* and posits that it is a sublime expression of each being's active desire to establish, and engage with, a relational presence between self and other. How we are, sexually, and what we enact sexually, therefore become statements not of reproductive drive but of our willingness, hesitation, delight and anxiety to explore the 'being-with' of self and other.

The implications of this view for applied counselling psychology are, I think, obvious and significant. For they provide a *relational dimension* to the fears and concerns regarding our clients' sexual encounters through which each expresses who and how he or she is willing to be with self and other. As an example of this, consider how such a stance is likely to provide new realms of meaning to such experiences as that of the adult sexual abuse of children or of the self-directed guilt invoked by victims of rape.

Just as obviously, it allows a break from a number of persistent psycho-analytically instigated dilemmas. First and foremost, this stance removes the need to explain all the varied manifestations of sexuality in a fashion that must ultimately reduce them to their bio-reproductive origins.

A simplistic analogy should clarify this point. According to the ideas being proposed, there would be a significant divergence of both meaning and intent when contrasting the experience of eating in order to provide physical nourishment and eating with friends in a restaurant. While both situations may, in some instances, allow both physical and relational nourishment, it is evident that both may also be kept separate. My body may not require any intake of food and drink in the latter situation, but such activities may be vital components of my ability and willingness to be with others in ways that are mutually relationally satisfying. In similar fashion, no amount of solitary intake of food and drink will satisfy my experienced 'emptiness', or sense of 'unfulfillment' in my intersubjective relations. Once again, such views may be of value to our understanding and treatment of various 'eating disorders'.

In similar fashion, one's sexual relations – or lack of them – need not be understood as being primarily bio-reproductively driven, but, more pertinently, as expressions (however limited or unsatisfactory) of one's desire to disclose his or her presence to another and, in turn, to experience the disclosing presence of the other.

Secondly, this view removes the psycho-analytic necessity of treating all other forms of engagement with the world as *displaced, sublimated or symbolic* expressions of libidinal drive. Rather, each relational enactment – be it in the form of friendship, care for another, social engagement, creative activity, or whatever – need not be seen as a displaced, sublimated or symbolic attempt to engage in sexual relations but as a *direct* instance of a human desire desire to be present, and in the presence of, another – no matter how limited, limiting or anxiety-expressing that enactment may be.

In general, this perspective removes the psycho-analytic requirement to *reduce* sexual, social, and private activities to some assumed bio-reproductive impulse and, instead, allows the 'meanings' in each act of disclosure to stand revealed *as they are presented to us.*

With this alternative perspective in mind, it now becomes possible to begin to reconsider the second area of enquiry: the contrast of 'natural' to 'unnatural', 'normal' to 'perverse', forms of sexual relations.

Once again, it is important to recall that psycho-analytic theory both embraces and demands such distinctions since they are necessary to that model's insistence upon reducing all such either to their bio-reproductive drive origins, or to primitive intrapsychic object relations.

Of the very few existential-phenomenological authors who have tackled this subject, it is Medard Boss who has had the most to say on the matter. His view, however, is both illuminating and troubling. For, while Boss presents a lucid argument that seeks to demonstrate 'that even in the most

grotesque sadistic practices the individual is attempting to actualize a "loving mode of being"' (Moss, 1978: 308), such that perversions can be 'understood as desperate attempts to contact another human being in the face of "insurmountable worldly barriers" which [prevent] complete and fulfilled love relationships' (Moss, 1978: 308), nevertheless, he persists in maintaining a, sometimes implicit, sometimes explicit, pathologizing attitude that can only be ultimately understandable when contextualized within a bio-reproductive framework (Boss, 1949). In this, by his own admission, Boss is 'more truly' Freudian than Freud and his followers.

However, this stance is riddled with contradictions that derive from the very use of a term such as 'perversion'. For, if we maintain the perspective inspired by Merleau-Ponty, and at least in part advocated by Boss himself, then we are forced to ask: 'just what constitutes a sexual "perversion"'? If we can no longer rely upon biology to guide our thinking as to what may be 'normal' or 'abnormal', 'natural' or 'unnatural' sexual expression, then we have no universally valid basis with which to make our pronouncements. Instead, all that we have available to us is something far more tenuous, and far more revealing of our individual and socio-cultural biases and assumptions.

A, hopefully amusing, lived example should clarify this line of argument:

> I am lying in bed, my bare back turned away from my wife. I experience a sensation that I interpret as that of my wife licking the space between my shoulders. Remaining in my position, I say to her that I am enjoying these sensations and would wish them to continue. In response, my wife replies that, if so, I should then be thanking our cat, Siggy, since it is he who is doing the licking. I immediately jump up, suddenly disturbed, and emit a loud 'Euchh!' that expresses not only my sudden displeasure but also an implicit assumption that it is somehow 'perverse' of me to allow myself to be 'turned on' by a cat. My wife laughs, informs me that she was joking, and that it has been she all along who had been licking my back. Immediately, the seeming 'perversity' of the experience and its accompanying sense of displeasure, dissipates and I allow myself to re-interpret the experience as both enjoyable and acceptable.

What is evident here is that the same stimulus provoked radically differing reactions. As such, it was not the act itself, but my *interpretations* regarding the act – such as who was administering it and what I allowed as 'proper' instances of arousal – that were the decisive factors.

Such instances make it evident that our experience of, and ability to, designate the perverse is no straightforward matter and, rather than point us toward biology directs us squarely to the much more relative realm of personal and socio-cultural biases.

If it is a verity that all cultures designate what is both a natural and a perverse expression of sexuality, it is equally true that wide areas of disagreement exist with regard to all conceivable activities.

If we consider this general argument from the standpoint of our current socio-cultural perspective, we can also note that what that *same* culture views as perverse at one point in time can, and does, alter at another. For example, only some thirty years ago, most North Americans viewed all oral-genital acts between consenting adults to be perverse, to the extent that, in some States, individuals caught engaging in such activities were imprisoned. Today, these same acts, at least insofar as they are between heterosexual partners, are taken to be both acceptable and desirable. In similar fashion, fifty years ago, in this country, young unmarried women who engaged in sexual relations with several male partners were, if discovered, labelled 'mad' and subsequently incarcerated and, to put it bluntly, tortured by their psychiatrists via the use of electro-convulsive therapy and lobotomy (or leucotomy). Once again, the basis for such decisions was derived from highly dubious biological theories.

If we have 'progressed' in our attitudes, such 'progressions' reveal only that we have re-interpreted in a more open and accepting fashion that which we label as 'normal' and 'perverse". However, we must remain cautious in our positive evaluations of ourselves. Sometimes, that which appears to

be 'progressive' also serves to maintain suppressive attitudes. And, in any case, when it comes to our views on how 'progressive' we are, our continuing dominant attitudes towards any form of homosexual relations should serve to remind us of how suppressive our attitudes remain.

Homosexual relations stand out, for most members of our culture, as the primary expression of the pathological and the perverse. But, here, too, note that such labels only make sense, and can only retain their emotive and explanatory power, when placed within the context of bio-reproductive assumptions regarding human sexuality. Once again, such activities can only be labelled as 'unnatural' if contextualized within reductive assumptions of 'reproductively-directed sexual impulses that have gone awry'. Once this assumption is questioned, and dismissed as being inadequate, what we are left with is the obvious: that rather than express some form of pathology, be it the result of bio-chemistry, genetics or, as Freud wrote in his now-famous letter to the worried mother who suspected her son of being a homosexual, 'a variation of a sexual function produced by a certain arrest of sexual development' (Freud, 1961: 277), homosexual relations express the very *same* intersubjective desires to be with others as can be ascertained in all other sexual manifestations. That such may be the chosen means by which an individual both expresses and avoids intersubjective anxieties, that such may both allow and prevent particular forms of self / other dialogue, that they may be dependent upon interpretational distinctions as to what form of dialogue is acceptable or desirable with reference to particular categories of 'others', reveals nothing that is not similarly revealed in any other form of sexual relation, such that to distinguish this particular means of disclosure as inherently different, unique, problematic or perverse has no basis – other than at the level of an interpretative bias that must be challenged rather than condoned.

However, any such attempted challenge reveals significant problems. Perhaps the most trenchant among these emerges with the recognition that an increasingly significant proportion of men and women who have been labelled, and who label themselves, as homosexual have come to accept and promulgate those 'biologically essentialist' views that single them out as different, unique, problematic and, indeed, perverse.

The search for a broadly biological basis for homosexuality has, if anything, increased since the days of the pioneer sexologists. Neuro-endocrinal explanations (Dorner, 1976), have given way to hypothalamic and morphological solutions (Le Vay, 1996) and, even more recently, to genetic factors found in the Xq28 region of the X chromosome (Hamer, 1994). Needless to say, all such findings raise more problems than offer solutions. Not least among these being that the great majority of evidence in favour of these explanations is based upon studies of exclusively male subjects – and, as such, offers little of explanatory value regarding the basis for female homosexuality.

The acceptance of the conclusions espoused by these studies raises deeply disturbing questions. For, while they may seem to provide the means by which an individual is no longer held accountable or responsible for being the way he or she is sexually, since such is the result of a biologically-derived anomaly and, in being so viewed, allows some gains regarding matters of employment, personal insurance, and the like, nevertheless the price of accepting such is nothing less than the admission of an inherent deficiency and abnormality in one's very being. Perhaps, the continual heterosexually-inspired oppression of, and antagonism toward, those labelled homosexual may have served to make such separatist options seem substantially preferable to previous alternatives. Certainly, similar stances have been adopted by sizable numbers of other harassed and persecuted groups. Acknowledging this, nevertheless due caution seems appropriate – not least because such conclusions serve both to validate and to maintain the employment of labels such as 'abnormal' and 'perverse'.

Is there an alternative perpsective? There is, indeed; and, as must be acknowledged, its basis lies in a decidedly Freudian pronouncement. In a footnote to the 1915 edition of *Three Essays on the Theory of*

Sexuality (Freud, 1977), Freud posited that 'from the point of view of psychoanalysis the exclusive sexual interest felt by men for women is also a problem that needs elucidating…' (Freud, 1977: 56-7). In other words, in response to the question 'Why homosexuality?' Freud asks, quite correctly, 'Why *exclusive* heterosexuality?' The word 'exclusive' demands its emphasis since this implicit qualification is of central importance to Freud's argument, even if it has passed by most other commentators. Freud could not truly ask, more simply, 'Why heterosexuality?' since this query would dismantle the whole of his bio-reproductive model of sexuality. All he could query was 'Why not, sometimes, both?' The limitations of his own model could not allow him to ask the more pertinent, and revolutionary question.

