

What is counselling?

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A two-day conference held recently under the aegis of the Standing Conference for the Advancement of Counselling looked at both the concept of counselling and at the ethics involved in its practice. Among the 24 participants were school counsellors, priests, case-workers, psychotherapists, marriage guidance counsellors, social workers and doctors. Of the three psychiatrists one was a professor, another a consultant in a teaching hospital, and the third worked in a university student health service. The general practitioner present had trained in Balint seminars.

There was no ready agreement on what counselling was really about, the chief stumbling block proving to be the distinction between counselling and psychotherapy, "pure and simple". Were they discrete skills (albeit with some overlap)? Or did they exist on a single continuum, and merge into each other? Faults could be found with all the formulae that were tried out and the confusion led first to disarray and then to polarisation as the factions re-grouped. It seemed at one point that all that could be said with certainty was that while psychotherapy could be pure it was never simple, and that counselling might be simple but it was never pure!

Nevertheless the disagreements were examined honestly, as befits workers from these disciplines, and by the end of the conference a much clearer understanding of the issues had been reached. A helpful proposal was that the counselling activity should be seen in two dimensions, one axis representing the sort of relationship with the client—"style", and the second axis being the content of the transaction—"agenda". The latter might deal with the external realities, or interpersonal relationships, or the client's inner world; and while these areas were not necessarily mutually exclusive it was felt that the one worker was unlikely to move in each of them with equal facility. It was the use of the relationship which linked all counselling activities.

The different uses to which this relationship could be put in the counselling process was further clarified by considering other models, and from this areas of specific concern were delineated. The corresponding activities were: pedagogic, the focus being on information and clarification; counselling, where the focus is on conscious areas of conflict arising from stress which is specific for that person: while aware of the unconscious forces, the counsellor focuses help on the conscious ego; psychotherapy focuses on specific areas of unconscious conflict, and through the use of transference helps the individual to an emotional awareness of the underlying conflict. Those counselling might use any of these approaches. (Psychoanalysis has as its focus the total unconscious make-up of the individual, and uses the transference to effect a total reformation of the unconscious forces.)

The various schools within these disciplines could easily quarrel with these definitions, but they proved to be useful demarcations however imprecise. From the standpoint of doctors who are neither psychiatrists nor analysts these categories help to throw light on what might be going on during the consultation. Clearly, most of the communication is pedagogic, and there would appear to be ample room for a shift towards a counselling style in some consultations. The place for psychotherapy by non-specialists has been amply demonstrated by Michael Balint, though its precise extent remains to be determined.

Turning to the ethics of counselling, the conference looked at values and assumptions, confidentiality, personality change, professional competence, and non-direction. There was some scepticism about this last concept: an element of direction was felt to creep into all counselling and psychotherapy, and into psychoanalysis itself for that matter; to deny the presence of direction served only to lend a spurious sanctity to the interaction. On a related theme, the term "non-condemnatory" was proposed as more realistic as well as more appropriate than the fashionable "non-judgmental".

The ways of medical men are hallowed by tradition, and those who are privileged to move in and out of their patients' lives with remarkable ease could not but be impressed by the way

these topics were closely examined, and the concern shown about ethical matters which doctors are accustomed to regard as lying fully within their discretion. It is right that the younger professions should weigh these matters very carefully indeed; and salutary for the established professions to reflect on the responsibility that goes with privilege.

The importance of discharging such responsibility was given special consideration at the conference. There was no doubt in anyone's mind but that in addition to a suitable preparation, practical as well as theoretical, all counsellors should be required to maintain an adequate level of professional competence throughout their careers, and that this might best be accomplished by their active participation in on-going group activity with a supervisor. As to the supervision of the supervisors, this was outside the scope of the conference and remains to be studied, but the issues are being examined. This is in marked contrast to the state of affairs in general practice, for example, where the idea of once-and-for-all medical education is being supplanted with difficulty, where the concept of peer-group review is anathema, and where the introduction of a hierarchical system is fiercely resisted.

All doctors will watch developments in counselling with keen interest because there will obviously be mutual patients/clients. General practice could have an additional reason for studying the growth of this profession very closely—it might learn something.

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