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CLIENT PERSPECTIVES ON COUNSELLING: A HERMENEUTIC APPROACH

Phoebe Lambert

A thesis submitted in partial fulfilment of the requirements of Sheffield Hallam University for the degree of Doctor of Philosophy

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Abstract

A number of counselling research studies have pointed to the under-researched area of client perceptions. My own personal experiences as a former recipient of therapy and as a counsellor continue to raise questions for me in terms of the mystique of therapy, the stigma still often attached to seeking counselling, the over-emphasis on the inner psychic aspects of the client at the expense of the external social influences on client well-being, and the power differential within the client-counsellor relationship. These are issues that sometimes appear to be given limited attention in counsellor training. At the same time I am increasingly aware of the healing effects of counselling.

The purpose of my research is thus to talk in depth to a cross-section of intending users of counselling asking them about *their* perspectives on counselling and to what extent these perspectives change after experiencing counselling. This I have done by:

- exploring client perspectives on counselling *before* engagement in the process
- exploring client and counsellor perspectives on counselling *during and after* counselling and how these perspectives are modified and transformed
- considering in the light of the findings what can be learned by counsellors, trainers and providers in order to inform the training and practice of counselling

The research is informed by thematic analysis within the methodology of hermeneutic inquiry using semi-structured, recorded and transcribed one-to-one interviews (30) with 8 client research participants, 6 counsellor research participants and 3 referral agents. The counselling period under review has varied from a few weeks to 18 months. I am focussing on representative user groups from each of the following categories within the regions of Liverpool, London and Norwich:

- University counselling services
- Primary care/GP practices
- Voluntary/local community sector

After completing the *before*, *during* and *after* counselling interviews the emerging themes are:

- ambivalent and uncertain expectations of counselling
- socio-cultural influences
- self-identity and hopes of counselling
- client-counsellor relationship and convergence/divergence of perspective
- changing perspectives of client, counsellor and researcher

Finally, the implications of these themes arising from a study of the client perspective are presented in terms of individual counselling practice, training and development and organisational context and provision.

Acknowledgements

In completing this research I would like to express my warmest thanks to the following people who made it possible:

The clients, counsellors and co-ordinators of services for generously giving so much of their valuable time to talk to me so openly and in such depth. I would particularly like to thank Dr. Mike Noble for his commitment to the study, and his support and understanding.

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My family and friends for their constant moral and practical support, especially my son, Thomas Easton, Liz Ahrends, Marian Bird, Pamela Kirkpatrick, Pat and Peter Maw and Jocelyn and Gordon Simms whose belief in me has been a source of great strength. I would particularly like to thank Andrew Allan whose good humoured encouragement and support has given me the incentive to complete the project. He has at the same time provided meticulous and invaluable help at the proofing stages.

Finally, I wish to remember my late husband, Don Easton, who died so unexpectedly at the end of my first year of this research, but had the foresight to encourage me to undertake this study with the perspective: 'You believe in it, it needs doing and you need the challenge of doing it!'

Frontispiece

Strictly speaking, the question is not how to get cured, but how to live.
Joseph Conrad

Contents

INTRODUCTION 1

PART I: CONTEXTUALISING PERSPECTIVES ON COUNSELLING 6

CHAPTER 1 - Situating counselling and psychotherapy in time and place 7

CHAPTER 2 - Pre-understandings 14
Section 1 - Popular perceptions expressed in 'random conversations' 17
Section 2 - Media perspectives on mental health and counselling as therapy 24
Section 3 - Clients' retrospective accounts of counselling and psychotherapy 44
Section 4 - Research practitioner studies of client perspectives on counselling 62

PART II: THE HERMENEUTIC APPROACH: THEORY AND METHOD 79

CHAPTER 3 - Understanding and interpretation 80

CHAPTER 4 - Application of the hermeneutic method 110

PART III: INTERPRETING RESEARCH PARTICIPANT PERSPECTIVES: ANALYSIS OF THEMES 145

CHAPTER 5 - Client perspectives before counselling 146
Section 1: Uncertain client perspectives 148
Section 2: Socio-cultural influences on perspective 165

CHAPTER 6 - Client and counsellor perspectives during counselling: Self-identity and relationship 180

CHAPTER 7 - Shifting horizons: Reflections of client, counsellor, researcher and others after counselling 197

CHAPTER 8 - Grasping the whole: Development of new knowledge and implications for practice 223

REFERENCES 240

DIAGRAMS & TABLES
Diagram 3.1 - The hermeneutic circle 102
Diagram 8.1 - Component parts within the context of the whole 223
Table 4.1 - User groups within the case study 111
Table 4.2 - In-depth interviews carried out with research participants 120
Table 4.3 - Participant demographics 121
Table 4.4 - Interview questions at the pre-counselling stage 128
Table 4.5 - Initial template: emerging themes 141
Table 4.6 - Revised template: emerging themes 142
Table 5.1 - Final template: themes emerging *before* counselling 147
Table 6.1 - Final template: themes emerging *during* counselling 183
Table 7.1 - Final template: themes emerging *after* counselling 198

APPENDICES **260**

Appendix 1 - Extracts from 'random conversations' with the general public 260
Appendix 2 - Letter inviting research participation 263
Appendix 3 - Information sheet for research participants 264
Appendix 4 - Ethical issues 266
Appendix 5 - Ethical issues continued 267
Appendix 6 - Research Ethics Committee approval letter 269
Appendix 7 - G.P. Invitation letter & consent form 272
Appendix 8 - Referral agent (G.P.) interview transcript 274

Before counselling interviews
Appendix 9 - Sonia 278
Appendix 10 - James 283
Appendix 11 - Jenny 287
Appendix 12 - Vaishnavi 294
Appendix 13 - Dawn 299
Appendix 14 - Eve 302
Appendix 15 - Ron 306
Appendix 16 - Mary 310

During counselling interviews
Appendix 17 - James 313
Appendix 18 - Denis 317
Appendix 19 - Jenny 320
Appendix 20 - Louise 325
Appendix 21 - Vaishnavi 327
Appendix 22 - John 331
Appendix 23 - Dawn 334
Appendix 24 - Frank 339
Appendix 25 - Eve 346
Appendix 26 - Penny 354
Appendix 27 - Ron 360
Appendix 28 - Penny 366
Appendix 29 - Mary 371
Appendix 30 - Sharon 376

After counselling interviews
Appendix 31 - Jenny 381
Appendix 32 - Louise 385
Appendix 33 - Vaishnavi 388
Appendix 34 - John 396
Appendix 35 – Ron (returned questionnaire) 399
Appendix 36 – Dr. Noble 401
Appendix 37 - Mary 403
Appendix 38 - Sharon 411

INTRODUCTION

Rationale for the research

This study was prompted by my continuing commitment in education and counselling to valuing the experience, the perspective and the voice of the student or client. It was also my awareness of the dearth of counselling research focussing directly on client perceptions and the fact that most research into counselling focussed on the practitioner perspective (Feltham, 2000c; Foskett, 2001; Genest, 2003; McLeod, 1999).

As a former recipient of effective therapy I nevertheless still found myself troubled by concerns I then felt about the mystique of therapy, the emphasis on the client's inner world at the expense of the external, the stigma that is often associated with undertaking counselling, and the power differential between therapist and client. In my own training to become a counsellor, in my own work as a counsellor and in my work as an external moderator of counselling courses, it appears that often too little attention is given to the particular circumstances - social, economic and environmental - influencing client perceptions of counselling.

As counsellors we may be somewhat aware of the varied public perceptions of counselling and psychotherapy as well as tensions between the various professional bodies in terms of status and theoretical hierarchies and definitions, but how much do we really know or wish to know about how we are perceived by those who seek us out or are referred to us for counselling? What might we learn about our own practice by listening to the questions clients might want to ask about us? What kinds of assumptions about the client perspective do we as counsellors bring to the counselling relationship?

The current attention to consumer rights and consumer needs, particularly in the primary care health sector, gives, I think, the deceptive impression that we as providers know what the client's perspective is, although we may well have neglected to ask. I am aware that despite all the jargon deployed in our society about consumer rights: 'empowering' the student, the patient, the client, the customer, that the user's perspective, for a variety of complex reasons, is still not receiving proper attention. Certainly there are opinion polls

and 'satisfaction' surveys designed so that the user responds in accordance with sets of researcher-defined categories (McLeod, 1999) but there are few in-depth studies that are client-centred, discovery-orientated and do not presume an outcome (Speedy, 2005).

Research aims

There are three aims to my research. My first is to discover by listening and talking to potential users how they perceive counselling, how they experience counselling once they engage in it and how they reflect on the experience afterwards.

My second aim is to consider, without pre-judging the outcome, whether any of the discoveries I make in researching such perceptions as they evolve might be of practical value to counselling practitioners in their own settings. I therefore set about considering how I might reach potential clients within a broad range of settings. These intertwined aims are in keeping with my own ethical position relating to a continuing commitment (Lambert, 1995a) to helping adults realise their personal and occupational potential via experientially based, student-centred educational programmes, e.g. Second Chance and Access Programmes. The aims are also in keeping with my preferred learning style (Kolb, 1984:68) which emphasises concrete experience and active experimentation referred to in my discussion of my own way of being, or ontological position, in my methodology section. As a former adult educator and practising counsellor I have substantial experience of the voluntary sector and student services counselling as well as experience of workplace, primary care and private practice. I am particularly concerned to reach the views of the less economically advantaged sectors of society[1] in which people are less able to pay for counselling than those who have the means to seek private or workplace counselling. In short, I wish to give more attention to the significance of social and cultural factors in framing client and counsellor perspectives. These factors have tended to be ignored in much counselling research in favour of a 'traditionally, predominantly individualistic' perspective (Feltham & Horton, 2000:xix).

[1] I am conscious that although my study focuses on clients who have the status of student, are on low incomes or income support this study does not reach, for example, teenage pregnant girls, people on housing estates, drug users, asylum seekers, the homeless.

My third aim is to develop an interpretive, hermeneutic theoretical framework which is in harmony with the individual counselling experience that would give careful attention to the clients' external as well as inner worlds and would thus be likely to have implications for the development of good counselling policy and practice. This aim links with my belief that 'research should be a means of promoting social justice and influencing policy' (Burns, 1999). I share Burns' belief that it is the responsibility of researchers '...to find the right points and the right groups in the policy-making process who can make use of our work and then make it available to them in an accessible form' (Finch, 1988, cited in Burns, 1999).

Reaching potential research participants interested in being part of a case study

Using my range of professional contacts in higher education and the voluntary sector in Liverpool, London and Norwich I decided, given my rationale, to approach the primary care, voluntary and student counselling settings in seeking participants for my research study as set out below:

User groups within the case study (presented in Chapter 4 as table 4.1.p.111)

User group	Location
Higher Education student counselling Services, University Medical School Counselling Service	Northern England, Eastern England London
Primary care: counselling services within GP practices	Norwich (city) Norfolk (country)
Voluntary sector: community based counselling centres	Norwich (city)

Although the main focus of the study is on client perspectives it is important, in recognising the relational nature of counselling, that I include the client participants' counsellors in the study. As well as arranging with the organisers of the respective counselling services to talk with two or three potential client participants from each of the identified user groups about their perceptions of counselling I also arranged, with the client participants' agreement, to interview their counsellors about their own perception of the counselling experience.

Structure of the thesis

The thesis is presented in three parts. Part I provides the context for the case study. Part II outlines the theoretical framework underpinning the thesis and the case study method. Part III presents the case study's emerging main themes and conclusions. The chapters are summarised below:

PART I

CONTEXTUALISING PERSPECTIVES ON COUNSELLING

Chapter 1. Situating counselling and psychotherapy in time and place

This chapter examines the development of counselling and psychotherapy in terms of its history and culture, outlining the main theoretical approaches as well as developments and controversies within the medical and healthcare professions.

Chapter 2. Pre-understandings

This chapter is in four sections and considers issues of interpretation and understanding in terms of:

(1) Popular perspectives on counselling

(2) Media representations of counselling and psychotherapy

(3) Retrospective client accounts

(4) Researcher/practitioner perspectives.

PART II

THE HERMENEUTIC APPROACH: THEORY AND METHOD

Chapter 3. Understanding and interpretation

This chapter considers the main characteristics of hermeneutic methodology and its suitability to the study.

Chapter 4. Application of the hermeneutic method

This chapter considers the application of the hermeneutic method in terms of thematic induction as the mode of interview analysis.

PART III

INTERPRETING RESEARCH PARTICIPANT PERSPECTIVES: ANALYSIS OF THEMES

Chapter 5. Client perspectives before counselling: Uncertain perspectives and the socio-cultural influences

This chapter is in two sections and examines the *before counselling* stage. It considers:

(1) The main themes emerging in terms of client ambivalence and uncertainty.

(2) The main themes relating to the external socio-cultural context of the client perspective.

Chapter 6. Client and counsellor perspectives during Counselling: Self-identity and relationship

This chapter examines the *during counselling* stage in terms of self-identity and self in relation to others, in particular the therapeutic relationship.

Chapter 7. Shifting horizons: Reflections of clients, counsellors, researchers and others after counselling

This chapter examines the *after counselling* stage and the changing perspectives of client, counsellor, researcher and others in relation to counselling.

Chapter 8. Grasping the whole: Development of new knowledge and implications for practice

This chapter considers the whole picture in relation to its parts in order to identify emerging new knowledge and the implications for practice.

The Appendices

The first set of appendices (1-8) contains extracts from 'random conversations', copies of letters inviting research participation, information sheets, consent forms, a selection of emails relating to research method and ethics, and a transcript of a recorded interview with a G.P. referral agent.

All of the 30 transcripts of recorded interviews with the research participants are presented in full and are verbatim transcriptions. These are presented in sequence reflecting the *before, during* and *after counselling* stages of the research.

PART I: CONTEXTUALISING PERSPECTIVES ON COUNSELLING

CHAPTER 1 - Situating counselling and psychotherapy in time and place

Aims of the chapter

This chapter aims to set the scene professionally in terms of developments and controversies in the field of counselling and psychotherapy and the health professions generally. The relationship between psychotherapy and counselling continues to be understood in a variety of ways. I aim to clarify the meaning of these terms as used in this study by situating them in their history and culture. In doing so I shall outline what I perceive to be the main forms and constructions of counselling currently informing the work of professional counsellors in their engagement with clients. I shall also outline briefly the relevance of the hermeneutic approach in understanding the client perspective.

Broadly speaking there are three main features characterising counselling and psychotherapy today. The first concerns the growth in general acceptance of counselling and psychotherapy by the majority of the British public. In 2004, a BACP/ Future Foundation Project, in a telephone survey of 1,008 people, found that '21% of the people interviewed had personally experienced some form of counselling and psychotherapy - suggesting that one in five of the adult population can comment based on actual experience' (2004:3). There has at the same time been a strong growth in the number of trained counsellors.

The second is the continued expansion of counselling, particularly in the primary care sector. This is allied to an emphasis on evidence-based practice, quantifiable outcomes and on achieving value for money. Client evaluation systems such as CORE[2], originally designed to assess client perceptions of counselling and its usefulness, are now being used to assess both client and counsellor performance.

The third relates to the misunderstandings and tensions and issues of definition within the spheres of counselling and psychotherapy. The professional bodies, as has been their predisposition historically, have not helped any movement towards clearer definitions. As Strawbridge (1999:294) expresses it:

[2] Developed by The Psychological Therapies Research Centre at the University of Leeds (Mellor-Clark, 2000).

> Whether or not we call ourselves psychotherapists, counsellors or counselling psychologists depends largely on the professional body through which we have gained accreditation and does not imply, for example, long or short-term work or a particular therapeutic model.

Disputed distinctions between counselling and psychotherapy and professional differences and tensions between schools of thought show little sign of resolution. Psychotherapy continues to maintain its separate identity from counselling but the variety of theoretical strands of influence within it appears to exclude the possibility of a professionally unified front. For example, in 2004 the British Psychoanalytical Society and the newly formed College of Psychoanalysts were in strong disagreement about ownership rights and training in psychoanalysis (Feltham & Horton, 2006). At the same time various adaptations within other parts of the health care system, e.g. mental health nursing, psychiatry and psychoanalysis, have led to further misunderstandings and confusions both within and beyond the professions.

In an effort to move towards professional convergence the British Association for Counselling became the British Association for Counselling and Psychotherapy in 2000. Even though many counsellors trained in accordance with BACP standards and criteria do not distinguish between the term 'counsellor' and 'psychotherapist', confusion still exists. An examination of the historical roots of such terms may help to clarify some of the misunderstandings and provide a context for this study.

The historical roots of psychotherapy and counselling

After Darwin and Marx in the mid nineteenth century, the work of Freud presented perhaps one of the biggest challenges to the thinking of the middle class societies of the nineteenth and early twentieth centuries. Freud was clearly the most dominant force in the development of psychoanalysis from which most psychotherapy models are derived. Before Freud there were many kinds of psychologically orientated therapy 'and many had already used the concept of an unconscious' (Feltham & Horton, 2000a:3). However, it was Freud who aimed to establish psychotherapy as a scientific discipline and who contributed to western society a living and developing body of knowledge about the human mind. There have been a multitude of conflicting interpretations of Freud. Whatever our viewpoint it cannot be disputed that he has 'deeply influenced (for better or worse) the

ways in which we think about ourselves and others, act, and even describe our most intimate feelings, emotions and anxieties' (Bernstein, 1988:87). Masson, who eventually became disillusioned with psychoanalysts, had himself been attracted to Freud's teachings because they were preoccupied with 'dreams, with memory, with the primacy of the emotions, with the importance of childhood, and especially with human misery' (1992:4). Freud aimed to prove that a cure comes about from the patient remembering thoughts and feelings long repressed. In short, Freud's aim had been 'to ease neurotic suffering and to use the information gleaned to construct a theory of the mind' (Kahn, 1997:42).

Psychoanalysis developed in Europe and the United States in the early part of the twentieth century. The International Psychoanalytical Association was established in 1910, The British Psychoanalytic Society in 1924 and The British Association of Psychotherapists in 1951 (Feltham & Horton, 2000).

The counselling movement in Britain owes its origins to two main strands of thinking: that developed by Carl Rogers in his break from traditional psychoanalytic thought and the development of non-directive counselling; and to Frank Parsons from whom Rogers took the term counsellor. Parsons, as a social campaigner on behalf of the urban poor, had set up the Vocational Bureau in Boston in 1908 and 'laid the foundations of counselling and guidance' for young people (Feltham, 2000a:3).

As Thorne illustrated (1992:60), 'academic qualifications, medical expertise or even psychological sophistication' were prized by psychoanalysts and psychotherapists but were held in small regard by Rogers who, in Thorne's view, influenced the 'evolution of a counselling profession where practitioners are drawn from a wide variety of disciplines and where neither medicine nor psychology rule the roost'.

Rogers had been prevented by the medical establishment from calling himself a psychotherapist, a term reserved for medical practitioners in the 1920s in the United States. To circumvent this ban he used the term 'counselling' to describe his own practice. This was his 'cheeky strategy to silence psychiatrists who were objecting to psychologists practising psychotherapy' (Thorne, 1992:60). This movement played a part in the early career of Carl Rogers 'who is probably the closest to being the founder of (non-directive) counselling in the 1940s' (Feltham, 2000a:3). Apart from Parsons, Hans Hoxter also

played an important part in creating the counselling movement bringing American training ideas to Britain. Thus counselling has its historical roots in practical guidance and problem solving issues; it has tended to be agency-based rather than associated with private practice and is now mainly characterised as facilitative rather than advice giving (Feltham & Horton, 2000).

What is psychotherapy?

As defined by Feltham & Dryden (2004:183):

> Modern psychotherapy is a form of talking treatment which addresses psychological problems. There are upwards of 400 variants of psychotherapy. Its theories and practices overlap significantly with counselling. Historically, psychoanalytic psychotherapy is derived from psychoanalysis but it is characterised by, for example, less frequent sessions, the choice of chair or couch for the patient, therapist and patient being face to face and greater interaction with the patient than is offered by classical psychoanalysis.
>
> Psychodynamic psychotherapy is often considered to differ from counselling in being more relationship based and taking greater account of transference, taking longer (years rather than weeks or months), involving longer and more rigorous training...addressing underlying dynamics...rather than symptoms, dealing with more serious categories of mental distress. Many of these claims are disputed and certainly there is overlap in practice.

Some professionals use the term psychotherapy to signify a less intense form of psychoanalysis and some refer to psychoanalytic therapy only. However, the client- or person-centred approach developed by Rogers (Thorne, 1992) and adopted by most of the counsellor research participants in this study is referred to as both counselling and psychotherapy usually without distinction. Various forms of brief psychotherapy challenge the claim that psychotherapy is long term and counselling is brief. Most psychotherapy, like counselling, is fundamentally talking-based therapy resting on psychological contact, theories and techniques. However, as Feltham and Dryden point out, 'many clients and referral agents, as well as counsellors and therapists, are confused about, or indifferent to, the distinctions' (Feltham & Dryden, 2004: 183).

Main models of psychotherapy and counselling

Syme (2002) illustrates the way in which disagreements with Freud led to new theories and

methods of working which have become the basis of the different theories of psychotherapy and counselling. These many theories or approaches referred to above fall into three main categories: psychodynamic, humanistic and cognitive behavioural (Nye, 1992).

Clare (1980) separates out the scientific medical models of mental distress, those based on the organic (biological) and the behavioural, from typical models of counselling and psychotherapy, such as the psychodynamic and humanistic, which are concerned with subjectivity and context. Thus, 'in contrast to biomedical approaches, the psychological therapies operate largely without medication or other physical interventions and may be concerned not only with mental health, but with spiritual, philosophical, social and other aspects of living' (Feltham, 2000a:2).

Psychiatrists are often criticised by therapists, particularly those within the humanistic and existentialist tradition, for supporting the bio-medical approach to the exclusion of all others (Bond et al., 2000, Feltham, 2000b).

Giving weight to the view that we live in a culture reflecting a trend to greater individualism, concerned with 'our psychological and emotional wellbeing' (BACP/Future Foundations, 2004:7), Bimrose (2000:27) argues that these predominant models outlined above tend, to a large extent, to focus on the inner world of the client.

> The special qualities, characteristics and experiences of each individual client represent the starting point for much counselling and therapeutic practice... Preoccupation with the individual client carries with it the danger of missing the understanding which can come from a study of the social contexts in which individuals live their lives.

She outlines three main approaches to social context: individualist, integrationist and structuralist. She shows how individualist approaches to social context are those which locate the client's need for help, and possible solutions within the individual. To illustrate her point she refers to Ivey et al. (1997:7) who state:

> the existential-humanistic, psychodynamic, and cognitive behavioural traditions have tended in the past to focus solely on the individual, with little or no attention given to family, cultural, or social context issues.

Bimrose illustrates how integrationist approaches to social context aim to combine different aspects of current approaches such as multicultural counselling and therapy

focusing on the individual in a family and cultural context. These approaches help clients to see how their difficulties may be related to societal and social justice issues concerning race or ethnicity, gender or socioeconomic status. Counsellors supporting such an approach may become involved in community action themselves, for example the national organisation of Counsellors and Psychotherapists for Social Responsibility. This is one way in which they can aim to change systems which are affecting their clients.

A structuralist approach is based on the view that traditional approaches to counselling and psychotherapy represent methods of social control in that they encourage clients to accept the status quo and discourage then from any challenge which might result in societal or structural change.

The hermeneutic approach

As couched, the three approaches described have significance for the hermeneutic approach which regards social and cultural context as essential to understanding and interpreting the perspective of the client.

Perspective

This is a study about perspectives. It examines how different people's perspectives on counselling compare or contrast or have elements of another's perspective, how perspectives can be entrenched, fixed, ambivalent, certain, uncertain, how they can shift, change and renew.

The broad focus of the study takes into account how counselling and psychotherapy are perceived in the UK today by the general population, by users or potential users of counselling, by counsellor researchers and practitioners and by referral agents.

The specific focus is on how the client perceives counselling. Reference has already been made to the relative neglect in the counselling research field both of the user's point of view and the social context shaping that view. This study engages in a major perspective

shift at the outset by focussing, at least initially, directly on the client's, rather than the counsellor's, perspective of counselling. In considering perspective formation the study thus sets out to gain a greater balance between the traditional focus on the client's inner self and the external socio-cultural influences on the client's perspective. For this reason I have departed from the traditional structure of a thesis, placing emphasis early on in the study on the socio-cultural influences on perspective formation as exemplified by the media. I thus reveal initial findings about client and popular perspectives that in a traditional study would have been placed after the literature review and usually in the concluding chapters of the study.

In a culture which values evidence based practice and quantification of outcomes, with an emphasis on strictly codified instruments of measurement, qualitative studies such as my own must work hard to prove their value. Paradoxically we are also in a culture in which the consumer's view is taken very seriously. The Health Service is currently defining the consumer as 'the expert patient' who knows best about their own health condition. The hermeneutic approach, broadly defined as the art or theory of interpretation (Bohman, 1999:954), aims to reconstruct meanings from the 'agent's point of view' and thus get as close as possible to the truth as perceived by that person. As part of its respect for the lay person's point of view the hermeneutic approach accepts as given the importance of history and culture in influencing and shaping a person's perspective. The approach also sees as fundamental the constant sweep between the overall picture – in this case, the viewpoints of the general public and of the range of stakeholders within the healthcare professions - and the particular detail - in this case, almost sentence by sentence, the individual and changing perspectives of the research participants.

Thus in the next chapter (Pre-understandings), as indicated, it is my aim to examine the broad sweep of viewpoints about counselling, and the culturally influenced assumptions and pre-understandings contained within them, before moving to the main component of this study, that is, a detailed examination of the client's perspective.

CHAPTER 2 - Pre-understandings

> *Every act of hermeneutic understanding begins with a pre-understanding, which orients the inquirer in relation to the text or topic. One of the tasks of the hermeneutic scholar is to become aware of and reflexively to explicate this pre-understanding in a way that creatively feeds in to the process of understanding itself. (McLeod, 2001d:23)*

Structure of the chapter

This chapter, Pre-understandings, is divided into four sections. In Section 1, as a precursor to looking at the social and cultural influences on popular perceptions of counselling, I have presented a summary of my initial, deliberately random, conversations with members of the public. In Section 2 I have examined representations of counselling within the media. In Section 3 I have commented upon my survey of the published, retrospective accounts of people who have experienced therapy. Only then, in Section 4, counter to conventional practice, have I discussed the published findings of researchers in the fields of counselling and psychotherapy.

The purpose, then, of this chapter is to review, discuss and critically appraise, in terms of the hermeneutic approach, what is already known about client perceptions of counselling relative to what has yet to be discovered. Conversations with client research participants before, during and after counselling about their perspectives on counselling are the main focus of this study. By placing their perspectives on counselling in their broader social context it will be possible to clarify ways in which this particular study reinforces, complements, or extends this field of knowledge.

What is meant by 'pre-understandings' and 'perspective'?

Modern hermeneutics argues that since we are 'historical beings and that our understanding is an historical process' (Reason and Rowan, 1981:132) we are markedly influenced by our culture and our place within it. Our prejudgements and pre-understandings, which bear upon our perspectives, are determined largely by our place in history and our cultural influences. A key question and one addressed by Gadamer (1975)

is that if our pre-judgements are to such an extent predetermined, how can we ever distinguish between 'legitimate' or 'true' judgements and those which are largely subjective? This distinguishing or discerning capacity is at the heart of qualitative research. A modernist approach, in which the researcher examines data from a detached, positivist position, would appear to be neat and efficient, but we are in fact in the realm of messy 'everydayness'[3], human emotion, inconsistency and idiosyncrasy. This is not to say that we cannot be organised and methodical in our approach, or that we are automatically relativist and entirely guided by social context. As I shall discuss, phenomenological approaches concerned with essence may reveal truths that transcend time and place and become universal. But it is always a balancing act. We can question, review or overcome our prejudices. The important thing is to distinguish between helpful influences and foreknowledge, which act as an aid to understanding, and prejudices which obstruct or inhibit understanding (Cushman, 1995, McLeod, 2001d). This awareness underlies this study which is encapsulated in the understanding that the researcher's own predispositions, social and intellectual influences and pre-understandings influence everything from the choice of subject, interviews with research participants and even prejudgements about the knowledge and perspectives of those who will ultimately read and analyse this study (McLeod, 2001a).

Perspective shifts and the creation of new knowledge

By placing the 'lay' person's perspective before the research findings of professional practitioners I am aiming to shift the emphasis away from the authority of professional counsellors to those most likely to be their clients or potential clients. I also shift the perspective or horizon emphasis away from the abstract and theoretical approach towards the experiential. All component parts will be considered in terms of the hermeneutic circle (see diagram 3.1. p.102). The 'whole' will be considered in terms of the parts. It will also be interesting to see if this shift in emphasis reveals any new information about client perspectives just as the shift from consideration of the inner preoccupations of people's psychology to the external may possibly reveal new knowledge, or sharpening of perspective. The important thing, in the pursuit of the new, in an age of relativism, is to be

[3] I shall examine later in Part II (Methodology) of this study the concept of everydayness developed by Heidegger (1962) in his aim to understand the nature of everyday existence.

willing to 'risk one's prejudices' (Smith & Deemer, 2000: 889) and in the process of judging a person or a text allow the person or the text 'to ask questions'. It may be that rather than new knowledge of a startling nature there may emerge a sharpening of perspective that in turn leads to a 'refinement of practice' (Burns, 1999:4). Burns cites Finch (1988) who stresses that a researcher's responsibility is to locate relevant parties in the policy-making process so that they can make use of the work and employ it in an accessible form.

The socio-cultural standpoint

In discussing the application of a hermeneutic approach to this study I have emphasised the central argument of both Heidegger (1962) and Gadamer (1975), namely, that 'it is not possible to exist as a human being outside of a cultural context' (Cushman, 1995:20). Their view is that everyone exists within a cultural framework that is shaped and influenced by the prevailing social practices, attitudes and beliefs that assail our senses and form our perceptions. The primary influence on our perceptions is language and, in today's world of instant mass communication, a wide range of media. In fact, as is recognised in the field of media and cultural studies:

> Our ability to make sense of the world we live in is now absolutely dependent on our relationship with the media. It is not that we are conditioned by various information and entertainment media, but rather that we are part of them since our knowledge of ourselves and our world is filtered through their images and language (Lewis, 2000:12).

This filtering process has clear implications for identity and the concept of self (see Part III, Analysis of Themes Chapter 6: Client and counsellor perspectives during counselling: self identity and relationship, in which themes of identity and self concept as expressed in the interview transcripts are discussed). However, in terms of the way in which people's perceptions of themselves and the world around them are shaped, it is worth saying a little more about Gadamer's views on the nature of perception. He likened the shaping of our perceptions by the cultural artefacts or social practices of our world, and the possibilities these present, to a perspective point or horizon or clearing in the forest. Horizons, which are perspectival, are created by the culture's own particular ways of perceiving. Thus:

> the placement of the horizon determines what there is 'room' for and what is precluded from view. (The clearing is) both liberating because it makes room for certain possibilities, and limiting because it closes off others (Cushman, 1995:20).

So what we have is a situation where cultural and external perspectives influence and thus have power over ordinary, popular perspectives. However, as is recognised in the field of cultural studies, people are not passive. Although they are not able to hold two opposing perspectives at the same time, they do have a range of perceptual possibilities and the capacity to select. Of course the choice is limited because, having identified a clearing or individual standpoint, other possibilities are excluded by the horizon. Only when horizons fuse, as a process of dialogue between researcher and research participant, can perspectives alter.

Section 1 - Popular perceptions expressed in 'random conversations'

> *Critical hermeneuts* [sic] *realize that a central aspect of their sociocultural analysis involves dissecting the ways people connect their everyday experiences to the cultural representations of such experiences (Kincheloe & McLaren, 2000:288).*

At the start of this study I held a number of random interviews, or 'conversations' with people on buses, trains or on holiday (see Part II, Application of the hermeneutic method: 120 and Appendix 1). Most of these took place before the main part of this study got underway. My purpose was to get a 'vox pop' about counselling.

These initial discussions yielded a broad range of responses ranging from the strongly positive to the distinctly negative perspectives, indicating a variety of social influences and experience. Those who were positive described counselling as 'life-saving' and 'life-changing'. Some felt it should be accessible to all and has a useful part to play after a crisis, e.g. The Dunblane massacre, the sinking of The *Herald of Free Enterprise*, the Paddington rail crash etc. One subject felt that counsellors give the user a chance to talk things through and can help people cope with life following a bereavement, a marital breakdown or when depressed or anxious. Another felt that counsellors are impartial, can

listen and can help others to sort out their problems. Several admitted to knowing little about it but thought it could probably be a good thing.

Those who were negative were much more emphatic, reacting against the culture of individualism and of blame. They often expressed the view that to seek counselling is a sign of weakness and that self control and a stiff upper lip approach is much more useful – 'it's always worked for me'. Several saw counsellors as manipulative and self serving, concerned only to 'fill their diary and make money', to 'sign people up before they are clear about their own needs'. Another felt that counsellors are too driven by theory and seek to 'mould' the user to their own model. One interviewee, a fireman, felt that often counsellors are 'wheeled in after a crisis', are untrained and counsel too soon after trauma.

It is perhaps significant that those who felt positive about counselling had either benefited from counselling themselves or knew of someone who considered that they had benefited. Several of those who were negative about counselling said that they would not seek counselling themselves nor recommend it to anyone. Some had received counselling and were unhappy with the experience.

It is of interest that the negative and positive themes that emerged i.e. those reflecting negative trends within our culture – weakness, lack of self control and the blame culture – and the positive, which can be summarised as helping people to cope with life, are themes that preoccupy the client research participants in the study. They also preoccupy those researchers and counselling commentators who are hermeneutically inclined, e.g. Cushman (1995), Sass (1988), House (2003) and Smail (1987). Sociologists such as Furedi (2004) and Giddens (1991) fall into a somewhat different category though, in their own ways, they have important points to make about cultural context and attitude as illustrated in Part III, Analysis of Themes.

Popular perceptions expressed by case study research participants interviewed at the *before counselling* stage

I shall illustrate in Part III, Analysis of Themes, Chapter 5 how most of my client research participants at the before counselling stage expressed uncertainty about counselling and a

general lack of clarity about what happens. Since the findings resulting from these in-depth interviews are relevant to this section (i.e. illustrating how client research participants' pre-understandings are culturally informed and shape perspective on life) I have included such findings in brief. Some found the media a useful source of information about counselling. Others were confused by the mixed messages projected by the cinema and television. These added to uncertainty about the functions of counselling and about what constitutes psychiatry, psychoanalysis, psychotherapy and counselling. There was a sense of the 'mystique' of counselling. Several client participants at the *before counselling* stage made references to American and British sitcoms, Hollywood films, information programmes and articles in newspapers about counselling. Clients in my own practice have frequently referred to films they have seen in the cinema or on television and to articles in newspapers. Only occasionally has there been reference to books or to the lyrics in popular music or to the internet.

Case study participants made several references to the familiar image, stereotype, or cultural pre-judgement, of the 'psychiatrist's couch'. This was best summed up as follows:

> I get that sort of stereotypical image of the couch as you see in television and things: there's a couch that the client lies on....so that's why I imagined I might have to see a doctor as such – a doctor in psychiatry, and I might have a few sessions to talk it out and then just move on a bit, you know (James, Appendix 10).

It is interesting that several research participants referred directly to the stereotypes associated with therapy: i.e., the couch, the detached, severe, judgemental doctor, the mystique. The nature of stereotype again becomes significant in the consideration of cinematic and television portrayals of therapy.

It emerges, as in the example above, that people sometimes understand counselling to be related to psychiatry and medical practice. Most people in the study seemed aware that a psychiatrist has a medical background and an inclination as well as the right to prescribe pharmacological drugs but may also be prepared to engage in talk therapy. We again enter the realm of professional perspective and how entrenched or flexible that position is held to be. The divide between the medical model of therapy and the psycho-social is echoed in the debates of mental health practitioners as to the nature and practice of therapy.

Popular perceptions expressed in surveys of public perspectives on counselling

Literature relating to public perceptions of mental health reveals very little about perceptions of counselling. However, a useful study (Thomas, 1993) examines how members of the general public perceive counsellors and counselling in General Practice. It concludes that great value is placed by patients on the availability of counselling. The pre-understandings of the researcher (i.e. that counselling is a worthwhile activity and researchers tend to find what they set out to find) were very transparent in the method used. Participants were asked to choose from four possible answers to each of sixteen questions, selection being made on the basis of which answers most matched their own opinions. Even with this limitation – not one owned by the researcher - the results do nevertheless present a useful indication of popular perceptions of counselling. 53% had felt like talking to a counsellor during the previous three years; 37% would prefer to see a same sex counsellor; 56% said they would be more likely to agree to see a counsellor if the doctor spent five minutes explaining to them the likely benefits. In terms of studies examining media influence on public perceptions of counselling Morall (1997) shows that the media cover mental health services only when the system has failed. Berlin and Malin (1991) show how successes in the mental health services are seldom reported. McRobbie and Thornton (1995) suggest that the media have created a 'moral panic' over the plight and care of people with mental health problems, and that moral panics have become the means by which daily events are brought to the attention of the public.

Perhaps with this issue of stigma in mind, a study (Walker et al, 1998) was carried out which, although not specifically concerned with counselling, examines public perceptions of the psychiatric nurse's role. Their research concludes that although a relatively positive picture of the public's perception emerges, the research findings indicate an element of stigma remaining. They assert that if worryingly high levels of stress, depression and suicide are to be reduced the media could play a prominent part in this process; thus their current and potential roles in mental health issues need systematic evaluation. It is important, they conclude, that the images of mental illness are accurately portrayed, are informative and aim to reduce the stigma and fear commonly associated with it. This last conclusion has current relevance to the issue of public prejudice against people with mental health problems.

Gadamer (1975) had reacted strongly against the Enlightenment 'prejudice against prejudice' and believed that it was impossible in any research to achieve total objectivity, for any researcher always approaches a subject from a particular standpoint. Within this limitation, nevertheless, it is important by tacking between the parts and the whole to get as close to the truth of the situation as possible. The broadcasting media, particularly BBC television and radio, are particularly concerned about accuracy and impartiality of view, which they see as part of their responsibility to their audiences as licence fee-payers. The Press comprises a large number of newspapers and magazines that have traditionally been regarded as 'free', or unshackled by commercial interference and pressure. Historically this was not the case (Curran and Seaton, 2003). Increasingly ownership has become concentrated into huge and often international multi media conglomerates with their own agendas. Market forces play an ever increasing role as the pressure for circulation intensifies. Seemingly partiality or impartiality is now a matter for the public to decide – something claimed in a Radio 4 discussion programme (Fowler, 2004):

> If you're looking at the whole marketplace of ideas, which today is cable, it's direct satellite to the home, it's the internet, it's over-the-air broadcasting, it's books, newspapers, movies, handbills, public meetings...I would argue that let every speaker speak as they wish whether they're partial or impartial and out of that welter of different conflicting and the same ideas, the common man (sic) can decide what is good and true. (Mark Fowler, former Chair of the Federal Communications Committee, quoted from the programme transcript, 2004).

Cinema and television programme directors and producers and newspaper journalists are by their very nature partial. In the same programme the then editor of the *Sunday Telegraph*, Dominic Lawson, says:

> Everybody has views, everybody has opinions. Broadcast journalists being journalists will probably be opinionated people with strong opinions. And I think it is sometimes...very difficult for them to detach their own view, which by definition they will see as reasonable, from as it were what is in fact notionally an unprejudiced view.

On the issue of opinions it was reported in the *Evening Standard* that the film actor and director Tom Cruise recently made a major attack on psychiatry as 'junk-science':

> The last thing I would ever do is talk to a psychiatrist...look at the history of psychiatry. It's based on opinions. It's not based on any facts. There is no science to it ...psychiatry itself is not a science. There's no science behind it- it's called junk science. (Quoted in article by Mike Goodridge, 2004).

Ironically Tom Cruise is a scientologist, and demonstrates a somewhat confused understanding of the term 'psychiatry'. The main point is that the *Evening Standard* felt that the public would be interested in the negative observations of a celebrity about the nature of therapy and, in Cruise's view, its opinion-based historical roots.

As I have indicated, the media themselves research all their programmes to varying levels. They carry out frequent surveys, opinion polls, examine viewing statistics and attempt to identify customer interests, attitudes and perceptions. Curran and Seaton refer to early surveys in the 1950s and 1960s. They cite in particular the work of Treneman and McQuail (1961) who argue that people 'use the media for diversion, including escape from routine problems, for developing personal relationships (including substitute companionship), for confirming their person identity and for keeping themselves informed' (Curran & Seaton, 2003:332).

Even as late as the 1970s, survey research had 'apparently shown that the media had little effect on attitudes'; but 'new evidence seems to show, by contrast, a dramatic impact on the range and depth of perceptions' (333). Views may become more strongly held if reinforced by the media but may also wither and die because they receive no public reinforcement. Martin Harrop (1989) suggests that the media hold a negative power, that is, a failure to address or to provide clear information on contentious issues, such as mental health. This is a general problem highlighted by Lewis Wolpert (2003) in the *Independent* about both the media and government institutions in relation to public understanding about mental health:

> Considering how much everyone cares about their health it is surprising, even shocking how little the public as a whole understands about ...mental health. What is even worse is that there are very few studies by the relevant authorities, from the Department of Health to the Royal College, to find out what actually is understood. Their interest has been on attitudes, not understanding.

In terms of keeping the public informed, responsible journalists carry out research to support their articles and to give a sense of accuracy tend to present statistics, where

possible, particularly when dealing with mental health issues. Using statistics selectively is also a forceful way of presenting a point and reinforcing an image. They may be highlighting general suffering and unhappiness in the population, an increase in male suicide, or the widespread nature of depression and the increase in anti-depressants to combat this tendency. Or they may be drawing attention to the increase in workplace stress. Wherever possible they will use statistics to make a point, although the British Association for Counselling and Psychotherapy who are often consulted for relevant statistics, point out that often no source is given (Hodson, 2003a). Some examples follow:

> ***So many men crying out for help*** An average of 3,600 men commit suicide each year, while only 1,200 women succeed in making the same bleak choice. Orr (2001) in *The Independent.*
>
> ***Depression hits one in four adults*** For Martin counselling was never an option. He went to his GP and was given anti-depressants. These are currently prescribed 20 million times a year – a 700% increase in 10 years. McVeigh (2001) in *The Guardian.*
>
> ***Stressed out staff driven to brink*** Workplace stress has become so bad that thousands of workers are presenting themselves for treatment with symptoms similar to those of psychiatric outpatients, according to a major new investigation.' The same report continues: 'A survey of Britain's students show that 46% of men and 64% of women show symptoms of depression and that mental health problems are overwhelming student health services. Summerskill (2001) in *The Observer.*

Images and language can be viewed as powerful cultural constructs for creating meaning and persuading the public to identify with the issue or problem being described. In other words, our perceptions of self and how we make sense of the world are mediated by many factors: 'Making meaning is constructed by talking, listening, moving, exchanging, reading and so on' (Miller & McHoul, 1998:2).

Section 2 - Media perspectives on mental health and counselling as therapy

McLeod (2001d:23) has stressed the importance of appreciating 'that hermeneutics is not just interpretation, but is tradition-informed interpretation'. In Chapter 1 of this study I have discussed the historical roots and development of psychotherapy and counselling, showing how they are historically distinct. Psychotherapy developed via psychiatry and psychoanalysis and as such is rooted in medical and scientific practice. Psychiatry and psychoanalysis continued to develop their practices and to influence, some significantly and some only slightly, the wide range of practices in the mental health sphere. Counselling is more strongly rooted in vocationally related practical guidance and problem-solving for young people living in deprived areas (Bond & Shea, 1997). However, it is becoming increasingly associated with the non-directive, facilitative counselling developed by Carl Rogers (1942, 1951) in the 1940s and 1950s. This is the case in Europe as well as America (Feltham, 2000a). In short there is a distinction to be made between the '(bio)-medical model' (2000b:412) of diagnosis and interventionist treatment and the humanistic and existential therapies, which are more non-judgemental and concerned with the development of human potential.

It is clear that on the whole the media today do not distinguish between these different therapeutic approaches, which is not surprising given the complexity of the development of the different strands of therapy. However, the cinema itself and its products or texts are also very much in the public domain both influencing and being interpreted by all its viewers throughout the last and into the present century. Film was in its early infancy as a medium when Freud was developing his revolutionary thinking about scientific understanding of the human psyche. The *Filmgoer's Companion* (Halliwell: 1988:444), described Freud as 'the virtual inventor of psychoanalysis and the discoverer of sexual inhibition as a mainspring of human behaviour', someone who had made a profound impact on motion pictures.

Lewis (2000:12) has pointed out that our 'ability to make sense of the world we live in is now absolutely dependent on our relationship with the media'. Thus it appears that most people gain their idea about what psychiatrists actually do from cinema, television and books. Gask, a practising psychiatrist, recognises that this is the case. She argues that the

portrayal of psychiatry in films has developed its own characteristics, 'which only occasionally interact with those of the real-life professions' (2004:69).

The key themes emerging in my review of media perceptions and representations of counselling – therapy as beneficial, therapy as potentially risky, therapy as something undefined, therapists as good and bad, expert, and inexpert, clients as weak, mad, or with special powers - all in some way relate to my own clients' references to the media, those research participants' interviewed at random, those participating within case studies and to researcher observations about media influences. I will now attempt to illustrate these themes in more depth by considering the portrayal of therapy in the main media of cinema, television, the press and radio.

Cinema: Changing stereotype images in the portrayal of 'patients/clients'

A Radio 4 programme on Psychiatry and the Cinema[4], in discussing the theme of mental illness in film, observed that 'people learn psychology in the cinema'. In describing the first images of mental illness the programme referred to *The Maniac Cook* made by D. W. Griffith, the founder of film making, in which schizophrenia was presented as violent, out-of- control, behaviour. The presenter pointed to three main stereotypes: firstly, the tortured genius as illustrated in *A Beautiful Mind*, and the perception that within madness there is great creativity. Secondly, the comedy/whimsy category as seen in Woody Allen films and in which Allen treats his own therapy ironically and uses his films as a means of commenting on his own relationships. *Me Myself and Irene* is about a comedy character with a 'multiple personality disorder' who becomes more violent as he becomes more ill. Thirdly, the Horror Psycho/Killer Film, eg. *Psycho,* in which insanity is viewed as synonymous with evil.

Stereotypes initially came about in cinema to help the audience understand the narrative though they also inherited from stage melodrama and vaudeville, 'the two theatre genres that were most readily adopted by early cinema....we know what they stand for so there is no need to elaborate their characterisation' (Haywood, 2000:358). In terms of the hermeneutic approach it is also important to recognise that stereotypes change in the light

[4] Own notes on 'Back Row' Radio 4 programme 4.05.02

of the shifting social and cultural context, as evidenced by the portrayal of therapy throughout the twentieth century.

As early as the 1970s some cinema directors tried hard to de-stigmatise mental illness. In this respect *One Flew Over The Cookoo's Nest,* made by Forman in 1975 and remade in 2004, presented the perspective of the hospital inmates, even using some of them to undertake roles in the film. The central theme of the film was the way they perceived the psychiatrists and psychiatric nurses as embodiments of oppressive institutional values and practices. The audience is encouraged to identify with the main protagonist who is resisting the extreme medicalisation of the hospital treatment (in the form of ECT and tranquillising medication). On the other hand the nurses and doctors are portrayed, in the main, as sadistic oppressors. This seems an instance of a film challenging stereotypes and thereby creating new ones. Anecdotal evidence indicates that psychiatric nurses working in psychiatric hospitals in Britain felt that the film had set back public understanding of their work by some ten years! My own perspective, based on contact with several psychiatric hospitals over the years, is that there has often been an abuse of power on the part of the professionals, particularly in the application of electro-convulsive therapy to patients without their informed consent.

Cinema: Changing images in the portrayal of the therapist

In a BACP briefing paper: 'Therapy vs. The Sopranos', Hodson (2003b) notes three basic therapist and counsellor stereotypes. Citing research carried out in the United States he refers to 'wounded healers', who tend to talk intrusively about their own problems in the consulting room, e.g. Robin Williams in *Good Will Hunting*; 'incompetent fools' who stare out of the window not listening to their clients, like Hugh Grant in *Nine Months*, or 'malevolent controllers' who sadistically harm their clients, such as Michael Caine in *Dressed to Kill.*

Discussing *Good Will Hunting* (1997) from a somewhat different point of view, Gabbard and Gabbard (1999:380) describe Robin Williams as 'gaining the trust of young tormented genius (Matt Damon) and then curing him by repeating over and over again: "It's not your fault"'. The description continues: 'In a twist that is unusual for male therapists, Damon also cures Williams, inspiring him to leave the profession and live a more satisfying life'.

It is relevant that, despite criticism of the accuracy of portrayal of the therapist, one of my research participants cites this film as a key influence on his idea of a therapist or counsellor. He rates the film as important to him in that the character played by Robin Williams constantly asserts to his client 'It's not your fault'. My research participant could identify closely with the character of the client who learned to trust the counsellor, express his true feelings to him, and in so doing experience some relief from painful, anxious emotions.

In asking what purpose stereotypes might serve in cinema, Haywood answers that they:

> clip into codes and conventions associated with belonging and exclusion. We, the spectators may not be like the hero but we are certainly not like 'the others'. Stereotypes represent a release of our prejudices at the same time as they play on them. They allow us to belong to a social grouping of which they (the stereotypes) are not part (2000:359).

The concept of prejudgements and the part they play in our perception of belonging to or being excluded from certain social groupings will receive further discussion in Part III, Analysis of Themes, Chapter 5 and its discussion of socio-cultural influences.

In terms of the current discussion I am aware that any socio-cultural grouping, for example, the counselling and psychotherapy profession, tends to find a stereotypical characterisation or representation of itself lacking in nuance and therefore unfavourable or reductive. However, as indicated, stereotypes do shift and change. In the 1990s and the new millennium, therapists and counsellors are portrayed in film in a variety of ways, from the expert in *Final Analysis* (1992), to the serious, but somewhat eccentric counsellor in *Secrets and Lies* (1997); to the befriender, helper and therapist in *Good Will Hunting.* All of these films were made in the 1990s. It would appear that most of these representations owe something to the humanistic, person-centred model of counselling albeit, in the first instance, in a rather crude form. For example in *Final Analysis* when the client asks her therapist how he works, he replies 'I just listen and reflect back the last sentence of whatever the patient has just said.' Apparently Carl Rogers was often angered by the fact that even in serious medical circles therapists confused surface reflection of feeling with profound empathic understanding. *Final Analysis,* together with other films, is criticised by Hodson (2003b) for offering a deeply biased portrayal of a therapist. Representing the counselling and psychotherapy profession in the form of BACP he counters misrepresentations in an effort to ensure that counselling and therapy issues are represented

more clearly. Hodson (2003b) asks why society needs to represent its mental healers in a negative fashion. 'Perhaps we want to attack those who ask us to examine our deepest fears' he suggests. Whatever the reasons he believes that the public 'acquires distorted perceptions about counselling and psychotherapy from the way the profession is handled on the screen.'

In *Final Analysis,* Hodson says, Gere 'makes a point of sleeping with his patients', and thus breaking the code of ethics. This point is disputed by Gabbard and Gabbard (1999:328) who describe the film thus: 'Richard Gere tells Kim Basinger that he cannot have sex with her because she is the sister of his patient....Gere tells a colleague that he checked the AMA ethics code, and there is no prohibition against sex with a patient's sibling...!' This may sound like a quibble, since the main purpose of the film is to entertain, but it is perhaps an indication that at some point in the scripting of the film a therapist has been consulted about the ethical issue.

A recent French film, *Confidences Trop Intimes* (2004) treats both therapist and client somewhat ironically. Jamie Russell[5] describes the film as about

> ...a woman trapped in an abusive relationship who mistakes tax lawyer William for a psychoanalyst. Before he can correct her she has started pouring her heart out to him and he's smitten by her fragile beauty and heart-wrenching story. William consults the real psychoanalyst who offers him an enigmatic crash course in head-shrinking...while charging him through the nose for the privilege.

Image portrayal and observations about the therapy professions sometimes reveal unexpected insights into other aspects of our own culture. The psychoanalyst's comparison of his own profession with that of the tax adviser is a case in point:

> We both listen to our clients who, like us, are concerned with what to reveal and what to conceal.

It is also a natural assumption that the clients are selective in what they say to the therapist. This is tendency evident in my client research participant interviews, but which is contested by or disapproved of by therapists who ask, if not for total stream of consciousness, for an openess in expressing thoughts and feelings without internal censure.

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[5] Norwich Cinema City Programme Notes by Jamie Russell, BBCi: Confidences Trop Intimes (Intimate Strangers)

This issue of selectivity of expression is a point for further consideration in discussion of therapist and client power.

It is becoming increasingly evident that there are two main ways of perceiving and representing therapists and their patients or clients. These are based on a sense of different trends within the history of psychoanalysis and counselling. It may be helpful to consider the mental illness/mental health dichotomy as on the one hand, the representation of the ill patient as suffering from a psychopathological condition, manifested in irrational, sometimes violent behaviour, but treatable by medical intervention, where the therapist is regarded as expert.

On the other hand there is the representation of the distressed client as a natural response to psychological and social pressures, treatable by psychotherapeutic approaches. Here the therapist is sometimes regarded as an eccentric, sometimes comical figure reminiscent of vaudeville, and as a listening problem solver. The latter representation is perhaps more typical of television portrayals of therapists in the 1970s and 1980s which began to supersede the former representation of the therapist as a powerful and respected authority figure or expert.

Television: Portrayal of the therapist as 'agony aunt' or 'expert advice-giver and problem-solver'.

Typically, in comedy/drama programmes such as *Agony* (1979-1986) *Maybury* (1981-1983), *Shrinks* (1981),and *Fitz* (1990s), *Frasier* (1990-2004) the therapist is presented as 'expert' in problem solving: a professional health practitioner, but also humorously displaying human qualities with which the audience can identify.[6]

Television: The chat show host as 'celebrity therapist' or 'guru'

During the 1990s producers of mass entertainment began to recognise the popular appeal of programmes of a confessional nature, presenting human dilemmas in which audience involvement proved to be an important ingredient of success. Participants in such programmes presented or 'confessed' their personal problems and confrontation scenarios

[6] British Film Institute Source Archives

were orchestrated by the producers and commented on by the audience. Probably the most popular of these imported into Britain are *The Oprah Winfrey Show* and *The Jerry Springer Show*. The latter recently formed the basis of a drama/opera style musical production in the West End of London, an ironic treatment of this modern phenomenon, first shown at the Edinburgh festival in 2002. In 2004 when the BBC decided to show a recording of the live show on television, *Jerry Springer, the Opera* became the subject of contention between interpretations of liberalism versus immorality. A number of groups, mainly Christian, attempted to block the showing on grounds of blasphemous language and its potential for harming young people in its audience. Others viewed the show as a prime example of the power of human contact and compassion. Jerry Springer's own possibly ironic comment on the controversy was 'I don't solve problems I televise them'.

The nearest British equivalent to the American chat shows is *The Tricia Show* currently shown on ITV. The researcher who recruited potential candidates for this show has said that all potential participants are approached at random, often on train journeys or in supermarkets and then selected for their strong personalities. They are given clear information about what is involved and offered counselling after the programme.

This is a somewhat similar media approach to the recruitment of participants in the *Big Brother* television 'celebrity personality' programme and to such programmes as *Without Prejudice*. According to a discussion on Radio 4[7] producers of *Big Brother* carefully vet participants and psychological advisers are involved. Only the most robust candidates are selected and they can have psychological help if they require it. According to the programme producer there is no evidence that anyone has been psychologically damaged. However a participant speaking on radio said she had been publicly humiliated when described as 'having a fat face like a pig' and added that she 'needed a psychiatrist after all this.'

One *Big Brother* participant speaking on the same radio programme observed that although she had appeared in the programme two years ago she was still recognised in the street and often suffered verbal abuse: 'I did not realise how much people love to hate.' She blamed the press for stirring up so much hatred, which she had experienced as psychologically

[7] Own notes on Radio 4 Programme of 28.07.02

harmful. The press, the radio presenter said, tend to view the participants as 'moronic' and 'choosing to participate'. However, the press perceive the producers as the people to attack for producing such an 'immoral set up.'

In a BACP Press Release (Hodson, 2003c): 'Can reality TV be ethical entertainment?' it is evident that the BACP 'Helpline' has received many calls from those who have appeared in the shows described. 'Participants have talked about the lack of preparation they experienced in coping with the demands of the media, the impact of public recognition and managing their return to everyday life. BACP members have found themselves offering post-production counselling to both participants and viewers.'

Matt Wells (2004) reporting in the *Guardian* on the annual MacTaggart memorial lecture at the Media Guardian Edinburgh International Television Festival given by John Humphrys said: 'Humphrys, the presenter of *Today* on Radio 4, painted a depressing picture of the damaging effect on participants and viewers of programmes such as *Big Brother* and *Wife Swap*....The good television of today is probably better than the best television of the old days. The bad television of today is worse. It is not only bad – it is damaging, meretricious, seedy and cynical.'

The British Association for Counselling and Psychotherapy, aware of the harmful effect of such programmes, has produced ethical guidelines for TV production companies which aim to provide a framework that promotes good entertainment whilst aiming to protect the integrity of those who take part. A Media Consultancy Service has been set up providing advice, information and guidance to production companies for all stages of the production process including ways of supporting individuals once programmes have come to an end.

The Press: Representation of the therapist as 'agony aunt' or expert advice giver

The strand of historical influence in terms of counselling as advice-giving and problem solving had been evident long before *Agony* was presented on television, certainly since the 1950s, in the 'agony aunt' column in magazines and newspapers such as *Woman*, *Woman's Own* and *The Mirror*. Such columns have traditionally provided advice and

maternal wisdom, hence the name 'aunt', under names such as Ann Landers, Dear Abby, Claire Rayner, Marjorie Proops.[8]

Most of the broadsheets, some of which are now also published in tabloid form include regular 'problems' or therapy issues pages. Examples of these are 'Tales from a Therapist's Couch', 'This week's Dilemma' in the *Independent,* and 'On the Couch' in the *Sunday Times.*

Gask (2004) suggests R.D. Laing as probably the first media psychiatrist, in the UK, but considers Anthony Clare as the best known psychiatrist to the general public in recent years via the programme *In the psychiatrist's chair.* However, Clare already belongs to a different era. A number of other counsellors, psychotherapists, psychiatrists and psychologists currently act as media presenters of mental health issues, e.g. Phillip Hodson, Raj Persaud, Susie Orbach and Dorothy Rowe. In addition the MP Ann Widdecombe has recently, in 2004, been given her own show as an agony aunt.

The internet provides an '*Agony on line*' website. Dealing with relationship problems, life issues, teenage issues and parental issues, users are invited to subscribe thus: 'So if you don't know where to turn and you don't know what to do, give us a try.'

The Press: Representation of the client's perspective

As the media compete with one another for increased audiences so they fight to make the biggest appeal. The image of therapist as remote, powerful expert has gradually given way to the image of a caring listener concerned to establish a warm relationship with the client. As the literature shows there have, in recent years, been a number of published personal accounts of people's experience of therapy. Most of the accounts appearing in the press have been written by journalists who have used their own personal stories as material for articles. They are perhaps reflecting the increasing tendency towards autobiographical accounts of those in the public eye as a way of winning readers via human interest stories. They are also aiming to dispel some of the taboos surrounding mental health issues and are actively supporting many of the campaigns to overcome stigma and encourage awareness of ways in which people can help themselves.

[8] www.encyclopeadia 4U

The Independent

The advantages of medication in severe mental health cases

An article produced within the Mental Health Campaign is an unusual example showing the advantages of medication in treating a 'schizo-affective disorder' and the positive value of labelling. This is the personal story of a journalist Ingrid Gunleye (2003) in the *Independent on Sunday* entitled 'My descent into psychosis.' Above the title in large capitals is the invitation to readers to identify with the author:

> Imagine hearing voices. Imagine seeing things that do not exist. Imagine thinking your supermarket is trying to poison you. Imagine what it is like to be me.

As Gunleye points out:

> It does not help that most people have completely the wrong idea about a psychotic person. The word 'psychotic' is often used in the wrong context, often accompanied with screaming tabloid headlines.

She describes how her life has been turned around after being sectioned for seven months:

> I have no side effects from the medication that I take and I believe as long as I take my medication I will be well...I am actually quite glad that I have a label now, because at least I know what I am dealing with.

In terms of information about mental illness and the medical model the 'quality' papers give attention to a range of informed views about mental health. An example of explanations about the scientific or medical model of mental illness is expressed in a column by the psychiatrist Lewis Wolpert (2003) referred to earlier. In an article entitled 'The Scientific Method' in *The Independent Review* he presents his argument thus:

> Mental Health literacy by the public is of the greatest importance but sorely neglected. Almost every family in the land, as the Royal College of Psychiatrists points out, will at some time be affected by mental ill health. 'Literacy' in this area means recognising the different forms of mental illness; the risk factors and the causes, the role of self help; and when and from whom to seek professional help.

As a trained doctor and psychiatrist and geneticist committed to the value of randomised clinical trials and to the belief that biological factors cause mental illness, he points to the value of anti-depressants 'which have helped many thousands and saved many lives as well.'

In the same article, Wolpert is highly critical of a Panorama Programme made in the early part of 2003 which adopts an opposing view to his own. He criticises the programme for being 'totally irresponsible in trying to persuade the public that anti-depressants are both dangerous and lead to dependence.' He adds that such attitudes 'possibly reflect hostility to the pharmaceutical industry as well as a belief that it is psycho-social rather than biological factors that are the causes of mental illness.'

It is probably true that within the counselling profession there are still many practitioners who are not happy that their clients are on medication. It is equally true that many counsellors, especially those working within the primary care system, will be referred clients who have long been on anti-depressants though less usually on anti-psychotic medication.

The Daily Mail

Counselling as harmful

Rachel Lloyd (2004) in an article in the *Daily Mail* entitled 'A slave to therapy' talks about her general distrust of therapy with or without medication. Describing how she has been in and out of therapy for the past 20 years:

> I've paid about £5000 to sit and talk with numerous so called - experts sometimes because I was simply needy, and sometimes because I was genuinely ill. I've been treated for everything from bullying to bulimia, depression to love addiction.

Requiring further discussion in this study are issues about counsellor use of jargon and encouragement of detachment from family. Phrases such as 'healing the past', 'the inner child crying out for help', 'the inner adolescent' so influenced Lloyd that 'eventually I lost sight of myself and began speaking in therapy jargon'. 'Far too much of my life was spent in a series of bland counselling rooms and I was encouraged to distance myself from my family'. The conclusion she reached about the efficacy of therapy was negative:

> Like a bad GP, a bad therapist can be very damaging to your health. Given the wrong advice, a fragile person can get worse instead of better. Now I know that the best help comes from family and close friends. Families and best friends may not be perfect, but if you are floundering, surely it's much better to admit you've come unstuck and lean on those who love you unconditionally.

Family and friends being more helpful than a counsellor is not a view held by the client research participants in this study, although it is an opinion often voiced by those who are critical of the pervasive nature of the therapy culture. Equally, the issue of counsellor qualification did not surface in the in depth client research interviews, although one participant in the random conversations raised a negative point about lack of counsellor training.

> It's certainly better than paying a counsellor, who could be no more qualified than you or I. For those already at the end of the line, their ill-conceived advice could prove fatal.

In 1996 the comedian Bernard Manning, sponsored by a TV programme, made an application and gained membership of the then British Association for Counselling. Presumably this was an attempt to ridicule counselling and to show that anyone could become a counsellor.

The Observer

Counselling as helpful

Ben Summerskill (2000) in an article in *The Observer*, 'Therapy beat pills if you are miserable', says:

> Princess Diana was right: counselling is good for you. After it was satirised for years as the touchy-feely sharing of pain, a major medical investigation has confirmed therapy works.

He reports that Professor Michael King, who led the study at the Royal Free and University College Medical School in London says: 'This is the first really clear evidence for counselling which has been regarded ambivalently in the past. Not only does therapy work; we found it makes patients get better faster. It's both humane and cost effective. People can get back to work quicker.' The British Association for Counselling and Psychotherapy took great heart from these findings. 'For too long the benefits of counselling have been misrepresented', said Phillip Hodson, who in addition to dealing with media relations at BACP also runs his own column in *The Times* commenting critically on such themes as love addiction and the dependency culture.

The Sunday Times

Counselling as ineffective: 'Stiff upper lip is best'

Mark Brayne (2003) in discussing press coverage of counselling matters, points to British journalism's liking for mocking counselling and psychotherapy. In his article 'Journalists and the stiff upper lip' he comments on the uproar in the media following a report by Professor Simon Wessely of The Institute of Psychiatry which was critical of counselling and psychotherapy. He refers to an article in *The Sunday Times*[9] under the heading 'A stiff Upper Lip Beats Stress Counselling' reporting Wessely's argument that 'the people who deal best with tragedy and trauma are those who do not dwell on it, and that talking makes things worse.' Brayne reports that several newspapers followed suit, including the *Daily Express* and the *Economist* 'echoing the view that counselling had been proved to be a waste of time'.

Living in a therapy dependent culture

The publication of *Therapy Culture* (2004) by Frank Furedi, a sociologist at Kent University, generated an enormous amount of discussion in the media. The book's message is put in the form of a question: 'Are we all victims now, incapable of getting through life without an army of therapists and self help gurus to hold our hands?' On an apparently similar theme, Alexandra Frean (2004) in an article in *The Times* under the heading 'Britons adopt "grief-lite" culture' reports on a pamphlet entitled 'Conspicuous Compassion'. Similarly, this attributes 'hollow' expressions of public caring to the decline of those institutions that 'formerly provided social cohesion and gave a sense of purpose to people's lives: the family, the Church and the neighbourhood'. Ostentatious displays of compassion, such as wearing coloured ribbons, signing petitions and holding moments of silence, may do more harm than good, says the pamphlet.

Brayne (2003), in the article quoted earlier, neatly summarises confusions in the media about therapy:

> Most journalists don't understand what therapy is about. They confuse psychoanalysis with short-term counselling, psychotherapy with debriefing and the whole industry with New Age scented candles and group hugs. They think of therapists either as blue-rinse North London women ordering their clients to blame their parents, or as white-coated elderly men with pointed beards

[9] Sunday Times article 2.03.03

silently making notes as their patients pointlessly free-associate from the couch. Journalists are put off by therapy's jargon, its dogmas and the legacy of a century's infighting between different schools.

The Times

Self-help rather than therapy culture

However, not all journalists are so ill-informed. In a thoughtful article discussing the publication of Furedi's *Therapy Culture,* Darian Leader (2003) in *The Times* points out that the notion of 'therapy culture' is a misnomer. 'What he (Furedi) actually means', says Leader, 'is "self help" culture and he doesn't seem to realise that most psychotherapists are critical of the language of self-help with its baggage of "addictions", "issues" and "closure". Rather than seeing a battlefield Furedi sees a kind of united front where everyone speaks the same language and has the same daytime TV view of the world.'

Leader continues: Therapists 'wage a daily battle against casting their profession as a service industry. Their patients no longer come to them with the reverence of 50 years ago, their place in society is not secure and they rarely go unchallenged.' He adds: 'To lump psychotherapists together with gurus, coaches and trainers is to adopt exactly this simplistic and ignorant perspective.'

The Sun versus *The Observer*

The continuing issue of stigma in relation to the bio-medical model

Traditionally, as we have seen, the tabloid newspapers have portrayed mental health issues in a negative light. Despite a recent 'Anti-stigma' campaign run by the Royal College of Psychiatrists and other government-backed campaigns such as *Mind Out for Mental Health,* many journalists observe that it is hard to detect any real change in attitudes to mental illness. The tabloid or 'popular' press, even as recently as September 2003, portrayed people who are mentally ill as 'nutters', 'psychos' and 'bonkers', epithets applied by *The Sun* to Frank Bruno, the boxer, when he was recently compulsorily detained in a psychiatric unit.

Jo Revill (2003) in a report in *The Observer* comments on the enormous anger over the paper's sensationalist reporting of Frank Bruno, which prompted papers and broadcasters

to run sympathetic items about the boxer and his illness and elicited an apology from *The Sun*. Studies of the purposes for which members of the audience use the media have emphasised that public response is 'varied and not homogenous' (Curran and Seaton, 2003:332). However, there is an important social observation made here about ethnicity as well as the audience's capacity to identify with popular figures. Revill quotes Paul Corry of the charity *Rethink* as saying;

> Here for the first time ever, we had a black man sectioned with a serious illness into hospital who was being portrayed in a good light. But I don't think that was out of sympathy for him because of his illness, it was because of who he was, loveable Frank Bruno. You have to wonder how any other black man would be treated by the press.

In addressing attitude change she points out that campaigners for reducing the stigma surrounding mental illness say that celebrities disclosing their episodes of emotional distress may help lift the taboo but are not sure that it changes hardening attitudes. Revill concludes, 'The public might be sympathetic towards depression, but at some point along the continuum of mental illness there comes a break. The word schizophrenic still conjures up the words " mad and bad".

Radio: The psycho-social model of mental health

Radio is an important medium for the dissemination of information and discussion of mental health issues. In a Radio 4 programme *All in the Mind*[10] the psychiatrist Dr. Raj Persaud stated, as he has done in a number of radio discussions, that the reporting in the media on issues of schizophrenia and violence are deeply biased. In this programme he argues that this encourages a fear of mental illness within the public and makes the removal of stigma associated with mental illness extremely difficult. The psychiatrist Robin Murray openly states that labelling is a problem. He is unhappy about the use of the word 'schizophrenia' and would prefer to use dimensions such as schizoid characteristics which can be viewed as spiritual states of mind. He argues, along with such psychiatrists as Thomas Szasz (1978) that there is 'no proof that schizophrenic characteristics have a bio-medical basis, rather they are more due to social adversity'. He argues for 'scrapping the diagnostic system'.

> Talk to them (people with schizoid characteristics) as equals; Ninety percent feel OK. Look at what people want and get alongside them, find out what

[10] Own notes on the Radio Programme broadcast on 17.04.02.

> they want from life. They need something that works from people's own frame of references, such as spirituality, a circle of friends, the need to be involved.

This way of perceiving people is very much in line with the non-judgemental, humanistic approach of person-centred counsellors.

In my perception it seems that radio takes seriously its task of informing its audience, in a listener friendly way about the nature of counselling. Radio 4 provides a variety [11]of points of view and will always try to give equal attention to the consumer as well as to the provider point of view. In its aim to be in touch with current issues, radio will also cross-refer to other media.

In fact the debates in the press about the negative effects of counselling, referred to earlier in this section sparked off a number of responses in the media, and particularly radio. In Thought for the Day, novelist Anne Atkins in similar vein to Rachel Lloyd in The Daily Mail, referred to earlier, questioned the efficacy of counselling. In suggesting it as harmful in encouraging clients to blame their families for all their ills she invokes the image of counsellor as witch doctor, or gypsy at the fair. Just as magic and religion had given way to science, she proposed that a return to religion instead of counselling might be more helpful to people. She continued as follows:

> Of course modern psychiatry can help the genuinely sick. But for the psychologically healthy vast majority, counselling flies in the face of common sense. To tell our secrets to complete strangers paid to listen, rather than friends and family, to dwell on problems in our own lives, rather than counting our blessings, and caring for others; to blame everybody for something and our parents for everything when we owe them all. Most societies condemn such behaviour.[11]

Most of the client research participants in this study have tussled with the sense of being out of step with their own family's values. Vaishnavi, the Asian participant experienced feelings akin to disloyalty in turning from family to counsellor for help. Yet, tellingly, almost all client research participants have stressed the importance of talking to an impartial observer whose 'stranger' status is highly valued. There are clearly large issues here, not least that of the need to clarify misunderstood perceptions about the nature of

[11] *Ipnosis* in its News section (No. 10 page 10) reported the whole debate including the transcript from which this quote is taken.

counselling. One positive outcome of the *Thought for the Day* programme was, I consider, both significant and ironic. At that time one of my own clients with whom I had been meeting weekly for over a year was finding it difficult, despite our constant discussion of it, to end counselling. She reported to me that she had listened to the programme and a number of debates about the value of counselling. Taken by the inference that people develop unhealthy dependency on counsellors and blame their families for all their ills, she declared she was not wanting to be part of that pattern and was now ready to leave counselling, from which she had benefited greatly and would do so that day. This she did.

After the *Thought for the Day* episode discussed earlier, Susie Orbach, a psychoanalytic psychotherapist and head of Women's Therapy and reputed to have counselled Princess Diana spoke on Radio 4[12] attempting to redress the balance. She said that it is wrong to say that counselling is about blaming others rather than taking responsibility for self. She pointed out that many people have severe health problems and do not go to counselling for fun. 'People will do almost anything to avoid counselling' she said, 'but seek it only if they can't cope on their own'. On the issue of blame she said 'Clients are not being invited to blame their parents; instead they are being persuaded to understand their emotional make up.' Putting counselling in its historical context she pointed out that therapy is new to this country in its mass sense. Psychotherapy and counselling are useful for people who are in mental agony and who can't deal with ordinary difficulties. Psychoanalysis, she explained was developed to 'turn hysteria into ordinary human pain, and counsellors are not trying to get rid of human pain.'

Demystifying therapy

A report on counselling on *You and Yours*[13] raised questions such as 'What is psychotherapy?', 'What is psychoanalysis?', 'What is counselling?' It also discussed issues of regulation, supervision and ethical practice. Included in the discussion were the client Anna Sands (whose own account of the damaging effects of therapy in *Falling for Therapy,* is treated within the Literature Review section), a practising counsellor, representatives from the British Confederation of Psychotherapists, the Association of Child Psychotherapists, the United Kingdom Council for Psychotherapy, the British Association for Counselling and Psychotherapy and the Independent Practitioners'

[12] Own notes on the Radio 4 programme broadcast on 7.03.03
[13] Own notes on Radio 4 Programme broadcast on 15.01.04

Network. The message of the programme was clear: that the process of therapy needs demystifying. As one participant put it, 'there is a turf war going on in psychotherapy'. The programme argued for professional therapists and counsellors to overcome their differences in protecting their own territory and to focus on what the client is asking for and what information about therapy is helpful to the potential client in making an informed choice of therapist.

Discussion of Pre-understandings Section 1: Popular perceptions of counselling, and Section 2: Media perspectives on mental health and counselling as therapy

The main purpose of this chapter so far has been to consider the range of 'clearings', 'horizons', or perspectives people have on counselling, to examine the literature on these perspectives and to explore the range of media representations of counselling (or in hermeneutic terms, 'texts' within the public domain) as these have developed over the last century. I have thus described my own initial findings on public perceptions of counselling and examined the small body of research literature relating to popular perceptions of counselling and media influence. In exploring media influences on popular perceptions in more depth, I have examined therapist and patient/client representations in cinema, television, the press and radio and their various projections of the concept of mental illness and mental health. I have then considered the current social and cultural context and debates about, and interpretations of, therapy and counselling taking place within the media. Finally, I have considered the role of the media in disseminating information about counselling and psychotherapy and raising public awareness of its purpose and value.

A hermeneutic approach to the study of client perceptions of counselling views as central the understanding that such perceptions are influenced by a wide variety of traditions in our western culture. Education, the creative arts, popular mythology all play their part. However, given the fact that the media embrace all these aspects of our culture, absorb over thirty hours a week in the average person's life (Curran & Seaton, 2003:392), and for many people this may be considerably more, the influence of the media on our pre-judgements and our assumptions, is a major force.

As has been shown, media portrayals of the therapist and the language used in such portrayals vary according to the medium and medium perspective and change and develop with the times. There are histories and contexts to all perspectives. There are fashions in viewpoints and there are viewpoints that become part of popular mythology, or beliefs, witness associations in cinema of 'mad and bad', of counsellors as advice givers, or non advice givers, as expert or inexpert, as qualified and unqualified, as remote or as 'touchy feely'. As Persaud recently observed in a Radio 4 programme (February 2005) the public use television in particular as a guide to what happens in therapy. Thus the media, as well as being subject to change, also change and influence social attitudes.

Although it is recognised here that in the world of entertainment, particularly the cinema and television, the portrayal of counselling and psychotherapy will fluctuate with time and fashion, there are distinctions to be made within the information-giving elements of the press, radio and television, between the responsible representations of counselling, and the negative, even ignorant views. In the portrayal of mental health issues, the role of the counsellor and the nature of counselling itself, the information-giving media are, it appears, trying to be fair to all parties and to give all parties a voice.

There appears to be healthy discussion about social attitudes, changes and trends. These seem to range from what can be described as a 'them and us' divide between the 'mentally ill' and the 'mentally healthy'. Yet there is a growing perception that we are all subject to pressures and difficulties in life, often socially induced, and that counselling can play a useful, healing part in society. The perceptions of the research participants in this study indicate that information-giving programmes have as much influence on their perceptions of counselling as entertainment programmes.

However, negative views in the media in terms of mental health issues do still abound. There is considerable concern within the health profession that as the already much debated Mental Health Bill goes through Parliament attitudes will harden. Extreme views about the detention of those suffering from incapacitating mental illness, detention of asylum seekers and the detention of potential terrorists can have serious social effects. The polarising of opinion in these sensitive areas constrains rather than encourages dialogue between people. Misconceptions in the media about mental illness and mental health are

clearly evident in the negative views of the ordinary public, as illustrated by my random interviews.

Debates about the changing value systems of contemporary western culture and a preoccupation with therapy, tend to take place primarily in the press. Many of the issues discussed are central to such hermeneutic studies as explored by for example, Cushman, House and Sass as well as a number of sociologists. Themes such as self-containment 'stiff-upper-lip' approach versus dependency; restrained demonstration of emotions versus sentimental or 'grief-lite' culture, and the merits and demerits of therapy are also central to this study. Raising public awareness about mental health issues, and in particular, ways of demystifying therapy, are also recurring themes.

The problem for the researcher is to discern as accurately as possible the emerging themes embedded in the wide range of media representations. This task is made more difficult 'by the taken-for-grantedness of the meanings promoted within these representations and the typically undetected ways these meanings are circulated into everyday life' (Kincheloe & McLaren, 2000:288).

As Gadamer (1975) argues, we should not try to deny our prejudices but learn to distinguish between helpful and hindering prejudices in order to understand our world better. It seems, in this respect, that there is general agreement amongst all interested parties: clients, therapists, referral agents, psychiatrists, psychologists, general practitioners, voluntary agencies, that there must be greater clarification of purpose: there is still much work to be done in increasing general understanding and awareness of the nature and purpose of counselling as it exists in the UK today.

When asked about their own understanding of counselling, research participants have expressed themselves clearly without using jargon and have often revealed a greater grasp of the issues than the professionals sometimes recognise. The next section of this Pre-understandings chapter (Section 3) examines this 'grasp of the issues' as revealed in the retrospective accounts of clients who have experienced therapy in the past. This is followed in Section 4 by a detailed examination of research studies currently forming a growing body of literature in the field of client perceptions.

Section 3 - Clients' retrospective accounts of counselling and psychotherapy

Within the previous section (Section 2) in which I discuss a variety of media representations of clients' views of counselling and psychotherapy I have included positive and negative examples of newspaper (press) journalists' accounts of their own therapy.

I now examine published (mainly in book form) retrospective accounts of clients' own therapy. The important point to stress is that each of these accounts is based on the writer's own direct experience of therapy. The accounts convey a sense of urgency and a conviction about the importance of placing in the public domain how this experience of being a client has influenced their own perspective on therapy and, by implication, how their readers might learn from this perspective. Several of the accounts treated in this study describe in depth, long term psychoanalytic treatment and raise classic psychoanalytic issues associated with concepts of transference, counter-transference, childhood neuroses and other aspects of therapist controlled rules or, as one client refers to them 'regimes of truth' (Foucault,1973; House, 2003; Sands, 2000). Interestingly, several accounts which have been critical of psychodynamic based therapy (Proctor, 2002, Sands, 2000) have transferred to humanistic orientated therapy in which, with positive effect, they have experienced less of a power differential. I have considered these various accounts in terms of clients' general perspectives on therapy, their understanding and interpretation of the process and their conclusions about the experience. Hermeneutically, I have attempted to identify the broad sweep of recurring themes or pre-understandings, within these accounts, indicating where themes are to be developed further in the main body of the thesis. Examples of these are client uncertainty concerning the value of therapy, varying perspectives on therapist approach and facilitation of the therapeutic relationship and some of the key issues within these, such as power relations, risk-taking, cost and termination of therapy. As with my review of practitioner research studies of client perspectives in the next section (Section 4) I have grouped such themes under characteristics that clients have perceived as helping and hindering the therapeutic process.

The influence of psychoanalysis on client perspectives on therapy

Throughout most of the twentieth century we witnessed the enormous influence of Freud and psychoanalysis on the whole spectrum of the arts, as well as continuing resonance within many of the whole range of theoretical models practised within counselling and psychotherapy (Higdon, 2005). We have seen how cinema and television have gradually modified and changed their representations of therapists from powerful and sometimes sadistic authority figures to benign facilitators and managers of people's expressions of feeling. Audience attitudes and cultural influences on such attitudes have evolved and in television there is an increase of audience participation in 'reality' and 'chat' shows, though whether the gurus and celebrity personalities appearing on such programme can be considered benign is open to debate. It does appear that in modern western society generally there is an increase in psychological awareness. There has been a discernible movement away from public confidence in authority generally, as illustrated in current discussions in the media concerning the lack of deference in young people and their questioning of traditional values. But is it true to say that the psychoanalytic influence, the therapist as expert, is losing its power within counselling and psychotherapy practice? Published client accounts of their own experiences of therapy can give us some indication of this.