However, there is nothing to stop contemporary researchers from asking this very question as openly as possible. And, in so doing, the focus of enquiry shifts to the last of the major concerns stated at the beginning of this paper: the relation between sexuality and identity.

As an starting point to this discussion, a quote by Michel Foucault that is worth repeating:

> Homosexuality appeared as one of the forms of sexuality when it was transposed from the practice of sodomy onto a kind of interior androgyny, a hermaphrodism of the soul. The sodomite had been a temporary aberration; the homosexual was now a species (Foucault, 1979: 43).

Considered more generally, Foucault's observation serves as reminder that the behaviour under question has existed in all societies since the dawn of our species. What is new is that the activity has become an identificatory label to apply to those who practice it.

Such a development allows a crucial internalization to occur. Now, all of us are able to identify ourselves either as 'beings who are – or are not – the activity'. In other words, what we do, or do not do, has become who we are, or are not.

A number of critics of this assumption as applied to the label of 'homosexual' have raised serious concerns about its implications. Both the sexologist, Alfred Kinsey (Kinsey *et al*, 1948), and the novelist and essayist, Gore Vidal (1965) have argued that the word 'homosexual' should only be used as an adjective to describe sexual activity and not as a noun to describe and identify a particular type of being. In this, they echo Foucault's warning that the Western compulsion to categorize sexual acts leads inevitably to the construction of sexual categories of identity. Foucault suggests that the way in which we structure our thoughts, changes the thoughts themselves. As an extension of this view, it can be argued that the way we structure our being, imposes limits that force us to both sediment and dissociate various experiences of being-in-the-world.

It is vital to note, that just as such consequences are applicable to the correlation of homosexual acts with the construction of a 'homosexual identity', so, too, is it the case that the correlation of heterosexual acts (or, indeed, *any* sexual act) with the construction of a 'heterosexual identity' (or a 'sexual identity' in general) imposes significant sedimentations and dissociations regarding our experience of relational being.

Once again, it becomes apparent that it is not the activities in themselves but, rather, the particular personal and socio-cultural *meanings* associated with them that are of importance to the current debate on human sexuality.

The tendency to identify our 'selves' with our sexual orientations appears to be a 'given' of contemporary Western society. But it must also be recognized that this is a relatively recent development that still remains open to our reconsideration and re-evaluation.

Terms such as 'homosexual' and 'heterosexual' serve as instruments of self-definition. Indeed, with regard to these particular terms, it is evident that each requires the other in order to provide itself with any substantial meaning. It is equally apparent that such labels as 'straight', 'gay', or 'queer' now extend far beyond the specific confines of sexual preferences in that they allude to, or are identified by many, as compacted statements regarding socio-political attitudes and affiliations, economic classifications, and personal and group empowerment.

But, it must be asked, just how valid are these demarcations of identity?

On reflection, I would suggest, they enforce an insidious form of separationist stereotyping that has little basis in the lived reality and identity of most of us. The label of 'heterosexual' or 'homosexual', while alluding to some unified meaning, instead reveals the opposite in that both retain a wide range of differing and competing meanings. One might label oneself as 'heterosexual' or 'homosexual' in order to reflect, or make sense of, a persistent longing for an absent parent. Someone else may identify with such labels in order to express his or her comfort or discomfort with traditional gender roles. Yet another may adopt such labels so as to express a stance of personal and social rebellion or compliance. And for yet another, these labels are meant to express his or her preferred, or most personally satisfactory, means of achieving sexual pleasure and comfort.

In line with this, the not uncommon phenomenon whereby an individual who, in reassessing his or her interpretative stance toward any or all of these variables, in turn re-defines himself or herself as being either heterosexual or homosexual appears to express succinctly the very point under discussion. The plasticity of such re-definitions, whatever their sexual direction, reveals that, far from being 'fixed' in biology, our sexual identities rely far more upon constructivist variables.

It is equally important to recognize that the adoption of either term does not imply that one's sexual relations need remain exclusively associated with the same or opposite gender. Research evidence remains consistent in its conclusion that significant numbers of heterosexuals and homosexuals engage in pleasurable and meaningful sexual activities with members of the same and opposite gender. Just as, in similar fashion, the same research points out that not all those who identify with either label wish to suggest that they engage in *any* form of sexual relations with the same or opposite gender.

All of the above points raise significant concerns. If, as has been argued, the association of sexual stances with personal identity remains problematic, not least because of the inconsistencies and limitations that this link imposes, what allows this view to persist? Kenneth Plummer provides a concise and valid explanation: 'With all these categorisations comes the paradox: they control, restrict and inhibit whilst simultaneously providing comfort, security and assurances' (Plummer, 1981: 29).

Here, then, lies the crux of this particular issue. Just as, in general, the formation of a self-construct provokes the necessity to adopt dual dispositions that both serve to *sediment* the accepted or 'owned' construct beliefs and values and to 'disown' or *dissociate* those experiences that contradict or seek to de-sediment that construct (Spinelli, 1994), so, too, is it the case in the specific instance of the association of sexual attitudes and behaviours with sexual identity. If the cost of such is the imposition of a fixedness in intersubjective meaning, its value lies precisely in the *identificatory security* (however limiting and problematic) that this same fixedness provides. As Richard Isay has asserted with regard to the development of male homosexual identities:

> In our society where male and female roles and behaviour are rigidly defined at all developmental levels, conformity is prized and atypicality is viewed with scorn and usually rewarded with humiliation and derision. Homosexual youngsters of 4, 5 and 6 particularly those who show any variance from what is considered typically male, develop a sense that they are outsiders. This early self-perception may lead in later childhood to secretiveness and isolation. Such behaviour in turn frequently affects the response of peers and may result in further social isolation and unhappiness (Isay, 1989: 30).

Surely, his remarks (while, admittedly somewhat over-generalized) can be, broadly speaking, as equally pertinent to assumptions regarding the adoption of a female homosexual identity or of a male or female heterosexual identity.

Even so, Isay's statement contains an implicit psycho-analytic assumption based upon a view of linear causality that is, at best, questionable (Spinelli, 1994). As such, an existential-phenomenological attitude would re-interpret certain aspects of his assertion.

In their text *Reason and Violence*, R D Laing and David Cooper suggest that homosexuality is an 'outcome… invented by a child at a critical moment' (Laing & Cooper, 1964: p.79). Once again, the statement is equally applicable to heterosexuality. But the crucial word in this quote is 'invented'. In this, Laing and Cooper hint at an existential-phenomenological view of the past that subverts psycho-analytic analyses. This latter view argues that 'the past' as evoked at any moment in time, cannot be isolated from the evoking being's current (or present) meaning constructs, as well as that being's future-directed intentions. With this shift in perspective, the past can be seen to be not the causal determinant of our current self-construct, but, rather, as a highly selective interpretative construct designed to validate, or to provide evidence for, a being's *current* sedimented self-construct. In other words, the past that we recall allows us to maintain the self we believe we are, or must be, through the very 'invention' or construction of 'critical moments' that have 'made us the way we are'.

Within the specific confines of human sexuality, what is being suggested is that, in essence, we identify ourselves as homosexual, heterosexual, or any-kind-of-sexual not because of past circumstances, or biological dictates, but because *it is who we say we are*. And, in saying so, we provide the current self-construct with its meaning and validity. As Jean-Paul Sartre so succinctly put it: 'we are our choices' (Sartre, 1972: p.463).

Existential-phenomenology stands in a unique position with regard to the issue of human sexuality. While its investigative stance demands that we respect the being choices that each of us makes, and asserts that we can do nothing but make choices that sediment the meaning we construct as to our being, nevertheless, this same investigative aim subverts our currently-adopted meaning insofar as it 'opens' it to the consideration of novel meaning possibilities.

With specific regard to the issues and 'discontents' surrounding human sexuality, existential-phenomenological investigation, while respecting those views that associate sexuality with assumptions of biology and identity, must also expose the limitations that such impose upon our intersubjective possibilities. If, as David Smail, among others, has suggested, sex has become a commodity that 'sells' in an extraordinary efficacious manner (Smail, 1987), then existential-phenomenology, in Heideggerian-inspired fashion, must retort that, today, the bio-technologicalization of sex also threatens to kill not only our physical beings, but, just as importantly, that very spirit that opens us to our relational existence.

Towards the conclusion of his book, *Sexuality and its Discontents*, Jeffrey Weeks writes that, in the end, 'we are left with the body and its potentialities for pleasure '(Weeks, 1985: p.244). Existential-phenomenological inquiry requires a re-phrasing of this conclusion: In the end, we are left with the body and its potentialities for *being*.

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Group work in counsellor training

An evaluation

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IN a recent article in *Counselling*, Irving and Williams (1996) usefully raise the question whether or not group work is a necessary part of counsellor training. As part of a wider discussion on the efficacy of this element of counsellor training, they point to the possibility that participants in small group work may be psychologically harmed as a result of participation in the process. There are important issues here for all professionals involved in counsellor training. In our own training programmes within an academic institution, group work is seen as a core component and must be undertaken in order to qualify for the award. Our own evaluations, research, theoretical reviews and many years of personal and professional experience leading small groups, had led us to believe that the advantages and opportunities for learning far outweighed the very small risk to participants of lasting psychological harm as a result of the small group process.

An earlier evaluation of courses that we undertook for teachers, who were involved in pastoral work or counselling in schools, found that participants ascribed more positive learning to the small group work than any other part of the course (Hall, Woodhouse & Wooster, 1988). Group work was also reported to contribute significantly in reported levels of reduced stress (Woodhouse, Hall & Wooster, 1985) Interestingly, even though the small group experience itself was recognized as stressful, there was no evidence of any of the participants being psychologically harmed by the process. However, Irving and Williams (1996) challenged us to review our previous findings and the study we describe here is a result of that review.

We include two forms of small group work in our Master's degree programmes. These programmes, an MEd in Human Relations and an MA in Counselling Studies, include participants who are counsellors, trainee counsellors or those who intend to become counsellors. Both programmes contain a compulsory small group module of ten three-hour sessions spread over ten weeks. This group activity is based on guidelines suggested by Carl Rogers (1969) and Gerard Egan (1970). The group is made up of nine to fourteen participants working with a facilitator. The task of the group is to examine the interpersonal processes which emerge and foregrounds the here and now of interpersonal events to promote learning about the self and others. No formal contract is tabled, although this might emerge informally through group interaction. The facilitator offers no structured exercises nor attempts to conduct individual therapy. S/he clarifies the nature of the role at the outset and contributes in ways which s/he believes to be appropriate to the development of intra and interpersonal learning in the group. This module takes place some nine months into the first year of a two-year part-time course.