The Wolf-Man account of analysis with Freud

In examining client accounts which demonstrate the beneficial effects of psychotherapy it makes sense to begin with the account of TheWolf-Man[14] in the *Wolf-Man and Sigmund Freud* (Gardiner, 1973). These are the only surviving recollections of a former patient of Freud presenting his own perspective on his analysis with Freud accompanied by Freud's case history of him. In addition, it is the only case followed from infancy to old age. It is important to stress that Wolf-Man was recording his perceptions of his therapy with Freud

[14]The name Wolf-Man stems from a childhood dream the patient recalled in treatment with Freud and which was central to Freud's interpretation of his problems in which a tree outside his window appeared to be crowded with white wolves: 'Freud believed that for a child to witness what he called the 'primal scene' of his parents having intercourse could have a traumatic effect on later development. This is what, by elaborate reasoning, he argued had happened to the Wolf Man. (Rennison, 2001)

forty to fifty years after the event in 1971. This was a few years before he died at the age of 92. Embodying the conventionally accepted Freudian view that psychoanalysis cannot cure suffering, only reduce it to ordinary human unhappiness, Gardiner says:

> Thanks to his analysis...the Wolf-Man was able to survive shock after shock and stress after stress - with suffering, it is true, but with more strength and resilience than one might expect (vii).

The Wolf-Man's recall of his own therapy raises interesting issues that for an entire century have continued to challenge all those involved in the therapeutic process. For example, what is it that distinguishes the professional practice of psychotherapy from other approaches to health and sickness? What is its scientific basis and method of practice, its application to the alleviation of human suffering, the relationship between client and therapist and the facilitation of change in relation to self and social context?

Therapists of a psychodynamic persuasion and many humanistic therapists would stress that the positive and negative elements of therapy, as with any intense learning experience, crystallise with time. Intellectual and emotional synthesis may take place over many months or years as is evident in some later client accounts of their experiences.

It clearly emerges from the Wolf Man's account of his treatment with Freud that psychoanalysis was, for him, life-saving (as therapy has been perceived as being for at least one of my client research participants) and that 'without psychoanalysis he would have been condemned to lifelong misery' (Gardiner, 1973:vii). Relevant to psychodynamic counselling today is the Wolf-Man's view that the science of interpretation lay with the therapist-as-expert. He also stressed the concept of therapeutic exploration as a journey, of the therapist leading the way into the realms of the unconscious and back into a neurosis-free or neurosis-reduced existence - rather as Virgil led Dante in *The Divine Comedy* to greater understanding and happiness. The person-centred counsellor eschews the concept of the unconscious but often uses the journey metaphor (cf. Wilkins, 1997) particularly in relation to personal development.

Similar struggles resulting in beneficial outcomes are experienced and expressed in the account of Nini Herman:

> If I were asked today to explain the nature of the undoubted benefits of psychotherapy, where they are in evidence, I would say that we become more accessible to life; that the notion of defeat is replaced by a trust that our inner

> resources, harnessed to freed energies, will lead towards such achievements as sneaked into our dreams before; that where we died a thousand deaths, defeated by our hate and envy, our destructive impulses, we know we can work our passage back to light and life again –in such lifetime as we own' (2001 [reprint of 1985 edition]:163).

The language and expression is reminiscent of the Romantic Tradition with its emphasis on inner struggle and the human capacity to overcome adversity, almost solipsistically, independent of an external world (Sass, 1988). I was reminded somewhat uncomfortably of my own account of psychoanalysis (1996) which had taken place many years earlier (between 1972-78) and which initially had taken so many false starts before being allocated to a doctor:

> I was to stay with this doctor for some five years. The journey into the interior, my interior dark cave, had begun and though I did not realise it then as I clutched my shopping bags around me and searched for grubby paper tissues to wipe my dribbling nose that the journey would continue, it seemed, for ever and ever, long after the death of this ancient doctor who looked like a lizard and possessed the patience of Job and was to accompany me through my own many night-time deaths, through my angry outbursts, my panic attacks, my fear, my hatred and my shame. (6)

This account reflects a different perspective and a different language from my own today. The perspective of the researcher and the way that such perspectives can change, even within the time-scale of the research, will be discussed further. In fact therapy was to be the saving of me, as it proved, though my slant on this 'saving' has also changed with time. I, like Herman, had been hopeful of a positive outcome and this did happen in terms of finding satisfying and creative work, commitment to a relationship and to children. But might this outcome not have happened anyway and did not others, totally outside the therapeutic relationship, have a bearing on the outcome? I certainly realised both then and now that there might be no answers to the large questions of life: Who am I? Why am I here?'

In *Mockingbird Years* Emily Fox Gordon (2000:228-9), who perceives therapy as an art rather than a science, recognised that there are benefits:

> ...no sensible person could deny that therapy practiced as an art can be a force for good.

However she hints at the dominating and enveloping nature of a therapy culture in which genuine, spontaneous relating with others has become over-psychologised, destroying its meaning:

> in the general progress of therapy, there was also a great and terrible loss of meaning. It was the realm of the interhuman that steadily shrank as therapy advanced...

She describes the world we now live in as:

> ...one in which nearly all of us...are so thoroughly indoctrinated in the ideology of therapy that society has remade itself in therapy's image. To one degree or another, nearly every encounter looks like therapy now... If therapy is all that we can give or receive, then the possibility of mutuality has all but vanished.

As indicated, the negative effects of a therapy culture, particularly on identity and sense of self, have been treated by people as diverse as Cushman (1995), Furedi (2004) and Spinelli (2003). Mohr (1995) suggested that in the field of counselling both institutions and researchers avoid looking at negative outcomes.

As mentioned, there is a growing number of retrospective personal accounts of psychotherapy and counselling written by former clients (Alexander, 1995; France, 1988; Heywood, 1994; Ironside, 2003; Proctor, 2002; Sands, 2000; Simpson, 2003) several of which are strongly critical of the many aspects of their individual therapy and, in some instances, of therapy *per se*.

The client perspective on the negative effects of therapy

Many of the published client accounts are written from a strong sense of injustice, a feeling that they have not been listened to by their therapists, a sense of having been at best misled and, in some cases, severely damaged by the process of therapy. The most reflective and considered accounts, which show a strong intellectual and emotional grasp of the workings of psychoanalysis, have made important contributions to the client perspective literature and in the case of Sands, France and Alexander have provided the focus for several critical analyses of psychotherapy (House, 2003; House and Bates; 2003). However, it is the highly articulate nature of these voices that, for me, sound a note of caution in terms of their owners' social, educational and economic advantage over the general population - one that requires further consideration in relation to issues of client language discussed earlier (McLeod, 2001b).

Several of these accounts are published as books, some as articles in journals and some are self-published accounts. In addition, there are professional therapist practitioner accounts of, or references to, their own earlier experience as a patient or client (Feltham, 2004 Herman, 2001; House, 2003; Masson, 1992; Proctor, 2002; Spinelli; 2003) or accounts by psychiatrists, e.g. Jamison (1986) or psychologists, e.g. Sutherland (1987).

Given that the client is traditionally regarded as the less expert in the therapy relationship, some of these works, particularly those of Sands (2000), Alexander (1995) France (1988) and Ironside (2003) have often met with heated criticism from counsellors and psychotherapists (Dixon, 1998). Such reactions have been countered (Spinelli, 2003; House, 2003; Bates and House, 2003). Spinelli points out that the psychotherapists' response is likely to be as follows:

> The therapeutic relationship is like no other and, as such, requires particular forms of intercourse and intervention no matter how unusual or unacceptable these might be in other types of social interaction (2003:276).

In short, the 'rules' must apply, in all therapeutic cases.

Stigma as an aspect of perspective

As illustrated, more thoughtful elements in the media have worked hard to support moves in the mental health professions to reduce the stigma associated with severe mental anxiety or disturbance. As will be shown in section 4, many practitioner researchers have identified in clients the sense of shame, worthlessness and stigma that so often accompanies the seeking of help to cope with suffering and unhappiness. This continuous tension between the virtues of self constraint and the value of expressing or recognising feelings which some regard as unacceptable, will be further explored in the Part III, Analysis of Themes. From a psychoanalytic point of view, shame and humiliation have theoretical explanations.

Similar feelings of shame are expressed in *My Kleinian Home.* Herman says:

> I had no doubt that I was bad because I lacked all certainty that I was loved by anyone (2001:27).

And

to ask for help is bad and weak (2001:54).

Then in her fifties, a psychiatrist and working in a hospital, she was extremely fearful of her decision to enter analysis – first Jungian, then Freudian and finally Kleinian - given her own observations of psychotic illness. Working in a psychiatric hospital she had observed in action the strictly bio-medical model of psychiatry, treating patients by means of electroconvulsive therapy and psychotropic medication, within prison-like asylum conditions.

> To realise that I needed help was all very well. I had seen enough of psychiatry to feel that I would sooner jump off London Bridge than seek help from those who walked the grim asylum corridors with bunches of jangling keys. (2001:59)

Herman, as shown, came to appreciate the healing powers of analysis. Sutherland (1987:64), who was treated in psychiatric hospitals as well as receiving talking therapy, did not share Herman's view of analysis. On the issue of stigma he recounted how he wrote articles in the press about his illness, considering that they might help to remove some of the stigma attached to mental illness by showing that someone with a moderately successful life and career had been subject to it – and was not ashamed of it.

Other professional people suffering from a depressive illness have written with a similar intent, for example, psychiatrist Kay Jamison (1986) in *The Unquiet Mind,* journalist Andrew Solomon, (2000) in *The Noonday Demon,* and novelist William Styron (1991) in *Darkness Visible.*

Sutherland describes Jamieson's depressions as not dissimilar to his own. She would wake feeling tired, 'wondering with dread how she could get through the day...she felt the same sense of shame and worthlessness that afflicted me.' Sutherland expressed surprise that his very mixed and often highly condemnatory views of psychotherapeutic treatment were shared by others:

> Many people wrote to me to say that their own experiences, particularly in the hands of analysts and in psychiatric hospitals, had been so similar to mine that they could hardly believe I was writing about myself and not them. I was surprised at how many of my acquaintances told me they too had had breakdowns: it is an experience to which most people do not readily admit except to fellow-suffers.' (1987:65)

The difficulty of admitting to breakdown and treatment in psychiatric hospitals is evident in two of the client research participants in this study. In my own clinical experience I have been struck by the number of my clients who have eventually admitted to the stigma of coming for counselling. Some have been fearful of their partner, children, parents, friends, colleagues coming to counselling. One client who had in the early part of our two year acquaintanceship been on long-term sick leave for depression, spoke frequently during sessions of the shame and stigma he felt about 'having to go to counselling and that it might open a whole can of worms that I couldn't cope with.' (email correspondence: May 2004).

In my account of my own experience of psychoanalysis (Lambert:1996:6) I refer to my awareness of stigma associated with being in therapy:

> To be twenty seven years old and referred to a psychoanalytic clinic! In America this would be fine, but here in London there is still a stigma attached to such activity. I am attending the clinic at the expense of the national health system. Although I am a taxpayer and pay my national insurance contributions I feel guilty about this. It is still hard to leave work three or four nights a week at 4.30 to get to the Tavistock Clinic by 5.10 p.m. I start work at 8.30 a.m but I still feel I am skiving off as I slide out of the door at 4.30 past the receptionist who shouts "going home early again, are yer"!

It is very clear that I felt judged by all who might know that I was seeking treatment which a part of me considered inappropriate, I continued:

> I would never in a million years tell her where I am going. In her book she has me down as up-tight, middle class, but not a nutter...and the fact is I still do not consider myself ill.

It is perhaps a truism to say that in our society, as evidenced in media perspectives on the mental illness-mental health continuum, mental instability is often viewed as frightening, alien, potentially violent and aberrant. To be ill is to be weak.

Client perspectives on therapist professional competence, expertise and approach

Ironside discusses the psychological damage that professionals may be causing their clients, highlighting her awareness of the sense of mystery and uncertainty about the nature of therapy.

> Therapists all promised that if I stuck with it and worked through it I would one day find some kind of...well what? They would never tell me. But it was assumed that the outcome to the treatments would somehow be better than the horrible feelings I was experiencing at the time. The truth is that my bad feelings were only compounded (Ironside, 2003a).

Her view of therapist expertise or competence, is equally damning:

> Perhaps the kindest thing I can say about the therapists I saw is that they didn't know what they were doing. The fact that I am certain that they were themselves victims of a con trick induced by cock-eyed therapy models which encouraged them to believe that the use of power, silence, withdrawal, lack of response or information, was beneficial, makes me feel no better (Ironside, 2003b).

Sands in her comments on the nature of therapy, rather than therapist competence is somewhat less dismissive but again raised the point about the lack of shared understanding as to the purpose of therapy. She says we do not yet have

> a sufficiently clear and common understanding of what we mean by mental and emotional health because of the unfathomability of the human mind, and therefore, what therapy is about' (2000:183).

Masson goes further, concluding that there is no substitute, in dealing with the pains and difficulties of life, for living life:

> What I was searching for, and what psychoanalysis promises, cannot in fact, be given by another person, cannot be found in a theory or a profession, no matter how well-meaning. It is only, I am convinced, to be had, or not had, through living. There are no experts in loving, no scholars of living, no doctors of the human emotions and no gurus of the soul (1992:211/2).

Client perspectives on the conventions/rules of therapy

Almost all of the client accounts cited discuss psychodynamic theory related issues of transference, the personhood of the therapist, interpretation, silence, relationship with therapist, power imbalance and endings. The criticism of these conventions or 'rules' of psychodynamic psychotherapy, or 'regime of truth' is summed up by France:

> There seems to me to be an element of double-bind in the conventions governing therapy. On the one hand, the overt aims are the creation of a more autonomous, critically perceptive person, confident enough...to throw off the shackles of blind conformity to others' expectations. On the other hand, most therapists expect unquestioning obedience to the laws (of therapy) (1988:52).

Although these therapy conventions vary in insistence from one theoretical approach to another, they all share a common core of beliefs manifested in a core of ethics which embody the tenet that power and authority should not be exercised in a maleficent manner.

The Transference

Proctor (2003), in her discussion of power in relation to transference, refers to Ferenzi's suggestion that 'the therapist's authoritarian stance and rule of abstinence encouraged patients to relate to therapists as parental figures'. McAuley (2003:13) in his discussion of transference, countertransference and mentoring refers to the way in which 'the authority invested in the mentor's role invests it with an air of privileged insight'.

Masson refers to the power of 'transference' and his desire for a strong father figure. How difficult it is, he says, when in 'deep need', to perceive the person offering help as 'merely another flawed human being with whom one is going to engage in a protracted conversation' (1992:9-10). He sees the opposite as happening in his case:

> A kind of wild idealization sets in, and we imagine the person in whom we confide to possess ineffable and valuable traits beyond those attainable by ordinary mortals. We ascribe value, and we project qualities onto this person that almost never correspond with reality. It is a little bit like falling in love – powerful emotions are called forth. It takes a strong person not to exploit the ensuing power balance (1992:9-10).

Proctor, in her discussion of power in the therapy relationship sees her own problematic transference relationship with her therapist as disempowering:

> I started to doubt my ability to know what I was feeling. And I did subscribe to the view of the therapist as 'expert' who I expected to know better than I.

She refers to Spinelli (1994) who, she says, argues that the reason that psychotherapists are reluctant to let go of transference is the illusion of expert knowledge. The concept of transference is a useful one which allows therapists to hold onto their expert power:

> It is precisely the demystificatory nature of the suggestion (of letting go of transference) which makes it so difficult for some therapists to consider it seriously (Proctor, 2003:190).

In person-centred theory the concept of transference does not exist. However, in my experience humanistic counsellors as well as psychodynamic therapists pay explicit

attention to the dynamics of the relationship between the client and counsellor. In humanistic counselling the power imbalance still exists but is more subtly exercised.

Power imbalance

Power, or issues of control and autonomy, as well as the generation of powerful, often overwhelming emotions, are scrutinised by several ex-patients/clients.

In my own Freudian analysis my psychoanalyst, who reputedly knew Freud, stressed strongly the importance of free association and a spontaneous expression of thought. He therefore discouraged my desire to discuss theory or to comment on my readings of psychiatrists or psychotherapists such as Laing, Fromm, May. Masson himself experienced something similar:

> Knowledge of the process of psychoanalysis is a barrier to understanding, to the seeking of insight, I was told. Too much knowledge, in psychoanalysis, especially knowledge of psychoanalysis, is considered a bad thing. Many analysts recommend that you not read anything about the subject while you are in analysis. This is supposedly for your own good, so that you will not develop 'intellectual' resistances (1992:14).

My analyst viewed my thoughts and feelings about him as central and though he never once used the term 'transference', interpreted everything I said and dreamt as relating directly to himself. The 'rules' governing the sessions, e.g., refusal to answer questions, formality of his approach, were all implicitly conveyed. He was explicit only once when in a rage I picked up an object from his desk and tried to hit him with it. He was small and frail. However, he stood up and said in the sternest voice he could muster that the patient was forbidden to touch, harm or physically abuse the therapist. David in *One-to-One Experiences of Therapy* says something similar:

> I had a lot of aggression obviously and I remember there were rules, like, you know, I wasn't allowed to go and kick in the window or bash up his things (quoted in Dinnage,1988:92).

During that period I had no idea that others might be experiencing something similar to me although it would have been enormously helpful to me had I known. But, as one research participant said to me in relation to the mystique surrounding her own therapy, 'perhaps I wasn't supposed to know'.

Risk imbalance

Proctor discusses how hand-in-hand with the power imbalance goes the imbalance of risk. The therapist as blank screen, objective observer, interpreting expert has the effect of locating all of the power and therefore none of the risk with himself or herself. Sutherland, Ironside, France and others are all struck by the irony that, while therapy is supposed to be empowering of the client, the therapist is in a position of absolute power although the client is taking all the emotional risks.

> I felt that I had no power to define my reality at all, and any resistance to my therapist's definition would be interpreted and pathologised (Proctor, 2002:137-148).

For Ironside and others silence has been experienced as intimidation by the therapist. In her articles in *Ipnosis* Ironside mentions it many times.

> My main memory of this period was of constant, terrifying silence. (2003a)

And again, in the same article:

> It is the silence that I remember most. She never spoke when I came into the room, and I found it very difficult to get started. I never knew what I was expected to say, anyway. And often what I did say was greeted by this wall of icy emptiness (2003a).

And:

> For me the silence was a sign of cold disapproval, a sign that I had got the 'wrong answer'. Or asked 'the wrong question' (2003a).

Discussion of the positive use of silence continues to feature in counsellor training courses, in supervision sessions and in research. A recent report of research into therapist perspectives on using silence in therapy by Ladany et al. (2004) shows how therapists typically believed they learned how to use silence from their own experience as a client and from supervision. The use of silence requires further discussion in the analysis of my own research participants' transcripts in which therapist silence has been reported as an unnerving experience.

Difficulties in terminating therapy

France (1988:33), in discussing the difficulties of terminating, says:

> ... it is sometimes difficult to know at what stage in the proceedings the contract should be terminated...many people are reluctant to get out of a bad match (1988:33).

She quotes Herman as saying: 'It can be easier to transplant oneself across whole worlds than to find the courage it requires to terminate a therapy'.

Proctor (2002) discusses struggling with the challenge of leaving which she believes could be quite overwhelming for some:

> Psychoanalytic discourse can have the effect of powerfully positioning the therapist as expert with armour to defend against all possible attacks. I was in a relatively privileged position with respect to education, knowledge and awareness about therapy when I began therapy, yet I struggled to challenge and leave the therapy relationship and certainly struggled to hold on to my experiences. How much more difficult may this be the clients who are in much more powerless positions?

Ironside, in an attempt to 'wean herself off slowly' from therapy, says at one point she asked to see her counsellor once a fortnight but was told by her counsellor that this was not possible as she needed to have her spaces filled for financial reasons.

> I am certain that therapists themselves find it very difficult to know when ending is a good idea simply because they must be influenced at some level by the financial aspect of it all (2003a).

Ironside calculated that over the years she had spent around £54,000 on therapy.

> I would not begrudge a penny of this if I felt I had been helped. But in fact I am increasingly aware that I was taken advantage of, abused (albeit perhaps by unwitting perpetrators) and that my depression was made far worse (2003b).

All of my own client participants are paying (a subsided) no fee or low fee for their counselling. Nevertheless the issue of endings often cannot be separated from cost in time, emotional and financial commitment, as later discussions about the cost (Part III, Analysis of Themes, chapter 7) will illustrate.

Client perspective on more democratic models of therapy

Several of the client accounts referred to in the previous section point to the potentially harmful effects of psychoanalytic psychotherapy, particularly in relation to the power imbalance. Some have later experienced more positive, more equal relationships in therapy. Sands, after moving to her second therapist who practised a person-centred approach, says:

> I did not feel unequal or less powerful. Two people can meet as equals in a relationship which is asymmetrical, if they meet first and foremost as two people (2000:27).

Ironside discovered after several changes of therapist, many of them psychoanalytically orientated, that the only therapy which worked for her was cognitive behavioural in approach. She says:

> CBT tries to focus on the realistic rather than the negative aspects of a person's life...CBT therapists do not shrink from being seen to give advice rather than claim, like many a devious therapist who forces a client by indirect questioning into a certain position, that clients have reached a conclusion on their own.

Proctor admits to being attracted initially to the 'cleverness' of psychoanalytic approaches and the intellectual approach of interpretation. However, she like Sands, has found person-centred therapy much more to her liking 'particularly due to the way this approach addresses issues of power and prioritises the client's autonomy'.

Notwithstanding Proctor's and Sands' positive views on person-centred therapy, therapist and researcher influence on the client's view of self is an enormous issue. This problematic issue of the way in which the theoretical assumptions of the therapist, regardless of orientation, can negatively influence the client is addressed in the analysis of client research participant transcripts (Chapter 7).

Relationship with the therapist

As some practitioner researchers have argued, it is of course possible that the personality of the therapist is more important than the theoretical approach within which the therapy operates. The Wolf-Man says:

> ...in my analysis with Freud I felt myself less as a patient than as a co-worker, the younger comrade of an experienced explorer setting out to study a new, recently discovered land. This new land is the realm of the unconscious, over which the neurotic has lost that mastery which he now seeks, through analysis, to regain (Gardiner, 1973:140).

He clearly had a high regard for Freud as a man and as a thinker, and expresses a strong sense of Freud, not so much as an authority figure but more a senior partner leading him into the realms of the unconscious with love, care and concern and the aim of helping him lead a more fulfilling life.

> During these first months in analysis with Professor Freud, a completely new world was opened to me; a world known to only a few people in those days. Much that had been ununderstandable in my life before that time began to make sense, as relationships which were formerly hidden in darkness now emerged into my consciousness (Gardiner, 1973:83).

Emily Fox Gordon also writes positively of one particular psychotherapist who built a close relationship with her. In his case he broke with the traditional stance of psychoanalysis and did not ignore the reality of the external world:

> In the offices of my earlier therapists, I had understood that the world was to be kept at bay; pieces of it entered the room as carefully prepared specimens ready for examination and analysis. But in Dr. Farber's office the world flowed in freely and surrounded us... [and] would take shape between us (2000:126).

As in the case of other clients, she warmed to his sense of being a real person:

> I knew instantly that Dr. Farber was a different kind of being from other therapists. His was not the neutral watchfulness I had become so used to; he judged, and revealed his judgement...I also sensed, if obscurely, that he was a person whose way of looking at the world...was integrated with, and undetachable from, his self (2000:16).

Gordon could engage with him, discuss ordinary things:

> What did we talk about? We talked of Dr. Farber's childhood...We talked about my childhood...We talked about his marriages and my boyfriends. We talked about his growing despair at watching...patients...loitering in a psychiatric limbo...We talked about the youth culture... We talked about movies and TV (2000:119).

Sands says of ordinariness:

> In my experience, good therapy feels not unlike a normal conversation...normal conversations about everyday things can have an important role to play rather than always being interpreted as a defence or resistance (2000:15).

France discusses how ordinariness and flexibility of approach are related to the demystification of therapy (Lomas, 1981). Proctor argues that self-disclosure on the part of the therapist can help form a strong relationship with the client. In discussing mutuality, Gordon acknowledges the influence of Buber (1958) who urges therapists to be to be reciprocally open, frail and vulnerable to the patient. By being open to each other both can learn from each other. Mearns and Thorne say something similar. In an illustration of 'What am I learning from my clients?' Thorne says:

> They are showing me that when a state of mutuality exists we need have no fear of those times when we seem hopelessly stuck (1988:148).

Mearns says:

> I am less clever than I think I am. My construction of what is happening in counselling for the client often sounds clever and complicated, and then I ask the client, at the very end, what was really important for him, and he says 'because you loved me and I believed you'(1988:148).

As Dinnage says in her introduction to her book *One-to-One: Experiences of Psychotherapy*:

> Those who felt the benefit from the experience without exception put it down to knowing that their therapist was a real and forthright person: a true and not a false self (1988:161).

In terms of my own therapy, I did feel my analyst was a caring person. However, the only time the analyst and I ever had any physical contact was when we shook hands. This was after five years' therapy. I was eight months' pregnant with my first child and I had completed my last session. It is interesting that through all those years of formality on his part and extreme intimacy on mine he never expressed any warmth or affection except when he retired from the Tavistock Clinic after I had been in therapy for three and a half years. I had left at reception a bunch of primroses and he telephoned to thank me. He was clearly deeply moved and hardly knew what to say. Two years on, during which I had been seeing him privately at his home, he gave me his one and only piece of advice:

> When you have children make sure that you have lots of loving contact with them. I have seen so much unhappiness caused by parents who never touched or hugged their children. (Personal record, 1996).

Clearly the whole issue of client-therapist relationship as well as advice-giving within therapy were to be explored in more depth. Had my own therapy needed to last so long? Would less withholding from the analyst have been more or less productive? Rogers, in a

response to an article questioning transference, acknowledges that transference does occur but that such an approach 'fosters dependence and lengthen therapy' (1987:187-8).

Both Sutherland and Ironside are struck by the importance of a natural, human response from their 'helper', what Herman calls the breaking of rules, and France considers as breaking out from 'the regime of truth'. Herman, in her 'Reflections after one decade' says:

> How I myself drew heart from the occasional lapses of my Kleinian analyst into some minor confidence, brief discussion or aside (2001:161).

Sutherland recalls:

> The patience of the occupational therapists was admirable, and apart from proffering a much needed distraction, they provided relief by treating us as people rather than as patients, for they had not been indoctrinated with the half-baked ideas that underlie most brands of psychotherapy (1987:77).

As Ironside puts it:

> ...a few human touches can make all the difference. And to withhold them can also make all the difference between a relationship that may be harmless, comforting or, even, slightly, healing, to one that may be destructive, damaging and abusive (2003b).

Ironside recalls an instance of her group therapist giving her his handkerchief:

> It was again this act of warmth and kindness that helped me far more than any of his interpretations of my dreams or his constant repetition that unless I could express my anger I would never get better (2003a).

These examples from two professional 'helpers', both of whom are vehement in their criticism of psychotherapy, strike me as a further testimony to clients' appreciation of ordinary human responses to their distress.

Inner-outer perspectives: the dual aims of seeking self-understanding and helping others

Philosophical hermeneutically-orientated psychotherapists such as Cushman (1995) and Sass (1988) have illustrated that our therapy culture concentrates on the inner psychological preoccupations with self and on an individualism that denies the importance of community, sharing and ultimately social change.

To me all the highly personal accounts of therapy discussed in this section have the aim of helping clarify the difficult process of therapy and make sense of it and, in making sense of it, conveying its potential usefulness to others. Herman says she does not want to engage in textbook theory, but if telling her story, however painful or difficult, will be helpful to others she should tell it.

> There is no data, I believe, that we have the right or reason to withhold, whatever the conventions claim, if there are others who may come to utilize it in their way. For every true experience adds to that archipelago from which ripples ultimately spread out towards the wider shores that thirst for comradeship and love (2001:3).

Drawing on her own experiences as a client and counsellor Bondi (2003:16-19) explores the theme of individual and social perspectives in counselling. Insisting on the centrality of relationships both within and outside counselling, she argues that such an insight can take us 'beyond an unhelpful opposition between the person and the collective, or between individuals and society'. She invites her audience 'to use counselling knowledge more fully in challenging dominant views about how we live and how we work for social change'.

The way in which counselling and psychotherapy can contribute to social change is argued in my own article (Lambert, 2003) '*Armed Conflict: A pacifist experience and the implications for counselling*':

> ...we have the capacity to care for each other and to live an active and authentic life. Ancient and modern narratives confirm this truth and I believe none more compellingly than those related within the trusting framework of the therapeutic alliance.

In terms of joint counsellor-client research studies it is important to refer to accounts which focus on the dual perceptions of client and therapist, particularly those of Caine and Royston (2003), Fibush and Morgan (1977), McLeod (2004), Rennie (2001) and Yalom and Elkin (1974). These are all clear illustrations of the way in which strength and trust can be built between counsellor and client working equally together. It is also an illustration of how perspectives can differ. This area of disjunction and harmony of perspective provides a rich seam for further investigation (see Part III Analysis of Themes, Chapter 7).

Section 4 - Research practitioner studies of client perspectives on counselling

Having considered a wide range of what I have termed 'lay' perspectives on psychotherapy and counselling, i.e. popular, media and client retrospective accounts, I now considered the growing body of literature on client perspectives on counselling carried out by counselling research practitioners. First of all I present an overview of research studies on client perception and consider why the client perspective has largely been neglected in client perception research. I then review studies carried out on client perspectives before, during and after counselling, considering researcher perceptions of factors helping and hindering take-up of counselling.

Overview of research studies on client perception

The first significant overviews of the client's experience of counselling appear to have been carried out by Elliott & James (1989) and McLeod (1990). The earliest client perception studies (McLeod, 1990) were undertaken by Rogers and his colleagues at the University of Chicago in the late 1940s (Axline, 1950; Lipkin, 1948, 1954; Rogers, 1951). These form a collection of accounts of their client-centred counselling experiences recorded in journals during their counselling and also in written accounts after completion. It was not until a decade later that research on client experience was carried out by Strupp et al. (1964, 1969) which, by means of a questionnaire, aimed to assess clients' perceptions of their therapist and evaluate the effectiveness of their treatment.

Within the sphere of quantitative data gathering about client experience of counselling Orlinsky & Howard (1986) led the way. Using factor analysis, a statistical technique which allows conclusions to be drawn about patterns and consistencies in the data, clients completed a questionnaire immediately after a counselling session. They were asked to rate their feelings about their satisfaction with the session, their relationship with the counsellor and their motivation to come to the next session.

The use of the interview to learn about client experiences of counselling was not adopted until Mayer & Timms (1970) undertook a study of sixty-one clients who had received counselling from the Family Welfare Association in London and which aimed to discover

clients' levels of satisfaction or dissatisfaction with their counselling. McLeod (1990:3) points to the interest this work stimulated because it revealed 'the sometimes dramatic disjunction between client and counsellor expectations and assumptions'. It also demonstrated that research on clients could be carried out by 'outsiders' or non-counsellors.

McLeod refers to other significant client interview studies, namely those carried out by Maluccio (1979), Brannen & Collard (1982), Oldfield (1983), Markova et al. (1984), Timms & Blampied (1985) and Hunt (1985). He emphasises that these studies are all retrospective accounts of the counselling experience which had taken place maybe some months previously. This factor led to a number of researchers being interested in the technique of Interpersonal Process Recall (IPR) involving the taping of a counselling session, developed by Kagan et al. (1963). This enables clients (McLeod, 1990:4), to listen to the session and relive the experience of the session and to provide 'detailed accounts of their moment-by-moment thoughts and feelings during a counselling session'. The IPR method has been used particularly by Rennie (1987) whose work I discuss later in this section. The disadvantage of this approach is that while it has an 'authenticity and immediacy...it is necessarily hard to categorise and interpret' (McLeod, 1990:4).

In concluding his overview of client experience studies McLeod (1990:17) suggests that, even though the research is limited such research is likely to be of some practical help in providing counsellors with insight into how counselling appears from the perspective of the client or patient, i.e, 'the way it looks from the other chair'. Counsellors should 'place themselves in the shoes of the other' (House, 2003:169). McLeod advocates further work in relation to clients' differing understanding about and desire for advice, as well as client ambivalence towards counselling and the 'apparently paradoxical instances when the client conceals his or her true feelings in order to win the counsellor's approval' (1990:19). McLeod also recommends further work on the way in which clients make sense of ending their counselling and these issues have been raised in a number of client perception interviews in this study and receive attention in Part III, Analysis of themes, Chapter 7.

Counselling colleagues have often indicated to me their retrospective awareness of wrong assumptions about client understanding of counselling and what it involved. Maluccio (1979) observes that therapists tend to underestimate the impact which the rest of the

client's life has on the changes which may appear to be due to therapy. My own analyst's apparent unawareness of the complex and demanding practicalities of the external world and the way these affected my behaviour has encouraged me to explore further both the disjunction between counsellor and client perceptions and the social and cultural contexts and implications for counselling.

Why is the client perspective neglected in counselling research?

The reason why practitioner research into client perceptions is a relatively neglected area is hinted at by McLeod in the conclusion of his review of the literature on client perspectives:

> ...the development of research into the client's experience of counselling and psychotherapy may represent a radical intrusion into the professional domain. For, in giving the client a voice the client perspective would cease to be filtered through the screen of scientific method (1990:19).

The implicit challenge in terms of such a 'radical intrusion' has been taken up by a number of researchers who have been concerned about the neglect of the client perspective, and who have written, often with passion, about the importance of listening carefully to the client and conveying the client voice without allowing professional values and assumptions to intrude, for example, Foskett (2001), Genest (2003) House (2003), Bates and House (2003), Feltham (2000, 2002), Howe (1989, 1993) Pipes et al.(1985). House, in particular, holds that professional assumptions about objective, scientific method cannot obtain in this 'highly peculiar field in which... subjective impressionistic data is at least as reliable as any other' (2003:125). Howe (1993:6) also points to the way in which the dominance of the practitioner perspective is supported by the belief that applied psychology is an applied science. Such a belief 'has encouraged many therapists to examine their impact on people in a science-like, linear, cause and effect fashion'. Yet as Smail (1987:33) has pointed out 'the success of psychotherapy is built upon a number of expectations, assumptions and beliefs which are subscribed to tacitly in our culture...'

Tacit assumptions are hard to research, but this is an essential feature of modern hermeneutics: to attempt to make explicit the implicit so as to understand it better. Paradoxically, this aim to demystify is also the intention of good therapy as therapists

across the spectrum recognise. It may be a statement of the obvious, but without attention to the client's own view of therapy and subsequent view of it there can be no effective evaluation of therapy.

Compilers and analysers of client accounts, for example, Dinnage (1988), Gardiner (1973), as well as former clients themselves, for example, Alexander (1995), France (1988) and Sands (2000) consistently point to the absence of attention to the client point of view.

Similarly, Genest (2003) emphasises the necessity of the client perspective which can be 'an important and scarce resource of information for understanding the experience and outcomes of counselling'. She cites the client perspective work of Foskett (2001), Macran and Ross (1999) and Bachelor (1995), all of whom illustrate the way in which the focus on the theoretical and the search for objectivity tends to override the client's perspective and experience of the therapeutic alliance.

Why are these voices so few? Is scrutiny of the 'professional domain' so daunting? Mohr has suggested the possibility of the profession having to face up to clients' negative criticism:

> Our field has tended to shy away from looking at negative outcome. It is seldom reported, perhaps due to fear that the institution or researcher will be stigmatised, perhaps due to embarrassment, perhaps due to a failure to look at individual cases...(1995:223-24)

Kahn (1991:122) is one of the rare therapists to write honestly about the subjective nature of the therapist perspective: '...empathising with clients when they're seeing us in a bad light is very hard – and very therapeutic...we should remember that our perspective may be no more objective than the client's'.

Howe's focus on the client viewpoint (1989, 1993) thus provided am important step forward in the client perceptions literature. His investigation (1993:5) elucidates his argument that 'the regularity and relative simplicity of the client's view provides us with powerful and telling evidence about the nature of psychotherapy and the human relations that go with it.' By asking people to say what they feel about counselling 'we tap the experience in its own terms as well as from the subject's point of view.' He discovers by this means that clients value the components of counsellor warmth and acceptance, being

listened to, being believed and having someone interested in them. Clients, Howe says, consistently say similar things about their counselling experience regardless of school of counselling, theoretical orientation and preferred techniques. This is a viewpoint strongly endorsed by Feltham (1999) who has argued that there is often a poor match between therapist theories and the experience of clients.

In this respect Howe (1993:8) makes an important point about the way in which clients express themselves: 'Whereas therapists and scientific measurers speak in a variety of theoretic tongues, clients speak a common language. The consistency of the messages really is quite remarkable. The words and language used by clients to describe their experiences are important.' He continues: 'There are dangers in the use of a "specialised psychotherapeutic language". It can "invade" and construct the client's experience.' In support of this point he cites Lomas (1981:109) who is of the view that 'the nearer we stay to common speech the less likely we are to destroy the meaning of those who seek our help.'

Genest (2003) is also a researcher who wishes to redress the client perspective imbalance. She places full focus on her client research participants' experience of counselling and the part it plays in 'their overall life transformations of mind, emotion, body and spirit healing'. Citing Goedde (2000) she points to work discussing spiritual and religious issues in therapy in which clients perceive religion and spirituality as separate yet overlapping concepts. Goedde reports primarily negative associations with religion. Spirituality on the other hand is regarded as an important part of daily life. Seeking tranquillity and peace in the counselling relationship has been directly or indirectly expressed as important to client participants in my own study, as indicated in Part III, Analysis of Themes, Chapter 7.

Client expectations of counselling *before* they enter counselling

Most studies of client perceptions tend to examine client perspectives *during* and *after* counselling. The only studies investigating client perspectives *before counselling* appear to lie within the realm of youth counselling. Murgatroyd (1977) showed how young people's expectations of counselling were strongly influenced by their experience of their

relationships with adults. He also identified the importance of confidentiality for young people, a finding echoed by Feaviour (1992).

However, it is the study carried out by Surf & Lynch (1999:231) 'Exploring young people's perceptions relevant to counselling: a qualitative study' that strikes me as significant in the sphere of client perspectives. In their aim to identify the helpful and hindering factors influencing young people's take-up of counselling they cover ground that has direct relevance to my own research aims and initial findings. They categorise their findings in terms of their research participants' views of hindering and helpful factors which influence their willingness to use counselling.

Researcher perceptions of factors hindering take-up of counselling

Surf & Lynch suggest that there is often an assumption among young people that their difficulties are a permanent and unalterable aspect of their personality and cannot be discussed with others. Young men often find it harder than young women to discuss problems or feelings. There is a fear that confidentiality will not be respected and that disclosure of a problem would lead to a loss of control over it. This is a point raised on a number of occasions by the female client participants in my study, particularly in relation to their own male partners (see Analysis of themes, Chapter 5).

Again relevant to my own study, Surf & Lynch point to ambivalent views about expectations of counsellors being directive. One voiced the view that direction from the counsellor would mean 'I didn't have to think about it myself'. Another resented the idea of 'an official who would tell you what to do'. Some expected the counsellor to be 'warm' and 'understanding'; others expected an impersonal approach: 'their job and stuff'. For some the counselling process was essentially mysterious, with the counsellor 'doing something weird and strange and it just sorts you out like that'.

I have discussed the issue of social stigma as viewed by a number of clients in their retrospective accounts of counselling. Surf & Lynch emphasise the young person's view concerning stigma which often connects stigma with those receiving counselling. Similarly, as will prove the case in my own research findings, peer viewpoint is regarded

as important. One view was that someone seeking counselling 'hasn't got anybody else they can talk to, so they've got to go and talk to a complete stranger...you're a really sad person.' Another was reported as saying 'Only people who are screwed up in the head go to see counsellors...'

It is important to note that a sense of shame and weakness and inadequacy in seeking counselling is also reported in the research findings of Timms & Blampied, (1985:19) and Fitts (1965: 80). Mayer & Timms (1970), Brannen & Collard (1982) and Timms & Blampied (1985) have also shown that some people fail to get effective help, believing that others were unable or unwilling to help. Some were unwilling to burden others or trust possible confidants. Some feared family disapproval or previous ineffective advice from confidants.

Many fears identified above are also fears experienced by adults and identified in the findings of Pipes et al (1985) and cited by Feltham (2000c:231). These include the fear that they will not be taken seriously or understood, that they may be judged as a bad person or thought to be crazy. As is the case in my own findings there are also fears that the counsellor may discover things they do not wish to reveal, or that the counsellor may not be competent. Surf & Lynch conclude that:

> ....from the individual interviews, and the deeper ambivalence evident in the group interview, it is clear that when specific individuals experience a crisis, they can actually find it very difficult to make a personal decision to enter counselling. Publicity for counselling services for young people needs to recognise this discontinuity between the superficial acceptability of receiving counselling and individuals' deeper sense that to seek counselling support is shameful.

Ambivalence about seeking counselling is emerging as an important theme and appears to be deeply rooted in many people and appears to cross cultures. Fears are strongest when there is lack of clarity about the nature and purpose of counselling. Stigma associated with, and lack of awareness of, counselling and what it is about may be the main reasons for low awareness and low take-up of counselling. A recent study (Ahmad-Zamani, 2004) carried out at the National University of Malaysia examined the issue of stigma attached to seeking counselling in relation to employees from a public sector organisation in Malaysia. Results showed that a climate of stigma still exists for counselling clients and 'seems to restrain them from seeking help'. The study concludes that a contributory factor to such

ambivalence or stigma is the conflict between Malaysian cultural values, based on the importance of family and community and the psychotherapy or counselling process, which is individualistic. Stigma associated with counselling appears in a variety of cultural contexts.

Researcher perceptions of helpful factors in counselling

In terms of factors considered helpful by clients, and which chime closely with my own findings, Surf & Lynch identified areas such as maintaining confidentiality, a safe and trustworthy relationship with a caring, non-judgemental, competent counsellor where clients are treated equally and feel able to control the pace and depth of the work done and are able to withdraw from counselling if they wish. These findings are supported by Murphy et al. (1984) who explored helpful factors in counselling identified by clients receiving cognitive behavioural psychology. Such factors are generally accepted as a *sine qua non* by most counsellors today and are central to the code of ethics, for example BACP (2002).

Qualities Surf & Lynch considered desirable in a counselling service were clear publicity, accessibility, flexibility and informality and continuity of counselling.

Echoing points made earlier about language (Howe, 1993 and Lomas, 1981) the language used in publicity was considered important. One participant was recorded as saying 'all of it needs to be done in a language that young people can hear...can understand, you know...how they will understand it without complicated things.'

Raising awareness about the positive nature of counselling and the importance of being clear about counselling are central to two recent research studies. One is concerned with the perceptions and experiences of counselling services among Asian people living in the UK (Netto et al., 2001) and the other is an Indonesian study exploring Indonesian undergraduates' attitudes to counselling (Setiawan, 2004).

In discussing definitions of counselling Netto et al. state that there is considerable scope for confusion and suggest the need for greater clarity amongst policy-makers, funding

bodies and potential referrers about the nature of available services and the extent of their cultural sensitivity. Agencies also should 'be transparent about the nature of the service they offer and make appropriate referrals, as required.'

In discussing factors contributing to low take-up of counselling services Setiawan (2004:299) says there is:

> a lack of knowledge about counselling and service details; unfamiliarity with counsellors; a lack of trust towards counsellors; discomfort with others' attitudes to counselling and counselling seekers; inadequate publicity about the service; poor practice at school counselling level; disadvantaged conditions of the counselling service as an agency; a lack of knowledge and a lack of acceptance of counselling in wider society in Indonesia.

Although her study focuses on counselling in Indonesia, her conclusions concerning the need for wider dissemination of information about the counselling services and for professionally competent counsellors, also appear to have relevance to the findings of Surf & Lynch and my own findings. Setiawan considers these 'the two strongest factors which would encourage students to seek counselling, both in the context of professional counselling outside the university and the universities' [sic] counselling service.' (2004:300).

In terms of access to and organisation of provision it is clear from the literature (Mellor-Clark 2000) that, although counselling is of great potential value in the care and treatment of people disempowered by psychological stress, there are long waiting lists (sometimes up to 9 months), staff shortages and poor coordination of services. In particular, people living in rural areas experience major access problems.

In the private sector Gillon (2002) makes the significant observation that counsellors sometimes have little awareness of the social circumstances of people in distress or of the perceptions they hold about counselling when they first enter the counselling relationship.

Although most counselling is by its nature face-to-face two of the counselling co-ordinators within the higher education user groups reported the introduction of pilot email counselling schemes. Whether or not this is a 'helpful factor' has yet to be determined.

Client perspectives on counselling *during* counselling and how such perspectives change

I now focus on the limited number of research studies examining client perceptions of counselling as counselling takes place. These studies relate primarily to perspective transformation or change (Jinks, 1999) and significant moments in therapy (McLeod, 2004; Rennie, 2001). They tend to focus on change in relation to inner processes and give very little attention to external influences.

Jinks aims to test out the intentionality theory expounded by Egan (1984), emphasising the importance of a sense of direction in life in increasing well-being and reducing stress. Jinks examines retrospectively the perceptions concerning change of four clients, all nurses in counselling training within longer-term counselling. His research suggests that counselling plays an important part in changing clients' perceptions of self-efficacy by helping them to learn effective problem solving skills. He raises some key points which chime with those of Howe (1993:194), namely that all four clients feel more in control of their lives, have increased self-awareness and confidence and the ability to make decisions. The clients attribute these changes primarily to counselling and resulting from the counsellor-client relationship which has instilled a sense of trust, to specific skills and to key events, that is, new insights. These findings are endorsed by other studies, e.g. Bachelor; 1995, Orlinsky & Howard, 1986, Cummings et al. 1994.

The problem of the researcher also being the counsellor and the problem of the client telling the counsellor what she or he wants to hear, are ones of which Jinks is aware and which receive treatment later in my own study (see Part III, Analysis of Themes, Chapter 7). As a counsellor 'operating 'largely out of person-centred principles' he expresses surprise at clients' desire for advice and their appreciation of its usefulness, implying perhaps that if clients are respected for being the expert on themselves they are not likely to need counsellor direction. However, he acknowledges that several studies of helpful events note this, citing McLeod (1990:18) who has considered clients' desire for advice as an area in which further research could be useful. The issue surfaces in my own client research participants' expressions of counselling expectations (see Part III, Analysis of Themes, chapters 7 and 8).

As part of his focus on the clients' inner psychological processes, Jinks also suggests that there is a place for qualitative studies of clients' experiences which complement the more detailed work on specific sessions emerging from Interpersonal Process Recall research. Interpersonal Process Recall (IPR) work developed by Kagan (1984) and adopted in particular by Rennie (1992) and Watson and Rennie (1994) explores significant events, i.e. 'good moments' in therapy. Other recent studies in this area have been carried out by Paulson et al (2001) examining client perceptions of hindering experiences in counselling, and Timulak and Laetier (2001), focussing on moments of empowerment in the counselling process. Jinks himself makes the point that the IPR method may itself artificially contribute significance to 'significant events when the process may be more subtle or insidious'. However, he concedes that Rennie's work shows how much is 'going on under the surface for the client than is apparent to the counsellor or observer'. He points to areas that I wish to explore in my own study: unexpressed feelings, choice in what to say or not to say, and desire to create a particular impression.

Although the nature of the client-counsellor relationship implies a growing awareness of the social interaction between people contributing to a new self awareness or sense of self, Jinks tends to consider his findings from an individualist point of view. It will be interesting to see what light can be shed by the social perspective, the notion that the self forms and reforms social structures in social relationships (Howe, 1993; Bondi, 2003; Smail, 1987).

Within many areas in our society, both rural and urban, there is still limited awareness concerning the provision and purpose of counselling. This is particularly a problem in terms of recognising social and cultural diversity. These include the counselling needs of people who are disabled (Reeve, 2002), people from different cultural or religious backgrounds, (Netto et al. 2001), lesbian and gay people (Ryden and Loewenthal, 2001) and people suffering from HIV and AIDS (Silverman, 1997).

User perceptions *after* counselling

Public opinion is regularly sought on a whole range of personal, social and political issues. In the public sector, in particular, users of counselling and psychotherapy are asked to

complete surveys and questionnaires indicating levels of satisfaction about their experience of counselling and its outcomes. The questions are usually to be answered in the form of a rating scale linked to a set of researcher-defined categories that tend to pre-dispose 'clients to respond mainly in terms of their overall *satisfaction* with the therapy' (McLeod, 1999:29; 2001), which can be objectively measured 'in a science-like, linear, cause and effect fashion' (Howe, 1993:6).

Funding bodies tend to support evidence based research projects. There is increasing concern over spending allocations as well as concern that users receive appropriate and cost-effective treatment. One such study: *What Works for Whom? A Critical Review of Psychotherapy Research,* is that of Roth & Fonagy (1996). Within the primary health sphere in particular, another example is the Department of Health study (2001) using randomised clinical trials (RCTs). This focuses on the usefulness of different counselling approaches in treating various forms of psychological distress. It is a detailed and well-researched study which is helping to raise awareness of the value of therapy within the primary care sector. It provides a slight spur to my own study in that the 'evidence review' section makes a statement (admittedly brief) about attitudes to therapy and the lack of formal research in this area:

> There is little formal research evidence on the effects of attitude to therapy or of client expectations on outcome; the evidence has not been assessed systematically. (2001:30).

However, there are limitations to evidence-based studies (Goss & Rose, 2002; McLeod, 2001a; Thomas, 1997; West, 2004) in terms of applying an objective approach to learning more about subjective human perceptions, thoughts and feelings within a counselling context.

Most of the records of post-counselling client perceptions are based on various types of questionnaires and satisfaction surveys such as the CORE system developed by The Psychological Therapies Research Centre at the University of Leeds (Mellor-Clark, 2000). However quantitative outcome studies do have limitations in that the experience of the client is forced into researcher-selected categories.

There is still a lack of qualitative outcome studies within the sphere of counselling research and there are few in-depth studies of the client viewpoint which are critically reflexive,

discovery-orientated and which do not presume outcomes. McLeod (1999:30) considers this a shame as 'discovery oriented' research has 'the potential to yield outcome information that could be highly relevant to practice'.

In a book review of evidence-based therapies West (2004b:27) says 'there is a need to locate the drive for evidence-based practice within the New Labour/post-Thatcher context of measuring everything and setting targets, where quality and breadth can be lost', a point made by many of the practitioners cited in this review. He also points to the fact that there is 'next to no consideration of culture, ethnicity or religion'. He wonders 'how much the idea of current evidence-based practice is white and secular, reflecting the dominant values of our profession'.

It seems to me from the above review that practitioner research into client perceptions is beginning to establish itself as a valid field of study. It is not an easy task to identify the direction in which new research in this field should go but there are some general pointers. As Feltham (2000c:235) puts it in his own conclusions in 'Consumer Views':

> Clearly the overall trend is necessarily towards greater transparency, knowledge sharing, fairness and constant updating of therapists' knowledge in view of clinical research results and the changing nature of society.

Discussion of Pre-understandings, Sections 3: Client accounts, and Section 4: Research practitioner accounts

What do we learn so far from this detailed consideration of the client perspective? It would appear that Freud's influence in extending the frontiers of scientific exploration into the workings of the unconscious mind is still felt very much today, particularly in the sphere of psychodynamic psychotherapy. However, many clients who have experienced therapy, as well as practitioners, are now perceiving counselling and psychotherapy as less of a science and more of an art or religion, a sense of journey or intense period of learning. Dinnage (1988:16) conveys this sense rather aptly in her introduction to her client accounts of psychotherapy: 'It has something in it of medicine, religion, love affair, addiction, education; the latter in particular.'

Thus, counselling and psychotherapy practitioner researchers continue to struggle with such questions as: Is therapy a form of medical treatment or a coping-with-life, purpose-finding exercise? Is seeking it shameful, embarrassing, evidence of weakness or an indication of a desire for improved psychological health and wellbeing? Is it a change agent for getting in touch with self and others? Is it about seeking truth, a mystical, spiritual experience? Is it an amalgam of some or all of these elements? Whatever it is, say Bates & House (2003:iii): 'It is a quirky, idiosyncratic phenomenon riddled with contradictions and inconsistencies.'

Review of the literature on client perceptions does reveal that client perceptions and experience of counselling and psychotherapy often involve confusion, uncertainty and ambivalence. The component within counselling most valued by the client is, almost without exception, the genuineness or 'realness' of the relationship with the therapist. Howe (1993:8) speaks of the consistency of client response in this respect; there is 'a deep common structure to human relationships', 'what is valued by clients is the act of communication, not the communication of acts'. Sands (2000) appreciates the 'asymmetrical' but 'equal' nature of the therapeutic alliance and where this sense of equality does not occur the outcome of counselling is likely to be negative.

Negative accounts which focus on the damaging effects of therapy have, on the whole, been based on experience of classic psychoanalytic, in-depth 'medical model' therapy where the therapist has been the expert, the concept of transference has been central and within private practice, often at session rates of £60 -£120. As has been noted in the case of Anna Sands, Rosie Alexander, and Gillian Proctor, when they have engaged with a humanistic, more equal counselling approach, all have found the experience beneficial.

In *Killing Freud* Dufresne (2003:174) expresses his belief that psychoanalysis has no future:

> Most middle-class patients, for decades squeezed by economic pressures, have already abandoned the couch. As a result analysts nowadays have to be flexible if they want patients, which means abandoning classic psychoanalysis...Other shorter therapies will continue to find more popularity with patients, including those that reject altogether the dredging up of problematic memories.

All the evidence is that counselling is a burgeoning field. It would seem that we now live in a therapy culture. Smail (1987) was making this point almost two decades ago, an observation supported by Furedi (2004) in *Therapy Culture.* Increasingly counselling, often of a short-term nature, is being carried out within the primary care sector. The voluntary sector continues to struggle for funding and resources. Equally, in higher education, as in other large institutions, external intervention, the setting of targets and performance indicators help to create more stress for staff and students alike and counselling services become more in demand. This is at a time when resources for such support services are becoming scarcer. At the same time more and more training courses are being set up as the demand increases. (Or does marketing of such courses create the demand?) More psychotherapy and counselling professional bodies break away from others, rather than cohere. So it is time to ask anew how counselling is perceived by its users, how it is experienced and just how helpful it is?

Foskett (2001: 345-351) observes that clients who are researched by professionals are not invited to interpret their own evidence, and that clients reading such texts would be inclined to wonder: 'Do I in the end matter most or are the professionals more involved with themselves and their professional interests?' He argues a political point that the voice and experience of clients should play a much stronger part in 'the shaping of the services which are for them.'

In summary, we know that there has been a fairly substantial body of work carried out mainly by practitioners, over the last three decades, examining client perceptions of counselling after the event and their views on the positive and negative effects. There is also a growing body of work being carried out by former clients examining the positive and negative effects of counselling. There is some useful work focussing on the process of counselling and what happens within it in terms of change, significant moments and helpful and hindering aspects. However, most of this work is carried out retrospectively. There is also, as has been recognised, valuable work carried out retrospectively in which clients crystallise key issues arising from their therapy. However, there is virtually no work examining client perceptions before they engage in counselling and how these perceptions evolve over a period.

To my knowledge no-one has engaged in a study of client perceptions which examines the client's perspective longitudinally, as it evolves over a period of time, or compares user groups from the public sector. Surf & Lynch have covered part of the ground of my own study, looking at clients' expectations of counselling, but only from a young person's point of view. Jinks has probed the area of clients' evolving perceptions of counselling. Methodologically both these studies operated from the standpoint of grounded theory, or thematic induction, but have given little attention to a constructionist perspective which examines the way in which conversations and exchanges occur and come into being within a philosophical, political and social context.

There are an increasing number of studies examining the limitations of psychotherapy and counselling as well as the damaging effects. It is important therefore that there is some discovery orientated work which takes a holistic view of the process via the case studies presented and within the hermeneutic method.

There is still much to explore in terms of client's expectations of counselling, and clients' often unspoken negative or ambivalent views about the counsellor. As the review of clients' retrospective accounts of therapy illustrates, clients experience therapy differently. As Dinnage says in the introduction to her selection of twenty client accounts (1988:12): 'a few speakers are disappointed or angry, a few deeply impressed and grateful and the rest are a mixed category'.

With the exception of work carried out by Rennie (1992, 2001) none of the research work is triangulated, in which the client perspective is examined from the client's own point of view, the counsellor's point of view and the researcher's point of view. It is particularly in this region that my work can make a useful contribution to the field. As McLeod (1990) indicates research into counsellor experience can be usefully applied within supervision and training. It can sensitise supervisors and counselling trainers to the kinds of difficulties trainees most often encounter as well as help with the design of training programmes.

McLeod's conclusion concerning the value of linking research on client and counsellor experience is relevant here:

> Probably most important of all, however, is the contribution that research on counsellor experience can make when taken together with research on client experience, in helping to develop awareness of the ways in which the client's world and the counsellor's world can so easily diverge, leading to counselling in which the real concerns of the client are muffled and hidden (1990:79).

As my study demonstrates, divergence of client and counsellor viewpoint, when openly examined and discussed between client and counsellor, can lead to a clearer understanding and regard for the client perspective and its expression. It therefore has implications for potential clients, for practitioners and for researchers within the field of counselling and psychotherapy.

PART II: THE HERMENEUTIC APPROACH: THEORY AND METHOD

CHAPTER 3 - Understanding and interpretation

> *The standpoint of hermeneutics is that interpretive method is not a special process, totally different from everyday human understanding; it is just one example of an everyday process through which persons make sense of their world. All understanding is hermeneutical, taking place, and to a very large extent, determined by, our finite existence in time, history, and culture. (Reason & Rowan, 1981:132)*
>
> *Lying at the heart of hermeneutics are issues of intuition, interpretation, understanding, the relationship between the researcher and the subject of research and the reader. (McAuley, 2004:192)*

Aims of the chapter

In this chapter I set out the central characteristics of the hermeneutic approach, particularly that of philosophical hermeneutics as expressed by Heidegger and his student, Gadamer. Firstly, I deal with epistemological issues (my own perception and understanding of what is 'real' and 'true', of *what* is knowable and *how* it can be known and verified (Etherington, 2004:71). Secondly, I consider how this approach is applicable and appropriate to the aims and key characteristics of my own research study. Thirdly, I discuss, in terms of hermeneutic principles, my own set of assumptions about the nature of being (McLeod, 2001d), that is, my own ontological perspective or view of reality and the ways in which this has been influenced by social and cultural context. In doing so I attempt to make evident how such ontological observations and considerations are interwoven with epistemological concerns. This leads me into a consideration of how hermeneutics relates to post-modern thinking, the influences on such thinking of the European philosophical tradition and my hermeneutic position in relation to issues of validity, voice, power and control, and ethics and values.

Epistemelogical issues underlying qualitative research

Traditionally research methodologies are differentiated between quantitative and qualitative approaches, each stemming from different philosophical bases (Newman and Benz, 1998). Almost all qualitative researchers, regardless of their theoretical differences,

reflect individual phenomenological perspectives. Most quantitative research approaches, regardless of their theoretical differences, tend to emphasize a common reality on which people can agree. In assuming a common reality quantitative researchers are inclined towards positivist, objective methods, looking for causal explanations in the search for knowledge. Qualitative researchers are drawn to more subjective methods of understanding reality, emphasising as in the case of this study, the individual's interpretation of the world. Thus the philosophical commitment underlying this project is interpretivist in nature and holds subjectivist assumptions about the world.

Modern Hermeneutics, the study and principles of interpretation (or *Verstehen)*[15], owes its origins to the study of the scriptures which, through close analysis of the text, would yield up its obscure meanings. In an attempt to reduce the emphasis on abstract knowledge derived through pure reason, the hermeneutic method in the post-enlightenment period became associated with the analysis of text which recognised its specific context. Later in the 19th century Dilthey began to apply hermeneutic principles to the study of society and history, arguing that social science cannot use the positivistic methods of natural science but must employ understanding and interpretation rather than pure empiricism. McAuley shows how, within the hermeneutic tradition, the interest in interpretations 'comes from a particular version of scientific knowledge known as *Geistwissenschaften'*. Citing Bettelheim, (1983:41) McAuley (2004:192) explains that this term can be translated as 'sciences of the spirit' a concept 'deeply rooted in German idealist philosophy' in which 'hermeneutic-spiritual knowing and positivistic pragmatic knowing are opposed to each other'. This concept was developed further by Heidegger and his student Gadamer who perceived hermeneutic inquiry as 'a fundamental characteristic of humanity: that we live and work not with abstract facts of "reason" but within distinct contexts and that language itself is the medium through which we communicate (and understand) our essential being' (Rohmann, 2000:174).). Alvesson and Skoldberg (2000:52) explain how the hermeneutic paradigm includes many positions ranging from, at one end of the spectrum, 'objectivist hermeneutics resulting in the understanding of underlying meaning, not the explanation of causal connections' to, at the other end of the spectrum, a post-modern, reflexive position, or fusion of perspective. As my own study initially is positioned at the objectivist end and

[15] Deriving from the German word meaning "understanding" or "interpretation", 'the name of a complex process by which all of us in our everyday life interpret the meaning of our actions and those of others with whom we interact' (Bernstein, 1976:139). *Erklaren* is the term used in contrast to *Verstehen,* meaning explanation, indicating a critical distinction between the natural and the human sciences.

then moves towards the reflexive end of the continuum in keeping with the reflexive nature of counselling and psychotherapy, I shall attempt to clarify the differences between the objectivist and the reflexive position.

Interpretivist approaches are not necessarily hermeneutic in the Heideggerian sense since, unlike modern hermeneutics, they have more traditional epistemological roots and, in methodological terms, are more wedded to the concept of objectivity. Schwandt describes four main interpretivist approaches as Empathic Identification, Phenomenological Sociology, Language Games and Philosophical Hermeneutics. Empathic Identification or 'getting inside the head of an actor to understand what he or she is up to in terms of motives, beliefs, desires thoughts' (2000:192), implies that the researcher can transcend her or his historical circumstances. Phenomenological Sociology, 'understanding how the everyday, intersubjective life world (*Lebenswelt*) is constituted' (2000:192), is influenced by the work of Alfred Schutz (1962) and informs the practice of Conversation Analysis. Language Games are based on the notion (Schwandt, 2000:193) that 'there are many games played with language (testing hypotheses, giving orders, greeting, and so on)', and that each game has its own rules or criteria and can be extended to understanding systems of meanings such as 'institutional and cultural norms'.

The important point to stress is that in each of these three approaches the meaning that the interpreter reproduces is considered the original meaning of the action and, so that misinterpretation does not occur, interpreters must employ methods that allow them to step outside their historical frames of reference, and retain detachment and objectivity, or 'the cognitive style of the disinterested observer' (2000:194).

Each of these interpretivist epistemologies can be considered hermeneutic because they recognise the importance of grasping the situation in which human actions acquire meaning in order to claim an understanding of the particular action (Giddens, 1993). They thus draw on the notion of the hermeneutic circle as a method or procedure.

> In order to understand the part (the specific sentence, utterance, or act) the inquirer must grasp the whole (the complex of intentions, beliefs and desires or the text, institutional context, practice, form of life, language game and so on) and vice versa (Schwandt, 2000:193).

But interpretivism in its understanding of *verstehen* assumes understanding to be an intellectual process whereby a knower or researcher as subject gains knowledge about an object, the meaning of human action. Bernstein views this approach to the hermeneutic circle as 'object' oriented, directing us to 'the texts, institutions, practices...No essential reference is made to the interpreter, to the individual who is engaged in the process of understanding and questioning...'(1983:135).

> Thus, in interpretive traditions, the interpreter objectifies (i.e., stands over and against) that which is to be interpreted. And, in that sense, the interpreter remains unaffected by and external to the interpretive process (Schwandt, 2000:194).

Objectivists view reflexivity as something that can be controlled by the researcher, eliminating all bias by adopting a detached stance. Both the phenomenological observer and the linguistic analyst generally claim this role of uninvolved observer, seeing the understanding they acquire of a particular action or phrase to be judged by whether or not it is exactly reproduced as an accurate, correct, valid representation of that action and its meaning. It is a perspective that aligns itself with the theoretical position of the medical profession and in what appears to be the position of many of the psychoanalytically orientated therapists described by their 'patients' in the pre-understandings chapter of this study. Those models of counselling and psychotherapy which are drawn primarily from the humanistic tradition (and within which my own background and training falls) tend to stress the mutual negotiation of meaning based on the 'fusion of perspectives'. I tend to be drawn to the end of the hermeneutic paradigm that recognises the researcher's role as interactive and cyclical rather than linear, in which meaning is mutually negotiated rather than controlled.

It has already been pointed out that there are dangers in viewing the researcher and counsellor role as synonymous. They are distinct, although there are similarities in terms of working reflexively with the research participant or the client in 'constructing' meaning. The difficulties of assuming too close a similarity between the counsellor and researcher perspective is discussed in the Part III, p. 215 Researcher perspective and the ethics of researcher intervention.

Philosophical hermeneutics

Philosophical hermeneutics challenges the 'classic epistemological (or generally Cartesian) picture of the interpreter's task and the kind of understanding that he or she "produces"' (Schwandt,2000:194). Rather than viewing hermeneutics in terms of the interpretivist stance but seeing it more as 'an art or technique of understanding, the purpose of which it to construct a methodological foundation for the human sciences' (Grondin, 1994:109), Gadamer and Taylor argue that understanding is not a procedure following a set of rules; it is about the condition of being human, Gadamer explains understanding as not

> ...an isolated activity of human beings but a basic structure of our experience of life. We are always taking sometime as something. That is the primordial givenness of our world orientation, and we cannot reduce it to anything simpler or more immediate (1970:87).

In other words, we exist and make sense of things ('taking something as something' from within a culture which is itself historically constituted or 'given'. Thus in Gadamer's view, understanding historically constituted, is participative, conversational and dialogical; it is thus open and participatory in character. It is always bound up with language and achieved only through a logic of questions and answers. It is produced not reproduced: meaning is negotiated mutually in the act of interpretation and not simply discovered. Although it is important to aim at a correct understanding there can never be a finally correct interpretation. Because understanding and the creation of meaning is negotiated, involving embodied engagement and concerned with practical choice, it is action not procedure. It aims to clarify the conditions in which understanding takes place.

Key concepts and characteristics of the research study

The implications for research in counselling and psychotherapy is, as McLeod (2001d:204) puts it, 'an encouragement for researchers to be more modest, and descriptive, about their findings', to be less concerned about the 'generalisable and universal' and to consider what is 'local and contextual' (2001d:205). A positivist methodology dealing with abstract conceptual factors which give only limited information about the social and institutional context is likely to lead to generalised, abstract findings that are of much less interest and value to the practitioner than those that are socially and historically

contextualised. I have explained how my research study into client perceptions of counselling focuses on particular counselling contexts in the UK as exemplified by three user groups in the public sector: university counselling services, community counselling services and counselling services within GPs' practices. It has been a central aim of this study to consider any implications for practice arising out of what clients have to say about their perspective on and experience of counselling.

My own research has found that themes appear to fall naturally into what one might term 'inner' and 'outer' categories with much overlap, or connection, between the two. These characteristics appear to me to be in harmony with Heidegger's approach to human existence and his understanding of essence and connection with the world. The way in which inner and outer overlap, or are part of the same, is in harmony with Merleau-Ponty's view of perspective. Heidegger broke new ground in bringing together the phenomenological (understanding as concerned with 'inner' and 'essence') and the hermeneutical (understanding as concerned with 'outer' and the 'external life-world'). In his major work *'Being and Time'* Heidegger (1927) reveals the origins of his search for a 'fundamental ontology', an attempt to capture the essential nature of being. Heidegger termed human existence *Dasein* or 'being there', implying not only a presence but involvement in the world. Merleau-Ponty was also greatly influenced by Husserl's philosophy of phenomenology with its emphasis on human interaction with the world in which we live. But whereas Edmund Husserl stressed interaction of human consciousness with things and events in the external 'lived' world Merleau-Ponty refused to see a division between subject and object, proposing that to have knowledge of the world is to be part of the world. Our body and our consciousness are inseparable. Since he saw consciousness as a product of perception he contended that there is no such thing as perception *per se*, only perception from some perspective. He developed the idea that meaning is not a given but a product of lived relationships in the world.

Heidegger, Gadamer and Ricoeur rejected Husserl's idea of the possibility of a direct, unmediated encounter with the things of experience, insisting instead on the all-important role played by a shared context of historical and cultural interpretations (Sass, 1988) and viewing language as the most important source of these interpretations that form the 'implicit' clearing of all experience. Gadamer and Ricoeur follow Heidegger in taking a constitutive rather than instrumentalist view of the relationship between language and

experience and in this respect differ from both Husserl and Dilthey (McIntyre and Smith, 1982).

Initially, in my own research I was concerned to get as close to the research participants' understanding as possible. However, I was also aware of Ricoeur's 'hermeneutics of suspicion' (Ashworth, 2003a) an interpretative approach drawn from psychoanalytic thought that is concerned with 'demystification as a reduction of illusion' (Ricoeur, 1970:26) and attempts to reach underneath the research participants' understanding of what is meant by the participant and, as Ashworth (2003a:22) points out, draws on 'a notion that the accounts may entail certain taken-for-granted assumptions which are not explicitly stated but which, when noticed by the researcher, can be used to shed light on what is said so as to render it more meaningful'. This concept of interpretation is also used in Kvale's work and informs the model he used in psychoanalytic research and which has informed my own method (see p. 126), Indeed, Husserl's concepts of time and personal identity are evident in Kvale's model for the research interview (pp. 127/8), for example, the temporal dimension and human interaction.

As I attempt to explain, there are inevitably methodological tensions arising as, in conducting my research, I move from examination of the potential client's perspective on counselling to the client's engagement with the process, and as my own awareness of my position as researcher shifts in focus. In considering the nuances of the position of the research within the spectrum of hermeneutic investigation I have stressed that my initial aim was to research participants' realities. I therefore initially adopted the phenomenological position (Reason & Rowan, 1981, Kockelmans, 1975) the Husserlian position of *epoche* or absence of presupposition, as I aimed to eliminate the influence of my own position. As I moved to the next stage in the research (from establishment of pre-counselling main themes to an analysis of socio-cultural influenced themes) I experienced an awareness of how my own ontological position, which was essentially phenomenologist, had moved to the Gadamerian position which values the researcher's pre-understandings and the nature of 'fusion of horizons'. This change occurred as I moved from the semi-structured interviewing of clients and counsellors at the objectivist end of the hermeneutic spectrum to the stage of interview and thematic analysis. This involved a greater awareness of the inter-subjective within the *during* and *after counselling* reflection stages and a new appreciation of the alternative positions to the

phenomenological, existential position of Fromm, Binswanger, and Rogers. I was moving from the constructivist to the constructionist approach to reflexivity. For the constructivist the 'constructed world'is constituted through individual cognitive activity (Gergen and Gergen, 1991). 'In contrast, a social constructionist view invites the investigator outward – into the fuller realm of shared languages. The reflexive attempt is thus relational, emphasizing the expansion of languages of understanding' (Gergen and Gergen, 1991: 79). This has led me into the position of being aware of the way in which my own theoretical assumptions have overlaid my responses to clients who for example do not wish to explore their interior emotional world. Effective hermeneutic study involves a change in the text and in the researcher: 'understanding...involves a transformation of the initial positions of both "text" and "interpreter" in a "fusion of horizons" or consensus over meaning' (Warnke, 1987:107) and as illustrated in my discussion of the researcher's position, p. 215.

Concern with interpreting the 'inner workings' of the mind has always been a central feature of psychoanalysis. Psychoanalysis broke new ground by attempting to apply a scientific method to understanding the workings of the unconscious mind. The splintering of the Freudian school of classic psychoanalysis with its emphasis on the nature of sexual impulses and their repression, led as we have seen, to a variety of psychodynamic approaches emphasising different aspects of human nature, but always giving attention to understanding the intra-psychic processes of the mind, often without reference to external socio-cultural contexts and influences. The idea of acquiring an 'inside' understanding or grasp of the subjective consciousness or intent of a person from the inside, is 'a powerful concept for understanding the purpose of qualitative inquiry' (Schwandt, 2000:192), and is central to much counselling and psychotherapy theory.

Counselling, with its roots in advice and guidance leading to practical action, has always valued inter-subjectivity. Counselling has been much influenced by both classical psychoanalysis and breakaway influences such as Rogers' non-directive client-centred therapy in the 1940s and 1950s and the modern existentialists such as Binswanger and Fromm. In both the psychodynamic and humanistic spheres of counselling and psychotherapy there has been a steady move away from the psychoanalytic, top-down, bio-medical model towards a valuing of the inter-personal, reflexive nature of therapy. In fact counselling has now become a growth industry and recent research (BACP, 2004:11) has shown that it is becoming widely accepted as a means of addressing and alleviating

psychological discomfort. Commenting on a 'growing individualism, an increasing desire for self-fulfilment and for the development of the self' the report identifies in the general population a 'new fascination with our psychological and emotional well-being' (2004:7) with an emphasis on inner self-reflection.

We have seen that, within the framework of the hermeneutic approach, the psychological, the focus within counselling on inner subjectivity, is itself viewed as a 'cultural artifact' (Cushman, 1995:7) that can be interpreted in its local rather than universal context. The idea that psychotherapy itself is 'viewed as a cultural practice which sustains the idea of an autonomous, bounded self' (McLeod, 2001d:29), or individualism, relates directly to my own study. It is my aim to show how client research participants are influenced by prevailing cultural values. Media messages in particular express a variety of individualist viewpoints about illness, healing, the nature of counselling and how people formulate their identities (Cushman, 1995; Steinberg & Kincheloe, 1997). Such conceptualisations or themes can help us to understand how we make meaning of our lives within the contemporary cultural realm (Peters & Lankshear, 1994). Freire (1985) also illustrates how generative themes of a culture are central features in critical social analysis.

Studies of aspects of people's perceptions of counselling in other cultures (See reference to Malaysia in Chapter 2: Pre-understandings) have revealed some similarity of perspective across cultural boundaries. The introduction of counselling into countries such as Malaysia and the associated experiencing of stigma and ambivalence about seeking counselling is perhaps an indication of the powerful effect of western values on other cultures that have 'borrowed' or been exposed via their economic and educational systems to aspects of western culture.

Understanding and interpreting research participant perspectives on counselling

Central to a study focussing on how people initially view counselling and how such views can change as counselling is experienced is dependent upon finding suitable ways of understanding and interpreting perspectives of both the research participants and the researcher. In hermeneutic terms, since such perceptions are socially constructed they are not susceptible to traditional, objective scientific measures. This concern to be accepted as

scientifically and academically respectable may be part of the reason why (as indicated in Part I, Contextualising Perspectives on Counselling, Chapter 2: Pre-understandings) it has clearly emerged that the client perspective on counselling has received only limited attention. In addition, the counselling profession, researchers into counselling and, particularly in the case of psychoanalysis, the therapist, are all unused to placing counselling itself, not to mention clients, in their socio-cultural contexts. However, understanding and, in many of the psychotherapy and counselling approaches, interpreting what the client is saying is the stuff of counselling and psychotherapy. Interpreting *with the client* the perspective of the client in terms of her or his external context as well as recognising the culturally determined assumptions of one's own theoretical approach is often a step beyond. The tension between a psychoanalytic approach involving the imposition of an interpretive framework that reflects the assumptions of the interpreter and a hermeneutic approach to inquiry which takes into account 'cultural context, personal reflexivity and the possibility of alternative 'readings'' (McLeod, 2001d:32), receives further treatment in Chapter 4, Application of the hermeneutic method, illustrating the link between the therapeutic interview model developed by Kvale (1999) and my own interview method.

Understanding and interpreting language in relation to social and cultural context

In examining both popular perceptions of counselling and the research participants' in-depth interviews it is evident that they have a variety of viewpoints about counselling 'out there', what it involves, what it intends, and its relevance or not to themselves. The language used to describe, understand and interpret experience underlying perspective is itself culturally moulded, is 'sedimented' in the body (Merleau Ponty, 1945). Language expression embodying such perspectives and transcribed as texts receives close attention in Part III Analysis of Themes, Chapter 5, Section 2.

I have briefly discussed the concepts of 'inner' and 'outer' in relation to phenomenology and hermeneutics. Of course, as McLeod has illustrated, 'Any method of qualitative research involves the use of phenomenological and hermeneutic strategies for constructing meaning' (2001d:62). Most counselling research has been qualitative in nature, aiming to explore and describe the quality of the therapeutic experience. Some of this work has been

phenomenological in approach (focussing specifically on the essence of the counselling experience, setting aside assumptions and involves 'an "in-dwelling" in the phenomenon until its essential features reveal themselves' (2001d: 56). The work of Rennie (2001) is a good example of this. Whereas the phenomenological approach is non-contextualised, the hermeneutic approach is always interpreted. Rather than setting aside assumptions the hermeneutic researcher is observing and interacting with a person who is also interpreting from a social, cultural, and historical perspective. McLeod argues not for an either-or approach but for a recognition of the creative tension between the two approaches. The affinity between the contextualised and uncontextualised can be understood in terms of subjectivity.

Understanding and interpreting text in terms of intersubjectivity

The research interviews are produced as a result of dialogue between researcher and participant. As Gadamer recognised, the social frame of reference of the researcher influences the researcher's questions which in turn shape the nature of interpretation itself. Particular questions have been prepared and thus the researcher initially leads the way and in this sense is 'taking control' (Lather, 1991) but without any idea of the responses. Accepting, from a philosophical hermeneutic standpoint, that we can never know with certainty what another person experiences, the dialogue develops as the researcher 'feels' the way forward intuitively, using prompts, asking for clarification, summarising and reflecting. The same ground can be covered in each interview with each research participant but no two interviews will be the same. The interviewer and interviewee are understanding, interpreting and responding to each other as it progresses and in this sense reaching for truth that is particular to the situation. The research interview is essentially co-constructed and in this respect bears a similarity to a counselling session.

The role of intuition

Dilthey in his early writings illustrates how *verstehen* entails a kind of empathic identification with the actor, a kind of 'act of psychological re-enactment getting inside the head of an actor to understand what he or she is up to in terms of motives, beliefs, desires,

thought' (quoted earlier, Schwandt, 2000:192), suggesting that it is possible for the interpreter to transcend or break out of her or his historical circumstances in order to reproduce the meaning or intention of the actor. However, critical hermeneutics questions the assumption that the full meaning of a person's experience can be wholly disclosed to the researcher or to the person who experienced it. In an article entitled Empathy - Sinister or Benign? Willoughby (2004) adopts a critical hermeneutic approach linking what Kincheloe & McLaren (2000: 289) describe as 'everyday troubles individuals face to public issues of power, justice and democracy'. Willoughby argues that our view of empathy in a therapeutic context 'changes radically when we appreciate that most anguish and despair has its origins in our social circumstances and not in the person'. He cites Smail who describes users of psychological therapy as people who have suffered wrong rather than 'with whom anything is wrong' (1987:399). As in the case of at least two of this study's research participants, Willoughby questions therapists' motives which he considers are often suspect in that they use therapy to resolve their own difficulties in the face of 'pervasive and systemic injustice'. Other critics of psychotherapy, for example Howard, (1990) also suggest that empathy can be used as a method of control without giving the appearance of manipulation. As a result, therapy can 'conceal social injustice and inequality by individualising social problems within the client' (Willoughby, 2005:5).

Gadamer (1977:132) expresses the functioning of intuition as follows:

> ...knowledge is intuition and in the case of direct perception that means the direct givenness of what is known in perception. It has its own certainty in itself. Wherever real insight is attained outside of the sphere of what is perceivable it can mean nothing other than that there too what is intended presents itself in intuitive givenness.

In other words, intuition is knowledge gained or learned as part of our perspective which is culturally located or 'given'. In this sense intuition as acquired is itself a cultural artefact. The characteristic of empathy, as understood in therapeutic terms, is closely allied to intuition, although variously understood.

In discussion of the therapeutic climate, McGuiness (2000:100) describes the core condition of empathy within the person-centred tradition, developed by Rogers and described elsewhere, in similar terms:

> Rogers is responding to the position of the phenomenologists that all of us work with our own perceptual field. To help a client do that needs an ability

> in the therapist to merge in some sense with the client's perception, accepting it as authentic. The challenge is to give full attention to the client's perception of reality, in a way setting our own (perhaps different) experience and perception on hold'.

However, McGuiness elucidates this point by saying that the person-centred therapist must have a level of objectivity or detachment that permits such a suspension of interpretation or evaluation:

> It is a clear statement to the client that the material to be considered is his material; that my (expert, curious, rescuing, interpretive, evaluative) agendas *have no significance* [my italics] in the therapeutic encounter.

The concept of suspension of judgement has its roots in the conservative phenomenological tradition but does not allow Gadamer's notion of pre-understanding or basic assumptions underlying our prejudices. In this respect the person-centred approach may have its limitations. For example, a counsellor can often experience difficulty in empathising with a client who 'seems to be on a different wavelength' or insists on, what one of the counsellor research participants refers to as 'off-loading'. The social and cultural assumptions and contexts of both client and counsellor may be very different and of which both need to be aware. This concept of 'empathic identification' implying that researchers (and counsellors) can transcend their historical circumstances (Schwandt, 2000:192) is illustrated in my own teaching of literature where courses attracted students from different social strata depending on course mode and the time of day they were held. Full time, grant supported courses attracted more working class students, part time day courses more female middle class students and evening course a mix of classes. I found it difficult to understand why some classes were much less successful than others, although I was using the same material and approach. On reflection I realised that I shared more assumptions about literature with the female middle class students and fewer with the working class students and thus, at least initially, was more in sympathy with the former and less in sympathy with the latter group, as they were with me. A greater awareness of my own cultural assumptions and understanding of the influence of socio-cultural differences could have been of benefit to both student group and tutor!

Adding a further dimension to this discussion, recent research in the sphere of neuroscience (building on the work of, for example, the neurologist Damasio, 1994) has begun to make an impact on counsellors' and psychotherapists' considerations of the nature of empathy. It has been shown that the pre-frontal cortex is the part of the brain that

enables us to empathise and also plays an important part in restraining our emotional impulses (Gerhardt, 2004). The quality of love and care we receive as babies determines how our right brain develops, producing neuronal connections that help us form relationships. Without loving conditions the development of the social brain and the capacity to empathise and form relationships will be reduced. Therapists can use empathy as a tool and help neurons to recover. Rothschild (2004:11) says:

> Neuroscience is taking a great leap forward in helping us to understand how we 'catch' another's mental state.