An optional one-week intensive Group Dynamics Conference is held annually, based on the model developed at the Tavistock Institute for Human Relations

(Miller, 1990) and draws heavily on the work of Wilfred Bion (1961) and A.K. Rice (1965). The conference programme includes a 'small study group', which looks similar in arrangement to the Rogerian small group – that is a circle of 12-14 participants. However there are significant differences in the task of the group. The role of the consultant in the group dynamics model is to comment on group process and is concerned with individual issues only to the extent that they contribute to the overall group process. The task of the participant is to learn about the nature of authority and the problems encountered in the exercise of that authority in the here and now of a group small enough to have face-to-face contact. The small study group is embedded in an intensive programme which also includes large group and inter-group structures. Approximately half of our master's degree students choose to attend this conference.

As Irving and Williams (1996) point out there are many forms of small group work. The richness of the range is explored in Lieberman, Yalom and Miles' (1973) early evaluation of encounter groups in the USA. The two forms of group work we use as a core experience in counselling training, a Rogerian style small group and the group dynamics approach, maximize the opportunities for the participants to take individual responsibility for learning and avoid thus what might otherwise be experienced as heavily interpretative, manipulative or controlling behaviour on the part of the group facilitator or consultant.

The Lieberman, Yalom and Miles study (1973) remains one of the most extensive evaluations of encounter group work undertaken. Despite academic criticism of the research methodology (Smith, 1975), Lieberman *et al* do appear to provide reasonable evidence that positive gains were reported by many of the participants. Interestingly, they also reported that 'casualties' tended to occur in groups led by highly charismatic individuals, who were highly confrontational in their interpersonal style, unlike Rogerian facilitators or Tavistock group consultants.

An assumption underlying the group work we examine here, is that an important element of the learning process is the disturbance to existing, habitual patterns of perceiving, thinking and feeling, so that new patterns of behaviour might emerge and develop. This disturbance may generate strong reactions and is a similar process to what Bruce Joyce (1984) describes as dynamic disequilibrium. Such disturbance may be a necessary pre-condition for personal growth. We would argue that it may also play an important part in the professional development of counsellors and to some extent mirrors the process of learning which clients undergo within the counselling relationship.

The study

In order to evaluate the outcomes of our own group work, we sent out a questionnaire to 334 former students going back to 1976. Some were returned undelivered and probably many more were lost through change of address. The final number of completed questionnaires was 92. All of these respondents had taken part in a Rogerian small group. Forty-six of these had also attended the optional Group Dynamics Conference.

In relation to their experiences in the Rogerian small group and group dynamics small study group, we asked them:

- to rate the group experience in terms of how valuable they felt it to be as a learning experience;
- whether they thought the experience was psychologically damaging and if they perceived fellow group members as casualties;
- to circle adjectives from a list that most closely described their experience;
- to circle phrases on a list of counselling skills (Sirin, Hall, Hall & Restorick, 1995) which represented areas of behavioural improvement as a result of the experience;
- to write explanations or give practical examples of the rated or circled responses.

Of the 92 respondents, 62 reported using counselling skills as part of their professional work. Twenty-three were employed as full-time counsellors; 45 reported engaging in counselling as part of their professional role; 27 were involved in voluntary counselling and 37 had some kind of training role for counsellors. There was a degree of

overlap, where some respondents fell into more than one of these categories and only two respondents reported having no current connection with counselling.

Findings

The Rogerian small group and the Group Dynamics groups were rated as learning experiences from one (ineffectual) to ten (powerful). The 92 respondents rated the Rogerian group with a mean of 8.1. The most common rating was eight (28), though 23 gave the maximum of ten. In effect, they were rating the group experiences as eight out of ten.

The Group Dynamics group experience was given a mean rating of 8.7. Of the 47 members of the sample who attended this activity, 19 gave a maximum score of ten. The Group Dynamics was being given a score of eight and a half out of ten.

These ratings are high even for course evaluations though most such evaluations are skewed in favour of the course. An individual who invests considerable personal and financial resources in a programme of study may find it difficult then to denigrate it. In order to counter this, we did invite the respondents to provide examples of practical applications from the Rogerian small group to professional settings, collegial relationships and familial or social relationships. They were able to provide a total of 260 examples. In relation to the Group Dynamics group, again the 46 respondents provided a total of 112 applications related to these three categories and a high proportion of these were both concrete and specific.

These practical examples from both types of group experience can be clustered into five superordinate themes:

1. Personal growth:

'I am able to react and interact more appropriately at interpersonal levels.'

'From the Rogerian group came the realisation of the power I hold within myself as a woman and how independent I can be…'

2. Cognitive growth

'A growth in the understanding of the value of active listening, immediacy and encouraging others to take responsibility for their learning and behaviours.'

'This experience has helped me to perceive defensive strategies in others, and to deal with students in a more assertive way.'

3. Increase in behavioural repertoire

'I was able to deal with a very poor working relationship with my manager. I was able to recognize and verbalize my difficulties to him and eventually our relationship improved eg. asking for clarification, summarizing, challenging, being assertive, expressing feelings, recognizing incongruity.'

'I understand myself and can be more authentic, as a result I can stand back in the professional setting and be objective in the process. I can monitor the balance of work more effectively.'

4. Increase in emotional repertoire

'I have learned how anger can arise very unexpectedly and returning this with more anger does not help me personally.'

'Recently I spoke of my anger that arose out of a situation that occurred a year ago. After I finished speaking and departed, I realized that the anger had gone. I had moved on, the past anger could not hold me.'

5. Professional development

'It has helped me to be more confident and assertive when working with travellers. Being honest about what I can and cannot do on their behalf.'

'When providing training to staff groups, ability to recognize the roles of individuals within the groups and how individual behaviour affects the whole group.'

Across these categories, some themes stood out in terms of positive improvements in self-awareness and behaviour. These included gender relations, dealing with authority, understanding roles in the family, working with fear and anger and developing a wide range of interpersonal and helping skills, particularly handling silence. An analysis of the replies suggests that the examples given which related to learning arising out of the experience of the Group Dynamics group were more detailed and concrete than those provided for the Rogerian small group. This phenomenon may be due to the nature of the group experience or the fact that the Group Dynamics Conference was a five-day intensive course,

whereas the Rogerian small group was spread over ten weeks. Chronologically, the Rogerian small group preceded the Group Dynamics event and a small number of respondents reported that there was a discernible progression in the learning from one experience to the other.

The respondents were asked to circle a list of adjectives which best matched their experience of each of the group events. The adjectives were spread across a wide range of possible responses from extremely negative to very enthusiastic, thus 'navel gazing', 'fraudulent' and 'depressing' were included as was 'enlightening', 'fascinating' and 'growthful'.

The ten most frequently circled of the 80 descriptive adjectives for the Rogerian small group were:

challenging (82 per cent)
enlightening (70 per cent)
self-awareness enhancing (68 per cent)
revealing (68 per cent)
anxiety-provoking (64 per cent)
growthful (64 per cent)
disturbing (positively) (64 per cent)
relevant (60 per cent)
confrontational (59 per cent)
long term gain (53 per cent)

Forty-five per cent circled 'short-term stress' and 38 per cent circled 'stressful'. From this present study it is not possible to interrogate the individual interpretation of these terms further. However, the most commonly cited responses appear to suggest it was a positive, if somewhat disturbing, experience in the short term.

The ten most frequently cited adjectives to describe the Group Dynamics were as follows:

challenging (83 per cent)
enlightening (74 per cent)
confrontational (72 per cent)
disturbing positively (70 per cent)
revealing (69 per cent)
self-awareness enhancing (69 per cent)
fascinating (68 per cent)
relevant (64 per cent)
surprising (62 per cent)
long-term gain (57 per cent)

The similarity to the previous list for the Rogerian small group is striking, with eight out of ten of the adjectives matching. Again it was seen as a challenging but positive experience. Forty-nine per cent reported the experience as stressful and 38 per cent circled short-term stress. However, this needs to be set against many of the subsequent qualitative reports indicating that the training made life less stressful in the long-term thus confirming the outcomes of the Woodhouse, Hall and Wooster (1985) research.

The list of counselling skills most commonly cited as being directly enhanced by the experience of the Rogerian small group were:

handling silence (77 per cent)
self-disclosure (73 per cent)
giving and receiving feedback (73 per cent)
listening (69 per cent)
challenging (58 per cent)
accepting sensitive self-disclosure (57 per cent)
expressing negative feelings (57 per cent)
empathy (56 per cent)
expressing positive feelings (56 per cent)
recognizing incongruence in self (53 per cent)

The entire list of 44 skills were circled by at least 10 percent of the sample (exact figure). The improvement of these and many other key counselling skills was attributed to the group experience, suggesting that is was a rich source of practical learning for development of counselling skills.

The top ten skills most commonly cited as being enhanced by the experience of the Group Dynamics experience were:

taking personal authority (67 per cent)
challenging (62 per cent)
understanding nonverbal behaviour (60 per cent)
listening (57 per cent)
handling silence (51 per cent)
conflict resolution (51 per cent)
expressing negative feelings (56 per cent)
tolerance of ambiguity (49 per cent)
being honest (47 per cent)
expressing positive feelings (47 per cent)

There is considerable overlap between the lists of skills most commonly cited for both the Rogerian small group and the Group Dynamics. Challenging, listening, expressing negative feelings and handling silence, appear in both lists. Earlier research

by Hall, Hall and Sirin (1996) identified challenging and expressing feelings as difficult skills for trainee counsellors to develop. Both forms of group experience appear to enhance these counselling and interpersonal skills along with many others.

Psychological damage

Irving and Williams (1996) quite properly raise the issue of participants being potentially damaged by the group work experience. Psychological damage or the process of becoming a casualty are difficult notions to define and even more difficult to attribute to a single life event such as a small group experience. In the Lieberman, Yalom and Miles research (1973) a person who committed suicide between group meetings was not considered a casualty because he was thought to be be at risk irrespective of the group process. We would argue that long-term, enduring psychological distress which propels the individual into maladaptive, or extraordinarily defensive behaviours with or without recourse to professional therapeutic assistance might be one such definition. In this study, questions related to psychological damage and casualties were asked but left to the respondents to define.

The responses to the question, 'Would you describe your experience of the Rogerian small group as psychologically damaging to yourself?' are given in Table 1.

		N	%		*N*	%
In the short term	**Yes**	**11**	**12.4**	**No**	**78**	**87.6**
In the long term	**Yes**	**2**	**2.2**	**No**	**89**	**97.8**

Table 1. Responses to the Question, 'Would You Describe Your Experience of the Rogerian Small Group As Psychologically Damaging to Yourself?'