She reminds us, nevertheless, that in terms of therapist assumptions we should never forget that:

> what you 'catch' from your client is coming in through your own filters. It is not 'pure' information. So you must check accuracy with your client, don't just assume what you seem to catch is correct' (2004:12)

In the research interview the focus is primarily on how the client research participant perceives and experiences talking with and relating to the counsellor. In the counselling sessions clients may undergo a changed perspective on the way they view themselves and others, what Gadamer refers to as 'the processive nature of knowing'. Issues thus come into focus concerning personal identity, change, authenticity of feeling and the relating, or inter-subjective, process itself. In this research phase, where attention is also given to the counsellor's perspective on the client's understanding of the counselling process, the notion of harmony and disjunction of perspective also comes into play. There are within these concepts the dual perceptions of client and counsellor concerning, for example, power relations, risk-taking and endings. Equally, the perspective of the researcher may change:

> Critical researchers enter into an investigation with their assumptions on the table, so no one is confused concerning the epistemological and political baggage they bring with them to the research site. Upon detailed analysis these assumptions may change (Kincheloe & McLaren, 2000:292).

In the *after counselling* phase of the research the client, the counsellor participant and the researcher reflect on the counselling experience. Wider implications for the providers of counselling and for the profession itself become more apparent. There are issues for the client relating both to the phenomenon of counselling, the client in relation to self, the client in relation to counsellor and the client in relation to her or his own social context. There are issues for the counsellor in terms of counsellor approach, assumptions and practice. The important point in terms of the hermeneutic researcher is that understanding

and interpretation are attempted with the aim of making explicit what was already there, not imposing 'findings'. This means that I the researcher need to be critically aware of my foreknowledge, 'pre-understandings' or underlying assumptions:

My ontological position

Dewey (1916) observed how individuals adopt the values and perspectives of their social groups in a manner that shapes their views of the world. Critical researchers such as Dewey are aware

> that the consciousness, and the interpretive frames, they bring to their research are historically situated, ever changing, ever evolving in relationship to the cultural and ideological climate (Kincheloe & McLaren, 2000:287).

It is important then that the researcher's own interpretive frameworks as well as those of counsellors and psychotherapists are themselves under scrutiny and critiqued by this study in order to clarify, as far as is possible, an area that client participants themselves point out as needing clarification.

What then are my own assumptions? Within the hermeneutic approach the researcher can never be free of the influences of cultural and social context and the resulting pre-understandings and prejudices. As I have indicated, my choice of topic and my choice of method is much influenced by my own philosophy and understanding of the nature of being.

The influence of existentialist writers

The question as to whether my choice of reading in the 1960s influenced, or was a reflection of, my own way of seeing and thinking is relevant to my study. As in the discussion of media influence on popular perceptions of counselling our inner and outer worlds are constantly in tension. Key influences were Erich Fromm, Albert Camus, Jean-Paul Sartre, Ronald Laing, all of whom dealt with issues concerning the nature of existence and the search for meaning in life. My own position is primarily existentialist in that I perceive the world as without intrinsic meaning or purpose and believe therefore that we

must find our own meanings. We have freedom of choice and are responsible for our own actions. Within this philosophical viewpoint I belief in the relational nature of living, the importance of relationships, community, the valuing of our own and others' experience. I have a strong awareness that our birthplace and circumstances in this world are accidental and not subject to any higher order. I recognise that in a life which is finite we strive to find meaning for our existence, both on our own, reflecting on who we are individually and, in dialogue with others, reflecting on our collective nature. I believe ultimately that there are no conclusive explanations about our existence but that, in some small way, we can create purpose in life by improving the quality of life for others and by implication, be the motivation altruistic or selfish, for ourselves.

The influence of my own experience of psychoanalysis

As I have indicated earlier, there is no doubt in my mind that this was one of the most intensive learning periods of my life. Over time, however, my views about the process have inevitably undergone a change of perspective. I continue to recognise that life is difficult and fraught with problems, that choices have to be made, that we all have the capacity for good and for ill, that all too soon we die, but that ultimately compassion for our fellow human beings and a capacity to give is what counts, and what makes us human. The romantic, individualistic, essentialist in me has warred with the socially and politically committed, sometimes alienated, observer.

The influence of feminism

The influence of feminist thinking in the 1970s and 1980s harnessed my politically socialist inclinations towards creating a more equal society, broadening my perspective on my view of self in relation to the concepts of autonomy and freedom, to perceiving self as a social construct, recognising the roots of women's subordinate position to men in historical, social and economic structures. Major influences have been Angela Davies, Juliet Mitchell, Sheila Rowbotham, Ann Oakley.

I grew up in a collective pacifist community which maintained no traditional boundaries. Initially all participants lived in one large hall and all food was prepared and cooked cooperatively. But as people paired off and had children so there was a gradual shift towards the nuclear family.

These socialist, communitarian values have become clearer with time. My early working career in administrative support had a political orientation. My first job was based in the House of Commons where I worked for a socialist member of parliament. I was introduced to the realities of politics and issues such as penal reform, televising parliament, developing an alternative social policy, opposing the development of nuclear arms, the production of Private Eye. My work involved mundane administrative tasks of note-taking, organisation and planning as did my later work in the USA at Harvard University and then in the White House in Washington. Robert Kennedy was assassinated as was Martin Luther King in a short space of time, 'a response to the centuries of abuse, degradation, and death that had been inflicted on the black community' (Cushman, 1995:233). I became acutely aware of the power of politics, of business interests and the media, both within academic and government structures.

My experience of teaching and managing

My later working career was devoted to socially motivated activity in education and training and latterly in counselling. My orientation in management, teaching and counselling is person-centred in the broadest sense. It is based on the belief that the function of the manager, tutor and counsellor is to help facilitate the capabilities of staff, students and clients and create a climate in which staff, students and clients can be responsible for their own direction. These aspects of my working life have required a greater awareness of the affective, experiential dynamic in human relations, based on valuing the inter-subjective, reflexive nature of learning (Dewey, 1916; Freire, 1972). Humanists such as Knowles and Rogers recognised the importance of the student and client point of view and of relating directly to the personal experience of the learner but gave little recognition to the historical, social and cultural determinants of the human point of view, tending to emphasise a middle class form of individualism.

My experience of counselling

Counselling, as I perceive and practise it, is a highly focussed, shared learning experience aimed at enabling the client to move to a position of greater self-awareness and awareness of others and capacity for perspective change and social agency. My own experience of a range of psychotherapeutic practice and contexts, working in a diverse range of professional institutions has made me aware that counselling is also highly socially-contextualised and, in private practice in particular, tends to favour the middle classes.

Similarly, the researcher 'speaks from a particular class, gender, racial, cultural and ethnic community perspective...Every researcher speaks from within a distinct interpretive community that configures, in its own special way, the multicultural, gendered components of the research act' (Denzin & Lincoln, 2000:18).

The entwining of ontological and epistemological issues

The threads of my early assumptions, the changes these have undergone as I have moved through youth and middle life to older age have also influenced my understanding of the nature of knowledge. We are said to live in a postmodern age where there are no certainties and many rather than single truths. All aspects of life are affected, as is illustrated by media influence, by globalisation and the power of the internet.

The health professions are aware of the implications of postmodern thinking for psychotherapy and counselling and current research considers the strengths and weaknesses of post-modernism. It appears to me that the philosophical hermeneutic approach itself characterises aspects of the postmodern 'turn'- a term coined by Best and Kellner (1997) – in its awareness that dominant or grand narratives are highly problematic and that truth itself is partial. Eagleton (1996:135), a literary critical theorist, perceives the value of postmodernism in terms of 'its rich body of work on racism and ethnicity, on the paranoia of identity-thinking, on the perils of totality and the fear of otherness...along with its deepened insights into the cunning of power...' Certainly the philosophical hermeneutic approach, and its ability to critique issues of identity, difference and power misuse, chimes with these characteristics. However, Eagleton's critical questioning of

postmodern thinking in terms of 'its cultural relativism and moral conventionalism, its scepticism...its lack of any adequate theory of political agency' (135) is a charge that, in terms of cultural relativism, can also be laid at the door of philosophical hermeneutics. Nevertheless, in terms of political agency, philosophical hermeneutics is a powerful force. One of its key tenets is *engagement* with the subject under study as a means of offering an alternative interpretation or critique of human action which itself yields new insights and observations that in their moral intent can lead to social action.

Loewenthal & Snell see postmodernism as offering a stimulating challenge, attacking 'the "modernist" ego-centric, person-centred approaches of much psychoanalysis, counselling, psychotherapy and psychology' (2004:1). Questioning the status and function of theory itself invites, they say, an openness which underlines 'the importance of putting the other (the client/patient) first, and...emphasises the inter-subjective, what can emerge "in the in-between"'. In short, postmodernism is addressing issues raised by both researchers and clients in Part I, Pre-understandings Chapter 2 sections 3 and 4. These can be expressed in terms of the primacy of the therapeutic relationship, authenticity, reflexivity and equality, and the complexities involved in issues concerning, for example, the location of power in the relationship, client voice and client perspective. These characteristics all have a bearing on choice of methodology.

The influence of philosophical thinking on current therapeutic research

Frie (2004) maintains that postmodernism, in its questioning of Enlightenment themes such as individuality, objectivity, rationality and truth, can ignore the human capacity for experience. In *Understanding Experience* Frie sets out a new perspective on 'the embodied self and its role in communicative and therapeutic contexts' reconsidering 'such basic experiences as agency, authenticity, freedom and choice' (2004:1).

Within the current field of psychotherapy and counselling leading researchers, e.g. Etherington, 2004; McLeod, 2001d, are stressing the importance of the influence of philosophical thinking on current research as well as on the range of psychological methodologies and approaches. There is a new recognition of the debt owed by postmodern thinking to such existential/phenomenological European philosophers and

psychoanalysts as Fromm, Sartre, and Laing, writers who influenced my own thinking in the 1960s and 1970s. Writers and researchers such as Frie, Loewenthal & Snell and Thompson pay tribute to the influence on the interpretive stance of philosophers within the existential/phenomenological school. Thompson, says that if the main difference between the existential and the postmodern approach rests on the understanding of what is true, what is real, then the principles of hermeneutics can bridge the gap:

> If authenticity is the source of divergence between the existential and postmodern traditions, the art of interpretation (or hermeneutics) joins them in a common cause. (2004:198).

European philosophy deals with questions that have great applicability to everyday therapeutic practice:

> How can we achieve insight into the way we live our lives? How can we understand the nature of human love and intimacy? What is the role of the body in my experience and perception of the world around me? How can we account for the multifaceted, often opposing, tendencies of human interaction? And how is the human being situated in a world of shared understandings? (Frie, 2004:8).

These are large questions which modern philosophical hermeneutics addresses by means of its dialectical approach to the relationship between knowing and not knowing, the internal and the external, the uncontextualised and the contextualised.

Concepts from the post-phenomenological Foucauldian theory of social discourse, when applied to counselling research can, as Cushman's social constructionist hermeneutic analysis of therapy in America, also cast new light on the dynamic of the therapeutic relationship and people's perception of it. A view of 'truth' as an artefact rather than essence throws new light on the client's perceptions of counselling. Foucault (1980) perceived truth as constructed and framed by powerfully organised external influences whereas the philosophical hermeneutics defines truth as not necessarily constructed, but negotiated.

Hermeneutic Guidelines

In everyday life we are constantly judging, evaluating, making discernments about the quality of a production, be it a book, a film, a newspaper article. (Smith & Deemer, 2000:888) state that:

> to pretend (even hope?) that we can lead a life free of judgement is immediately to go astray...Judgements must be made and must be argued and justified...that we all must live with uncertainty and contingency does not mean that we can dismiss commitment and abandon judgement.

Judgements will be made about the quality of this research study. It is therefore important in a study concerned to demystify and to clarify a particular phenomenon that my method and approach to the topic are clearly stated. (There is an irony here in that I am aware, particularly in the chapters concerned with methodology and method, that I am sometimes guilty of falling into the use of philosophical jargon myself.) I have been at pains to show how the hermeneutic paradigm is not a methodology as such but contains certain characteristics that have phenomenological roots that link to, or bridge, aspects of postmodern approaches. Smith & Deemer refer to lists of characteristics for judging a work that are 'always open ended, in part unarticulated and even when a characteristic is more or less articulated, it is always and ever subject to constant re-interpretation' (2000:888).

Reason & Rowan (1981) refer to Kockelmans' (1975:83-5) guidelines for applying a hermeneutic, interpretive approach. These guidelines are on the objectivist (bracketing), phenomenological end of the hermeneutic continuum, but are useful in that they are concerned with the avoidance of force-fitting interpretations, clarification and demystification, familiarity with the phenomenon, meaning of the phenomenon for the researcher and the concept of the hermeneutic circle.

Firstly, *Autonomy of the object.* In other words, the researcher and interpreter must not project meaning onto the phenomenon being studied. Given the inter-subjective nature of my study I will interpret this as meaning, as Reason & Rowan express it (1981:134), that we may wish to apply ideas and analogies from other situations to aid our interpretation, but in the final analysis (quoting Kochelmans, 1975:84) 'the source and criterion of the articulated meaning is and remains the phenomenon itself'.

Secondly, making the phenomenon *maximally reasonable* in human terms. Reason & Rowan explain this as meaning 'that the complexity and historical roots of the phenomenon must be explored and articulated, the mystifications uncovered, so that the phenomenon may be understood more clearly than by those who are actually engaged in them on a day to day basis'. Those engaged in the co-research venture 'will have cleared away some of their false understandings and consciousness as a result of their enquiry' (1981:134).

The work of Lather (1991) is relevant here. She is concerned with the degree to which research moves those it studies to understand the way the research is shaped in order for the subjects of the research to transform it. In other words, the reality-altering impact of the inquiry process directly affects those engaged in the study so that they may gain self-understanding and self-direction. (This was an issue raised as problematic by the Norwich Local Research Ethics Committee in its scrutiny of my research proposal, and is discussed in the next Chapter, Methods.)

Thirdly, the interpreter must achieve *the greatest possible familiarity* with the phenomenon in all its complexity and historical connectedness. In other words, the inquiry should be 'rooted in the experiential knowledge of those actually involved: a valid interpretation involves knowing *with* as well as knowing *about*' (Kockelmans, 1975:85).

Fourthly, the interpreter must also show *the meaning of the phenomenon for his own situation.* 'We are interested in something because of what it stirs up in us; because of our political commitment; because or our own political history' (Kockelmans, 1975:85).

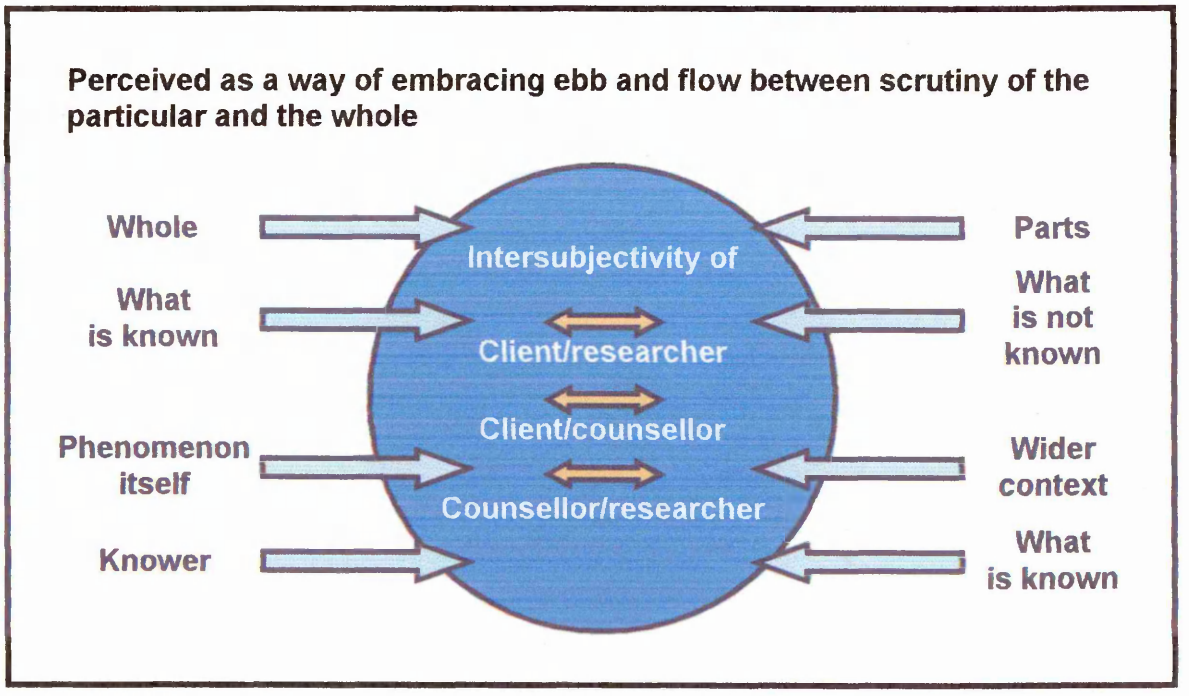
Finally, the concept of *the hermeneutic circle* is described by Kockelmans as follows:

> The hermeneutic circle is essentially a very general mode of the development of all human knowledge, namely, the development through dialectic procedures. It is assumed that there cannot be any development of knowledge without some foreknowledge. The anticipation of the global meaning of an action, a form of life, of a social institution, etc. becomes articulated through a dialectical process in which the meaning of the 'parts' or components is determined by the fore-knowledge of the 'whole', whereas our knowledge of the 'whole' is continuously corrected and deepened by the increase in our knowledge of the components (85).

Reason & Rowan describe the process as such:

> In practice, as a researcher approaches a phenomenon for study, he or she will have some provisional conceptions of its meaning as a whole; as the parts are examined, the meaning of some of these will come partially clear, and this clarity can be enhanced by relating them to each other and to the whole' (1981:135).

Diagram 3.1 The Hermeneutic Circle



As in the case of this study the evaluative process of comparison of component parts leads to a re-evaluation of the meaning of the whole. This in turn can lead to a new understanding of the component parts as demonstrated in the diagram (3.1.) above and as illustrated in my Analysis of Themes (Chapters 5-8).

In terms of the whole, and implied by the hermeneutic paradigm I have adopted, there are issues of ethics and values, power and control, validity, voice and researcher action

Ethical considerations: power and control

One of the distinctive characteristics of therapy is that it is interactive (Bond, 2000). As we have seen have seen in Chapter 2, the client perspective, therapists take different

approaches to the relationship which represent different positions on the issue of power balance between client and therapist. The ethical codes of the national professional organisations all aim to protect the balance of power by emphasising 'respect for client autonomy, clear contracting in advance of therapy, confidentiality, being non-exploitative of clients' (Bond, 2000:236). Bond points out that 'each of these ethical commitments seeks to redress the power imbalance which is inherent in any relationship that starts with one person acting as the helper and the other seeking help in circumstances when the recipient may be feeling in personal turmoil and emotionally troubled'. These codes apply equally to the research situation, and especially in my own research when I am approaching clients who are, as it emerges, urgently needing the help of a counsellor. All participants in any research project are placing their trust in the professionalism and the capability of the researcher. Ethical considerations are therefore of paramount importance. The main ethical issues lie in the realm of informed consent, confidentiality and avoidance of harm to anyone committing themselves to contributing to the research. On the issue of potential exploitation of the therapist's power in the therapeutic relationship there is a great deal of important work: Alexander (1995), Etherington (2001), House (2003), Masson (1992), Sands (2002). Recently issues of confidentiality and informed choice have been seen as problematic (House, Sands) particularly in the instance of a client beginning counselling who cannot know with any clarity what she or he is consenting to.

Counsellors generally have a reluctance to engage in research activity or to value academic research into counselling (McLeod, 1990), often perceiving it as unrelated to the realities and exigencies of day-to-day counselling. In discussion with the voluntary sector group in Norwich I have found a reluctance on the part of counsellors to engage with a researcher exploring perceptions while clients are in counselling. Some of the potential counsellor research participants were still in training and did not feel confident enough to have their own work with clients observed by an external researcher. On the other hand, experienced counsellors with a similar training background did not feel uncomfortable and welcomed the opportunity to hear how their client perceives counselling as related to another party, the researcher.

Over many years the power of the therapist and the client's desire to please have both been issues that have troubled me in terms of the tutor-student and counsellor-client relationship. Foucault shows how power operates through discourse, how patterns of

thought are 'proposed, suggested and imposed on him by his culture, his society and his social group' (1988:11).

McAuley (2004), in his examination of hermeneutic understanding, also points to the issue of power differentials. He cites Phillips & Brown (1993:1547) who combined critical theory with hermeneutic understanding in analysing patterns of communication. They pointed out that the critical theory approach 'enables self conscious reflection on the social conditions surrounding the production, dissemination, and reception of texts and their contribution to...the creation and maintenance of power differentials'.

On this issue of the interrelatedness of process and practice, and guarding against the potential misuse of power differentials, the Sheffield Hallam University's Research Ethics Policies and Procedures insist that ethical issues have a high profile. Similarly, in the Ethical Framework for Good Practice in Counselling and Psychotherapy, Bond states that

> All research should be undertaken with rigorous attentiveness to the quality and integrity both of the research itself and the dissemination of the results of the research. The rights of all research participants should be carefully considered and protected...the right to freely given and informed consent, and the right to withdraw at any point' (BACP: 2002:7).

In contributing to my own research all the three service user groups have been meticulous in their monitoring of the conditions of my research practice, especially in relation to issues of client confidentiality and consent, and to the recording, storage and use of data. Without exception, each user group co-ordinator has given prime consideration to consultation with the service counsellors about the aims and nature of my research and to the gaining of their approval concerning participation.

In relation to my study of the primary care sector's provision for counselling I sought approval from the Local NHS Research Ethics Committee before interviewing patients from local G.P.s' practices. This was a detailed and long-drawn out process which I refer to in detail in my Methods Chapter 4, 'Setting up the primary care user groups'. It dealt with a number of issues arising out of a positivist position concerned with validity, e.g. the apparent absence of research instruments for measuring outcomes, and a certain unease with the principles of qualitative research in a setting which was more familiar with evidence based studies of the kind discussed in my Pre-understandings chapter. Nevertheless it ensured that all parties in the practice had been consulted on the work and

agreed that there would be no inappropriate exercise of power which might harm the patient in any way.

Intersubjective validity

Issues of validity had been raised by the Sheffield Hallam University Research Ethics Committee. In analysing the positivist and post-positivist paradigms Janesick points to their reliance on 'naïve realism, their dualistic epistemologies, their verification approach to inquiry and their emphasis on reliability, validity, prediction, control and a building block approach to knowledge'. These paradigms do not, she points out, 'adequately address issues surrounding voice, empowerment' (2000:393). These paradigms fail to address the theory and value-laden nature of facts, the interactive nature of inquiry and the fact that the same sets of 'facts' can support more than one theory.

Rather than take terms from the quantitative paradigm qualitative researchers have offered alternative ways of thinking about descriptive validity and the unique qualities of case study work, as in this study on client perceptions. Validity in qualitative research has to do with description and explanation and whether or not the explanation fits the description. It is always important to ask whether the explanation is credible. As has been argued, there is no single correct interpretation but it is vital that the interpretation has a coherence and integrity that relates to the theoretical framework.

Voice

Feminist research is highly diverse, involving 'different theoretical and pragmatic orientations and reflects national contexts about which feminist agendas differ widely' (Olesen, 2000:216).

Problems of voice and how women find and express their voices have continued as a problem for all feminist qualitative researchers regardless of their approach. There is the difficult question of 'whether the account will only replicate hierarchical conditions found in parent disciplines, such as sociology' (Olesen, 2000:231) and even when there is

recognition of the way in which both researchers and participants shape the flow of spoken words and silences in the interview situation, the researcher who writes up the account remains in the more powerful position (Phoenix, 1994). Gadamer's recognition of the way in which pre-understandings affect researcher perspective, the nature of the questions asked and thus the responses does, to a large extent, circumvent some of these intrinsic difficulties.

I have mentioned the influence of feminist inquiry on the development of counselling theory. In my view the influence has not as yet been fully articulated in terms of psychodynamic counselling models influenced by development and lifespan psychology which tend to emphasise 'white, western, individually centred, linear models of human development' (Feltham, 2000d:275). Feminist inquiry is critical of the implication that there are direct links between 'normal' development and psychological health (Burman, 1993).

The feminist influence on qualitative research methods, has, I believe, been greater. Although there are many and varied models, feminist inquiry is dialectical in nature, committed to the identification of power structures and to action in the world. This is apparent in feminist approaches to interviewing and case study development.

Researcher action

In line with Kochelmans' (1975) 'achieving the greatest possible familiarity with the phenomenon', cited earlier, it is useful to refer to the discussion of Lincoln & Guba (2000:175) who remark on 'the shift towards connecting research, policy analysis, evaluation and/or social deconstruction' with action. They point out how such connection has come to characterise much new-paradigm inquiry work, both at the theoretical and practice levels. Since I have concerns that within a number of counselling training programmes there is an apparent lack of emphasis given to the client perspective and to social context, I hope to influence, in some small measure, this aspect of training programme content.

Summary of discussion

Qualitative research 'crosscuts disciplines, fields and subject matters' (Denzin & Lincoln, 2000:2). Denzin & Lincoln point out that many qualitative research perspectives and methods connected to cultural and interpretive studies

> deploy a wide range of interconnected interpretive practices, hoping always to get a better understanding of the subject matter at hand. It is understood, however, that each practice makes the world visible in a different way. Hence there is frequently a commitment to using more than one interpretive practice in any study (3-4).

I have tried to show how the principles of modern hermeneutic understanding provide a theoretical framework that is in tune with the interactive nature of counselling and the research activity itself, with its focus on the underpinnings of such discourse, i.e. perspective, understanding and interpretation.

Etherington in *Becoming a Reflexive Researcher* says:

> Because I believe reality is socially constructed and subjectively determined, the means I use need to be suited to the purpose of discovering something of *how* these constructions came about and the meanings that people give them (2004:71/2).

I have shown how my own philosophy of being has developed and indicated that is it is rooted in the existential-phenomenological, but is open to feminist influences which have identified the roots of women's oppression in historical, social and economic structures and has more recently focussed on the differences in race, class and sexual orientation. I have indicated my awareness of the challenges and limitations of current postmodern thinking. I have also indicated the key characteristics of the research study as linked to issues concerning the nature of counselling and the best ways of researching and representing it, giving attention to concepts of objectivity and subjectivity. I am thus concerned with issues of client perspective on counselling and what such perspectives reveal about identity, the therapeutic relationship and, within the relationship, the elements of power and socio-historical and cultural influences.

Underlying this study is the desire to *understand* better how counselling is perceived and experienced by different people and to consider, especially in terms of personal and

political agency, the wider personal, social and professional implications of such understanding.

I am deeply conscious of the way in which the interplay between the world out there (my own life experience, my encounters and dialogue with my research participants, and my research advisers) and my exploration of theory and concept (reading and reflective thinking and discussion) mediate my understanding of my research topic and give meaning to my explorations. This interactive process reflects the process of the hermeneutic circle, described by Geertz (1979:239) as: 'a continuous dialectical tacking between the most local of local detail and the most global of global structure in such a way as to bring both into view simultaneously...Hopping back and forth between the whole conceived through the parts that actualise it and the parts conceived through the whole which motivates them, we seek to turn them, by a sort of intellectual perpetual motion, into explications of one another.'

I have tended to move from the particular to the whole, and the whole to the particular in a seemingly random way, but quickly the patterns within my explorations became evident. From the outset there emerged quite a strong polarity between the positive and the negative reactions to people's perceptions of counselling. Recurrent themes emerged which, as my exploration of qualitative approaches to counselling research developed, regrouped themselves within the hermeneutic model. I have borne in mind that:

> For Gadamer, to seek absolute objectivity in interpretation is to misunderstand the hermeneutic enterprise. Tradition and history are not barriers to understanding, rather they are indispensable to it. And because the socio-historical context constantly changes, as well as does our vantage point within it, there can never be final or absolutely certain interpretations (Messer et al. 1988:17).

In recognising that there can be no finite, certain interpretations we move firmly from the modernist to the postmodern position, recognising that there are only local truths. Yet in Gadamer's terms it is important that we try to get as close as we can to understanding the truth or reality of a particular phenomenon. The kind of understanding that results from the research participant-researcher encounter, and indeed the client-counsellor encounter, is 'a kind of practical experience in and of the world that, in part, constitutes the kinds of persons that we are in the world' (Schwandt, 2000:196). As Gadamer (1975) has expressed it, rather than setting out to develop a formal procedure of understanding,

hermeneutics is concerned to clarify the context in which understanding takes place. This I now attempt to do in the next chapter.

CHAPTER 4 - Application of the hermeneutic method

> *Gadamer (1975:263) has repeatedly emphasised that the work of hermeneutics 'is not to develop a procedure of understanding but to clarify the conditions in which understanding take place'. (Schwandt, 2000:196)*
>
> *The spoken or written word has always a residue of ambiguity, no matter how carefully we word the questions and how carefully we report or code the answers. (Fontana & Frey, 2000: 645)*

Structure of the chapter

In this chapter I discuss the ways in which I went about setting up the components of my case study. I then discuss the methods I used for exploring in depth my research question, focussing on my use of the interview and on thematic induction as the mode of analysing the interviews within the case study and identifying emerging themes.

Rationale for choice of user group

My research aim was to discover how potential users perceived counselling, how they experienced counselling once they engaged in it and how they reflected on the experience afterwards. I have indicated in my rationale for the study that I was particularly concerned to reach the views of those sectors of society in which economic and often social disadvantage tend to be more pronounced, for example, where people are less able to pay for counselling because they are studying or unemployed or on low incomes. I wished to give more attention to the significance of social and cultural factors in framing client and counsellor perspectives which have tended to be ignored in much counselling research, in favour of a 'traditionally, predominantly individualistic' perspective (Feltham & Horton, 2000:xix). I was therefore attempting to achieve a greater balance between emphasis on internal and external factors influencing the framing of client perspective.

Setting up the components of my case study

Using my range of professional contacts in higher education and the voluntary sector I approached the primary care sector where increasingly counselling was being offered to

patients; community centres in the voluntary sector and student counselling services (across disciplines and medical school only) to access participants for my research study (Table 4.1).

Table 4.1. User groups within the case study

User group	Location *
Higher Education Student Counselling Services	Northern England, Eastern England
University Medical School Counselling Service	London
Primary Care: Counselling Services within GP practices	Norfolk (country) Norwich (city)
Voluntary Sector: Community based Counselling Centres	Norwich (city)

Given the nature of my study was concerned with both a phenomenon, for example, an individual client's perspective on counselling, and also a general condition, for example, a variety of perspectives within a population of user groups or cases, my study would be both instrumental and collective in nature (Stake, 2000:436) rather than intrinsic.

My contacts with the three identified user-groups were initially with the heads of the higher education counselling services in Liverpool and Norwich, the heads of the voluntary sector community-based counselling services, and, in the case of the rural primary care practice and the Liverpool practice, with the general practitioners themselves. In each case where I had had a positive working relationship with the potential research user group and had held face-to-face discussions with them about the project, the outcome in terms of active participation was also positive. Where there was less face-to-face contact (e.g. by letter or by email) I experienced greater difficulty in gaining positive participation.

* To protect the identity of individual people within the user groups, the names and precise locations of organisations taking part in the research have been rendered unidentifiable.

Setting up the higher education user groups

University (Eastern England) counselling service

My first contact was with the Head of the Counselling Service. The fact that she was receptive to the aims of my research in principle and supportive of the service participating in such a study, proved an essential element in gaining access to potential research participants and to providing me with my pilot study.

The Counselling Service consisted of a team of full- and part-time counsellors, a service co-ordinator and two part-time receptionists. All contracted counsellors were trained in and practised the person-centred model of counselling. Counsellors-in-training from the University's Post-graduate Diploma in Counselling also played an important part in counselling students.

After the Head of Service had consulted with her team of counsellors about the terms of my proposal it was agreed that:

students seeking counselling could be approached in order to engage two or three willing to take part in the research project.

counselling staff would be willing to be interviewed by me in the event of one of their clients agreeing to take part in the project.

I would send a letter, agreed by the Dean of Students, inviting clients to take part in the project. The invitation would include an information sheet (highlighting the issue of informed consent, confidentiality and ethical conditions relating to tape recording and storage of records). This would be handed to students seeking counselling at the point of registration before their exploratory interview, i.e. the system used as a basis for client/counsellor allocation. (See Appendix 2, Invitation letter and Appendix 3, Information sheet).

As a result, two students responded to my letter and interviews with them were set up. I met Jenny three times: at the pre-counselling stage, the mid-counselling stage and the

post-counselling stage. I also interviewed her counsellor, Louise, twice: at the mid-counselling and post-counselling stages. I met James twice: at the pre-counselling stage and during his counselling. I also interviewed his counsellor, Denis.

University (Northern England) Counselling Service

I initially approached one of the full-time members of the counselling team with whom I had discussed my research project on an earlier occasion. By this time I had moved from Liverpool to Norwich and it proved difficult to arrange meetings with the new Counselling Co-ordinator. Communication between us was conducted mainly by email. Geographical distance and busy work schedules meant that face-to-face meetings were difficult to arrange.

The counselling team was primarily psychodynamic or integrative in orientation. Initially counsellors were concerned about the small size of my intended sample and the wholly qualitative methodological approach I was adopting. There were fears that without a quantitative element focussing on objective comparison of data, issues of validity would be compromised. Nevertheless, they were supportive of the aims of a client-centred project and made positive suggestions about procedure and client continuity of involvement at each stage of the research. These included helpful amendments to my letter inviting students to participate, clarifying for the student the fact that participation in the research project would 'have no impact on the way that counselling appointments are allocated to students' (See email communication, 31.01.02, concerning ethical issues, Appendix 4). Matters relating to informed consent, confidentiality and taping of sessions were also clarified and formalised. Agreement was reached to make my research project known to students seeking counselling.

A key issue concerned the ethics and impact of interviewing clients in the middle of counselling. This issue has been raised in other quarters within the voluntary sector, the primary care sector and in the research literature itself (McLeod, 1999; Etherington, 2001; West, 2001). In the same email communication from the current Northern University Counselling Service Co-ordinator (see Appendix 4) she reports her team's concerns about the ethics of my proposal to interview clients during counselling, as this seems likely 'to have an effect on the process of counselling, the counselling relationship and our dynamics with the client'. The communication raises the further point that the researcher interview

with the client participant during counselling 'might easily evolve into a review of counselling, but without the counsellor present unless the interview is carefully structured and managed'. (My email response of 5.02.02 relating to further discussion of ethical issues appears as Appendix 5.)

The ethics and impact of interviewing clients in the middle of counselling had been one that had engaged me for some time. Etherington (2001) believed it can work very well. McLeod (1999) also raised the points the counselling team had made about the research possibly turning into a review of counselling though suggesting this is more of a problem where the researcher is interviewing her own client or clients of other counsellors in the same agency. I attempted to assure the team that I was committed to focussing on client perceptions of what counselling is and not a judgement of the counsellor or the way in which she or he conducts counselling. The interview questions would focus on 'going back to your initial impressions of what is counselling' and on 'how have your perceptions changed?'

It is hard to know whether potential clients were intimidated (House, 2003) by scrupulous attention to the protocols of ethical procedure: opt-in clauses, consent forms and information sheets relating to taping, recording and confidentiality. They had, after all, come to the counselling service at a time of considerable stress in their own lives (Bond, 2000) and were not likely to want to be concerned with further formalities. I had certainly been more at ease with the 'light touch' approach I adopted at the University of East Anglia.

In the event I carried out one interview only in the Northern University counselling setting. This interview (with an intending client before she had begun counselling) is included in this study and plays a critical part in the introduction and substantiation of key themes emerging at the pre-counselling stage.

I also met other potential user groups at Blackburne House Women's Centre, and Liverpool John Moores University. They were all supportive of my proposal in principle. However, by now I had reached the conclusion that the logistics of carrying out further interviews in Liverpool when I was now living in Norwich were too complicated for me to manage.

Setting up the primary care user groups

General practice, Norfolk

I was aware that my own G.P.'s practice offered a counselling service in the form of two part-time counsellors, one male and one female, and that my own doctor was sympathetic to primary care provision of counselling and to better understanding within the health profession of the personal, social and economic advantages of offering counselling. He was supportive of my aims and agreed to participate in my study by circulating a letter to those patients who had been referred to counselling.

In considering my initial proposal for entry to the doctoral programme I had been guided by the Medical Practice and by my academic mentors at Sheffield Hallam University towards gaining approval from the local medical ethics committee (Norwich Local Research Ethics Committee) for that part of the study connected with the primary care sector. I received this approval in February 2003 (see Appendix 6) after a long drawn out procedure which involved completion of a 25 page application form and, at a later date, a request for a number of revisions to my submission. The key points of contention related to the qualitative nature of the study which was not evidence-based in an objective, quantitatively derived, sense. These points were presented to me as 'questions of science' and 'non-science' points and were put to me in an email communication dated 3.12.02.

The 'science' questions were posed from within an objectivist, positivist framework and were concerned with the 'unspecified' timing of the *during* counselling interview and the methodology to be applied to data collection. In response I pointed to the triangulated nature of the study and the use of multiple perspectives to interpret a single set of data and the fact that the permission of all parties, as in the case of UEA, had always been sought and agreed in advance. I pointed out that the number of counselling sessions as well as the model or approach of counselling varied from user group to user group and often within the user group itself. Thus a flexible approach was being adopted as to the timing of *before, during* and *after counselling* interviews.

A further 'science question' in the same email communication dated 3.12.02 was expressed in terms of a 'serious concern that the first two interviews, by alerting patients to what their expectations and perceptions are, will have an effect on the counselling process and on the

development of those expectations and perceptions'. The following analogy was used to illustrate this latter point: 'It is rather like what would happen to the growth of a tree if you dug it up every month to measure its roots'. The analogy is revealing of the contrasting perspectives of the natural sciences and the social sciences, of quantitative and qualitative research.

In terms of non-science points, reservation was expressed about a G.P. issuing the letter inviting patient participation in the research and the danger of a direct approach from the GP exerting pressure in some way.

In my response I pointed out that I had discussed this with G.P. who was sensitive to the issue of pressure and reassured the committee that research participants were clear that they could opt out of the study at any point (see G.P. Invitation Letter, and Consent Form, Appendix 7). Confidentiality was guaranteed throughout and the wording in the consent form should alleviate any feelings that the patient 'ought' to take part.

In being sensitive to patient/client circumstance and to the adoption of a 'light touch' approach it is true that there was likely to be an element of pre-selection in making the project known to potential patients/clients. For example, highly stressed patients referred to counselling may not have been made aware of the research, thus obviating the risk of 'pressure'.

In the event two client/patients, Ron and Eve[16], came forward as willing participants and further invitation letters were withdrawn.

The Norwich Local Research Ethics Committee also raised concerns about counsellors 'objecting' to the research. 'Presumably counsellors will know that their patients are involved in the research. What would happen if a counsellor objected?' This was raised by a counsellor when I had introduced the research proposal to the community centre referred to below. It is a valid point and if there had been objections it would be important not to have continued interviews with the client participant. However, it was not an issue

[16] In the case of client research participants, first name pseudonyms are used throughout this study in order to protect confidentiality. Counsellor research participants have preferred the use of their own names.

in that before every meeting with potential clients it was important that I gained the cooperation of the counsellors in each of the settings.

Liverpool

Letters to my G.P. contacts, who had also worked part-time within the Medical Health Centre at Liverpool John Moores University, yielded no response.

Norwich (city): Medical Centre

I decided to pursue links with one of the university counsellors who had experience of the primary care sector in the city of Norwich. She put me in touch with a counsellor at a medical centre in Norwich, based in a socially deprived area of the city that could usefully be compared and contrasted with the country medical practice in Norfolk. At the city centre practice I met and interviewed Dawn, a potential client assigned at the 'intake' stage to the counsellor, Frank, who agreed to take part in this research study.

Setting up the Voluntary Sector community-based user groups

I approached the Trustees of a voluntary centre in Norwich asking if the centre might be prepared to take part in my research. As a result a meeting was set up with 12 counsellors and three administrative staff. I had not realised at the time of that meeting in November 2001 that there had been a radical review of counsellor staffing shortly beforehand owing to an unexpected reduction in the funding of the centre. Whether or not this was the reason the response to my proposal was muted and my motives for wishing to carry out the research were critically probed. I had not been prepared for so much opposition. However a number of issues were raised that have been helpful to me in justifying my approach. These were posed as problems relating to exploring client perceptions during the counselling process itself, the conditional nature of the interview and the issue of the researcher being a practising counsellor.

Only two people expressed positive views about the proposal. These were wholeheartedly in support of a study in which the counsellor would gain knowledge of the client perspective on both counselling and on the counsellor. They felt such feedback would be useful to the profession.

Given the nature and extent of the reservations raised and the fact that the staff were under enormous time pressures it seemed more productive to approach another community centre in Norwich where I worked as a volunteer counsellor.

Community Counselling Centre, Norwich

I met with the counselling team, described my proposal and discussed issues relating to the method of inviting client and counsellor participation, issues of consent and access to records. A colleague counsellor expressed her interest in taking part and circulated my invitation letter. Mary, who had been on the waiting list for several months and was about to start counselling with Sharon, agreed to take part in the research.

Setting up the London based user group

In Liverpool I had worked with several Liverpool born black counsellors and clients and was aware, from my own experience and my review of the literature, of the relative lack of attention to the client perspective on counselling within African-Caribbean and Asian cultures in particular. As I was now moving house from Norfolk to London where I had worked for many years before moving to Liverpool, I approached several Black and Asian voluntary agencies in London asking if I might interview prospective clients from diverse cultural backgrounds. Responses were supportive of my research aims but I recognised that as a white person my own research into client perspectives was less of a priority than their engaging with a black researcher.

London Teaching Hospital

Although I had not initially perceived the theoretical orientation of my counselling research participants as significant, I realised that those who were most responsive to the aims of the research study were operating within a person-centred framework (see Table 4.3. p.120, Participant demographics). I therefore wanted to redress the balance by including a counsellor research participant with a psychodynamic orientation.

In 2003 I arranged with a counsellor colleague to meet with the team of counsellors, all of whom worked within a psychodynamic orientation, who facilitated the counselling service for medical students at a teaching hospital in London. It was arranged that they would support my research study aim to include culturally diverse perspectives. However, they

were not prepared for me to interview any prospective client in advance of the counsellor (who would also be a research participant) but only after two counselling sessions. This would give the counsellor time to establish a rapport with the client and presumably to set the scene for the interview. I was concerned about losing a genuine pre-counselling client perspective but could not persuade the counselling team otherwise. One counsellor also expressed concern about the possibility of negative research findings although others in the team felt the research would be useful in revealing a client perspective of counselling which could shed light on possible improvements they might make to the service. It might also highlight good practice. I was put in touch with Vaishnavi, a prospective client of the hospital's counselling service, who was willing to be a research participant. On her registration form she described herself as Asian/other and born in the UK. In fact I was able to interview her after she had had one counselling session with her counsellor, John.

Revising the sample

An immediate research problem concerned my sample. Since my 'potential client' participants within the user groups outlined had already shown a positive predisposition towards counselling by seeking an appointment with a counsellor - for example, only approximately 2% of the higher education population were users of their counselling service in 2002/3 (AUCC: 2004) - I could not regard them, even impressionistically, as representative of the population as a whole. Anyone in the UK population is a potential user of counselling and there was virtually no research study at that time on popular attitudes to counselling, although recently BACP (2004) commissioned and published a research survey of popular attitudes to counselling, referred to in Chapter 1 of this study. At the time I was faced with the difficulty of accessing the popular viewpoint on counselling. This I decided to do by means of a series of 'random conversations' with people I met on trains and other public places.

'Random conversations' with the general public

At the start of this study I was frequently travelling between two cities and was able to hold a number of interviews or 'conversations' mainly on buses and trains. Most of these were carried out before the main part of this study got under way and have been described in detail in Pre-understandings, Chapter 2 Section 1, treating popular perceptions of counselling in relation to media influences.

In terms of method it is important to stress that these conversations were carried out at random and therefore the points arising from them can be considered only as general impressions or anecdotal. They are significant in that they helped form the basis of many of my 'hunches' about general themes emerging from my research. My purpose was to get a flavour of what people understood by counselling and what they felt about it. Extracts from these 'conversations' are recorded in Appendix 1.

Table 4.2. In-depth interviews carried out with research participants

No.	Institutional setting of counselling service	Referral Agent	Client	Transcribed Interviews	Counsellor	Transcribed interviews
1	University (East England)	Intake counsellor	Jenny James	3 before/during/after 2 before/during	Louise Denis	2 during/after 1 during
2	University (North England)	Intake counsellor	Sylvia	1 before	Not interviewed	
3	Voluntary Sector (Norwich)	Intake counsellor	Mary	3 before/during/after	Sharon	2 during/after
4	Hospital Medical School (London)	Intake counsellor	Vaishnavi	3 before/during/after	John	2 during/after
5	Primary care: GP (Norfolk)	GP*	Eve Ron	2 before/during 3 before/during/after	Penny Penny	1 during 1 during
6	Primary care: GP (Norwich)	Intake counsellor	Dawn	2 before/during	Frank	1 during
Total	6	6	8	19 transcripts	6	10 transcripts

30 in-depth interviews were carried out and transcribed: 1 with GP*/referral agent, 19 with client participants and 10 with counsellor participants.

Client and counsellor ethnic origin: All participants were born in the UK. All are white with the exception of Vaishnavi who describes herself as Asian/other.

Table 4.3. Participant demographics

Client		Referral	Counsellor		
Female/Male	Age		Female/Male	Age bracket	Theoretical orientation
University counselling services					
F	20-25	Tutor	F.	40-45	Person-centred
M	25 – 30	Tutor	M	50-55	Person-centred
F	35-40	Tutor	-	-	-
Voluntary Sector					
F	35 -40	Self	F	30-35	Person-centred
Hospital Medical School					
F	20-25	Self	M	45-50	Psychodynamic
Primary Care					
F	50-55	Self	M	50-55	Person-centred
M	55-60	GP	F	40-45	Eclectic[17]
F	35-40	GP	F		(same counsellor as above)

Client Participants: University Counselling Services

As indicated, first names only (in most cases pseudonyms) have been used throughout the study to protect participant confidentiality. Several participants said that they were not concerned about confidentiality and were happy for me to use their own first names in the final report.

> **Jenny:** Twenty two year-old student in her final year studying for a degree in Developmental Studies/Anthropology.
>
> Jenny indicated that she had reached a point in her degree study where she could not continue without some sort of professional help. I interviewed Jenny before her counselling began, during her counselling and after her counselling was completed.

[17] Embracing aspects of humanistic, behavioural and psychodynamic approaches.

I also interviewed her counsellor twice, on each occasion shortly after the last two interviews with Jenny. Jenny participated in 4 counselling sessions in total.

James: Twenty-nine year-old mature student in the first-year of an English degree course.

James was referred to counselling by his tutor. He had been employed as a postman after working in the Falklands in the army. He had recently completed an access course. He reported experiencing difficulty with his course work and the academic approach to his subject. I interviewed James at the pre-interview stage and then after he had completed three sessions with his counsellor. I also interviewed his counsellor at this stage. These latter interviews coincided with James deciding to withdraw from his course and return to his home town. James participated in 3 counselling sessions in total.

Sonia: Thirty-eight year old mature student in the first year of a sociology degree course.

Sonia was referred to counselling by her tutor. She presented as a first-time client but it emerged that many years ago she had sought counselling from her GP and had experienced it negatively. She had also been involved in group counselling ten years earlier which she had experienced positively, but the sessions had ended due to lack of external funding. She was now seeking counselling to help her cope with domestic violence and academic-related problems. I interviewed Sonia once before she started counselling sessions at the centre. Sonia received several counselling sessions before withdrawing from her university course for domestic reasons.

Client participants: Voluntary Sector

Mary: Thirty-eight year-old on supplementary benefit living on her own for part of the time until she lost her accommodation and moved to her daughter's flat.

Mary was referred to counselling by her GP. She had been prescribed a variety of anti-depressant medications and had been on the centre waiting list for almost five

months since her intake interview in February 2003. She did not see a counsellor (Sharon) until mid July 2003. In the past she had received psychiatric treatment for a 'breakdown'. Mary participated in 48 weekly counselling sessions with Sharon.

Client participants: Primary Care

Ron: Fifty-eight year old who had worked for many years in the computer industry.

Ron had been referred to counselling by his GP. He had recently taken medical redundancy from a firm where he had worked for 22 years as a service engineer repairing computers. Previously he had worked as a Red Cross centre organiser. He had moved into the area recently and consulted his GP about feelings of depression and suicidal tendencies and the need to seek professional help. Ron participated in 4 counselling sessions.

Dawn: Fifty year-old who had worked for a number of years as a mobile hairdresser running her own business.

Dawn asked her GP to refer her to a counsellor. She had been forced to retire early because of ill health. She had not experienced counselling before, although she said that her daughter had been to a counsellor for a year with very positive effect. She expressed a desire to increase her confidence. She had been in an abusive relationship for many years. She was prescribed anti-depressant medication and pain control tablets for arthritis in her back, resulting, she said, from many years as a hairdresser when she was continuously standing. She also suffered from a heart complaint. Dawn participated in 14 counselling sessions spread out over one year.

Eve: Thirty-five years old, GP referral for depressive tendencies. She presented with 'multiple problems'. Medication: anti depressants.

Eve viewed the counsellor as impartial and outside her own frame of reference, somebody who would help her clarify her direction and give her 'a boost to move on'. Eve was concerned about issues of confidentiality. Between June 2004 and

February 2005 Eve participated in approximately 20 counselling sessions. She was due to complete in the summer of 2005.

Client participant: Medical Training Hospital

Vaishnavi: Twenty three year-old student in her third year of medical school. She had asked for a limited number of counselling sessions to tackle a specific issue. When I met her she had already had one counselling session. The reason for this deviation from the pattern is discussed earlier in this section. Vaishnavi participated in 6 counselling sessions over a three month period.

Counsellor participants: Higher Education

Louise: Person-centred counsellor working part-time for the University Counselling Service. She has experience of the Primary Care Sector.

Denis: Person-centred counsellor, student placement with the University Counselling Service. He recently completed a Counselling Diploma Course following several decades working as a Methodist pastor.

Counsellor participant: Voluntary Sector

Sharon: Person-centred counsellor, trained in person-centred counselling in Colchester. She worked as a volunteer counsellor at the centre and recently received BACP accreditation. She has just completed her training to become a Buddhist lay-priest.

Counsellor participants: Primary Care

Frank: Person-centred counsellor, trained on a University Counselling Diploma Course. He is a part time counsellor at a medical centre, and an independent counsellor. He undertakes work with an Employee Assistance Programme (EAP).

Penny: Had received CBT therapy before training on a person-centred diploma course. She describes her orientation as eclectic: 'a mixture of humanistic, CBT and psychodynamic approaches'.

Counsellor participant: Medical Training Hospital

John: Trained at the Westminster Pastoral Foundation after a career in acting and teaching. He described his orientation as psychodynamic. He works part time in the hospital's student counselling centre and also works independently.

Recapping on the components of the case study

My own study is thus a mixture of the instrumental and the collective study. It is not intrinsic because, although I am interested in the particularity of each set of research interviews within the case, I wish to look at the broader scene and gain insight into the whole issue of client perception. The perceptions of the participants in each user group are still examined in depth but, because I have an interest in the particular and the general, I have chosen to explore a number of sets of interviews in order to investigate both a phenomenon, i.e., client perception and experience of counselling, and a general condition. Stake refers to this as a collective case study: 'Individual cases in the collection may or may not be known in advance to manifest some common characteristic...They are chosen because it is believed that understanding them will lead to better understanding, perhaps better theorizing, about a still larger collection of cases' (2000:437).

As I have been at pains to illustrate throughout this study, perspectives always contain some element of pre-judgement or bias. Nevertheless I have attempted to gain multiple perspectives (clients, counsellors, referral agents and researcher) on the counselling process using a series of triangulated interviews, 'to interpret a single set of data' (Denzin, 1978:391).

The interview method

Interviewing takes many forms and has a wide range of uses. We have seen how extensively it is used within the media both as the basis of the 'reality show' and as a means of gaining information. The most common form of interviewing is the face-to-face, verbal interchange between two people. It can also be an interviewer talking to a group of people (Surf & Lynch use both methods). Acquiring information by means of the interview has become so widespread that we could be said to be living in an 'interview society' (Silverman, 1993). It may take the form of telephone survey, as in the case of the recent BACP (2004) report on counselling. Qualitative researchers have been recognising for some time that interviews are not neutral tools of data gathering but, in hermeneutic and post-modern terms, 'active interactions between two (or more) people leading to negotiated, contextually based results' (Fontana & Frey, 2000:646).

Given that counselling itself is based, primarily, on one-to-one interchange, the one-to-one interview method of collecting data on client perspectives on counselling, appeared the most obvious and appropriate. I considered, in addition, the use of a focus group, but in my own circumstances this was logistically difficult and would not allow for the in-depth, processive nature of gaining knowledge. The study is concerned with both the client's evolving perspectives on counselling as these are expressed within the conversational or dialogical process (Gadamer, 1977) *as well as* the triangulated perspectives of other stakeholders (Stake, 2000), e.g. the counsellor, the referral agent and the researcher.

Merleau-Ponty ([1945] 1989), as discussed earlier, held that the concept of perception itself cannot be perceived in isolation, only from some perspective. 'Conversation between' implies an equality of perspective yet Fontana & Frey have pointed out that some feminists, namely Oakley (1981), argue 'that interviewing is a masculine paradigm, embedded in a masculine culture and stressing masculine traits while at the same time excluding traits such as sensitivity, emotionality, and others that are culturally viewed as feminine traits' (Fontana & Frey, 2000:658). Hertz stresses the importance of the researcher making the self visible, and being reflexive by having 'an ongoing conversation about experience while simultaneously living in the moment' (1997:viii). This way understanding of interviewer and interviewee differences in social and cultural background and beliefs, for example, will be highlighted.

How researchers reconcile their different roles and positions (Behar, 1996) is directly addressed by critical hermeneutics, especially in terms of power differentials. Behar asks how much researchers should reveal about themselves and makes us see that 'interviewer, writer, respondent, and interview are not clearly distinct entities; rather, they are entwined in a deeply problematic way' (Fontana & Frey, 2000:659). Such a viewpoint undermines the espoused equality of perspective implied in the phenomenologically orientated person-centred models (Rogers, 1961) and applied by the majority of counsellor research participants within this study. In his discussion of the dialogical therapy movement, Friedman (2004:68) points to 'therapists of dialogue' as a 'diverse group ranging from Carl Jung to psychodynamic and existential-phenomenological clinicians', who see dialogue as central to the therapeutic process but who perceive the power balance in different ways. In using the pre-arranged interview as a method of discovering another's point of view it seems evident that the researcher holds most of the power, rather as the therapist tends to hold the power in the counsellor-client interview. It is only in the exchange of views and the building of a trusting relationship that the concept of equality can be said to exist in practice. Even those clients who have reported positively on their own person-centred counselling (see Pre-understandings Chapter 2, section 3) have talked about equality as 'asymmetrical'.

Conversations designed to elicit information, as in the case of media interviews or my own random conversations, immediately shift control towards the interviewer. Earlier discussion of the psychoanalytic model has shown that the historically derived, medically influenced model assumes a greater differentiation of power within the therapeutic relationship when the therapist is perceived as expert in interpreting the client's or patient's perceptions. The interview may begin to assume a different shape in terms of power balance and this is an issue to be examined in terms of the researcher-research participant interviews (see Analysis of Themes, Chapter 6).

Having touched on the problematic nature of the interview as a method of data collection I am nevertheless drawn to the model of the research interview developed by Kvale. He recognises that though this model is used in psychoanalytic research, 'the majority of psychotherapy is carried out within other traditions, such as Rogers' client-centred model'. His research interview model could well be regarded, he suggests, as 'a knowledge source that remains to be taken seriously by therapeutic researchers themselves' (1999:95). The

key aspects of my own interviews with client and counsellor research participants and the characteristics of the philosophical hermeneutic approach appear to be encompassed in the following:

the open mode of interviewing
the interpretation of meaning
the temporal dimension
the human interaction
the instigation of change

Open mode of interviewing

In terms of open mode of interviewing I have also been influenced by the research questions of Surf & Lynch (1999), referred to earlier, who have carried out the only study in the UK exploring young people's perceptions of the pre-counselling stage. Their aim was a better understanding of how they can improve counselling services.

Bearing in mind the critical point made by Gadamer (1977) that the social framework of the researcher influences the researcher's questions and that these in turn shape the nature of the interpretation itself, I have based my own interview questions on the semi-structured model used by Surf & Lynch:

Table 4.4. Interview questions at the pre-counselling stage

What are your impressions of counselling?
What do you think happens in counselling?
What do you think counsellors are like?
What kinds of people, in your view, go for counselling?
Where do your ideas about counselling come from?
What are your hopes/expectations?

As discussed, the act of framing a research topic and refining it as a research question involves making certain assumptions about the field of activity. For example, that counselling is helpful to the user, that user perceptions of counselling do in fact evolve and

transform as they undergo counselling and that positive change can take place. Such assumptions are evident in the BACP/Future Foundations (2004) study referred to elsewhere in this chapter and in my review of current counselling research exploring attitudes to counselling, Chapter 2, Section 4. Given my own socio-political aims and my commitment to carrying out research which may have a bearing on practice, my own study cannot be wholly open ended. At the outset it poses the question: 'What can be learned by providers, counsellors and trainers in order to highlight issues of practice?' The assumption that improvements could occur in the field of mental health is based on my own knowledge and practice and it is one that I must openly question, both in terms of my own inherited prejudices and the influences of my own education, training and social background. My research, if carried out scrupulously in terms of my methodological framework, may possibly reveal for example that clients in counselling do not necessarily change their perspective on counselling, or do not, ultimately, find counselling helpful and may be confused about it.

I have outlined the reasons for my choice of user groups as well as my hermeneutic predisposition towards applying learning to practice. I am also aware of giving my research a social and political slant which is often lacking in counselling research. In framing interview questions, however open-ended, I also make certain assumptions about what might influence perceptions of counselling. Questions such as 'what do you think counsellors are like?' or 'What sort of people, in your view, go for counselling?' are assuming a typography of characteristics that define other people and specifically people who are counsellors or who seek counselling. This, it seems to me, is legitimate provided I recognise, as a researcher, that in the very act of interviewing I influence the responses of the interviewees. It is my task to recognise these double constraints and yet still seek a 'truth' that is 'local' and casts light on the subject under scrutiny.

Interpretation of meaning

In the Surf & Lynch (1999) study, interpretation of meaning was arrived at via an inductive, grounded theory approach, a form of qualitative methodology used in over a

third of counselling studies carried out between 1993 and 2000 (Rennie, 2000). I have explained in the preceding Methodology Chapter 3 how I have adapted this to underpin my hermeneutic approach to the study of others' perspectives, as applied in Part III, Analysis of Themes (Chapters 5-8).

While being as mindful as possible of my own culturally (and thus theoretically) embedded assumptions in analysing text, I have sought other perspectives on the text, including psychodynamic and humanistic. The triangulated perspectives of referral agents and counsellors within the study and the perspectives of mentors and counselling colleagues who have scrutinised and responded to my transcripts have also enhanced my own understanding and interpretation of meaning.

Even so, understanding and interpreting the words and expressions of my research participants and our 'in-the-moment' exchanges as honestly and truthfully as possible, is no easy task. Cushman argued that the dominant values of a culture determine how people view themselves and what is meant by self. I have referred throughout this study to the main counselling methods or approaches embodying the main understandings of self in modern western society: i.e., the psychodynamic, the humanistic and the cognitive behavioural, which inform the work of counsellors. In this study I considered applying each of these approaches in turn. However, a key characteristic of the hermeneutic approach is an alertness to the danger of projecting our own theories and of failing to recognise that 'all therapeutic models are partly fictions...They can reassure us, giving us a sense of direction in an unpredictable and frightening world' (Feltham, 1997:120). Hermeneutics also encourages us to consider perspectives from other modes of writing, different from the formal objectivism and neutrality, valuing the 'illumination that comes from image, metaphor and other figures of speech' (Sass, 1988:263). Citing Plummer (1995) Strawbridge (1999:301) shows how story is a social activity with the capacity to connect 'therapeutic story telling with socio-political processes' and points to the way that the social role of stories 'contribute to maintaining and changing identities and social relationships'.

Janesick warns of the dangers of '*methodolatry*' a 'combination of *method* and *idolatry* to describe a preoccupation with selecting and defending methods to the exclusion of the actual substance of the story being told' (2000:390). This is an issue that researchers

exploring client perceptions have wrestled with. Hunt (2000:13) has used 'a combination of literary, narrative and psychodynamic theory'.

Temporality

From the outset I conceived my study in terms of three distinct user groups over three time phases: *before counselling, during counselling* and *after counselling*. The Norwich Local Research Ethics Committee had raised a methodological point about comparability of time phase, discussed earlier in this section. The issue of temporality had surfaced early in this report in terms of retrospective accounts of therapy. The longitudinal nature of my research is a central feature of my study. It traces individual client attitudes to counselling over a period of time and gives force to the point made by the counsellor coordinator at the University in Northern England (email 31.02.02, Ethical issues, Appendix 4) about learning from the client perspective. It allowed me as researcher to build a relationship with my participants, to trace clients' perceptions of changes in their own perceptions of counselling over a period of time and as they reflected on it after counselling. It also allowed me to reflect with the counsellors on their perceptions of the client within counselling and on the change process as the counsellor perceived it. It was, in Gadamer's terms, recognising the processive nature of acquiring knowledge while also valuing the importance of reflection containing the impetus for action.

Thus the counselling interviews carried out *during* and *after* counselling became much less structured and more open ended (McLeod, 2001d). At the same time they built on the content of the previous transcript, allowing me to check out the participant's memory and understanding of the previous interview and allowing the client to make adjustments to recalled perceptions. In most cases the interviews assumed a more informal character and were more in the nature of a dialogue or conversation. As part of this relaxation of exchange, the client narrative (Etherington, 2004) was able to gather its own momentum. It also gave us both the opportunity to pursue certain developing themes, such as how the client participant's perspective on counselling had changed or how the counsellor participant's perspective on the client differed from that of the client.

Some researchers (Day Sclater, 1998; Stanley, 1992) have discussed the ethics of an interpretation to which the client may not be party, often for practical reasons such as physical distance and time scale. The client research participants in this study expressed little interest in how our transcripts would be used, although they indicated that they were happy to be engaged in a project the focus of which was their own perceptions of counselling.

Human interaction

Although I am adopting a heuristic, discovery-orientated approach to my research, in that I start out with no clear hypothesis that I want to prove, and am guided by intuition (which I define as experientially based, holistically sensed knowledge), I am aware that my intuitive approach is embedded in 'pre-understandings' and assumptions. These in turn will shape the way that the research is carried out (McLeod, 2001d:199). Researchers who promote reflexivity (Etherington, 2004; Kvale, 1999; West, 2004a) support the hermeneutic position that a detached, scientific research approach is not possible to achieve when applied to research on human beings. There is the added complication of my being both a researcher (aiming to elicit as impartially as possible the perceptions of the research participant who *has not* sought the research interview) and a practising counsellor (aiming to work with and meet the needs of the client who *has* sought counselling). As mentioned elsewhere, several researchers have pointed to the dangers of confusing the counsellor and researcher roles, e.g., Jinks (1999) and McLeod (1999). Kvale (1999) pointed specifically to the ethics of a researcher inadvertently reverting to counsellor mode. This has particular relevance to my own research interviews and to one instance when a client participant became upset in an interview *during counselling* when discussing a clash of perspectives between herself and her counsellor. In my analysis I shall discuss further the nature of my counsellor-style intervention and the consequences. However, I am attempting to adopt a critical perspective on my own influence on research participant responses (McLeod, 2001d; Silverman, 2000). In other words analysing and deconstructing the text of my own questions, probes and exploratory interventions. At the same time, by employing a social constructionist approach which is sympathetic to hermeneutic principles, I am recognising the strengths of a warm and reflexive response in gaining further understanding of client perceptions. Oakley says: 'there is no intimacy without

reciprocity' (1981:49). As Gergen and Gergen express it: 'The reflexive attempt is thus relational, emphasizing the expansion of languages of understanding' (1991:79). Critical reflexivity 'seeks to open out for the reader not only the personal experience of the researcher, but the *historical consciousness* which he or she brings to the research task' (McLeod, 2001d:202).

I have discussed the objectivist element in interpretivist methodologies and my reasons for being drawn to a philosophical hermeneutic approach. Madill et al. (2000), in discussing the range of qualitative research approaches, in particular the 'hermeneutical-phenomenological' objectivist approach, point to the importance of the researcher consciously setting aside or 'bracketing' presuppositions about 'the phenomenon under investigation' (King, 2004:13). As my pre-understandings chapter indicates, the researcher, the counsellor and the media unwittingly often apply their own assumptions. However, as Gadamer argues, our own pre-understandings are part of us and cannot simply be set aside.

The instigation of change

The study of Surf & Lynch (1999) sets out to examine changes that would apply to the counselling delivery process, rather than track changes in research respondent perspectives on counselling, as is the case in my own research. Their questions were semi-structured and open-ended and the human interaction element lay within the group and individual interviews with participants.

In my own interviews, particularly at the *during counselling* and *after counselling* stages, the issue of change was pursued in detail. The presupposition of counsellors is that clients come to counselling because they wish to improve, change, or progress from the situation or state of mind that has brought them to counselling in the first place.

By adopting the hermeneutic method of moving back and forth between the particular and the whole I discovered that the particular might be a recurring word or phrase, or it might be each individual transcript or range of encounters. There were many parts and entities

within larger entities. The whole composite of texts was one single case study. Conceiving the data as a single case study did not reduce its complexity.

Transcribing the interviews

The act of transcribing an audiotape is in itself an important part of data analysis. Etherington comments: 'As we listen to and transcribe audiotapes of interviews/ conversations we will almost certainly be analysing the data and making choices based upon the theories that we hold' (2004:78). She refers to a previous work, in which she says:

> When we listen to the tapes and transcribe them personally we have an opportunity to pick up on nuances, hesitations, pauses, emphasis and the many other ways that people add meaning to their words. It is a difficult and time-consuming task but I believe that the outcome is more than worth the extra effort. Not only does it help us to listen and hear more of what we might have missed in the moment but it also gives us a chance to check that we have been ethical (2000:292).

This was exactly my experience. Each time I transcribed a tape or read or reread a transcript I learned more about the participant's perspective. I also became acutely aware, when rereading transcripts, of my own impositions and assumptions. The collection of client and counsellor narratives embodied in the transcripts are presented in the appendices according to their time phase. Records of conversations and meetings with members of the public, referral agents and 'intake' counsellors and their perspectives were mainly in written notes. However, I also carried out two tape recorded interviews with a general practitioner within the Norfolk practice. The transcripts of these interviews are included in the appendices (Appendix 8 and Appendix 36). In identifying common themes, as well as exceptions, I was constantly drawn to analysis of transcripts, within and across the different stages of the research time frame. I immersed myself (Moustakas, 1990) in each client participant transcript across the *before counselling*, *during counselling* and *after counselling* phases. I had summarised each interview after transcription (McLeod, 2001) and drawn concept maps (Buzan, 1974) of the emerging themes within each interview. My analysis of counsellor perspectives followed the same process. The counsellor perspective was seen as important in recognising the interactive, reflexive character of the client-counsellor relationship and was therefore an important part of the validation process. It was secondary in terms of the focus of the research

which is, hermeneutically, to spotlight as well as floodlight, client perceptions of counselling. The traditional focus on the practitioner in relation to the client was reversed. Equally, the referral agent perspective, in order to situate the organisational settings and the participants using such settings, was treated first but seen as tertiary.

All of my research participants were offered copies of the transcripts. In most cases the client participants chose not to see the transcripts, as in the experience of Etherington (2004:79). The counsellor participants, in all cases, read and discussed the transcripts with great attention to detail.

Thematic induction as the mode of analysis of texts

At the outset of my study I was aware of a wide range of emerging themes. I have discussed my initial 'random conversations' with people about their perception of counselling, showing how these yielded a broad range of responses from the strongly positive 'counselling saved my life' and 'counselling should be available to all' to the negative 'it's a waste of time' response. Such a range of responses is reported by a number of overviews of client/patient perceptions of counselling, e.g. Dinnage (1988), Feltham (2000), House (2003). A key theme identified within my 'popular perceptions' sample, within my overview of media perceptions and within the research literature treating social and cultural trends, was that of the development of a therapy culture in the UK mirroring that of the United States. Such a therapy culture manifests an increasing individualism or 'the rise of the inner self'. Within this identification there have been varying viewpoints, ranging from the negative, my own sample, Furedi (2004), to the more discursive studies of Giddens (1991), House (2003), Smail (2000), to the open embracing of a 'new fascination with our psychological and emotional well-being' (BACP/Future foundation, 2004:7).

Clearly discernible, within the overview of popular perceptions of counselling and psychotherapy, was a general confusion about the nature of counselling.

Higher Education user groups: Themes emerging from meetings with referral agents

Referral agents who were 'intake' or assessment counsellors raised a number of points about clients' perspectives on counselling. These ranged from concern about client motivation for seeking counselling, the potential of the client for self-awareness or psychological insight, and counsellor recognition that potential clients may have uncertain, unexpressed feelings or assumptions about counselling and are thus not understood by the counsellor. These can be summarised as follows:

Problems of compulsion: users referred by tutors/others or 'being sent'. This is a common experience in Indonesia and Malaysia (see Setiawan, 2004, and Ahmad-Zamani, 2004)

Manipulation by clients. 'Intending users can play the game, get what they want that way, especially if they have had counselling before and know the jargon, or counselling language'. (The use of jargon and counselling language is discussed in the Analysis of Themes Chapter 5.)

Embarrassment of potential users about seeking counselling. 'Do people know that I am seeking counselling?'

Uncertain expectations: They think that there is supposed to be a way of being a client, e.g. 'I thought maybe you'd ask me more questions.' Some know what they want in counselling. Others don't know and discover it for themselves during counselling. Some know what they want to do and the more they know what they want the more they do for themselves. Some don't know what they want to do and discover this in counselling.

Guilt/sense of weakness: Some have feelings of guilt, or a sense of weakness when seeking counselling.

Openness: Students appear to be much more open about their counselling needs than, say, five years ago and there appears to be less stigma attached to seeking counselling. There is a high rate of self-referral and peer influence is strong compared with patients/clients in counselling in general practice.

Voluntary Sector User group: Themes emerging from meetings with referral agents

The intake counsellors and the centre counsellors generally come from a variety of training backgrounds and theoretical orientations. In an interview with a person-centred intake counsellor she made the following points:

- Intending clients are those who 'are advised to come' or those 'who come of their own volition' and both can have positive outcomes.
- Clients who initially find it hard to acknowledge doing something for themselves gain confidence when they experience the core conditions of acceptance, empathy and genuineness.
- When clients experience trust they can start moving from the use of 'you' to the use of 'I'.
- The counsellor-client relationship is based wholly on trust and without this therapy cannot proceed. Clients, whether they are advised to come or come of their own volition have experienced lack of trust and want a safe place to come. They do not want to be judged.
- When intending clients come for an intake interview they have contact with a person and can unload their assumptions and reveal their learned behaviour patterns.
- The client should be made aware of what the counsellor is seeing, how patterns are repeated. Clients find it intensely refreshing to have release and not to be judged or, even if the counsellor is judging, not to react angrily.
- The person-centred approach is based on the belief that all people are unique, different, and yet are the same in that all have similar feelings, emotions and needs.

Primary care user groups: themes emerging referral agents

In the case of the GP referral agent a wide number of issues were raised relating to counselling as an alternative or additional treatment to medical intervention. These included socio-economic factors relating to rural environment, changing attitudes, occupational patterns, access to counselling and cost-effectiveness of counselling.

Detailed points were:

- The importance of educating the health profession in psychological issues such as treatment for depression and different levels of distress.
- The loss of extended family/pastoral care.
- The importance of recognising the preventive nature of counselling, the need for community group networks and patient pathways.
- Waiting time is usually two weeks. In some practices the waiting time is three months as resources are so unevenly spread in the area.
- Counselling is better for the patient than being referred to see a clinical psychologist within the Mental Health Trust where the waiting time is one year. In that time the patient can develop a depressive illness involving heavy costs of treatment.
- A GP's time is more expensive than the counselling cost of £20 an hour. Counselling can thus be an effective use of resource (see Appendix 8).

Developing a template for analysis of themes

The primary source 'texts' encapsulating the data gathered in this study are the printed transcripts of interviews with client and counsellor research participants along with written notes of meetings and conversations which help to contextualise the interviews. Since the texts are expressed in words and also indicate unspoken language such as pauses, tone of voice and gestures, language is the central medium of the research and aspects of language, eg. technical terms, specialist terminology or jargon has itself emerged as a theme within the client perspective of counselling, and therefore requiring close attention.

My overarching theme, or research question, concerned clients' perceptions and expectations of counselling and how these evolved as they experienced counselling and reflected on it afterwards. It was therefore unsurprising that the themes emerging from the study, within the context of my conceptual framework, were embedded in the interview questions.

Theme identification suddenly became more complex at this stage for the task was to examine what was occurring in the interview in a realist sense. It was also important to keep a firm hold on the reflexive, co-constructive nature of the emerging transcript. Theme-naming implies a certain fixedness, but since hermeneutic interpretation of the text 'requires a genuine act of discovery' and rereadings yield 'new differentiations and interrelationships in the text, extending its meaning' (Kvale, 1996:50), these themes and sub-themes acquired different emphases as the study developed.

I considered a range of approaches to thematic analysis such as grounded theory, introduced initially by Glaser and Strauss (1967) outlining a set of principles and how these might be applied. Such principles became more formalised over time as a specified set of procedures. Strauss and Corbin (1990) produced the most widely used procedural manual consisting of a series of 15 steps involving the creation of categories. Given my commitment to the hermeneutic approach, and the difficulty with grounded theory analysis of 'of keeping track of the categories that are being generated through open coding' (McLeod, 2001d:74), I soon discovered that the specific procedures for data gathering (numerical coding) were too reductionist (West, 2001). Gadamer stressed that understanding is not a procedure or rule-making enterprise. Understanding is a 'basic structure of our experience of life' (1970:87). I wanted to find a less formal, more intuitive approach to analysing my data. I did not want to tie myself down to quantifying word and phrase usage but I did want to identify underlying themes or structures. I also wanted to consider whether there were emerging themes in one interview which did not emerge in the next. Continuous rereading of the texts as I transcribed them and after transcription made me realise how layered the text is by its nature and how my initial perspective on themes changed as I read and reread the text.

Initially I developed my own method of defining themes and clusters of themes in mind map form (Buzan, 1974; King, 2004), that is, listing my key questions on the left hand side of the page and on the right hand side of the page, drawing the emerging pattern of themes. Initially these were placed at random. But then as I mapped each interview I began to detect key themes. Key themes were placed in the centre of the page and sub-themes, or secondary themes, were presented as connected to main themes but moving out towards the edge of the page. A new mind-map was drawn for each interview which formed the basis of a mind map for each set of interviews.

In terms of validity I had initially been concerned about what I feared was the weakness of my own coding system, since it failed to observe the stringent coding and quantification of each sentence or phrase of text into meaning units as advocated by Strauss and Corbin (1990) and then as further refined by Glaser (1992).

While appreciating that grounded theory does not flow from one epistemological approach (Charmaz, 1995), I recognised that it was largely a realist methodology 'as uncovering the "real" beliefs, attitudes, values and so on of the participants in their research' (King:2004:257). In addition I was aware that via such objectivist methods I was unable to capture the reflexive nature of the interviews, the part played by the researcher in identifying what I felt to be implicit meanings or themes and the ways in which research participant and researcher co-construct or negotiate the narrative.

I was therefore drawn to the counterbalance of the social constructivist position which, like grounded theory, also consists of several theoretical and methodological strands (Burr, 1995), and focuses on the constructive nature of language. As King illustrates, language does not just describe the external social world and people's internal mental states, it actively constructs them through discourse in interaction. King gives an example of someone saying they are 'feeling sad' which is viewed, not in a phenomenological sense, as describing an emotion inside the person, but as a 'discursive act within an interaction, aimed at achieving an objective – eliciting sympathy, disclaiming responsibility and so on' (2004:13).

Template analysis appeared to offer a more flexible approach than the coding systems described elsewhere and echoed the method I had begun to apply. As a method primarily used for comparing groups of people within a specific context, it appeared to lend itself to comparisons between and across my triangulated sample of research participants. Within the template analysis King maintains that the application of strict coding methods are irrelevant. I could still observe the important elements of conversation analysis (Silverman, 1999) which advocates the tracing of the conversation 'turns' of both the interviewer and the interviewee and can help reveal new understanding. As a method, template analysis appears to gives full credence to both the intuitive phenomenological aspects and the more contextualised elements of hermeneutics.

The essence of template analysis is to produce a list of codes, i.e. a 'template' (King, 2004:256) which represents themes identified within my transcripts or texts of interviews. Initially I reacted against the hierarchical approach (West, 2004) to concept portrayal but realised that the presentation of the whole thesis was itself divided into main headings and sub-headings. It was important to make clear that each identified theme was of equal value, but needed to be managed in a clear format. I would have preferred to continue to present all of my themes in a more fluid mind map form as described by Crabtree & Miller (1999), but because there were so many emerging themes I considered tables easier to handle. Some of these themes were defined at the outset of the research, as indicated below:

Table 4.5. Initial template: emerging themes

What is counselling?
Determined by client/counsellor
Perception/Understanding/Interpretation
Influenced by
(Outer)Peers/family/social and cultural background
(Inner) personal make-up/characteristics
Negative/Positive
Perspective change
Implications

Using my holistic scheme above as my initial template for the structure of the study, my interview questions and my theme analysis, it was evident that the process of identification of themes had started very early in the research. As the study continued these were modified and extended as I read and interpreted the texts. My questions focussed firstly on client perceptions of counselling, i.e. what they thought it was, what they thought counsellors did and what they were they like as people. Secondly, they focussed on the socio-cultural influences on this perspective (media, family, peers, occupation). Thirdly, they focussed on their own personal expectations of counselling: what they wanted to achieve by seeking counselling and the nature of any reservations they might have. As I began the pilot study at the East England University with Jenny and Louise, and

transcribed my interview recordings, dominant themes soon became apparent. These related to uncertain expectations of counselling, to the power of peer and family influence and to the potential client's desire for change.

Table 4.6. Revised template: emerging themes

Interviews with 8 client participants before counselling takes place						
	Inner	**Inner**	**Inner / Outer**	**Inner / Outer**	**Outer**	**Outer**
	Self-perception/ desire for change	**Hopes of positive outcome**	**Uncertain expectation**	**Negative experience of clinical profession**	**Peer family cultural**	**Media**
Impressions of counselling/ what happens	7		7	5		
Influences on perceptions					8	7
Doubts about counselling					3	
Hopes about counselling		8				

An important feature of template analysis is that it is subject to revision. It therefore allowed me to work systematically through the full set of transcripts. I had been struck in my initial reading of transcripts by the way that clients had been influenced in their perceptions by family, friends and the media and sometimes by negative experiences of the medical and health professions. However, I had given insufficient attention to their own view of themselves and their desire to be listened to by someone outside their own immediate social environment. Talking to 'an outsider' or to 'a stranger' was as important as the desire to talk. Friends and family were almost always regarded as inadequate in this respect. Equally, the whole issue of language and particularly of specialist or technical terms began to gain in significance as I followed up references to uncertain expectations of counselling. Scientific language and methodology had emerged as a theme in my review of the research literature and the media. Former clients had argued for clear,

straightforward language in describing counselling. Speech and language were central to understanding perception (Merleau-Ponty [1945] 1989).

Discussing data with others is an important part of research (Etherington, 2004; McLeod, 2001; West, 2001). Sharing my transcripts with my mentors and colleagues led to an awareness of new perspectives, such as in the case of Mary, the significance of pre-counselling assessment and endings and the ambiguous stance of both client and counsellor consistency in respect of charges for counselling. I thus proceeded further in my understanding and interpretation of the data. 'Issues such as the reflexivity of the researcher, the attempt to approach the topic from differing perspectives, and the richness of the description produced, are important requirements'(King, 2004:256).

King argues that as a set of techniques, rather than a distinct methodology, template analysis may be used in realist qualitative research carried out within the conventional positivistic position of mainstream quantitative social science. However, it can also be used in what has been referred to earlier by Madill et al. (2000) as a 'phenomenological, interactionist' approach. As discussed in the Methodology Chapter 3, Gadamer was concerned to demonstrate that philosophical hermeneutics is not an undertaking concerned with the application of a set of techniques. Understanding is 'a basic structure of our experience of life. We are always taking something *as* something. That is the primordial givenness of our world orientation, and we cannot reduce it to anything simpler or more immediate' (1970:87). Template analysis can identify basic structures or themes and, in terms of different perspectives or orientations can consider 'multiple interpretations...of any phenomenon, which depend upon the position of the researcher and the context of the research' (King, 2004:256).

Aware of such multiple interpretations, I worked through the transcript of each interview, coding sections, re-reading and revising, eventually colour-coding them before producing the 'good enough' final template. As I was carrying out this analysis I became aware that conceptualisations of aspects of perception, as defined by Merleau-Ponty, were endemic to my study and reflected themes that I had been identifying in my analysis. 'Lifeworld' themes such as 'project', 'discourse', 'sociality', 'selfhood', 'embodiment' (Ashworth, 2003b), matched concepts such as 'agency and change', 'language and text', 'social and cultural influence', 'self and identity' and 'doubts and hopes'. Rather than arguing for

inner in contrast to outer experience, Merleau-Ponty perceived inner and outer experience as inextricably linked, or embodied, confirming for me that the phenomenological and the hermeneutic approaches to my research were themselves also inextricably linked.

Bearing in mind that a template cannot be considered 'final' if there remain 'any sections of text which are clearly relevant to the research question, but remain uncoded' (King, 2004: 263), I continued to revise my templates. Within the themes relating to uncertain expectations of counselling, social and cultural influences on perceptions and doubts and hopes, further themes began to emerge: those relating to language and meaning, self and others, emotions, issues of agency, purpose and change. Trawling through each of the 30 interview transcripts and colour coding each section according to theme, I was able to revise my interim templates. These eventually took final form as set out in the succeeding three chapters:

Chapter 5
Section 1. Client perspectives *before counselling*: Uncertain expectations.
Section 2. Client perspectives *before counselling*: Socio-cultural influences.

Chapter 6
Client and counsellor perspectives *during counselling*: Self-identity and relationship.

Chapter 7
Shifting horizons: Reflections of clients, counsellors, researchers and others *after counselling.*

For the most part the data analysed under each of these theme headings follows the sequence of the *before*, *during* and *after counselling* interviews. Moreover, on occasion I have crossed time stages in order to be faithful to a client concern or perspective. For one or two participants such concerns clarified only gradually as the interviews progressed. These included views about the medical profession and fears about coming to counselling.

PART III: INTERPRETING RESEARCH PARTICIPANT PERSPECTIVES ANALYSIS OF THEMES

CHAPTER 5 - Client perspectives before counselling

> *When you go into therapy you have no idea what it's all about. You struggle along in this strange sea, in this boat which hasn't got a rudder or a sail: you've got no compass, no land in sight and you think, where the hell am I? (Helen speaking in Dinnage, 1988:25)*

> *The situational difficulty for all clients is that this first encounter is inscrutable...there is a discrepancy of knowledge between the two parties about what therapy is as a process, ritual or stylised conversation. (Pilgrim, 1997:117)*

Uncertain client perspectives and the socio-cultural influence

The 'good enough' final template (Table 5.1. below) indicates the key themes I have identified at the pre-counselling stage. The first part of the chapter (Section 1) treats the prospective client's general impressions of counselling identified by questions and probes such as 'What is likely to happen?' 'What sort of people are counsellors?' 'What kinds of people go for counselling?' 'What doubts, hopes, expectations of counselling do you have?' Representation of the range of responses and discussion of these are grouped under thematic headings, e.g. Ambivalent and uncertain perspectives on counselling, Perspectives on the characteristics and motives of counsellors, and Client fears and hopes in seeking counselling. This part of the discussion relates primarily to research participants making explicit in speech their own meanings or understanding of purpose and who, in psychological terms, are concerned with their own internal feelings, their needs, hopes and expectations of counselling.

The second part of the chapter (Section 2) attempts to separate out the influences on these particular points of view and examines external influences relating to the way the prospective client makes sense of the world.

Table 5.1. Final template: Themes emerging from interviews with clients before counselling

Questions and probes	Themes	Perspective
Perspectives on counselling -what is your impression of counselling? -what happens? -what are counsellors like? -what sort of people go for counselling in your view?	1. Ambivalence and uncertainty about seeking counselling. 2. Need to be listened to by impartial listener/outsider. 3. Urgency in seeking counselling, uncertainty about frequency and duration. 4. Counsellors' motives/the power dynamic. 5. Client awareness of own counselling needs /awareness of needs of others.	Inner/outer
Doubts and hopes -what are your doubts about counselling? -what are your hopes and expectations?	1. Fear of own dependency. 2. Fear of exploring pain / delving deeper. 3. Desire for change / alleviation of distress/search for happiness. 4. Desire for advice, guidance, support.	Inner/Outer
Socio-cultural influences -where do your ideas about counselling come from?	1. Language connotations. 2. Non-verbal language. 3. Power and control: responses to authority. 4. Past experience of health professions. 5. Religious beliefs. 6. Peers and friends. 7. Stigma and influence of peers and family upbringing on concealing emotion. 8. Class and stoicism. 9. Media influences.	Outer

> *Living is a passage untamed by our yearnings for certainty and permanence. Ours is an uncertain and impermanent fate. We live in an interdependent, interpenetrating world of tradition and change, communalism and individuality, confidence and confusion, authority and uncertainty. (Cushman, 1995: 331)*

For both the research participant and the researcher, critical hermeneutics is more in tune with interpretative approaches which assume the meaning of human experience can never be fully known or disclosed, that language 'is always slippery' with its meanings ever 'in process' (Kincheloe & McLaren, 2000:289). The paradigm shifts, currently occurring in qualitative research, are about developing a 'tolerance for ambiguity', a move from convergent to divergent thinking and a 'tolerance for contradictions' (Anzaldua, 1987:79). Yet despite most therapists wishing to encourage greater flexibility and perspective change in our clients, within the profession there continues to be a desire for clear certainties, for unproblematic 'sanitized, scientific truth' (Cushman, 1995:335). At the same time, as Cushman ironically observes, many of the same professionals are quite happy to question the motives and prejudices or 'resistances' of their own clients.

In terms of representation, it is important to make the point which should be borne in mind throughout the reading of the analysis, that all of the client research participants in this study had already considered, although not yet embarked on counselling. They thus were already predisposed to counselling and were also prepared to engage in a research project. This may reveal a certain social awareness and interest in others' perspectives that may not be typical of most people seeking counselling who may possibly be too weighed down or preoccupied by their own distress or by questioning of researcher motives than those who agreed to participate. On the other hand, I was unsure how far the research participants were influenced by those who introduced them to the research project. It is worth bearing in mind the following, both in considering the factors determining who participates in a research project, as well as the nature of research participant interview responses, and particularly before 'fusion of perspectives' comes properly into being:

> Speakers, in taking into account the voicing of their utterances, the 'various kinds of responsive reactions to other utterances of the given sphere of speech communication', clearly cannot just speak as they please. Indeed,

> speakers must a*ddress* their utterances to others, and in so doing, they must take into account who these others are, both their objective place in the relevant social hierarchy and what is currently happening to them in their 'inner lives' (Shotter, 1999:79).

There is a response to the questioner, the interviewer and their position (Phoenix, 1994) and to what is happening to them in their 'inner lives'. It is crucial that I took this into account throughout my analysis. In fact the analysis of interview transcripts, carried out at the pre-counselling stage, reflects to a much greater degree than any client satisfaction, or 'feelgood' (Howard, 1999) survey can, high levels of ambiguity, uncertainty and confusion. There is a more considered mix of preoccupations and concerns, attitudes, preconceptions and beliefs.

Perspectives on counselling

1. Ambivalence and uncertainty about seeking counselling

Studies highlighting awareness of different levels of thought in the Pre-understandings (Chapter 2, Section 4) have identified client ambivalence in relation to counselling (e.g. Surf & Lynch, 1999; Ahmad-Zamani, 2004), recognising the 'discontinuity between the superficial acceptability of receiving counselling and individuals' deeper sense that to seek counselling support is shameful' (Surf & Lynch, 1999:231).

Although the therapeutic culture is a strong influence on attitudes it is important to be aware that, in everyday life, people are subject to competing cultural claims (Berger and Luckman, 1967). Furedi cites Swindler in this respect: '...in all societies people make choices about what cultural meanings to accept and how to interpret them' (Swindler, 2001:16/17). Cultural norms, in fact, 'sanction certain forms of behaviour and stigmatise others' (Furedi, 2004:23). It is perhaps due to national characteristics and cultural norms that counselling took root in the UK and is a growing force in Italy. Yet in France, where there is a strong tradition of psychoanalysis, this is not the case.

Fairclough (1992) relates this concept more locally to one of competing discourses. This is a concept 'that bears most resemblance to Foucault's view of discourse as multiple and contradictory' (Dick, 2004:205), supporting the view that people shift positions according to the person they are talking to. For example, research participants often began positively

and unambiguously in outlining their understanding of counselling, almost as though, as in Ron's case, they were being tested:

> I think maybe different people seek counselling for I suppose stress related problems, mental health problems, bereavement, or things like that. (Appendix 15)

Then as they relaxed, their ambivalence about counselling emerged, almost as if they were demonstrating a 'readiness' to trust (Mearns & Thorne, 1988:102) and say what they really thought, even though knowing with any certainty what is in another's mind (Gadamer 1975) is problematic. In Ron's case it appeared simply a desire to 'get to the bottom of the problem'.

People are constantly considering and adjusting their perspective in the light of their own experience and circumstances, trying to balance external influences with inner responses. In terms of the hermeneutic approach inner responses are themselves determined by their own socio-cultural environment, or to use Merleau-Ponty's phrase, they become 'sedimented in the body' (1975). Unlike the Cartesian split between mind and body, inner and outer hermeneutics is more dialectic and is not sympathetic to an 'either-or' approach. Witness the application of the hermeneutic circle.

As illustration of this constant shifting of perspective as a way of making sense Jenny, at the start of her pre-counselling interview, gave an accurate, informed view of counselling:

> You kind of do the talking and come to a conclusion yourself. (Appendix 11)

But later in the *during counselling* interview (Appendix 19) she revealed doubts about counselling: 'I'm not sure now because I feel it's delving into my personality...I am not sure I like the process.' In other words, although counselling is a sensible thing to do, it is also risky and possibly threatening.

Similarly Vaishnavi, in the medical school counselling services revealed an equally clear understanding of the purpose of counselling:

> [It's] for people who seem a bit down about things...for people who are struggling...with things in their lives. I guess I associate counselling a lot to do with people having family members die...relationship break-ups...when you kind of reach a point, not when you can't deal with things, but you'd feel it more beneficial if you had some outside help... (Appendix 12)

And later:

> Maybe I did see counselling as a last resort. Not in a negative way, just okay, so there is nothing else.

And then later in response to a question: 'maybe you don't want to explore too far?':

> Yeah, I don't want to...I have heard from other people that counselling has brought up too many issues, they've found it a bit overwhelming, left them feeling wwhhhrrr...

Sonia like Mary expressed similar ambivalence about counselling, but expressed a strong need for connection:

> I want counselling to keep me connected. (Appendix 9)

And:

> You've got no one to speak to. (Mary, Appendix 16)

All the research participants at this stage expressed a need for advice. This despite the fact that, almost without exception, they had picked up the view that counsellors 'are not supposed to give advice'. This may well have been a point addressed by the counselling service during the initial appointment arranging session or may have been absorbed from the general projection of counselling images via the media or general folklore.

Dawn expressed the recurring theme that counsellors are:

> there to help you... someone to talk to...independent, outside your friends and family. (Appendix 13)

She held a positive unambiguous view of counselling:

> Yes, I quite look forward to it actually.

Mary (Appendix 16) said:

> Whether it's good or not...I'll still come back because I need it.

Mary had expressed a desire to see a counsellor and 'to have someone to talk to'. At the same time she said:

> other people are saying that I need to speak to a counsellor.

James had a clear understanding of why he wanted counselling: to tackle course problems, relationship issues, lack of self-confidence, gain control of his life. However he also experienced confusion about accessing the services and the function of clinical professions and awareness of his own background influences on his state of mind. He also valued

expression of emotions in film, his literature study, friendship, but thought that showing emotion revealed 'weakness'. (Appendix 10)

This fear of being judged as weak as a consequence of seeking counselling is a recurring theme within this study and identified in the work of Pipes *et al* (1985), Setiawan (2004) and Surf & Lynch (1999). The expression of emotions as opposed to the adoption of a 'no-nonsense', 'stiff upper lip' approach receives further discussion in Section 2 of this chapter: Socio-cultural influences on client perspectives. The theme is also discussed in Chapters 6 and 7.

2. Need to be listened to by an impartial listener/outsider

Equally, although there was unanimity of feeling that the client is seeking to be listened to and by implication cared for (Howe, 1993), six of the eight participants said they wanted to be listened to by an impartial observer, a stranger, someone outside their own sphere of reference, or community.

There was a general awareness amongst all eight client participants that friends, peers and family are too involved or too partial to be able to provide a counselling role. In Jenny's (Appendix 11) and Vaishnavi's (Appendix 12) cases there had been a heavy dependence on friends to provide emotional support, but:

> they don't really know...they don't understand why I do this...they just support me rather than help me get through it. (Appendix 11)

Without exception they all sought someone who is impartial. Across the categories the term 'stranger', was used with various connotations from 'outsider', 'professional' 'different' to 'reliable':

- I get the impression you are supposed to keep yourself separate if you are a counsellor or a doctor. (Jenny, *before counselling* interview)

- It's better I think if it's a stranger...I think if you tell friends you can distrust them because they know things about you and you know that a counsellor is professional. (Sonia, *before counselling* interview)

- I found it strange that he didn't ask much at my first session....and
  It's difficult to sit down with a stranger because he wasn't asking me direct questions. (James, *during counselling* interview)

- It's a bit odd just talking to a stranger. (Vaishnavi, *before counselling* interview)

- [It is important talking] with an independent person that isn't related to the family or related to the problems you have. (Ron, *before counselling* interview) It helped talking to a stranger. They actually listened to what I had to say. (Ron, *after counselling* questionnaire)

- It gives you someone to talk to, someone independent, outside your friends and family. (Dawn, *before counselling* interview, quoted earlier)

- Sometimes, you've got problems, you've got no-one to speak to. And sometimes [it helps] knowing there is an outsider who's not involved with what's going on. (Mary, *before counselling* interview)

- I see it's someone you can speak to, who won't judge you or anything, who can listen to you – can't really tell you what to do, who you can talk to, you can't really talk to family and friends as I don't think they can cope with it really. (Eve, *before counselling* interview)

The perception that friends, peers and family were not equipped to help (Eve, Sonia, Ron), or that it was unfair to ask them to (Vaishnavi, Jenny, Eve) crossed user groups. It could be argued that such evidence supports Furedi's claim that current therapeutic culture (and research participants who had not yet entered counselling) 'both reflects and promotes the trend towards fragmentation and alienation...' and legitimises 'the trend towards fragmentation.... by stigmatising informal relations of dependence' (2004:21), that is, the supportive nature of nuclear and extended family. It is perhaps significant that Eve, Sonia and Ron had all been without at least one parent since early childhood.

In the *before counselling* interview only Dawn did not refer to a peer group although she did so quite forcefully in her second (*during)* interview. James also found a friend who in effect becomes his counsellor. As Denis, James' counsellor later reported, James was able to have his counselling needs met by his new friend. (Appendix 18)

3. Urgency, uncertainty about frequency and duration

There was a sense of urgency in the perceived need for counselling and also a feeling of not being able to cope alone, suggesting the point made by Susie Orbach that 'people do not go to counselling for fun':

> People do not go to counselling for fun...people will do almost anything to avoid counselling, but seek it only if they can't cope on their own. (Orbach, Radio 4 programme 6.03.02.)

All of the eight research participants intending to enter counselling were clear that they needed the help of a counsellor, and as soon as possible. Those within the student counselling services were able to see a counsellor fairly quickly, within a week or two of making an inquiry and made it clear that they would not have been prepared to wait longer:

> If...my appointment had been five or six weeks ahead I wouldn't be very happy about that. (Jenny, Appendix 11)

However, the waiting times within the voluntary and primary care sectors were much longer, ranging from four to fourteen weeks. Mary from the voluntary sector, who had waited three months for an appointment, expressed a desire for a much more immediate response:

> By the time you've got an appointment you will have sorted that issue out. (Appendix 16)

She expressed resentment about her inability to pay for quick access:

> If you are on a low income you are shoved to the end of the queue. People who can pay for their appointments come first.

Many counsellors have commented on the aspect of our consumer culture that encourages an 'immediate gratification' response (Pypher, 1996). However, in my interview with Sonia there appeared to be a great urgency about her search for a counsellor and, as in Mary's case, she had enormous difficulty in accessing counselling. When asked if she felt hopeful about counselling helping her she replied:

> Yes, I think counselling is very good – but getting into it, finding a way in is dreadful, with all that you have to go through to the length of the distress you have to display before you are taken seriously. (Appendix 9)

At this stage in the study most intending clients were unclear about how many sessions they would need: in the Higher Education sector they anticipated a few sessions. However, Vaishnavi, a third year medical student said:

> I did think it might be a quick fix thing, but it is quite a long process I think. (Appendix 12)

In the voluntary and primary care sectors prospective clients expected counselling to take longer than three to four sessions, the average number in the Higher Education sector. The

average number usually offered in medical practices is five or six. The urban medical centre user group participant is offered a maximum of ten sessions and the rural centre user group participants are offered 'as many sessions as they need'. (Penny, counsellor, rural practice, Norfolk) Within user groups there is consistency of practice. Across user groups, as might be expected, there is little consistency.

The time issue of availability and frequency of sessions continued to be an issue for client participants both within the *during counselling* phase (Eve, Dawn, Mary, Vaishnavi) and during the *after counselling* phase. Again, confusion or lack of certainty about the number of sessions on offer usually emerged only when the research participant felt confident enough to voice criticism. Where the counsellor has been clear about the number and frequency of sessions at the start, as in John and Vaishnavi's case, there seemed to be least anxiety.

In the case of student counselling there appeared to be a flexibility of approach about number and length of sessions. Within the primary care sector the clients were unclear (Dawn and Eve) about the number of sessions available, even though their counsellors believed that they had clarified this issue at the start of counselling. (See Client and Counsellor Perspectives *during counselling,* Chapter 6, on differing client-counsellor perspectives.)

Jenny, Mary and Vaishnavi in particular were caught in this ambivalence between desire to be listened to and the desire to express feelings of wanting to be 'in control' and independent.

4. Counsellor motives and the power dynamic

The question 'What are counsellors like? prompted a range of perspectives on the counsellor's function. Counsellors' motives for counselling vary and although avowedly humanitarian may be concealed, even from themselves (Cushman, 1995, Willoughby, 2005). There is often a covert power dynamic at work. Jenny was wary of counselling and counsellors. Although they knew how to listen she felt somewhat manipulated:

> I know there is a technique that is being used on me and I am not sure I like it. (Appendix 19)

Jenny was aware that counsellors may have a variety of motives for becoming counsellors, some that are good, some bad. They may have a variety of different approaches, and 'a different way of talking about your problem'.

Vaishnavi, who as a medical student was herself training to be a doctor, pointed out that just as there are good and bad doctors so there are good and bad counsellors: Also 'they have a personality as well'. Or 'their method' might not 'work for you':

> ...it is not going to work for every single person. It's not that I have doubts...It might not work for me. (Appendix 12)

The imbalance in power relations appeared more pronounced in Sonia's case. In early adulthood Sonia had sought advice from her GP because she 'wasn't coping with life'. She had been recommended anti-depressants but not counselling. Pilgrim (2000) has indicated that people from the working classes are usually offered anti-depressants in preference to counselling. Sonia had been reluctant to ask for counselling although she knew she 'needed to talk it out'. (Appendix 9) She had read about the usefulness of counselling but had gained the impression that it was primarily a middle class profession made up of 'people saying to me how I should live' and by people of different 'class values' who would try to impose those values on her. She repeated fears that counsellors, who are mainly 'middle class', would 'try to tell me what my life was like' and possibly probe too far. The preponderance of middle class white women in counselling positions has been remarked on in much of the literature, e.g. Feltham (2000c) and Gillon (2002).

Despite her difficulties in accessing appropriate help following episodes of self-harming and attempted suicide, admission to a day hospital, visits to a psychiatrist, and 'drugs to make me normal', she persisted in her desire for counselling even though she felt she could not articulate her need. Recounting intimidation by authoritarian stances at home and in the mental health services, she seemed to be looking for a caring parental figure or service:

> I need help. It's hard to say that when you are so full of hurt...you don't know what you want, you feel you shouldn't even have to say it...you feel somebody should just take over for you. Not put you in hospital but look after you. (Appendix 9)

In talking of her view of what counsellors are like Sonia took this search for a caring, encouraging guide further:

> They care about other people. They try to see beyond the problem to the person and help them through....good ones do.

As in the case of Vaishnavi, Ron, and Jenny, Sonia was instinctively aware that 'there can be bad ones', but good counsellors can:

> help me work it out, say 'come on Sonia'...it's like two heads are better than one. It's like...encouragement...like I can come back and say look, I have done that...

Dawn, when asked what she thought counsellors were like as people replied 'My impression is that they are very nice' (Appendix 13). She believes that they can help bring about change as she has seen evidence of this in her daughter's growing 'confidence about life' after engaging in counselling for a year. Influenced by her daughter's progress she was hoping to achieve something similar.

5. Awareness of own counselling needs combined with the needs of others

The question 'Who goes for counselling?' elicited a response that combined the idea of others who might seek counselling with their own reasons for seeking counselling. There tended to be different levels of adjustment to the idea of seeking counselling, but a strong sense or social reality and awareness of their own needs and the needs of others.

Sonia, when asked about what sort of people in her view sought counselling revealed further her need for people who care about her. She replied:

> People who feel that they just can't cope with everyday functioning of life. They've got no family safety net maybe where they can talk, or if they have, they don't want to distress the family about hidden things, you know, secret things... (Appendix 9)

For this reason she felt friends were not to be trusted because 'they know things about you'. The counsellor, on the other hand, was viewed as impartial, a professional, and 'a stranger as well', which she saw as positive.

Jenny expressed the view that others who go for counselling may be 'nutters' (Appendix 11), echoing some media terminology as illustrated in Chapter 2: Pre-understanding and

the review of popular perceptions of counselling. Jenny indicated that most people were reluctant to admit to going to counselling, and she knew of no-one who admitted to benefiting from counselling. She also referred to one of her friends who became obsessive about religion as a result of going to counselling. She feared that this could happen to her, indicating a general distrust of the dominant structures or professions in which covert controlling influences may be exerted.

Vaishnavi, perhaps aware of her own professional ambitions, had not considered counselling as relevant to herself, but rather for people 'who seem a bit down about things' (Appendix 12). She associated counselling with bereavement, relationship difficulties, but then had a pressing issue herself and felt she did not possess the coping skills nor benefit from the people around her. She had 'checked out' with her counsellor, John, if people come with a kind of goal, if that was normal. (She may possibly have been aware that some counsellors, for example Cognitive Behavioural Counsellors would be emphatically goal orientated, whereas John who has a psychodynamic background, appears more non-committal.)

> He thought that was fine, I think.' 'I know they don't give you direct answers and stuff but they somehow help you to reach that goal. My expectation is that I reach my own personal goal.

Eve expressed the view that we are all open to change as well as her awareness of others' needs. As the majority of the research participants have done she also voiced one of the underlying assumptions of many therapy orientations, the importance of childhood unhappiness as a task for counselling to address and hopefully to remedy.

> At one time I would have thought (counselling is for) people like me, but now I think anybody . We can all learn – it can be anything like the stress you are under [or] childhood. I think it can come to anybody, but I think once upon a time I thought, oh I am the only one. (Appendix 14)

Ron, who revealed a strong sense of place within a social hierarchy, perceived people as coming to counselling for different kinds of problems, e.g. 'mental health' and 'bereavement'.

> I think it's across the field for anybody at any time, it's not a particular type of person – it could be down from the managing director to the sweeper, anybody... (Appendix 15)

Echoing this sense that others are worse off Vaishnavi said:

> Yes, there are loads of Asian girls out there who've got more...I don't want to say they have more pressing issues...but you know, there are a lot more serious issues going on out there. I don't see myself specifically needing an Asian counsellor just because of my background, but I am sure that there are a lot of people who do. (Appendix 33)

The sense of being useful, of having a role to play in the community, of being 'normal' was described by Ron in referring to his experience as a Red Cross centre organiser:

> We did a semi sort of counselling thing for the Zeebrugge disaster, and I was on the other end of it then, listening to people...It gave me some idea, we weren't trained counsellors, but we were there for someone to talk to... (Appendix 15)

Doubts and hopes about counselling

Pipes et al.(1985) have described some of the common client fears relating to losing control, being thought of as crazy, not being taken seriously, being judged by the counsellor as a bad person, discovering things that the client does not want discovered. Whereas the above observations reveal a confident if somewhat sceptical grasp of the workings of the external world these fears appear to relate more to an uncertain view of self and a mistrust of others.

1. Fear of dependency

Fear of dependency surfaced as a recurring theme in several client interviews, particularly those of Vaishnavi, Jenny, Mary and to a lesser extent, Eve. There was a general awareness of the dangers of counselling but also a mistrust of friends or a feeling of not wishing to burden them. Vaishnavi said:

> I think the danger of counselling is that people stop thinking for themselves and they might start going for outside help for every little thing. (Appendix 12)

Although Vaishnavi had not yet embarked on counselling, Sands (2000:123), who has undergone lengthy therapy, expressed a similar reservation in *Falling for Therapy:*

> might therapy not typically be setting up an institutionalized co-dependency relationship from which, once established, it often becomes very difficult for either client or therapist to extricate themselves?

2. Fear of exploring pain/delving deeper

Fear of delving deeper was an issue for Vaishnavi and for Jenny, a view that by delving too deep counselling could 'bring up too many issues'. Vaishnavi knew of people who 'found it a bit overwhelming'. This was a major issue for Mary and is discussed at length in Chapter 6, Client and Counsellor Perspectives *during counselling.*

3. Fear of rejection/wanting to be normal

Fear of rejection was explicitly stated as a fear for both Ron and for Mary and is well recognised as a characteristic of some clients who are apprehensive about entering a therapeutic relationship before trust has been established (Mearns and Thorne, 1988). Ron says:

> am I going to be shut off half-way through the system by the fact that Jo Bloggs is only allowed six sessions and not nine? Or are they going to let me go through the system and hopefully come out the other end, and not left in a limbo.....left dangling. (Appendix 15)

He had already experienced rejection by the system, both in the medical profession and his work, and had thus felt deprived of his identity:

Wanting to be normal was a desire expressed not only by Ron, but by Mary, James and Eve. Ron, when asked by a psychiatrist what his aim was in coming to counselling, said:

> I just want to be normal, get back to work and be a normal human person. He asked me how old I was and I said 58 and he said well no-one will employ you at 58. Those were his exact words. I just withdrew into my shell.

Ron saw his identity as defined by his work. In the computer servicing job he felt 'in the end you just become a number - no identity at all'.

> At the start you were a person, you were Ron, but in the end of it you were just – there is a job in that area, get rid of it.

Issues of power and control, powerlessness and a feeling of living in a hostile social world (Biggs, 1999) in which older people are encouraged on the one hand to have more expectations and yet not given the means to meet them, have moral and political implications and require further discussion.

4. Desire for change/alleviation from distress/search for happiness

Vaishnavi thought in terms of wanting to change behaviour. She wanted to stop thinking in certain ways and to look at things differently and possibly concentrate on the present 'rather than comparing it to how things were in the past.' (Appendix 12) She wanted to be helped by someone with more experience than she has but realised 'it might not happen'. She thought initially it might be a short process (a 'quick fix') but now considered that it might take longer.

It is evident that all client participants were seeking counselling for the alleviation of some kind of distress. They were clear that they wished to find at least a modicum of happiness. Eve said:

> I feel lonely and I think I want sort of picking up – to know what to do next so that it will give me that little bit of happiness, I suppose. (Appendix 14)

And:

> I feel a bit muddly. It might give me a bit of a boost to move on. I'd like to start looking up and getting a bit of hold on life, a bit of confidence.

Jenny wanted to talk to a counsellor to help her be happy but also felt she should be self-managing, 'snap out of it'. 'What I want in the end is to be happy again'. (Appendix 11)

Sonia's hopes of counselling indicated that she saw counselling as education, that it would:

> keep me connected, I suppose, keep me on this track that I am on...me coming to university...I have always wanted to learn... (Appendix 9)

It appears that she had received much physical and emotional abuse in her life, and felt that education and counselling could make reparation.

There are perhaps similarities between her seeking education and seeking counselling: the hope of a better life, more understanding. This appears for her to be tied in with her ambivalent attitude to class - rooted in the working class, but with aspirations towards greater autonomy and a set of values more comfortable to her. She perceives these values as embodied in the lifestyle of the professional middle classes.

5. Desire for advice, guidance and support

Client participant initial perspectives on counselling revealed an awareness that counselling is not about advice giving, but that nevertheless they still hoped they might gain advice.

Dawn was expecting to talk but also explicitly stated that she was 'hoping for a bit of advice as well.'

Mary wanted to sort out a lot of issues that were bothering her. She was equally explicit:

> I want advice. I want to walk out of here feeling that a weight has been lifted off me. (Appendix 16)

Discussion

In all cases the intending users expressed unhappiness with themselves and had experienced personal difficulties that they hoped counselling would resolve. All expressed, albeit in different ways, their hope that counselling would improve their sense of well being, help them find direction, become 'normal', 'feel happy'. All appeared to recognise that they would be involved in some kind of internal change process. At the same time Jenny, Mary and Vaishnavi explicitly feared that change involved 'delving deeper', for example, into childhood memories and might involve pain, or difficult emotions that they were not willing to address.

Smail argues that psychotherapists' and counsellors' purpose to cure distress, or pain or unhappiness is often implied, but not made explicit, an implication that often 'promises to achieve too much' (1987:38). Freud's oft-quoted aim to replace neurotic misery with ordinary human unhappiness is, Smail comments, not 'an unworthy ethical aim' in his view, but is one that 'should form an explicit part of the therapeutic procedure' (1987:38). Rose (2003:31) refers to Nietzsche and Weber having 'a profound contempt for happiness, or even contentment, as an ethic of existence', regarding the nature of the human being as one which is to suffer and to overcome, rather than to be content. This, Rose indicates, is reflected in Freud's belief that 'therapeutic pessimism was linked to a pessimism about the prospects or the attractions of happiness and contentment' (2003:31).

Sceptical therapists such as Adam Phillips (2005) makes a similar observation about our modern culture. In an interview in The Observer (O'Hagan, 2005) Phillips says:

> Now, people like me are seeing more and more people who feel a kind of despair about the pointlessness of their lives...This difficulty we have with accepting ourselves is compounded by the fact that we live in an intensely competitive, market-driven culture that offers an increasingly unrealistic model of a better life.

Yet the world of consumerism offers the promise of happiness and the world of psychotherapy the opportunity for reinventing ourselves in any way we want. An essential element of Cushman's hermeneutic thesis is that the domination of a materialistic culture results in people who no longer have a sense of self but who are 'empty', without any real sense of connection to a meaningful world.

Cameron questions therapy's:

> incorporation (of talking practices) into regimes of verbal hygiene whose objects are people suffering from no illness or disability, but [who are] either trying to deal with the kinds of unhappiness and conflict that will always be a part of any normal existence, or else confronting more serious problems which, however, have little to do with the way they talk (2000:175).

Today our culture, in terms of individual rights, contains the belief that everyone has the right to happiness and good health, although there is debate about whether a sense of wellbeing is a prerequisite for good health (Holmes,1999). Cushman, in discussing the power of the concept of individualism in relation to morality, cites Reiff (1966:261) who suggests that this 'private sense of wellbeing has become an end rather than a by-product of striving after some superior communal end'.

Bimrose (2000:26) argues that much counselling and therapeutic practice tends to emphasise 'the individualism of each client'. This may lead to practitioners overlooking 'the shared experiences of their clients within society'. This, she says, can be considered a potential weakness of counselling.

It is significant that Eve has a great desire to help others, as exemplified by her agreeing to take part in my research. (This is also true of Ron, Jenny, Dawn and James.) She wants to care for children and for the elderly. She tends to put other people before herself, although her counsellor interprets this inclination as a desire to please. It may also be perceived that her relational needs are part of a healthy desire to live more participatively. Equally, Ron

makes it clear that he felt most fulfilled when he was working in a job focussing on helping others.

It is a central tenet of the hermeneutic approach that an awareness of the embedded nature of social context is crucial in throwing light on the nature of client perspective. Bimrose makes the point referred to in Chapter 1 concerning 'the danger of missing the understanding which can come from study of the social contexts in which individuals live their lives (for example, an understanding of the causes and effects of racism or sexism)' (2000:27). It has already begun to emerge in discussion of the research participants' expectations of counselling that there are quite marked socio-historical influences on their views and understanding of counselling. This is expressed in reference to the part played by peers, family, personal biography, experience of health and medical professions, the media, as well as clients' expectations and fears in addition to the possible effect that counselling may have on their own sense of self and identity and on their relationship with the outside world.

Section 2:

Socio-cultural influences

1. Language connotations

> *When you take a word in your mouth you must realise that you have not taken a tool that can be thrown aside if it won't do the job, but you are fixed in a direction of thought which comes from afar and stretches beyond you. (Gadamer, 1984:496, cited in Sass, 1988:247)*

> *The birth of psychological languages of description of persons and their conduct hollows out certain kinds of self, locates certain zones or fields within that self which are significant, requires us to speak about ourselves in particular vocabularies, to evaluate ourselves in relation to certain norms, to narrate our experience to one another, and to ourselves in a psychological language. (Rose; 2003: 34)*

It emerges from Section 1. concerning uncertain perspectives that client participants were grappling with expressing words which conveyed a sense of how they felt about themselves, their desire to relate to another, to understand better or change how they feel about themselves, or 'know' themselves (Rose, 2003:35). The way we use language shapes and is shaped by us rather than being simply a tool to describe experience (Gadamer, 1984). But the research participant was also entering new territory and trying to relate to the languages of 'different' others, or 'stranger'. Each client participant was working hard to make sense of this new experience that she or he was about to embark on. The struggle to understand was apparent in the effort involved in some cases, for example, James and Mary, to adopt a new language. 'Counselling gives you a different language', Jenny said in her pre-interview, although at the time I had failed to follow up with her just what she meant.

Eve's counsellor, Penny, had pointed to Eve's inability to say 'I' instead of 'you' (Appendix 26), something that clients within the person-centred tradition, need to learn according to the 'intake' counsellor quoted in Chapter 4, Application of the Hermeneutic Method. Cameron has shown how the rules of therapeutic talk taken from different orientations and theories and arbitrarily applied as good practice in other forms of talk-manuals such as assertiveness training, would promote an individualistic rather than collectivist use of 'you'.

In the *before counselling* interview Jenny revealed quite a grasp of differences between the humanistic and the psychodynamic models of therapy. Perhaps influenced by her reading or her guesswork, she saw counselling and psychotherapy as different: 'Psychotherapy is more in depth, more analytic and explores childhood'. 'Counselling works with what you bring'. She also revealed an understanding of the distinctiveness of counselling and psychiatry: 'Counselling and psychiatry are different'. Later she said of counsellors:

> I get the impression that some are a bit more psychological. Psychotherapy...psychotherapists – they might tell you things about yourself that you've never thought of before, about what sort of person you are, and then there are counsellors that might sort of talk you through, guiding you to a solution.... (Appendix 11)

James on the other hand, who was seeking counselling from the same university services, expressed some confusion in knowing the way to access help and was unclear about clinical terms such as psychiatrist, psychotherapist and counsellor. It is possible to deduce from this that these professionals are themselves unclear about their functions and boundaries or that they have been poor at communicating the differences. His tutor referred him to the university doctor who in turn referred him to the counselling service:

> When I went to the university doctor I imagined that she would refer me....well the first word that would sum it up would be...a psychotherapist, sorry psychiatrist, and that's what I thought the word would be...when she said 'we've got a counselling service' I automatically thought: Is that the same as what I thought a psychiatrist was, and then I thought perhaps it is and then I thought it must be that sort of service – counselling is a different word for that sort of service, I suppose. (Appendix 10)

Others grappled with negative or confusing connotations of counselling. For example, Sonia says:

> ...the word counselling, it doesn't sound right. It sounds like they are going to counsel you, like a lawyer... (Sonia, Appendix 9)

Later in the interview she says:

> the term 'counselling' is 'not caring enough...it's like a legal word, isn't it, giving formal advice.

Mary had seen a psychiatrist following a breakdown in 1992. She appreciated the difference between counsellor and psychiatrist. Like Sonia, she did not speak to her psychiatrist: 'I didn't want to trust anyone'. She saw counselling as a last resort; 'whether it's good or not, like today, I'll still come back because I need it'. Dawn was similarly

dismissive of her psychiatrist and regarded her six weekly five minute visits as a 'waste of time'. (Appendix 23)

Carmel in her interview with Dinnage (1988:48-49) illustrates the way in which a client can assume the language of the counsellor (in this case a psychodynamically orientated therapist) in her use of terms such as 'internal space' and 'containment':

> The setting itself, that you go to a fixed time and the time is yours; you learn about time and space. You give yourself time and space internally – I think it's very important – and in that time and space someone is containing whatever you are bringing.

2. Non-verbal language

Silence is itself a language that can be used both positively and negatively. Frederikson (2004) emphasises that in counselling and therapy we know that 'silence can be as significant as speech' (Frie, 2004:153). Because 'language is inherent in meaning' (157) too much attention may be given to the spoken word and its context at the expense of the experience of meaning through our bodily existence. Echoing what Merleau-Ponty means by the term 'sedimented in the body', Smail says that reality is sensed in embodied experience before it is articulated in words, and that 'our subjectivity arises out of our interaction as embodied beings with a material and social world (2003:263).

There is also the language under the words. Cuing is a concept recognised by many therapists and explicitly treated by Kahn (1991) in his discussion of the work of Kohut.

Latham points out that both counsellor and client 'arrive in the room embodied and the physical presence of each will influence the encounter'. She continues 'Language is what we share... Our tone of voice, expression and general bearing is almost certainly as important as our choice of words. Our background is visible in our voice, as is something of our temperament' (2004:96).

Pauses, tone of voice, eye contact, all express meaning, feeling and emotion. They are aspects of embodiment that play a major part in the complex process of communication within dialogue. Polyani (1983) introduces the concept of tacit knowing, the way, for

instance, that we 'feel' our way along, picking up clues and tying them in with a range of senses.

In Chapter 2: Pre-understandings, I have discussed how silence has been experienced by clients as threatening or embarrassing and as a therapist's method of control. Clients in this study (Mary, Sonia) have referred to their own refusal to speak when referred to a psychiatrist for treatment. James was embarrassed by his counsellor's use of silence at the beginning of counselling: 'I was expecting more questions' (Appendix 17); and his counsellor, Denis, referred to his own awkwardness and simultaneous awareness of person-centred training influence in relation to use of silence. He says that as a more experienced counsellor he would not allow such 'stickiness' to develop. (Appendix 18)

3. Power and control: responses to authority

Reactions against authority and control can be interpreted in terms of transference: the way in which the individual unconsciously transfers unresolved difficulties with the parental figure onto the therapist or other parental models, e.g. the GP, the psychiatrist. The person-centred counsellor would eschew such modelling and the concept of transference is clearly absent from Rogers' work. The social researcher, as in my own case, would recognise the myriad cultural assumptions and influences affecting each viewpoint, and rather than attempting to interpret in terms of counselling theory, would respect the client's viewpoint *as expressed,* that is, in a realist sense, while at the same time recognising the fusion of client and researcher perspectives and the cultural assumptions embedded in both.

'The socio-political discourse of power accessed by the concept of empowerment contrasts sharply with a competing medical health illness discourse' (Strawbridge, 1999:296). The way in which people can be disempowered by the medical model of health which locates ills within the individual which may have their roots in social and environmental conditions and practice (Totton, 1997) is illustrated by Ron's past experience of the medical profession.

This concept of autonomy and independence, the prizing of freedom of choice is, according to Cushman, rooted in the concept of 'the masterful, bounded self' manifested in an individualism that is suspicious of 'the emphasis that non-Western cultures place on tradition and history' (1995:357).

4. Past experience of healthcare/medical professions/medical attitudes to depression

Traditionally the medical field has prided itself on its scientific expertise, gained after a very long period of rigorous training. Its symbol of expertise and the power that it affords has in the past been symbolised by the white coat, the formality and clinical nature of the consulting room. This is exemplified by difficulty in accessing counselling, obstacles relating to an unresponsive G.P. who did not detect Sonia's desire for counselling, and a psychiatrist who appeared not to respect issues of informed consent.

Ron had also seen a psychiatrist who had prescribed anti-depressant medication.
Across the three categories four of the eight client participants had sought or been referred to psychiatrists, psychotherapists or counsellors in the past, but after brief contact which they had experienced as negative, they had withdrawn.

One participant within the primary care category said of a previous 'one-off' session with a counsellor:

> There didn't appear to be any interest from the counsellor. I was a person coming in and unfortunately they were clock-watching. (Appendix 15)

There could be many reasons for this claim. The significant point is that he felt he had not been respected by the former counsellor, nor had it been explained to him what the counselling process involved. Another respondent from the university counselling service, said of her contact with a psychiatrist some years ago:

> I couldn't speak to him, I couldn't relate to him. He just wanted to prescribe drugs so I could get over feeling so terrible. (Appendix 9)

A further participant reported a bad experience of counselling when she was 13 years old and her parents were divorcing. Her words 'I was sent' reminded me of several clients, particularly during my placement training, who had come unwillingly to counselling and

were, as a result, unreceptive to it. Jenny expressed a strong view that counselling should be available to all; at the same time she was equally opposed to any form of coercion.

All of the client participants from the primary care and voluntary sector user groups in this study were receiving medication for depression as well as counselling. This is a current pattern even though recent evidence shows the benefits of anti-depressant medication to be in doubt (Servan-Schreiber, 2003) and indeed can be harmful, according to the recent evidence of the National Institute for Health and Clinical Excellence (NICE). NICE, says that antidepressants should be used only when talking therapies have failed[18]. Because the client participants were also poorer, as Mary emphasised in her interview, they also had greater difficulty gaining access to counselling. On the issue of poverty Pilgrim (2000:46) says:

> One point which is indisputable is that poorer people are over-represented with mental health problems in specialist mental health services (and in primary care samples). Moreover, the class position of a patient is a predictor of their likely style of treatment [i.e. a bio-determinist approach].

Ron described his depression thus:

> It's like a light switch. You can be up a bit and then it's as though someone has just switched the light off. And you feel as though you are in a pit and it's dark and you aren't getting anywhere. When about three years ago they said you have depression I thought 'oh a couple of weeks off and then back to work'. (Appendix 15)

In terms of his medication he said:

> At first they changed the tablets nearly every day. I think there is something where that has got to be offloaded. Somebody has to get to the bottom of it.

There was a strong feeling of frustration at not being able to get better and that neither counselling nor medication seemed to be working. This frustration was reflected in his after counselling questionnaire where he felt let down by the system. Totton (1997) expresses concern when patients have expectations of a cure of all their ills via holistic practice.

[18] Report in *The Independent:* Drugs should not be the first treatment for depressed children. 28.09.05.

5. Religious belief/systems

It is worth asking at this point if therapy is part of an authority structure like the church or education, or the medical world's practice of diagnosis and labelling?

Mary was put off her voluntary counselling centre initially as she thought it was a church. 'I don't want to get involved in a church thing, because that's what I thought it was' (Appendix 16). She had the sense that the church would try to influence her 'telling you whatever' (Goedde, 2000). However, in later interviews she remarked on her liking for peace and tranquillity at the centre, perceiving the counselling room as a refuge from the demands of the outside world.

Jenny feared counselling because it might work too well and make her obsessional, e.g. about religion. Vaishnavi feared counselling might make her too dependent. James on the other hand sought the support of religion and church attendance.

6. Peers/friends

Friendship and the good opinion of others was clearly important to all client participants as witnessed earlier in this chapter, but friends were considered as unable to carry out the job of counsellor, with the possible exception of James whose girlfriend took over this role.

Jenny seemed to have a large number of friends to whom she talked about her problems, but perceived their advice as insufficient. She felt that she was talking to too many people, none of whom could be impartial: 'So many people warning me not to go to counselling'. (Appendix 11)

James expressed feelings of isolation and difference and expressed a strong need to 'sort out' his thinking. He had enjoyed his access course studies and being amongst other mature students and he felt recognised for his creative approach to study. He found the shock of being within a student cohort of 'confident' 18 and 19 year-olds, many coming straight from school, difficult to manage. He wanted to gain some of that confidence. Although James has had difficulties making friends in the past he has made a particular

friend at university 'and she is the first person I've had to talk about these sort of things'. (Appendix 10)

7. Stigma and the influence of peers and family on concealing emotion

Vaishnavi, like Jenny said she had not known anyone who had gone to counselling but now had begun to learn of people who did go. She volunteered that she did not feel shame or any stigma attached. She mentioned quite openly to some people that she was having counselling and they have said 'ah, I've actually gone as well'. She admitted that she might have felt shame once when she was with her boyfriend who felt she was 'insecure, emotional'.

Eve said 'people are very, very catty really...People don't forget it' (referring to her mother committing suicide eighteen years ago). She stated clearly that there is a stigma attached to seeking counselling and that friends and neighbours have a poor view of it, regarding it as a sign of weakness or indulgence: 'I think they think well what do you want to go there for? Why don't you just get on with it?' (Appendix 14)

James questioned whether he had chosen the right field of study which tended to isolate him further. He discussed how his subject, English, was a very 'internal' subject, which 'touches the emotions quite strongly' and at the same time shut him off from the rest of the world. 'I've tried to escape to this university and now this subject has shut the world off'. (Appendix 10)

Seven of the eight client research participants referred to the inhibiting effect of attitudes, held usually by their own family, which reveal pride in a stoical 'get a grip' approach to life and the concealing of emotion. Such attitudes seem to be experienced as contributing to the sense of guilt or unease in seeking counselling. There was also a strong sense that there are many people 'out there' who could benefit from counselling but do not know how to access it.

Vaishnavi described her father as more accepting and less judgemental than her mother:

> [She] is a bit old fashioned, she'd worry if she heard I'd gone to counselling. She'd think things were that bad. You have to be in a bad state to go so I wouldn't tell her. (Appendix 12)

8. Class and stoicism

James felt that negative judgements about showing emotions were something to do with being from a working class background. He expressed a dislike of the term 'working class' but saw 'class structure' as worse. If you 'showed your emotions too much about these kinds of things...it shows a sign of weakness'. He was ambivalent about expressing emotion, which he appeared to want to do, but felt that his upbringing and social background had inhibited him in this respect.

Ron, in describing his depression said:

> I feel very guilty when I am walking round...if I had a broken arm or leg, but I feel internally, well, he is a lazy bugger. He won't work....People just say 'pull yourself together'. I wish I could. (Appendix 15)

Eve described a similar perspective:

> I know people can't make out why I don't work, because I look normal, but they don't know what's going on inside. I don't know that my brothers understand. I think they think that I should pull myself together and should work....I feel a little bit guilty...I think they think I am a fraud. I am sure they do from the way they talk about other people but they don't know the full story do they? (Appendix 14)

Sonia's feelings about family linked up with her earlier expressed suspicion of counsellors as middle class and about whom she felt ambivalent:

> Most counsellors come from middle class backgrounds. I come from a working class background. I feel unclean. I feel less – I am less – than them and that gives me a bit of a problem. (Appendix 9) (See also Cameron, 2000; Pipes, et al. 1985.)

At the same time there was a reaction against authority or parental control. In Sonia's case, referring to middle class counsellors, she said 'They would try to tell me what my life was like'. She did not wish to be told what to do. Mary, in the case of the church, also did not want to be told what to do. This attitude perhaps indicates an awareness of different class attitudes. Horwitz (1983) makes the sociological observation that the class position of mental health professionals influences the way in which they make their assessments and

conduct their treatments. This is an awareness expressed both by Ron in relation to his psychiatrist and Mary in terms of the time she had to wait to be allocated to a counsellor.

Sonia appeared to have a somewhat ambivalent sense that the middle classes have something she lacked in her own life, the 'investment they put into family', they 'like each other, they can relate to each other'.

> I'd always wander around the middle class area where I live and just look in through the curtains and I'd see the glow, and I used to imagine what it would be like in there...I wanted that. That's what I wanted... (Appendix 9)

She was prepared to admit 'the working class' can also value family, that some people understand and some do not. She outlined the stereotype of the working class as being 'more conservative in their outlook – they'd bring back hanging'.

> If you need counselling you are a 'wus'...if you don't like that you go down the pub, or something like that.

When asked if she thought the working class culture was anti-counselling she replied:

> I'm not anti any class at all. It's just that I can't talk to my friends and family about personal things. It's a sort of 'pull yourself together' attitude....If you try to talk to them they aren't even listening. Or they say 'oh that happened to me'.

Mary did not express similar feelings until the *during counselling* stage when she was pressed by the counsellor (and possibly, unintentionally, by myself as researcher) to explore her emotions further. She found it difficult to examine her feelings and indicated that in her own social circle it was weak to express emotion. 'To me it's a sign of weakness if I break down and cry.' It was more important to 'get a grip'. (*After Counselling*, Appendix 37)

Negative social attitudes had a strong effect on Mary in widening the gap between what she perceived as her own experience and that of her peers.

Jenny has the stoical sense that she should cope on her own and that others have worse problems than she. 'In the past, say two hundred years ago' she says 'people must have had problems, but they didn't have counsellors.' (Appendix 19)

9. Media influence on perceptions of counselling

I have discussed at some length in Chapter 2, Pre-understandings, the media influence on popular perception. Although the counselling professions tend to perceive media influences on popular perceptions of counselling as negative, the client participants in this study tended to view positively the variety of entertainment and educational portrayals of counselling both in the UK and the USA. Five of the eight interviewees, across the three categories, said without being directed that their view of counselling had been influenced by the cinema, television, and/or the press. Jenny referred to the broadsheets providing a mass of information on drug abuse, on the wide range of different counselling approaches, what works for whom: in fact she perceived the proliferation of counselling approaches as a problem. She referred also to the stereotypes of counsellors portrayed in American films and 'sitcoms'.

James was beginning to learn the counselling jargon, and recognised the media influence on his perceptions of counselling. He described a particular film, *Good Will Hunting*, as having made a strong impression on him, experiencing it as a kind of religious forgiveness phenomenon. Later his counsellor said that James had started to attend church and pursued his early interest in religion.

Sonia perceived the media as linked in with class:

> I'd read these articles saying how useful it is to go to counselling. I couldn't see myself like that. I couldn't see how I could get my life together. (Appendix 9)

Vaishnavi sees TV information as helping people recognise counselling as a part of our culture:

> People seem to be...not exactly accepting it, but acknowledging that it is there, not the same taboos, so I think people are coming round to it. I think it is part of our culture, because we kind of live off the American culture...we kind of take the piss out of it...but a lot of them do have counsellors, so I think we follow them... (Appendix 12)

Eve perceived television as helping the viewer to empathise. She held a positive view of film and identified with someone seeking counselling:

> I'm compassionate with anybody. It really strikes a chord in me. I really know what they are doing.' (Appendix 14)

This capacity for empathy was also expressed by Mary in her *after counselling* interview in which, in response to my question about the image of counselling on TV, she expressed her view that the media 'is a lot more open than it used to be'. She clearly identified with a man portrayed on TV 'who has tried to top himself'. People in the pub were laughing at him, and she said she thought:

> I've tried that and then I get all self-conscious of my arms...you know, it is silly remarks like that. They don't know what that person was going through...we all go around pretending we are happy when we are not. Yeah, I'm fine, and you? If you let people know how you feel they say 'get a grip'. (Appendix 37)

Dawn indicated that her daughter had influenced her very positive views of counselling but also that the same positive views have been represented in documentaries on television and in the newspapers. These responses all give weight to the critical hermeneutic recognition of the centrality of popular culture on individual perspectives in ways that not only shape their beliefs but formulate their identities (Steinberg & Kincheloe, 1997).

Discussion of Sections 1 and 2

Uncertain expectations

Despite research participants being clear in their own minds about what they hoped to gain from counselling there were, in all responses, varying degrees of uncertainty about what to expect and whether their needs, as perceived by themselves, would be met. There were also ambivalent feelings about seeking counselling and fears about putting themselves in someone else's hands. There is clearly, as indicated, a tension between reason and feeling, an attempt to conceptualise counselling and at the same time to cope with urgent inner emotional needs. Sass (1988) in his critique of the humanistic influence on current thinking and practice in counselling and psychotherapy, refers to the Cartesian notion of self-mastery and self-control as part of an individualist preoccupation. The humanistic influence goes back to the Renaissance and before, with its emphasis on the concept of human perfectibility and the importance of proactive individuality. Sass illustrates how humanistic psychologists give primary concern to people's subjective experience and secondary concern to their actions. He views Rogers as in this tradition with his focus on the fully functioning person where the locus of evaluation comes from within. Furedi on

the other hand is nostalgic about a period in which he perceives self-mastery and control of emotion and feeling as characteristics of a lost tradition that respected family and religious values.

Critical hermeneutics sees its task as naming and demystifying what is considered unavailable to ordinary human awareness. However, labels can be rigid and constraining as Gadamer recognises. West, as a practising counsellor, chose the label 'counsellor' over 'therapist', 'since I felt that it was a low key and less medically and psychiatrically linked work than psychotherapist, and also a more humble word' (2004a:143). Lynch, a former G.P., speaks of the damaging effects of 'labelling a person with "clinical depression" and telling them it is caused by a biochemical imbalance or genetic defect' (2001:137).

The bio-medical model versus the humanistic

Throughout this study an underlying tension has become increasingly apparent, expressed in the many pre-understandings within the research, the media, and popular perceptions. This is based on the confusion that can ensue when there appears too little understanding of the distinction between 'the bio-medical model' of diagnosis and treatment associated with the use of psychotropic drugs, and the humanistic and existential therapies (Feltham, 2000b:412). The biomedical model can be characterised as a 'cure' for illness, or 'deficit', psychopathological approach, and the humanistic and existential as the human potential development model (House, 2005; Totton, 1997). House elaborates on the difference as follows:

> The first prizes the criterion of quantitatively measurable efficacy and 'cost effectiveness' above all others, while the other questions the hegemony of such symptom-based evaluation criteria, preferring instead to embrace hermeneutic values of meaning making and human potential development above all others (House, 2005).

Feltham (2000b) discusses how the medical model of therapy, rooted in the scientific tradition, has led to the systematic categorisation of forms of mental illness or disorder embodied in the International Classification of Diseases and Related Health Problems (known as ICD 10). This publication offers comprehensive standardised categories for diagnosis that can be shared by all clinicians and agreed by third parties such as health agencies and funding bodies.

Disorders which are relevant to this study include mood disorders (mainly depressive and bipolar disorders) and schizophrenia and other psychotic disorders. Gilbert (2000) recognises that depression may need a mixture of treatments. Roth and Fonagy (1996) suggest that it is not always clear whether or not psychological treatment would best suit the client. Supporting Ron's experience, Gilbert suggests that some people get on better with certain types of therapists as opposed to certain types of approach.

As an advocate of this mixed mode of treatment, that crosses the bio-medical-talking therapy divide, Solomon (2000), based on his own experience of depression, carried out a world-wide study of depression. Discussing the study in a Radio 4 interview with Fergal Keane[19] he described how, following his mother's death, he received medication and psychotherapy, both of which he experienced as helpful, though different. He described the medication treatment as being 'like a rough focus through a microscope', and therapy 'like tuning the fine focus knob'. Like Ron, he spoke of the lethality of depression if untreated. Describing it as a devastating disease, he also linked it with genetic vulnerability with neurological implications. 'Pathways of depression cut into the brain. Depression is treatable, but though it can be controlled, it is not curable.' Psychotherapy helped him accept depression as a permanent part of life.

Experiencing, as Sutherland (1987) did, the stigma associated with depression and breakdown, Solomon viewed depression as a disease of loneliness. Unlike Sutherland he discovered that psychotherapy helped him to make sense of it. This view of depression as a social disease is supported by the hermeneutic approach. Cushman discusses the consequences of conformity, political avoidance, and psychological accommodations manifesting themselves in 'subtle cultural signs such as clinical depression' (1997:225), a view also evident in the work of R. D. Laing (1960, 1967) and Thomas Szasz (1978).

What emerges strongly is that the research participants live in a peopled world in which friends and family, work and social context shape, mould and influence perceptions. Our own view of ourselves or our subjectivity in Gadamer's view is 'only a distorting mirror'. Self-understanding is achieved by understanding our own culture and history.

[19] Own notes on Radio 4 programme, 25.01.05

> In fact, history does not belong to us, but we belong to it. Long before we understand ourselves through the process of self-examination, we understand ourselves in a self-evident way in the family, society and state in which we live...The self awareness of the individual is only a flickering in the closed circuits of historical life; (1984:245)

The concept of the self as essence, as preceding language and outer world is embedded in phenomenological and humanistic and romantic thinking. It is preoccupied with modernist concerns such as 'getting in touch with one's "true" or "inner" self or discovering the autobiographical sources of one's idiosyncratic traits' (Sass, 1988:261).

It is also an approach that tends to give less weight to external factors, to the 'more traditional concerns of the moral or practical life – such as exploration of one's relationship to shared ethical norms, of the truth or adequacy of one's understanding of external reality and of the meaning, interpersonal impact and appropriateness of one's concrete actions in the world' (261-2).

CHAPTER 6 - Client and counsellor perspectives during counselling: self identity and relationship

I need to talk about what's going on in my life, but the pain that it's bringing, I don't know if I can deal with it... (Mary, client participant interview during counselling)

Often interior life has become used as part of a veil of privatism: a buffer against cultural economic and ecological realities and sufferings. In recent Western culture and its psychology we have lauded the development of the autonomous, highly rationalistic individual, bounded from others and nature, presumably responsible for his or her own fate. (Watkins, 1999:254

Self-identity

By this stage in the study it was clear that client participants felt a strong sense of urgency in seeking counselling but held uncertain expectations about what counselling involved. They expressed clear hopes and fears about counselling and revealed a view of themselves in relation to the world that can be defined as a sense of self, or identity. The concept of self, understood hermeneutically, is subject to myriad historical, cultural and social influences which, as illustrated in Chapter 2, Pre-understandings, and in the previous chapter, have helped participants to shape their view of themselves, their immediate family and friends and the larger community in which they lived. Relationships within the external world were highly valued and where these did not exist or had broken down, the need to talk to a skilled, confidential helper and be listened to with acceptance appeared of paramount importance.

In hermeneutic terms it is clear that the nature of people's afflictions, unhappiness and anxieties can be understood in terms of the predominant characteristics of the society and times in which we live. For example, we have the analysis of our current consumerist society as valuing individualism and self-gratification over self-sufficiency and self-control giving rise to the new illness of low-self esteem (Furedi, 2004). Loewenthal & Snell also point out that the development of psychotherapy since the 1960s has taken place within an era of individualism, where questions of value centre on the person: 'We have moved from God to Science to the Person – so is the person the new God, and which person is it, the therapist or the client?' (2004: 183).

Cushman (1995), in his major work on self, develops the concept of the empty self and the consequent characteristics of alienation, isolation and the preponderance of eating disorders such as bulimia and anorexia. Giddens (1991) prefers to view therapy not so much as a manifestation of social alienation in a consumerist society but as a 'methodology of life planning' (1991:180) in which individual people attempt to integrate diverse experiences and roles. Structuralist and post-structuralist theories prefer the term 'subject' to 'self' as 'being produced socially in relationships through systems of meaning within language and culture' (Strawbridge, 1999:298). She cites the work of Althusser who by the means of the concept of the mirror demonstrates how power relations are reproduced through the construction of personal identities of subjects or selves: 'Inasmuch as our social positions are structured by relationships of inequality, discrimination and oppression, these will be experienced as integral to our identities and have a "natural" feel.' (1999: 298) For example, Ron, when he was made redundant said that he had a natural place in the pecking order of social relations. Eve talked of 'knowing her place'. Mary, who expressed a greater awareness of social inequalities than most of the client participants, was perceived by the medical profession as 'resistant'. The medical model, with its emphasis on the prescription of anti-depressant medication within this perspective is concerned not so much to empower the individual with its manifesto of patient power and patient choice, as to maintain the status quo (Pilgrim, 1997). Smail (1987, 1993) and Solomon (2000) perceive a close link between social conditions and psychological distress, also seeing people as desperate to talk to anyone who will really listen. James (1998) links advanced capitalism promoting dissatisfaction and unhappiness with reduced levels of serotonin boosted by Prozac.

We have seen how in the media and related popular perceptions of counselling and psychotherapy there is confusion surrounding the deficit, bio-medical model of 'mental illness' and the human potential model of 'mental health'. Historically the images of prison-like psychiatric hospitals or 'mental institutions' which, until the delivery of community health care, have continued to be a reality in parts of the country (Cherry, 2003). Such images have influenced people's views about psychological disturbance, which is expressed in the descriptive vernacular as 'nutter', a term used by Jenny, 'mental' used by Mary or 'psycho' used by *The Sun* in relation to the boxer Frank Bruno when referred by his family to a psychiatric unit.

The user groups under investigation in this study were three of the main areas where psychological healing, or the 'talking cure' take place in the public domain. Most of the approaches or methodologies for bringing about healing tend to fall within the humanistic and behavioural categories (Bimrose, 2000) which tend to concentrate on the inner rather than the external aspects of the person.

Yet it is clear that prospective clients desire connection not only with the listener, but with the outside world, the community beyond the door of the counselling room. Watkins' critique of the concept of self as autonomous and individualist also speaks of the importance of relationship and connection with others:

> The threads of interrelationship between self and other, self and community, self and nature, self and spiritual reality have increasingly been neglected by the enactment of such a paradigm of selfhood (1999:254).

In moving to an analysis of client and counsellor perceptions of what is happening in the counselling relationship it becomes increasingly evident that underlying assumptions of the client, the counsellor, the researcher, the provider agency and the local culture and environment are interwoven and inextricably linked in their influence on the encounter between client and counsellor.

Table 6.1. Themes emerging from interviews with clients and counsellors *during counselling*

Clients			Counsellors		
Questions and probes	**Themes**	**Perspective orientation**	**Questions and probes**	**Themes**	**Perspective orientation**
More fluid and flexible	Changed perspectives	Inner	More fluid/ flexible checking on understanding	Similarity/ dissimilarity of viewpoint	Inner
Checking back on understanding of last session	Ambivalence		Perception of client changes		
How has your initial perspective changed?	Perception of change in self				
Your experience of counselling What is or is not happening?	Dependency/ independence Therapeutic relationship: Trusting/ distrusting Fear of going deeper Issues of agency/change Recounting/ exploring Interventions	Inner/outer	Your perceptions of client change?	Client awareness/ unawareness of: Dependency/ independence Trusting/ distrusting Fear of going deeper Issues of agency/change Recounting/ exploring Interventions	Inner/outer

The focus in this chapter is on the client and counsellor experience of counselling. The main themes are client-counsellor relationship, self-identity, embodied emotions/feelings. The theme of change begins to gain in emphasis.

Talking as release

This sense of urgency, to talk and to be listened to, was manifest in the pre-counselling interviews and was expressed in a variety of ways as important in the direct experience of counselling. James and Jenny, both within Higher Education, considered it important to talk to a professional counsellor, Vaishnavi, within the Medical School felt the 'need to just talk'. Both Jenny and Vaishnavi indicated that talk helped bring about change, but that

this change might well have occurred anyway, albeit not so quickly. This is an issue I wish to consider later in terms of change or shifts in perspective.

Within the primary care sector, Ron expressed the need to 'off-load' with the aim of finding a 'different direction'. Dawn said of her counsellor: 'He has helped me a lot...by listening'. Eve, rather like Ron, said that counselling 'has definitely helped me talk. Definitely. I sort of think I've got that hour...just for *me*'. This perceived devotion of the counsellor's total attention to the client ('I felt she was 100 per cent for me') has been remarked on frequently in the literature as crucial to the therapeutic relationship, e.g. Dinnage, Howe, Kahn, Yalom. One client interviewed by Dinnage (1988:25) about her one-to-one therapy summed up this feeling as follows:

> ...She never said so but I felt she was 100 per cent for me and I couldn't believe it. I'd never had this in my life before and I was bowled over by it.

Mary, within the voluntary sector, raised the important issue of what Ron called 'offloading'. Before starting counselling she made it clear that she urgently needed someone to talk to, that she had no-one in her life to share things with. In her *during counselling* interview she said: 'I need to talk about what's going on in my life', but feared it was too painful. She also indicated that it was important to talk about her day, and to 'offload' or have 'a weight lifted off me'. (Appendix 29)

'Gelling' with the counsellor

Seven of the eight client participants completed the *during counselling* interview. Of these two, Ron and Dawn 'gelled' immediately with their counsellors and for the duration experienced the counselling as enlightening and perspective-changing in terms of their relationships in the outside world. They experienced the acceptance and listening interest of the counsellor as confidence building. However, neither of these research participants experienced the outcome as wholly meeting their expectations.

Where the acceptance and care appeared to the client (Mary) as less in evidence at the start of counselling ('I didn't think Sharon liked me') the relationship appeared harder to build (Mearns & Thorne, 1988).

A further four of the seven (Vaishnavi, Jenny, James and Eve) appeared to form good working relationships with their counsellors and spoke of the importance of acceptance and trust.

Clients' differing perceptions and understanding of counsellor method

Mary and James both expressed some reservations about their initial sessions with their counsellors. Although the other five of the seven client participants reported positively at the start of their *during counselling* interview on their relationship with their counsellors they commented differently on what they perceived to be the counsellor's approach. The first I will term 'ordinary friendliness', reminiscent of the Heideggerian concept of day-to-day ordinariness (Lomas, 1981), the second a 'respect for the counsellor's level of skill, and the third an 'uneasy awareness of a technique' or sceptical stance.

Ordinary friendliness

Ron clearly established a close working relationship with his counsellor, Penny, valuing the fact that she listened, but was happy to initiate discussion:

> She doesn't judge you, she doesn't pre-empt what you are going to say and just listens to what you've got to say to her. She obviously starts the subject off, then she listens to what you say. (Appendix 27)

Clearly influenced by his first negative experience with a counsellor with whom he had a single session, Ron experienced the relationship with Penny very differently:

> We said we would be open with each other from day one. I would tell her what I thought and she would tell me what she thought, and it just seems to have gelled and worked...she even helped try and trace Dad which I think is absolutely excellent. That was outside her remit, but she just went for it.

Ron felt listened to and had a sense that Penny was expressing a level of care beyond her 'remit' or, based on his earlier experience, what he would expect of a counsellor. Similarly Dawn experienced her counsellor, Frank, as equally warm and encouraging, although she used fewer words to express it: 'he has helped me...by listening to me'. Throughout our interviews she expressed great warmth and affection for Frank, a sense of

surprise that a man could be caring and considerate. I had the sense that she viewed him as a lifeline, although she did not articulate the thought quite so explicitly as Ron, who said:

> Oh yeah, I think it is early days, but without counselling, to be honest with you I don't think I would be here. I think I would have taken a dose of tablets, but the fact is that you've got the thought that someone else cares, and someone else is listening to what you're saying, yeah I am quarter of the way there.

Acceptance of a level of skill

In her respect for the counsellor's skills, I would place Vaishnavi in the second category. She also appeared to have a warm, easy relationship with her counsellor, John, as well as an appreciation of the skills involved in his role. She was herself training to be a general practitioner and may well have absorbed the ideology of therapist expertise, challenged by Duncan et al. (2004) Mair (1992) and Spinelli, (1995). House (2003: 91) refers to the idea of therapist expertise as 'carefully built up and mystified' by the profession to gain acceptance of therapeutic practice as a legitimate form of healing.

Vaishnavi initially regarded counselling as a problem solving activity:

> I like John's style...He hasn't told me the answer, but he has kind of suggested something and he has put it succinctly. (Appendix 21)

She appreciated his capacity for identifying the problem: 'he puts his finger on what it is and just sums it up'. Yet later on she confessed to awareness of a mystique, not really understanding 'what counselling is supposed to do' and as a trainee doctor, who should presumably know these things, not wanting to ask. When she asked John what counsellors are supposed to do, he replied 'Well, what a question!' implying that he found the question impossible to answer.

Eve also very much appreciated her counsellor's approachability, and said that counselling 'definitely helped' (Appendix 25). She recognised that counselling 'is not a miracle' (she makes this point twice), but was something she needed 'to get me moving, really'. She said that Penny 'makes me feel that she knows exactly what I'm on about as well...she makes me feel I'm kind of worthy'. However she countered this realisation by saying that this was not a lasting feeling. 'When I get home it does go a little bit as though nothing is really going into my head'. This comment gives weight to the Rational Emotive

Behaviour Therapy (REBT) viewpoint that person-centred counselling is too in-session focussed (Dryden & Neenan, 1997).

In addition, Eve was concerned that Penny had a plan or an agenda which she, Eve, could not quite grasp. She appeared to accept this as part of the counsellor's role, suggesting to me that there was an issue to address here, if not of unequal, certainly 'asymmetrical' power (Cushman, 1995). Eve described her thoughts as follows:

> I get the impression that she sets something that she is going to try and aim at – I've said this to her, I think. I am a bit inclined to jump from one thing to another I talk about something in the past about my Mum and then jump to the present. And then afterwards I get the impression that she was perhaps going to try to do something with me. I might be wrong. But I do feel I go on a bit...she might say that things are not going as she wants them to because I might throw her, I don't know...I feel sometimes that she had something planned but then I go away from what she was planning in her head. (Appendix 25)

In response to my question to Eve, 'Do you think the counsellor does come in with thoughts about what they want to do rather than following you?' She said:

> I think they have to really. I think they are trying to pick up on a particular thing. I don't know. I get that feeling that I throw her sometimes.

Then, because Eve was aware that I would soon also be interviewing Penny, she said:

> There is nothing that makes me think that she's annoyed about it...Would I know what she says?

When I reassure her about exploring and pulling together the two perspectives she said:

> Yes, I think her aim is for me not to keep worrying about everybody else and sort of love myself, and think about me, but I worry about everyone else. But the way I go on, I talk about something else and then throw her.

Uneasy awareness of a technique

Eve's sense of the counsellor having a hidden agenda, plan or a technique was also experienced by Jenny, James and Mary. Jenny was wary of the counsellor 'delving into my personality. I am not sure I like it.' She felt that a technique was being used on her to make her feel better. James was also wary of his counsellor at first. Perhaps influenced by his earlier interview with me, he said 'I thought I would be asked more direct questions'. He was thrown by the counsellor's 'long silences', he found it 'difficult to talk about my

life' and felt uneasy, partly it seems because Denis was male (though apparently he had requested to see a male counsellor) and partly because he found the silences awkward. Later he said, in relation to the silences, that 'on reflection [he sensed] that something was going on', indicating that he was aware of counsellor technique. Mary too expressed a desire for more direct questions. 'What does she [Sharon] want to know?' she asked me. Mary, like Eve, had difficulty understanding what the counsellor wanted of her or wanted to know.

The three client participants experienced a mystique in counselling, a feeling that they were not quite party to what was actually going on in the counsellor's mind. Although the three counsellors involved were all adopting a person-centred approach there is clearly an issue of clarity of intention and of power and control. The basis of the humanistic approach is discussed by Sass in his critique of the work of one particular therapist as 'hovering over the patient's private stream of experience emphasizing innerness and uniqueness'. This might contribute to rather than diminish the sense of isolation with its focus on recognising the inner life as 'a good thing' (1988:323).

Clients' changing perspective

Each of the client participants, with the exception of Mary, considered that they had achieved some form of change, or were working towards it. James said 'it dawned on me that a lot of my problems' were about not 'having someone to talk to' and how, when in the army in the Falklands, he had found 'it difficult to make relationships with people'. He began to value a new friendship he has made at university:

> She is my closest friend, and I can tell her about myself...I remember saying 'I'm not quite sure about all of this'. (Appendix 17)

It is significant that James did in fact terminate counselling, feeling that his friend was his counsellor. According to his counsellor, Denis (Appendix 18), James then started going to church with her. It would appear that now he had a caring listener in the external world he did not require a counsellor to probe his inner thoughts and feelings.

Both Eve and Vaishnavi moved towards accepting changes in their lives. Vaishnavi recognised that her relationship with her boyfriend had ended and Eve was beginning to

accept that her close friendship had ended. Jenny too recognised that counselling helped her cope with the practical implications of the ending of her relationship, such as having her loan to her boyfriend returned to her. Ron said that he has started to see things from his own mother's perspective and as a consequence was beginning to appreciate this empathic capacity and to appreciate other people's sometimes different way of seeing things. Both Vaishnavi and Jenny were however apprehensive about delving deeper and Jenny was particularly anxious about this from the start. Both observed change in themselves but equally felt change might have occurred anyway, if at a slower pace (King et al, 2000).

Fear of delving deeper/exploring feelings

Mary, in response to my question about change, said: 'I don't feel I have changed, I've only just started'. She was clearly experiencing painful emotions: 'I need to know, but I don't want to know. I can't move on if I don't show emotion.' It sounded almost as if she felt she ought to show emotion and was failing in some way if she did not do so.

The whole issue of 'delving deeper' is thus problematic, particularly if, as in Mary's counselling, there appears to be an element of coercion. In common with Sass, House argues that therapy tends to over-emphasise the negative in human experience and can be damaging. If clients experience a 'distorted subjectivity as an intrinsic aspect of their "true" identity' (2003:168) rather than as 'a distorted artefact of the artificial therapy setting', this could be harmful to the client and could even create a crisis of identity.

Jenny and Vaishnavi were also wary of delving deeper and of exploring emotions. Mary, like all the other client participants, experienced direct criticism of emotional expression or observed that within family and society generally many people dismiss emotion as a sign of weakness. This is perhaps the basis of stigma associated with counselling. The important point here is that most of the client participants appeared to experience the pressures of negative cultural assumptions within their socio-economic background and the sometimes implicit assumptions of the counsellor. The discomfort experienced by some clients may be a response to the often tacit assumptions of the counsellor that the client

must be prepared to explore their 'inner selves'. Such tacit assumptions may lie at the heart of the contrasts in client-counsellor perspectives treated below.

Duration of counselling

Where the counsellor was clear about the number and frequency of sessions, as in the case of John and Vaishnavi, Denis and James, Louise and Jenny, clients appeared relaxed in this respect. Perhaps as a consequence, they felt they would possibly wish to return to counselling in the future. Ron, Mary, Eve and Dawn were less clear about duration and frequency of counselling. In Ron's case his personal circumstances changed. For financial reasons he was obliged to move house and this involved withdrawing from counselling. Until then he appeared to be happy with the progress he was making in counselling and both his counsellor and G.P. viewed his period in counselling as a success in terms of his ability to take control of his own situation. However, after counselling he felt disappointed in his counselling experience and the health service as a whole.

Eve and Dawn expressed uncertainty about the duration of counselling. Eve's counsellor indicated that counselling would continue for as long as the client wished. It is significant that Eve, eighteen months after starting, is still seeing her counsellor every three weeks. Penny, Eve's counsellor, expressed some frustration at not making much progress with Eve towards completing therapy, but had not, when the *during counselling* interview took place, addressed the issue. She indicated that a review of counselling with her client Eve would be useful.

In the case of Dawn there was an obvious clash of perceptions between client and counsellor. Dawn appeared upset that she was to have only ten sessions allocated to her. She had understood that she would be seen weekly. Frank on the other hand said he had made it very clear that she could come weekly or three-weekly and she had opted for the latter. He hoped that he could extend her counselling period beyond the normal ten session allocation, but Dawn was surprised and disappointed when her counselling was concluded. Whether or not this was the reason, she decided not to meet me for the *after counselling* interview, but in speaking to me on the phone conveyed that she was unhappy with what she perceived as an abrupt ending which did not meet with her own expectations and wishes.

Differing perspectives: therapy as exploration of inner feelings versus befriending, issues of self-responsibility and offloading

The main client-counsellor clash in perspective was revealed in the *during counselling* interviews with Mary and Sharon. These related to the differing assumptions about and expectations of counselling held by Mary and by Sharon as to the nature of therapy. These conflicting viewpoints raised issues about therapy as exploration of inner feeling, and self-responsibility, offloading and befriending.

Mary's counsellor, Sharon, described Mary's talk as 'dumping on her' and was angry that Mary refused to remember her name. Sharon said:

> I feel like I'm offering something she is saying no to and we come at different angles...I'm offering you therapeutic work. Do you want what I am offering? She said 'I like sitting here looking out of the window and telling you about my work'. And I said 'but that isn't what I am here for', and then after she'd opened up a bit I said at the end of the session 'I feel like something really important has happened today, we have kind of got underneath a bit about what is going on for you...I wonder if we can come back to that next time'. So she said 'well you had better remember it because I won't'. Then she stood up and said 'oh, I've forgotten your name again'. (Appendix 30)

Mary on the other hand was strongly aware of her own feelings of rejection described earlier: 'but the pain that it's bringing, I don't know if I can deal with it.' Sharon, the counsellor, wanted her to 'explore her feelings' and 'take responsibility for herself'. 'We want different things from each other', Sharon said. 'It is support you are asking for, not therapy'.

But Mary was not sure that she wished to 'explore' her feelings. She did not perceive a difference between 'therapy' where the counsellor explores inner feelings and therapy based on the counsellor listening to the client:

> She says she 'does therapy'. I thought what's that about? I thought therapy was talking. I know there are all different kinds of therapy, but it's talking, I think, I don't know... (Appendix 29)

There was clearly a major difference in perspective which caused Mary distress. She was uncertain whether she understood Sharon's distinction. She expressed a feeling of the counselling pushing her to show emotions:

> I don't normally show my emotions....I felt sort of, I don't know, vulnerable.

She described counselling as helpful for unloading: It felt like 'a weight lifted off me'. Mary viewed 'support' and 'counselling' as the same thing.

This appears as a clear illustration of the way in which counsellors tend to allow theory to lead the way and to make assumptions about client understanding of therapy. How can Mary know what the counsellor means by the word 'therapy'?

Mary's response was to want to do the opposite of what she thought Sharon was asking:

> Sometimes I feel I should just keep them (her feelings) blocked up. I am not letting people in.

At the same time she was trying to 'read' Sharon's expectations of her as client:

> What does she want me to say? I do sometimes wish she'd ask me direct questions, rather than wait for me to say what is going on or whatever. I want to know what she would do in this situation...I sometimes find it hard to start the conversation. I'm thinking 'what does she want to say? What does she want to hear?' Until she gives me a little bit of bait, then I know what she wants to talk about...she said maybe it's support you need, not counselling, and I took from that that she didn't want to see me or help me... rejection. It felt like rejection.

It appeared that Mary had the strong sense that if she did not play by her counsellor's rules, and she was not clear what these rules were, she would be transferred to another counsellor. This is, in my own view as a researcher, a fairly accurate reading as Sharon has said that if Mary had come to 'offload' she should see a 'befriender'. Mary felt she was not being the kind of client her counsellor wanted her to be:

> I was hurt. I thought she can't be bothered listening to me and my problems or whatever.

And:

> I felt she is just shoving me on, I felt I've had that all my life.
> But if she feels she's not doing anything for me then she is going to put me on to somebody else.

The power differential between client and counsellor is at its most evident at this point and requires further discussion in the analysis of the *after counselling* interviews with Mary and with Sharon.

The researcher perspective within the hermeneutic framework

Central to modern hermeneutics is an awareness of the researcher's inability to act as an impartial observer given that the researcher's viewpoint is itself embedded in its own cultural background with its own set of pre-understandings and assumptions. My own assumptions, influenced by my training in the person-centred approach, were clearly in evidence in some of my questions to Mary. At the time I was trying to tune in with what Mary was experiencing but also trying to avoid driving a further wedge between client and counsellor:

> So you are caught up in wanting Sharon to lead, but knowing that only you can lead?

And:

> ...You are totally leading the way...Sharon is very person-centred...She is a very effective counsellor...

In fact it is evident that Mary is *not* leading the way. I clearly stepped outside my researcher remit when I adopted a didactic position, partly stemming from the desire to help Sharon in her task:

> Counselling is, you know, about beginning to understand yourself better it is the beginning of real counselling.

I continued: 'It sounds as if you are beginning to work'. But Mary had not used the word 'work'. I recounted to Sharon the following:

> ...But I felt I'm only here to get perceptions, but then I thought well no, as I am a counsellor I don't see why I can't point out to her or reflect back what she seems to be telling me about engagement. But I can see that you have had to work hard to get to this point....I hope that I am not sort of setting back the process by looking at the process. (Appendix 30)

Sharon's response was:

> ...I think in fact helping it...coming in at a crucial time but also what you are doing is looking at client perception of counselling and it's a crucial time of

> giving what I think counselling is about against what her perception is about and then having a reaction to each other.

Sharon recalled her supervisor saying:

> If she does not know the word 'therapeutic' be explicit, tell her what therapeutic work means...I did feel it fell on deaf ears.

Sharon and Mary were clearly not connecting well. However, I also recalled my own research supervisor noting, on reading the Mary-Sharon interview transcripts, that, in his view, both counsellor and researcher appeared to be 'ganging up' against the client, and as my attempts to support the counsellor implied, there was some truth in this. As the study continued and as I learned to be more self-critical in terms of my own theoretical assumptions I began to realise more clearly the nature of my own 'clearing' and to understand better how even so-called non-directive and client-centred approaches can contain elements of implicit coercion.

It should be acknowledged that Sharon herself recognised an element of coercion in her relationship with Mary:

> ...it is hard work... it feels quite ruthless, but in a way I have to do that. I felt like almost I'm bullying: this responsibility thing. I'm not going to take responsibility for her.

Sharon felt that working with Mary was difficult and challenging. In terms of her own value system and theoretical orientation she was being congruent and genuine. She was firm in her view that she would not take responsibility for her client in the sense of allowing her client to 'misuse' therapy. Levinas (1985) would see an ethical point here and on the issue of responsibility would argue differently. Loewenthal & Snell (2003: 152) explain that 'Levinasian ethics is not, therefore, about my right to exist, it is not even just about the other's right to exist: it is about my responsibility for the other's responsibility to others.'

Discussion

This chapter has moved forward from consideration of the client's expectations of and perspective on counselling to a focus on the client in relation to the counsellor, or in professional terms to a focus on the 'therapeutic alliance', the 'helping relationship and those factors within it which implicitly or explicitly maximise its therapeutic effectiveness'

(Feltham & Dryden, 2004:235). Thus the term 'therapeutic' implies 'cure' or 'change'. However, differences in theoretical approach still reflect different therapist attitudes to change:

> Psychoanalysis may have tended to downplay the significance of the reparative relationship, through a defensive and envious attitude towards humanistic therapy, with its more positive estimation of the power of therapy and counselling to effect real change, which runs counter to the generally more pessimistic...Freudian view that beneath the veneer of civilisation we remain savage and cruel, and almost impossible to change radically (Jacobs, 2004:147).