Only a very small percentage of participants in the Rogerian small group considered themselves to be casualties of the small group process in the long term (2.2 per cent). A larger number said they experienced negative effects in the short term (12 per cent), describing themselves variously as 'uncomfortable', 'confused', 'challenged', 'judged', 'hurt', 'raw' and 'emotionally battered'. These short term effects were mainly ascribed to perceptions of the lack of structure or doubts about the role or skill of the facilitator. Other factors cited were the intensity of the emotional material under discussion, the composition of the group, (for example where this replicated the person's family of origin) and a felt need to face personal shortcomings.

For those who felt they had experienced short term emotional disturbance, the contrasting long term benefits were characteristically stated to be of great personal significance and deeply meaningful:

> there were certain issues that hung on for some time afterwards but I do not now term them psychologically damaging even in the short term, although at the time I felt hurt and it was painful.

The responses to the question, 'Would you describe your experience of the Group Dynamics as psychologically damaging to yourself?' are shown in Table 2.

		N	%		*N*	%
In the short term	**Yes**	**5**	**10.9**	**No**	**41**	**89.1**
In the long term	**Yes**	**1**	**2.2**	**No**	**45**	**97.8**

Table 2. Responses to the Question, 'Would You Describe Your Experience of the Group Dynamics As Psychologically Damaging to Yourself?"

In relation to the Group Dynamics group, 10.9 per cent said they found the experience psychologically damaging in the short term, whilst only one respondent felt that they had been damaged in the long term. It is a cause for concern if even one participant on a course describes themselves as a casualty. However, we believe that these statistics would compare very favourably with those for any other course, vocational or academic.

It is interesting to note the positive links made between the Rogerian small group and the Group Dynamics experience. Two of the respondents indicated that the small group had provided a platform from which they were able to derive benefit from the Group Dynamics. An explicit statement from one respondent indicates the benefits of participating in both group experiences,

> I followed the group dynamics after RSG and issues unpacked or allowed to peep out in the former process carried on into the group dynamics. This was stinging and raw but essential for my personal growth at that time. I don't find the word

'damaging' appropriate for how I felt – to me it hints at destruction and that was not so – I think it was constructive pain and hurt.

Another respondent compared the Group Dynamics experience unfavourably with that of the small group. Interestingly, they considered themself to be a short-term casualty of the Rogerian small group and not in any way damaged by the Group Dynamics group. For this individual, short term distress appeared to contribute to longer term gain. The lack of damage in the Group Dynamics experience was attributed to its intensive nature, in which stress levels rose and fell quickly and there was personal investment in the interpersonal relationships in the group. Others, however, found the intensity of the experience disturbing in the short term. This was illustrated by reports of disturbed sleep, reduced self-esteem and heightened feelings of isolation and lack of support. One respondent explained that she handled the intensity of the learning by spending three hours each evening discussing the day's events with her family.

Such reports need to be taken within the context of 'short term pain, long term gain'. This was particularly vivid in relation to the development of self-awareness. This is clearly illustrated by one respondent:

> I was confronted with myself. I'd described myself as an iconoclast and a revolutionary. I faced the painful realization that I wasn't able to confront perceived authority face-to-face and was in fact quite cowardly and manipulative.

Some of the reports indicate a period of quite powerful dynamic disequilibrium following the Group Dynamics event, but here the long term outcome was seen as positive. Gratitude was a typical response:

> I had disturbed dreams and sleep patterns for weeks, probably a few months … I don't consider I suffered damage – certainly a core self-concept was damaged and I felt vulnerable for some time after (thank goodness!) It was a kind of constructive damage.

The responses to the question: 'Would you perceive others as a casualty of (a) Rogerian small group (b) Group dynamics' are shown in Table 3.

		N	%		*N*	%
R.S.G.	**Yes**	**39**	**45.3**	**No**	**47**	**54.7**
Group Dynamics	**Yes**	**15**	**34.9**	**No**	**28**	**65.1**

Table 3. Responses to the Question, 'Would You Perceive Others As A Casualty of (a) Rogerian Small Group (R.S.G.) (b) Group Dynamics?"

Whilst very few participants indeed considered themselves to be damaged in the long term by either Rogerian or Group Dynamics work, a substantial number felt they could identify other course members as casualties. Such testimonials could be categorized into three groups. The first of these described group members seen to be unable or unwilling to participate fully in the group. The evidence offered for this was their silence, absenteeism, or defensive way of relating to others. However, there was also a recognition that this evidence alone did not signal long term damage as such,

> I think people perceived themselves to be casualties if they steadfastly refused to participate.

and

> In the short term there was some distress; but in one case in particular that I remember the person concerned told me the following week that it had been a positive experience.

A second category were those individuals who were felt by others to be emotionally vulnerable and who found the experience too challenging of their self-esteem. This in turn was attributed to mental health problems, previous experience of trauma, particularly abuse and to the lack of understanding of the nature and function of the group.

A final category was the issue of facilitator competence together with the role of other group members. 'Other people' then were seen as central to the process of inducing or enhancing psychological damage in some participants. It is interesting however, that the statements supporting this view were of a generalised rather than specific nature, for example,

> Casualties generally happen because the facilitators are not watching/noting/reflecting on the process.

By contrast, the following is indicative of

more specific feedback, although the conclusions drawn are based on assumption rather than fact:

> In the RSG, one member disclosed some very charged and sensitive information early on and the group rejected him. In the GD workshop, I saw one person become the focus of the group's shitty feelings – a screen for group negative projections. Both people were hurt – one left the group, the other disengaged.

It is clear from these reports that there was significant learning emerging out of the experience of participating in a group where people were being dealt with in psychologically harsh ways. This learning takes the form of recognizing the power of the silent or withdrawn members on the group process on the one hand, to the effects on others of inappropriate self-disclosure or disowned anger on the other:

> One person used the guise of feedback to openly attack another – which was unnecessary except for the attacker's own reasons.

Others take the view that the responsibility for learning lies with the participant and that casualties are created through victimization or being coerced to perform by group members or facilitators:

> I experienced challenging as reinforcing defences where a willingness for self-disclosure had not already existed.

We recognize that the findings from this study should be treated with some caution relying as it does so heavily on self-report. It may be that individuals who felt themselves to have been damaged by the group experience did not return their questionnaires because they did not wish to revisit a painful experience. An alternative interpretation is that the perceived casualties were behaving in ways which which may have been psychologically growthful for them, though disturbing for other people to observe. The supposed frequency of perceived casualties would be falsely inflated if several people in the same group categorized the same individual as a casualty. It may be that respondents were answering in a way which they believed would meet the approval of tutors because they may wish to use them as academic referees at a future date.

Two brief anecdotes illustrate how rumours may operate within a group membership. A group facilitated by a colleague who was also a clinical psychologist, tells of a group member who was deeply disturbed by several traumatic life events that were crowding in on her. The colleague advised her to go straight to the local Health Centre, where she was immediately referred to the local mental hospital where she stayed overnight. The rumour swiftly grew that the group experience had sent her straight to the 'loony bin'. Another respondent who handed in her questionnaire response personally, reported somewhat indignantly that she had been described by a colleague as 'damaged' by the Group Dynamics experience. She felt this was far from the real case.

We have dwelt at length on the issue of psychological damage because this is one of the most common criticisms of group work of this nature. It is, however, important to reiterate the substantial benefits which emerged out of the experience of both the Rogerian small group and the Group Dynamics group. These benefits were directly linked to an improvement in professional and personal practice for counsellors and counsellors in training and ranged over the practice of counselling and the business of working with colleagues.

The data from this study provides evidence that there can be powerful practical learning from both of forms of group work, contributing in constructive ways to the professional and personal development of counsellors and people who use counselling and counselling skills in their work. We found no good reasons for dispensing with this form of learning environment. The evidence of psychological damage we were able to discern was minimal over the long term.

In summary, there is a striking disjunction between the frequency of self-report of being 'damaged' by participation in group work and perceptions of 'other people' being damaged. Undoubtedly, such work can be emotionally strenuous, but the number of respondents who claim to have been harmed in the long term by it is extremely small. There may, however, be other forms of group work which do produce more evidence of casualties and are

more damaging over the long term. However, there seems to be a robust case for including the small group experience in the process of training counsellors as it appears to make a strong contribution to both personal and professional development of participants.

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Photographs of the award winners at the Division's First International Conference in May, 1997

Professor Robert Bor receiving the Annual Scientific Award from Professor Charles Spielberger.

The Annual Scientific Award went to Professsor Robert Bor.

The Trainee Counselling Psychologists Annual Prize went to Benjamin Hudson from Surrey University, who was unable to attend the Conference.

The runners-up were Richard Golsworthy and Caroline Sykes, both from Surrey University.

Richard Golsworthy receiving his prize from Professor Spielberger.

Caroline Sykes receiving her prize from Professor Spielberger.

Key issues

Inside Counselling – Becoming and Being a Professional Counsellor
Anthony Crouch
Sage Publications, London (1997) ISBN 0-803907528-7, pp181. £10.95

YES, another book about the experience of becoming and being a counsellor but this time with a fresh and imaginative slant. Anthony Crouch charms and disarms the reader (at least me!) from the outset, and as this is a book focussing on the subjective world of clients and counsellors, then I am happy – (in fact I feel it must be so) to review this book from a very personal approach of my feelings and reactions rather than an intellectual critique.

Described as a work of complete fiction, the author (as I believe all novelists do) takes totally from himself, feeling that using reworked examples of actual clients or students would be to betray them. Fictional characters, fictional experiences. This left me somewhat sceptical as to what Mr Crouch was going to do here: Where is the theory? This is going to be biased; What about authenticity? – and Mr Crouch in the preface seizes these obvious issues and clears his path admirably. His evaluation of the book, his approach and the 'flaws' (his word) are laid open immediately for dissection and discussion and he reveals and exposes himself as a real and imperfect person, a pattern repeated throughout the book.

My reaction at this point is to say that I really enjoyed and value this book, but you need to read and experience it yourself – the author says at one point we create theory from our perspective, and therefore viewing the world through a theory is 'like putting on someone else's spectacles' ergo, why read my review which is written and evaluated from my framework – it feels like I'm going against all that Mr Crouch has tried to say!

It is a lively, readable, challenging book, examining key issues for clients, counsellors and trainee counsellors (although Mr Crouch mentions that this book is not directly aimed at people starting training in counselling).

This is not a book about the theory of counselling, but a subjective view of the therapeutic process, the sense of what being a counsellor is all about; an attempt to create a bridge between theoretical concepts and actual counselling experiences.

The initial chapters look at the subjective world, and how the clients 'internal divisions of self can be resolved, or made bearable. The therapeutic process aims to dissolve the basic division of acceptance and rejection and so widen the sense of self. Chapters three and four focus on personal history and patterns from the past, and how these can be worked through enabling the client to rewrite scripts created in response to those past experiences.

Chapters six and seven explore close relationships and the client-counsellor relationship (with a thought provoking dialogue re boundaries pp.104-107). The penultimate chapters evaluate the understanding of the therapeutic process and supervision, with the final chapter questioning the idea of being a counsellor, and being yourself.

Working through these issues Mr Crouch describes his own personal experiences, doubts, dilemmas and growth, and uses his fictional characters of clients, counsellors, tutors, supervisors and students to paint rich, vivid and valuable illustrations of concepts through seminars, diaries, counselling and supervision sessions. Following each vignette there are questions relating to the issues raised, encouraging the reader to search within him / herself both for enlightenment and a critical and highly personally influenced outcome. The accompanying exercises are challenging, and aim at accessing perhaps long forgotten feelings. (It is stressed that these should be followed with back-up from the readers' support systems.) I found it a frank, honest and powerful book, which emphasises the subjective core of counselling, and the necessity of counsellor development.

As Mr Crouch admits from page one, the clients are sometimes too articulate, the students too insightful, they are

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The Editor, *Counselling Psychology Review*
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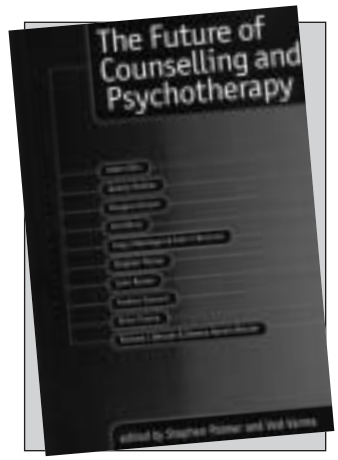
of his imagination; but they serve their purpose of illuminating the concepts the author wishes to expound. He treats difficult and complex issues in an innovative, fascinating, but ultimately serious way, and I wish this book had been around when I was struggling on my training course!

Carolyn Ford

Facing the future

The Future of Counselling and Psychotherapy
Eds Stephen Palmer & Ved Varma
Sage Publications, London, (1997), ISBN 0-7619-5107-5, pp208, £12.95



THIS is an edited book, with a range of chapters from people described as 'distinguished psychotherapists and counsellors'. One of the contributors, Jeremy Holmes starts his chapter in this book by highlighting an issue that affects all the contributions. This is that for anyone to 'consider the possible contours of psychotherapy in the year 2000 […] it is bound to be proved wrong'! This is an important idea to be kept in mind when reading this book. These contributors agreed to try and think about some of the pressing issues of the day that we are *all* affected by. I think that this must have been quite a challenge. It has created a book with many benefits, but with some disappointments as well. In some regards paralleling life, relationships and the therapy world.

The benefits are that on reading this book, the reader is made very aware that the psychotherapeutic professions are embedded in a social and political world. Illustrations are plenty and exceptionally well chosen. For example, Holmes highlights how historical events such as the World Wars or the study of communication systems affected the development of psychotherapeutic systems, Hooper highlights how research questions / activity dovetails with financial concems of the NHS, and Milner links questions of practice with changing gender expectations over time. These examples are clear and thoughtfully put.

One of the disappointments however, is that this focus is foregrounded to the expense of what the title of the book asks us to consider, i.e. the future. I wonder whether this might have been partly a function of facing the uncertainty of the future, and / or the uncertainty of making predictions in print! Alternatively, this may have been a function of the structure of the book. Whatever the influence, with limited space for each author, and with authors needing to contextualise their argument, the book results in a fairly regular repetition of the historical and social dynamics, with the new, possibly cutting edge ideas being, out of necessity, relatively brief and short. This is a shame, as many of these factors have been discussed elsewhere in depth, (See Pilgrim, 1997).

Samuels' chapter is an exception to this criticism. He structures his chapter predominantly around current passions in the psychotherapy world and possible implications for future developments. These passions manage to incorporate the political and the social in a particularly thought provoking manner. His chapter deserves at least a second reading due to the fact that his ideas have implications for training, theoretical models and the link between the practice of therapy and the nature of the political dimension.

My impression is that readers may have heard some of what is contained in this book. For example, Greg Neimeyer's chapter will be recognizable to many readers who attended the recent Divisional Conference in Stratford-upon-Avon. This may or may not be a benefit / disappointment, depending on where you stand. For me, the beauty of this particular instance is, of course, that this international perspective is now within my reach even after the speech has been given.

Overall, I feel that this must have been a difficult book to organize and write. There are aspects of its structure and content that I found irritating. However, there are other aspects that are very useful. Trainings could usefully consider the issues that arise in Neimeyer and Norcross anticipation of the future demands on practitioners. All practitioners need to respond to Samuels attempt to incorporate the political dimension in therapeutic practice. Trainees and newly qualified colleagues may find some interesting ideas here in considering their future training and development.

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Martin Milton

Addressing the undressing of lesbian sexuality

Undressing Lesbian Sex – Popular Images, Private Acts and Public Consequences
Elaine Crieth
London: Cassell (1996)
ISBN 0-304-32849-9. £13.99

ELAINE Crieth's book provides a well documented and researched addition to the growing number of lesbian, gay and bisexual texts. The aim is 'to overthrow the forces and

ideologies through which we come to think, feel and talk about sex' – in this case predominantly lesbian sex. In the first chapter we are given a clear understanding of lesbian and gay history and sexuality (modernity) to present day sexual politics and the emergence of (postmodern) Queer.

Crieth takes the arguments of essentialists and constructionists and how the latter allows for the fluidity of sexuality while the former has spent time labelling and problematizing anything other than heterosexual sexuality. She covers a wide array of topics and raises pertinent questions regarding the role of sexuality. It is an enlightening and somewhat daring exposé of the techniques of heterosexuality in maintaing social norms surrounding sexuality as well as how the discourse of heterosexuality has created a sexual heirarchy where it places itself as priviledged and dominant.

In the second chapter Crieth considers the representations of lesbian sex in the media as well as its centrality to lesbian identity. She questions consumerism and the commodification of lesbian sexuality and points out how the so called 'freedoms' that lesbians may consider themselves to have 'won' are, in fact, still quite heavily regulated when we consider how lesbian sexuality is portrayed in comparison to living life as a lesbian. One way of counteracting this would be to allow lesbians to tell their own life stories, and Crieth voices some everyday 'pressures' facing lesbian sexuality such as social meeting places, issues around safer sex and the myths that suggest lesbian sex is always safe, regardless of the lack of research.

The third chapter focuses on the role of language, its power and the ideology contained within. As Crieth claims, the feminist, lesbian and gay social movements have brought about a change in the use of language in which to speak about sex.

Crieth questions the meaning of the very term 'sex' and invites us to deliberate around our own meanings and the contexts in which we use our definitions. She ends the chapter with the interesting point that, as lesbians, we need a much wider vocabulary with which to describe our desire and situate our sexuality – and that a shift into the postmodern world will hopefully offer such an opportunity. In the following chapter Crieth undresses the 'factual' (ie constructed) lesbian/gay data and the problems inherent in methodology. She introduces findings from her own sexual survey (completed at Pride, 1992) and even though more could have been written, no doubt, I found it refreshing that at last we are beginning to put forward the experiences of British lesbians in an accessible format.

Crieth acknowledges the benefits to lesbians of self-help manuals , but the reminder is to be cautious when considering such information and their context. Again she pursues various questions and leaves the reader to consider the multitude of differences and the expressive diversity of lesbian desire. Psychologists cannot help but consider how taxonomic approaches fail to take account of these factors and that although statistics may provide tools for understanding experiences they can also be used as techniques for social control.

The final two chapters focus on the role of gender transgression through the butch/femme debate and the problems this has created for those with a deterministic outlook. As the author states, such explanations flounder unless we consider the social, economic and cultrual components. She introduces the impact of transgender ie those that defy the normal categories of masculine/feminine and how those that transgress gender definitions have begun to display their lives without fear of labels. In presenting the audience to new sexual scripts, sexual codes and sex as performance, Crieth challenges us to reconsider the myths that exist to explain lesbian sexuality.

Overall, I recommend this book to anyone working with lesbian clients and would suggest lesbians in particular read the contents and ask themselves the questions. Perhaps one last thought which left me agreeing with Crieth – who has a background of psychology and had access to material from sociology and cultural studies to write her book – in order to understand the complexity of sexuality (to name but one) as counsellors we need to overcome the academic apartheid that exists and reconsider the framework(s) we work within before establishing a therapeutic relationship with lesbian clients.

Lynz Moon

The Counselling Psychology Conference 1998

Conference this year will be a **Special One-Day Event** (10.00am to approx 6.00pm), on **Saturday 25 April 1998**, at the Cumberland Hotel, Marble Arch.

The event will offer experimental workshops and personal development activities, alongside professional networking opportunities and academic/scientific papers – mainly through poster sessions.

A one-day event, this year, enables us to provide a comfortable and enjoyable day in the heart of London at reasonable cost for all members and student members of the division (for whom there will also be substantial reductions). The day will include a brief AGM and we will offer a supplementary social event for those able to stay for the evening.

Further detailed information, reservation forms and the formal call for contributions will be mailed to all members in November/December. In the meantime questions and offers can be directed to DCoP 1998 Conference Co-ordinators (Cathy Skinner and Alan Frnakland) via the Society Office in Leicester.

On becoming a counselling psychologist

Anna Karczewska-Slowikowska

IN response to Sarah Bartlett, (*Counselling Psychology Review* Feb 97) 'How to convince Prince Charming that the shoe fits.' May I suggest that an alternative analogy would be to try a pair of Wellies. Wade in gently, not too far, not too fast, test the water before becoming saturated, uncomfortable and eventually disillusioned. My experience as a training counselling psychologist working in primary care in Edinburgh has been enlightening, educative, supportive, research based and a rewarding experience.

I too applied for a post requiring the experience and qualifications of a clinical/ counselling psychologist to work within the new psychological therapies section of a National Health Trust, based at the Royal Edinburgh Hospital in Edinburgh. I was leaving a post in the voluntary sector in Manchester, employed as a therapist working in the Alcohol field. I had recently been promoted to a supervisory post with management responsibilities and was actively engaged in new developments. I enjoyed my work and the company of my colleagues with whom I worked.

What prompted me to apply?

- My husband had recently moved to Edinburgh, his childhood home, to take up a new position.
- Psychology is my first love and interest
- Counselling has the philosophical underpinnings and value systems which come naturally to me
- Research is something I am aspiring to achieve
- Working in primary care would utilize my experience working with general practitioners.
- The wide breadth of problems would mean a departure from specialising in addictions.
- All this seemed too good an opportunity to be missed.