Smail argues that the success of therapy is 'built upon a number of expectations, assumptions and beliefs which are subscribed to tacitly in our culture...which continue to support a belief in the *curative* power of psychotherapy in the absence of any objective evidence for it' (1987:33).

Accepting that a hermeneutic study of a subjective activity cannot provide objective evidence to support any curative powers it may have, it can, nevertheless, examine the ways in which both client and counsellor perceive change occurring. This study is concerned to examine these assumptions, expectations and beliefs, primarily from the client's point of view, in order to consider how clients perceive the experience and how they reflect on it. Being able to talk to and be listened to appear to be an important prerequisite for change. Where the client expresses feeling unaccepted by the counsellor a good relationship is harder to establish. Confirming those research findings that point to the value of the quality of the relationship as the key factor to effective counselling the client research participants in this study focus on the importance of a positive relationship with the counsellor. How the relationship is perceived varies from client to client depending on how each describes counsellor approach or method. Certain categories of response to approach are detected. These are a) an appreciation of ordinary counsellor friendliness, b) acceptance of a certain level of professional skill, and c) wariness of counsellor technique and a consciousness of asymmetry of power.

Whichever of the above responses the client participant adopted all revealed some level of dissonance in perspective between themselves and counsellor in terms of expected duration of counselling. Some feared delving deeper, or exploring inner feelings and most were unclear as to the purpose of counselling as illustrated by implied assumptions of the

counsellor concerning the therapeutic process, e.g. the use of terms such as 'therapeutic', 'befriending', 'supporting', 'offloading'. Again, the power differential between client and counsellor crept into view again.

The next chapter examines, by means of focussing on both the client and the counsellor perspective *after counselling*, how such issues are perceived retrospectively. The chapter considers how far, if at all, these issues have been resolved, and whether or not there are new issues emerging as a consequence of the three-stage interview process of this research.

CHAPTER 7 - Shifting horizons: Reflections of client, counsellor, researcher and others after counselling

> *I'm not terribly mystical, but there's a mysterious element in there. I think it's founded in the relationship with the therapist...but I don't know why it works. I think all those elements are there, the relationship...the understanding yourself, bringing out what happened in the past. But what catalyses all those elements into healing someone, I don't know. (Jeffrey, quoted in Dinnage, 1988:125)*

> *Psychotherapy may, as a legitimate function of demystification, uncover the extent to which a person's unhappiness is the result of circumstances and events beyond his or her immediate control, but it cannot thereby remove them. (Smail, 1987:42)*

The template overleaf presents the themes emerging at the reflective, *after counselling* stage and is a synthesis of all emerging themes. Initial expectations of counselling were compared with experience of counselling and focused on the theme of perspective change as perceived by both client and counsellor. These were sometimes different, sometimes similar. In addition to issues of identity, relationship, personal growth and change, there were concerns about access to counselling and to the cost of counselling, the nature of endings and the implications for providers of counselling.

Table 7.1. Interviews with clients and counsellors after counselling has ended: changing perspectives

Client			Counsellor		
Questions/ probes	**Themes**	**Perspective orientation**	**Questions/ probes**	**Themes**	**Perspective Orientation**
Relating to initial perceptions Value of counselling to self/ others	Need for advice/ befriender/ help with illness Need to break down mystique Increased understanding of self	Inner/outer	Relating to changed client perspectives	Limitations/ strengths Clarity about counselling Students have special requirements?	Inner/outer
General perceptions	Therapeutic relationship			Improving pathways Psychological Insight	Outer
Implications for practice	Access to counselling Cost Demystification of practice Endings Referral & assessment: Higher education Medical school Primary care Voluntary sector	Inner/outer		The counselling profession: Theory and practice Training practitioners: Referral & assessment Access Cost Endings Implications for: Higher education Medical school Primary care Voluntary sector	Outer

Client research participants: April 2005

Of the eight client research participants in the study, Sonia withdrew after the *before counselling* interview.

Seven completed the *during counselling* interview. One of the seven (Eve) is still in counselling. The other six reflected on their period of counselling either on the telephone (Dawn and James), by means of a postal questionnaire (Ron) or in an *after counselling* interview (Jenny, Vaishnavi, Mary).

Dawn completed her counselling but owing to severe back pain and mobility difficulties did not feel able to meet for an *after counselling* interview. In a telephone conversation after counselling had ended she expressed some disappointment at having used her allotted ten sessions of counselling, which she felt had not been enough.

James terminated his counselling, withdrew from his university course and returned to his home town. On the telephone he said he was happy with his decision to withdraw from his university course. He was enjoying his new life and was open to the idea of counselling in the future, but in the meantime did not feel the need to continue with it. He had indicated to his counsellor that his need to talk and to be listened to had been met by his new friend who he had met at university.

I therefore focus in turn on the four client and counsellor participants who completed their *after counselling* interview. I examine first the interviews held with Vaishnavi and with John, her counsellor. I then examine the interviews with Jenny and with Louise, her counsellor. These participants viewed the completed counselling as satisfactory. After these two sets of interviews I consider Ron's written reflections on counselling (he had terminated counselling following a house move to another area) and the response of his G.P. who had referred him to counselling initially. Finally I focus on Mary's *after counselling* interview and that of her counsellor, Sharon. As we have seen in the previous chapter the Mary-Sharon interviews raised a number of key issues about counselling in terms of its purpose, the potential for misunderstandings between client and counsellor, and issues of access, endings and cost.

Client perspective change:

1. Vaishnavi (Within medical school counselling services)

Vaishnavi valued her participation in the research and in particular the *after counselling* interview which gave her 'the opportunity to reflect' and to analyse its effect. Reflecting perhaps the influence of her medical training and recording accuracy, she several times expressed regret that she had not kept a diary of her sessions with John: 'Because I didn't do that it was harder to know how I was changing'. She was clear that there should be more information about counselling and what it involves and a distinction made between the medical and, by implication, the 'talking things through' approach. She valued first and foremost the good relationship with her counsellor, being accepted by him and learning to accept herself. She recognised that John had given her reassurance and guidance in helping her to assess her former relationship and that 'it is not his job' to offer her solutions. Overcoming her fear of dependency which she associated with once-a-week sessions, she appeared happy to see John 'every two or three weeks'.

She described being in counselling as akin to the frustrations of life:

> My only frustration with counselling, like a lot of things in life, is when you have a problem or something is bugging you, at times you can't do anything about it, and then it actually comes to your session you're fine...it was only when I dug a bit deeper and, you know, I wasn't fine. I found this frustrating. (Appendix 33)

Again, likening counselling to life, she said:

> I think sometimes if things go wrong in your life, not wrong, but something happens, you put the blame on those things but it forces you to reshape, to look at who you are and to reshape your life, and sometimes you don't really want to do that and I think that is what I had to do.

She expressed the view that she was 'lucky' that she had had John as a counsellor.

> He personally worked for me, and I am sure he has worked for other people, but I am sure he has helped me, how I can't say, but it also depends on the client, I guess.

Again, voicing her tendency towards the concern to retain her independence, she said the client 'should try not to get too dependent and I think that's probably also the counsellor's responsibility'. Although she said she was not able to say how counselling had helped she was aware that counselling had given her control, and that she no longer needed to talk to so many people, or to divide or, in psychoanalytic theory, 'split' herself, rather as Jenny

had done, amongst a wide range of friends. She expressed an awareness of her own loss of relationship with her boyfriend and with her girlfriends and understood this awareness as important to healing:

> Yeah. It is very reassuring, though, that I am valuing myself at my sessions. It gives me more control knowing that I don't feel I have to tell everyone, though I do have that tendency.

In her reflections it appeared that Vaishnavi had moved from a position of apprehension about seeking counselling, something that might make her dependent, to a position that allowed her to gain a new perspective on her preoccupations and a sense of counselling having helped her. Using the psychological language of therapy she implied this may be as a result of examination of inner emotions, of 'digging a bit deeper', of 'valuing' herself again after the loss of her relationship with her boyfriend, and gaining greater control. There was a sense that she had not been used to reflecting on self and that such attention to inner matters had not been part of her family and cultural ethos, or indeed that of the medical school.

Diverse cultural perspectives

She was clearly concerned about others, particularly Asian women who she considered may have fewer advantages than herself. She expressed the view often voiced by clients in counselling, and also by Jenny, that her own needs were trivial when compared to those of many other people. In taking part in this piece of research and in discussing a pseudonym she said:

> I did want people to know that Asian people come. I do want to have an Asian name.

She voiced her concern that many Asian women in the community have 'serious issues', that counselling can be very helpful and that counselling services could move further in recognising and providing for cultural difference. Although she perceived herself as not wholly westernised she said that though she did not need an Asian counsellor herself she was 'sure that there are a lot of people that do'. Bearing in mind the hermeneutic stance on the nature of our own horizons, the way in which they are culturally embedded, and the impossibility of entering fully, or perhaps only fleetingly, into another's perspective, Vaishnavi indicated the complexity of being neither fully westernised nor fully Asian:

> I am not a coconut (white on the inside and brown on the outside).
> I have never completely fitted in with the Asian thing, but nor with the white thing either. I've always sort of been an "inbetweenie". I never used to go out with white guys or girls. I'm not a coconut like them – they don't know anything about their culture. My friend has been out with a white person who is a coconut. It didn't work out because of cultural differences.

As a Tamil and a Hindu she expressed herself as open to other religions, and in doing so brought home the point that cultural and religious differences are complex and require careful listening and understanding and that usually for the counsellor there will be few or no shared traditions or pre-understandings which will unite perspective. In discussing her Hinduism she conveyed just a little of the subtleties of the perspectives and traditions influencing her family, her friends and herself.

> I do think we are very open minded, because if you think about it we don't actually believe there are loads of different gods, we just believe there are different ways of worshipping god. They are the same gods. God doesn't have a certain face. Considering that our religion is based on worshipping different forms of god, I think it makes it easier for us to embrace other religions. Apart from Islam, because I think I have to convert if I married an Islamic, so my parents wouldn't like me to go out with a Muslim, and Catholics, they'd prefer not...because there are a lot of Tamil Catholics...

Gendered viewpoints within the medical school culture

Vaishnavi referred several times to the culture of the medical school and particularly those male attitudes she perceived as having scant regard for human emotions. She referred to the way in which many male students regard medicine as concerned only with scientifically based, physical cure, as exemplified by trainee surgeons who 'cut, and then the patient is cured'. She perceived the raising of educational awareness within the medical school as important, especially in terms of male attitudes. She expressed some regret that her medical school boyfriend who had disapproved of counselling as a sign of 'being neurotic' had managed to get over their relationship without counselling, that he had 'managed on his own'.

Throughout her interviews Vaishnavi indicated some ambivalence about seeking counselling. She wished to understand it, but not to be overcome by it. She regretted that she has not asked her counsellor at the outset what counselling is supposed to do, but she felt that as a medical student she was supposed to know. Her concern to maintain her

autonomy and independence was a recurring theme running throughout her interviews and was expressed in her final message:

> I think it is up to the client as well to take some kind of ...to let your barriers down but not be completely submissive to a counsellor, know your own heart and be autonomous in a way.

She experienced the past year and by implication her time in counselling as 'quite humbling for me in a way'. She gained a new perspective on herself and on her way of relating to others and gave a strong sense of knowing where she stood and the changed nature of her 'clearing'.

Counsellor perspective change

2. John: Psychodynamic orientation

John read Vaishnavi's transcripts and was pleased by her progress and very open to the implied suggestions for change. He commented on her perspective on counselling and the way in which it had changed:

> First of all, that although she came as most people do wanting to be told what to do actually she was pleased and benefited much more from finding the answers in herself. She's got a very realistic idea of what counselling is, by the end of it. (Appendix 34)

In terms of matching he said:

> I'm pleased that she felt we fitted together. I did like her and I would obviously have been sad if my perception of what was going on between us had been different from hers, which it wasn't.

Matching of client-therapist is a difficult area. There are 'mixed views' (Feltham, 2000c:233) as to whether Black or Asian people prefer to be seen by a counsellor from their own culture. Vaishnavi said a match is not important to her but might be to other Asian women. (See Netto et al. 2001.) Client-therapist age difference is another area requiring more research. A significant observation about class matching (Pilgrim,2000:48) supports my own experience that 'the closer that therapists and clients are in their class position, the greater the probability of mutual agreement and understanding'.

There is of course the issue here of the therapist liking or not liking the client, which in psychodynamic terms has transference and counter-transference implications, and in

person-centred terms can, as in Sharon's and Mary's case, challenge the counsellor in respect of the core conditions. Eve, Vaishnavi and Ron all commented on a close rapport with their counsellor endorsing the view that the personality of the counsellor is more important than method in achieving an effective outcome (Holmes & Lindley, 1989:37) and is more important than the therapist's training or background; 'Accurate empathy, non-possessive warmth, and honesty are essential attributes'.

In terms of other cultural perspectives John said:

> I am interested in what she says about ethnic minorities, and we certainly felt that...wondering very much how much of a problem it is, and if we are seeing the right people and we have just recruited a counsellor from Malaysia, so we have addressed that. But we still have to keep thinking about it in our publicity and how we reach that part of the student community.

He showed an understanding of how Vaishnavi falls between two cultures and felt she 'doesn't know where she fits'. He was struck by the fact that she wanted 'more education at the beginning about what counselling was and wasn't', and said that he would need to think about this:

> The assumption is that because we have been doing it so often we assume people know what is supposed to happen but they don't.

And:

> Maybe not just a spiel at the beginning, but you need to be aware that there are difficulties, that they may need more education than you think. And maybe they couldn't hear the spiel at the beginning because they don't know what is going to come.

The point about clients not 'being able to hear' was one raised by Jenny's counsellor. John also considered that talking to tutors face-to-face was a more effective way of raising awareness of the value of counselling than delivering leaflets.

> Talk about what counselling isn't as well as what it is....Our assumption is that tutors in the medical school do know, but maybe they don't.

He said he saw a lot of the 'cut and fix it' approach in the medical school and was aware that male medical students in particular see 'counselling as a sign of weakness...they should be helping others to help themselves'. He indicated that the counselling service sees a wide range of clients, some with developmental, maturation issues and others with severe problems requiring much more long-term treatment. He believed it important that clients can 'dip in and out of counselling', an 'intermittent pattern of attendance' (Feltham,

2000c:232) as Vaishnavi appeared to prefer. Within student counselling services, and perhaps GP practices 'sporadic therapy may be more realistic and economic' (2000e:581).

Client perspective change:

3. Jenny (Within Higher Education student counselling services)

Jenny experienced counselling as accelerated progress although she recognised like Vaishnavi that it might have happened anyway. She experienced everything 'as a lot easier'. She had found counselling a useful place to explore, and consider various possibilities. The counsellor helped her 'feel my way forward'. She experienced holistic self-evaluation converted to manageable stages:

> When I first met Louise I felt an extreme failure. It's not all new: some things I kind of understand anyway.
>
> I know more who I am...now thinking about what I want to do with my life. Counselling helped me get rid of all sorts of baggage. Society needs to recognise that it is a good thing. (Appendix 31)

This view that 'it works for me, so everyone must have it' was prevalent amongst the client research participants and indicative of an almost evangelistic view of counselling as a kind of cure for pain and unhappiness. As social commentators (Smail, 1987; Totton, 1987) have indicated this is an unrealistic view since counselling, like all treatments must be funded at some level.

Jenny expressed a gendered view of men, as have other client research participants, e.g. Mary, Vaishnavi, describing males according to the cultural stereotype (Furedi, 2004) in which men are perceived as less able to express emotions and are more wary of counselling. It is significant that James, in defiance of his family's cultural perspective on emotional expression, sought counselling specifically to find a place where he could express his emotions.

Jenny's doubts about counselling continued to be expressed in terms of concern about the language or discourse of counselling. 'What does person-centred counselling mean?' She is aware of a sense of mystery, of 'not supposing to know'.

Counsellor perspective change

4. Louise, Person-centred counsellor

Louise presented a different, opposing perspective on this issue, revealing her theoretical approach and bringing a trained structure of meaning to the sessions:

> I would be not explaining what the person centred approach is but involving her in decisions. The process reveals the meaning/transparency. It can be off-putting for the client to have the approach explained. It might make them feel more unsafe. (Appendix 32)

Such phrases as 'feeling more unsafe', 'learning how to grow', 'needing to invest in herself', 'build a nest she had never really had' are part of the therapeutic language (Rose, 2003) reflecting the current psychologically orientated culture. Furedi (2004:21) argues that the 'therapeutic culture has helped construct a diminished sense of self that characteristically suffers from an emotional deficit and possesses a permanent consciousness of vulnerability (2004:21).

The terms used by Louise appeared to be her own rather than the client's metaphors, yet in person-centred terms they are mirroring what the counsellor experiences as the feelings of the client. Counsellors may be empathically anticipating, in the use of metaphor (West, 2004a), client words that chime with their own. Given the problematic nature of empathy as discussed hermeneutically it is likely that client-counsellor similarity of cultural background will be important here. It is nevertheless very evident that Jenny feels real progress has been made in her counselling sessions with Louise.

One of the key tenets of most (but not all) counselling approaches is that of the client's self-responsibility, witness Sharon's stance in relation to Mary. Louise describes how Jenny had had to manage an interruption in counselling due to counsellor illness and also as a result of the Easter holiday break.

> She (Jenny) found it difficult; a shame really, nobody's fault. On the other hand it helped her take responsibility for herself. Gaps had been difficult... but of value.

It is part of the humanistic-existentialist ethos, and part of the individualist stance that we are autonomous, possess the freedom to make choices, and shape our identity as we wish. Behaviourists believe that we have less control or autonomy over our actions. The hermeneutic position asks for a socio-culturally located perspective that values social action over individualism. Levinas (1985), for example, would place emphasis on the counsellor's responsibility for the client's responsibility to others rather than to self.

Client perspective change

5. Ron (within G.P. counselling service)

Ron made contact after he had left counselling and moved from the area. He was unable to meet but would put in writing his reflections on his counselling sessions. His *during counselling* interview as well as the interview with his counsellor revealed the formation of a strong, trusting relationship with his counsellor. In his own view and that of his counsellor he was making progress as indicated by an improved sense of well-being and capacity for self-reflection and self-direction. He had agreed to a post-counselling interview when he unexpectedly decided, for economic reasons, to move from the area. He completed an *after counselling* questionnaire (Appendix 35) in which he expressed ambivalent and negative feelings about counselling and a strong sense of irresolution.

6. GP's/referral agent's perspective

His GP's view, as well as that of his counsellor, was that despite difficult personal circumstances Ron had been confident enough in himself to 'move away from a support

network of relationships that was working well for him...he could have collapsed...but he's got on with it, he's moved on.' (Appendix 36)

It was difficult to judge from the *after counselling* questionnaire whether Ron was generally disaffected by counselling (although he said that he might seek counselling again) or whether his current external circumstances became too difficult to allow the continuation of counselling. His GP advised that he should request counselling from his new GP.

The right to counselling and psychotherapy

Holmes (1999:284) argues that individual rights have to be seen in a social and historical context. The rights of individuals have to be weighed against the needs of the community as a whole. Rights are closely related to equity. Thus the principle of the NHS is that all citizens should have equal access to the best possible health care irrespective of income. Choice between life-saving and improvement of wellbeing gives precedence to life-saving treatment. The difficulty remains as to how the term 'life-saving' is understood. Ron and others have perceived counselling as lifesaving.

Client and counsellor perspective change

7. Mary and 8. Sharon (within voluntary sector community counselling service)

As indicated, I chose to end this chapter by focussing on the transcripts of my interviews with Mary and her counsellor, Sharon. Overall, Mary and Sharon judged the counselling experience as helpful. However, there were a number of key issues highlighted by the differences in client/counsellor perspective. These related to dissonant assumptions about the purpose of counselling, availability and cost of counselling and by implication, relationship and referral issues.

In her reflections on the usefulness of counselling Mary did not fully acknowledge that change has occurred and yet she implied it.

> Obviously when you are going through counselling you come out and think (said in an ironic tone) 'cor, I achieved a lot there, didn't I! And it's not until later on and you think about the session, and you think, yes, she was right about that but you...don't think things at the actual time.'

I discussed Mary's reluctance to 'delve deeper' into her emotions, and the cultural beliefs and assumptions that influence this reluctance. Mearns & Thorne (1988) suggest that clients who have experienced much rejection in their lives and who therefore find it difficult to trust are not able to explore emotions until that trust is established. Distrust was evident in Mary's statement: 'I just felt Sharon's trying to hurt me...'

It is evident that trust was eventually established, at least in part:

> I do miss Sharon. It's three weeks ago since I last saw Sharon, but I do miss talking to her.

> I could see it was helping me, but at that particular time (referring to the early stages of counselling) I couldn't.

> It did help me, yes. I would have liked to continue with it

Even though the issue of 'friendship' appears not to have been resolved in terms of Sharon's perspective, Mary was clear that they had reached a 'friendship':

> I felt near the end we'd sort of got...well, I would think it was a friendship and I looked forward to coming to see her.

Sharon as a trained counsellor will have perceived befriending as differing from counselling in that it 'usually need have no explicit therapeutic aim, and has a social focus' (Feltham & Dryden, 2004:22). Sharon assumed that Mary understood the differences between friendship, befriending and supportive counselling, and indeed tried to clarify them, but clear communication between them was not occurring.

Mary referred back to the period of counselling when I had met her for the *during counselling* interview. She was clear in her recognition of a major clash of perspective:

- At that time I didn't think Sharon was giving me any feedback.
- I'd think 'what does she want me to say?'
- She was trying to get me to break the circle that my life was going round in... I can't do that.

- I couldn't see it from her point of view, and I don't think she could see it from mine, so it was stalemate.

- It was like I was testing Sharon.

- There was a time when I felt actually Sharon didn't like me.

Sharon, from her point of view, felt that her challenging of Mary had indeed been testing:

> For me it was a test of being patient and finding creative ways of being with her. She was hard work, and often I think she wanted a befriender and not a counsellor. I guess my trouble comes from my not offering what they are wanting. I have to think 'can I manage to give this when it is not really what I am offering?' (Appendix 38)

There was a clear conflict between Mary's view of counselling and what it might offer her and Sharon's view:

> There are befriending services, places that offer befriending, so it could be somewhere to refer people who didn't want therapy.

Sharon was clearly attempting to be an effective person-centred counsellor and yet aware that she was not fully exercising the core condition of acceptance, or 'total positive regard'. She illustrated a capacity for honest self-criticism in her reflection on her own counselling stance:

> I have to ask myself honestly am I big enough to do this....am I big enough to just be there and witness...then it could have a massive effect, couldn't it? If I am not big enough just to witness, wanting something back, some sort of progress, there is some conditional stuff in there, but at least it is honest. It might be something to aspire to, to be completely, unconditionally, with someone. But I am not there yet.

Researcher intervention

My interviews with Mary on her perceptions of counselling provided an important example of the way in which a third party can gain direct access to the client perspective and, by doing so, provide support. Elliott, Fischer and Rennie (1999) in their synthesis of a wide range of criteria into 'Evolving guidelines for publishability of qualitative research studies' have addressed such issues as owning one's perspective, of situating the sample, and of triangulated credibility checks. Bloor (1997) has raised questions about the difficulties and contradictions that lie within many of these guidelines. I have found that my own interventions were by no means unproblematic. Given the similarity between the research

interview and the counselling exchange it was natural that Mary tended to compare the counsellor's way of relating with my own as researcher. I was aware that such comparison could be invidious:

> I would have wanted her to be a bit more responsive to me...like you know, how me and you are talking now. You can say something and then I can say something about what I think. I wish it had been like that with Sharon sometimes, say what I think, but I didn't and I think that's why the conversation came to stalemate. I was sitting there waiting for Sharon to say something and she was looking a bit 'wincy'. (Appendix 37)

Mary was very clear about the way negative social attitudes to portrayals of unhappiness can work, as exemplified by her peers and the media:

> ...even on telly if you see someone trying to kill themselves or take an overdose, depending what company you are in, well personally when I see it I can relate to that person and then understand what they are going through.

She could identify with the unhappy person, but was also aware of how the 'normal' person's perspective gains precedence:

> The normal person, if they are watching it say look at that bloody idiot, and I'm sitting thinking it's not like that. Nine times out of ten if they've never had mental health problems at all before and you say something, they look at you as if they think you are a waste of space...

Equally, within the medical framework or set of assumptions, the doctor will not understand her frame of mind:

> she's come for tablets, as long as she is on them she's happy...

In fact, Mary conveyed a clear understanding of different normative frameworks and the different ways in which people perceive the world:

> You know, it's sad really the different way we look at things. (Then she laughs and uses her reflective tone of voice.) It did me good to go to Sharon...yes, I did tell her a few things.

But Mary was also aware that challenging the norms of society can cause major difficulties if we do not have the economic and social power to change our social circumstances (Smail, 2004).

Seeking tranquillity

Mary was clear that she no longer subscribed to the belief system of any formal religion, a trend in modern society discussed by Furedi (2004) in which retreats are not considered 'normal'. Equally, she expressed a need, as had Ron, to find quietness in the counselling situation, a time for contemplation, rather than talk:

> And sometimes I just loved coming for the peace and quiet because I wasn't getting any quiet in my life, coming here, that little room for that hour, there's no traffic, there's no screaming kids. I just wanted to be quiet...I did enjoy coming, up here, it was beautiful, I don't get that at home.

Later in the interview she used the same quiet, reflective tone, when talking about counselling and how it should be more widely available. In a quiet voice, she said:

> It's a valuable part of life having that...counselling.

Mary still had fears, but overall it appears to be the talking in counselling that has helped her:

> It has helped a lot...because you can't talk to anyone when you are a child. You grow up bottling it inside.

Bottling it up was in her view, subscribing to the norms of her own social group:

> I didn't cry. I felt so weak...I thought I was weak. I thought others would think I was as well...to me it's a sign of weakness.

She was learning to question such norms. However, she appeared quite unprepared for the fact that her counselling was to come to an end:

Endings

Most counsellors within the traditional therapy schools consider endings an important part of the process of effective counselling, e.g., Mearns & Thorne (1988) Jacobs (1999). Some, e.g. House (2003) believe that endings can be 'fetishised' by counsellors for power and financial reasons. For Mary realisation of an imminent ending to counselling increased her feeling that there was a mystique to therapy and that an ending was being imposed on her without due consultation:

> I was shocked. When she first told me I thought (said almost in a whisper, shocked tone) 'you can't do that...You can't do this to me', I thought. 'You can't do this and I felt sort of frightened. Who am I going to talk to? How many weeks have I got left? How am I going to cope?'...I don't know how long I expected it to go on for, and I just didn't think it was going to end.
> I couldn't then start a session with someone else...We got so far and than it was 'chop'.

As I have indicated, there is criticism in some quarters of the over-emphasis in the counselling profession on the importance of endings and the tendency to defer endings for counsellor dependency reasons rather than the needs of the client. There is also the issue of abrupt endings or insufficient discussion of the time limitations of counselling. In at least half of the client participants' viewpoints, there was a sense of unfinished business, of matters raised but only half-addressed, or an unsatisfactory conclusion to counselling. The exceptions were those who had undertaken counselling within student counselling services.

In Mary's case the counsellor perceived the counselling ending quite differently:

> She came to the session. She didn't not come. What is the perfect ending? Maybe for her the best ending was to be in control of the ending...I thought it was a good thing that she had taken control...rather than be at the mercy of other people. She gave me a hug at the end which totally surprised me.

And:

> Well we did get to work well, and I felt that we connected best when I was challenging her and sometimes she would say that she wanted advice and then when I suggested something like getting information on cookery courses; she made it clear she didn't want advice. I felt she was really testing me.

Money matters

In Mary's case there were also misperceptions relating to money matters as well as to the counselling ending. Mary was of the view that she was 'at the bottom of the heap', that she had remained on the waiting list so long because she could not afford to pay the 'fast track' fee. (This was a system adopted by the centre to allow high fee paying clients immediate access to a counsellor.) Mary's situation exemplified Smail's concern that without power or financial resources, many people in society have unequal access to services. Indeed, all other client participants had made clear the fact if they had had to pay for counselling they would not have been able to take it up.

Other readers' perspectives

Two external readers of Mary's transcripts, both psychodynamic counsellors, interpreted Sharon's approach somewhat differently (cf. Elliott, Fischer and Rennie, 1999). One felt that Mary had needed more time to 'talk about her day' and to build trust in the counsellor (Mearns & Thorne, 1988) and a more careful exchange about the nature of going deeper. Mary, who had suffered so much rejection in the past, interpreted her counsellor's challenge as rejection and was not ready to hear and understand terms such as 'therapeutic work'. Indeed there were counter-transference issues that needed consideration, for example, Mary's feeling that Sharon did not like her as a person and Sharon's feeling that Mary was 'hard work'.

The second psychodynamic counsellor admired Sharon's bold challenging and refusal to allow the client to abdicate responsibility for herself. Both felt that the researcher interventions were responsive and helpful to the client as well as to the counsellor and there was some acknowledgement of this from both the client (indirectly) and the counsellor. Both counsellors felt that there were issues concerning initial assessment, waiting times, cost of sessions and ending of counselling, that needed further consideration.

The third reader expressed the view that the researcher and counsellor were colluding, 'ganging up on' or bullying the client, implying elements of counsellor and researcher coercion and misuse of authority that is implicit in these roles and 'shapes the power differential' (Foucault, 1980). This perception reveals an important point about power and control which I have discussed (p. 188). However, it is also important to point out that a transcript fails sufficiently to reflect the subtleties or tone of voice of the researcher (respectful and caring) and of the research participant (trying to explain her own point of view). The positive outcome of this interview gives weight to this point. The researcher's observation of the ethics of researcher intervention in Mary's *during counselling* interview are discussed below.

Researcher perspective and the ethics of researcher intervention in Mary's *during counselling* interview

Philosophical hermeneutics regards the perspective of the researcher as a central dynamic within the research project, a factor that came into sharp focus in the Mary-Sharon interviews. Sharon viewed the researcher intervention as acting as a catalyst for going deeper and 'that was the perfect time in a way'. My own initial conclusion was that researcher intervention was able to throw light on client and counsellor perceptions and that there were benefits for all parties by helping to clarify the muddled issues surrounding the purpose of counselling for the client and the counsellor. However, as I understood better the full implications of applying a hermeneutic approach in the analysis of text, I became increasingly aware of the way in which my own underlying assumptions about counselling and its purpose had influenced my questioning. On re-reading the transcripts I discovered that I made numerous didactic statements encapsulating a range of assumptions, such as 'Learning to take responsibility, isn't that what counselling is?' and 'Sharon is an excellent counsellor'.

I have referred to the dangers of confusing the research and counselling role, discussed by Jinks (1999) who acted as both counsellor and then researcher to his research participants. I am of the view that such a dual role is problematic and could cause confusion for the client as to which mode was being adopted by the counsellor/researcher. In terms of the ethics governing both counselling and research I was in no doubt about the key principles of beneficence, non-malfeasance, informed consent and confidentiality (Sheffield University Research Ethics Policies and Procedures (2002) and the BACP (2002) Ethical Framework for Good Practice in Counselling and Psychotherapy) and my obligation to safeguard and protect the research participant from harm, and to protect the participant against unfair use of power and control. In the Mary-Sharon interviews I was clear in my own mind about the difference between the researcher and the counsellor role. Although in all cases I made it quite clear at the outset that I was a practising counsellor I established that my role as a researcher was to explore the client's perceptions of counselling. The aim of the counselling role is also to relate to the client perspective but in the case of counselling there is, as I see it, an additional promoting, therapeutic element to help the client move toward greater well-being. In the *during counselling* interview with Mary I had moved from establishing Mary's views on counselling to how she felt her perspective

had changed as a result of the experience of counselling. I was very conscious at the time of the power of 'fusion of perspectives', of co-constructing with Mary an understanding of Mary's distress. I also felt that in trying not to drive a further wedge between Mary and Sharon it was important to be supportive of Sharon as counsellor. What I was absolutely clear about was that I needed to respond directly to Mary's distress. The Codes of Ethics referred to above confirm that at all times 'concern for the interests of the subject must always prevail over the interests of science and society' (SHU, 2002); in other words, the research participant's needs must take priority. I interpreted the situation as my needing to address Mary's obvious anxiety about exploring pain. In deciding (with Mary, and thus having her informed consent) to continue with the interview I could have been open to the charge of going beyond my researcher brief. I took a risk here - something that House (2003) and others fear that 'the regime of truth' will overrule - I was attempting to act as intermediary and all the indications were that as a result a positive change was achieved in the therapeutic relationship. Sharon reported afterwards that there had been a 'breakthrough' for both Mary and for herself in which client and counsellor were able to engage with each other, sometimes in conflict and sometimes in concert, and a relationship based on a sense of the beginning of mutual trust was built up. The ethical issue here was whether to treat the interview with Mary as outside the remit of the research or to include it as part of the research. On discussing this with Mary after turning off the tape recorder she felt that the interview should be included and was happy for me to transcribe the tape for use in the research. I consider the effect of my intervention with Mary, followed by my interview with Sharon who spoke from her perspective, to be a genuine discovery and a contribution to the building of trust between Mary and myself as researcher and between Mary and Sharon as client and counsellor. It also indicated the value of third party intervention in giving the client the opportunity to discuss her perception of what was happening in the session and how this differed from that of the counsellor.

Discussion

All of the client research participants, whether they continued with their counselling to a 'completion' stage, or withdrew from counselling and from the research project, reported a change in their perspective on life. It would be difficult to say, in the light of earlier discussions about the possibility of a full appreciation of another's perspective, whether or

not they felt differently about themselves. It would appear that they were all able to take action in the world that moved them on in some sense. James was able to leave his course and start a new friendship. Jenny was able to sort her financial difficulties relating to her broken relationship and recognise more clearly the circumstances and work settings that suited her best. Vaishnavi, as in Jenny's case, learned acceptance of her own feelings and circumstances. Mary felt that counselling had been an important and necessary part of her life, and that she had moved from a position of distrusting her counsellor to one in which she established a rapport with her counsellor and an ability to reflect on her own learning.

All of the counsellor research participants in the study commented on their perception and awareness of such changes having taken place, although it remains a tendency of therapists to see any improvement as related to their own theories. Smail's view is that:

> (people) do not change by contemplating their histories or shuffling the contents of their heads or sitting for specified periods of time in earnest discussion with therapists or learning to see things in a new light. Nor do people change by having flashes of insight, turning over new leaves or making resolutions. All of these activities may *contribute* to a process of change, but they do not in themselves *constitute* significant change (1987:38).

Duncan et al. are equally sceptical about the therapist's power to bring about change in the client:

> We challenge the myth of the silver-bullet approach and demonstrate that change in therapy does not come about from the special powers of any particular treatment. Rather, change principally results from the client's pre-existing abilities and participation – the client is the star of the therapeutic drama (2004:22).

Indeed, there were many unresolved issues, not only in Mary's case, but also in those of Dawn and Ron, particularly around dissonant client-counsellor perspectives on purpose, duration and endings. In these areas a sense of mystique prevailed and, by implication, the power differential persisted, disguised but still present. Such difficulties give some useful indicators as to ways in which such problem areas may be better addressed in the future.

The application of medication within the medical model

It is evident that psychiatrists, G.P.s and counsellors try to work together in helping to relieve patient/client distress. But inevitably, given their different traditions and

perspectives, there is often no close cooperation.

The four client participants on anti-depressants expressed a desire to continue their medication alongside their counselling. Their counsellors implied that a balance should be sought and maintained via the support of the G.P. House (2004) points to the harmful effects of medication and recent research providing evidence of severe negative, even fatal, effects. Solomon (2000) on the other hand, based on his own experience, strongly advocates a balance between medication and therapy.

Client research participants receiving medication as well as therapy expressed a general sense of frustration with the mental health services and a lack of consultation between the various parties. Ron, Dawn, Mary, and Eve all expressed directly or implied limited contact with the psychiatric services. They experienced a sense of powerlessness in the absence of clear information or feedback about their medical treatment. Thomas (1997:241) makes a plea for psychiatrists to 'recognise their own perspective and the way this affects and colours their relationships with their patients. Only then can the conflict between professional and personal languages be made explicit.' He argues that if we are not explicit about the nature of the languages we use 'we shall remain divided by impenetrable barriers...nowhere is this more true than in psychiatry and the disputed nature of mental illness'.

Access and assessment

Assessment and access issues are closely linked. Citing work by Bromley (1994) Pilgrim shows that 'professionals have lower expectations of lower-class clients in terms of their general suitability to form a therapeutic alliance and in terms of client capacity to utilize talk in a consistent way in a process of change' (2000:48). There are middle class assumptions underlying the intake criteria used by the St. Barnabas counselling centre and also in the fee structure. In respect of the primary care sector, Dawn's counsellor, Frank, had indicated in interview that some colleagues in private practice would not entertain working in general practice where clients are 'rough' and 'bring babies in with them'.

Counsellors working in the voluntary sector are concerned about being competent to meet the presenting client's problems. Mary's medical history indicated that she had received ECT in a psychiatric hospital, was receiving anti-depressive medication and had a history of self-harming. Being able to 'demonstrate psychological insight' was one of the key assessment criteria used by intake counsellors to determine suitability for counselling. This is a problem in the light of hermeneutic understanding of the way in which our pre-understandings and assumptions form our perceptions. It is understandable that counsellors prefer committed clients who are responsive to change. The practice in the community centre involved counsellors selecting clients from a waiting list according to counsellor preference. Mary had waited 14 weeks without counsellor contact. Many prospective clients with a less problematic history had waited as little as two or three weeks for a session, particularly if they were able to afford the 'fast track' scheme.

Counselling charges and waiting lists/access and availability

Eve, Dawn, Mary and Ron were all poorer than more middle class clients who are able to take advantage of private sector therapy. As Mary has indicated, 'money can buy you anything' but if you don't have money 'then you are at the bottom of the heap'.

Payment for counselling is an important issue for participants. None could afford counselling unless it were free or heavily subsidised at the point of entry and, apart from participants from the university counselling services, all had experienced a waiting time of 6 – 14 weeks. Research evidence shows that middle class assumptions exclude many who might benefit from counselling. Mary was quite clear that she has been treated differently within the community centre and that counselling is the province of the middle classes with buying power.

Differing theoretical perspectives

As illustrated, the counsellor will be approaching the client from a particular point of view and from a particular theoretical position, usually based on a training which imparts a particular structure of meaning and view of the world (Feltham, 1997b). Each will have their own view of self. The psychodynamic counsellor will never wholly agree with the

person-centred counsellor. The cognitive behaviour counsellor, currently in favour within the primary care sector, will have yet another perspective, as indicated by some of the published client accounts of their own therapy.

Person-centred theory has been criticised in many quarters, particularly feminist, for focussing on the individual autonomous 'self' as opposed to a 'self-in-relation' (Proctor, 2004: 136). Proctor demonstrates how the male notion of the essential individual self is challenged by feminism since it posits the notion of 'being myself' as a 'pure idea of self separate from the social context'. As with perceptions and feelings (and intuition should be included here), there is 'a danger in assuming that pure expression of an inner self [is] unaffected by the context' (137).

A related point (Chesler, 1972) is that counselling can encourage people to 'view their own basic needs for security and communication as "therapy" rather than as normal human needs and rights' (Proctor, 2004:143). This seems to be the thought that Jenny has in mind when she expresses ambivalence about 'going deeper' and says 'people can talk for ever you know'.

This sense that there may be other ways of coping with personal distress is expressed by Vaishnavi: 'I think it would have happened anyway but taken longer'. Jenny: 'It would have happened anyway'. Sonia felt that education was a way forward for her in making sense of her life. James realised that forming a relationship in the outside world was his way forward.

Befriending versus therapy

Sharon worked from the firm belief that counselling was about doing therapeutic work. It was not about off-loading, or allowing the client to unburden herself. Carrying out therapeutic work that helps the client take responsibility for herself and refuses to allow the client to 'dump her stuff' on to the counsellor is, she believed, 'real' therapy. In Sharon's view Mary needed a befriender rather than a counsellor.

Sharon's training and practice was firmly based on person-centred theory. In terms of 'congruence' and 'challenge' she was determined not to allow Mary to simply 'talk about

her day', preferring to encourage her to 'go deeper'. Mary felt threatened by what she clearly did not understand - to take part in 'therapeutic work' - and experienced Sharon's suggestion that she see a befriender as rejection. Heyward (1994:28) also reports conflict over the nature of friendship within the therapeutic relationship. She describes the need to 'unload' as an essential part of therapy:

> For the first two months, I met...once a week to pour my heart out. It was exactly what I needed to do, and it was all that I needed.'

She adds that the client often knows as much as the therapist about what is happening between them.

Sharon admitted later to feeling she was bullying Mary, but felt that her approach, together with researcher intervention, led to a breakthrough in which Mary confronted her feelings and counselling took a leap forward.

House (2003:240/1) advocates that therapy should be 'ordinary and quite specifically non-mystifying in terms of both theoretical affectation and procedural minutiae, with a "friendship" rather than a clinical focus' (Lomas, 1981; Howe, 1993; Smail, 1987). Mair (1992) is critical of counsellors with pretensions to therapist expertise.

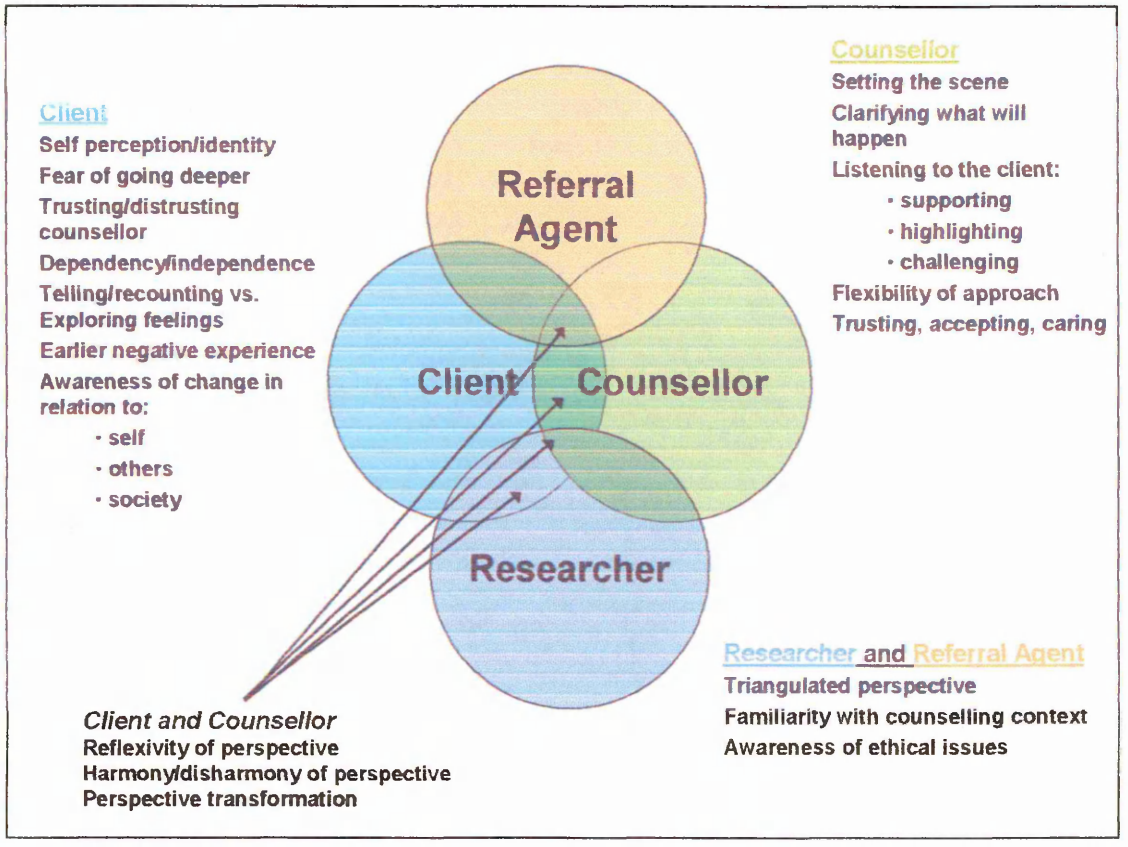
It would be a mistake to deduce from the above discussion that counselling was a negative experience for the client and counsellor participants in this study. On the contrary, each of the participants, without exception, reported that they had gained insight into their own personal circumstances and difficulties and would consider a return to counselling at some time in the future. What has emerged, however, from my detailed scrutiny of interview transcripts and reflection on my own understanding of them as well as the range of comments about them, is my increased awareness, as researcher, of the way in which our culturally informed assumptions and pre-understandings influence perspective and the different ways in which counselling is viewed and carried out. There is, to my mind, no doubt at all about the commitment of all participants to their task as client or as counsellor and to doing the work as well as possible. It is part of my conclusion that it is indeed this commitment, of all parties and not least the client, that has resulted in the benefits the client participant has described in increasing understanding of self in relation to others and thus to the community as a whole.

It is also part of my conclusion that, if committed counsellors are to continue their task of entering into, as far as possible, the perspective of the other, there are some important implications for practice. Merleau Ponty (1945) abhorred absolutes and conclusions, but also stressed that action (agency) is the result of reflection. The general conclusions and implications for practice are presented in the concluding chapter 8, Grasping the whole: Development of new knowledge.

CHAPTER 8 - Grasping the whole: Development of new knowledge and implications for practice

> *The hermeneutic circle is essentially a very general mode of the development of all human knowledge... The anticipation of the global meaning of an action, a form of life, of a social institution, etc., becomes articulated through a dialectical process in which the meaning of the 'parts' or components is determined by the fore-knowledge of the 'whole', where our knowledge of the 'whole' is continuously corrected and deepened by the increase in our knowledge of the components. (Kockelmans, 1975:85)*

Diagram 8.1. Component parts within the social and cultural context of the whole (user groups, counselling profession, wider popular perceptions)



The preceding chapters of my analysis of themes have been concerned with the component parts of the study; the emerging themes within the perspectives of client participants; the relationships between client and counsellor participants; between research participants and researcher. My discussions at the end of each chapter have attempted to reflect on larger aspects of the whole, the whole being the inter-relationship between the user groups and

between client, counsellor, referral agent and researcher, all of which are set within the prevailing social and cultural value systems of the wider context, as illustrated in diagram 8.1 above.

As stated in my Introduction, my motivation and purpose for undertaking this study was to investigate methodically how others, both users and non-users, perceived counselling. This motivation was based on my 'fore-knowledge' as a practitioner and recipient of counselling. Within many counselling training schemes and within counselling itself, the emphasis appeared to be on exploring the client's inner world while the client's external, social experience and context and the nature of the power differential between therapist and client received much less attention.

My first aim was to learn more about intending clients' perspectives on counselling before they engaged with counselling and then to consider how clients and their counsellors perceived counselling during and after counselling. In so doing my second aim was to discover ways in which research participants' perspectives could cast light on and be of practical value to health practitioners in their own settings. My third aim was to develop an interpretive hermeneutic theoretical framework based on thematic analysis that would facilitate a clear focus on the above issues relating to purposes and functions of therapy, the balance between inner and outer worlds of the client, and the power differential. Intrinsic to this approach would be a critical awareness of the way in which the researcher's interpretations are socially and culturally influenced. This is equally true of the research participant (Gadamer, 1977; Cushman, 1995; Sass, 1988; McLeod, 2001) and the reader of the research findings.

I have therefore set out my conclusions in terms of the component parts of identified themes within client perspectives: Ambivalent and uncertain expectations; Issues of self-identity; Social and cultural influences; The dynamics of client-counsellor-researcher relations, power differentials and the effects of interventions. I have then looked at the whole picture as exemplified in fig 8.1. and aimed to summarise the implications for practice, or 'action in the world' (Sass, 1988).

As researcher, my awareness of the practical implications for the practitioner became evident in the light of the above findings. Finally, I have reflected on the strengths and weaknesses of the hermeneutic approach and potential areas for new research.

8.1. Research participant perspectives on counselling

As I have indicated, throughout the analysis I have tried to find a balance between the inner and outer worlds of client participants.

Client reasons for seeking counselling (Inner)

Without exception, the eight intending clients at the pre-counselling stage were clear about their reasons for seeking counselling. They uniformly hoped for a listening, non-judgemental, impartial response, recognising the importance of an objective 'outsider' with a separate existence from their own world. There was an implied requirement for caring concern, some more explicitly motivated by the transitional issues associated with being a student within Higher Education (e.g. Sonia, Vaishnavi, Jenny), and, in the case of Dawn, relief from physical as well as emotional pain.

Sense of urgency (Inner)

In every instance there was an urgency, a clarity of need and a keen desire to seek relief from a variety of felt experiences: emotional and physical suffering, anxiety, depression, unhappiness, loneliness, crisis. Issues of access to and availability of counselling were clearly expressed.

Perception of a mystique surrounding counselling (Inner/Outer)

Client participants were often confused about counsellor methods, sensing a mystique, created sometimes by the use of silence, sometimes by an apparent withholding of explanation, for example: 'I'd like to know what that means; really, I'd like them to tell me what that means...but perhaps that goes against it...I thought I wasn't supposed to know.' (Appendix 31) There was uncertainty and sometimes confusion about terms used in relation to therapeutic approaches and models, and about distinguishing between different aspects of the healthcare

professions. There was unease expressed about 'not knowing'. There was a lack of clarity about terms used to describe counselling and counsellors and the meaning of such terms. These findings confirm those of many researchers referred to in this study (particularly Howe, 1993; Lomas, 1991; Lynch, 2004; Mohamed, 2000; Smail, 1987; Moloney/Smail, 2004). All these findings show that the mystique surrounding counselling needs to be addressed and clients informed of the kind of counselling being offered and how it might help or fail to help. Client participants asked for more clarity about what counselling is about. According to House (2003) and Pilgrim (1997) there can never be informed consent in therapy as clients are rarely informed that counselling can be harmful.

Other important concerns were 'fear of becoming too dependent' or of 'going too deep'. St. Barnabas Counselling Centre warns new clients at the intake stage that counselling can be painful, but this too, as evidenced, raises difficult issues about counsellor power and aim and purpose.

Understanding of specialist language (Outer)

The client is only partially initiated into an understanding of the language and discourse of specialist terms, or jargon, expressed visually, orally and via the written word, employed in our western culture to describe psychoanalysts, psychiatrists, psychotherapists and counsellors. The debate amongst professional bodies and the counsellors as to the difference, or not, between psychotherapy and counselling appears not to have been resolved despite professional body name changes, e.g. The British Association for Counselling becoming (in 2000) the British Association for Counselling and Psychotherapy, although this issue is being newly addressed by BACP. It is difficult to ascertain how far potential clients are confused about the difference and how far the counselling services are unclear. The media themselves have great difficulty in understanding the different kinds of clinical professions that exist within the mental health professions.

Confusion about time issues (Outer)

There was general lack of clarity and uncertainty about the duration of counselling, both in terms of the number and frequency of sessions available.

Within the Higher Education user group there is consistency of practice. Across user groups there is little consistency and in the case of the Voluntary Sector User Group there are marked differences in waiting times for individual clients.

Where the counsellor has been clear about the number and frequency of sessions at the start there seems to be least anxiety. In the case of student counselling there appeared to be a flexibility of approach in terms of number and length of sessions. Within the primary care sector the clients were unclear about the number of sessions available, even though their counsellors believe that they have clarified this issue at the start of counselling. There were different expectations and understandings about long and short-term counselling.

Desire for guidance and advice

Without exception all client participants were hoping for some kind of guidance and advice even though they also believed that counsellors were not supposed to give advice. In reflecting on their need for advice and guidance in the post-counselling interviews two client participants said that this was what had been important to them and two would have liked to have continued counselling with further support and access to advice.

Socio-cultural influences on client perspectives of counselling

Peers, friends and family

There was a general awareness of external influences, experienced mainly as critical or negative. Client participants expressed embarrassment about how they might be regarded in the outside world. Friends and family of client participants within the Higher Education counselling services were considered on the whole supportive. Client participants living in more isolated areas were conscious of stigma, i.e. disapproval from peers and family. Six of the eight participants referred to 'stigma' as associated with coming to counselling. It is evident that stigma associated with counselling and related social attitudes continues to exist and have a bearing on clients' perspective on counselling.

Gender

Five of the eight participants expressed the view that males have more difficulty seeking counselling which they equate with a reluctance to express emotions. In this respect they are conforming to the normative belief that emotional responses are a female characteristic and are less valid than 'emotion-free' (Richardson; 1993:695), detached stances commonly considered to be a male characteristic.

Class: 'Stiff upper lip attitude'

Client participants who perceived themselves as working class (five of eight) were most conscious of the judgemental attitude of their peers or family who believed in the 'stiff upper lip', 'get a grip' approach and disapproved of the expression of emotions. Two client participants also adopted a stoical view and felt that their own issues were not significant enough for counselling, believing that 'others are worse off' and 'people have always managed in the past'.

Two client participants expressed an awareness of a pecking order supporting the view that 'those at the bottom are more medicalised and have less psychological intervention' (Pilgrim, 2000:46). One of the client participants experienced the pecking order in terms of her relationship with her G.P. -'just give her the tablets so she will be happy' - and access to and cost of counselling.

Class and the medicalized approach to depression

All the client research participants within the primary care group and the voluntary sector had been prescribed anti-depressant medication. One participant in her *during counselling* interview expressed anger about never having been offered counselling by her psychological assessment team, describing her visits to the team as a 'waste of time'. Similarly one participant felt that it was pure chance that his G.P. was a 'listener' and encouraged him to see a counsellor. See also Lynch (2004) and Pilgrim (2000).

Race, culture and ethnicity

One client participant asked for greater recognition of cultural diversity. Her counselling agency had responded to this need within the student body in its appointment of a Malaysian counsellor. Mohamed (2000:65) supports this request

urging that 'the therapist should recognise the experience of being black, and the deeply rooted history of racism within this society'. See also Netto et al. (2001).

Counsellor perspective

All counsellor participants expressed confidence in their own theoretical framework and valued the thoroughness of their own training background and experience. In conversation with myself as counsellor they tended to use counselling specialist terms or jargon ('holding the client', 'discovering the little girl in her' 'etc) although it was evident that they used counselling language more moderately, again an indication that we speak differently in different situations (Behar, 1996: Phoenix, 1994; Shotter, 1999; Watkins, 1999) and that counsellor participants were aware of my counsellor role, which I at times in counsellor-researcher interviews did not sufficiently distinguish from the researcher role. Some counsellors stressed the importance of flexibility and said they were prepared to be led by the client and to give advice, or mentoring, e.g., role playing a job interview, if the client requested it.

All of the counsellor participants showed an enthusiasm for the aims of the study and a willingness to respond to the client participant's points of view. They revealed an openness and flexibility towards questioning their own assumptions while remaining loyal to their own set of theoretical and philosophical perspectives.

Three counsellors referred to the importance of review of information about counselling and also the use of discussion and review within counselling itself. Each of the counsellor participants referred to the value of the researcher's perspective which was variously seen as consolidating and confirming, encouraging of reflection on aims, pointing to the need for joint review with the client about progress, and in one case acting as a catalyst for change.

Researcher role

My own embedded assumptions and normative claims of universality have been seen to intervene in a number of instances e.g., on issues of identity, purpose of counselling, perception of identity and guidance or advocacy issues. It is perhaps an irony that at times I was not sufficiently aware of my own predisposition to

doctrinaire person-centred assumptions and was in danger of 'force-fitting interpretations' (Kochelmans) on clients (Mary-Sharon interviews). As Kincheloe & McLaren (2000:292) observe:

> Stimulus for change may come from the critical researchers' recognition that such assumptions are not leading to emancipatory actions. The source of this emancipatory action involves the researchers'ability to expose the contradictions of the world of appearances accepted by the dominant culture as natural and inviolable... (Kincheloe &McLaren, 2000:292).

Once I became aware of the way in which my assumptions were contributing to inhibiting, for example, Mary's understanding of what counselling was about I was freer to 'expose the contradictions' that sometimes underlie practitioner theoretical assumptions when these are imposed without sufficient awareness of the client's social and cultural framework and perspective.

8. 2. Implications for practice

An important feature of the hermeneutic approach is that its greater focus on the external world as opposed to an over-preoccupation with the inner leads to 'action in the world', and thus to clarification (in this case on the part of the practitioner) of an ethical stance:

> The determination about what constitutes the good and what is true is a continuing, ongoing dialogic negotiation. Our ability to find other traditions, or aspects of our indigenous tradition that help us understand what we disapprove of in our normative community frees us to resist the status quo and develop new alternatives. (Cushman,1995:293):

Client consultancy

Clients should play a stronger part in shaping counselling (Foskett, 2001).

Periods of client and counsellor reflection on the progress of counselling are thought to be common in counselling practice, and built-in review is ideally an integral part of short-term counselling. However, consideration should be given to discussion with clients about the involvement of a third party who might or might not be a trained counsellor, but who manifests the qualities of 'stranger' as described by the clients. This may take the form of client supervision or consultancy (see Talking Threads, *Ipnosis* 2005:24-27).

Preparatory materials for clients embarking on counselling

Counsellor use of jargon or technical terms is confusing. There are clear implications for the development of preparatory materials which are expressed in a straightforward and friendly tone, and are jargon free. A good example of such user-friendly introductions to counselling is *Every Session Counts*, (Preston et al. 1995). The imposition of a theoretical assumption, such as the use of terms and concepts that perpetuate the mystification process, can impede or halt the trust-building process. Cushman (1995: 287) suggests that psychotherapists develop a description of their practices that would be more directly expressive of what they are about.

Training: Ethical issues within theory and practice

Counsellors tend to be faithful to the predominant model of their initial training as well as in their application of theory to practice. As the counsellor gains experience of practice and supervision so awareness and understanding of client perspective increases but always *within* a theoretical perspective. This research supports the by now well-established finding that the relationship established between client and counsellor is far more significant than a theoretical model in helping a client to experience increased well-being and change.

Values are embedded in theories which if not understood can act to conceal the nature of power relations and gender. House (2003, 2006) sees value in more emphasis being given within training courses as to how institutional practices of therapy embody ideology and moral presuppositions about the attitudes and conduct of a good person. It may also be helpful to question general assumptions in the talking cure about good communication. Does good communication mean no more than speaking in those ways deemed acceptable, conventional or desirable by a certain class of person (Cameron, 2000:175)?

In considering the roots of theoretical assumptions trainers could give more attention to cross-fertilization between psychology and philosophy (Howard, 1999).

Race and cultural diversity

In terms of other religious traditions referred to in this study it should be borne in mind that 'the assumption that individual autonomy is by definition a "good thing" is challenged by many traditions, and therapists need to be aware of substituting a psychological view of the good life which is every bit as dogmatic and blinkered as fundamentalist religion' (Thorne 2000:61).

In short, the social and economic context and cultural assumptions of both client and counsellor require much more consideration than often occurs in training schemes, especially the implications for equality issues such as: access, age, assessment, class, gender, cultural background and religious beliefs.

Referral/Assessment issues

Advice and guidance: There are clear implications for counselling referral, assessment of counselling needs and preparation for counselling. McMahon (2000, 103) makes the important point that 'it is helpful to the client to know in advance something about the therapist and the fact that the first session is likely to be devoted to assessment'. See reference to the preparation of a brief information pack for the client 'which can be completed before or at the end of the first session' (McMahon, 2000, 103).

It is important to point out that 'diagnosis and assessment are inexact procedures, involving as much art and education guesswork as science' (Mace, 1995). As is evident from the research, medical and health care professional assumptions about patients/potential clients have major implications for referral and assessment. The therapeutic approach of the counsellor will influence both the assessment and the information sought (McMahon, 2000). Clients can sometimes resist diagnostic assessment if they have had a bad experience of such assessment in the past (Feltham, 2000b). Some therapists, particularly those working from a non-directive, person-centred position, may also be opposed to formal assessment, others may adopt 'covert clinical conjecture' (Feltham, 2000b:416).

As is evident from this research, it is important to seek a likely match between client and therapist, whether in terms of personality, social background or just plain 'feel' (Pilgrim, 2000:48).

Implications for specific user groups

Higher Education

Flexibility of counsellor approach appeared to contribute to positive results for clients. Clients appreciate knowing they can return for counselling in the future for single or multiple sessions. Counsellors are constantly considering improved ways of meeting client need for greater clarity about and demystification of counselling and of raising the counselling awareness of teaching staff and other stakeholders via direct contact/talks.

Voluntary sector user group

Community-based services within the voluntary sector often attract clients 'whose problems are multiple, not only in psychological but also in psycho-social terms' (Feltham, 2000b:416; Jacobs 2004:xi). In the counselling centre participating in this study and where practitioners work voluntarily, usually in order to gain clinical experience for accreditation purposes, there was a clear need for review of assessment practices, counsellor competence, potential client group, client/counsellor match or likely therapeutic alliance, referrals, waiting times and fee paying arrangements. Networking, information sharing, client preparation for counselling, client access to an impartial counsellor, could also be addressed more systematically.

Practitioners might also wish to address assumptions underlying their own commitment to 'client capacity for psychological insight and change' and the role of befriending in counselling.

Primary care user group

It is important to establish and maintain pathways, networking and information sharing (Burton, 1998). This would involve giving attention to the interface between stakeholders to ensure that patients/clients do not experience feeling lost in

the system. They need to be given clear information about counselling, the number and frequency of counselling sessions and its possible benefits and limitations. This will help to ensure that they have realistic expectations about its efficacy, rather than expecting a holistic cure for medical and psychological problems.

8.3. Application of the hermeneutic approach

The underlying principle of my analysis of themes has been to understand as closely as possible the perspective of the client (Kockelmans, 1975). The thinking underlying my own research is endorsed by McLeod (2001:4), in his discussion of this growing area of inquiry. He points out that therapists (as well as researchers) tend to interpret what happens from their own 'professional, insider perspective'. I have attempted to show how the theories of therapy exemplified in my own research interviews tend to make assumptions about how counselling is experienced by clients. By examining hermeneutically the nature of these assumptions it has been possible to see where discrepancies, even contrasts, in perspective have occurred. Secondly, people who have not experienced therapy 'have no theoretical framework or language with which to structure their account of what happens'. 'Listening closely to what clients have to say about their experience can act as a kind of test of the theory' (McLeod, 2001a:41).

The act of 'decentring' practitioners so that they can see counselling the way clients see it can shed new light on the counselling experience itself. Thirdly, research on client experiences can help to identify the ways in which clients find counselling helpful or unhelpful.

Clarification and demystification

In attempting to make the phenomenon 'maximally reasonable' and to clarify and demystify meaning (Kockelmans, 1975) I have needed to 'explore *with* the client' (Barham, 2005:33), and with as much precision as possible, how the client perceives counselling and where the confusions lie. In so doing 'those engaged in the co-research venture will have jointly been able to clear away some of their false understandings and

consciousness as a result of their enquiry' (Reason and Rowan, 1981:134; Lather:1991). In other words, the reality-altering inquiry process directly affects those engaged in the study so that they can gain self-understanding and self-direction.

The researcher is interpreting the words of the client, just as the client is interpreting the words of the counsellor and the researcher. Client participants demonstrated a receptivity of mind and a willingness to express openly and honestly their hopes and fears of counselling. Above all, they appeared to have a strong desire to make sense of their lives, and although counselling may not be the only way of helping them to do this, it was clear that talking and working relationally contributed positively to this aim. It is this presentation of perspective at a stressful time in the clients' lives and when they are without the protection of position, a theoretical framework or specialist language, that places on all of us within the health professions the responsibility to provide, as openly and honestly as we can, clarification and demystification of all that we do.

Limitations of my own research

Asking clients about therapy effectiveness is problematic (House, 2003) as is asking counsellors the same. It should be recognised that the client research participants in this study were predisposed to counselling as they had already either elected or been advised to seek counselling. Those opting to take part in this research may have been predisposed to perceive the value and potential usefulness of the research. We do not know the viewpoints of those who have elected not to take part in the research.

As I have indicated, the counsellor research participants in this study were also all supportive of this research and expressed a wish to know the client perspective, whereas some counsellors who were approached initially were reluctant to take part for fear of criticism or power reversal. Such selectivity and such a small sample of research participants may, in conventional research terms, have skewed the findings. On the other hand the 'random conversations' established a range of attitudes and viewpoints about counselling that were both negative and positive.

Given that researcher presence influences research participant responses I could have made better use of the questionnaire method, gaining a wider representative sample. In Ron's case his questionnaire response yielded different and more negative responses about counselling than the face-to-face interview.

A further limitation, from an objectivist standpoint, is that at times I fell into counsellor mode and, given my long experience of educational guidance, sometimes tended towards the directive. This is particularly evident in the Mary-Sharon interviews when I might have produced more formally validated findings in terms of quantification and analysis of word use.

A further important limitation relating to the hermeneutic approach adopted in counselling research is that the evidence is not truly in the public domain (McLeod, 2001d). The 'text' is not a sample of one, such as The Bible or Cushman's *Constructing the Self, Constructing America.* In many studies adopting the hermeneutic approach, including my own, the reader is 'fed selected bits of text, which is an insufficient basis' (25) for the reader to make up her or his own mind, even with the availability of the full set of interview transcripts. Essentially, then, the researcher remains in control.

Strengths of the hermeneutic approach

By placing perspectives on counselling in their broader social context (See conclusions to Chapter 2) it has been possible to clarify ways in which this study reinforces and extends the field of knowledge on client perceptions. Since this is also a longitudinal study concerned with tracking changes in perspective, and a study that celebrates the reflexivity of the researcher-research participant relationship, I perceive the strengths of my own approach as outweighing its limitations. As has been stressed throughout the study, the hermeneutic approach is not concerned with validity as measured by formal tools of research but is a way of seeing, a perspective on life. From this philosophical hermeneutic perspective, problems of small sample disappear. Hermeneutically, no interpretation, no research, no judgement as to the validity of any findings can be value free. The main strength of the philosophical hermeneutic approach as opposed to, for example, grounded theory, is that it embraces this fact. Its aim is to get as close to a true understanding of

another's perspective as is possible, but recognise that that understanding, though at moments there can be a 'fusion of understanding', is on the whole an approximation. Grounded theory, on the other hand, 'does not sufficiently disclose the intellectual or cultural tradition within which the research is carried out' (McLeod, 2001:83).

Hermeneutics has viewed therapeutic practice as embodying mainstream cultural assumptions that tend to assert the status quo (market led concern with meeting the needs of the individual, for example, how to look better, feel better, have what we want in life, how to be happy) and a general disregard for informal relations such as ordinary friendship and participation within the local community. But, as many therapists have emphasised, life is complex and difficult. Many appreciate that there has always been human misery, and that one's lot is as much to do with accident of birth and the attendant social conditions as with inner conflicts. Happiness has become an end product rather than a by product of living (Cushman, 1995; Phillips, 2005; Sass, 1988; Smail 2001).

The research interviews have revealed that clients know what they want – an impartial, caring listener, who will not judge. They also would like guidance which itself implies some level of judgement on the part of the counsellor. They are confused about what therapy is, and by the implied rules governing boundaries, the concept of care and friendship, beginnings, endings, future relations, (as powerfully illustrated by Heywood (1994) in *When Boundaries Betray Us*). They want change in their own perspective and that is their main reason for seeking counselling. They want help with sorting out their problems and their difficulties. And each client has his or her perspective.

A further strength of hermeneutics is that since understandings and interpretations are couched in a social context they have 'action in the world' consequences. The conventional qualitative research limitations of lack of objectivist researcher approach, small sample, approximate coding can, hermeneutically, if acknowledged, cast light on the value of a way of relating that is moral, participatory, flexible and co-creative. The interviews have revealed that the client and counsellor work hard to find ways forward. There is a moral commitment by both parties, a commitment to change and by implication a commitment to action.

A small sample allows for in-depth exploration. 'It is almost as though the methods of micro-analysis of texts...function as a kind of microscope that brings into view structures and processes that are all but invisible in everyday life (and in therapy). (McLeod, 2001d:117). Power imbalances and perspective divergences come more sharply into focus. Equally, the commitment of research participants allows for genuine dialogue and a movement towards greater power sharing and the consideration of ways in which counselling is made more accessible to more people.

An acknowledgement of the researcher's own pre-understandings and socio-historical background as well as those of the research participant can inform a 'fusion of perspectives' or 'in the moment' creative approach. This has the potential for revealing new knowledge, for example the value of external intervention in the counselling process, of tri-partite reflection on the process and of a pragmatic and flexible approach both to counselling and to the social context in which it occurs. From such new knowledge extrapolations can be made which have relevance to practitioners in general and to the service as a whole.

Such extrapolations have been made with caution in this study, wary of 'normative claims of universality'. For 'when the limited claim of universality is seen to be contradictory to the practices under observation, power relations become visible' (Kincheloe and McLaren, 2000: 300, citing Carspecken, 1999).

Thus, in summary, the hermeneutic approach has yielded up in a way that more formal methodologies cannot do, knowledge of:

- the client perspective and the contribution it can make to improving the quality of counselling provision
- the value of the researcher intervention in terms of greater power sharing between client and counsellor
- the complexity of social and cultural influences in relation to, for example, peer influence, power relations, access to counselling provision
- the practical, ethical and policy implications for counselling

Future research

This research into client perspectives on counselling moves in a small but significant way towards exploring what the client does not say to the researcher or to the counsellor. More client led work could be carried out addressing this topic directly, using focus groups of client participants initially and moving into one-to-one interviews between the same client participants, e.g. peer interviewing informally coordinated by the researcher.

Consideration should be given to groups usually under-represented in client perception surveys, e.g. pregnant girls, people on housing estates, drug users, asylum seekers, the homeless.

Further work on the value of third-party interventions could be useful to practitioners, and in particular, examination of the effectiveness of client consultancy/supervision.

Research examining the nature of counselling training schemes and the identification of value systems within the main theoretical approaches could be useful in reducing the mystification of counselling.

Holmes suggests new research focussing on the importance of sifting:

> [t]he helpful from the less useful aspects of therapy, and to strengthening the assessment and brokerage needed if the right kind of therapy is to be offered to prospective clients. Counselling and psychotherapy still have a long way to go before they can legitimately claim to be putting the needs of the client first (1999:285).

Finally, to ensure that the voices of the research participants do not remain 'muffled and hidden' (McLeod, 1990:79) and in particular that of the client participant who said of counselling and its method 'I thought I was not supposed to know', I wish to conclude this study with the telling words of therapist D.C. Mohr (1995:24) who says:

> It cannot be too much to ask that we do what we ask of our clients – to examine our failings with an open mind and with a view toward change.

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Appendix 1 - Extracts from 'random conversations' with the general public

1. Peter: Fireman (age band 50 – 60)
14.02.02
A fireman colleague of mine had died. A counsellor came in for counselling. She walked out after the firemen were critical of our dead colleague, who had put lives at risk.
She is on a fat salary, but behaved unprofessionally.
Counsellors are people wheeled in after a crisis. They are untrained, and they try to counsel too soon after a trauma.
Counsellors are suspect. I don't trust their motives and they are living in an unreal world.

2. David: Computer analyst (50 – 60)
16.02.02
Counsellors are useless. They are part of this litigation-compensation culture.
People develop stress related illness to get a good financial deal. People in work who become stressed are weak. We always managed in the past.

3. Jean: Landscape designer (40 – 50)
16.03.02
I am not sure what counsellors want of me. I wanted help with my son but one counsellor said it would all take a long time and I should commit to so many sessions. All she was concerned about was her fee.
We had these long silences and I kept thinking, what does she want of me and I am paying her all this money? I would have liked the counsellor to ask me what she wanted. Instead she said to me: 'Your life is very complicated. There are lots of issues here and we should commit to so many sessions.'

4.Maurice: Administrator (50 – 60)
16.03.02
The counsellor tried to mould my son's illness (he was suffering from depression and drug abuse) to his own theory that whatever the client says is true. The counsellor failed to take account of the fact that my son had a history of violence and had physically attacked me and his mother. My son manipulated the counsellor into believing that he did not need any form of treatment.

5.Lee: Carpenter (20 – 30)
14.04.02
I personally don't believe in counselling. But if it's something somebody wants to do then that's okay by me. But you'd never get me to see a counsellor, not on your life.

6.Catherine: Secretary (40 – 50)
14.04:02
I'm sure counselling can be very helpful. I don't know much about it, but I'm sure it can help if your marriage has broken up or your baby has died, or something awful like that.

7.Rosalind: School teacher (40 – 50)
7:07:02

I once went to a counsellor, a long time ago. I didn't trust her...she made me feel uneasy. She didn't explain her method or discuss what therapy is to be about. She found a reason for pulling out. There was no first session to discuss whether she, the counsellor, and I might suit each other. I felt I was there to help her fill her diary, to meet her needs not mine.

8.Stanley: Television executive (50 – 60)
12.10.02
It's possible that counsellors spend so much time listening to people with problems that it distorts their perception of what it is to be 'just plain damn ordinary'. They seem to tend to the view that everyone has deep-seated, unresolved problems and that if they claim that isn't so, they are simply refusing to face up to their deep-seated agonies.

9.Emma: Estate agent (20 – 30)
12.12.02
I'm not sure about counselling. They ask you things about your past and that. I'm not sure I'd like that.

10.Hannah: Television producer (30 – 40)
12.12.02
I have had counselling and found it a real life saver. It sorted me out in my late teens when I had an eating disorder. But counsellors vary. It's always good to find out first if you tune into each other.

11. Margaret: Secretary (20-30)
14.12.02
I saw this counsellor a few times. Then she said she had to go on holiday. I said 'oh, that's nice. Where? And she just looked at me and didn't say a word for ages. Then she said 'I would be interested to explore your reason for asking me that question'. I left and didn't ever come back.

12. Maureen: Computer programmer (30-40)
1.01.03
I have never been to a counsellor, but I have a friend who went when her marriage broke up, and she said it saved her life. She'd been near suicide. She realised that the breakdown wasn't her fault, and she is now very happy with another man. She wonders now why she stayed so long with the last bloke!

Appendix 2 - Letter inviting research participation

Sheffield Hallam University

February 2003

Dear Student

First-time user perceptions of counselling
I am a researcher and counsellor carrying out a PhD study under the directions of the University of Sheffield Hallam. The study is looking at client perceptions of counselling before, during and after engagement with counselling.

Much research has been carried out on counselling from the counsellor's point of view but not many studies have focussed on ***you*** the potential client and ***your*** perspective. If the counselling is to meet your and other users' needs as best as it can it is important that there is a thorough study of what students' perceptions are and how they evolve as a result of engagement with counselling.

This qualitative study, which will be based on interview and case study, is taking a broad-based view looking at clients at client perceptions within the following categories of counselling agency:

1. Student support: University counselling services, Eastern & Northern England, London
2. Primary care: GP practices in Norwich and Norfolk
3. Voluntary Sector: Norwich

In order to identify the main thoughts emerging within people's perceptions of counselling ***before they engage in the process*** I should like to carry out tape recorded interviews with three students individually. I should also like to contact the same people ***during the counselling process*** and ***after completion***.

In keeping with both Academic and Counselling Research Codes of Ethics, this approach is made to you in the strictest confidence and with the agreement of the University Counselling Service team. If you do decide to participate in the research you have the right o withdraw at any point. All audio tapes of interviews are kept in my office an accessed only by myself. Your identity would be protected at all times.

I intend to carry out interviews at your University Counselling Service premises on Tuesday 4 March 2003. If you are interested in taking part in this research could you please complete the tear-off slip below and hand it to the receptionist. I will then send you a further information sheet on the project. I should point out that if you do decide to participate in this study, this will have no impact on the way that counselling appointments are allocated to students.

Yours sincerely,

Phoebe Lambert

----I am interested in taking part in the 'user perceptions of counselling' research (please tick).....
My email address is.....
My postal address (if applicable) is.....

Appendix 3 - Information sheet for research participants

Sheffield Hallam University

INFORMATION SHEET

First-time User perceptions of counselling

I am carrying out a PhD study at Sheffield Hallam University and would like to invite you to take part.

Purpose of the study

There has been a large body of research examining counselling from the counsellor's point of view, but there are very few studies that have focussed on patients or clients who are considering counselling or undergoing the counselling process. Many people have only a vague idea of what counselling is and how it can help. This study proposes to focus on your and other users' expectations and hopes of counselling to ensure that counselling and its benefits are better understood within the community. I therefore wish to investigate in depth what you think about counselling and how your perceptions and expectations change during the counselling process.

The aims of the study

1. To explore first-time user perceptions of counselling before engagement in the process, identifying main factors which hinder people's willingness to engage in counselling, and those that encourage engagement
2. To explore client and counsellor perceptions of counselling during and after counselling and how these perceptions are modified and transformed through engagement in the therapeutic relationship
3. To consider in the light of the findings what can be learned by providers, counsellors and trainers in order to inform the training and practice of counselling

Scope of the study

This is the second year of a four year study, which is based on interviewing people going through the counselling process. It is taking a broad-based view of the client's perceptions within the following categories of counselling agency:

Primary care: GP practices, Norwich and Norfolk
Student Counselling Services: University, Eastern England, University, Northern England and London
Voluntary sector: Norwich.

I wish to interview two or three people who have been referred for counselling to ask you about your perceptions and expectations of counselling. I use first names only and your anonymity is at all times preserved except in relation to your counsellor who I also wish to interview at some stage in the process. If you are in agreement I may then wish to conduct two further interviews with you – one during counselling and one after counselling has come to an end. The three interviews would then form the basis of a case study. If you decide at any point that you wish to withdraw from the study you are free to do so and without giving a reason. A decision to withdraw at any time, or a decision not to take part will not affect the standard of care you receive.

All interviews are tape recorded and transcribed and are wholly confidential. All tapes are listened to only by myself and then destroyed after they have been transcribed, usually within two months of recording. Any outstanding tapes will be destroyed on completion of the study. You may wish to have a copy of the transcript of any interview we conduct together. The only other people who have access to the transcripts are my Director of Studies, Dr. Colin Feltham and my methodology supervisor, Professor John McAuley at Sheffield Hallam University.

The aims of the study have already been presented to the 2002 Annual Conference of the British Association for Counselling and Psychotherapy Research. The results of the study will form the basis of the PhD thesis due in 2005, parts of which may be published in relevant professional journals in 2003 and 2004.

Phoebe Lambert
BACP Accredited

November 2002

School of Education
Collegiate Crescent Campus Sheffield S10 2BP UK
Course enquiries Tel. 0114 225 2306

Appendix 4 - Ethical Issues

Phoebe Lambert

From: Counselling co-ordinator
To: "Phoebe Lambert"
Sent: 31 January 2002 17:53
Subject: Re: Client perception research interviews

Dear Phoebe,
I am sorry we haven't been able to co-operate with your proposed timetable - this is a busy time of year for us and we have been hit by the bugs sweeping the country this past month or two. A number of points have arisen in discussion with my colleagues that I would like to raise with you.

Firstly, regarding the practicalities perhaps you could let me have some more detailed explanation of how you are going to manage the admin eg. collecting the opt-in forms from clients and the contacting them with appointment information. Also, it would seem appropriate to meet the clients in our premises but rooms are only available on Friday afternoons between 1pm and 4pm. Occasionally rooms are free on Tuesday and Thursday mornings between 9:30am and 11:30am. There are also free rooms available for most of 28th Feb 02 (9:30am to 5pm).

Secondly, we were wondering whether interviewing only 3 or 4 students was going to elicit much helpful information. Our own experience of research indicates that to get 4 complete sets of interviews ie clients who participate at every stage of the study requires a larger number of clients to be recruited to the study. For ourselves, it is clients who complete the full set of interviews that provide the interesting data so we can see how an individual clients' perception alters or not during the process of counselling from registration onwards.

Thirdly, we wondered about the ethics and impact of interviewing clients in the middle of counselling, as that seems likely to have an effect of the process of counselling, the counselling relationship, and the dynamics with the client. It seems it might easily evolve into a review of counselling but without the counsellor present unless the review is carefully structured and managed.

Finally regarding the letter we wanted to raise the following points:

Should it include a more specific discussion of confidentiality? – we felt just referring to the code of ethics would not necessarily mean much to clients in the context of research.
Also, should it clearly state how the data will be recorded, stored and used and should there be an explicit consent form as well as the opt in form (for example, will you be taping interviews; does the data get destroyed; and when; who sees it etc).

You may need to be more specific re asking for students' availability and give a box for them to fill in. Also, we would like it to be spelled out in the letter that participating in this study has no impact on the way appointments are allocated to clients.

I hope the project is going well and we do look forward to you visiting once we clarify these issues. Some of them will have no doubt been raised and dealt with already.

Best wishes,

Counselling coordinator

Appendix 5 - Ethical Issues continued

Phoebe Lambert

From: "Phoebe Lambert"
To: Counselling coordinator
Sent: 05 February 2002 12:58
Subject: Client perception research interviews

Dear K,

I do appreciate all the time you have taken in consulting with colleagues, reflecting on, and responding to my draft letter to students and proposals for interviews. I know how demanding the spring term is fro counselling services and the added pressure that sickness makes, so I do thank you most warmly for going to so much trouble.

These are my responses to the points in your email of 31 Jan, which I have taken I turn:

1. Would it be possible for your office to receive (as suggested earlier) all the responses (see second sheet of attachment) till Monday 25 Feb. and then for Anne, say, to forward these in one envelope to me home address, given at the top of the letter? I could then sort the appointment times and get back directly to the students.
If this is difficult, the letter could ask student to contact me directly by email – in which case I change the instructions in the letter.
Dates are a problem for me as I counsel clients on a Thursday evening and all day Friday. But could I possibly have Tuesday 5 March a.m. if still available and Thursday 7am? Of course all day Tuesday 5 March would be even better, but you have indicated that your meeting room is in heavy demand each day. On Thursday Feb 28 I am unfortunately committed all day in Norwich.