I was accepted after what I thought was a gruelling but fair interview of six panelists. Perhaps this was due to my experience, my training, my enthusiasm or even my advanced years. On being accepted, I felt in Maslow's terms, reaching a peak experience. The second since being accepted to study Psychology at Manchester. To my surprise there were two of us from Manchester, both were accepted for the post. I have just completed my first year and clinical audit has confirmed the effectiveness of our interventions. Having got through the shallow, I am now wading into the deep.

What am I acually doing in primary care?

I am part of a team, a sector player based in the community and hospital outpatient facility. My work is supervised with a choice of supervision depending on the theoretical framework being adopted with a particular client. The distinction has been made between clinical and managerial supervision, enabling professional development to be an ongoing process. Liaison meetings are held regularly with the locality CPNs and ethnic community officer to explore and discuss referrals trends in client presenting problems particular to our locality. Regular departmental and locality group meetings are held, thus enabling exploration of difficulties or successes. Team allocation meetings are held with new clients allocated a priority appointment or placed on our current six month waiting list. Case work discussion groups are also held with each therapist having an allocated time for presentations. Further expansion is envisaged in inviting other disciplines, for example Health Psychology, enabling cross fertilization of ideas.

Within my first month at Edinburgh, I was asked to present a case study to other professionals, within the hospital and psychology department. Although a daunting task initially, it enabled the foundations to be laid of how I, as a Counselling Psychologist (in training), work with clients and how that might differ from my clinical colleagues. The emphasis being on moving towards focusing on the facilitatory well being rather than on responding to sickness and pathology. Shillito-Clark (1997) reflected on the importance of demonstrating what counselling psychologists do and the importance to reflect on our standards. Delivering the presentation helped to disentangle some of the confusion, myths and language barriers of this new breed calling themselves counselling psychologists, especially around the term 'counselling'. Communication and commonality of language are, I believe, important factors in building bridges across differing disciplines.

Why I think it has worked

Primary care legislation has placed GPs under a great deal of pressure. It has been established that counselling has proved effective with patients, and most GPs have acknowledged the importance of counselling skills in their practices. There appears to be an

unstoppable growth in providing the talking therapies to a variety of client problems. These would also include the more specialized form of behaviour, whether it be post traumatic stress, personality disorders, or severe depression which in the past was undertaken by secondary or tertiary services. My work encompasses an integrative approach based on solution focused, brief intervention techniques, as well as cognitive behavior therapy. My underlying philosophy is based on Rogers core conditions. I see it as necessary to restrict the number of long term therapy clients and only a proportion of my caseload is taken up with this client group.

At present I have to acknowledge that the disparity of pay is a point of disagreement amongst some aspiring counselling psychologists and some therapists could be lost to clinical courses. I am employed on the clinical scientist grade which takes into account my qualifications and relevant experience. This matches the clinical psychology scale. The demand for psychological services outstrips the supply, counselling psychologists have an opportunity to show competence and effectiveness in a widening and changing environment. Research has indicated that it is not only theoretical orientation or training that formulates successful therapeutic outcome, rather the trilogy of the therapist imparting empathy, non judgmental approach and competence. Perhaps a fourth could be added that of (transition) an interpathic understanding, a willingness to cross cultural boundaries. However, these are not necessarily sufficient components of all therapies.

Most importantly, there has been a recognition and a move towards a skill mix philosophy within the department, Miller (1997). Although this has not been without its teething problems, this has not prevented a shared basis of standards and evaluating practice. Psychology generally is undergoing a shift in its thinking, with greater emphasis being given to the 'Applied' side. Clinical psychologists do not necessarily hold the monopoly however important their role is.

How do I see my role advancing?

- As a scientist / practitioner, I acknowledge the applied psychologist's role in research practice. in fact, I welcome it. I look forward to being involved in joint research projects within the department, to continue my professional development towards chartered status.
- As a counselling psychologist I acknowledge the need to critically appraise my working practice and to evaluate treatment effectiveness and client satisfaction in maintaining standards of quality.
- To further integrate my work within primary care, encompassing a multidisciplinary working approach

to client problems.

- Working with GPs, not only in the advancement of service level agreements, but also in skills sharing, supervision and training of other primary care workers within the practice.

As a department we are in the process of undergoing joint research in evaluating sector practices, and experimenting with waiting list initiatives. I know my sector waiting list and that of my counselling psychologist colleague have been significantly reduced. Service level agreements I see as being important to both purchaser and provider without which we become unprotected and ultimately the patient/client can suffer. A burnt out practitioner is no good for anyone, and this can easily happen. The counseling psychologist can sometimes be a dumping ground for those patients/client where all else fails. I see the need to guard against inappropriate referrals.

Having established clinical competence, I see myself advancing towards chartered status. My experience in this last year has been one of acceptance, acknowledgment of my personal and research needs, together with supervision and on going support. Being part of this team has enabled me to contribute as well as learn from my clinical colleagues. I see no need for competition, rather a need to compliment each other. The same debate existed between psychiatry and psychology and this has moved on to a somewhat cloudy exchange (infront of the goal line). Perhaps if we just extend the posts and move towards an acceptance of each other's role and biases, issues might become a little clearer. Mental health strategies have moved out of the hospital into the community. I feel a multidisciplinary approach is required, knowing what each discipline does and has to offer can only advance the case of patient care. We do speak the same language; exploration and understanding of the nuances will lead to action in its productive format. I took a bold step and it worked. Throw away that shoe; Cinderella has grown and there is more than one Prince Charming.

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Stress at Work Litigation Conference emphasises need for stress audits

Report on An Employers Guide to Stress at Work Litigation IBC Conference: London, May 1997

THE emerging focal point within organizational stress management more than a year on from the shock and confusion of *Walker v. Northumberland County Council* is an excitement about 'Stress Auditing': find out what – if anything – is wrong and why, before you throw solutions at it.

This approached was reinforced at the IBC 'An Employer's Guide to Stress at Work Litigation' conference in May.

Stress at Work Litigation Conference

The conference was chaired by George Pulman QC and the speakers were:

- Dr. Valerie Sutherland, Chartered Occupational Psychologist, formally at Manchester School of Management, UMIST
- Jacqui O'Neill, Research Officer, Banking, Insurance and Finance Union
- Malcolm Darvill, Head of Unit Ergonomics Psychosocial Issues Policy, Health and Safety Executive
- Dr. Shaun Chatterjee, Chief Medical Officer, Ford Motor Company
- Dr. Noel McElearney, Occupational Physician, Marks & Spencer
- Trevor Wadlow, Corporate Training Manager, Department of Personnel, Norfolk County Council
- Neil Block, Barrister, 39 Essex Street
- Anthony Cherry, Partner, Beachcroft Stanleys Solicitors
- Christopher Williams, Director, Commercial Lines, ITT London & Edinburgh Insurance

The format of this densely-packed day fell broadly into 3 sections:

Firstly an account of the current view of employers' responsibilities and options with Valerie Sutherland's very clear and helpful view of the range of interventions available, Jacqui O'Neill bringing a Trade Union perspective on the statistics and the need to collaborate, and Malcolm Darvill clarifying the Health and Safety Executive's viewpoint (which is cautious until more is known).

The second section involved well-considered best practice examples from three very different organizations.

Finally came the third section, throwing eloquent spanners in the works of earlier attempts to arrive at clear guidelines: the lawyers and insurers. The unanswered questions here are inevitable since legal developments relating to stress at work mainly revolve around common law precedents in the field of negligence (where an individual sues their employer for a breach of the employer's duty of care leading to stress-related injury or illness), as opposed to being planned through statutory legislation. This means the law is shaped to some extent by the circumstances of whatever cases happen to be heard, and to a large extent by the interpretation of individual judges.

However, the message at any reputable conference these days is that some starting points are clear and that the organisation needs to act from the top following a planned Risk Assessment – Risk Management model, and – although we've known for some time many of the common organizational risk factors (e.g. Cox 1993[1]), and acted to mitigate certain difficulties such as lack of control and absence of support from the direct boss – each organization needs to assess and manage its own hazards.

Key Insights – Format of Stress Audit

Valerie Sutherland gave some helpful pointers. A confidential stress audit will:

1. measure sources of stress, stress outcomes (i.e. performance indicators), individual moderators of the stress response and biographical / job demographics of the workforce
2. identify predictors of performance and wellbeing
3. identify staff attitudes to options for the management of stress.

This can be achieved through interviewing, focus group sessions, questionnaire administration including standardised measures such as the Occupational Stress Indicator) and medical examinations. Analysis of the results could identify differences, for example, between departments, job grades, gender, age, length of service, location, etc.

Benefits of auditing include:

1. It is proactive rather than reactive
2. It can identify organizational strengths and weaknesses (similar to an appraisal or training and development needs analysis) and so helps us target scarce resources
3. It identifies the level of stress management required (primary / secondary / tertiary) thus giving guidance

in the planning of Organizational Development strategies
4. It provides a baseline measure from which to evaluate subsequent interventions
5. It makes stress a respectable topic for discussion in the workplace

Having made a strong case for organizations finding out what the stresses are for their employees, Sutherland warned the audience against simply opting for a standard measure such as the OSI rather than taking the trouble to develop something organization-specific, which will yield a much more detailed picture. Then the best outcome of the auditing process would be to give each individual a personal and organizational report so they can develop their own action plans, as well as understanding the measures the organization as a whole is going to adopt.

Backed by the HSE

Malcolm Darvill of the HSE made a comparison of stress-related illness with noise problems impairing hearing at work: it would not be a sufficient Risk Management strategy simply to offering hearing aids once deafness has set in. So too here, Risk Assessment followed by reasonable steps to manage the risk is key. Darvill issued an 'official warning' at this point against using external consultants, urging employers to do it themselves: 'If you can manage everything else, you should be able to manage stress'. However, he went on to say (showing the HSE position is still no less general now than in its Guidelines in 1995[2]) 'We don't know the best way to carry out a Risk Assessment [for psychosocial stressors], and we don't know the best way to intervene'.

Having persuaded Europe that we don't need new legislation in this field at present, the HSE believes it may be 10 years before a Code of Practice for Employers is drawn up. Meanwhile, employers should take a common sense approach, applying the principles familiar elsewhere in Health and Safety, and the HSE will busy themselves with further research.

Best Practice Examples

The three organizations invited to share their perceived successes (not necessarily audit-led) spoke of a sense of real impact on staff morale.

Ford

Speaking for Ford, Dr. Shaun Chatterjee positioned stress management within a very forward-thinking organizational development plan. Their version of an Employee Assistance Programme (usually termed 'EAP') is known as an EDAP – Employee Development Assistance Plan – and great emphasis is placed on employees planning their own learning (remembering that lack of control is at the root of so much stress). Ford underpins this in a practical way, with each employee being given £200 per year to spend as they wish on learning something for their own enjoyment.

Dr. Chatterjee emphasised the need to educate, in advance, those who will be asked to participate in any stress audit, so that a fuller response emerges. Following a stress awareness programme, presented for this purpose, and using a modified Glazer Stress Control Lifestyle Questionnaire, Ford sought to find out any pre-disposing personality traits in their senior managers. Though no overt stress was found, the top people showed 92 per cent Type A personalities, according to Chatterjee, with the rest Type A/B. This demonstrated that a programme of education in this area would be suitable. Giving a gem of a lay person's definition of Type A & B, Dr. Chatterjee added that to get a picture of a Type A personality, we should think of Jimmy Carter, while the Type B, well, that's Ronald Reagan of course.

Marks & Spencer

In outlining Marks & Spencer's approach, Dr. Noel McElearney made the point that to focus on work stress only looks at part of the picture. The M&S model emphasises the combined roles of a person's home, general health and their work in predicting levels of stress. M&S, with its reputation for caring for staff, therefore addresses each of these areas by providing such things as a helpline, 'elder care' insurance and health screening for home and health issues and then keeps a careful audit of signs of stress at work, through comparing all available sources of data. Like Ford, Marks & Spencer invests in training and development along personal development lines, seeing this as closely linked with stress-hardiness. Having used Stephen Williams' Performance Management Indicator as a part of their assessment of stress levels along the way, Dr. McElearney concludes that this is 'not diagnostic but a very good screening tool'. M&S staff had come out with fewer signs of stress than in the reference population but the impression, they recognize, remains that they are asking more of their staff these days, though still seen as a very caring employer relative to others.

Norfolk County Council

When Trevor Wadlow stood up to tell us about Norfolk County Council's confidential counselling service, the Norfolk Support Line (which sounded suspiciously like an unpopular tertiary level intervention), he began by saying he wanted to balance the view that all solutions should operate at the primary level. He pointed out that management are still catching up with the culture change which Councils have had to go through and nobody would sign up to training even when phrased as general stress awareness or personal effectiveness. However, having shown them the cases and costs relating to stress, the senior managers were happy enough to give their approval for the support line. Of course, this doesn't get round the problem that the attitude of some managers is still 'Well I can cope [implying the others who can't

are wimps] and we've got the support line so it's all OK.'

The view Wadlow brought – that it's worth putting something in place rather than nothing while lengthy assessments are made – was no empty justification for a slapdash approach. Norfolk has tried numerous methods of improving conditions, suited to the varying fields of work within the council, such as team-working and 360 degree appraisal and it carefully pools figures on sickness, ill health retirement, insurance claims and the use of the counselling support line, as well as having carried out a wellbeing survey.

To their credit, Norfolk also had the presence of mind to have their involvement with an external counselling provider evaluated by an independent third party: Keele University (who were able to make a comparison with Kent County Council). Keele University was looking at:

- whether the counselling provision met the original contract
- the consequences of the intervention (in terms of work performance, sickness absence, and moving forward on personal concerns)
- the quality of the external provision.

They found that 95 per cent of users of the Norfolk Support Line said they would recommend it to a friend or colleague; so there has been some success, at least measured by suitability in the eyes of those prepared to use the service.

Legal and Insurance Considerations

Livening up an information-overloaded audience toward the end of the day, Anthony Cherry pointed out that materials from any management consultants would be discoverable documents in any legal case, adding the aside that the only saving grace with management consultants is that the organisation has usually stopped doing what they were told by the time anyone comes to look at it.

It is true that employers might be more easily held to their written policies, but as we know, they are anyway obliged to carry out a Risk Assessment and to inform their workforce of the outcome and planned response, under the Management of Heath & Safety at Work Regulations 1992. The fact that so many employers have not yet complied with this by way of stress auditing should not work against those few who take a proactive approach.

At the moment in the field of stress, and resulting from John Walker's experience, everything hinges upon whether it was reasonably foreseeable that a particular individual would be made ill through stress in their specific working conditions. The question of foreseeability of injury / illness is the barrier which is coming to be used to stop the floodgates which were initially feared in the light of *Walker*, and is the deciding factor, given the other necessary conditions[3].

On the question of foreseeability of illness, Anthony Cherry gave us a very clear and helpful summary of the recent (unreported) case of *Firman v. British Telecom*[4]. This involved facts resembling those of John Walker's in that there were a series of absences owing to mental breakdowns with differing degrees of foreseeability for the employer as Mr. Firman's particular vulnerability emerged. A British Telecom engineer who had been voluntarily shouldering a very heavy overtime workload, Mr. Firman suddenly broke down in circumstances where it could not be reasonably foreseeable to the employer that he had a special vulnerability, through his perfectionist obsessive personality. When first back at work, the work-related nature of his breakdown was obscured by other, personal, difficulties (to do with bereavement) so the employer, it was decided, still did not have the necessary constructive knowledge (of his inability to cope with the workload) which would have implied a duty of care to alter the working pattern. When the connection with work finally emerged, efforts were made as soon as possible to transfer Mr. Firman to a department with more regular working patterns, hence the employer was not liable.

The alternative tests of foreseeability were very clearly set down in the *Firman* case:

> …the plaintiff must prove either that it was reasonably foreseeable to the defendants that their system of work for the plaintiff involving the long hours and the call-outs and the type of work in the period October, 1990 to January, 1991 was such that it might cause such stress as might cause actual mental damage, psychiatric injury to an employee of reasonable firmness. Alternatively, if the plaintiff was an unusually vulnerable person in this respect, as indeed I have found that he was, that is not a person of reasonable firmness, then if it is proved that the defendants knew or ought reasonably to have known that, the question is was the defendants' system such as might reasonably foreseeably have caused mental damage to the plaintiff as he was – in other words, not an employee of reasonable firmness in this alternate question.

So if you want your employer to compensate you for stress-related illness, you either have to show that anyone of reasonable firmness would have broken down under similar circumstances, or that you were especially vulnerable *and the employer knew or should have known that.*

Of course, there is still a question mark over what an employer should be construed as knowing about an employee's vulnerability if they are in confidential counselling through an EAP scheme. This was not discussed in *Firman*.

Picking up on the auditing approach, Neil Block reminded employers to look up the hierar-

chy as well as looking down when examining working conditions for sources of stress. He cited the example of train drivers receiving special support (to avoid Post Traumatic Stress Disorder) when they have experienced people committing suicide in front of their trains. Often the managers are overlooked when counselling is offered, despite the fact the manager will have gone out to check the line for severed limbs.

Rounding off the day with an insurer's perspective, Christopher Williams brought us back with great focus to the need for a planned Risk Management strategy. He encouraged employers to choose an insurer who can give Risk Management advice, and to remember that (even though it's the insurer who pays out the compensation, meaning therefore just higher premiums), the disruption to business arising out of a stress case far outweighs the financial settlement. The employer, he said, must be aware that they've lost control once an employee has got mental illness, so it pays to plan ahead preventatively.

Regarding the actual tasks of Risk Assessment and Risk Management, Chris Williams notes that it is difficult to assess the psychosocial risk as it has to do with the relationship between the manager himself / herself and their staff, rather than just involving looking at the staff. Therefore great honesty is necessary for a manager to reach a valid assessment in relation to their own staff.

References

1. Tom Cox 'Stress Research and Stress Management: Putting Theory to Work' HSE Contract Research Report 61 / 1993, HSE Books, ISBN 0 7176 0684 8
2. "Stress at Work – A Guide for Employers' HS(G) 116, HSE Books 1995, ISBN 0 7176 0733 X
3. For an account of these legal points, please see my conference report in Counselling Psychology Review: Vol. 12 No. 1 February 1997.
4. Ronald Firman v. British Telecom PLC, before His Honour Judge Kent-Jones, TD, in the Bradford County Court, sitting in Leeds, 13th February 1997. Ref: BD 400801

Jennifer C D Smith

Conferences

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

November 97

9-12 Nov: 4th European Conference of the International Union for Health Promotion and Education
Jerusalem
Dan Knasim Ltd, IUPHE/EURO, PO Box 1931, Ramat Gan 52118, Israel. Tel: +972 3 6133340. Fax: +972 3 6133341

13-16 Nov: Association for Advancement of Behaviour Therapy Annual Congress 1997: Integration of Behavioural & Cognitive Therapies into Healthcare for an Ageing and Diverse Society: Responding to Emerging Trends
Fontainebleau, Miami Beach, USA
AABT, 305 Seventh Ave, Suite 16A, New York, NY 10001-6008 Tel: +1 212 647 1890 Fax: +1 212 647 1865

14-15 Nov: International Stress Management Association (UK Branch). AGM and National Conference: 'A forum for debate: ISMA addresses the controversy surrounding counselling and stress management'
Janet Williams Tel: 0181 332 1842. Fax: 0181 332 2482

17 Nov: IBC Employment Law Update '97 – 'New Labour, New Emphasis?"
London
Rebecca Wiseman Tel: 0171 637 4383 Fax: 0171 453 2090 email: rebecca.wiseman@ibcuk.co.uk

19 Nov: Mental Health Promotion: The Contribution of Psychotherapy
Institute for Health, Liverpool John Moores University
Tel: 0151 231 4056 Fax: 0151 231 4244 email: s.coniam@livjm.ac.uk

25 Nov: IPD Employment Law & Practice Annual Conference
London
Events Registrar, IPD Training Tel: 0181 263 3434 Fax: 0181 263 3366

26-29 Nov: Innovation & Effective Approaches in Counselling & Psychotherapy
Wellington, New Zealand
Dr Henck van Bilsen, Director of the Auckland Institute for Cognitive Behaviour Therapy, 75c Goodhall Street, Hillsborough, Auckland Tel: +64 9 625 8602. Fax: +64 9 625 8615. email: 100713.2476@compuserve.com

December 97

11-12 Dec: Complementary Health Care Symposium
Exeter University
Tel: 01392 424989

16-17 Dec: British Psychological Society London Conference
Inst. of Education, London
Conference Office 0116 252 9555. Fax: 0116 255 7123, email: bps1@le.ac.uk

1998

6-8 Jan 98: British Psychological Society Occupational Psychology Conference
Eastbourne
Conference Office 0116 252 9555. Fax: 0116 255 7123. email: bps1@le.ac.uk

26-29 Mar 98: British Psychological Society Annual Conference
Brighton
Conference Office 0116 252 9555. Fax: 0116 255 7123. email: bps1@le.ac.uk