2. You are absolutely right. I do need to recruit to the study many more than 4 students. The purpose of the study is to track students progress/perceptual change through the process (ie before-during and post counselling). I obviously would prefer to see the same students at each stage, but was encountering logistical problems and methodologically there are arguments both ways (ie staying with the same students or not) if the study is aiming to identify emerging themes/issues as I am.

3. The ethics and impact of interviewing clients in the middle of counselling is one that engaged me for some time and I have been very interested in Kim Etherington's views on this one who believes it can work very well (ref. my research proposal). John McLeod also raises the points that you make about research possibly turning into a review of counselling, though he suggests this is more of a problem where the researcher is interviewing his/her own clients(!) or clients of other counsellors in the same agency. I think you can be assured that I am committed to focussing on client perceptions of what counselling is, not a judgement of the counsellor or the way in which s/he conducts counselling. The interview questions will focus on 'gong back to your initial impressions of what is counselling' and on 'how have you perceptions changed'.

4. I very much accept your points about the letter. I have dealt with issues of confidentiality and data recording etc. in the second sheet of the letter with the dates for

interviews (Letter sent separately as attachment). You will se that the other points about student availability and appointment allocation have also been incorporated.

I hope I am not raising more problems. Once I hear from you I can address the issue of the letter and suggested dates for interview, sign and copy the letter to send to you, or ask you to copy it, for distribution with the Initial Registration Form.

With best wishes,

Phoebe

Appendix 6 - Research Ethics Committee Approval Letter

Norwich Local Research Ethics Committee

Please reply to: The Administrator
Norwich Local Research Committee
C/O R&D Department
Room 032, Medical Education Centre
Level 3, East Block
Norfolk and Norwich University Hospital
Colney Lane, Norwich, NR4 7UY

Telephone: 01603 289800
[internal 5813]
Fax: 01603 289800
E-mail: janette.guymer@nnuh.nhs.uk

Ms Phoebe J Lambert
Norfolk

7 February 2003

Dear Ms Lambert

REC Ref: 2002-3/090 Evolving Perceptions of First-time Users of Counselling in Liverpool and Norwich

Thank you for your letter of 14 January 2003 responding to the points raised by the Norwich District Ethics Committee at its meeting on 9 December 2002. Having consulted with an appropriate Member of the Committee, I am happy that you have addressed the concerns raised, although feel the language of the information sheet could be a little more user-friendly for the lay person. However, I am please to inform you that I have taken Chairman's Action to approve this project. This approval is for three years from the date of this letter.

In reviewing this project, the Committee have studied and approved, where applicable,

- the completed Norwich District Ethics Committee application from, signed and dated 15 November 2002, with amendments as per your letter of 14 January 2003,
- research proposal dated October 2001,
- subject information sheet (January 2003 Version),
- consent form (Appendix II to application form),
- revised letter from GP, dated 12.01.03,
- "Dear Student" letter dated 12 January 2002.

Furthermore, whilst I am sure that every effort is already made to preserve the confidentiality of any subject information used in this study, may I take this opportunity to remind you of the importance of maintaining that confidentiality, particularly in respect of the use of computers and the statutory regulations made by the Data Protection Act 1998. The standard terms and conditions of approval are attached.

Yours sincerely,

Dr Mike J Sampson
CHAIRMAN

The Committee attaches the following standard conditions to any approval:

a) it is the investigator's responsibility to notify the Committee immediately of any information received by him/her or of which he/she becomes aware which would cast doubts upon, or alter, any information contained in the original application, or a later amendment application, submitted to the Committee and/or which would raise questions about the safety and/or continued conduct of the research;

b) that the investigator complies where appropriate with the Data Protection Act 1998;

c) that the investigator complies throughout the conduct of the study with good clinical research practice standards;

d) that the investigator will refer proposed amendments to the Committee and obtain the Committee's approval prior to implementation (except in cases of emergency where the welfare of the subject is paramount);

e) the investigator complies with the requirement to furnish the Committee with details of the progress of the research project annually and of the conclusion and outcome of the research, and to inform the Committee should the research be discontinued;

f) that this project has been approved (if appropriate) by the investigator's NHS Trust's Research and Development Committee and that the Ethics Committee is informed of any comments and/or changes to the protocol required by that of the Committee.

The Norwich local Research Ethics Committee is fully compliant with the International Committee on Harmonisation/Good Clinical Practice (ICH) Guidelines for the Conduct of Trials Involving the Participation of Human Subjects as they relate to the responsibilities, composition, function, operations and records of an Independent Ethics Committee/Independent Review Board. To this end it undertakes to adhere as far as it is consistent with it's Constitution, to the relevant clauses of ICH Harmonisation Tripartite Guidelines for Good Clinical Practice, adopted by the Commission of the European Union on 17th January 1997.

Norwich Local Research Ethics Committee Membership 2003

Chairman: Dr Mike J Sampson MD FRCP
Consultant Physician, Norfolk & Norwich University Hospital NHS Trust

Vice-Chairman: Dr Liz Lund BSc MMSc PGCE PhD
Senior Research Scientist, Department of Nutrition, Health and Consumer Sciences, Institute of Food Research

Vice-Chairman: Dr Robert Stone MB ChB
General Practitioner, Hellesden Medical Practice

Senior Administrator: Mrs Alison Wooster MSc DCR (R)
R&D Manager, Norfolk & Norwich University Hospital NHS Trust

Administrator: Mrs Janette Guymer, Administrative Assistant
R&D Department, Norfolk & Norwich University Hospital NHS Trust

Mr David Broadway MD BSc (Hons) FRCOphth DO
Consultant Ophthalmologist, Norfolk & Norwich University Hospital NHS Trust

Miss Sheila Ginty BSc (Hons) DipN (Lond) RGN
Senior Sister – General Surgery, Norfolk & Norwich University Hospital NHS Trust

Mr Colin Green BSc (Hons) MRPharmS MSc (Clin Pharm)
Drugs & Therapeutics Pharmaceutical Advisor
Norfolk & Norwich University Hospital NHS Trust

Mrs Belinda Hoste BA (Hons) MA - "Lay" Member

Dr Gareth Janacek BSc MSc PhD CStat
Senior Lecturer, School of Information Systems, University of Easy Anglia

Mr Azad Mathur MS MCh (Paediatric Surgery) FICS FRCS (Glas)
FRCS (Paediatric Surgery),
Consultant Paediatric Surgeon, Norfolk & Norwich University Hospital NHS Trust

Mrs Carine Offord BSc (Hons) - "Lay" Member

Dr Terry Phillips PhD MPhil Ad Dip Ed Cert Ed Dip Ed
Senior Lecturer in Applied Research, University of East Anglia

Dr Michael Sheldon MA PhD
Honorary Clinical Psychologist, Norfolk Mental Health Care NHS Trust

Mr Gary P Simons MA Barrister (retired) - "Lay" Member

Mrs Jane Valle BSc (Hons) RGN
Nurse Co-ordinator, Broadland Primary Care Trust

Appendix 7 - G.P. Invitation Letter & Consent Form

NORFOLK MEDICAL PARTNERSHIP

Dear

First-time user perceptions of counselling

I am writing to ask you whether you would be willing to take part in an important research project on counselling. Much research has been carried out on counselling form the counsellors point of view but there are very few studies that have focused on patients or clients who are undergoing the counselling process. If counselling is to meet your and other users' needs it is important that there is a thorough investigation into what you might think about counselling and how your perceptions and expectations change during counselling.

This research is being undertaken by Phoebe Lambert, who is carrying out a PhD study at Sheffield Hallam University. The study, which is based on interviewing people during the counselling process, is taking a broad-based view of the client's perceptions within the following categories of counselling agency:

1. Primary care: GP Practices in Norwich and Norfolk
2. Student Support Services: Universities in Eastern and Northern England
3. Voluntary Sector: Norwich

If you agree to undertake this research, it would involve being interviewed by Phoebe Lambert before you start the counselling, at one point during the counselling process, and on a third occasion after the counselling has been completed.

It is important that you are assured that you decision to take part or not in this study will in no way affect the nature or the length of the counselling you will receive. You may also opt out of the study at any point and confidentiality in guaranteed throughout.

If you are considering taking part and would like further in formation then please contact Phoebe Lambert directly. If you are willing to take part in this study can you please sign the enclosed consent form and send this in the stamped addressed envelope provided to Phoebe who will contact you with further details.

Thank you in anticipation for you time and effort.

Yours sincerely,

Dr. M.

PERCEPTIONS OF FIRST-TIME USERS OF

COUNSELLING

CONSENT FORM

Please sign and return one copy

1. I confirm that I have read the letter accompanying this form and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my medical care or legal rights being affected.

3. I agree to take part in the above study.

Name (in capitals).....

Address:.....

.....

Phone number: Home.....Work.....

Signed:..... Date:.....

Appendix 8 - Referral agent (G.P.) interview transcript

Interview with Dr. M, GP and counselling referral agent
Meeting place: Doctors' meeting room, Medical centre, Norfolk
Date of meeting: 4.03.02

I presented Dr. M. with the following written questions:
What are the current issues relating to the provision of counselling within the Broadland PCT area?
What is your view of the usefulness of counselling?
In what circumstances do you consider making a referral to primary care counselling?
What are your patients' main preconceptions about counselling?
What are their main fears or worries about such a referral?
What sorts of changes do you detect in a patient after counselling?

MJN: There is a big problem, isn't there, in cultural and social attitudes to anything perceived as a mental health issue. There have been many attempts to try and get round that. A few years ago the Royal College of Psychiatrists launched a 'Defeat Depression Campaign', and part of that was to try to encourage patients to access services earlier, or feel better about the services because it was felt that there was this big social stigma attached. But I think that probably what they didn't realise is that they (the RCP) are the body least best placed to launch such a campaign as it reinforces the idea that depression is dealt with by psychiatrists. But all the opportunities to try to do something about this are based in other areas – they are health based in primary care – we probably have a much better chance of breaking down some of the barriers at the local level than a national campaign run by the College of Psychiatrists, less likely to reinforce prejudices.
What has helped is making people in the health profession more aware of psychological issues – not just doctors, but every one to do with health care, for example, nurses in accident and emergency are more aware of the psychological trauma people go through when they come through their department. In a primary care setting you know people so much better. Trust builds up over a long period of time and you are more likely to notice a change and ask the right questions. There's then an opportunity for someone to declare difficulties. In fact I give lectures to groups of nurses about recognising and treating depression in primary care. Of course, once you recognise the problems you have to know how to act on them....and that is I am sure one of the reasons why counselling is funded in this area. Also the recognition that there was a difference between a quick chat and getting it off your chest, given the time constraints of GPs and counselling; and the only other option was seeing the psychiatric nurse - very much bonded within the psychiatric service. There's all the other social factors that have changed and make it more likely that people need support, such as loss of extended family, certainly in England. From talking to people in other countries – Scotland is still working much better than in England - and in Northern Ireland. Of course you get one vicar to every ten churches now so the roles of other people in society have changed. The need hasn't gone away but having counselling available is just one way of

helping people have somewhere to go that's safe, that's neutral. Counselling's got an important role there, I think. People's lives are complicated today – we call them patient pathways nowadays don't we? From the patient's point of view access is terribly important. Off-the-Record (a voluntary counselling unit in Norwich) provide a very good service, but they are not very accessible if you live in Reedham (15 miles from Norwich) and haven't got much transport, so the accessibility issue is very important.

Now the issues about current provision are many - we mentioned the issue of quality and standards and money for counsellors in primary care. (In the early 1990s) most of us who engaged in the decisions to engage counsellors knew nothing about the regulations or qualifications within counselling and that was difficult – there are quite a hotch potch of people who are practicing currently, but the issue of quality quite rightly will come up as part of a bigger picture of standards. At present the PCT as it will be from the 1st. April (2002) have a view of it, because not all practices in our PCT have access to counselling. Counselling was funded in various ways. It was either through general medical services money for those practices that were not fundholders, or, where they were fundholders, funding themselves. Some practices which either chose to or didn't get for one reason or another any funding were without any counselling, so there is this sort of patchwork that has evolved with all the various structural changes within the NHS. One of the most important principles that the PCT wants to maintain is one of equity in terms of what's available to patients in different parts of the patch. So there is an equity and access issue, there's a kind of quality issue – and of course the debate about whether or not it's effective is the third factor which gets drawn into the decision making process about funding it. And of course the literature and the evidence base are quite nebulous really.

But I am pleased to say that the Broadland PCT have been very pragmatic about it. The PCT bases its decision as to whether or not to fund the service on patients' perceptions of their needs rather than any objective evidence (which doesn't exist) to make a healthcare invention. So there is broad agreement that the funding of counselling within Broadland PCT depends on people saying they want it. That people say they want it is sufficient for it to be funded. But the point of ensuring standards and equity, registration etc. will probably be tackled by April next year. So far we have had a mix of situations ranging from no contracts to contracts of employment. The proposal is to employ a pool of counsellors with accepted quality criteria in terms of their qualifications and experience, and adequate supervision as part of their contractual arrangement. There will be a pool of counsellors operating across different localities . Maybe six people one day a week, a lot of money, £20-£30,000. Counsellors will be a central resource which will satisfy the quality issue. Quality can also be defined by what patients want and what they feel they get out of it, and this will need auditing. Gender issues, e.g. preferences for women counsellors and transcultural issues may come into the equation.

When I worked in psychiatry in a general hospital (seeing people taking overdoses) there were only a tiny group of families from Indian subcontinent, mainly in the restaurant business, but within this group there was a disproportionate amount of self-harming. Arranged marriage was the main reason in the second and third generations. Cultural clashes (there wasn't a resource for them) were very isolated. Their family was their cultural group. Arranged marriage was outside their Westernised cultural expectation of choice.

The Mental Health Trust really struggles with providing services for people without severe mental illness. There is this middle ground of people in distress, with some kind of mild or moderate illness or in a period of adjustment with stress and while there is some provision for counselling within the surgery the MHT is unable to provide a service to either those who counsellors can't mop up or whose problems continue despite support from a counsellor. They send out packs – we are sorry we can't give you cognitive behavioural therapy but here is a list of private counsellors. These are people who can't afford to pay £40 a session, or even gain access to a private counsellor. There is the Citizens Advice Bureau for general information. This is an inadequate service. The whole business of access is a difficult one in Norfolk. If people have no transport they are very isolated.
If problems aren't addressed early we are storing up problems for later. Eighteen months on problems become profoundly different. Medication is expensive, and hospital referral even more so, or some quite sophisticated level of psychological therapy. It Is a false economy not to attend to these problems early on.

PL: How effective is counselling?

MJN: Having someone who is depressed in a psychiatric ward for a few weeks would pay for a full time counsellor for a very long time. MHT claims it hasn't got the resources it needs. The primary care health visitor/bereavement counsellor (Bronwen) frees up some counselling time. Most doctors in the Acle Practice try to visit bereaved people 'ourselves'.

PL: What is the scope of Broadland?

MJN: Broadland reaches round in an arc of the city from Hellesdon/Drayton in the West to Acle in the East. There are pockets of deprivation and a surprising amount of alcohol problems. Although some are caught in the poverty trap there are not too many of them so stresses and strains that go with social deprivation are less of a problem than in a rural community. But the common things that affect people by various triggers that affect core group whatever they do as a job tends to be relationship based. Their ability to cope or not often depends on what network that person has – network/support at work, extended families, confidants and friends who know what's going on. As long as they are having a dialogue with someone or feel that they can access that then people tend to cope. If someone either hasn't got or can't access what there is then they may need counselling support. Early one in an adjustment reaction, the doctor might think that the best thing is to give them something (medication) to settle them down. So there is a timing issue as well so we can optimise counselling. contact. And I am always mindful of that in making the decision about referral. People are pretty well informed these days aren't they? They come in and say 'I can't sleep so I want to see a counsellor.' 'I have come to be referred to counselling'. They are reasonably affluent and well educated.
Equally they might say I want to see a gynaecologist, but I've got to see you first. Or they say I want to see a counsellor and of course, they are usually absolutely right - they define their problem very well. The doctor is often just a gatekeeper. Sometimes they get it wrong not wrong when they are not aware that there may be more appropriate forms of help available to them. Then you can guide them in the right direction.
And I think all the partners here feel the same way about (counselling) because of course we get together to discuss the issues. It may be that there are partnerships that don't work as well. It can be difficult if there is one doctor who thinks that counselling is a load of rubbish.

PL: Do you find that there are people who clearly could talk about a bereavement isolation, feelings of anxiety?

MJN: Some people's own defences are just constructed in that way –you just have to pick your time - you can't twist someone's arm that way – you are in the territory of informed choice and consent. One of the nice things about general practice is that I might suggest it and they come back and say thank you very much but I don't want people going back into my childhood – all this idea of the psychiatrist's couch that comes to mind. They might have apprehensions of that sort in their own right – there may be something about that person, their history... you can't make any promises.

One of the things about the survey that I asked was 'did you feel that the counsellor had adequate information about your problems? Some people like the door opened quite extensively, for some people it is what happens with the therapist and the dynamic between the two that is important. As a client and counsellor you'd want to start from scratch anyway. But I think that an adequate introduction (referral) is terribly important. You may have a counsellor who is very senior and male and an 18 year old girl to refer. There is no way she is going to want to talk to him about her problems, but there may be no one else. You just have to inform the two about the other and they may be able to connect at some level.

PL: What is the position on waiting lists?

MJN: Two weeks. In some practices it's three months. Resources are so unevenly spread in the area. Some practices really struggle. This is better than being referred to see a clinical psychologist (MHT) - this can be nearly a year - and the damage is done. Angina – waiting a year for an angiogram within that time have a heart attack and die. You can develop your depressive illness by then. It's not economic. That's where GPs get involved a lot more. It's part of the plate spinning. A patient may only have 15 minutes, but three or four visits can help.

PL: What changes do you see in clients?

MJN: Our outcomes survey included the question, 'Did counselling help?' 70% said a great deal. 15% to some degree and 15% not at all. Counselling of £20 per hour on average three or four hours with 85% gaining benefit. This must be cost-effective. The doctor's time is more expensive, and many aren't much good at counselling!

Although there has been much emphasis on evidence based outcomes qualitative research gaining credibility. The need for counselling is now being defined by the patient.

End of interview.

Appendix 9 - Sonia

Interview with Sonia, client participant
Meeting place: Student counselling service, University in Northern England
Date of meeting: 2.02.03.

Phoebe: Thinking back, what did you think counselling was?

Sonia: I thought it was people saying to me how I should live my life. I'd read these articles saying how useful it is to go to counselling. I couldn't see myself like that. I couldn't see how I could get my life together. It put me off going to counselling because that's what I thought it would be...class values...they would try to put them on to me. And they didn't know what it was like, what I'd been through. So I thought about it for a long time. I didn't ask for counselling, but I went to the GP and said I think I've got 'affective seasonal disorder' or 'premenstrual tension'. I seemed to have that...just to see what their reaction would be. The first doctor recommended tranquillisers and anti depressants. I took the anti depressants but not the tranquillisers. It was over a two year period before I said to my doctor, look I really need help. I'm not coping any more. I still wasn't offered counselling. I still didn't ask for counselling... I didn't say I want counselling. I knew I just needed to 'talk it out'. The word 'counselling'... it doesn't sound right. It sounds like they are going to counsel you, like a lawyer...

Phoebe: So when you first came across the word that's what you thought...people would tell you how to be?

Sonia: Yes... They would try to tell me what my life was like. Yes, also I was a bit scared about talking about personal things, like what the real core problems were. Then I went to relaxation classes...that didn't work. Then I tried to commit suicide. That's what happened.

Phoebe: And how long ago was that?

Sonia: It was a long time ago now...10 years ago. And then I got admitted to a day hospital and that's when the counselling started. But even that took quite a long time. I was pushed from one counsellor to another...and then they put me into this group, and that ran for about 18 months, but because it was a group I still didn't open up properly.

Phoebe: So you had gone to your GP initially and tried to tell him how you felt?

Sonia: I couldn't stop crying...I just didn't feel there was anything right in my life. I felt that I was just fragmented into a thousand pieces...that is the way I felt. I think I was sent to a psychiatrist for a little while - just one. I didn't speak to him either...

Phoebe: What did you think about seeing a psychiatrist?

Sonia: I couldn't speak to him. I couldn't relate to him at all. He just wanted to prescribe drugs so that I could get over it...I took the anti depressants but not the tranquillisers. Because I'd had my father...my father had had a drug problem in the past; he tried to imply that my problems were due to that, when they were a symptom of what was happening in my life...taking the drugs...I

can see that now but I didn't at the time, but he made me feel really...Oh I can't explain the feeling...I thought 'that's it now, he's fobbed me off'...

Phoebe: So you didn't relate to him?

Sonia: Not at all...and as I say he didn't advise counselling. I'd harmed myself before I got that bad.

Phoebe: Although this was your experience of counselling it put you off? Not that you had a particular perception of what counselling was. You just knew you needed help so you went to your GP and then you had this series of experiences of half-contact with counselling?

Sonia: And it was no help whatsoever. It seemed it wasn't about me, it was about them giving me drugs to make me normal - what they perceived as normal...and I was normal. I was just hurting inside. I don't think it's much different today. I know because my sister has the same problems and she is getting counselling now.

Phoebe: So you have experienced lots of obstacles...the waiting list and so on?

Sonia: And asking for counselling. Saying I need help. Its hard to say that when you are so full of hurt...you don't know what you want; you feel you shouldn't even have to say it...you feel somebody should just take over for you. Not put you in hospital, but look after you, you know. Talk to this person who won't judge you. They did...they all judged me.

Phoebe: That lack of judging ...that is what you were looking for?

Sonia: Yes who just accepts you.

Phoebe: You had this gap, then some group counselling?

Sonia: Yes, which was good, but restricted because of money. There were lots of cuts. The counsellors I had, they were women, they were wonderful, they really were. But they were restricted because they said it should really be one-to-one, rather than in a group. Money was restricted.

Phoebe: They couldn't refer you on...?

Sonia: No there was no provision.

Phoebe: You had mixed experiences of counsellors and psychiatrists...?

Sonia: It took me a long time to come here. It was my tutor who said ' that's what they are there for'. If we didn't have people in need we wouldn't have a counselling service. I think with me because of the experiences I have had in the past I have been frightened to go to my own doctor...I might be out of my depth again, because this sort of experience...because I have had counselling before I don't feel that I can ask again. They could say well you've already had all the counselling. But it wasn't long enough. It did get rid of them issues from there...learned me how to move on a bit.

Phoebe: So you have come to study here...full time?

Sonia: Yes Sociology. I have got good marks...But I didn't do my exams. I got hysterical because I couldn't do my exams, that was the problem. My partner wouldn't let me ...he beat me up. That's when I came here. I saw Karen and said I was going to be kicked out of university. She persuaded me to come back. I'd got 70% for my essays so they said I could stay and do the exams in the summer.

Phoebe: What was the first essay on?

Sonia: The Liverpool race riots.

Phoebe: What do you think happens in counselling?

Sonia: The support. Somebody ...there are not many people I can talk about it to...about what I am going through. I feel I supposed ashamed of what is

happening in my life at the moment, at my age, that I haven't sorted my life properly. I think that's what puts me off, the age thing. I am hoping that the counsellor will give me strength and motivation

Phoebe: So you feel pleased that you were persuaded to carry on?

Sonia: Things have come to a head...I am living in a safe house at the moment...

Phoebe: Does it feel safe?

Sonia: No it doesn't really, but I don't feel so frightened now I know I am going to have some backing here and from the University. I have support from the Department and the encouragement to carry on doing my studies. To me it is the only way to get out of the situation I am in. I'm not at home at the moment. The whole place has been wrecked.

Phoebe: And you've been wrecked too?

Sonia: Oh yes...I've split up from my husband I'm not having him back after that. I know women always say that. I've been married before and he did the same thing.

Phoebe: So you say you want to stop being a victim?

Sonia: Things got bad when I wanted to study. He has always been a control freak. I've been abused in the past. He did start hitting me about two years ago, but he did this now to stop me doing my exams.

Phoebe: So you will sit your exams in the summer? So what do you hope from counselling?

Sonia: I hope it will make me more confident, make me feel more grounded. I am apologetic all the time. I don't want that. I feel I have let everybody down, let the department down. I know I haven't. Circumstances, life has let me down.

Phoebe: So you are hoping what...?

Sonia: I hope that counselling will help me focus...I hope that counselling will help me in asking for help. I find it very hard. I let things go until things have gone too far. I am also in financial difficulties and I'm putting everything off. I can't focus. I think it will be alright tomorrow and tomorrow never comes. I am virtually destitute. I'm living in the safe house and I am having to pay the mortgage on my own house. All these issues...I am hoping I can learn to deal with these things. I can't seem to do it on my own. It's all these little niggly things going on in my life that I can't deal with.

Phoebe: So you really see counselling as... the saving of you?

Sonia: Yes, I know I can't go to my doctor again, I wouldn't want to; I wouldn't want to ask him.

Phoebe: So your experience of counselling has been sufficiently good - of the two women counsellors - to make you feel hopeful about counselling helping you?

Sonia: Yes I think counselling is very good, but getting into it, finding a way in, is dreadful, with all that you have to go through to the length of the distress you have to display before you are taken seriously.

Phoebe: What do you think counsellors are like, as people?

Sonia: They care about other people. They try to see beyond the problem to the person and help them work through...good ones do. There can be bad ones.

Phoebe: So counsellors help you work things through?

Sonia: Help me work this out, saying 'come on Sonia'; it's like two heads are better than one. It's like...encouragement. Like I can come back and say look I have done that...

Phoebe: What sort of people, in your view, go for counselling?

Sonia: People who feel that they just can't cope with everyday functioning of life. They've got no family safety net, maybe, where they can talk or if they have they don't want to distress the family about hidden things, you know, secret things...its better, I think, if it's a stranger as well. I think if you tell friends you can distrust them because they know things about you and you know that a counsellor is professional, and they go home...they don't take you home with them...

Phoebe: Is there anything that you think has particularly influenced your thoughts about counselling? You said you think the word 'counselling' is wrong in a way.

Sonia: It is the wrong word. Its not caring enough...it's like a legal word isn't it, giving formal advice.

Phoebe: So what are your doubts about counselling?

Sonia: Whether I can be honest...doubts about the relationship. You have to get a relationship with the counsellor. I think because of my childhood and stuff I feel slightly unclean. Most counsellors come from middle class backgrounds. I come from a working class background...I feel unclean. I feel I am less than them and that gives me a bit of a problem. That's just me though. That's nothing they are doing to me that's just me, my perception.

Phoebe: You feel unclean because you were sexually abused?

Sonia; Yes...and I have just done things that are quite shockable.

Phoebe: Yes, the class thing?

Sonia: It doesn't really give me a problem. I haven't got a barrier, you know, it just goes through my head a bit.

Phoebe: What does middle class mean to you?

Sonia: When I was a little girl it meant a mother and a father, a proper nuclear family, with a car and a salary, both educated, you didn't have jobs you had careers; you didn't get a wage, you got a salary, they haven't got workmates, they are colleagues. They *like* each other, can relate to each other. I felt like the little match girl who would go past people's houses. I'd always wander around the middle class area where I live and just look in, through the curtains and I'd see the glow, and I used to imagine what it would be like in there. I wanted that. That's what I wanted. It's the ideal I suppose, it's not being middle class that I wanted, it's that investment that they put into family that seems to be lacking...

Phoebe: You think that doesn't exist in your idea of working class?

Sonia: It does, I suppose. It does an awful lot. They aren't so sensitive maybe...to the deeper things. And they get shocked easier, they are more conservative in their outlook. They vote labour but they are conservative in their outlook – they'd bring back hanging. If they need counselling you are a 'wus'...if you don't like that you go down the pub, or something like that.

Phoebe: So working class culture you feel is anti counselling?

Sonia; I'm not anti any class at all. It's just that I can't talk to my friends and family about personal things...it's a sort of 'pull yourself together' attitude. If I could I would. That's what annoys me about people with that attitude. They've got problems. If you try and talk to them they aren't even listening. Or they say 'oh that happened to me...'

Phoebe: You've talked about some of your doubts. What about your hopes, your expectations of counselling?

Sonia: I hope it will give me encouragement and reaffirm things I already know, to give me the motivation. I feel like I'm isolated just a little bit. I'm the first person to go to university out of my family. First generation, probably the first

for ever now, and nobody has been here from my family. I think my daughter came once, so they can't relate to what I am going through here. I want counselling to keep me connected, I suppose, keep me on this track that I am on. To me coming to university...you know if somebody had said that to me five years ago I would have laughed...but I have always wanted to, I have always wanted to learn. When I was a little girl I got put off education, being left handed.

Phoebe: Lefthanded?

Sonia: Yes my teacher used to call me 'Cack'. She's tie my hand behind me. She'd say 'The devil spawned the cackhanded'. It was a middle church school. She'd just had six weeks' training to teach during the war. She stayed on after the war and became our teacher. She wasn't qualified to be a teacher. But because of that it hurt my confidence. It made me feel bad inside which I've never really got rid of. I think probably that's why I was abused. Well, not why, I don't blame her but you can see how these things led to each other.

End of interview.

Appendix 10 - James

Interview with James, client participant
Meeting place: Student services counselling centre, University in Eastern England
Date of meeting: 11.03.01.

Phoebe: What made you think of coming to counselling?
James: I suppose I was troubled by work, my academic work, this is my first year. I think it's a mixture of things, I've had problems with my work and I was doing well in two out of three of my subjects....I realised in myself that I've had a lack of confidence in myself.
Phoebe: Did you have some preparation for the degree course?
James: I did A. level English - one year. I thoroughly enjoyed that - wanted to go into university. I did an access course. I did quite well, In Welwyn Garden City. I'm doing a degree in Literature...I went to see my academic adviser to address why I couldn't keep up with - mixture of things...problems. Too big a subject to tie down in my essays. She suggested I get help.
Phoebe: What sort of problems?
James: Confidence in writing essays.
Phoebe: They weren't going down the way you wanted?
James: Different from access course at university. Also things I don't realise at the time. I think my background might have something to do with it. I'm not used to expressing myself to great length, not like younger students - they speak ... talk better, more confidently. I am a mature student - but found that a bit daunting, but didn't bother me too much but...
Phoebe: Was it a question of focus?
James: My confidence - lack of belief in myself that I can do it - found at university way of learning different in that I have a lecture then a seminar, two seminars - all I get then I'm on my own. Very different from College to University. You have to be quite confident person to do that and this is what I spoke to my adviser about. I could only trace my lack of confidence back to what I did in the army.
Phoebe: And was that a.... good experience?
James: It was ...it had its good aspect, but when I was 19 I was sent to the Falklands. My job was to do supplies and spare parts for vehicles and ...I realise now and its something you wouldn't believe, but the place was in such a state and then being 19 and naive I thought I could do it all - I thought I could rectify these problems.
Phoebe: So you were quite idealistic?
James: I just hadn't got the experience to do it - at the end of 4 months I had lost all confidence in myself - and my job - in fact I wondered what the hell I was doing in the job in the first place and the people that I thought - friends and things that I met I couldn't even say hullo to - my confidence had sunk that low. I've got it back to a certain extent, but I've never really got back to my old self, if that makes sense.
Phoebe: Was it long after the war?
James: Ten years after. Wasn't a war situation or anything like that - it was a very remote area. I'm not a person to mix very well it takes me time to get used to

other people, people I can trust - going to a job I hadn't experienced before and in which I thought I could rectify these problems and in the end I didn't have the experience to do the job and by the time I came back my confidence was shattered.

Phoebe: Rectifying problems?

James: It was mostly stock control it sounds silly now but what I used to do to supply the engineers to fix the landrovers, trucks to standards, but someone would bring a part for a vehicle and I was controlling the accounts - go to look for spare part - not there and then check accounts our, but not listed - people down there the years before - my boss created merry hell, he said this isn't good enough and there was a bit of an investigation after that. That's the way it is I had just thrown in my self into the situation.

Phoebe: It sounds a very positive thing you've done - sounds as if you have been extraordinarily brave in the risks you've taken in your life....Can we talk now about what is your view, your impression of counselling?

James: Well I originally went to see an adviser. She said: Perhaps you are suffering from depression? I said I don't think its depression as such. I think its fear of communication, because I had that experience It was not a very nice experience. I wasn't able to talk to friends as I did before. It taught me a lesson...that I can't trust myself...There's something there that is stopping me from going forward in my life -it sounds a bit...

Phoebe: A kind of block...?

James: A psychological block. She said why don't you go and see a doctor, so I said... I had thought about it before. I had thought about going to see a psychiatrist, that is what I thought would be the word - as doctor - she (the adviser) saw there was something in me that was stopping me doing my course. I just needed someone to tell me that so as soon as I finished that meeting with her I went straight down the doctor's for an appointment. The doctor said that the university has a counselling service.

Phoebe: And what did that conjure up for you? Counselling service?

James: I wasn't quite sure - what steps may be required - ways that would help me. If it is depression then we can give you some treatment in the form of tablets just to sort of heighten my...make me feel...

Phoebe: Make you feel less low?

James I didn't agree, I don't like taking tablets...

Phoebe: So can you say a bit more about why you don't like the idea of taking tablets?

James: I said I'm not quite sure about that. She said they aren't addictive. I said I'd just like to get over this problem. So I feel a little bit more in control - so at the end of it all I can say I done that and that and that's what I've got to do

Phoebe: And so talking with somebody will help you feel you are taking control

James: And that's why I want to speak to somebody. I want somebody to help me untie all these knots. I've had this sort of block and I've sort of hoped it would go away one day and it hasn't. And when I was in the Post Office I carried it all around with me for five years. I am 28 now. I had my birthday recently and its something I got upset with. I didn't have many cards - I did from the family - but none from friends. I said to my mum at the time. This isn't good enough - I just can't seem to make friends - I'm scared to commit myself so that I don't get caught out again. And it's a problem. I've only just noticed I've had. But I've been lucky enough to have friends here - I've made a girlfriend in the accommodation block and she's been the first person I've had to talk about

these sort of things. I think it is to do with my background as well, if you show... I don't like to use the term working class, but class structure's worse.

Phoebe: There wasn't a tradition in your family of further study?

James: Yes that as well. I think in our background if you showed your emotions too much, or that you're hurt you don't talk too much about these kinds of things because it shows a sign of weakness and people can take advantage and its a terrible thing, but you know, that's what it is, but I have this friend that I've been able to trust and I've been able to bring things out a bit more

Phoebe: She's been a good friend?

James: Yes exactly.

Phoebe: So if you were to say to your parents if you asked them what they thought of counselling, what do you think there view would be?

James: I've asked them, I have had it all out with them, talking to them.

Phoebe: They haven't been too keen?

James: No they've been great they've said if you can talk to somebody who can support you then they're happy. They think it's great that I've got myself here to university. They think it's a good idea. I want to talk to someone who is a professional counsellor - I don't want to take up too much of their time

Phoebe: So your impression of counselling is that it is somewhere where you can talk with a professional who understands the way your mind, emotions work, so that's what you think happens in counselling? What do you think happens?

James: I'm not quite sure really.

Phoebe: You're not sure?

James: I can imagine they talk about why it is that I can't communicate better. That's what I think it comes back to. This is what I can imagine. And then perhaps from there they go into more depth about how it was and then I presume, the patient...client ...and then the client talks about it a bit more...and then I can admit what that problem is and then just talk it out....

Phoebe: So how do you think you've formed these ideas that that's what counselling is? I just wondered in your reading, or film watching?

James: When I went to the doctor I imagined that she would refer me...well the first word that would sum it up was would be...a psychotherapist, sorry psychiatrist and that's what I thought the word would be.

Phoebe: What is a psychiatrist to you? How is a psychiatrist different?

James: That's what I thought...when she said we've got a counselling service I automatically thought Is that the same as what I thought a psychiatrist was, and then I thought perhaps it is and then I thought it must be that sort of service - counselling is a different word for that sort of service, I suppose. I didn't realise that the university did have a counselling service on the campus

Phoebe: So psychiatry has more of a connotation of ...doing something to your head?

James: I suppose I get that sort of stereotypical image of the couch as you see in television and things - there's a couch that the client lies on yeah so that's why I imagined I might have to see a doctor as such - a doctor in psychiatry and I might have a few sessions to talk it out and then just to move on a bit, you know

Phoebe: I think there is a lot of confusion about what there is available to sort out the blocks for example, lack of confidence you are talking about and it seems you've gone to the doctor, been referred here, you've got a good friend here. We've talked about what counselling does and later on....in a few weeks we might talk about whether counselling meets your expectations.

Phoebe: Can we just go a bit further about your image of a psychiatrist in film....how these images need understanding?

James: I can think of Woody Allen, just recently saw Robin Williams in *Good Will Hunting*. Great film. It ends in success that film which I think says a lot about counselling - the main character in that film

Phoebe: Was there anything that struck you about Robin W. in the role that changed your idea perhaps about what counselling might be?

James: The thing that struck me most about that film, towards the end of the film Robin Williams really gets the main character to trust him. Though he's talking to him about his problem - we don't go too much into that in the film - he says to him it's not your fault or something and the main character (client?) breaks down in tears, he just suddenly gives in. It's just a sort of release of emotion - yes, I think that's quite a film - yeah. Good film

Phoebe: Have you been led to expect when you might see a counsellor here?

James: Hope I will be seeing someone this week.

Phoebe: How are you feeling about having to wait?

James: I wondered really - about my problems - I'm studying English and its a very internal subject - it touches the emotions quite strongly, and in order to interpret them and express them in writing...you've really got to sort of sit down and think about it...and because, sort of words on paper can't show emotions and can't show what sort of person you are like - or whether you are competent or not - things like that - it made me wonder why I am doing this subject - its very internal - I'm shut off from the rest of the world .. I've tried to escape to this university and now this subject has shut the world off.

Phoebe: Yes, that it actually encourages you further in your isolation...and yet the bit you are having difficulty with is the communicating of your ideas and thoughts

James: Yes

Phoebe: Have you got any anxieties about waiting

James: Perhaps I'll be all right for a little while, but perhaps then I won't really sort the problem out and I want to sort it out myself, but this service might help me to sort my ideas out a bit better and I can be a bit more assertive with myself..

End of interview

Appendix 11 - Jenny

Interview with Jenny, client research participant
Meeting place: Student counselling services, University in Eastern England
Date of meeting: 24.04.02

Phoebe: Can you talk about your impressions of what counselling is?

Jenny: I think it is talking through problems or any problems you've been having, trying to make them better, help you through them, help you to understand

Phoebe: How to understand them for your self?

Jenny: Exactly. I get the impression you kind of do the talking and you come to a conclusion yourself.

Phoebe: What do you think happens in the process? What are you expecting?

Jenny: Personally I'll try anything to make myself feel better. I want to get better. I've just had a break-up with my boyfriend and it has just been horrible. I just want to make sure...

Phoebe: So you have been having a pretty horrible time... feeling shattered by things? And you just want the opportunity to talk it through with someone?

Jenny: Yes, well you see I talk about it all the time with my friends, but they all say different things, and I want somebody to tell me the right way to do something - though I suppose counsellors aren't supposed to tell you what to do.

Phoebe: Do you have an idea of them being counsellors and counsellors, some adopt different approaches?

Jenny: Yeah I get the impression that some are a bit more psychological - psychotherapy...psychotherapists - they might tell you things about yourself that you've never thought about before, about what sort of person you are, and that might help a bit, and then there are counsellors that might sort of - talk you through, guiding you to a solution, well that is what I imagine anyway.

Phoebe: It's explicitly person centred here doesn't it say? I'm sure they don't attempt to tell you what to do.

Jenny: I'm sure it isn't that helpful being told what to do anyway...I've had so many people warning me don't go to counselling.

Phoebe: People around you? Have you got any sense of why they have warned you?

Jenny: One friend has said 'you know you've got a problem and you know where your problems come from. You've solved them'. Some people don't know why they are upset, I do know. But I am so confused and there are so many things going on... I get so confused, I don't really know what's real anymore. And I feel I would like to see somebody...I do need to see somebody just to see if it will help.

Phoebe: But your friends are saying to you, or one is, that because you know the reason with your head what's going on are they suggesting that if you go to counselling this might confuse you further?

Jenny: They (counsellors) say they will give you a different language, a different way to talk about your problem....

Phoebe: Are you having to wait for a while?

Jenny: Three weeks' wait – came at Easter, I was quite upset then. People have had to wait quite a while. I would have had to make myself cope anyway...I just want to make sure that I get better the right way – I don't want to cut things off or get angry inside.

Phoebe: You are living in Norwich?

Jenny: I'm not from here, but don't live at home. I was living with my boyfriend for a couple years. I've just lived here ever since.

Phoebe: You've really had to hold on. Now you've got an appointment you say you're feeling you can handle it?

Jenny: Maybe? If I thought my appointment was 5 or 6 weeks ahead I wouldn't be very happy with that. So if you have a need you need help. If you ask for help you should have it. This has happened over and over again in the last six months, with drug counsellors, with my ex boyfriend...Its just been one mess after another - its taken 6 months - not good enough and it does happen, I know that it happens because services are oversubscribed, but

Phoebe: You've requested to see a drug counsellor?

Jenny: No I didn't, he did. I probably should have done (laughs)

Phoebe: You've got the sense that the advisers, the carers, the counsellors are not necessarily that available when you need them, and that makes you very frustrated?

Jenny: Yeah obviously the system - there is not enough – the doctor referred my boyfriend to the wrong place – it was mostly counselling and medical treatment – he needed that to help get him off heroin, but they sent him to someone who dealt in alcohol treatment because the locum thought that was the right place. Where the locum lived the place gave counselling to people with alcohol as well as heroin addiction ... waited three months for that and then it was the wrong place... had to go through it all again waiting for another visit - every time thinking it was going to be over and then it wasn't... still having to wait all that time...just having to put everything on hold

Phoebe: Is your boyfriend, is he getting the help he needs now?

Jenny: He's not my boyfriend anymore - he finally got help and then he got off the drugs and then he didn't want to see me any more.

Phoebe: That was very tough for you. You feel you helped him all that way and then the outcome is...

Jenny: That he didn't actually want to be with me at all

Phoebe: So you are having to cope with third year studies and..

Jenny: He's also left me in thousands of pounds of debt. I was stupid enough to lend him my money

Phoebe: Is that via your student loan?

Jenny: My credit card

Phoebe: Pretty pressured, nasty situation and yet you're giving the impression of holding yourself together...

Jenny: Last weekend was my birthday yet I ended up kicking my sister...lots...I didn't want to do that... I'm not dealing with it very well. I had to explain to her why it happened – even so I don't think there is any excuse.

Phoebe: You've got rather mixed feelings and perceptions of counselling– different kinds of counselling, different needs...when most in need you feel you often can't be helped directly by the services; so you come with a bit of ambivalence really?

Jenny: I'm not sure it can help but at least I'd feel I have one person who I could see as the person I listened to; I talk to my friends...it feels I shouldn't. I think I talk to too many people. Best to talk to one person and focus on that and feel that would be helpful, but feel I can't just put that much pressure on one of my friends.

Phoebe: So that's partly why you feel it's good to come and see a professional?

Jenny: Because they don't really know (my friends) they don't understand why I do this – they just support me rather than help me get through it, they'll be there to make me cups of tea, listen to me talk but I don't think any friends feel comfortable if they tell me what to think, what to do.

Phoebe: Yes beyond their realm, they can't get right in with you?

Jenny: That would be complicated. Why should a friend have to listen to, you know, you...rambling on about childhood, you know, trying to find out why you do these things.

Phoebe: You think a counsellor might do that?

Jenny: I don't know how relevant it would be, but you've got some...some counsellors tend to go back (looking at) how have you grown up or whatever, and what happened then. I don't feel like that...but perhaps that's really why this happened...I don't know...maybe counsellors do ask you what happened when you were younger.

Phoebe: So what do you think counsellors are like?

Jenny: I've heard that counsellors are people who have had problems and they want to help other people...I know a woman who became a counsellor quite late, you know after her children had grown up, and its seemed like she had quite a difficult time bringing them up, discovering sexuality etcetera... and I think because she'd gone through all of that she felt she could help other people... Why do you want to help other people if you haven't had any problems yourself? There must be some people, some counsellors who just want to help people...so it seems silly being like they want to be admired, there must be some people like that who want to be thanked, feel like they are needed for themselves...

Phoebe: Are you saying you might question the motives of some counsellors?

Jenny: I don't think so. I don't think it matters. I think that just might be why a counsellor moves into counselling. I don't think a counsellor would tell you about their own experiences...that might be why they went into the profession

Phoebe: If they are professional counsellors they are unlikely to disclose personal detail – very unlikely because they are concerned with you?

Phoebe: Yes that's what they are there for...but you are aware that there could possibly be some self-disclosure, they may have a point to make perhaps...

Jenny: Yes I suppose so, but I would be quite surprised...

Phoebe: You feel it would not be very professional?

Jenny: I don't know, I feel it could be very helpful, but probably not professional. I don't know but I get the impression that you are supposed to keep yourself separate if you are a counsellor, or a doctor...

Phoebe: Though in your previous relationship it was the doctor who referred him (her boyfriend) to a counsellor for drugs. In your own case is it the GP who referred you?

Jenny: No only reason we went to GP for boyfriend because we thought the GP would give him what he wanted, medication to help him come off the drug. In the long run I don't think he had a lot of counselling, and I think that that's why he is having so many weird things happening to him now. Doctor said I can't. I have to refer you. Fair enough, he probably should have got some counselling, I don't know, half an hour a week just to say 'do you want to do this? I don't think it was really counselling

Phoebe: Not in the sense of talking about his problem?

Jenny: I really don't know I wasn't there.

Phoebe: But you yourself have elected to use Student Services?

Jenny: I get the impression that if I had tried to go through a doctor, if |I wasn't at university, I wouldn't have thought to go to the doctor. I would have had to go through a lot of stages; I don't know. I wouldn't have thought to go to the doctor to ask to be referred to a counsellor.

Phoebe: Do you know someone who has come here?

Jenny: Yes I think I did. She came here for quite a while, but then she went to her GP and he said 'well you are chronically depressed and you probably have been for a good few years', yet she'd been coming here for a long time. I guess the people here aren't doctors.

Phoebe: Not doctors, but they might be referred by Uni. Doctor? Your expectation is limited by the fact - the time that you will come here - the fact that you are doing finals?

Jenny: I am leaving this town in July. I don't know if that's long enough...I really don't know how long things take...counselling? I wouldn't like it if things dragged on for ever. I just want to deal with this one thing.

Phoebe: So you are feeling quite impatient really. You want to get a move on...? What sort of people in your view do go for counselling?

Jenny: The only person I know is a complete nutter, like completely insane, she doesn't make any sense at all, not a very good thing to say. She goes crazy quite often...I don't even see her very often. I'm not in the same circle but I used to be, she'd come out with us at night and end up drinking too much and then storm off. I think she was - she couldn't deal with her problems - she seemed very confused...I'd like to think that just any body would go to counselling. I would like to think that. I suppose quite a lot of other friends I've got have gone to counselling haven't found it helpful. I've never met anybody who has said counselling is has helped them

Phoebe: You've not?

Jenny: Nobody has said that it's helpful but people might not tell me what they think

Phoebe: Would you rather that people don't know that you are coming?

Jenny: I don't know actually, I don't really mind if people know, I don't really care. I bumped into someone I don't know that well who said 'you look really tired'. I said I'd just been to make an appointment: 'I've just been to the counsellor'. They didn't bat an eyelid.

Phoebe: You don't feel uncomfortable about it, you don't feel that there is a negative or stigma attached?

Jenny: No. Most people are aware that I am not very happy at the moment. They'd probably be happy to see that I was doing something about it

Phoebe: A lot of what you say indicates where you feel your ideas about counselling come from...your school experience was not much help during your parents' divorce, but what other influences are there?

Jenny: All the time you see things like, you know, hippy counsellors, you do read about, like in *The Observer Magazine* on drugs; there were a few little references about counselling - so many different types - and one takes you this route and one takes you that route; like with drugs alcoholics anonymous there is this '12 step' thing. Or you can say you've got an illness or you can say you haven't got an illness. There are so many different ways of doing it... I don't really know.

Phoebe: You see a morass of different approaches, backgrounds, aims and directions?

Jenny: Yes, and everybody has a funder, where do you get the money to do these things, to open these centres. All these drugs clinics springing up, because there's such a demand for them, because of the financial awards...big business...All in the pull-out magazine, different aspect of drugs...there was a bit on counselling towards the end. I suppose 200 years ago, well a while back, when there was no counselling, people must have had problems...I sometimes think I should just snap out of it.

Phoebe: That's a familiar phrase...where does that come from, pull yourself together'?

Jenny: I feel like that sometimes, I should just turn the page, close the book or whatever. I feel I should get on with the rest of my life. I'm just worried that the way I have been treated now might affect my relationships in the future. What I want in the end is to be happy. I'm not happy now. I don't want...me ...to destroy future relationships so I think that's why I am here.

Phoebe: And you were talking about the most recent break up, not your parent's break up?

Jenny: No I'm not talking about my parents, no, I'm glad my parents split up, for them...

Phoebe: Were you doing A levels at the time?

Jenny: No, I was about 13, it was a very, very long time ago, it dragged on quite a while...I think the reason I was sent to counselling then was because I was being naughty at school. I've always been naughty at school. I always was.

Phoebe: Do you see yourself as anti authority?

Jenny: Yeah maybe...I don't like being told what to do, not if the person is trying to help me...I'm fine now at uni. with the teachers here as they don't tell you that you must be this or that...I don't come up against anything here. I don't think I'm a trouble maker...at school I was quite bored.

Phoebe: Sometimes you feel you should snap out of it? You've got this feeling that it's really up to you what you make of your life?

Jenny: Yeah. People have said that to me. After I'd had this fight with my sister last weekend she has this friend of hers, well quite a few friends actually...one of them said 'look at Abby, her mum's got cancer, her dad's an alcoholic'...she didn't know at that point quite what's been going on with me...I'd like to know why I feel quite so hard done by...

Phoebe: But you do rather?

Jenny: Yeah

Phoebe: Well you have been having a very hard time, it seems. You have expressed doubts about counselling. Is that right?

Jenny: I have doubts...not doubts...I really do want it to help.

Phoebe: But a certain ambivalence?

Jenny: Yeah I am always frightened of taking one road in case it's the wrong one. I mustn't think that counselling is going to help

Phoebe: For fear it wont?

Jenny: Or that it will in another way...I have a friend who is a Christian. She says, 'why aren't you happy?' I feel quite tempted to go along to Church, I fear I will get sucked in, bashing people on the head with the bible all the time. I might do that. I don't thing I would, but with religion I might do that.

Phoebe: So you don't want to open up too much to somebody for they might take advantage and direct you where you don't want to go?...We've talked about some of your doubts. What might be your hopes?

Jenny: I just hope that at the end I will feel better, that I can forget about this ex boyfriend and leave it behind. I really hope that in the end I will be a happy person. I hope the counselling will help me to achieve that. I would like to get on with my degree anyway. I've got my academic advisors' support... because if you've signed up to see a counsellor then you get special consideration for your degree. You have to have medical certificates, they can't just listen to you, you tell them what the problem is, you have to have backup. This person who has been helping me get extensions on deadlines and things For the School, for my dissertation I had to tell them exactly what was going on just to get a couple of weeks longer to write my dissertation in. I had to write this whole essay - two pages - about why I am having so many problems...

Phoebe: These have been your academic advisers?

Jenny: I had to get special dispensation from the Dean about an extension for the dissertation – I had to explain what the problems were, and I had health problems as well...I had to say all these things and then they offered me a week's extension...then they offered me three weeks.

Phoebe: Did you meet the deadline in the end?

Jenny: Yes, I did it practically overnight as I had to move out of my house...because my boyfriend was going to withdraw...go through this detox. I needed to move in with him because I knew he was going to be very ill and I needed to look after him. He was aggressive and violent and that was horrible and then he was better and I thought I could write my dissertation and then he didn't really want to see me. So I had to move again – only across the road. So that is what actually happened in the three weeks of my extension. I then only had a couple of days to write it in...I did get it done. The mark wasn't that bad at all.

Phoebe: Some of your academic advisers see counselling not as valuable in itself but as a means of helping you get some sort or recognition for why you've needed extensions?

Jenny: Yes, if I'd just said I'd been having a horrible time, from my own experience that's not enough.

Phoebe: So you need a kind of official stamp if you like?

Jenny: That makes the problems you've been having real; it's like a rubber stamp, proof that I'm not just making it up. It's a shame really, it's not why I am here at all.

End of interview.

Appendix 12 - Vaishnavi

Interview with Vaishnavi, client participant

Meeting place: Student counselling service, London, university teaching hospital
Date of meeting: 13.10.04

Phoebe: Can you think back to before you came to see John here? What is your general impression of counselling? What *is* counselling?

Vaishnavi: I didn't really have an impression of counselling, what it is. I didn't really think it was applicable to me. There wasn't any pressing issue, or anything that would make me consider having counselling. I was quite okay.

Phoebe: You think there is something about counselling being for people who are not okay?

Vaishnavi: Yeah, or for people who seem a bit down about things. Yeah, so I wasn't feeling particularly down about anything. I don't know, not enough to make me go to a counsellor. I didn't even now feel like going to a counsellor, but things have reached a certain point where I feel I haven't the coping skills or can't benefit from the people around me...

Phoebe: So you perceive counselling as for people who can't really cope with things...

Vaishnavi: Yeah...(tentatively, unsure)...not because they are unable to cope but maybe, I don't know...

Phoebe: In your family for example, what would be the view of counselling?

Vaishnavi: Maybe what I just said, it's for people who are struggling, I don't know, with things in their lives. I guess I associate counselling a lot to do with people having family members die or, for the majority with relationship break-ups, whether marital or whatever. I perceive counselling as the same as why I went to counselling, it was just, when you kind of reach a point, not when you can't deal with things, but you'd feel it more beneficial if you had some outside help. In medicine you learn about stress, you know and coping skills, demands versus resources. You don't necessarily have the resources around do you?

Phoebe: That you felt you couldn't tap into?

Vaishnavi: I just felt like resources around me weren't particularly helpful...it was the first time I'd done it so I just decided I would try it out and see if it was helpful.

Phoebe: What did you imagine would happen in counselling?

Vaishnavi: I guess what did happen...Just talking... I guess the American thing, they have the whole thing, the couch, and that basically...even now my perception hasn't completely changed as it has only been the one session. It is a bit odd just talking to a stranger.

Phoebe: Is that something that you had reservations about beforehand? I am going to talk very intimately to someone who doesn't know me at all?

Vaishnavi: Yeah...that's one thing that I thought. I wasn't scared of it, I just felt a bit odd. But because I had never had any pressing issues before I don't feel the need to go in there and face that, but it is not too much of an issue if I go in and really need it, to be honest.

Phoebe: But you felt that there were pressing issues that weren't being dealt with in the way you would like in your course? What do you think counsellors are like? What would be your expectation?

Vaishnavi: Perhaps it's not the best attitude, but I was hoping...I asked John last week if people come with a kind of goal. I know they don't give you direct answers and stuff but they somehow help you to reach that goal. My expectation is that I reach my own personal goal.

Phoebe: You came with a clear, specific aim? You had certain goals. When you met with John did you feel that this was reasonable, that you have the opportunity now to reach those goals?

Vaishnavi: Yes. I did ask him if that was normal, that sort of thing. He thought that was fine, I think. Sometimes I think we start of with unrealistic goals, silly goals. I am not sure if that was a realistic one to have, if that was part of the job description...

Phoebe: Who are the sorts of people who normally go to counselling? Do you know people who have gone to counselling?

Vaishnavi: Since I have gone I have found out people who do go, but I never knew of anyone really...no-one that I knew directly who actually went.

Phoebe: It is something that you regard as very personal...not something you declare on your c.v. exactly? Or you don't share with other people?

Vaishnavi: That is the thing, I think I am a bit open about. I don't tell everybody about it but I just mention it to people, and they say 'ah, I've actually gone as well'. But I'm quite like that as a person. I don't sort of feel ashamed...I think before I would have because of the person I was dating at the time. He thought I was insecure, emotional. That put me off coming for a while, maybe I am insecure, I don't know. Maybe I did see counselling as a last resort. Not in a negative way, just, okay, so there is nothing else.

Phoebe: So you will try it. You don't feel a stigma, but maybe other people do and certainly the person you were dating, a sign of weakness or being mixed up?

Vaishnavi: Yeah I feel everybody likes to feel they can cope by themselves.

Phoebe: You are indicating that in the past you have not had to consider counselling for yourself. Have you ever suggested counselling to anyone else?

Vaishnavi: Not as such. But I am training to become a GP, and it will be relevant to my career – to offer people counselling.

Phoebe: Do you think people's attitudes to counselling are changing?

Vaishnavi: Yes I think probably there is less stigma attached to it. Yes I was listening to a discussion about counselling on TV with people who have received counselling. People seem to be...not exactly accepting it, but acknowledging that it is there, not the same taboos, so I think people are coming round to it. I think it is part of our culture, because we kind of live off the American culture, their culture, we kind of take the piss out of it, they might seem a bit neurotic, but a lot of them do have counsellors, so I think we follow them, like for us 10 years down the line, so I think our culture is becoming a bit like that.

Phoebe: Have you spent time in America?

Vaishnavi: Yeah, but not long periods. But a lot of people either have a counsellor or another name, I can't remember what it is.... I think that is the danger with counselling. I don't like the idea of going to a counsellor hoping he can (inaudible) your life. I don't think you should become dependent on someone

else to help with your problems. That is one of the dangers I see in counselling.

Phoebe: That you want to be autonomous and self-managing, not dependent?

Vaishnavi: Yeah, yeah.

Phoebe: This is a discussion we are having about this whole issue of dependency. Are you saying this is something you are fearful of?

Vaishnavi: Yes, on a personal level. I drink alcohol, but I make sure that I am not dependent on it. I don't like to be dependent on things or as few people as possible, and I think the dangers of counselling is that people stop thinking for themselves and they might start going for outside help for every little thing.

Phoebe: You think they might *stop* thinking for themselves? You could look at it another way too?

Vaishnavi: Yes I think the counsellor does make you think, yes it can be a good thing, but not for little problems. I don't know how you define little problems...things that you can manage for yourselves, you might start running to your counsellor for.

Phoebe: Yes, so you believe firmly in self-responsibility?

Vaishnavi: With friends for example I don't think it's a good idea if you always go running to one person, because you become dependent on them. If they are not there...then what?

Phoebe: Do you think that counsellors have a role that friends can't meet?

Vaishanvi: Yeah I think with friends, they will listen to you up to a point then you know. But everyone is having their own struggles everyday, so you don't want to kind of bring them down, not continuously anyway.

Phoebe: You seem to be suggesting you wouldn't always go to a friend for say a difficult issue that you would rather take elsewhere?

Vaishnavi: Yeah, for a year I did talk to my friends a lot. I didn't find it that beneficial.

Phoebe: What are your hopes in coming here...you've said what your doubts are...?

Vaishnavi: My hope is the whole goal thing. I have gone to stop thinking certain ways or looking at situations differently. I've told John I don't think I have loads of issues. Just one thing in my life that kind of holds me back. I've said I'm looking to someone with a bit more experience who can help me reach that goal. But I am aware that that might not happen. I'll just give it a go.

Phoebe: How long do you think this will take?

Vaishnavi: I don't know. Last week I didn't think long, but now I think it might take longer than that. I did think it might be a quick fix thing, but it is quite a long process I think.

Phoebe: Are you prepared to indicate to me what it is you want solved?

Vaishnavi: I think what I was saying earlier, it's about looking at my current situation in a more positive light rather than comparing it to how things were in the past. I think I should concentrate on now...I don't know...

Phoebe: You've got a bit worn down, or a bit weighed down by things that have happened to you in the past? You want to be free of this weight and get on with your life?

Vaishnavi: Yeah, yeah. That's it.

Phoebe: But it sounds maybe that you don't want to explore too far?

Vaishnavi: Yeah, I don't want to...I have heard from other people that counselling has brought up too many issues, they've found it a bit overwhelming, left them feeling whhhhrrr.

Phoebe: You don't want that?

Vaishnavi: No.

Phoebe: You've said you've talked to friends a bit. Do you have a family that you are in contact with?

Vaishnavi: Yes, I am really close to my family I have told my sister (about coming to counselling) but I wouldn't tell my parents about it. My dad was really a good support when I was younger. I never had any major problems but just to talk to I got on really well with my dad, a bit unusual I guess, but I wouldn't tell my parents about it. I think my mum would have...I think my mum is a bit old fashioned, she'd worry if she heard I'd gone to counselling. She'd think things were that bad. You have to be in a bad state to go, so I wouldn't tell her.

Phoebe: Your father has been supportive of you in the past. Would you say that is true of your mother.

Vaishnavi: Yes (reflectively)...she is supportive, she would be hurt if she heard me say that she wasn't. My dad, is a bit more, I don't know if it is a male thing, he doesn't worry, or show that he is worrying; he is a lot less judgemental. He is just easier to approach.

Phoebe: He recognises your independence? Are you living at home?

Vaishnavi: I live here in Tooting. I could have gone to Southampton, but I said I'd go to St. George's if they (her parents) let me stay out.

Phoebe: Am I right in getting the impression that you are wanting to be very straight forward, coming to counselling, you want to tackle it as another task, but on the other hand there is a little bit of ambivalence there about is it entirely a good thing?

Vaishnavi: Yeah

Phoebe: Make you a bit too dependent, or maybe go a bit further than you want to go...?

Vaishnavi: I think like any medical treatment, I know it's not medical treatment as such, but I think like any medical treatment it's got its good side, but it's not going to work for everybody or it's going to have side effects. The counsellor is an individual as well, and counselling has its side effects as well, if its not done in the right way, or you don't take it in the right way. Someone was saying that they were taking anti-depressants, and luckily she was strong enough to realise that she didn't need them, but that they were wrongly prescribing her anti-depressants when that was not what she needed. Things like that.

Phoebe: You feel the whole medication side should be separate?

Vaishanvi: In any profession the person (professional) is not going to be as responsible...not every doctor is going to be a good doctor. Not every counsellor is going to be a good counsellor. Or maybe they are a good counsellor and their method doesn't work for you. It's not a very black and white thing...it's counselling, there's no.... I can't think today as I went drinking last night...(she laughs as she speaks) it's very touch and go, I think. I think counsellors are being responsible about it, like people benefit, but it is not always going to work for every single person. It's not that I have doubts, it's just that I am realistic about it. It might not work for me.

Phoebe: It's perhaps getting the right match? Someone you feel in tune with?

Vaishnavi: Yes, because they may be neutral, but they have a personality as well. They shouldn't hide the person they are...(long pause and recognition that our interview time has come to an end).

Phoebe: Might I suggest that we meet in three weeks' time? Or do you think you might not still be here?

Vaishnavi: I think at the moment I might still be here...(She agrees to meet on 3 November).

End of interview.

Appendix 13 - Dawn

Interview with Dawn, client participant
Meeting place: GP Practice – Norwich (city)
Date of meeting: 28.07.03.

The following sounds quite cool in tone and Dawn tends towards very short responses. But in fact it is a friendly interview. Dawn is gentle and very shy and withdrawn. But her tone of voice is always responsive. She straightforwardly answers the questions put to her and it seems impossible to her to extend or amplify her points. It will be very interesting to see how she develops with counselling. She clearly has responded positively to Frank's warm approach, and she is very enthusiastic about starting counselling.

Phoebe: What are you impressions of counselling? What do you think it is as an activity?
Dawn I think it is there to help you. It gives you someone to talk to, someone independent, outside your friends and family.
Phoebe: So 'impartial'?
Dawn: Yes.
Phoebe: Do you feel quite trusting of counselling?
Dawn: Yes.
Phoebe: You don't have any bad vibes?
Dawn: No not at all.
Phoebe: Have you had any counselling in the past?
Dawn: No.
Phoebe: So this is new to you?
Dawn: Yes, I quite look forward to it actually…
Phoebe: When you have gone some way into counselling, probably with Frank, are you happy for me to interview him as well as you?
Dawn: Yes, that's fine.
Phoebe: You've met Frank before?
Dawn: Yes, he's very nice.
Phoebe: So your impressions about counselling are quite positive then?
Dawn: Yes.
Phoebe: So could you say what you think happens in counselling?
Dawn: You talk. I'm hoping for a bit of advice as well.
Phoebe: Do you think you have an input?
Dawn: Yes, I've got a lot going on in my life.
Phoebe: You've got a lot going on, and a lot you want to get sorted. Where do you feel the key lies? Is it with you or with the counsellor?
Dawn: Well, it's with me obviously.
Phoebe: So it's wanting somebody there, somebody who is trained in counselling who will help you to find a way forward?
Dawn: Yes (said with emphasis).
Phoebe: So what do you think counsellors are like as people?
Dawn: My impression is that they are very nice.
Phoebe: Do you know anyone who has been to counselling?

Dawn: Yes, I do, my daughter has been for counselling?
Phoebe: Has she benefited?
Dawn: Yes, very much so, yes.
Phoebe: Have you seen changes in her?
Dawn: Yes, definitely.
Phoebe: What sort of changes have you seen in her?
Dawn: She is more confident about life…
Phoebe: And you feel that you could do with some of that?
Dawn: Yes, definitely.
Phoebe: In your view what sorts of people go for counselling?
Dawn: People who need help…
Phoebe: With inner things?
Dawn: Yes.
Phoebe: And with practical?
Dawn: Yes.
Phoebe: So you would see them as connected?
Dawn: Yes…
Phoebe: Where do you think you get your ideas about counselling from?
Dawn: From television, in the papers and obviously my daughter.
Phoebe: What sort of thing?
Dawn: Documentaries…
Phoebe: So what have you watched?
Dawn: I can't remember what it is called. I've got Sky television and I watch things like Discovery Health.
Phoebe: How have you responded to seeing counselling on the screen?
Dawn: I'd like to try it. I look forward to doing it. The sooner the better actually.
Phoebe: How did you come to seek it?
Dawn: My GP suggested it.
Phoebe: Were you specific about why you wanted it?
Dawn: She suggested it and I agreed to it.
Phoebe: She suggested it because…? Are you under any form of medication?
Dawn: Yes, Diazapam and Temazapam.
Phoebe: So you don't work?
Dawn: No.
Phoebe: Have you ever?
Dawn: Yes, I am a hairdresser.
Phoebe: Is that locally?
Dawn: Yes, I did work for a few years. I was mobile.
Phoebe: So you had to give it up …because of the depression?
Dawn: I've got a heart complaint, I've also got arthritis in my back.
Phoebe: Is that through work?
Dawn: Probably, I was standing for years…
Phoebe: But you can leave the house? Do you feel agoraphobic?
Dawn: A bit…
Phoebe: You get panic attacks?
Dawn: Yes…
Phoebe: So your life hasn't been too pleasant?
Dawn: No, not at all.
Phoebe: So you feel that counselling is possibly a way forward?

Dawn: I've got no self confidence any more. I've been in an abusive relationship for 11 years, not physical abuse, but verbal abuse.
Phoebe: Is that still going on?
Dawn: He walked out in February, but he still keeps coming round.
Phoebe: So you still have that problem? Intimidating?
Dawn: Yes, yes.
Phoebe: Does your daughter still live with you?
Dawn: No she's got two children, she lives nearby.
Phoebe: Do you have any doubts about counselling?
Dawn: No, none at all.
Phoebe: So you feel meeting Frank gave you confidence?
Dawn: Yes, I really liked him.
Phoebe: What would you really hope for?
Dawn: Make me more self confident, help me.
Phoebe: It's really bad at the moment?
Dawn: It's really bad.
Phoebe: How are you affected? Do you sleep?
Dawn: No I don't sleep properly at all.
Phoebe: Diazapam gets you to sleep, but you don't feel so great after it do you?
Dawn: No, not at all.
Phoebe: Do you think that there is any negative side or stigma attached to going to counselling?
Dawn: No I don't, not at all.
Phoebe: You feel it's very much accepted now as a common practice?
Dawn: Yes, I do.
Phoebe: When did you first come to discuss counselling?
Dawn: About three weeks ago. Frank said I might have to wait three months.
Phoebe: Well, I'm not sure but I gather it is likely to be less. Is it a limited number of sessions?
Dawn: I don't know...
Phoebe: How long did your daughter have counselling?
Dawn: A year.
Phoebe: Here? That's good isn't it?
Dawn: Yes.
Phoebe: So it takes as long as it takes. May I contact you in early October to see how things are going? And I'll contact Frank about the same time, if you agree.
Dawn: That's fine.

End of interview.

Appendix 14 - Eve

Interview with Eve, client participant
Meeting place: Medical practice, Norfolk (country)
Date of meeting: 03.05.05 May 2003

Phoebe: What does counselling mean to you?
Eve: I see it as someone you can speak to, who won't judge you or anything, who can listen to you – can't really tell you what to do, who you can talk to; you can't really talk to family and friends as I don't think they can cope with it really. As I said, I was under Hellesden hospital and that was good. The only thing is that you were sort of left... you were suddenly cut off.
Phoebe: Was there a limited number of sessions?
Eve: There was a limited time... it was ever so good, but you just need a bit longer to talk about things really.
Phoebe: So it sort of dragged things up but there wasn't time to resolve anything?
Eve: Just a few more sessions would have helped.
Phoebe: So how long ago was this?
Eve: Probably about a year ago.
Phoebe: So what led you to being referred to a counsellor?
Eve: Well I've sort of had problems since I was eight. My mum was depressed and I think if you live with someone you learn the patterns and I think it was hereditary as well, a little bit.
Phoebe: So you have always had problems?
Eve: Yes, problems with motivation, but I am much better now than what I was. Way back I couldn't even go out in the street.
Phoebe: The world out there was pretty alien?
Eve: Yeah. I do actually have a team leader who comes to see me occasionally, from Mental Health, and they are very good, but there again they are always so busy. You don't see them as much as you would like to see them.
Phoebe: So how often did your carer come?
Eve: For two months I suppose. I can always ring her if I am climbing the walls.
Phoebe: So you have had that experience of counselling which you found was good. Now it is a year on and you have gone to see Dr. Noble and he has suggested you see Penny?
Eve: What happened was that I went very low. A lot of different things have happened. Before this I came off my tablets, which Dr. Noble knew about.
Phoebe: Which were anti-depressants?
Eve: Yes, all different anti-depressants: Lithium, Seroxat, Valium. I got really down when my Nan died. I am on Seroxat now. I still don't feel how I should feel. Dr. Noble also suggested I see Penny, and keep on a low dose of anti-depressant.
Phoebe: So what do you think actually happens in counselling?
Eve: Well they sort of talk about what is worrying you – it puts things into perspective a little bit. I am not sure if you go back to childhood. I'm not sure. I have done that before. It still affects me, but I think probably the issue is

more now, how it affects me. Over the years I have had some group counselling.

Phoebe: So you have had many years feeling you have a lot of problems

Eve: Yeah, yeah...

Phoebe: So you have got some experience of counselling. What do you think counsellors themselves are like?

Eve: They are not family or friends so you don't feel judged. They are confidential and you can say what you want without feeling sort of alien. If you see someone in the street and tell them they wouldn't want to know you would they? It's not some magic cure but it's nice to have someone to talk to.

Phoebe: Do you feel that people in the village themselves have views about counselling?

Eve: I don't know about counselling. But they are strange about people with nerves. I think I am getting better...

Phoebe: You think they have a negative view?

Eve: Definitely. My mother used to suffer with nerves and there are still people who talk about that.

Phoebe: They accuse you as though it is something bad?

Eve: Yes definitely.

Phoebe: They judge you?

Eve: Yes.

Phoebe: So that is what you like about the counsellor? You feel they are impartial?

Eve: Yes you don't feel judged. Like I could go through the village and people would say 'There goes that girl whose mother committed suicide'.

Phoebe: Because that's what she did?

Eve: Well, yes, I think so. Now I think I can sort of admit that. It's not easy. People are very, very catty really.

Phoebe: Well, I think it just depends where you are. That was a long time ago?

Eve: Yes 18 years but people don't forget it.

Phoebe: Do you think there is something in this being a small place?

Eve: I think in a little village. I've always lived in the village. And I don't work, and I know people can't make out why I don't work, because I look normal, but they don't know what's going on inside. I don't know that my brothers understand. I think they think that I should pull myself together, and should work.

Phoebe: So you find that there is a lot of that outside? People's perceptions are that you should get a grip on yourself?

Eve: Yes, people feel that, probably I do too because I feel a little bit guilty, and I know I should do it, but I know people feel that as well. I've heard people talk about other people: 'Why doesn't he work?'

Phoebe: That's what makes you feel...what?

Eve: I feel worthless. I think they think I am a fraud. I am sure they do from the way they talk about other people, but they don't know the full story do they?

Phoebe: So if you are watching a film or programme in which someone is seeking counselling what do you feel?

Eve: Well, I know what they are going through. I'm compassionate with anybody. It really strikes a chord in me. I really know what they are doing.

Phoebe: So you would regard yourself as someone who has an understanding of how one's inner life is often very different to what people see?

Eve: I've probably done it. You know, seen someone in town and thought they looked a bit different, and then I have thought come on, you know, I shouldn't judge them. We all do it, but some people just go a bit too far.

Phoebe: Do you think there is a stigma attached to going to counselling?

Eve: That is the word I was trying to think of a little while ago. I think there is...I think they think well what do you want to go there for? Why don't you just get on with it?

Phoebe: We've in part covered this question but what sort of people in your view go to counselling? Do you think there is a type or do you think it might be anybody?

Eve: I think at one time I would have thought people like me, but now I think anybody. We can all learn – it can be anything like the stress you are under, childhood. I think it can come to anybody but I think once upon a time I thought oh I am the only one.

Phoebe: You seem to be saying that you recognise that life can be very difficult for all sorts of people, that most of us at some time need help with sorting things?

Eve: That's right. I am a bit inclined to think that everybody is so much happier than me, like people in the village, but as Dr. Noble says, they probably think it about me because I hide it so well. So everybody is probably touched by it a little bit...we all have stresses. We just have to sort of cope with that. I sometimes find that people who seem to have no problems are too kind.

Phoebe: What do you mean by too kind?

Eve: Sort of wouldn't do something for themselves but would for others, which is me.

Phoebe: They put you before themselves?

Eve: So many get walked over, you know people will take advantage of you, sort of thing. I'm learning. It took me a long while but I am learning.

Phoebe: So anybody in the whole world might at some time benefit from seeing a counsellor?

Eve: Yes, definitely.

Phoebe: So where do your ideas about counselling come from, what counsellors are. Can you think back?

Eve: I think it is somebody who won't judge you and you can talk about whatever, I suppose childhood to the present. I don't know what sort of person that's going to be to be honest.

Phoebe: So you recognise that there are different kinds of counsellors then?

Eve: Yes, I think it's more sort of present. I sort of... I feel lonely and I think I want sort of picking up – to know what to do next, so that it will give me that little bit of happiness I suppose. I know that they can't answer and give me the answer.

Phoebe: But they can help you find it?

Eve: Yeah and not to feel that...I am alone. I need to clear my head a bit and see my way forward.

Phoebe: What are your doubts about counselling?

Eve: The only thing that worried me when Dr. Noble suggested I see someone here was do they put it in the diary and would the workers here see my name?

Phoebe: Confidentially is crucial. Notes are kept under lock and key here.

Eve: This is so important and to be able to say what you feel to the counsellor.

Phoebe: So in fact when you came today you knew the receptionist?

Eve: I know quite a lot of them although there are quite a lot of new ones now.

Phoebe: You knew the one today?

Eve: I've seen her around, but that doesn't worry me so much. I think it's because I had a really good friend. We did everything together and she suddenly dropped me last year. She split up with her husband and she's gone with a new chap and she treated me really horrible. And then she became one of the girls. I haven't really been worried about that sort of thing in the past.

Phoebe: So that was a betrayal?

Eve: It was a very, very big betrayal...and now I haven't got anyone. My brothers just phone when they want a baby sitter, so I feel a little bit used. I thought I need to see a counsellor and have a good old shout.

Phoebe: A shout?

Eve: Yes that made you smile. I don't usually say what I feel but when I do....I have felt very let down by a lot of people.

Phoebe: You feel that you are putting yourself into a new situation and are a bit exposed?

Eve: Yeah I just feel a bit like an orphan. I lost Mum and Nan and don't see my Dad.

Phoebe: So what are your hopes?

Eve: I hope it will clear my head a bit. I feel a bit muddly. It might give me a bit of a boost to move on. I'd quite like to contact a voluntary service in Yarmouth and do some caring maybe. I love the elderly. I feel drawn to the elderly. I love children too. I'd like to start looking up and getting a bit of hold on life, a bit of confidence.

End of interview.

Appendix 15 - Ron

Interview with Ron, client research participant
Meeting place: Medical practice, Norfolk (country)
Date of meeting: 22.05.03.

Phoebe: What do you think counselling is?

Ron: Counselling is, I don't know whether I'm right or not, something out in the open to try to get your problems resolved with an independent person that isn't related to the family or related to the problems you have.

Phoebe: Is it something you have direct experience of?

Ron Only once, I only went to one counselling session and it didn't go very well, it was a time watch factor, and with all due respect, the counsellor sat there looking at his watch so when 10 or 15 minutes was up, that was it, so I didn't achieve anything.

Phoebe: It took quite something for you to go along?

Ron: Yes it does actually take quite a lot of effort to go out even, but when I got Dr. Noble's letter I thought if I can help the system in any way then I would be quite willing to.

Phoebe: I very much appreciate that. What would be your general impression of counselling as an activity?

Ron: As an activity if it's done correctly then I think it's a big advantage. I don't think it should be done in only six sessions, or you're only allowed five sessions, I think it should be an open ended thing. Everybody is different. Some people may only need one, some people may need twelve or thirteen. Unfortunately it seems to me from the ones I went to that it was...you had six sessions irrespective of whether you felt any better. At the end of it six sessions, that was it, that was that.

Phoebe: Do you have any views about what works ideally in the counselling session?

Ron: I think that the counsellor should be open minded, independent of family relations or anything else and treat everybody as an individual person and not as...Joe Bloggs.

Phoebe: So impartiality and confidentiality is very important?

Ron: Yes, very much so.

Phoebe: What do you think happens between you and the counsellor?

Ron: I don't think the counsellor is there to perhaps give you advice, but I think they are there to listen and I think it would be extremely helpful to point you in the right direction, because you may be going round in ever decreasing circles, so instead of getting off the bus there you might say 'no, I want to carry on to the next stop'. Hopefully they (the counsellor) can get to the root of the problems.

Phoebe: Or help you through listening?

Ron: To show an interest because the only experience that I have had was one session, or whether I had wrong expectations or expected too much or whether I was expressing something different, but there didn't seem to be any interest from the counsellor. I was a person coming in and unfortunately they were clock watching.

Phoebe: That was some time back?

Ron: That was three years ago.

Phoebe: So it was related to your suffering from depression?

Ron: Yes that's right It was a one off session, and the counsellor, whether he happened to be a bad one or not, whether I expected too much I don't know, but it was, 'its three o'clock, time's up'. I think the problem I've got is all related to childhood years. My mum, when I was ten, she had TB she was never at home, she was in a sanitorium. I think it all revolves back to then, but I didn't even get to that stage. I think it was just a bad experience or the counsellor didn't gel or what, I don't know.

Phoebe: Having this negative experience where you didn't get any interaction or anyone listening to you, when Dr. Noble suggested a referral what did you feel?

Ron: Because I've been in the situation I am in at the moment for roughly three years I just want to be, in inverted brackets, I just want to be normal, get back to work, and be a normal human person. Its getting to the stage where...anything...it's like, take your car to the garage, one garage is good another is not so good. I think you've got to give everything a try.

Phoebe: So it feels like you've got confidence in Dr. Noble.

Ron: Yes a great deal of confidence. We have only been here (in Acle) a very short time, six months, and I think Dr. Noble will sit and listen to you. He's not one of these doctors who comes across to me saying 'look I've only got ten minutes so ok, here's a prescription, goodbye'. He will sit and listen to you and he will voice his opinion.

Phoebe: So you feel in a way that that trust in him has positively coloured your view?

Ron: It gives me confidence in the fact that the system may work.

Phoebe: What do you think counsellors are like – well, you've had one that didn't work for you - but in your head what do you consider the ideal counsellor?

Ron: Just as I said previously, independent, and neutral, and to say to you 'ok so you've tried A. Now try B. If we can't get through to B. don't let's shut the door, lets go on to C, and see if we can get through'. Someone that you can get your themes out...across to.

Phoebe: So you are stressing good clear communications and a partnership in a sense? And the development of a relationship where you both move to...?

Ron: Yes, to the ultimate goal.

Phoebe: What sort of people in your view do you think seek counselling?

Ron: I think maybe different people seek counselling for I suppose stress related problems, mental health problems, bereavement, or things like that...I think its across the field for anybody at any time, its not a particular type of person - it could be down from the managing director to the sweeper, anybody...I was made medically redundant from the last firm that I worked for, for 22 years. I was a field service engineer, repairing computers and in the end you just become a number...no identity at all. At the start you were a person, you were Ron, but in the end of it you were just, 'there is a job in that area, get rid of it'. It doesn't matter how much they load onto the person, but I don't think they can see it.

Phoebe: Where do your ideas about counselling come from, what influences? Do they go back a long way?

Ron: It goes back some way to when I was 'normal' I suppose. I was in the British Red Cross...I was a centre organiser in charge of a unit in Cambridgeshire. I was with them for 24 to 25 years and we did a semi sort of counselling thing for the Zeebrugge disaster, and I was in on the other end of it then, listening to

people. It gave me some idea, we weren't trained counsellors, but we were there for someone to talk to. It goes back to then I suppose.

Phoebe: So you saw yourself as a support?

Ron: I saw myself as someone from that incident that people could relate to...the red cross uniform.

Phoebe: So you felt you had a useful role to play?

Ron: We were there so people could pour out their worries. We were just a stop gap, I suppose before they got to the in-depth part of it, we were just a cushion, I suppose.

Phoebe: So was that your major experience of trauma, of a collective disaster?

Ron: Yes that was the biggest thing. I did actually apply at one time to go into the Samaritans, but I couldn't make all the complete training courses.

Phoebe: Have you yourself ever used the Samaritans?

Ron: Yes, on several occasions and just recently.

Phoebe: Does it help?

Ron: It does help. It just gets you out of that rut, I suppose, that you get into. They aren't allowed to say anything at all. They just listen. They can't tell you not to do it, to do it, or whatever. They are just there to listen.

Phoebe: Do you feel when you phone the Samaritans you really want to be told?

Ron: No I suppose it's to look at it from a different perspective I suppose, because you can't see the wood for the trees I suppose. You can get better vision with someone independent sitting there listening...then hopefully they will say move to the right or move to the left. You can then see the wood can't you?

Phoebe: What doubts do you have about counselling?

Ron: The only doubts I have had is a bad experience with a counsellor. The doubt is 'am I going to shut off half way through the system by the fact that Jo Bloggs is only allowed six sessions and not nine?' Or are they going to let me go through the system and hopefully come out the other end, and not leave me in limbo.

Phoebe: Your fear is that you could be cut off again?

Ron: Not in this practice but in some practices you are only allotted five counselling sessions...I feel that's even worse as you are only half way through and then suddenly. That's it, finished. So you are still left dangling.

Phoebe: What are your hopes and expectations of counselling?

Ron: I suppose at the end of it to try and get to the bottom of the problem because you have to see something somewhere, something in my mind that hopefully can open it up and let me look at it, respective to what...what I am looking at here now.

Phoebe: So it could shift your own perspective on yourself? Your depression.

Ron: It's like a light switch. You can be up a bit and then it's as though someone has just switched the light off. And you feel as though you are in a pit and its dark and you aren't getting anywhere. When about three years ago they said 'you have depression' I thought 'oh a couple of weeks off and then back to work'.

Phoebe: Are you on any medication now?

Ron: Yes anti depressants.

Phoebe: How do you feel about that?

Ron: At first they changed the tablets nearly every day. I think there is something somewhere that has got to be offloaded. Somebody has to get to the bottom of it. I went to see the psychiatrist a couple of weeks ago and he asked what I wanted to be the aim of it. I said 'to be normal'. I want to get back to work. He asked me how old I was and I said 'fifty-eight' and he said 'well no-one will

employ you at fifty-eight!' Those were his exact words...I just withdrew into my shell. I feel very guilty when I was walking around. Well if I had a broken arm or leg, but I feel internally, 'well, he is a lazy bugger. He won't work'.

Phoebe: You feel that is what is being thought?

Ron: Yes very much so. People just say 'pull yourself together'; I wish I could.

Phoebe: I know you are on the waiting list for counselling and will be called soon. Are you happy if we meet say in July?

Ron: Yes that would be fine.

Phoebe: Would you be happy when we do the mid counselling interview if I also interview your counsellor?

Ron; Yes, that's fine. No problems.

Phoebe: That's great. I really do thank you.

Ron: If this helps somebody else's future that will be good.

Phoebe: Would you be happy if I contact you end of June early July and meet then or wait a bit longer.

Ron: Let's go for it.

End of interview.

Appendix 16 - Mary

Interview with Mary, client participant
Meeting Place: Voluntary sector, Norwich (city)
Date of meeting: 11.07.03.

Phoebe: What is your impression of counselling, as an activity?
Mary: I think counselling is a very good thing, for people from all walks of life. You know sometimes you've got problems, you've got no-one to speak to. And sometimes knowing there is an outsider who's not involved with what's going on...
Phoebe: So impartiality is quite important?
Mary: Yes.
Phoebe: You perceive the counsellor as neutral?
Mary: If I talk to someone close to me they take my side, and the counsellor only knows what you are telling them, and they are not there to sit in judgement.
Phoebe: Do you think that TV and how counselling is portrayed in TV has influenced you at all?
Mary: *(She ignores the question.)* I personally don't think there's enough counselling places, not just in Norwich, but the whole of the country. There should be more places like that. Definitely. I'd probably say that for every doctor's surgery you should have a counselling centre.
Phoebe: Is that how you came to counselling, through a GP?
Mary: I went to a GP because I was depressed, and low, what have you, and he taught me that I would have to sort out counselling myself, that they no longer do it. I was sort of set back by that and I didn't know really where to start.
Phoebe: So they used to do counselling?
Mary: Yes, they used to do it and now they don't. Well my daughter's surgery doesn't.
Phoebe: So you weren't given a referral to here?
Mary: He said you could try here. There were a couple he gave me but I couldn't tell you where the others are...they were in Norwich. I thought 'That centre, that's a church. I don't want to get involved in a church thing', because that's what I thought it was, no I can't be doing with that. It was actually my husband who came down here and I said 'I'm not going to no church. What good is that to you, telling you whatever?', and he said 'it's not like that' and he put my name down. It's nothing to do with the church he said.
Phoebe: That's interesting, because of course it was a church once. You did think it was connected?
Mary: I'm a Catholic myself, but I thought 'that's the last thing I need - someone saying speak to God about your problems', you know...
Phoebe: So that is an impression that has been changed? So it was your husband who persisted for you. And you came along and had an interview?
Mary: Yes.
Phoebe: And is this your first experience of counselling?

Mary: In 1992 I had a breakdown and I was in the David Reiss for six months and it was a psychiatrist I was seeing. He wasn't a counsellor – and that's the only time I've had any counselling, but that was a long while ago.

Phoebe: How long was that?

Mary: Three months I was just in the hospital. I didn't speak. I just didn't want to trust anyone. He persisted, everyday…

Phoebe: So are you on medication?

Mary: Yeah I've been on medication for a long time.

Phoebe: So this in a sense is the first contact you've made with the counsellor. So it's quite a big thing for you?

Mary: Yeah, yeah.

Phoebe: You are just going to see how it goes?

Mary: Whether it's good or not, like today, I'll still come back because I need it.

Phoebe: So that is important to you, that it is a relationship between you and the counsellor?

Mary: Yeah.

Phoebe: So what do you think happens in counselling?

Mary: They talk to you, about life, about your problems, I don't know

Phoebe: So that's what you imagine happens?

Mary: Yeah, more or less.

Phoebe: I'm asking you now what happens and then I hope we'll talk in a few months' time to see whether you feel the same way and whether there have been changes in you.

Mary: I hope there will be changes in me.

Phoebe: Yes, because that's why you are coming?

Mary: Yes.

Phoebe: So what do you think counsellors are like as people?

Mary: They've got to be understanding, patient, helpful…

Phoebe: What do you think makes them become counsellors?

Mary: Understanding other people's problems and trying to help them.

Phoebe: So let's step back a bit and I'll ask you what sorts of people go to counselling or seek counselling in your view?

Mary: Loads of people, people with mental health problems, marriage break-ups, I don't know about financial. I don't know if they do that. Sometimes they just need someone to talk to don't they?

Phoebe: You feel you can't really talk to people close to you and you really want to step out?

Mary: I've got a lot of anger inside me, and I can't deal with that so I block everyone out, and I've got to learn to deal with that and let the anger out. My dad died Monday, I haven't grieved or cried or…and I feel 'do I or don't I?', you know, and people are shocked because I haven't cried or whatever.

Phoebe: As you say, everybody is different, it comes at different times, or it doesn't come.

Mary: People say, if it doesn't come, oh she's keeping it all inside.

Phoebe: So what you are saying is that people have expectations of you, of how you should behave?

Mary: I haven't got him out of my mind, maybe I will do when I see a counsellor…

Phoebe: Where do you think your ideas about counselling come from?

Mary: Other people saying that I need to speak to a counsellor. There is nothing wrong with me so why do I need to see a counsellor?

Phoebe: So you think people only need to see a counsellor if there is something wrong with you?

Mary: Well, no, because I have had a few ups and downs over the years, and I have had to sort of deal with it myself, but there are times when I just wanted somebody to talk to. It's not as if you ring up a counsellor and you can see them the next day. Sometimes its weeks and weeks before you can see someone, which I think is wrong. By the time you've got that appointment you will have sorted that issue out.

Phoebe: So you feel that quite a lot of what you see counselling to be comes from other people, that they think you could benefit from. Also you are aware that the counselling services are inadequate.

Mary: Definitely inadequate.

Phoebe: That they are not responsive enough?

Mary: I think it was March that I had an appointment for here and we're now in July. They said 6 weeks then it got extended. Then I thought maybe they have forgot about me. It's bad really isn't it? Because if you want to talk to somebody about whatever is going on you can't. If you are financially...you know...you can. You can go privately, but if you are on a low income you are shoved to the end of the queue. People who can pay for the appointments come first.

Phoebe: So you feel that when you have needed a counsellor you have not been able to see one then. Have you ever used the Samaritans?

Mary: A while back.

Phoebe: So can you say what your doubts are about counselling?

Mary: No I don't actually think that I have got any doubts. If you are a counsellor and have any doubts then you shouldn't be in the job. You should be there to support whoever it is, through everything. So if they have doubts about this or that then I don't think they should be in the job.

Phoebe: So you have a lot of confidence in the professionalism of the counsellor?

Mary: Yes. *(Said emphatically.)*

Phoebe: What do you expect them to give you?

Mary: Someone to listen to your problems, try and help me deal with them, teach me to deal with my anger.

Phoebe: It's very much helping you to work it out for yourself?

Mary: Yes.

Phoebe: Helping you along the way? Easing the way forward?

Mary: Yes.

Phoebe: What do you really hope for coming here?

Mary: I want to sort a lot of issues out that are bothering me. I want advice. I want to walk out of here feeling that a weight has been lifted off me

Phoebe: You want some relief from feeling so weighed down?

Mary: Yes.

End of interview.

Appendix 17 - James

Interview with James, client participant
Meeting place: Student counselling services, University in Eastern England
Date of meeting: 07/05/02

Phoebe: We met in March to talk about what you thought counselling might entail. Shall we now have a look at the actuality, go to the two sessions you had with Denis?

James: As I've never been to a counsellor before – the counsellor didn't say a lot. I asked him a bit more about what counselling would entail as such. I wanted to know how this was going to help me. He invited me to say a little bit more... I really I don't know what I thought, but I found it a bit strange talking to a stranger who I'd never met before. In an hour's session we covered quite a bit, but I honestly thought that...the counsellor was very laid back, which is a good thing...I wasn't bombarded with a list of questions, but part of me wanted help because I thought that I needed help. I was expecting more questions if that makes sense.

Phoebe: Were you surprised by his approach, his not asking much?

James: I found it strange that he didn't ask much at my first session, but also because he was a man, I sort of put up barriers – I thought to myself I'm not sure this is a very good idea.

Phoebe: Perhaps you don't relate to men so well?

James: I need to relate to a professional. I realised before I came to you that I had this mental block...that I couldn't find me own voice in essays and I wanted to do the study and I thought I was getting ahead...

Phoebe: You weren't sure about your first session?

James: It's difficult to sit down with a stranger because he wasn't asking me direct questions, like tell me about this, tell me why you think.....tell me why that experience harmed you in any way or what you think. I don't know what I think about counselling, but say you've got something wrong with the car, you sort of take it to bits...'

Phoebe: So you thought it would be a bit like that?

James: Yeah I thought it would be sort of...I don't know what I really thought, but I thought there would be more questions and I found it strange that there were long periods of silence, well not long, but it felt kind of long. I found it difficult to talk about my life, but once I got going I could see that I sort of had to put my trust...he's a counsellor. I thought that if I could give a bit more, if I could tell him what led up to this lack of confidence from my own thinking. If I could tell him what I think led up to this and my own thoughts, that then he would come back and answer, or just help me, so...

Phoebe: So you felt those answers weren't coming?

James: Well I could understand that this was just my first session and I weren't expecting miracles, and because I had never been to counselling before I didn't know what to expect anyway so coming away from the session it did sort of dawn on me that a lot of what my problem is... just having someone to talk to, and perhaps put my trust in that counsellor ...then that was going in the right

direction. The source of my problem is my background and there is nothing really you can do...

Phoebe: Your background?

James: In where I've grown up and joining the army when I was younger. I had a bad experience in the army due to work pressure.

Phoebe: I did wonder whether our interview which was very shortly before you were due to see a counsellor, whether inadvertently it influenced you to expect something similar?

James: Perhaps. Because you'd asked me more questions than my counsellor did.

Phoebe: As a researcher I would perhaps be asking you more questions...

James: Perhaps that's what I thought. I'd have half a dozen questions, it might be something like that.

Phoebe: You've said he was a stranger, he was a man you've also said you were a bit thrown by silence?

James: Yes

Phoebe: But afterwards on reflection you sensed that something was going on.

James: Yes, I could see that something was developing. I'm more aware of why I've had this lack of confidence, this lack of self esteem, and when I spoke to my friend about it all she was interested to know how I was getting on with my counsellor. She's my closest friend and I can tell her about myself, but I remember myself saying to her I'm not quite sure about all of this.

James: In the past I put problems away. She said that's probably the counsellor's approach. They want the patient (sic) to talk themselves through it.

Phoebe: So she's a very good friend...

James: Yeah. Because she's been a really good friend I think she has been a really good counsellor anyway. I think my friend has broken the back of all the problems I've had.

Phoebe: So how did you progress? You said trust was important...

James: This was just before the Easter break. I was going to go home and then have another one. I came home for the Easter break. I decided to stay another week so I cancelled that appointment and when I came back...and I needed the Easter break to sort myself out. I needed to study. I didn't know what I was going to do. So when I came back for my next session I sort of had all my questions ready for the counsellor in that I told him that I had given up studying because I couldn't do the work and I'd sort of made my mind up that that was it, that I was going to pack it all in.

Phoebe: Pack up the studies and the counselling?

James: No I said I was going to go home and start again. I think that university has been a real – I really wanted to make it work. Because it hasn't worked I feel a bit despondent.

Phoebe: So your intention was to go back to WGC and work?

James So going back to Norwich and talking it through with my counsellor and I told him what I was thinking at the time and I could see that I had this problem. I talked a bit more why I had been struggling, that something along the line had been lost... the army... had never truly got myself together after that... the post office wasn't testing me, I hadn't developed properly as a person...the pressure had affected my life. I found it difficult to make relationships with people, so I talked to him about that. I was going to go home, but in the course of that I conversation I realised that I don't really want to go home. If I go home I can

get back to the same rut. Something tells me that I'll stay in Norwich, get a temp job. Find somewhere to live. Take my time. Turbulent six months.

Phoebe: So do you think going to that second session helped you to sort where you wanted to be? What was the effect?

James: I was aware at the time that I think one thing one minute then it changes the next... quite erratic behaviour. I am still trying to go forward.

Phoebe: Your friend is still helping you?

James: Yes I was aware that that was one of the reasons I wanted to stay in Norwich. But I'm trying to put that relationship to one side. I think I've made the right decision to stay in Norwich. Then I can find a way forward. I think I've been taking life far too seriously...bad for my health.

Phoebe: Are you less stressed now you are beginning to find a way forward? Have your withdrawn from your studies?

James: Two weeks ago. My tutor tried to persuade me to stay. So I've just got to take time now. I've stopped being a student. But my tutor says I could come back...But perhaps a different subject. I felt that what I was doing wasn't right. I do like English, but I can't just focus on my studying now. I've said I'll call it a day. I have really enjoyed learning and university life. I have learned some really clever things. I think I want to learn something more focussed towards a job. English was very inward... I think I want to study something that can benefit other people...but that's a long way off yet.

Phoebe: If we come back to counselling – in some ways not quite what you expected. What is your view now?

James: When I spoke to Denis last time I said I was going to make an appointment to see my doctor in Welwyn and try to get to the end of it all. I need someone to tell me that it isn't that bad and you need to do these kinds of things to help yourself. I think I want to do that eventually

Phoebe: When we first met you said you'd had this problem in the Falklands – things went bad for you

James: I said to Denis in the Falklands I just should have put my hands up – in the spare parts stores - and just said I'm not doing it. I think when people go to work and things aren't right the next day its ok. But in my job it just got worse. Just banging your head against a brick wall for those four months and it really affected me because I wasn't getting anywhere. My work did suffer. My accuracy started going and I kept getting questioned.

Phoebe: Then you went for the postal job?

James: Yes, subconsciously I went for jobs in which there wasn't any pressure. I was just trying to get back to myself. Finding something you want to do and then finding yourself under pressure.

Phoebe: You want to explore what you started with Denis...but now you think put it on hold? And then see? What would you say if someone asked you what you think about counsellors?

James: I had time to think about it over Easter. I had all the answers ready. I tried to say I'm ok I don't need counselling, in a round about way. This is what I am going to do about it. Then I realised I don't have all the answers. I don't feel secure in myself, I don't feel all that confident. I need to speak to a professional...counsellor

Phoebe: I think that what you've just said is really interesting. When you first came you said 'I suppose you come to explore'. Now you realise its more complex than you thought...

James: I said to him (Denis) at the time I felt happier in myself. I said that some days I feel really awful. I have felt sometimes perhaps I don't need counselling. But now I think I do need to speak to a professional counsellor. This comes from my background...from my father. He was brought up in a poor background. People haven't got time to listen to other people. They've got to earn money and I think that the practical side of life takes over – in that if you've got food on the table, you've got warmth that's all that matters and anything else – you just have to get on with life, but I realise that it's not always the same. There's another side to people that needs addressing as well.

Phoebe: You seem to suggest that looking at how you feel is a ...luxury?

James: Yeah, I don't know. Family is quite important in a working class background, but you don't really get down to 'are you really all right?' They don't really push too far because it's very painful and it can break families up. There is that fear as well.

Phoebe: Your friends –their attitudes to talking about feelings and emotions have influenced you? Do they have similar views to your Dad?

James: Yes. Men won't talk with other men about...it just doesn't happen. I think that's why I bottled it all up before I came to university.

End of interview.

Appendix 18 - Denis

Interview with Denis, James' counsellor
Place of meeting, Voluntary sector, Norwich (city)
Date of meeting: 05/06/03

Phoebe: Were there areas where you and James came together in your perspectives? He expressed in the transcript his feeling of discomfort in talking to a stranger, somebody waiting for him to talk, rather than leading the way?

Denis: My experience of him was quite sticky, it was not an easy start. He wasn't inclined to be open from the beginning. I think he was quite guarded. He felt uncomfortable, and he made me feel uncomfortable. I probably would tackle that beginning differently now that my training has finished and I have more confidence to follow my own intuition.

Phoebe: Do you feel that there is a right and a wrong way?

Denis: Yes, it's difficult. I find it difficult to take authority's word for it about not making moves at the start, about not asking questions, not taking the lead, not rescuing. I was less relaxed at the time than I am now, a feeling that there is a programme to work to, that you don't rescue someone who is showing signs of discomfort. You don't ask questions and you must keep to the rules, as it were.

Phoebe: What changes have you detected in the way you work now?

Denis: I find supervision useful in that at the time I have no idea what I am doing, but I think about it afterwards. It's good to discuss issues and different approaches. I find I trust my own judgement much more in working with the client.

Phoebe: You are working intuitively...you are just there with the client?

Denis: Yes, exactly.

Phoebe: You mention that your supervisors are helpful?

Denis: I have a group supervisor and a personal supervisor, one person-centred and one psychodynamic.

Phoebe: And does a different orientation from yourself help?

Denis: Yes I think so. She is very gentle with it. I find it very interesting when she takes a psychodynamic approach. It helps to see where different people are coming from. It's not unique to her, but I think she will concentrate more on asking me what is going on for *me*, at the time, how what the client is doing or saying is impacting on me. Thinking back on it this would have been useful with James, how I was feeling when he was feeling awkward, and how this was all part of the session.

Phoebe: You would have handled the awkwardness differently?

Denis: I would have done the best I could, not that I am confident of finding the answers.

Phoebe: You are saying it was sticky between you and James clearly felt it. In person centred counselling social influence and context are given little attention. Were there things that struck you about James?

Denis: Not so much at the time. He had asked for a male counsellor, but he said he felt awkward with a man. Most ask for a female counsellor. I was

interested in why someone should ask for a male counsellor, and I didn't really find the answer.

Phoebe: He made a lot of the fact that men didn't talk about their feelings, didn't he? They go to the pub and talk about something else.

Denis: I think this is what I have come across a lot, much more than society would like to think, that men who acknowledge their more feminine side in terms of stereotypes, who are bigger on feelings than most men and are almost maternal in their attitude to their children for example. The expectation of what it is to be male worries a lot of people. I don't think it has to be like that; quite a few males I have come across since James feel quite isolated, they feel quite confused about it, unsure what their emotions are. Looking back on it this is central to what was going on for James at the time. This is hard for many men in our society, especially if they aren't clear about their own self perception, quite confused about how they should be.

Phoebe: He said he found it hard trying to cope with feelings that didn't fit with his social background, and were quite frowned upon by peers and family, as though they doubted the validity of his feelings?

Denis: I think this was quite hard for him.

Phoebe: I also got the impression that he found it difficult being a mature student. After being a big fish in a little pond of his access course he now had to cope with fitting in with young post-A level students.

Denis: Yes his background was very different from the other students. I thought it was very interesting that he had come to study something like English Literature, not at all obvious from his background.

Phoebe: You told me when we first met that you yourself were a mature student on the counselling course you followed.

Denis: It still gives me pause for thought. So many taboos have been broken down, but ageism still exists. I was about fifty at the time. When I left the church, I had been thinking what can I do? I came with a whole lot of relevant experience as a priest, but it was never acknowledged on the course, where many of the students were in their twenties. I felt a whole lot of what I had to offer had been denied. I found this very diminishing. My past experience and the social context in which I worked were denied.

Phoebe: Are you saying that in person-centred counselling you start with where we are now, all that you have been and done is irrelevant?

Denis: For me, counselling is all about the importance of the relationship between client and counsellor.

Phoebe: What are your views on self-disclosure?

Denis: I think if I have got to the stage, where it is useful, then yes, but I don't want to take up the client's time. I need to trust them before I can do that. I have been taught that it is not acceptable, but partly because of my background as a priest, I am not fixed on boundaries. In my past work I was in a professional relationship, but without the emphasis on boundaries that counsellors put out. Working in the church and the community can be complicated. There is often the duality of the relationship, working with their family, or maybe they are working for you. I suppose I feel more relaxed about boundaries now the course is behind me.

Phoebe: You are having to relearn to trust your instincts?

Denis: Yes, that's what it feels like.

Phoebe: Going back to James. Do you think that the two sessions were

helpful for James in sorting out where he is going?

Denis: It was part of what was going on. I was interested in the follow-up interview. He'd changed and reflected on it. A lot had happened between the two sessions, and he had decided to leave the university. He had made lots of decisions and got a girlfriend. He had found a really good listener in her, it sounds as if she ought to be taking up a career in counselling herself! He wanted initially a male counsellor, but had found this girl who clearly was holding the role of counsellor for him. In that second session that all happened. We talked about different approaches to counselling. He asked lots of questions. He came along to say thank you, and discuss practical things.

Phoebe: You felt he might take up further counselling via his GP?

Denis: He certainly seemed interested to know more about it and how to go about it.

Phoebe: We have discussed issues of gender and boundaries. What do you feel about the power dynamic?

Denis: I think it is either equal or you are working towards such equality. I think it is asymmetrical equality...I am thinking of a client. She has been in an abusive marriage. Her husband is emotionally abusive and controlling. The client asks me 'what can I do it stop him being so abusive? Her family say she should get out of the relationship, but she feels she is letting him down if she does. It's hard but she needs to find her own voice and make her own decision.

End of interview.

Appendix 19 - Jenny

Interview with Jenny, client participant
Meeting place: Student counselling services, University in Eastern England
Date of meeting: 29.05.02

Phoebe: We met last month on 24 April. We had a really useful exchange, I thought, about what your perceptions were. These seemed to be based partly on your not very good experience of seeking help for your ex-boyfriend for drug addition. You were sort of pushed around backwards and forward and never really making steps. How are you now?

Jenny: I feel much, much better. I feel that since I started counselling everything started moving a lot faster. I got half of the money I was waiting for and supposedly the rest is coming by the end of the week.

Phoebe: You'd lent money hadn't you?

Jenny: I think just talking to someone else helped, I mean my friends had suggested the same sort of things as the counsellor put to me. She was saying 'why aren't you doing this and why aren't you doing that?' She was just asking to see, I think. I went away and thought about it, asking myself 'why I am I still protecting this person?'...I managed it. I wrote a letter to him. Everything went a lot faster. It wasn't very nice...you know I was just sitting not doing any work and not getting any money and not doing anything. This coming to counselling, just when I started doing something about it... then I started to get on with my work.

Phoebe: So you took back control?

Jenny: Yes I think that's what happened. I think it would have happened eventually but I think it would have taken a lot longer... I would have messed up my exams. It wouldn't have worked.

Phoebe: So it was difficult for you to do because it generated what... hostility and conflict?

Jenny: Horrible, yeah.

Phoebe: But you coped?

Jenny: Yeah just about.

Phoebe: Yes? So what is your impression of counselling now you are engaged with it?

Jenny: Yeah, well I've found it very helpful. I feel like, to me, it just meant somebody else to talk to. Well my friends had said similar things to me. 'Why are you doing this? Why don't you do that?' I wasn't listening to them, but just talking to someone completely objective...

Phoebe: Mmm...

Jenny: And knowing I don't have to, I mean I'd told some of my friends the entire truth anyway, they know my former boyfriend, they know me and maybe I felt I was trusting my friends too much and putting too much on their shoulders. I was kind of half talking to them. Things just sort of crop up in conversation with friends – you don't just go and have an hour's session.

Phoebe: As you were saying before, friends have their own view about things...

Jenny: Yes and everybody was telling me saying, 'I shouldn't tell him that. He's going to go mad, he'll attack you, you know'.

Phoebe: So did you feel you engaged with your counsellor?

Jenny: I think so.

Phoebe: Because you had your doubts about what their motives might be being in counselling?

Jenny: I haven't thought about that at all actually. It doesn't even come up. I haven't thought about what is this person doing. She seems to enjoy her job. She seems to want to help and she seems to know how to make me think about things. It seems to work, so...

Phoebe: So she seems to know how to make you think about things?

Jenny: Yes, to some extent anyway. Definitely. More recently since the problems have gone down with my boyfriend we've talked about issues of confidence with my boyfriend, like why I got in that situation in the first place, how I'm going to learn from it and things like that, and you know the future and everything. I think I've got a bit more stuck, because I don't really know what to say. You know how it is, you don't know what to say, you can't really define how you're feeling about things and I get a bit, that's a bit difficult, but before it was really, really helpful.

Phoebe: You sound very positive...I think you were a bit apprehensive before?

Jenny: Before I was in such a mess. I really didn't know what to do.

Phoebe: So what do you think happens in counselling? Are you aware of a process?

Jenny: Sometimes I think I can see what she's getting at... I'm not sure if I like that, but...I do know that there are problems, and why did I get myself into this situation? In terms of process it started off with the immediate problem and then once that had calmed down I've been thinking about what happened before.

Phoebe: You don't really like that because it's going into...

Jenny: It just confuses me...I'm not really certain of how I feel. I don't really know. If somebody asks me I don't know if what I say is true. Just questions like 'when was the last time you felt confident in yourself?'...that changes each day. One day you think that was a good thing and then another day something makes you feel bad. I couldn't think of anything good...she'd asked me and I had to go right back to three and a half years ago.

Phoebe: When you're feeling pretty low then you can't think of good things you have to think a long way back...because everything seems rather dark?

Jenny: I did know that I wasn't really happy with the university structure, you know, the way not having anything to do apart from work for yourself...So counselling has taught me that ok I haven't really been happy for the last three years but that's because I have been at university; but I will have a degree, hopefully a good one and I can just forget about it. I've learned...I mean I did know that I liked stability and I liked having my own home, a job and things like that, but it was useful, you know, really realising that's definitely how I feel, because I thought it but that is the last time I can remember feeling confident, so it must be mustn't it?

Phoebe: You were working before you came to university?

Jenny: Living with my boyfriend. I had a structure. I liked going on the tube, and I knew when I was going to be home and I just remember feeling happy, quite content.

Phoebe: A rhythm to the day that is lacking here?

Jenny: Yes I have been aware of that. I always left my work to the last minute. I could have been sitting down and working. Well I could have got higher marks but not much higher.

Phoebe: So academically you are quite confident, but you still need the structure.

Jenny: I miss things like, well, being academic. I do quite well in anything without much work and it seems that I can just sit around and not do any work. If I do something overnight I still get the same marks as if I didn't.

Phoebe: So you are quite a natural academic? Have you found in counselling that some of your values have not exactly been challenged, but you've been asked to consider where you are and where you are going?

Jenny: Yeah I suppose so. I think it's just to make me aware of what I've been doing and what I'm going to do...I don't feel I've been challenged but that I'm kind of consolidating. It has been all over the place.

Phoebe: So could you say now what you now think whether having counselling has changed your view of counsellors?

Jenny: I suppose I realise now how important it is and how much it can help. Friends have said 'you know what your problems are, you just need to think about them'. That's ok for some people. I know that counsellors make it feel different. I'm sure there are many different types of people...I would definitely recommend that anybody should try it. Its worth a try and then if the counsellor can help you...if they don't like it don't do it. It's certainly worth a try.

Phoebe: You did actually say that you hadn't met anybody who had admitted to counselling benefiting them.

Jenny: Perhaps people don't say or they don't admit it or perhaps they haven't had any.

Phoebe: It is a very personal, private matter isn't it? How do you feel about the whole matter of confidentiality and trust?

Jenny: I don't know. I tend to trust people anyway. Obviously that's my downfall sometimes. I wouldn't care if the counsellor was to talk about me. I don't believe that everything is highly confidential

Phoebe: In that every counsellor has a supervisor?

Jenny: The idea of confidentiality isn't important to me. If it were I don't think I would have come. Names are important...

Phoebe: From a social point of view - You've had some bad experiences of counselling. Do you have any views about what part counselling can play socially?

Jenny: I didn't want help myself then, when seeking help for my boyfriend. Socially I think it's a very important service...Probation services, prison services, I get the impression that people have to go to counselling. It doesn't really work. Counselling should be there but you shouldn't have to go to counselling to come off drugs, just to get drugs therapy. You have to come to it when you're ready, I suppose.

Phoebe: Are there changes that you might make to the system within the university?

Jenny: I don't know. I think here probably people seek it out themselves. That's how it should be. I don't know how long the waiting list is. I didn't have to wait very long., but I think if you go for help you should be able to get it, straight way. If that day you want help you should be able to get it. Thinking about my experiences with my ex, you know, he went to a doctor the day he wanted to stop heroin. I went to the doctor when I wanted to give up cigarettes, and she said 'you should have booked a special appointment'. I'd been thinking about it for months and months and they'd been nagging and nagging at me. I

thought that when they actually decided, they would be ready; but after a little bit of fuss they were. Perhaps they should have someone for emergencies.

Phoebe: Do you think you will carry on with counselling?

Jenny: I don't know. There must be people with bigger problems than me. I think I would be wasting my counsellor's time warbling on about self confidence and things like that.

Phoebe: Where do you think that comes from, that idea?

Jenny: I do feel, oh dear, I shouldn't be doing this now.

Phoebe: And make way for somebody else more needy? Where does that come from?

Phoebe: It's an awareness of other people. I'm quite happy now, most of the time. I'd quite like to get to the bottom of it but I don't know that that's going to happen...I know I could probably, say an hour a week...I know Americans...I don't know whether the counsellor tells me and she thinks I should stop. I don't know if she'd say...

Phoebe: It's not the counsellor telling you that you should stop – she's not giving you any idea...

Jenny: I feel anxious before and during the week and every time I come out I feel so much happier. It's probably a technique that you make people leave with a smile on their face...

Phoebe: You're still a little bit wary?

Jenny: I know there is a technique that is being used on me and I'm not sure that I like it. It's probably a personal thing really I don't know

Phoebe: But you do feel in some way manipulated, not necessarily by your counsellor, but the system?

Phoebe: Yeah. You could choose any path of thought, I feel like I could get over this relationship if I had to choose to get over it. I could if I was talking to a friend of mine who really hated my ex-boyfriend, I could get really angry or whatever and still get over it. I just hate... you wonder if you're taking the right path and I assume the counsellors know.

Phoebe: I don't get very much sense of this coming from you...you started by saying that it was coming from you but you had taken back control?

Jenny: Yes, of my life. I'm not sure why I'm feeling better. I am sure it's because I'm thinking about people that way, but I'm aware that if I wasn't having any counselling then I'd be taking it a different way, or it might take a lot longer, or... That's what it's for, isn't it, to help you?

Phoebe: Does it feel like a relationship with your counsellor?

Jenny: Yeah I suppose so...

Phoebe: And it sounds as if you feel that you have respect for her?

Jenny: Yes. She knows what she is doing, she cares, she's ultimately for you, though I'm not so sure...it's one hour of my week and the really important thing is that for the counsellor it's every, day five days a week, eight people a day. I wonder what it must feel like for the counsellor? I suppose everybody must have completely different problems and I suppose it must be quite interesting...It's a strange thing to think about having it as a job. It feels like a friendship, but it's her job.

Phoebe: Well yes, but her job could be friendship couldn't it?

Jenny: Yes, Oh dear, yes I do feel positive about it and I feel that whatever's happening is helping.

Phoebe: But I think it's very important, you have expressed your wariness, almost of something being done to you, a technique being applied and that seems to...

where does that come from? You have had less than positive influences in other areas of your life, where you have depended on some support, some service to help you forward...

Jenny: *(Very quietly)*Yeah.

Phoebe: What would you say are your main doubts about counselling?

Jenny: I know that it's helped before now. I'm not sure now because I feel it's delving into my personality and it means I don't have a lot of faith in it, in my personality.

Phoebe: You said 'I'm not sure I like it'?

Jenny: I am not sure I like the process.

Phoebe: It feels quite threatening?

Jenny: Maybe a bit. I suppose I think I might start thinking things about myself that may not be true. I don't have very much self confidence, I suppose I don't really...It doesn't give me any answers to know that. I'm not really sure what to do about it. That's how I generally feel and yeah, but then I don't know what to do. A counsellor can't tell me what to actually do about it. No, I mean the last session I had, talking about happiness and confidence and she asked me to think back to when I was happy and I realised then that I definitely need structure in my life. I need a job, instead of feeling guilty about not doing enough homework. You can always work, get up at six in the morning, stay up to midnight. You could always do more.

End of interview.

Appendix 20 - Louise

Interview with Louise, Jenny's counsellor
Meeting place: Student counselling services, University in Eastern England
Date of meeting: 29.05.02

Louise: There is an element of parenting with some young clients. This is part of their growing up, very different from primary care. We are able to offer ongoing counselling. Some feel very homesick, or worried about a first date or speaking for first time in a seminar. They want to share the excitement of that. They want some sort of continuity, which isn't necessarily about being part of a counsellor. There is a lot of transition and change, trauma and unhappiness, a lot about how changes are managed. They are needing support with practical, real life issues. The older student is also faced with difficult changes: 'why give up work and put themselves through this? Some feel quite alone on campus. Access students are used to a peer group and then suddenly they are the only older student.

Phoebe: How does Jenny come across to you? Do you feel she has been upfront about her need for counselling?

Louise: My memory of the early sessions was that we didn't discuss counselling, what counselling was, what she might get out of it, how we might work together that she just came in and there was this outpouring, that she was in a very desperate place. I remember her being very emotional, very shaky and just sort of holding her, so we never really set any agenda for counselling, it was just a place that she might go with all this desperation, and with all the fear that she has about how things were going to go. She felt she was involved in something that was too much for her, that was too deep for her and she didn't know how to get out again. She felt that wherever she went, say just to friends, there wasn't anywhere she could go where she could talk just about everything. It was just a relief just to go woooah and not even quite know what she was going to say; she was able to let go, that was what was important to her, that she could just be anything, say anything and not have to censor it... Just a place to be with her desperation.

Phoebe: She was very positive about early sessions. What sort of changes have you detected in her as time has gone on?

Louise: In the early outpourings there was a lot of fear it was her fault, she wouldn't be understood... try to experience that she was accepted and her story wasn't questioned. Counselling allowed her to accept herself and freed her up to then act, she then had rights as a person. She had got caught up in this, that she could collect her money back, could expect not to be judged or pushed aside. That was a big part of the early sessions. This was a big part - finding herself. She had got lost, out of control. This was all to do with him (the boyfriend). Then we moved into a sort of standing back from outside. She started asking 'how did I get into that mess in the first place and where am I going?' There were lots of doubts and vulnerabilities and not being terribly sure of herself. That was when we moved back, and she seemed to be surprised that she was not sure of herself. She had been confident. Where had that confidence and

enthusiasm for life gone? We were gently exploring that. That is where we had got to, this was my perception of how she was using counselling.
She seemed to be asking herself questions that could she could not ask of friends. Big questions, questions that didn't have answers. The process of asking the question was important.

Phoebe: She seemed to reflect her own recognition of the process, but she was wary too of the process. She was saying 'well, of course counsellors know how to make you feel okay'. She seems to feel a bit threatened, and saying 'I am not sure that I want to know'.

Louise: I have a sense of her knowing more than she is saying. I wouldn't be surprised if something happened, I am not going to leave her there. She refers to her early teenage years. She left home early, living on her own at sixteen or seventeen. She hadn't wanted to go there. It feels like a dark cloud hanging there. I don't know whether we will go there or not. She knows what it is and it is there, but she may not want to go into it. That's is up to her. At seventeen she was confident. I suspect it is really close and she may not want to go there, it brings up very difficult things. I'm being very careful not to push her into that, but just wait and see which way it goes.

Phoebe: We talked about confidentiality and trust. Is she giving me what she thinks I want to hear when she says counselling was good? Her parents had got divorced, she had received counselling then, about which she was not happy. She said 'I am very happy that they got divorce' and 'there are people who need counselling more than me...'

Louise: All counsellors have a technique.

Phoebe: I would like to meet again once Jenny comes to the end of her counselling.

Louise: Now the crisis is over she may not want to come again

End of interview.

Appendix 21 - Vaishnavi

Interview with Vaishnavi, client participant
Counsellor: John
Meeting place: Student counselling service, London, university teaching hospital
Date of meeting: 3.11.04

Phoebe: What came across to me, I think we talked about this, was a certain ambivalence about coming for counselling. Part of you felt I want to and yes, I've got a very specific goal and part of you felt, mmm I don't want to get dependent on it or that is something I can see happens to people, and I'm not sure that I want to go too deep. Those seemed to be the two strands coming through. Would you say that's accurate?

Vaishnavi: Yes, Yeah I would.

Phoebe: Also I felt that you were saying that friends and family can give you support but only to a limited extent, but then when it comes to having a specific problem or issue then it is wise to seek neutral, impartial advice, but then there are also good and bad doctors, good and bad counsellors and their personality comes into play and the match between your and their perceptions, ways of being, are important.

Vaishnavi: Yeah, yeah *(Very reflective tone of voice almost as though she is surprised that she has said so much, and yes it is true).*

Phoebe: I'd like to ask you whether your experience of counselling with John , after three sessions, is what you expected, what you wanted?

Vaishnavi: I didn't really go in with a list of expectations. I thought that might be a bit dangerous because they might not be met. So I don't know if it met my expectations in that sense, because, like you said, I was doubtful whether it would help or not. But it has, I think it's helped. I think it has a bit. I tell John, you know it's one of those things that, you know you come to the sessions you're fine but other times you think (she says this with a real feeling almost of release) oh I'd *really* like a session now...I sort of addressed latent issues I guess. Issues I didn't come to address *(pause)* that I didn't come to...

Phoebe: But they sort of came up?

Vaishnavi: Yeah, yeah. Lots of things, kind of good. I mean I find, touch wood, so far I like John's style, because I find at the end of it I have a phrase that he summed up that kind of sticks in my head which has kind of given me an answer to a lot of questions, which I'm a bit doubtful about. I have been doubtful about certain things that I have discussed them with John. He hasn't told me the answer but he has kind of suggested something, and he has put it succinctly. With a sister or mother, sometimes when outside people can know there is a problem but can't pinpoint it, or sum it up in one phrase, and you can't go away and know what the problem is and try to solve it. With John I find he can identify that problem and he can sum it up in one word. I feel ok with that, I can put it into practice. So that's what I find really helpful.

Phoebe: So what might be the word?

Vaishnavi: I don't know, just a phrase, I guess. He puts his finger on what it is and just sums it up. He'll just listen to me and then at the very end he just said you

know blah, blah, blah. Just one sentence. Yeah, I went home with that *(said in a tone of satisfaction).* My sister would always say 'oh you are a bit like this', which wasn't very helpful and it would come up as a criticism. With John it's a bit more constructive... Because he can put his finger on it it's more constructive. It's more than an observation.

Phoebe: You felt he was listening to you, not really saying much at all, just checking out with you what you were saying? And at the end he just seemed to sum up what you felt, and you were in tune with that and it made sense? And you could go home with that?

Vaishnavi: Yeah.

Phoebe: And how do you feel about now? Coming today to see him?

Vaishnavi: He would just ask me what's happened since last time so I thought we'll discuss what happened since the last time I've seen him. It's always something slightly sort of different, but I guess it comes down to the same sort of thing

Phoebe: And do you feel happy that you have come?

Vaishnavi: *(Almost surprised tone of voice, as if she was still thinking about the last session.)* Today?

Phoebe: Do you think it has helped you change your slant on yourself?

Vaishnavi: In a very subtle way. It has only been three sessions. Not significantly. It's difficult because I was probably changing anyway. But I am sure the counselling has probably helped as well. At least I've got a set date and time. It's kind of nice to have that reassurance that ok I'm feeling a bit low and that will get talked about whatever. I tend to feel a bit better when I leave.

Phoebe: So you say that you think you have been changing anyway, but that coming here has helped the process of change?

Vaishnavi: Yeah.

Phoebe: Could you give an example of the way you feel you have changed positively, both in your own internal dialogue and in your dialogue with John?

Vaishnavi: Just in the way I think?

Phoebe: Yeah, and feel. You came here with a specific goal, you say that in a sense change has occurred. How would you describe that as manifesting itself?

Vaishnavi: *(Reflectively)* I think the problem was, I was changing. Well I have changed, but I am changing in that I accept changes that are happening in my life, if you know what I mean, and John has helped that process of acceptance.

Phoebe: So you are more accepting of the way things are for you, the way things are rather than wishing they could be different?

Vaishnavi: Yeah, that's it.

Phoebe: So really you have thought, these few sessions that this in fact has been the opposite of the dependent thing. Hasn't it been a way of being more autonomous, more independent? ...Do you think that your attitude to dependency or being part of a dependency culture is changing at all?

Vaishnavi: In a way. *(Said slowly and reflectively)* But I don't know. I think that will show with time, whether I become dependent or not, depending on what kinds of problems I am having, how I go about solving them...

Phoebe: So do you see this essentially as a problem-solving exercise?

Vaishnavi: Yeah, yeah I do.

Phoebe: You were talking about America last week. You were saying the culture there is for everyone to have their therapist almost like a fashion item, if you like, and you feel that you think things are going that way here. Now that you

have had a little bit of experience of counselling, what do you think about your attitude to a dependency culture?

Vaishnavi: It's not that I think that if you are going for counselling you are therefore dependent, I just think it's how you treat the counselling. It doesn't mean that everyone who goes for counselling is dependent. There is the danger of overusing it.

Phoebe: I was just relating it to your own studies and future career. You said that you might well be referring people to counselling in the future?

Vaishnavi: Yes...

Phoebe: And having experienced a little bit of it yourself you are in a better position to know what the positive aspects can be...

Vaishnavi: Yeah... I think one thing that has changed since before I did counselling was that before, it was a last resort sort of thing or you had to be in...have a very sad state of affairs. But now...I'd quite like to stop coming at some point... but now as I say I guess every now and then I might book myself in for the future, but I don't know if I'd still see it in the same way.

Phoebe: So are you saying that you are probably going to end counselling with John fairly soon?

Vaishnavi: Not soon, but I hope there will be a time when I won't need it.

Phoebe: So you think you will go on beyond the three or four sessions that you talked about?

Vaishnavi: Yeah, I think probably running after Christmas. But then you'd like the opportunity to book yourself in occasionally. What I really wouldn't have done before.

Phoebe: So that is a change?

Vaishnavi: Yeah. Because someone I know went to counselling. I said why, everything is fine for you, she's getting on really well with her studies, she has a new boyfriend, everything going well, but now I can feel...my perception of what is really bad has changed My conception that things have to be really bad has changed. It might not be that severe. Also I think everyone does need a bit of counselling. I mean that has changed as well. Like now and then...

Phoebe: And also perhaps the way people present themselves publicly is not how they feel inside?

Vaishnavi: I am sure a lot of people would be surprised if they thought I was going for counselling. And I don't know if I told you or John this but I was surprised by how many people were going for counselling. Going for counselling you find out about people because it's a small place, but you'd never guess it. Nobody really show it.

Phoebe: One thing we really didn't explore, you indicated two or three times media influence on your perception on counselling and also by implication on other people's perception. What would you say about the media's presentation of counselling?

Vaishnavi: Because they don't even talk about counselling in the media, I don't know.

Phoebe: You said you'd seen programmes on TV where people had talked about counselling in a positive light.

Vaishnavi: Yeah, that was putting counselling in a positive way, I think. I don't think that is a problem. It's not really discussed in the media in the first place.

Phoebe: It's not really talked about or understood?

Vaishnavi: With John I don't feel that it is counselling as such, I just feel it's talking to him. I don't think I can do that for someone else, consistently think about

them and their life. I think maybe that's what counselling is. But I'd like to think that I could live without it. That's my main thing.

Phoebe: What do you feel about my interviewing John at a later stage about his perception of counselling with you?

Vaishnavi: Yeah. That is fine.

Phoebe: I have a transcript for you of our last session

Vaishnavi: *(She laughs, slightly apprehensive).* Maybe in a few weeks.

Phoebe: Yeah, not yet, not yet? So that's a good idea? Would you like me to leave this transcript with you? Or would you rather hold on?

Vaishnavi: Yeah I would rather wait.

Phoebe: If you think you are going to carry on till Christmas why don't we arrange to meet in the new year? When you think you've completed, even if you know you may want to come back for a few more sessions. Does that sound ok?

Vaisnavi: Yeah.

Phoebe: As you know, I am looking at other student services and at counselling in doctors' surgeries. Essentially, the picture is the same regardless of the provider. People are just very uncertain about just what this thing is called counselling, and a bit wary of it, not sure if it is for them but then gaining confidence with the experience, but there are also other things too....We talked a bit about your family and how supportive they've been and peers, your friends and fellow students, you've got quite a broad view of the way society works. I wonder what you think the influences are on your viewpoint?

Vaishnavi: Of counselling? I don't know...

Phoebe: Do you get the sense that counselling is accessible?

Vaishnavi: I never really noticed this place before. But if you really need it it's not exactly hard to find. Here or generally?

Phoebe: Generally.

Vaishnavi: Yeah, I think people need to hear a bit more about it. Probably there is a lack of awareness, a lack of understanding of what it's about, probably my perception, you know things have to be really bad, or someone might have died or *(inaudible).* Like I didn't want my mum to know because I think she'd worry a lot. I'd probably feel the same if my child turned around and said, oh she'd done counselling. I'd be a little bit like oh, ok. Close friends know about it and it's fine. I think girls embrace it fine. I know a few boys who say 'oh I wouldn't go for counselling!' Here, I mean mature boys not like teenagers *(she expresses mock horror).*

Phoebe: Shall we fix up a date in January? *(She gives me her email address so I can be in touch nearer the date.)*

End of interview.

Appendix 22 - John

Interview with John, Vaishnavi's counsellor
Client:Vaishnavi
Meeting place: Student counselling service. London, university teaching hospital
Date of meeting: 3.11.04

Phoebe: I shall transcribe today's interview with Vaishnavi and my interview with you. I would then give a copy of my interview with Vaishnavi as soon as I have done it to her and to you. In terms of the transcripts of my interviews with you, we have agreed tentatively to meet in January as Vaishnavi thinks she will need to come to see you till Christmas, and she doesn't want to see any transcripts till she has completed counselling with you. That's when it would happen. Is that okay?

John: Yes I am happy for her to know what we said after the counselling has ended.

Phoebe: I'd like to ask you what your general impression is of Vaishnavi.

John: *(He speaks carefully and reflectively)* I think that she is...maturing. It is the process she is going through of leaving the little girl behind and becoming an adult self. It's all the conflicts inherent in that, which can be very difficult. I said to her 'it's not trivial' because she wonders if she should be using counselling for this, and I said yes, maybe not once a week but I have booked her in for three weeks' time as I couldn't fit her in in two weeks. But I think that's fine, supportive counselling while she is going through this process. It can be painful.

Phoebe: She came along saying she had very specific goals, she wanted these met, at the same time it was a last resort, there were things that she felt that she needed to overcome. She's always very, very elliptical in her talk. I asked her one point 'what is specifically your goal?' and she got near to saying that it was about things that had been difficult in the past and she wanted to change her attitude to and live more in the present...What you're are saying is that she is maturing, she is moving out of adolescence into adulthood.

John: She'll have told you I expect, she came because she was finding it very difficult to get over the end of a relationship with a guy who had been really important to her in the first year, and what had transpired really is that there is more than that. She's got to mourn the loss, not only of him, but how he changed, he was maturing, she has got to mourn the loss of the effervescent little girl who fell for him, so she is changing as well, and as she herself said that can be quite lonely at times.

Phoebe: And she also indicated that his view of counselling, she wasn't specific about the break, but she hinted at it, that her former boyfriend considered her quite neurotic and mixed up and she reacted against and also he implied that anybody who seeks counselling has to be quite neurotic, so she had reservations about coming to see you.

John: Mmmm.

Phoebe: Did you pick up any reluctance on her part to come and seek counselling?

John: Well, yes, both to be perceived as being mixed up and to think that her problems were serious enough to merit using the space, which they are.

Phoebe: She said something along the lines that she shouldn't go to counselling for little things, she said she had discussed with John what constitutes a little thing and what a serious problem and she said John thinks it's all right for me.

John: Mm. *(Positively)* And I also feel often male medical students, students from where he comes from even, can dump all the problems onto the other person, particularly the girl and that is very unhealthy. It is an axe I have to grind here as male students need to be emotionally mature every bit as much as female ones, if they are to be good mature medical practitioners, not only people.

Phoebe: I also got the impression that she was a bit scared of exploring too far...what she felt was her problem. She kind of wanted something brisk and sharp and short in coming initially, but that seems to be changing.

John: Yes, we have talked a bit about family and moving away from family and I don't detect that there are really troubled areas there, but she's frightened of delving into. I don't know whether she feels I am going to create trouble when there isn't any. Maybe from what you've said that could be true, but I think as it goes on she will feel safer about things – we can talk about that and we can talk about other things as well, but it is certainly not my desire with her to say 'let's really probe your family and find a problem there'.

Phoebe: She said that she feels comfortable with you and the last session she had with her you have listened and said very little until the end and then you said very succinctly... you have just said in a word or a sentence what you feel the issue is and that's been very helpful to her. Does that accord with how you feel you've been with her?

John: That is an interesting question you're not often asked...how you feel you are with a client. I find her very pleasant, very easy to be with, so sessions don't feel awkward. She...I find it quite natural, if I could put it that way, to do what I do.

Phoebe: She is also aware in my questioning of her about what she expects of a counsellor. As she said, in the medical profession there are good and bad doctors and there are good and bad counsellors and the personality of the counsellor must influence the way things are with the client. So what she was indicating was that match, match is quite important...match of personality. As she said, the counsellor will bring, and should bring, their own personality to the session.... Do you have any response to that?

John: Can't comment really....*(long pause)* It hasn't felt an issue with her or something that we need to look at. Sometimes it would. Sometimes you'd need to look at what's happening here between us, saying 'I feel it is obviously difficult for you to talk to me' or something like that. That hasn't happened with Vaishnavi.

Phoebe: So would you say that you detect change in her already as she moves towards maturity and accepting?... She says she is more accepting of her situation than she was. That is as far as she will go in accepting how she has changed.

John: Yes. I do detect a change. There is something about accepting a degree of depression, which I think is part of maturity. That's what I think she is going through, and letting go of all those links, you have to, not to become dull. You have to... I think it becomes polarised in her mind and a lot of people's minds that that means serious and dull and you are only a doctor and not having any fun, but it doesn't have to be like that, and she is struggling with the fact that it's all one thing or all the other.

Phoebe: Have you discussed with her today the possibility of continuing for another session or two?

John: Yes I have booked her in for three weeks' time because a) I didn't feel that she needed once weekly work. I think a lot of this work she will do on her own and then come and check in with me, so it is different from a sort of crisis, very different. And b) because we are extremely busy.

Phoebe: What is your feeling about the number of sessions she is going to need?

John: Well, if it works with that amount of time with her, if that amount of time feels comfortable I would be happy seeing her on that basis for a couple of months.

Phoebe: I have provisionally arranged to see her in January, and she has given me her email address and I have said I would like to meet her post-counselling. So if she is still coming to see you then we'll need to put it back a bit. We'll to keep in touch on that....Is there anything you would like to say about Vaishnavi, and her progress and development?

John: No. *(He speaks briskly)* I think I've said it. We're still working. It's not over. OK?

Phoebe: Thankyou.

End of interview.

Appendix 23 - Dawn

Interview with Dawn, client participant
Meeting place: GP Practice, Norwich (city)
Date of meeting: 20.01. 04.

Dawn is still quite monosyllabic in her responses. I have to work very hard to elicit more than yes and no so I try to ask open questions, to 'feel under' her responses. The interview is quite intense, intimate and I feel there is still intensity of unexpressed feeling.

My concerns are that I am suggesting thoughts, but at the same time she is responsive to my suggestions/questions as to how she perceives counselling. Researcher and counsellor skills blend here. Is this 'fusion' of perspective empathic understanding? I must consider this point further and discuss with Frank the point about continuation of counselling, and Dawn's disappointment that she must end her sessions in March. Are there dual perceptions here?

Phoebe: In our interview, before you began counselling, when we talked last we were talking about what sorts of impressions of counselling you had. You were stressing the importance of the counsellor's independence, somebody outside the family who didn't know you, working with people helping them to feel better...does that sound right?...

Dawn: Yes it does.

Phoebe: You were also saying that it would be quite nice to have some advice as well, so you thought of an advice giving element as possibly part of counselling...?

Dawn: Yes.

Phoebe: And then you were talking also about the influences on your view of counselling, what friends thought, what TV programmes you were watching and also the fact that your daughter had gone for counselling, and you talked also about Frank, how you had met him and that you had got the impression that he and other counsellors were very nice people, people that you felt comfortable with; and what you were hoping for was rebuilding your confidence, you were in an abusive relationship, which was possibly still going on although you were separated *(throughout this summary Denise is quietly agreeing).*
And your daughter was somebody very important in your life – somebody who had had counselling and had come through stronger and happier...Would you say that was a fair summary of what we talked about?

Dawn: Yes, yes.

Phoebe: I'd like to be quite open ended now and ask you what you think of the counselling with Frank as a way of working? What do you think it has given you?

Dawn: It has given me more confidence, I go out more, and I have finished the relationship with my man...

Phoebe: You don't see him at all?

Dawn: He comes once a week to walk the dog.

Phoebe: And how have you been feeling?

Dawn: A lot better.
Phoebe: Yeah, so what is it that makes you feel better?
Dawn: I'm on new drugs, for a start, but Frank has helped me a lot.
Phoebe: How has he helped?
Dawn: By listening...
Phoebe: By listening and...?
Dawn: He has given me more confidence.
Phoebe: Does confidence come by being able to make decisions...?
Dawn: Yes *(emphatically).*
Phoebe: You were able to decide to break the relationship?
Dawn: Yes, I talked it through with Frank, and he gave me feedback.
Phoebe: What sort of feedback did Frank give you?
Dawn: He thought this man was very cruel and hurtful and not a very nice person, and if I finished it all the better...
Phoebe: And in ending it you felt very much more yourself?
Dawn: Yes.
Phoebe: And more in charge?
Dawn: Yes, I did.
Phoebe: So has this led to other changes in your life?
Dawn: Yes, I am going out more, which I didn't do before
Phoebe: With friends? What do you do?
Dawn: I go out with my friends, we go to nightclubs...I've met a new man.
Phoebe: You have met a new man?
Dawn: But I've only been out with him twice: its early days...
Phoebe: Does he make you feel good?
Dawn: Yes he does.
Phoebe: So you are being very cool about it, are you, very cautious?
Dawn: Yeah, I am *(she laughs).*
Phoebe: You feel a bit scared?
Dawn: Yes I do.
Phoebe: You don't want to put too much hope into it...?
Dawn: Yeah, yeah...
Phoebe: Because what might happen?
Dawn: I don't know, its early days yet, I have only been out with him twice.
Phoebe: You feel attracted to him?
Dawn: Yes, very much so, he is very nice, very friendly.
Phoebe: That too feels a bit scary?
Dawn: Yes, it does...
Phoebe: Because you've got rather a bad view of men in recent years, haven't you? He's attracted to you?
Dawn: Yes...
(*We laugh and Dawn looks happy*)
Phoebe: And have you talked about...does he know that you are in physical pain?
Dawn: Yes he does...(really long pause) he's really understanding...
Dawn: Yes, he's really good about that. I've known him a while. He's divorced. He's a firefighter, a year younger than me. I'm fifty. Some time ago he asked me out and I wouldn't go out with him, then on New Year's eve he asked me out again. I've seen him twice since then.
Phoebe: And you also go out with your girlfriends?
Dawn: Yes, I do...

Phoebe: Chew the fat, do you?
Dawn: Yeah, yeah...
Phoebe: Good is it? Really good?
Dawn: *(Looking at me warmly, smiling)* Yes it is...
Phoebe: So would you say that your view of what counselling could be has changed?
Dawn: It is everything I thought it would be.
Phoebe: How?
Dawn: Frank has been really good, really nice.
Phoebe: So what about the portrayal of counselling on TV and so on? Do you look at counselling rather differently...freshly?
Dawn: Freshly...
Phoebe: And what goes on? Do you think, 'oh I understand that?'
Dawn: Yes...
Phoebe: Can you give any examples?
Dawn: I haven't really watched television; I've only watched one programme about counselling and that was more or less what it seems like with me – it felt right.
Phoebe: You've said a bit about the important qualities of a counsellor. You've said how helpful Frank has been, he has listened to you and given you feedback. If you think about Frank and how he is what are the other qualities that you think are important?
Dawn: He's such a nice person, he understands...
Phoebe: He can put himself in your shoes?
Dawn: Yes.
Phoebe: I know I'm pushing you rather but this is because I want to understand what 'nice' means.
Dawn: He is kind, he is caring...
Phoebe: And you trust him?
Dawn: Yes, I do...
Phoebe: So trust is very important?
Dawn: Yes, yes.
Phoebe: It feels like you are learning to trust someone out there in a way that you wouldn't have done a while ago. So in a way you can trust Frank, as a counsellor and a professional, and you perhaps can trust other men too? Would you say that's true?
Dawn: Yes *(emphatically).*
Phoebe: There has been a shift...?
Dawn: Yes, yes, yes.
Phoebe: And how are things with your daughter? *(The daughter had received counselling before Dawn began hers.)*
Dawn: We are very close...
Phoebe: You always were...do you think it has brought you more close?
Dawn: Yes, in a way because it was her experience of counselling – we talked about it
.
Phoebe: What about your friends? Do they have a view of counselling? Do you talk about your counselling?
Dawn: No, I don't.
Phoebe: Do they know about it?
Dawn: Yes, some of them have been in counselling.
Phoebe: And what do you think their view of counselling is?
Dawn: The same as mine...

Phoebe: So you don't encounter much anti-counselling experience?
Dawn: Not at all.
Phoebe: In this study I am trying to get to how people's perceptions of counselling influence their seeking it, getting involved in it, but also I am trying to find out what changes take place while you are in counselling, and you have said that the changes in you have been increased confidence, a greater sense of enjoyment, perhaps you are taking greater control of your life, it seems to me. If you think in terms of how you were, say last summer, what do you think are the changes that have occurred?
Dawn: I would say my confidence, I go out more. Last summer I didn't used to go out at all.
Phoebe: And what about the pain management? Is that something you think you've taken charge of?
Dawn: Well I've been trying to get it sorted out, I have regular injections.
Phoebe: But you still have a lot of pain?
Dawn: Yes, I do.
Phoebe: Now when Frank said to you that you were going to have to stop in March what did you feel?
Dawn: I was a bit disappointed...
Phoebe: Because you wanted...?
Dawn: Longer...yeah.
Phoebe: I understand you are not going weekly at the moment....but fortnightly. Did you ask for that?
Dawn: No Frank did.
Phoebe: Because of his programme?
Dawn: I suppose so.
Phoebe: So you were a bit disappointed by that?
Dawn: Yeah, I was.
Phoebe: Because you were talking about in our first meeting, meeting Frank weekly?
Dawn: Yeah...
Phoebe: You were saying you have to end in March?
Dawn: I need longer...
Phoebe: You feel you need longer in order to continue to build up your confidence?
Dawn: Yes, I do.
Phoebe: Did you express that to Frank?
Dawn: No, I didn't.
Phoebe: As you and I agreed I am seeing Frank next week to talk about how he perceives your counselling, how it's going, and I will raise this with him if I may?
Dawn: Yes, definitely.
Phoebe: It may be the policy of the centre. I will have the opportunity to ask. Perhaps there are more referrals being made to the clinic? Is there anything more you'd like to say about counselling?
Dawn: Not really...
Phoebe: It's non-fee paying here, isn't it?
Dawn: Yes.
Phoebe: Do you have any feelings about that?
Dawn: I couldn't afford to pay anything for counselling.
Phoebe: So would you say you are quite an accepting person? You very much accept the way things are?

Dawn: You have to...
Phoebe: You don't like challenge?
Dawn: No.
Phoebe: Yet you seem a very strong person, you have withstood a lot, but you feel perhaps that you ought to cope?
Dawn: *(Assertively)* You have to cope don't you! I've changed a lot over the years, events have changed me.
Phoebe: Made you more...what? Passive?
Dawn: Yes, I've had to...this man...
Phoebe: So you'd say that once you weren't so passive?
Dawn: No I weren't.
Phoebe: But he's beaten it out of you?
Dawn: Yes.
Phoebe: He's beaten out of you this capacity to contradict or to be yourself, assert yourself, so in a way you are trying to rebuild your assertiveness?
Dawn: Yes, very much so...I used to be very different. I was always on the go, always doing things, running my business.
Phoebe: But that was before this bad relationship? And do you feel angry with him still?
Dawn: Very angry, Yeah.
Phoebe: Here?
Dawn: Yes.
Phoebe: And do you think that somewhere inside you that you can become the old Dawn?
Dawn: I think so, I hope so.
Phoebe: How do you feel about me coming in as a researcher and asking you to talk about your counselling?
Dawn: *(Very positively)* I feel it's alright.
Phoebe: And it feels all right my talking to Frank about your counselling?
Dawn: Yes, that feels right.
Phoebe: So you feel it's useful – all this?
Dawn: *(Very positively)* yes I do.
Phoebe: I think this is probably as far as we need to go

End of interview.

In a discussion following this interview Denise tells me that in addition to hospital appointments to help her deal with the arthritis of the spine she also sees a psychiatrist about every six months. She is sent a letter from the St. Stephens Centre in Norwich, always from a different psychiatrist, though she says St. Stephens is to put in place a permanent psychiatrist, that she sees him (always a man) for about 5 minutes only. He talks about her drugs and usually prescribes new ones. She sees it all as 'a waste of time'.

She says that none of the psychiatrists have ever recommended a counsellor to her. She chose to come to counselling of her own accord.
She has been prescribed Diazapam, Temazapam, Seroxat, Amitryptyline.

Appendix 24 - Frank

Interview with Frank, Dawn's counsellor
Meeting place: Medical centre, Norwich (city)
Date of meeting: 26.01.04

Phoebe: I'm not clear how many sessions are allowed for each client in the centre?

Frank: We have post-qualification interns and trainee counsellors. Two separate rules operating. People who are with a trainee or an intern are told initially as indeed Dawn was told at assessment that there is a notional package of 10 sessions, she was told that.

Phoebe: I don't think this had registered with her.

Frank: You brought that home to me with the transcript. That's the normal package, now because I'm employed with the group practice. I am constrained to work within those sessions, so what I am offering in effect is time-limited. I believe that the notional maximum doesn't have to apply - up to two years. Dawn's daughter had over a year. I remember saying to Dawn 'it is entirely up to you whether we use the sessions in short, sharp bursts or whether we spread them a little in order to give you more time', and she opted for the latter. One of the characteristics of Dawn that comes across quite strongly is that she is not so focused on the structural aspects of counselling as some are. Some will even check out how many sessions they have left.

Phoebe: This was her seventh? So the 10 will take her up to March? And is that fixed in stone?

Frank: No. I am strongly moving to the point where I will have a word with one of the GPs: that's the way it's done, and they will say 'fine Frank, go ahead.'

Phoebe: What do you think about her progress?

Frank: In many aspects I feel there has been very little measurable progress, but in one or two important aspects there has been a shift, and I think this particularly applies to her ability to say 'I don't need to take this any more in this relationship'. When she first came she had gone to the doctor's saying in effect that she had had a terrible thirty years basically and had had ECT in the past, he had left her in the past year and then come back and had established an in-out relationship where he would come round at the weekend and stay and they'd sleep together and he was somewhere else and she was building up a picture of his actually being with someone else which actually proved to be the case. And it was that that she was finding very, very hard to cope with. She was in an assessment home with this. The doctor had I think increased the Temazapam, she wasn't sleeping as well and as often happens the doctor had referred her in the hope that the counselling support would enable the dosage of the pill to be reduced. I have checked the referral letter, and that is exactly what it says.

Phoebe: That was the doctor's hope. But it has swung the other way?

Frank: Yes it has. And he was physically abusive?

Frank: He was abusive in the extreme. Did you pick up the significance of the dogs in all this?

Phoebe: No I didn't.

Frank: It seemed to me at the outset that the dogs were his and he was still insisting on coming against her will in order to maintain his relationship with the dogs. That was his excuse. And the bind for her was that she was also very fond of the dogs. She had to have to dogs so she had to have him, and that gave him the entree. When he arrived she'd say 'I didn't want him to make love to me, I didn't want all of that, but he insisted'. He bullied her into it which was the really awful part of what was going on. And this leads to the important part when there was a shift, it came to the point where she actually said 'he's not going to do that anymore'. Real, real change for her. And she has also surprisingly detached herself from the whole dog thing. I think that was part of her change.

Phoebe: They were her babies? She has one daughter?

Frank: Yes that's right, they were her babies and her daughter was the other part of it. I don't know whether this came through to you but there was the developing relationship with her daughter.

Phoebe: She said they were closer now.

Frank: That went alongside - that her daughter had also been in an abusive relationship. Through this awful summer her daughter had actually thrown out her partner. So they both effectively ended their relationships about the same time. Did she tell you the story of the airport...? Well, for me this is really quite significant because when...she speaks with admiration of her daughter, she sees her as a really ballsy sort of woman...that is the sort of language Dawn uses when she gets animated. She may have actually used that word. She said he was going off to this holiday in the sun with her daughter's ex partner who she'd just thrown out and Dawn had challenged her man with being in a relationship with somebody else. He said 'no I am not' and she and her daughter had gone to the airport and actually watched them, the three of them, setting off on this holiday together. They were both pretty upset about it, but also there was this enormous solidarity between them because exactly the same thing had been done to both of them by these two men, who incidentally were friends. When he eventually came back she was very different with him; she was coming to see me and saying 'I really need to strengthen myself, I really need to build myself up here so that I can go back and be firm with him'. So those were the two shifts, to be firm with him and say no, and the growing sense of identification with the daughter. It seems to be a much firmer relationship than the one they had before.

Phoebe: She's quite proud that she has ended the relationship with the man and it seems also quite excited by the prospect of the new relationship, though she is very, very cautious about it.

Frank: Very. Yes, what she says is 'I shall never be as gullible', or a similar word, 'as I have been in the past. I have learned my lesson. It's about time, isn't it?' kind of thing, even to the extent that she would say: 'I enjoy going out with girls more than going out with him', because she feels freer...She talks about them, the nattering they liked to do together. I suspect that that had been somewhat squashed by the man she had been living with, for however long it was. She has kind of come through that.

Phoebe: What about the medication she is on?

Frank: She doesn't talk a great deal about that. There has been a constant sense that every time she came what she wanted to talk about, quite desperately, was the relationship, as though there wasn't enough time to say all that she wanted to

say about that. Looking at your preamble of the transcript I really identified with what you wrote from my early contact with her. You said something about 'feeling under her responses'. Her responses could be quite monosyllabic and even when they were more defended in response to open questions there is almost a 'not being used to talking about feelings'. Not being allowed to.

Phoebe: Yes, yes. She feels totally squashed, as though a steamroller has driven over her, all the emotion squashed out of her.

Frank: Yes that's how it feels, and particularly when she has not had a good day. It is almost palpable, that feeling of being flattened. It's really quite extraordinary how much that is in the air with her. What I experienced with her is that on some occasions she comes in quite limp and talks in a quite flat, quiet voice, and then suddenly a smile will spread across her face and in an instant she becomes more animated. That's increased as time has gone on and this, it feels, is the free spirit that has been able to break out in her.

Phoebe: That happened when she talked about going out with her friends, but she doesn't do much of that. She has had right from the start very warm feelings about you and I am sure that the fact that you are a male counsellor and warm and accepting has helped her to re-orientate herself.

Frank: Yes, she has articulated it to me in the kind of way she has articulated it to you. She has actually said at an early point 'not all men are like you', or 'I wish all men were like you', that kind of thing, which is enormously moving when it is said. That really suggested to me that the actual quality of empathy and acceptance was achieving a lot there.

Phoebe: It does seem very clear. So in fact it is important that you are male.

Frank: There is a gender issue there, I have no doubt. I'm just trying to remember if she was a 'no preference' or a 'male counsellor preferred'. Certainly if she said 'no preference' she added something like 'but I would like to see a man'.

Phoebe: Had she already met you?

Frank. Yes she had met me at the exploratory meeting.

Phoebe: She had said that she was very drawn to you. You were probably the first man in her life who had actually been straightforward and warm with her, certainly in her recent experience.

Frank: Yes I would go along with that. That does tie in with other female clients who have had not dissimilar experiences who will at some point say 'I didn't know that men could be (pause) like you, not on the lookout for something, are not going to crush me, not force me to do what I don't want to do,' and so on. And in that particular environment, at the Bates Green Health Centre I suppose I do encounter quite a number of women who broadly fit into that category, certainly more so than I do elsewhere.

Phoebe: Do you have any views about (the effectiveness of) a particular core model?

Frank: There is part of me that is very loyal to my person-centred approach and training and in a sense I understand the very purist approach that is around, such as used at the Norwich Centre (Counsellors in training, all person-centred, whom I supervise in UEA counselling service). In the 10 sessions situation there are issues that arise that a purist might not deal with as I might. I am now working quite considerably with the Occupation Health Service at the hospital allied with the GP Trust. I see people who are given six sessions and I have also been working with children in schools for five sessions and I have found myself being quite adaptive in the way that I responded to clients, often because of the shortage of time. So I suppose my feeling about my person centred approach,

which is certainly the core of the way I work, is that it is very, very important because of the primacy of the core conditions. And I suppose because I do believe in the fourth condition and I think it is often present in the counselling room and I think in working with somebody like Dawn it can actually be a factor in the work. But there are also things I definitely do. For example, working in the health service sometimes it is practical and pragmatic to observe to clients such things as 'I notice how short of money you are...I was wondering if you had been to the citizen's advice bureau and checked on what benefits are available to you.' I know there will be some holding up of hands in certain areas...sometimes they need role play. I have been doing some work with the local authority. I have one particular senior manager who has come here to see me and she just needed really to know how to deal with her immediate superiors. We modelled it together, and it worked.

Phoebe: Going back to Dawn when I first asked her about her perceptions of counselling she seemed to have such a positive view of it, not a trace of doubt and I just wonder whether this positive perception of counselling is really the result of her daughter's good counselling experience?

Frank: I think I was really taken with something she said to you about images of counselling in television and so on. She'd seen something on television that had endorsed her very favourable view of counselling almost as though she was completely separating the kind of tabloid representation/negative image of counselling that we often see in the media, and discounting it completely. That would fit in with the kind of persona Dawn presents. She is not somebody who necessarily has a broad view of anything. I suspect that that is what is going on here. I don't think she can have been completely without exposure to those images. She does take note of what is going on, she reads the newspapers. And she says she's not got a negative view of counselling. I think this is because she is not seeing it as the same thing.

Phoebe: At the start of counselling do you put her in the picture as to what to expect or do you have a leaflet?

Frank: I don't use a leaflet; we don't use one in this environment, but I am probably sufficiently articulate in the right kind of register to be able to explain to people what to expect rather better than they would pick up from reading a leaflet anyway. That sounds an enormously arrogant thing to say but I think it is true. I think I am tune enough to people's reaction to what I am saying. So one of the first questions that I always ask when I am seeing somebody for the first time, if its one of these 20 minute assessments in the NHS setting I ask one way if its part of an hour long first session with an agency client or somebody from the national health service, I put it a slightly different way. But the question I ask is 'have you had experience of counselling before?' and then 'do you have any particular expectation of what is going to happen?' and I would certainly have asked, and because she has talked about it on a number of occasions, I am not quite certain if she had also told me about her daughter's counsellor. And I had the feeling almost straight away that Dawn was almost expecting something of this experience, wanting to try it. And when I offered her as someone interested in your project it almost predisposed her to be involved, she was actually interested in a way in this phenomenon of counselling and indeed this response is very positive, as soon as I asked her. So yes I do try to explain to people what to expect in terms of the experience of being accepted, of being a human being who is going to respond in a human being way to what they are bringing,

and that seems getting to the end of a serious discussion with a client and reflecting back. Reflection, that seems to be something that often comes up. People will say well I had this view of what to expect and I was surprised by what actually happened. It was different in some way to what I expected, it was more normal, it was more like everyday life than I thought it was going to be.

Phoebe: Yes because they've got the image of the couch....?

Frank: Yes, exactly.

Phoebe: It's not surprising people come with a confused idea...

Frank: I will always say 'I am not going to analyse you, I am not going to give you my advice. I am not going to do it this way or that way'. I give them specific pointers as to what not to expect as well as what to expect.

Phoebe: When Dawn says she hopes for a bit of advice too, how does this get dealt with in your sessions?

Frank: It seems with Dawn, as with other clients as well, it will come up at certain junctures and she will say: 'So I don't know what to do about that. What do you think?' Usually because I don't say 'What I think is... but I might say 'What you said five minutes ago was..., and it feels to me that the direction you are going is...' that Dawn is as capable as anybody else of seeing that actually that's where the benefit comes and not actually being told what to do. I have certainly experienced that with her.

Phoebe: So when she says 'Frank says my partner is a rather nasty man and it would be a good thing if I left him' really she feels that's what you feel?

Frank: When I read that I was absolutely staggered, but it came up on more than one occasion, when she has said 'Oh it was terrible sitting there on the sofa with him next to me and he was wanting to paw me and get hold of me, and all I could think of was what he had just said and the way he was carrying on with this other woman', so I would say to her something like 'so you really do see him as quite a nasty man don't you?' I can't ever recall saying 'well I think he is a really nasty man'. *(We both laugh.)*

Phoebe: You have talked about two very significant shifts for her, about her ending the relationship with her former partner, her closer relationship with her daughter and her renewed energy for female friendships.

Frank: Yes.

Phoebe: So what do you think has still to be achieved?

Frank: I think part of it is in the area of what still needs investigation and part in the area of consolidation. In the case of the latter I feel certainly since Christmas that Dawn feels quite settled about not being with the man. But I am conscious of the fact that it is 30 years that she has been in abusive relationships, and I can't help feeling as I do with other women in similar situations that she is almost drawn to people who are abusive – and there is that sense that she needs someone walking beside her a bit further down the road again. I want to make sure she is completely comfortable, but I think as far as what still needs to be addressed there is the question of the pain. I don't mean the physical pain (though that might be a reflection of her psychological pain) but the pain of those 30 years. I still feel that every time she comes into the room it is there and she has not yet poured it out, discharged it yet in the way that can be so completely liberating.

Phoebe: Do you feel she can?

Frank: *(Quietly)* I don't know. The hope part of me says...I honestly think we have just got to work in hope.

Phoebe: You do accept that given limited resources that time limited counselling can be effective even if it can't perhaps move into some of the realms that need further exploration?

Frank: Yes I think you can, and I'll tell you what has helped focus me in that belief; in that working in EAP where I have had to report back to a case manager after assessment, after three sessions and when it is finished and that's possibly made me a little more compartmentalised or a little more structured in setting expectations, almost targets; I won't go so far as to say that this becomes solution focussed, for I don't think that's the case, but it does permit some attention to outcomes. What is therefore going on for me when I am with a client, for example in EAP, it that I pay attention to what has changed, what is changing and what may go on changing as a result of this encounter. Rather than thinking 'I've got this client for as long as it takes...' I think that is a different world. I'd rather they had this experience than that they had no therapy at all.

Phoebe: Considering social influences and peer influence as part of that I obviously get a sense that there are these influences, but Dawn doesn't have much of sense of a world out there which she might influence or be influenced by. It is strange to me that she came to counselling. She says she sought it. But was she referred?

Frank: Yes she was referred, in the sense that she said to the GP that she wanted to go for counselling and she was referred. Yes, she is a bit of a one-off in some respects. I get the impression of the kind of life she lives is the kind of world that might be in sharp contrast with the experience of the average counsellor, myself included. I do think that the mind set of the counsellor does make quite a difference in my view, because I actually have quite a passion for working in that environment, a real commitment, a belief in that, and I think that communicates itself to clients, not so they feel patronised but they say 'so here is somebody who wants to be here, wants to listen, wants to learn really'.

Phoebe: I am also interested in the damaging effects of counselling. But most of those who talk about it are articulate middle class people and they have paid substantial amounts of money.

Frank: I have no doubt there is quite a lot of bad practice that is unwitting. There is a kind of myopia that exists in some counsellors where the need for therapy and the purpose of therapy for people such as Dawn is not fully understood. I have encountered people who have said 'I couldn't work in environment like that'. It's one thing if they couldn't put up with the rough and tumble or the disturbance of people turning up with their partner when they hadn't said they were going to or because of the noise in the waiting room or people bringing the baby, I can understand that. I've tried it, and they say 'it's a step too far'. If they can't cope with it that's ok. What I do object to is what I feel is a class agenda. What they are actually saying is 'I'd rather sit with polite people than these *(pause)* rough people', and that gets my passion going when I hear that.

Phoebe: How important is the formal setting, our own rituals.

Frank: I am thinking 'What are my rituals?' and yet how flexible am I? Flexibility is of the essence. The people who come in week in week out, here, they don't actually need that much flexibility. In a sense they are playing the middle class game. That's fine. I have some wonderful clients. This is a very different experience. They can only operate within a tight set of parameters. Dawn goes away to St. Stephens periodically. I've been going along to some meetings at St. Stephens looking at pathways in Mental Health and pathways to counselling

and psychotherapy. These are chaired by an excellent woman: Nesta Reeves. She is CBT trained and graduate psychologist. She is so attentive to what is going on in our world. She is really dissatisfied about five minute visits. Like in the case of Dawn, she asks 'How can we change this? This is a waste of time'. There is a psychiatrist who is enormously supportive too. I don't think they want me doing it like that. What they want is something much more joined up. But it is a question of resources too, so that Dawn coming to see me is part of something of which they are also part.

Phoebe: Though you wouldn't get that impression from what Dawn says?

Frank: No you wouldn't.

Phoebe: At other voluntary sector centres there is an issue about taking referrals from St. Stephens. There is also the issue of cost. Some people cannot afford to pay anything if they are on benefits.

Frank: What I personally delight in is that because some agencies pay me well I am able to do some very, very low price or free counselling. That is my contribution. I feel content about that. I think that is why I have become established as quickly as I have, and because I am a man. Time and again people are saying I want a counsellor and they want someone to whom they can take gender-related issues and feel safe. Dawn for example, I really am enormously pleased (if it hadn't been me it would have been somebody else) that somebody in my position can actually offer her something that says quite a lot of the human race is decent, accepting and cares.

End of interview.

Appendix 25 - Eve

Interview with Eve, client participant
Counsellor, Penny
Meeting place: Medical centre, Norfolk (country)
Date of meeting: Feb. 2004

Before we start the interview I refer back to the pre-counselling interview and summarise her main points: that she perceived an effective counsellor as someone who was impartial, non-judgmental and listened well and would help her to gain motivation and purpose in life.

Phoebe: How many counselling sessions with Penny do you think you have had?
Eve: I think I started seeing Penny at the end of June (2003) oh heck....sometimes it's been every week, sometimes fortnightly. *(I sense she feels she is being tested. She seems distressed that she doesn't know).*
Phoebe: It doesn't matter at all. I can check it with Penny.
Eve: Some times it's three weeks if Penny is away or she is on holiday, or I am. Probably about every fortnight.
Phoebe: So what you were saying when you came in May is that Dr. M. had referred you: that you had had counselling in the past at the Hellesden Hospital, that it had been a good experience but had been time-limited to six sessions?
Eve: Yes that's right.
Phoebe: Did you say it was CBT counselling?
Eve: It wasn't that exactly, when I talked to other people who had had it, but it was a similar thing. Yes it was.
Phoebe: What did it achieve for you?
Eve: It sort of helped my way of thinking. It's not a miracle at all but it does kind of help. I suppose it made me feel valued as well, a different way of thinking about things. But Dr. M. referred me. I think I did ask him for counselling. I think I asked him before. He said 'see how the medication goes' and then he suggested counselling here.
Phoebe: And you were looking for somebody who would be impartial? (*Referring back to the pre-counselling interview.*)
Eve: I'd talked to Dr. M. before but I was a bit embarrassed because he had seen me and my family as patients. So it was good to see Penny. She was completely new, didn't know me at all. Don't get me wrong... (*She seems to be saying that she is not criticising Dr. M.)*
Phoebe: So she would be independent and she would be totally uninfluenced by any past knowledge? She made a contract with you to start afresh?
Eve: Yes, because she don't see any of the family or friends, so it was a sort of fresh start.
Phoebe: Whereas he does?
Eve: Yes he sees the family (*pause*) which is very awkward really
Phoebe: Which you see to some extent a barrier in talking openly to him?
Eve: I can do, but I sort of feel for him, because it must be awkward, mustn't it? For him. Me moaning about my brother or whatever and then he sort of sees him

and that. So Penny was sort of totally new and didn't know any history about me.