6-8 May 98 Health & Safety at Work: Third European Film & Media Festival (Organised by European Commission with Health & Safety Executive)
Edinburgh
HSE Tel: 0151 951 3185 Fax: 0151 951 4913

21-26 Jul 98: World Congress of Behavioural and Cognitive Therapies
Acapulco, Mexico
WCBCT 98, Program Committee, Apartado postal 22-221, 14001 Tlapan, Mexico D.F., Mexico City, Mexico. Fax: +52 5 665 5228. email: johannes@servidor.unam.mx

9-14 Aug 98 24th International Congress of Psychology
San Francisco, USA
Congress Secretariat, APA Office of International Affairs, 750 First Street, NE, Washington DC 20002-4242. USA Fax: +1 202 336 5956. email: icap@apa.org

2-5 Sept 98 V International Congress 'Constructivism in Psychotherapy"
Sienna, Italy
Prof. Mario A Reda, Dept. Clinical Psychology, Univ. of Sienna, Sclavo Hospital, Porta Tufi, 1-53100 Sienna, Italy Tel: +39 577 298927 Fax: +39 577 298925

8-12 Sept 98 European Association for Behaviour and Cognitive Therapies 28th Annual Congress – 'Effective Therapies for the 21st Century"
Cork, Ireland
EABCT Congress 98, Dept. of Applied Psychology, University College, Cork, Ireland Tel: +353 21 902198 Fax: +353 21 270439

1999

Sept 99 ISMA VII – Seventh International Conference of the International Stress Management Association
Houston, Texas
Philip Morgan – email: epcint@interserv.com or Janet Williams, ISMA UK Chair: Tel: 0181 332 1842. Fax: 0181 332 2482

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 The Society office). You should also note that further courses offered by the same — or other organizers / presenters may qualify for recommendation although not listed here.]

Format is:
course name
venue
dates
organizer / presenter
contact

Primary Certificate in Stress Management
Centre for Stress Management, London
next courses – 11/12/Nov, 2/3 Dec
Stephen Palmer

Centre for Stress Management,
156 Westcombe Hill,
Blackheath, London SE3 7DH
Tel: 0181 293 4114
Fax: 0181 293 1441

Primary Certificate in Multimodal Therapy & Counselling
Centre for Stress Management, London
next course – 25/26 Nov
Stephen Palmer
Centre for Stress Management, 156 Westcombe Hill, Blackheath, London SE3 7DH
Tel: 0181 293 4114
Fax: 0181 293 1441

One-day Counselling Skills Workshop (person-centred)
3 Northumberland House, 237 Ballards Lane, Finchley, London N3 1LB
next course – 5 Dec.
Dr. Sandra Delroy
Tel: 0181 346 4010 or 0956 297054, or at venue address

Primary Certificate in Cognitive Behavioural Therapy
Centre for Stress Management, London
next course – 5/6 Nov, 10/11 Dec
Stephen Palmer / Michael Neenan
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 -12/13/14 Dec
Stephen Palmer / Michael Neenan
Centre for Stress Management, 156 Westcombe Hill, Blackheath, London SE3 7DH
Tel: 0181 293 4114 / Fax: 0181 293 1441

Three-day Counselling Skills Workshop (person-centred)
3 Northumberland House, 237 Ballards Lane, Finchley, London N3 1LB
next course – 7-9 Jan.
Dr. Sandra Delroy
Tel: 0181 346 4010 or 0956 297054, or at venue address

Two-day Counselling Skills Workshop (person-centred)
3 Northumberland House, 237 Ballards Lane, Finchley, London N3 1LB
next course – 5-6 Feb.
Dr. Sandra Delroy
Tel: 0181 346 4010 or 0956 297054, or at venue address

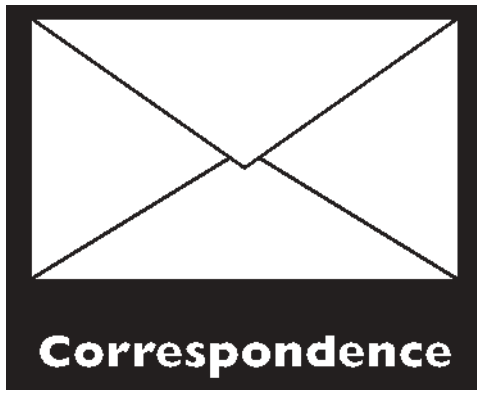
Two-day Assertiveness Training Workshop
3 Northumberland House, 237 Ballards Lane, Finchley, London N3 1LB
next course – 26-27 Feb.
Dr. Sandra Delroy
Tel: 0181 346 4010 or 0956 297054, or at venue address

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 Society office.**

If you have had your courses approved for CPD recommended status, please make direct contact with me, as well as with the Division itself, in order to ensure your inclusion in the events diary.

I look forward to hearing from you.

Jennifer Smith



No counselling without humanism

THE reply by Jill Wilkinson about the PhD course in Psychotherapeutic and Counselling Psychology at the University of Surrey does not quite satisfy my worries. She seems to be envisaging a much greater contrast between counselling and counselling psychology than I had ever imagined. It also looks like a greater difference than I would consider desirable. If counselling without the presence of Carl Rogers would be a strange thing indeed, I would also argue that counselling psychology without the presence of Carl Rogers would be equally strange.

I remember at one of the conferences of the Counselling Psychology Division, during one of the plenary sessions, someone asked for a show of hands as to how many people in the room belonged to the British Association for Counselling. Every person in the room raised a hand. This indicates to me a realistic assessment of the relationship between counselling and counselling psychology. Counselling psychology includes the whole of counselling and adds some more material of its own It is not something radically different and distinct. If Jill Wilkinson and her band of academics are trying to take counselling away from its humanistic roots I fear for the result. And I am not yet reassured about this.

John Rowen
70 Kings Head Hill
North Chingford
London E4 7LY

Retiring

I HAVE just taken early retirement from a lecturing post in a university and am seeking to develop my counselling psychology practice. I am interested in sharing experiences with others who have had a similar experience and from potential clients seeking therapy or supervision. I can be contacted at the address below.

Ray Woolfe
13 Woodvale Rd
Knutsford
Cheshire, WA16 8QF
Tel: 01565 633205.

Preparing and delivering presentations

AT the end of May this year I was fortunate enough to be funded to attend the First International Conference of Counselling Psychology. Many of the presenters were well known and of great influence in the field. However I was very disappointed to hear (or not to hear) five out of the six keynote presentations being read straight from the paper. I have what may be known as a specific learning difficulty with auditory memory. That is that too much information being received into the auditory short term or working memory cannot be retained long enough to assimilate. The difficulty with listening only to the written word is that sentences tend to be longer and more complex. By the time the reader has got to the end of the sentence I will have 'lost' the beginning of it and so the text renders little meaning to what has been heard. Reading out loud also allows little time for pauses leaving no time for meaning and concept formation to take place in the brain of the listener. Another point is that while the presenter is reading there is a reduction in eye contact and other non-verbal communication essential in relating to an audience When presenting readers tend to hide behind the podium.

From previously training in special needs I am aware that in an audience of two hundred and fifty as many as five people could have the same difficulties, not to mention other forms of difficulty.

I have also heard others comment that if the paper is only going to be read they would prefer to have a copy and read it for themselves. People generally come to a conference to see the speaker and hear heart felt comments and opinions about a subject with which the speaker has become intimate. Delegates do not attend to assess the reading skills of a presenter.

Having aired my feelings I would like to make some helpful suggestions for future presenters. As trained psychologists you will all be aware that different parts of the brain deal with different modalities, i.e. visual, auditory and tactile memory. Therefore the more memory banks information is stored in the greater the chance of retaining it. You may have noticed that some people write everything they hear down (not necessarily to read later). The writing process triggers the kinaesthetic memory bank to be engaged. It is therefore essential for speakers to use both oral/auditory and visual modes when presenting material. Visual cues should be brief, i.e. key pieces of information and if important perhaps highlighted. Full block capitals for the whole text. should not be used – some people cannot read block capitals. For those who have difficulty taking in and retaining information it would be helpful if the speaker briefly states, at the start, what is to be covered. One overhead with sub-heading would be sufficient. Also at the end the key points covered could be re-iterated, so rounding off and reenforcing what has been presented. Indeed I believe two of

the key speakers did refer back to the whole paper at the conference.

Although this letter may have a negative slant it is written with positive intention for the future and hope it is thus received. The following is a list of do's and don'ts that might help others to help people like me to learn from the wealth of their experience.

DO

- Have a title that fits what is to be presented.
- Provide a hand out if if will help.
- Use all modes of presentation, visual, auditory and kinaesthetic.
- Give an outline of topic at the start.
- Speak from experience, even of data gathered.
- Put yourself into the presentation.
- Use humour if appropriate.
- Pause after key information.
- Refer to visual cues.
- Give time for scanning visual information or go through verbally.
- Use non-verbal cues to relate to the audience.
- Involve audience if applicable.
- Sum up the key points at the end.

DO NOT

- Read straight from the paper.
- Speak too rapidly.
- Use visual presentation with too much information on, e.g. a full sheet of prose or a table full of meaningless figures.
- Use all block capitals.
- Hide behind the podium the whole time.

Debbie Davis
Surrey

Definition

I AM writing to support the suggestion, made by Golsworthy and Wilkinson (*Counselling Psychology Review*, August 1997), that the Society definition of the role of counselling psychology should be reviewed. The notion that counselling psychology works with people facing 'normal life-cycle developmental issues' (BPS, 1994) is limiting and I'm sure is no longer valid considering the areas of employment many of us now work in. As a counselling psychologist working as a fully integrated member of a clinical psychology team I work with the full range of adult mental health issues referred to the department, except neuropsychology. The above definition limits counselling psychology to a niche that hardly exists in terms of useful employment opportunities.

I believe that if counselling psychology is to develop it must emphasize its similarities to, say, clinical psychology, as well as useful differences so it can be *integrated into* the mental health services. It must ensure it is able to work with a wider range of problems than the above definition suggests. I think the difficulty is in how the profession describes itself. The training does provide us with skills to apply to a wider range of problems.

I suggest the Division of Counselling Psychology should review how it defines itself on a policy level in light of developments in training and employment of its Chartered members. On an individual level I think each therapist has to define their therapeutic approach so they can make it easier for other professionals to understand what they do. I don't think it is enough to rely on the title 'counselling psychologist' to explain how useful we are!

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Notes for Contributors to Counselling Psychology Review

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 Society 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, wherever possible, should supply copy on either an Apple- or PC-compatible 3.5" disk. Please use ASCII format where possible, and if another format has been 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*, The Editor, Centre for Stress Management, 156 Westcombe Hill, Blackheath, London SE3 7DH.

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