Phoebe: How has it worked with you and Penny?

Eve: Very well. She is a lovely lady and very approachable. It has definitely helped me talk. Definitely. I sort of think I've got that hour or that fortnight just for me. It's definitely helped. It's not a miracle. I feel I rattle on a bit. I sort of jump from one thing to another. But yes she's very good.

Phoebe: How has it helped you? It's helped you to talk...and so how has that helped you?

Eve: *(She thinks and then speaks more slowly as though trying hard to be as accurate as possible).* I still struggle, but it's took that weight off my shoulders more. I can talk to someone who is not in the situation at all. She makes me feel that she knows exactly what I'm on about as well. How it feels (*pause*)...It makes me feel that I am sort of (*pause*) worthy. When I've talked to her I feel, yeah, I am as good as other people *(she says this almost wonderingly and with warmth).* When I get home this feeling does go a little bit as though nothing is really going into my head. She's very good.

Phoebe: So you'd say that the relationship you have with her is a strong one?

Eve: Definitely.

Phoebe: Initially, in our first meeting, you felt concerned about confidentiality?

Eve: I definitely feel that on her part it is confidential. I still feel a little bit wound up about running into the staff here, because I know them. I've got used to it now, but if a particular person is here I still feel a little bit, you know, a bit embarrassed...when I say 'I have come to see Penny'. Even when I say 'I have come to see Phoebe', I felt a bit 'oh what are they thinking?' That's me, I know.

Phoebe: Because this is something that has dogged you, hasn't it? This closed community, the fact that you live in a very small place, everybody knows everybody else. You feel that you are discussed?

Eve: I think that some of the particular people who work here are part of the situation that I have been talking to Penny about. I think that's the feeling, that they know I am having counselling and they talk about it.

Phoebe: So you still feel that having counselling, that it still has a stigma attached?

Eve. Yeah (*hesitant*) I wouldn't put anyone down if I thought they were having counselling, but I must admit (*pause*) yes I do, I think they are saying 'oh she still can't cope'.

Phoebe: So you think other people perceive counselling as for people who can't cope?

Eve: I think some people. Yes, definitely. There is that stigma still. Yes, definitely. Definitely.

Phoebe: And do you see that that is how it is portrayed in magazines, in the media? (*We talked about this in our first meeting.*)

Eve: I think sometimes it's put down as a laugh isn't it? Some programmes do, but there is some part of it where it comes across as really good, and puts a good picture over. There is sort of a mixture there.

Phoebe: So counselling can be used for comic purposes?

Eve: It can be.

Phoebe: Do you think there has been any shift in public perceptions?

Eve: I think it is probably getting better. Yet we are all as bad really. I think I am a bit of a failure to keep having counselling. But I wouldn't think that about someone else.

Phoebe: You still see having counselling as a sign of not being as strong as someone who doesn't have it?

Eve: That's it. But then as far as I know they could be having counselling couldn't they?

Phoebe: This feels a strong issue for you, and just before we first met you had a difficult situation, didn't you? You felt very let down by someone, a very close friend.

Eve: Very close, yes.

Phoebe: And do you feel you cope any better with that situation, understand it?

Eve: I don't really understand it, but I feel I have come to accept it. I still have doubts about it, times when I feel really hurt about it.

Phoebe: Do you talk about it here?

Eve: With Penny? Yes I do. That was really the situation. It was someone who worked here. That's why it so bothered me. But I feel a lot better. I think 'blow her, she'll have to get on with it'. But other days I think, 'oh dear, is it me?' But yes I can accept it now. I try and push it aside now.

Phoebe: Do you think there are other areas in which you are more accepting now?

Eve: I think family and that, I think I accept it more. But again, there are the bad days. But that must be so for everybody. Yes, I think I am coping with it better, in my head...I can sort of put it together a little bit more. But there are still bad days. But it is definitely helping me to look at it a different way.

Phoebe: So you think you are gaining a different perspective on yourself and your worries, your preoccupations?

Eve: Definitely, definitely, definitely.

Phoebe: How has counselling influenced your medical prescriptions? You said you were on Seroxat and Valium?

Eve: That's right I have been on a lot of different anti-depressants. Not all at the same time. I'm on Propafenone, which is a beta blocker for palpitations, and the thyroid tablets that I have to take anyway. I am not on as many tablets as I used to be, but I must admit I have been thinking of seeing Dr. Noble to step up the Propafenone.

Phoebe: What would you like?

Eve: I know he was thinking of putting it up but he said 'go for the counselling and see how it go, and then maybe put it up'. Maybe it's just in my head, maybe I just need to keep talking.

Phoebe: What makes you feel you want to increase the dose?

Eve: I don't have much motivation in the morning, I find it very hard to get going. But maybe I need to find some interest outside, something to look forward to. But I have been hesitating about that *(about increasing the dose)*. And I will speak to Penny about it on Monday.

Phoebe: So what about interests outside, because you were talking when we met the first time about doing some work with the elderly?

Eve: I haven't really done anything yet, but I have contacted the voluntary organisers and they have actually been out to see me and they are going to get me someone to visit; but that's all at the moment. I haven't got, as I say, much motivation.

Phoebe: You are up and down?

Eve: I'm not climbing the walls, and crying and all that, and not saying I don't know what to do with myself, which it has been. I've felt that I am going completely mad, but I am ticking along. I'm probably coping quite a lot really, with family and everything, but I don't really feel I am living. I feel that I am vegetating, not really doing anything. I'm on my own quite a lot. I know I need to do

something. I'd like to do something, but have no motivation to get going. It's very hard at the moment, you know. It takes time I suppose, but I think I do realise that it isn't just me. I think I've learned that.

Phoebe: So you have learned things about yourself and maybe that has made you realise that these are things that other people also have to cope with ?

Eve: Yeah. When I met you in May I thought I was the only one. Now I realise it isn't just me. I still have that feeling. When people go past that I used to know as children, I still think 'why me'? But I can accept that there is others out there like me.

Phoebe: So how would you say your view of counselling has changed?

Eve: I don't really remember what I said last time.

Phoebe: You talked about needing to talk, about feeling depressed, but also recognising that you had to make an input.

Eve: Yes there have been plenty of times when I could have rung Penny up and said 'I'm sorry I can't come today' and just gone back to bed, but I didn't . I think there was one day I missed, but I did have a bad migraine. It is an effort at times. But I know you can unburden yourself, sort of thing, take that weight of your shoulders.

Phoebe: You see counselling as the opportunity to talk about the anxieties of the day or the week?

Eve: Yes, whatever is going on, some obviously past, about Mum and Nan, but just to have that time just for you, sort of thing, although it is an effort to get there at times.

Phoebe: So what do you think that Penny, as counsellor, is trying to do, with you?

Eve: I think she is trying to make me see things differently, from a different sort of view to how I see it...I'm still seeing her so I don't know what else she will try and do, but I think she is trying to make you feel more positive, and look at things from a different view.

Phoebe: So what are you hoping to gain from being here?

Eve: I think it has boosted me. I still have problems with motivation, but I think I feel I *can* get out there and something. I've still got a lot of work to do on that.

Phoebe: So it makes you feel you can take charge more?

Eve: Yeah...

Phoebe: I don't want to put words in your mouth...

Eve: No but it is really isn't it, to know what I *can* do, that I am as worthy as anyone else really, but there is lots more work to do on that.

Phoebe: So it sounds as if you are hoping to have an increase in motivation or sense of direction? So that you can end up doing more of, well, what you like doing in your life?

Eve: Definitely, definitely. I have talked to Penny about the voluntary work, and different things. It's just nice to have someone who will listen. Family don't really seem to listen. They don't seem to take it all, they change the subject. I think, 'there you go, I'm not worth it'. I talk to Penny about what I'd like to do, work it out with her.

Phoebe: How long do you envisage the counselling going on for?

Eve: I don't know, I don't know about that one. *(She sounds slightly alarmed)* I'm not really sure.

Phoebe: You don't discuss it?

Eve: I did once I think, I'm sure Penny said 'as long as it takes.' But I don't think it is something that has come up that much really.

Phoebe: Do you think it might come up in you?

Eve: I suppose it will in time, but I don't feel that way at the moment. I don't know if there is a time limit on it or not. I don't know.

Phoebe: You are not involved in any charges?

Eve: No. If I had to pay I wouldn't feel I could come, definitely not. I did actually ask at the hospital *(about paying for counselling).* I was there but I am not now. They refused and they gave me a list of private numbers. There is no way I could afford that on benefits and that. So I am very privileged really.

Phoebe: So you see counselling as something that you need, something that is helping you, to improve your quality of life?

Eve: Definitely. To get me moving really.

Phoebe: So you'd like that to be in the direction of voluntary work?

Eve: Definitely. I think it is a question of finding the right thing. I am thinking about a charity shop. I think I would be better with a group thing.

Phoebe: If you could wave a magic wand, what would you like to see in the future for society in terms of counselling?

Eve: There is some people I know who can't get it and I think it should be available. It's easy for me to say that. I don't know how they would do it. It should be for anyone who needs it.

Phoebe: What do you think the benefits are to society, with counselling being more available?

Eve: With some of the people I know, it would probably help them get back to work possibly, and people at home on their own in such despair. My view is about a group I used to go to is that it has gone downhill so much that I don't go now. A lot of the people I know who do go, they don't get a chance to talk so they definitely could do with it, but then they've got to make that effort as well.

Phoebe: A group that used to get together but now can't?

Eve: They still get together but the staff have changed and there isn't the understanding. But the sorts of things I saw, well were quite terrifying, but I don't go now. I just don't go.

Phoebe: Terrifying in terms of people's unhappiness?

Eve: Safety is what I mean. Not physical in that they are being abused or anything, but there is one who kept trying to commit suicide, and we went to a river and nobody was with her. She was left at the side of the river on her own. Well, I know because my mother done that (*committed suicide by drowning*). I did voice my opinion when staff came to visit me and she just said 'well, people who say that never do it.' I said, 'well you are wrong there, because I know'. It just frightened me. A lot of clients who go, staff go off and I probably shouldn't say this, but they go off shopping and people who feel poorly are a little bit better than the worse ones they are looking after, which isn't really fair.

Phoebe: So what sort of group therapy was this?

Eve: It was a day care group.

Phoebe: Part of Hellesden Hospital?

Eve: This was a mental health support team.

Phoebe: Mental health carers?

Eve: From Social Services, I think

Phoebe: This was recent.?

Eve: Probably about a year now, time goes so quick, but I am still in touch with the people who go and I think that's all they've got

Phoebe: So basically you feel there just wasn't enough understanding, by the staff, of the group?

Eve: Definitely not. There used to be.

Phoebe: Is there any change in the way the social services organise the service, or the funding?

Eve: There was a couple of retirements. I think its staffing problems, and it seems to me that a lot of these people, the staff they get, I'm probably wrong, are probably as ill as what we are. You know you can figure it out can't you from what they say. Which is very sad. I had a care worker who used to come to mine. A key worker. She don't come now. I was just dumped. She phoned a few weeks later to apologise. She admitted it. 'Dumped' was the word. She said 'Is there anything?' I said 'no I see Penny now'. With everything that went on, with Nan dying and Diane going and that I didn't need that on top. I think that was just out of order. But the key worker did ring and apologise.

Phoebe: You said a little earlier you see yourself as 'ill'?

Eve: It probably wasn't the right word was it?

Phoebe: I just wonder how you perceive yourself?

Eve: I'm just trying to think of the word – well 'confused', not so much now but I feel I can't cope with life in general and some of the things that the staff were saying, well they obviously can't cope either. I won't go into it all, but some of the things they say, well they should see a counsellor instead of talking to us. I probably shouldn't say this.

Phoebe: This is how you have experienced things. And it is *your* view, and so often the view of the client or the patient isn't known or asked for. It isn't known what you think. This is why this study is taking place. You are of equal status as a human being, and this is a human, inter-relational function, isn't it?

Eve: Yes. I remember that when I went we used to try and talk and apparently they do now but they just don't want to know. Even the lady who is in charge just doesn't want to know. Someday something awful is going to happen. If only someone would listen.

Phoebe: So there should be more listening to what people are trying to say, even if people in the group don't put it into words?

Eve: They can't always know how people are, but if they know that they are suicidal I don't think staff should just go off and leave them, by the river or in the city. There was one little girl, they just left her by the side of a busy road. She was in healthcare. She was on day release. It was cruel really. I don't think it will get any better I think it will just stop, the group I am talking about.

Phoebe: So you would like to see the group stopped, though it was useful when it was first formed?

Eve: It was a fantastic group. Perhaps because they were older people (the staff) but there was just so much understanding and love there, you could see it, but there is none of that now. If you didn't go one week they would phone up to see if anything was wrong but they don't do that now. People can go for weeks, and they don't ring. And I think that's awful. Because if they ring then you feel you are missed, as well. Their argument is that it is pressure on people to come if they ring. But one phone call isn't much, just to check that you are not lying dead on the floor.

Phoebe: So you would like to see changes in the way mental healthcare is organised?

Eve. Yes. And maybe the staff ought to be trained a bit more. Some of the things they tell you to do with herbal remedies and that. Well with some medication you can't take herbal remedies, and it's costing people an awful lot of money.

Phoebe: So you think inappropriate advice?

Eve. Terribly, terribly. I'm glad I don't go. I do miss a lot of the people who go, but I don't miss going. I'd get in a state about people who weren't looked after.

Phoebe: So you feel people are at risk? I get the impression that these views inform what you want to do in your voluntary work. Do you feel you've got some skills there that could be very useful to other people in turn?

Eve: I think I probably could help, but again, it's that confidence thing. Am I worthy? But definitely I think a lot of us in that group would do a better job than the staff.

Phoebe: Would you say that you had a lot of awareness of how other people are feeling?

Eve: Yes, being with Mum, her suicide...

Phoebe: I feel this has been a very useful exchange and it has very much helped me see how you have moved on and what you perceive counselling to be.

Phoebe: Is there anything else you would like to add?

Eve: I can't think of anything. I've said it really. I can't think of anything negative to say about my counselling. I think the thing that is hard is that you get attached to the person, but I am used to that, I can cope with that. I think I shall miss Penny. I know that, but I think that there must be a lot of people who when it ends, well if it ends abruptly it can be quite hard for people. I'll find it hard, but I've coped with it before.

Phoebe: Do you see yourself as having a part to play in the ending?

Eve: I suppose you mean I will be more confident? You think I might say 'I think I'm doing really well now. I've got my job in the charity shop?' I find it hard to think about it at the moment, but I think if I do get myself a job then there will be more going on, coping more and then you would be able to say...But yes you are right. I think it is up to me and I will be able to say 'I think I'm doing well now and coping!'

Phoebe: You might both work towards it?

Eve: Yes a gradual thing. If you get trust in someone it is hard to end. If people are dependent I think they find it hard.

Phoebe: So you are saying that you are to some extent dependent on Penny?

Eve: Yes, definitely.

Phoebe: Do you talk with her about you and her? Your dependent feelings?

Eve: I don't think so, no. We've talked about the confidentiality thing a bit, but not about how I feel about her.

Phoebe: I need to check out with you again that you feel happy for me to meet Penny to talk about your counselling and how she feels it's going? You don't feel this a breach of confidentiality?

Eve: That will be fine, I don't know what she will say. *(She laughs.)*

Phoebe: Well, she is likely to echo much of what you say, but what is interesting for me is that there may in fact be a difference of perception of how the counselling is going. Maybe her perception does differ from yours, about you.

Eve: I get the impression that she sets something that she is going to try and aim at – I've said this to her, I think. I am a bit inclined to jump from one thing to another. I talk about something in the past about my Mum and then jump to the present. And then afterwards I get the impression that she was perhaps going to try to do something with me. I might be wrong. But I do feel I go on a bit, I do

feel I jump a little bit. She might say that things are not going as she wants them to, because I might throw her, I don't know.

Phoebe: Do you feel she is not led by you?

Eve: I don't know. I feel sometimes that she had something planned but then I go away from what she was planning in her head.

Phoebe: Have you said this to her?

Eve. Not exactly. I don't know what she would have planned really. I don't know.

Phoebe: So you think she has some plan in her mind about how the session should go?

Eve: Yes. I jump into something else. I think, poor woman, she's probably got it all planned. And I've gone on about something completely different.

Phoebe: So you think that the counsellor does come in with thoughts about what they want to do rather than following you?

Eve: I think they have to really. I think they are trying to pick up on a particular thing. I don't know. I get that feeling that I throw her out sometimes. There is nothing that makes me think that she's annoyed about it. Would I know what she says when you meet her?

Phoebe: Oh yes, absolutely. She's going to be hearing what you've said and saying 'yes that's how I see it' or 'I see it differently'. That is grounds for real exploration for future sessions isn't it?

Eve: Yes.

Phoebe: It could be helpful with me in as a third party if you like, kind of pulling together the two perspectives.

Eve: Yes, I think her aim is for me not to keep worrying about everybody else and sort of love myself, and think about me, but I worry about everyone else. But the way I go in I talk about something else and then throw her.

Phoebe: That's really interesting. Thank you very much. Shall we end it there?

Eve: Yes, lovely.

End of interview.

Appendix 26 - Penny

Interview with Penny, Eve's counsellor
Meeting place: Medical centre, Norfolk (country)
Date of meeting: 03.02.04

Phoebe: Does there seem to be some underlying tension between you and Eve as to what counselling is?

Penny: I find it so hard to say to you what the process is without rambling, and it's like in the sessions with Eve. I have some anxiety talking about my perceptions of my sessions with Eve. I find it quite difficult

Phoebe: I respect that. Let's just see how we go?

Penny: We have had 17 sessions so far and I have said to Dr. Noble that we are probably going to need another 15 or 20 sessions. He hasn't said anything about that so I hope its okay.

Phoebe: Dr Noble spoke to me briefly about Eve and indicated that he seemed to think she would need counselling for quite a while.

Penny: Yes, she will.

Phoebe: I don't know what your response was to my raising this issue of ending or completion of counselling, because it threw her a bit, I think.

Penny: When I read the transcript I could just hear Eve talking. I don't think there is anywhere in this that says 'I', 'This is what I want in counselling', but rather 'what Penny wants in counselling'. But that is Eve, all the way through, about her 'taking responsibility for me'. So in a way when you say we weren't together on what counselling was, what it is for, it's difficult because Eve feels she is so worthless that she's not even able to ask what she wants herself, in a way.

Phoebe: So do you think she knows what she wants?

Penny: Yes she does, she's quite focussed on it sometimes. She wants to have a job, and friends, and she wants her brothers and sisters-in-law to behave in a way that is acceptable to her. She still feels that she is part of the old family unit. She's got two brothers and they 'should' or 'ought' to behave in a certain way towards her. And that seems stuck in stone, which comes from her Nan. What she hasn't said here is that we have been addressing her critical voices - her Nan's voice to a certain extent - and what we have done. I got her to bring in a photo of her Nan, so that her Nan and her Mum are part of the session in a way, and we have done quite a bit of work in trying to say 'your Nan and your Mum, they were great people but they also had other sides to them as well'. It surprised me that she hadn't mentioned her Nan who was part of the critical voices in her head. That's a big one.

Phoebe: Do you feel that what she wants is what you can give her?

Penny: Partially, but I think that there needs to be something put in place as well. You know I said 'let's look at those bits one at a time'. But she is also a perfectionist. Have you noticed how she comes, her hair and make-up are beautifully done, and she will not come out looking less than that. There is that side of perfectionism to Eve that is quite difficult to deal with as well. She can't get up in the morning because she's got all this work to do. She can't

clean the windows because she's got to do the net curtains, she's got to do this, that and the other. Another bit of all that is saying to her 'you don't have to be perfect'. You can be just like the rest of us, have a quick sweep round, you don't have to be perfect. I have chipped away at these bits of her, but there is also her desire to do voluntary work, which is a big change, having to look at that and look at the relationship with her boyfriend. She never mentioned him here, not for about two months. He plays quite a big part in her life. Even after she mentioned him to me it took another long while before she even mentioned his name.

Phoebe: He's been around a while?

Penny: Oh yes, before she started counselling. I tried to bring him into the conversation to make him real somehow. She goes on holiday with him. I've been trying to help her realise that she can have her own family unit, rather than feeling that she's only got the old family unit.

Phoebe: What do you think about Eve more or less saying that she likes to 'offload' on to you? What is your reaction? How do you feel? Do you follow her lead or do you feel that an intervention or a challenge is necessary?

Penny: I do use the off-loading to challenge, but you could hardly call it challenge because you have to be so careful with Eve. As Doctor M. says, she is so sensitive. You are getting at her rather than her behaviour, but yes I do use the off-loading to try and change her perception on the way she thinks. I never come into a session with a plan.

Phoebe: Though Eve thinks you do...

Penny: Ah yes, she does.

Phoebe: How do you react to that idea that you've got an agenda?

Penny: We don't have time to address it. The other day she got herself really bogged down, made herself ill, about one of these events. We had to really offload that one in quite a lot of depth for her to move on...Again she thought her family should behave in certain ways, and she thought she could control that, and because she couldn't control it she was making herself ill. And I was trying to say to her 'Eve, your brothers are in their forties. There comes a time when there is that need to let go, however much it hurts you, however much it upsets you, there is that need to let them make their own mistakes'. So we had to do quite a lot of work in that area and didn't have time to work on other areas that came up in here.

Phoebe: Did any of my interview with Eve come up in your session?

Penny: Yes it did. I wanted to look at the dependency bit in more detail but we didn't have the chance, and I don't think it is dependency. I think I am the only person she can off-load to and say what she wants to without my being judgemental, if that's what she calls dependency.

Phoebe: She clearly values the relationship with you highly, doesn't she? She has formed attachments with others in the past and she is aware that is happening with you, but she knows it isn't going to get in the way. Yes she knows there will be an ending to counselling, but these things happen.

Penny: I think she trusts me enough to know that it will be a working towards an ending rather than, 'that's it Eve. This is our last session, go off and have a good time' or something.

Phoebe: You're saying that she hasn't yet learned to say 'I', she hasn't yet learned to take responsibility for (*pause*) her own feelings, and her capacity perhaps to influence her future?

Penny: Yes, she hasn't learned to say 'no', which she finds enormously difficult. I think what she has learned, which is important, is to accept her mother and grandmother as human beings, rather than perfect people, her Nan in particular, that she had to follow in every way and I see that as a big step forward. She realises that she thought they could do no wrong. That is another thing she has started to learn.

Phoebe: So you see movement in her attitude to herself and to others?

Penny: Yes, I do, Phoebe *(she speaks slowly and reflectively)* but it is so slight, it is incredibly difficult. That she comes back week after week I suppose is in itself something. I know what an effort it is for her to get out of bed and out of the house... *(long pause)* The voluntary work *is* a big step forward, because she hasn't worked for years in any capacity, and doing it on her own without any support from a friend, that's a big step forward. And she relies on me to be positive because her brothers and her boyfriend are not, they say ' that won't last'. So she is very dependent on me to say 'Eve that is brilliant, it must have cost you a lot to do that', or 'Congratulations, you've got on the bus, you've gone to Yarmouth, you've seen someone on your own', and really just valuing what nobody else valued, how much that effort is for her. I have actually done quite a lot of positive work of trying to say ' you've done brilliantly here, Eve'. I think that's the only way to do it, she feels that other people overlook this completely.

Phoebe: Yes, she says her brothers just forget they are talking to her.

Penny: They have always been like it. When her grandmother died the dynamics of the group changed completely. She, the Nan, was at the centre. If they had problems they went to her, but Eve realises the brothers were never that close to her, so she is very needy of them in a way. We have had to work quite hard on that. I have had to say they haven't really changed, but you have become more needy because your Nan isn't there.

Phoebe: Do you do reviews with her or check out with her how far you feel you are progressing?

Penny: From time to time. I feel we need to do it again soon to see what she really needs from counselling rather than what I want for her. So she can speak for herself.

Phoebe: How far do you feel that you are able to address with her what 'I, Eve want from coming to see you, Penny'?

Penny: She wants to get a job, she also seems to want this negative side, that her brothers behave in a certain way towards her...I don't see that as a goal or something that is going to bring any satisfaction to anybody. So I am trying to alter the goalposts, suggest that they are responsible for their own actions and that she needs to put some boundaries on her own behaviour by saying no I can't babysit today or...silly things, she stayed in for her sister-in law because the electrician was coming, and instead of coming at 2.30 he didn't come till 5.30 so she came into the session saying 'Oh, she my sister-in-law is so annoying, what does she expect me to do? Stay until any time? She doesn't thank me. She doesn't do this. She doesn't do that.' I try to work with it and say 'Eve, it is possible to phone your sister-in-law and say I need to go at half past two, or put some boundaries on the relationship'. So she will hear that, but God it is slow work with her *(said in a really heartfelt tone)*, and trying just to work in those ways. She was upset about how her brothers treated an aunt and she wanted them to stop seeing this aunt. Then at the last minute of the session

she said: My aunt texts me every day so I have to text back'. And I said 'well, you don't have to Eve. You could take the decision not to'. Eve said 'Oh what would she think of me if I didn't do that!' So it's very hard for her to see that although she tries to tell her brothers what to do she is actually giving in to them all the time. That probably comes from her Nan as well. So it's hard work.

Phoebe: It sounds it, and as if you are really giving her your all. What did you feel about her sensing that you wanted to get to something that you didn't get to?

Penny: I think it's part of Eve in that when she said 'poor woman, I am always rabbiting on,' that is Eve. She thinks that *I* need to be in charge and that *she* needs to listen to me. And that she is taking up sessions with her own agenda and not really understanding that she *is* the agenda.

Phoebe: That you are here for her?

Penny: That's right. We'll have a chance to talk about that one perhaps and just hear what she has got to say. But there are flashes, you know, on the CBT *(the group Eve has been attending at Hellesden)* she feels valued and she feels worthy. There are those flashes coming in. It's like she seems to think that her family mean so much in this village, they stand out so much more than anybody else. In some ways she is proud of it.

Phoebe: So she sees them as exceptional?

Penny: I always remember her saying to me, because she got married two weeks after her mother committed suicide, that her mother had threatened suicide so many times. When Eve was a child, when her mother thought about killing herself, she would take her ring off and put it in Eve's drawer. So when Eve came back from school and she couldn't find her mother, the first thing she did was go to this drawer to see if the ring was there. I thought 'Struth, what effect does that have on somebody?!' Her Nan must have been a constant for her. Her father is an alcoholic and again she is having trouble with her brother, bringing her father back into the family unit again. She feels isolated thinking: 'Why is this alcoholic coming back into the family and I don't get that same love and attention?'

Phoebe: So what about you and your struggle with her, to move with her onwards and help her move towards the 'I, Eve' position?

Penny: I think by encouraging her to do her voluntary work where she will be in a group and be accepted by it. And this other group work. I know how important that this was for her because besides getting a lot from that group she actually looked after the people that were more vulnerable than her, which made her feel more valued again. So I really need to look at this group and see what goes on because it takes place just behind the Centre. I need to see what made it so unsafe for her.

Phoebe: In what way?

Penny: I wonder about taking it up with Dr. M, whether there is real danger there or not.

Phoebe: It sounds as though people don't quite know what their jobs are...it sounds a bit of a muddle doesn't it?

Penny: So when people are as vulnerable as this they do need that reassurance - phone calls and so on if they don't turn up. So if that can be tweaked in anyway, I don't know if it can, that may be a good place for her to go. So I encourage her to go out with her boyfriend, to actually say to him 'can we go somewhere today?' instead of saying 'I don't care where we go'. I'd like to encourage her

to be more pro active in that relationship, recognising him as a human being, and encourage her to get involved in this voluntary work in Yarmouth. They had talked about her supporting someone here in this village, and again she was having trouble with the boundaries because she felt if she did someone's shopping and they asked her to get her something or other she wouldn't know how to say no. A charity shop may be a lot better for her, being surrounded by people.

Phoebe: What do you feel in terms of your model, or models you use? Do you feel you have moved on from the model of your training?

Penny: I definitely use a mixture. I use gestalt, because I always look at her and talk about her appearance which is a bit 'gestalty' I suppose. There is the person centred stuff about exploring her feelings, but also a bit of CBT. I'm just trying to tweak her behaviour in certain ways, whether it's getting out of bed in the morning, which has been a big one, how she does that, how she copes with her house, this all or nothing thinking, replacing negative perceptions with positive ones, asking her to write down ways she could think instead of ways she does think. We've used CBT in that way. But the trouble is when she gets really down the old messages come through really strongly and I try to say 'ok this has happened, Eve, but just recognise that you are tired, you are depressed, you've been really miserable and you will come through'.

Phoebe: How would you describe her relationship with you?

Penny: It's a good relationship in a way because the things she...its quite extreme with her, isn't it, her lack of self esteem and all the rest of it, it's extreme. I can come back from that extreme and know that some of the things she is talking about I have experienced, depression, not being able to get up in the morning, there is that little bit of knowing what's happening with her.

Phoebe: You've been there. Do you tell her about you?

Eve: I do. I think it's helpful. I think in that instant it helps her to know she's not alone in it, that there are other people like Eve. She says 'I look at the view outside my window and see that they are holding hands and I see children', and not seeing beyond that. And I try to bring in humour, because she's been brought up in a very serious environment, I encourage her to laugh.

Phoebe: Yes, it's good when we can really laugh with our clients.

Penny: Oh yes; we've laughed about dieting and eating boxes of chocolates when absolutely everything around you went wrong, and things like that.

Phoebe: You try to lighten things a bit?

Penny: I try to say we are not perfect, we do all have our off days.

Phoebe: That certainly seemed to be coming through, she's realising that life is an up-and-down business for most people, for everybody.

Penny: But certainly this family core is the most difficult one to deal with, especially as she lost this friend at the same time her Nan died.

Phoebe: She seems to have come to terms with not having her friend. She thinks 'oh what the hell, she can get on with it. That's another very positive thing coming out of the counselling isn't it?

Penny: She certainly needs someone here in the future that is going to listen to her. And where that supports going to come from I am not quite sure, but she is always going to need that, I think, because that's essentially Eve. It may be worth trying to find that for her.

Phoebe: I did try to ask Eve when we might meet again, and this is how it came to the question of an ending. I said that as part of the research I was looking at how

people perceived counselling after they have finished counselling. We came to the conclusion jointly that it should be not before June, and I thought that perhaps this research intervention may even act positively in that it does get Eve to focus on the fact that you can't go forever to counselling. I may be wrong, the research intervention could be negative.

Penny: I don't think it is, I think it was valued by Eve, and it is valued by me because it makes you think beyond what you have been doing; it always makes you think that extra mile somehow, and where we've got to and where want to go to, all sorts of things. People can come to the doctor forever, there's no end to it. They are always available and in a way there needs to be something like that for Eve. But there needs to be counselling or something like that where she can come. I think maybe there comes a time when the medication is less important hopefully, but that, having someone who can listen to her, that is vitally important to her. I hope that one of these days it is accepted as part of the surgery where people can come back if they want to... that's a vain dream, isn't it?

Phoebe: We can all live in hope, can't we? Thank you so much, Penny. I feel you are working so hard with Eve. She trusts you and she demonstrates that she is benefiting from your flexible approach and your concern for her, your care for her; and listening to her, which as you have said, is the critical, crucial thing.

End of interview.

Appendix 27 - Ron

Interview with Ron, client participant
Meeting place: Medical centre, Norfolk (country)
Date of meeting: 29.08.03.

Phoebe: Let me start by asking you roughly how many sessions you have had with Penny.

Ron: Four or five, I think.

Phoebe: How do you think this experience compared with your earlier contact with a psychiatrist?

Ron: She (Penny) is an excellent counsellor, very much so, but I think it depends on your mood, what sort of mood you're in when you go there to how it relates, but I think it's doing wonders really.

Phoebe: Do you feel it has in any way changed your impression of what counselling can be?

Ron: Very much so, from the first one that I had this one is a hundred and fifty times better.

Phoebe: Could you say in what way?

Ron: By the fact that she is a very independent person, she doesn't judge you, she doesn't pre-empt what you are going to say and just listens to what you've got to say to her. She obviously starts the subject off then she listens to what you say. We work round it in that respect. It's got a lot out in the open in my mind. We've got a lot off my mind to as it was before I went there.

Phoebe: Because what had put you off by your first experience was that you felt pre-judged, or not listened to?

Ron: You got the impression when you walked in, from the particular counsellor I had before, that yes ok you are here. I've got half an hour. Let's get it over and done with and finished.

Phoebe: You don't feel that here?

Ron: Not at all, We have hour long sessions and we run out of time very, very quickly before you know it. Yes, she is very, very good, and I think counselling is a good thing for anybody, provided they are willing to put their bit into it as well.

Phoebe: This is what you were saying, 'provided they are prepared to put in their bit too'? You feel that is an important ingredient, do you?

Ron: Yes, because when I first went there, looking on the black side of things really, from the experience of the previous one. With the one I am with at the moment I went there, we said we would be open with each other from day one. I would tell her what I thought and she would tell me what she thought, and it just seems to have gelled and worked. She, Penny, has even, from things that came up from when I was ten - Dad remarried again - she's even helped try and trace Dad, which I think is absolutely excellent. That was outside her remit, but she just went for it. We didn't get anywhere with it, with the ones she came up with, but at least the effort was there.

Phoebe: And that felt like a big support to you?

Ron: It was a very big support and the fact that someone should listen to what I was thinking, because all the psychiatrists have said that, whatever has caused this depression, is all to do with the earlier childhood, and I have been battling with that to try and find out. I don't think anybody is ever going to pinpoint it, but Penny has gone along with it, and as a counsellor is far better than the psychiatrist.

Phoebe: Are you still seeing the psychiatrist?

Ron: Yes I am.

Phoebe: And you feel that works all right as a complement to seeing Penny?

Ron: I find Penny a lot more on my plain than the psychiatrist is. He seemed to live in a different world. He seemed to be...if its working class and upper class then he's upper class...and the counsellor comes down to my level.

Phoebe: He's the expert telling you, whereas Penny is cooperative, working with you?

Ron: Yes, that's right.

Phoebe: So what does working class mean to you?

Ron: Someone like myself I suppose, who goes out to work ...a normal person like myself, as opposed to a higher class, someone that's got to work to support the family.

Phoebe: Someone who gets their hands dirty?

Ron: Yes, yes, I mean not specifically, it could be an office job, someone who isn't born to it, is fortunate enough to be born to very rich parents

Phoebe: A psychiatrist would have had a lengthy training?

Ron: Oh, yes I don't run down his qualifications, but it still seems to me to be them and us.

Phoebe: So he is high handed with you? He doesn't treat you as an equal?

Ron: No, he comes across as, the education side of it comes across quite vividly, it's 'them and us', he's like a consultant or a house doctor.

Phoebe: And that is offputting?

Ron: Yes, very offputting.

Phoebe: It drives a wedge between you?

Ron: Yes, one of the things he turned round and said, 'what is your ultimate aim?' and I said 'I hope to be normal and to go out to work' and he turned round and said, 'how old are you?' I said 58. He said 'at 58 who is going to employ you, you're too old', so whatever you built up he just knocked your feet from under you.

Phoebe: Yes, it knocked you right back? So how are you feeling about this ultimate aim of yours now?

Ron: I still think there is a long way to go but I wouldn't have got as far as I have got without the help of the counsellor.

Phoebe: So what is it that you feel you have specifically got from the counsellor or that she has helped you to gain?

Ron: She listens. Impartiality in advice, she doesn't tell you what to do, that's not what she is there for, but she will listen to what you say.

Phoebe: How has this changed you?

Ron: It's changed me by the fact that a lot of the things that you have been bottling up inside you, that you wanted to get out into the open, no one else wanted to listen to, but the fact that the counsellor listens.

Phoebe: So how does someone listening to things that no one has listened to before, how does that make you feel?

Ron: A lot better, because somebody else - I don't know the woman except as a counsellor - but someone else knows about it, it's not held within yourself.

Phoebe: So it makes you feel... what, more relaxed?

Ron: Yes, very much so.

Phoebe: What about your own view of yourself?

Ron: It makes you open your eyes to things you had tunnel vision on. If you had tunnel vision on a point, talking to Penny or someone, you think there are two ways of looking at this, either the way that I was looking at it all the time, or the way it can be looked at, two different ways.

Phoebe: So where you've been channelled in one direction you have been able to see that there is another perspective?

Ron: Exactly.

Phoebe: Can you say in relation to what?

Ron: It's opened up a lot, in relation to Dad, to Mum, she died when I was ten of TB. It's opened up a lot of things that I've felt, because the feelings I had specifically about mum, she was never home, she was always in a sanatorium, or as a fact, 'oh I am wasting my weekend again as a child, I'm not playing out with the rest of my mates, I've got to go and see this woman'. Talking it over with Penny it's opened up another way to look at it.

Phoebe: Can you see any spin off in where you are in relation to your longer term aim and your relations with your family?

Ron: Yes, obviously the death of Paul (his son who died a month ago) has made the other two, Debbie and Ian, sort of closer; yes, it has opened up a lot by the fact that, as I say, because I feel the guilt of mum dying...it's that woman again, she wasn't mum, she was never around. But then talking to Penny on different sessions we've had, it just comes across that there's other ways to look at it. Except that Mum was ill, she had TB and she couldn't be there, instead of looking at it in black and white, I look at it in colour.

Phoebe: Whereas you had seen your mum as in some ways inadequate you can now see her as a woman in her own right who has her own problems?

Ron: Yes, very much so, yeah.

Phoebe: So you are in fact learning to put yourself in other people's position?

Ron: Yes I can put myself in other people's shoes and to accept the fact that although mum wasn't there to look after me she was still mum...that she had her own problems. But at ten years old you don't realise that, you just sort of...

Phoebe: You need your mum?

Ron: Yes

Phoebe: So in relation to your feelings about yourself...and your own effectiveness...do you feel you are more hopeful?

Ron: Yes if you put it on a score of a hundred, if you say I am a quarter of the way there, which I wasn't before, yeah.

Phoebe: So you are feeling that you are going to get there?

Ron: Yeah, it's going to take quite some considerable time. When I was first diagnosed with depression I thought 'oh yeah, a couple of weeks and that will be ok', but listening to Penny, she has made you accept the fact that not everybody is from the same mould. It might take one person a couple of weeks but it might take another a couple of years.

Phoebe: So you feel you are a quarter of the way along the road, but you are going along the road, you are walking forwards?

Ron: Yeah.

Phoebe: It feels like it is still early days?

Ron: Oh yeah, I think it is early days, but without counselling, to be honest with you, I don't think I would be here. I think I would have taken a dose of tablets, but the fact is that you've got the thoughts that someone else cares and someone else is listening to what you're saying, yeah I am a quarter of the way there.

Phoebe: That feels good?

Ron: Oh yeah, it feels brilliant.

Phoebe: So your feelings of depression, do they come and go? Is there any change?

Ron: I still get more bad days than good days, but I suppose with Paul coming in the middle of it, it would be an unfair thing to say I've got more bad days than good days, because Paul's episode in the middle really knocked it back. No, you get good days and you get bad days. I think they are about equal at the moment.

Phoebe: Paul's death. That's really opened up a whole lot of things for you, and has been a great shock, hasn't it? There is a lot to cope with for a long time. But have you missed sessions, or have you managed to keep going regularly?

Ron: If I missed a session, which I must admit I have done, I didn't feel...it was at the very beginning that if you feel you didn't want to go, well fair enough that's not a problem. I have missed one session through that reason. She would reschedule it.

Phoebe: So you feel there has been continuity?

Ron: Oh yes, very much so, we'd gone from one week down to two weeks, but then unfortunately when I lost Paul we went back down to meeting weekly.

Phoebe: I was reluctant to contact you again so soon after Paul had died, but you said it was OK to meet and it sounds as if you have been opening up enormously, that you have really gone with it a hundred per cent...

Ron: Oh yes, because that's what we agreed, when we started. I obviously told Penny about the previous encounters with the counsellor and we agreed that we would try, provided we would be open with each other; we have been from the word go and I think it's worked.

Phoebe: And have you found there have been times in the counselling session when you have felt 'no, I can't go there, I can't go there yet'?

Ron; Yes, she doesn't lead you into anything that you don't want to go into, she lets you get a lead-in which I think is quite good, and sometimes we can start off with me from as a youngster, then from there we just go up to what I am now and then miss out a complete bit in the middle and then the previous week we go back to, we slip about, it's not cut and dried that you start from zero..

Phoebe: So you go very much with an open mind?

Ron: Yes, it's very much an open ended session; she says something and if you don't want to talk about it then there is no problem.

Phoebe: So it sounds as if you really appreciate the fact that it is open ended counselling and that it takes as long as it takes?

Ron: It takes as long as it takes. When it first started I asked how many sessions and she said 'well, it's open ended'. Dr. M. realised what the situation is and he said that it is open ended. At any time I can say, 'that's it, I'm not going any more'.

Phoebe: May I ask about your wife Ellen who is also seeing Penny (for counselling)? Do you find that this in any way presents a problem for you?

Ron: No, it's not a threat, not at all. In fact it's done a lot for us. Ellen's sessions are Ellen's sessions. My sessions are my sessions. In actual fact if we go there and you start talking about the other person, then Penny will say, just a minute, this

is your session, and Penny will never disclose what was said between each other. We talk about it amongst ourselves, but then there is no pressure between either of us which we agreed that if you didn't want to tell the other you wouldn't do so, in fact it has helped; it has never been a disadvantage, in fact it's been an advantage.

Phoebe: That sounds really positive. I raise it because some counsellors don't like to act as counsellor to both partners, especially if there is conflict in the relationship.

Ron: We do run each other down in front of Penny, but its not...it's been a plus rather than a minus.

Phoebe: I'm very struck by the point you made before that you feel everybody can benefit from counselling. Do you feel that counselling has changed the way you talk about counselling to say friends who are a bit down?

Ron: I think it's each person's individual choice...whether they go to counselling or not, but I think it is a big plus, I think it is a very, very big plus, I mean I think that if the government in their own wisdom decided to stop it I think then you would have a lot of suicide....I am absolutely positive of it. Counselling does help.

Phoebe: Or good counselling does help?

Ron: Yes provided that you put in your bit as well.

Phoebe: Would you say that being engaged in counselling has in any way changed your attitude, for instance to Dr. M?

Ron: Yes, I have a great deal of respect for Dr. M. He doesn't seem to be one of those doctors who says 'just take the pills and get on with it'...the fact that he will sit and listen to you, and he will put his point of view. Yes, I have a lot of respect for Dr. M. And a lot of gratefulness, I suppose.

Phoebe: In fact it has increased your respect for Dr. M?

Ron: It has increased it, yes very much so.

Phoebe: Yes, because what I was very concerned to discuss with you today is what the changes are, or have taken place in your perceptions. What it seems, and correct me if I am wrong, is that you are saying counselling has reassured you that your initial experience needn't be the only one.

Ron: No, I mean, the initial one, if it hadn't been for Dr. Noble, I wouldn't have gone to counselling. He was the instigator of it all. If you go somewhere to have your hair done and it's not right then you try somewhere else.

Phoebe: What you are indicating to me is that counselling can have both a positive and a negative effect, and I would like you to say to me if you can, what you feel the harm is or can be done if someone isn't, say, 'client-centred'.

Ron: If you look at someone that is in depression and they get negative vibes from the counsellor, it can mean death, as simple as that.

Phoebe: So other people's viewpoints, and the way they are with you and specifically the professional, can influence...?

Ron: Yes, they hold your life in their hands. And I am talking about people as counsellors who are there to help you. If you get a negative vibe as I did originally and you are very, very down and in a distressed state, then you are looking at death.

Phoebe: You put that very clearly, that is the ultimate negative situation. So let's end by looking at what you have said, you have said very specifically what you see as the positive, somebody who is listening, somebody who is helping work things through, somebody who is actually helping you to re-establish your sense of self, identify, self respect.

Ron: Yeah, very much so, I mean when you first go there, in your own mind - I can only talk as someone who is depressed - you're nothing, you're negative, nobody is interested in you, your marriage partner is obviously, but then it becomes very stagnant between them and you. If you can off-load some of your worries onto someone else then they can open up a different channel, point you in a different direction, or help point you in a different direction, then yes.

Phoebe: Thank you, Ron, very much.

End of interview.

Appendix 28 - Penny

Interview with Penny, Ron's counsellor
Meeting Place: Medical centre, Norfolk (country)
Date of meeting: 8.09.03

Phoebe: How does Ron come across to you as a client?

Penny: He comes across as very shaky depending on outside interests: what happens to him when he meets his ex-wife; what happens to him can actually shake his foundation; so each time I meet him there seems nothing that's built on. Saying that it seems like the first session was a tremendous jump but I can't tell you why. I think it was the trust issue that I can't quantify.

Phoebe: Jump from?

Penny: Jump from not trusting anybody because that was the big issue for me, because I was seeing his partner; I was seeing her for about two months... the confidentiality issues were enormous. I said 'If it doesn't work I need to send you to somebody else, because it's got to work for you, not for me'. He actually stayed for the whole of the hour which he didn't think he was going to do at the first session. So that was a 'biggy'. So when he came in after that he seemed very content to come in as if it was a place of peace for him, so although we were working, it was peaceful. It was away from all the arguments, the stress, everything. He also said it was very difficult to come in. He was tired, and also actually recognising what a tremendous effort he'd made himself in actually coming to the sessions. I felt that he'd progressed quite fast to a certain point. I know that contradicts my saying that you don't know from one session to the next what would affect him... What did happen was that he started to work out what was important for him, and that was people and his family as people which didn't seem to have ever mattered to him before. So the past and the present came into being with the death of his dad, wanting to be close to the two children that were left plus the grandchildren, plus finding his father - that all seemed to come together for him and was very, very important, and not to lose his children seemed more vitally important than his partner in a way. So I felt that he had started his journey back...and also we were talking about CBT and a different tool, I found that not exactly play therapy but encouraging him and helping him to find his father was a big one for him - like woodwork for other people is a big one, for him it was his family and actually taking the time and trouble for this guy - the psychiatrist had written him off – 'you're on the scrap heap, you're never going to work again'. Taking time for this guy meant so much and it actually made him do things which I was also trying to achieve to get him out of this terrible rut that he was in and get him to do something on his own. He is the only person that I have had to say to - he came in one day, about session three I think, and he was so calm that you know, 'I think I'll go away because I can't cope with it' that I raised with him the suicide clause because I felt that he was so calm that he had made up his mind that that was what he was going to do. He'd tried it before and he said to me 'if I decide to do it I'll tell you, I'll give you a ring and I'll tell you.' I thought 'thanks a bunch for this one'.

It's as though he felt safe to be that honest and straight forward about it, as if we were having a cup of tea. And I felt he was taking more control about it, more control of the decisions about his partnership and in his own life, whereas before he had been so frightened of taking any decisions at all. Suddenly he was becoming more positive, and he also started to recognise that his problems started before the marriage ended. You know when you think about person-centred stuff, that he'd grown away from the self, you know, like listening to him that's how it was, that unease had happened throughout his marriage. It's so unusual for someone to just walk away without any reason...

Phoebe: Which is what he did?

Penny: Yes, so he started to recognise that that this had happened a long while before things had broken up, and I think that that helped as well.

Phoebe: He actually missed a session with you the day after he had seen me?

Penny: Yes he did and I haven't seen him since.

Phoebe: Did that worry you?

Penny: No because I've seen his partner and he seems thriving, but what has also happened is that - did you know they had some financial difficulties?

Phoebe: No, not directly.

Penny: Well they are leaving the village, Phoebe, so I am not quite sure. He seems to have taken responsibility for his life in that way. They are going to find somewhere cheaper to live that is half way between both their families. I think Friday is the last time I'll actually see him. I am not quite sure how that affects your research.

Phoebe: Well, people's lives go in all sorts of ways and I have to take that on board and if he is going to stop seeing you on Friday presumably there would an opportunity to meet him at some point in the future.

Penny: I will get a forwarding address. But what is interesting is that he has been able to take those decisions, that's a big thing on the agenda and he didn't before.

Phoebe: Do you feel he might commit suicide?

Penny: No.

Phoebe: No, you don't feel he is at risk?

Penny: No, not now; there was this point about six weeks ago where I felt - you know this terrible calm that had come over him to me seemed dangerous, but having confronted it he seemed to be able to move on again, but he has taken the bull by the horns in various ways, so I don't think that he will go back...to that.

Phoebe: What you say is very much supported by the second *(during counselling)* interview. It really does cover the issues for him, and how you say he has changed; how he has taken some major steps forward. So this issue of trust, that is one that we spent quite a lot of time on in the first interview. In the second interview he talked about how he felt demolished by the initial interview with, I think he was a psychiatrist, he was the man who said 'you won't work again at 58'.

Penny: But Phoebe he is the second man or third whose talked about psychiatrists twiddling around on chairs, writing when they are speaking, and in fact another client, not here but a private client, said to me that the psychiatrist got up and walked out of the room so the client looked across the desk to see what he was writing about and found that he was writing about the client before, so he (the client) got up and walked out of the room. The real

problem with these people *(psychiatrists)* whether they are overworked or not, I don't know, but clients feel let down by them.

Phoebe: I have met psychiatrists at psychiatric assessment centres, for example here in Norwich, who are very caring and committed to listening to their clients, but the behaviour you describe does seem part of a pattern. I've seen it over the years.

Penny: The other terrible thing the psychiatrist said to Ron was that his problems were probably caused by childhood, and he said that his childhood was good, so that actually added to the pressure because he was trying to find the reason why. I had another client who left her previous counsellor because she *(the counsellor)* was an alcoholic. This left the client with a lot of problems. It was very damaging. It is worrying if it goes wrong. She needs reporting. It is so damaging to people who are quite frail mentally already. (Referring to the transcript of my *during counselling* interview with Ron) I am just so glad he has got so much from it *(the counselling).*

Phoebe: He clearly has formed a very trusting relationship with you. Do you think he will be able to cope without you? Does he perhaps have a tendency to idealise people?

Penny: I don't think so. I definitely bonded with him much better than I did with his partner. It was much easier from day one to bond with him, though I had so many doubts before I met him, but when I did, Dr. Noble said 'he's a man's man, he's a big man', you know that's how he'd seen himself, in charge. But even with all that knowledge it was still very, very easy between us. The chemistry was absolutely right. It just worked, Phoebe. You know other men you can really struggle with and it's hard to get inside their frame of reference, but for him, I don't know why, but it was straightforward.

Phoebe: I feel he is very disarming in his straightforwardness... I don't know what you felt about what he said about class and what he said about psychiatrists being 'top-down'? He's got this view that people who tell you what to do are members of an aristocracy or a privileged class. I was trying to suggest that the person *(psychiatrist)* who had been so off putting might have gone through a rigorous training. I would be interested in your reaction to his desire to fit in; he certainly keeps saying 'I just want to be normal'.

Penny: Yes. I also felt that none of his transition points up to now had been satisfactory. If you do Berne, or whatever, if you look at those, that is one of the things he is fighting with now, recognising that he is still a dad and a granddad, but also without even knowing it, going over the transition points in the past, he realises he didn't deal with them very well. He's catching up on them at once. I wonder if there is something about men in their fifties, I don't know. Again I have had another one who is very similar. They can think with their head but emotionally they are just cold, and then it's suddenly like a dam bursting somewhere inside them.

Phoebe: What did his son die of?

Penny: Crohn's disease. It was a fatal disease, brought on more quickly because he used drugs and drink. I think he felt quite guilty that he was thrown out by his wife, and if you were there for your son he wouldn't have died so quickly...so a lot of blame. The other interesting thing is he said he felt like a piggy in the middle between his ex wife and his present partner, and that is how he felt between his aunt and his father when he was a boy, torn between

staying with his aunt and going to Canada. So some of this stuff was beginning to link up for him which I felt was quite good.

Phoebe: I think the only time in his interview with me when he was thrown was when I asked him about you seeing both him and his partner for counselling.

Penny: I think they actually tested me because they went away and talked about it, and the other one would come back with something that I had talked to the other partner about and I just ignored it completely. So it was quite difficult at that time to remember and to keep the two absolutely separate.

Phoebe: He does say that you do keep them absolutely separate. He seemed to think that you had got the boundaries very clear.

Penny: That was the most difficult thing of the lot.

Phoebe: How far do you think that this financial situation is triggering the end of counselling with you, how convenient to end, how far do you think he has moved?

Penny: It seems to me he's started to take control of his life and money has become secondary, like: 'I can manage now. We've got to move'. As you said, both of them are unbelievably childlike, it's like the ostrich syndrome. Now, suddenly he's saying 'if we have to move we have to move, we'll find somewhere to live that's cheaper'. That's a new one. Before he would have said 'I am just going to see my son, or hide away or sit in a layby and cry'. So that for me is really encouraging.

Phoebe: So your view is that if you do end counselling on Friday that you will have done a major piece of work, which is yielding fruit and will continue to?

Penny: Yes in a way I would much rather see someone to support his partner than him because with him I think a lot of the work has been done and he can do so much himself, but she needs ongoing support that perhaps voluntary organisations or something, but just ongoing, will keep her ok. But I have got her writing a journal now where she is actually writing all this stuff in her journal rather than talking to him on the telephone. But that has helped as well....because that was one the things that was really upsetting him, these voices shouting at him, these ladies' voices shouting 'you're rubbish, you're nothing you're hopeless'.

Phoebe: These were imaginary voices?

Penny: No this was his partner and she is now writing it in her journal instead.

Phoebe: His current partner has been denigrating him? And the previous one did too?

Penny. Yes, he has had it tough.

Penny: How do you feel his perception of counselling has changed?

Penny: I think he says it: he feels listened to, he feels valued and someone cares, for *him*, that he's important, that he's an equal member of society. I'm not using long words, I am just being perfectly normal and I am not frightening him in any way. I'm just letting him explore and giving him some peace in his own mind. He could just sit in here and be. It would be nice to carry on with him, say see him once a month, just keep up that contact, give him that support.

Phoebe: Could that be arranged?

Penny: We'll just see what we can do. It would be good to do actually. But I think he will start to go now. He is starting to recognise what's important - his family, he is trying to make amends and its like he said, he hasn't got any parenting skills, there was nothing inside him that told him how to do it. Because he hasn't been parented.

Phoebe: I'll be very interested to know how you feel after you have seen Ron. You have opened up so much for him, and he was just ready. He says, the counsellor 'holds my life in her hands'. What do you think about the client investing too much in almost the 'divine right' of the counsellor?

Penny: He never contacted me in between sessions. That's when it starts to get a bit alarming. No I have got no feeling of him relying on me, trusting, but not relying.

End of interview.

Appendix 29 - Mary

Interview with Mary, client participant
Counsellor: Sharon
Meeting place: Voluntary sector, Norwich (city)
10.11.2003

This is a research interview that turns into a counselling interview when Mary becomes very upset... My first instinct was not to include the transcript in the data, but Mary agreed that I could do so and that I could show the transcript to Sharon, her counsellor. It is important to stress that although my responses to Mary's distress read as almost bossy and very directive I feel I am, for most of the time, tuned into Mary and am gentle in tone and demeanour, to which she is responsive. Nevertheless I still make assumptions that require treatment and deconstruction in my analysis.

Phoebe: We met first on 11 July and you had been waiting a long time for an appointment. You felt they had just forgotten you here. The research, if you remember, is looking at people's perceptions of counselling, what they think about it before they come and then how they change when they undertake counselling. Then once counselling is completed how you feel about it then, the whole process. What was coming across when we met last time was that counselling was something that was impartial, non-judgemental and giving you the opportunity to talk. At the same time it was coming through that you sort of hoped that it would give you advice even though you thought that the counsellor shouldn't perhaps be giving you advice. You thought even so you still need some sort of guidance in taking your life forward. Does that seem a fair summary of how things were?

Mary: Yes, yes it does.

Phoebe: Can we talk now about how your impressions of counselling have changed?

Mary: *(Long pause.)*

Phoebe: What would you say are your impressions of counselling now?

Mary: Well I had a counselling session this morning which I found quite (*pause*) painful. During the weeks I had been seeing Sharon I was just talking about what was going on in my life at the moment. Like today we went back in my childhood which was (*pause*) hurtful.

Phoebe: Hard to be there?

Mary: Yes...I need to talk about what's going on in my life, but the pain that it's bringing, I don't know if I can deal with it. And today was like the first time that we had really sort gone back...I don't know if I want to. I know I *need* to, but don't know if I *want* to.

Phoebe: You are fearful of it?

Mary: Yes, yes.

Phoebe: But it might be too much to deal with, to take on?

Mary: But I need to deal with it because *(long pause)* how can I explain it... If I don't deal with it I can't move on with my life, because this seems to always hamper it...As I said this was the first session of dealing with it and then I was a bit tearful at the time.

Phoebe: And you don't normally cry?

Mary: I don't normally show my emotions, no. If I want to cry I like to do it on my own without anyone seeing me. I felt sort of, I don't know, vulnerable?

Phoebe: Exposed?

Mary: Yes, that's it...Like I normally go away from here feeling as though a load has been took off me. Today I haven't. I feel... I don't know how I feel really, probably because we touched on something that I have kept in so long...it's made me feel low...I was a bit low anyway so it has made me feel ...lower, and normally I leave here and I think 'that's a weight lifted off me!'.

Phoebe: So it sounds like it's a bit of a shift from...off-loading to actually confronting?

Mary: Yes.

Phoebe: And you are just beginning to and it's scary, but going there, you know you've got to ...

Mary: I know I've got to do it.

Phoebe: Yet it's so painful. It sounds like quite a breakthrough doesn't it?

Mary: I'm tearful now *(Mary is crying).*

Phoebe: *(Gently)* Well that's ok, that's what counselling is about, isn't it, getting to how you feel, feelings you've been keeping blocked up?

Mary: Sometimes I feel I should just keep them blocked up.

Phoebe: I can understand that...

Mary: But by doing that I am not letting people in...

Mary: Of course we all find ways don't we of blocking up just in order to keep going, yet the irony is that somewhere down there something is saying, this is not the survival of my feelings. They've got to get out somehow.

Phoebe: What is your view of Sharon as your counsellor?

Mary: I like Sharon. I do sometimes wish she'd ask me direct questions rather than wait for me to say what is going on or whatever. I want to know what she would do in this situation, but she is not here to talk about her. I sometimes find it hard to start the conversation, I'm thinking 'what does she want to say, what does she want to hear?' Until she gives me a little bit of bait, then I know what she wants to talk about and then I can start to talk....but sometimes I sit there and I think 'what does she want me to say?' She said 'maybe it's support you need, not counselling', and I took from that that she didn't want to see me, or help me. Rejection. It felt like rejection. I can't deal with it *(Mary breaks down again in tears.)*

Phoebe: So you are caught up in wanting Sharon to lead, but knowing that only you can lead?

Mary: I'm not really one to lead...

Phoebe: You had very mixed feelings about coming to counselling? You felt other people were telling you to come? When I asked you what influenced you in coming for counselling you said 'other people'. So you both want to be told and you don't want to be told, and you find it a bit galling that Sharon waits for you to talk about these things, because she says 'this is about you'?

Mary: If people ask me direct questions then, you know, I'll answer them, and if they'll open up and talk about these things, but I'm not that way.

Phoebe: How many sessions have you had?

Mary: I don't know, but eight or more.

Phoebe: And do you feel that there is a long way to go?

Mary: I do, yes.

Phoebe: I feel I've come in, intruded almost, on a very critical time for you, but it feels that, like what you said, a load has been lifted from you but that now you are really beginning to work, to confront, but you are finding that very difficult.

Mary: Because I just hid it away...

Phoebe: The other big thing that had happened to you when we just met...

Mary: My dad died...

Phoebe: And you were feeling that other people were judging you for not expressing sorrow?

Mary: But then I was the only one who did. I was the only one who cried at his funeral. I could grieve then, actually seeing his coffin and that. I just feel a bit low and then when we went down the road we did this morning, it just didn't make me feel any better.

Phoebe: Are you feeling that you can cope with coming back for sessions?

Mary: I have to. It's not a case of 'do I want to?'I have to before I can move on.

Phoebe: What you seem to be saying to me Mary is that counselling as you understand it now is no bed of roses, but then your life is no bed of roses, and that the strategies you use for getting by are beginning not to work any more. But you know to push things under, you've said maybe I should push things under, but at the same time you've said 'I know I've got to look at them'. I can understand what you say about Sharon...you would like her...

Mary: Like how you lead the conversation...

Phoebe: But I am a researcher, I am asking research questions. Sharon is being very person-centred in the sense that you are totally leading the way; she is not giving you leads. She is a very effective counsellor.

Mary: No I don't want to change her or anything.

Phoebe: At the same time I think what you are saying is, as so often we all feel, I've felt it in counselling, 'I want to be supported, I want to be helped'.

Mary: Yes I do.

Phoebe: When it's back on you, only you can really decide; it's tough, but of course that is the hub of counselling. I understand what you say when Sharon says to you 'perhaps its support you need not counselling' that feels like a rejection of you, a rejection you cannot handle, you feel very vulnerable at the moment. Anything that isn't as you are expecting it to be feels like a rejection...Is that right?

Mary: I just felt that I had opened up to Sharon about certain things but then she'd said 'well, maybe its support you need not counselling'.

Phoebe: That was today?

Mary: Today. Then I thought she doesn't want to be sitting here listening to me, does she? Because I can't see the difference between counselling and support.

Phoebe: You perhaps could have asked her what she saw as the difference, but you weren't able to because you felt so rejected?

Mary: I was hurt. I thought she can't be bothered listening to me and my problems or whatever. I felt she is just shoving me on, I felt I've had that all my life, you know.

Phoebe: I think it's important that you take these points up with her. She will not in any way be dismissing you. She must mean something by that which needs to be clarified. In this relatively short time how do you think you have changed?

Mary: *(Quietly)* Changed? I don't think I have. I've only just started now to get to the root of my problems.

Phoebe: I think... you know... you probably underestimate how well you have done to get to this point and to be so open and honest about it; it is actually an achievement, Mary.

Mary: It doesn't feel like one.

Phoebe: It doesn't feel like one. It's because what you've got to, what you have reached, today. We only protect ourselves from what is unbearably difficult; that's what defences are, Mary.

Mary: I've got loads of them

Phoebe: We all need defences to protect ourselves.

Mary: *(She is still crying.)* But then if you don't talk about the things that are outside your head then you don't get kicked in the teeth do you?

Phoebe: But you see in the counselling relationship that's when you can; you're not going to be kicked in the teeth there. But it's interesting that you felt that you were, even though that is the last thing Sharon would be doing – rejecting you in any way or not wanting to see you.

Mary: It's just too painful.

Phoebe: Yes and then to see me on top of that! But you have been courageous. And you are being supported here, Sharon is not going to disappear.

Mary: But if she feels she's not doing anything for me then she is going to put me on to somebody else.

Phoebe: That's what your fear is. This has tapped into something really deep for you. It sounds as if this has been the story of your life...

Mary: I have trusted people so many times and they've let me down. I've told Sharon things that I couldn't have told her weeks ago, because I needed to know that I could trust her. If I just sit there and tell my life....

Phoebe: Are you saying you are just not sure if you trust her at the moment?

Mary: I do trust her with what I talk about, but it's just that bit about not supporting. I felt, well she is there to support me. I just couldn't tell what she was on about

Phoebe: Are you meeting her next week? You can take this up with her, when you are feeling a bit stronger?

Mary: She says she 'does therapy'. I thought what's that about? I thought therapy was talking, I know there are all different kinds of therapy, but it's talking, I think, I don't know.

Phoebe: Its talking with you, about you, and where you are, and to sort out what the blocks are, how you unblock them, but its scary, for its all about trusting someone and trusting...Trust leads to being let down in your experience

Mary: I don't trust anybody.

Phoebe: Because you've been hurt time and again?

Mary: I feel relaxed more in talking to you than I do to Sharon, because you sort of lead the conversation.

Phoebe: But isn't it likely that you wouldn't have got to today's session without having gone through what you have gone through with Sharon?

Mary: Oh yeah, I know that...I'm just having a bad day...

Phoebe: Mary, will you look at me? In a way you need a bad day to get the stuff out and aired, because once it's aired you can actually be able to understand why some of these patterns of distrust have developed. Counselling is, you know, about beginning to understand yourself better.

Mary: (*Crying*) It's just so painful... going back.

Phoebe: *(Very gently)*Yes, yes...sometimes we'd do almost anything to avoid that pain...

Mary: I don't want that pain.

Phoebe: Sometimes it feels never ending....*(long pause)* What I would like to suggest is that we complete this meeting now and that you carry on with your counselling with Sharon, and that you talk about the things you are concerned about like 'what is counselling?'. You must make it clear to her what you felt about the rejection.

Mary: I did say that to her...

Phoebe: What did she say to that?

Mary: I don't know, I can't remember... I was crying...I'm not being much help today.

Phoebe: On the contrary you have been an enormous help because you have shown me how things are developing for you and they are at a very critical stage and I feel almost...I'm not wanting to intrude. At the same I realise that although this counselling is very difficult, you are beginning to work something out. It is the beginning of real counselling.

End of interview.

Appendix 30 - Sharon

Interview with Sharon, Mary's counsellor
Meeting place: Voluntary sector, Norwich (city)
Date of meeting: 10.10.03

Phoebe: When Mary and I met before she began counselling she said she thought that it was very important to have counselling in order to be able to talk, and talk being unloading. She also indicated that she hoped for advice in counselling even though she recognised that counselling was not an advice giving activity, but that she wanted some sort of guidance. I asked her if she thought that a fair summary of what she was expecting and she said, yes she would. I asked how counselling had gone today and how she felt she'd changed, and she said 'I don't feel I've changed', so I asked her how she felt it was going and she said 'well, up until today we really just talked but today we went into feelings that I found too painful to cope with'. She then talked a bit about how she would do much better if she were to pack things down and carry on as before, and I pointed out that she had said that packing her feelings down hadn't helped her. She said she realised that she had to go there but at the same time didn't want to because it was too painful.
Then I asked her what she thought of you as her counsellor, having asked her in the *before counselling* interview what she expected of a counsellor. She had said 'somebody who would listen and was impartial'. This is the crunch bit, she said today: 'I do wish Sharon would at times ask me direct questions, rather as you are'. I pointed out that I am a researcher. I said 'Sharon is asking you to say what you want to talk about. She's not providing the points, you are.' She said 'sometimes I feel I wish she would tell me what she wants me to say. I replied 'it's not what Sharon wants you to say, is it? It's what *you* want to say'. She said 'I'm very upset up because Sharon said after I'd talked 'I think its support you need not counselling.' I asked her how she responded.
She said 'Well I felt very rejected.' I asked if she'd said to you that she felt rejected. She replied 'I told her how I felt.' So I asked her how you responded and she said you said 'that's very interesting. *'(Sharon laughs at this point).*
Mary then said ' I don't trust anybody, I never have'. She indicated that you were bored with her, saying to me 'I think she wants me to go elsewhere. I think she's going to refer me to somebody else'. I said 'it's not my position to say but I think it's unlikely Sharon would want you to go somewhere else. But it is important that you discuss this with Sharon, discuss what she means by saying you need support not counselling.
Mary said 'I think support and counselling are the same thing'. I said 'Have you asked her about the difference?' She said 'Well, I felt too bad to do it.'
Then later on I said 'I feel I am intruding on what is a very critical time in your counselling, but that actually today feels like a tremendous breakthrough. You are upset, you have been crying, you do feel this is too painful to go near yet you know you've got to go near in order to move on, you've said that yourself'.
Then later on when I asked her if she agreed to my meeting Sharon to talk about

how the counselling is going she said that was fine. I hope this isn't too much to really come at you but how do you respond to that?

Sharon: I'd like to tell you what has been happening from my point of view. We've been kind of going along in the sessions. I've been sort of making interventions as in 'how do you feel about that, what's going on for you, what's motivating you', them sort of things, and Mary has filled the sessions with talking about external events. We came up, or I have, with a sentence which I thought reflected basically what she was saying, which was 'I am a victim to other people's needs, and nothing can change'. I give that to her and she said 'that's right, that's how it is', and I also reflected back that what she seemed to be doing in the sessions was just living out that story, very animated, like she's got a show in her mind about what's been happening and she'll be, she'll be here and be her, and then she will be someone else. And I sort of said 'it's like watching a video' and she's not even with me in the room and I wondered how helpful it was to continue in that vein...each session...her telling me about her week and getting more and more resentful about what people are taking from her, and how lacking she is herself and kind of confirming that there is nothing I can do about it. And I just kind of asked her 'how helpful is that, to come and do that every session, but not looking at what's going on for you?' She said that was very helpful, all she wants from the counselling is to come, unload and then go away again. She doesn't want to explore, she doesn't want any of that. And then I put it to her - this has been coming over the last few weeks, but even stronger today - that what she's looking for is somebody to listen while she goes Whaaaaa, you know, while she unloads her week, and I said I felt like I was just a tape recorder, that she's talking to a tape recorder. 'Be happy and then go away again.' I said that last week. And I said that's valid, and it sounds like its helpful, and it's valid, but it sounds more like what a supporter would be more helpful in. I said that I am a counsellor and I am offering her therapeutic work on herself, and I said I feel like I'm offering something that she is saying no to and we come in at different angles, and if she doesn't want to do that kind of work it's really useful that I know that so I wont keep trying, because we are coming from different places. The first time I said that she kind of reacted a bit and seemed disappointed that I wasn't willing just to sit there each week and not speak. Because I said to her it seems that you don't really like me speaking, like me talking at all, and at the end of the last session, after I had been a bit challenging by saying 'I'm offering you therapeutic work, do you want what I am offering?' it opened a bit. She kind of opened and she started to talk about her own lack, and she was so lacking in her own childhood that she so doesn't want her own children to feel like that so that now she overcompensates. So we kind of got to what's motivating her and she began to take a bit of responsibility, just began to, but then in last week's session she kind of sat back and said 'I was looking forward to coming today'. No, first of all she said 'I didn't want to come today because I felt so bad'. Then she said she thought 'I do want to go today because I can just relax when I go there and I like sitting here looking out of the window and telling you about my week'. And I said 'but that isn't what I am here for' and then after she'd opened up a bit I said at the end of the session 'I feel like something really important has happened today, we have kind of got underneath a bit about what is going on for you'. I said 'I wonder if we can come back to that next time?' So she said, 'well, you had better remember it because I won't'. And as she stood up she said 'oh I've

forgotten your name again'. She said 'I keep forgetting what your name is, and then with that she left'. And then this session I asked did she want to come up. 'Oh yes', she said, 'Shirley – no your name's not Shirley, what is it?' I said that we were starting to talk last week. She said 'I've forgotten what it was about, you'd better remind me'. And I said 'It's really important that we talk about what we are doing here. I can't do it for you. I wish I could. Let's look at where we are both coming from. I said that last time I was more explicit in what I was offering and it might not be a good time for you. It might not be a good time for you to come and look at your feelings and what's motivating you. It might be too painful at this time. If that's the case then we do need to find somewhere that you can go to unload each week because you don't want what I am offering you.' Then she started crying and saying she felt rejected. And I said 'that's interesting. How does that feel?'. And then it did seem that we had a bit of a breakthrough with her more in her feelings than I had seen her. So that's where we're up to. But I am kind of wondering what will happen next, and I am also wondering that if she really wants to keep on seeing me, my worry is that she thinks she's got to come up with my terms for me to keep seeing her; but it's actually not from her choice. Because I want her to, not because she wants to. Do you know what I mean?

Phoebe: That's she's not really ready to take responsibility for herself and her feelings. It's interesting that she saw a marked change in how the session had been today, and she said 'In the past I've unloaded my worries and I've felt really relaxed after the session, and after today's session I don't feel that at all'. I said 'It feels like you've stopped off loading and you're beginning to start to take some responsibility for yourself'.

Sharon: Mmm. Did she hear that?

Phoebe: Well she then started to cry. I said 'Is that right?' She said 'It's too painful to go there.' I don't know what it was that she did go to that was so painful. She said it was going back to something that happened as a child...so I said again I feel that I have come in at a terribly critical time and I hope that I am not sort of setting back the process by looking at the process. I didn't actually feel that I was. I felt that maybe...

Sharon: I think in fact helping it...coming in at a crucial time but also what you are doing is looking at client perception of counselling and it's a crucial time of giving what I think counselling is about against what her perception is about and then having a reaction to each other.

Phoebe: Yes. Yes. It is interesting when I asked 'Have you asked Sharon what this difference is?' because she said 'I don't see any difference between support and counselling', when in fact you've been very specific.

Sharon: I have been very explicit, I actually used the word, I went in advised by my supervisor who said if she doesn't know the word then be explicit, tell her what 'therapeutic work' means, so I did that last time and I did feel it fell on deaf ears, and then again today I said 'I know I said it last time, but' I said 'perhaps I need to be more explicit by what I mean about what I am offering you?' I feel I was very clear in saying 'it's about inward work and what you are giving me is external, but I did feel that maybe that hasn't gone in again.

Phoebe: Well it sort of has. Intellectually it has. She did say you used the word 'therapy'.

Sharon: 'Therapeutic', yes.

Phoebe: She was trying to grasp the word...

Sharon: She doesn't understand.

Phoebe: I think she does understand that you are saying that unless we go into those painful feelings we are not really doing any work. I was suggesting that it sounds as if she was beginning to work. She hadn't used the word work.

Sharon: That's good, though...

Phoebe: But I felt I'm only here to get perceptions, but then I thought 'Well no, as I am a counsellor I don't see why I can't point out to her or reflect back what she seems to be telling me about engagement'. But I can see that you have had to work hard to get to this point. She has, it seems, half understood that you're saying 'cut the crap, cut the anecdotes', you know, recounting what she was doing in the week, because she said 'I know I have got to go there but I'm not sure if I can... its too painful', and she also said, as I said before, 'I don't know what Sharon wants me to say, she won't tell me what it is she wants me to say'. But of course that's her half hearing your saying you want what's inside, but she's not able to say what's inside...does that feel right?

Sharon: Yeah yeah, it's quite nice to have it all moved back actually....yeah, it is hard work, it is hard work, but in a way it feels quite ruthless, but in a way I have to do that...

Phoebe: It's only that way you've got this to happen...

Sharon: I felt like I'm almost bullying...this responsibility thing. I'm not going to take responsibility for her, that wouldn't be helpful because, anyway she is not taking responsibility I don't want to collude with that kind of view of herself.

Phoebe: It sounds as if you are being absolutely pure. I did say to her 'I think you should regard today as an achievement', partly because I could hear my supervisor saying 'clients do need recognition when there is change'. We've agreed we'll meet in January. So she said 'Well, I wish you a happy Christmas!'

Sharon: *(She laughs).* Well hopefully that will help her realise what it is all about a bit more. It's really difficult. It's not just me saying 'you're boring, I want someone a bit more interesting'. I do say quite strong things to her like 'I'm a victim to everybody's needs and everyone else is to blame', and she'd say 'yes, that's right'. But it is as I say, it is a waste of both of our times. It's a waste of my time if I sit there listening to her talking, be her consciousness.

Phoebe: But it does feel as if there has been a qualitative shift...

Sharon: Absolutely, yeah but I wonder what happens next. I've also been trying to emphasise that 'I am trying to help you. Will you let me? If you won't then maybe...'

Phoebe: Yeah, she is quick to see rejection...

Sharon: She can't even remember my name after 10 sessions. She talks to keep me out and if I'm not, if I won't be kept out...

Phoebe: But you have shocked her into...

Sharon: Mmm. If she says 'It's too painful, I'm not going to go there', that is her choice, she can leave but I am not going to go on as before, her just dumping her stuff.

End of interview.

31.10.03. Telephone conversation with Sharon three weeks' later.

She has had three more sessions with Mary and there has been a real breakthrough. They are working very differently and the relationship has improved. Mary has become much more positive and is taking decisions and making changes in her life.
Sharon feels that the researcher does have an effect on the process. The researcher can't just clinically observe. She felt that there was real synchronicity in our meeting(s) and that the third perspective 'helped us both'. She said Mary knew we had discussed my interview with Mary, and there had not been a transcript as this point.

Sharon also mentioned Yalom's book Group Psychotherapy in which he discusses the importance of preparing clients for sessions. He says clients do much better after preparing for group therapy. (This may also be relevant to individual therapy.)

We talked about the point raised by a university counsellor who had said she preferred not to tell the client what counselling was. It could emerge in the process. Sharon said this sounded okay, but she was doubtful. She felt clients need to know what is to happen.

Appendix 31 - Jenny

Interview with Jenny, client participant
Meeting place: Student counselling services, University in Eastern England
Date of meeting: 24.07.02

Phoebe: So you finished a week or two ago with Louise.
Jenny: Yes.
Phoebe: What would you like to say about the total experience?
Jenny: I think it was a good experience, yes. I think it was good. I feel so much better now. I am sure I would have felt better eventually but I wanted to feel better more quickly than I thought it was going to take; but having someone to talk to about what I was going through made everything a lot easier.
Phoebe: So you felt in fact that you might need to spend less time than you did?
Jenny: I wanted to get back to Eastbourne, but I didn't want to move until I was feeling better. So I wanted it to be a speedy as possible. It's gone quite well really.
Phoebe: So did you feel that you were rushing an ending because you had to go?
Jenny: Well I am sure that there are more things that I could have talked about, but some of the things we were starting to talk about are things that I know anyway really. I know that I had a difficult childhood and I know that I haven't got a very ordinary mother and things like that and there are now things that I do understand about myself that help explain how I got into this difficult situation with my boyfriend and why I did those things, but I think I can now see that for myself now...before, when I first met Louise I felt I was just a complete failure.
Phoebe: You were when we first met a bit ambivalent about exploring anything in depth. Do you still feel this way?
Jenny: I don't know. I am sure that people can talk for ever, you know... I feel like I talked about the things I wanted to talk about and the other things I kind of understand anyway.
Phoebe: So you talked about things that you sort of understood but that you wanted to clarify?
Jenny: Yes, and I sort of feel that being reminded of them, of my childhood, that was making me want to bring it up in a session, so I think it just helped me build myself back up again. Remembering who I am...maybe I got so confused for about six months or so that I didn't know where I was, who I was. I found myself getting upset that my mum hadn't called. I found myself bursting into tears. I know how she is and yet I got myself in such a state. It made me understand myself again. I feel like I was all right before. I did understand myself before but then I just lost it for a bit.
Phoebe: So what do you think was happening in the counselling sessions?
Jenny: A lot of the time Louise would just ask me what I wanted to talk about. I'd just think about something I had been upset about in the last week or two and then think about that. Louise might have been helping me to try and understand myself or I was asking her to help me.
Phoebe: So you feel that she was very much letting you determine the pace, or that what you talked about was up to you? You thought she was at the same time...probing?

Jenny: I don't really know that she was probing. I think she just asked me what was happening and then asking me what I wanted to talk about. Just in the last couple of sessions.

Phoebe: So what did you think of her role?

Jenny: Just like an independent observer, somebody who is not really connected to me and just beginning to suggest things, like maybe it was this and maybe it was that...one day my old boyfriend phoned me and I just started crying and I kind of let him know that he had hurt me and then I started to analyse myself, oh I must still be in love with him, but Louise said 'but you don't know that, lots of emotions, maybe you were just having a bad day, maybe you were tired?' Of course she was saying there is no clear answer and I was trying to find the exact reason.

Phoebe: So she wasn't trying to give explanations but just trying to help you feel your way forward?

Jenny: Yeah, Yeah. I mean I didn't see her for about three weeks just before my last week, I mean at the time I was just...before then I had got quite upset and we were talking about my family and talking about my self confidence, but then she was ill the next week and I couldn't see her that week and it felt like a bit of an interruption; and then I phoned to say I was working full time and I left a message and then she was on holiday and didn't call back for another couple of weeks, so it was a bit...

Phoebe: You lost a bit of momentum?

Jenny: Yes, it was a bit of a shame, but it was nobody's fault really.

Phoebe: And this was just after you got quite upset?

Jenny: Yes and that was difficult. I think it was just a realisation about myself and I was a bit upset about it.

Phoebe: Yes and about who you were?

Jenny: Yes.

Phoebe: And did you have a chance to weave this back in?

Jenny: I didn't really. It was the last time I was seeing her, but I don't really know where we could have got with that really, it was just more about just being able to realise ...learning to deal with it, with who I am...

Phoebe: So where does this leave you feeling about the ending you had?

Jenny: I don't feel that it was the wrong time to end because I want to move now and I don't feel that I need to talk about it still. I'm just looking forward to moving on now really. I suppose that if I had problems again I might go and see a counsellor and then maybe it might go on a bit longer.

Phoebe: Its something that you might need in the future but you don't feel you need at present?

Jenny: Yes, I know that I have been happy before.

Phoebe: So if you think about where you were before you started counselling - you were quite wary of counselling – what do you feel have been the advantages for you?

Jenny: I feel it's given me a greater understanding of myself. And just where I lost my way and just sort of building myself back up again and this kind of thing. Just sort of talking about things seems to make me a feel a bit better.

Phoebe: Can you elaborate?

Jenny: I feel more at ease with myself. I am sure that is the counselling...I think otherwise I'd be in a bit of a state now. It kind of reminds me that I should be strong about myself and that I know these things about myself and about who I am and I'm now thinking about what I want to do with my life. I have a bit

more faith and a bit more patience, I know that really. My friend used to say you'll be okay but I know that for myself now. I'm moving out next Wednesday. I'm quite relaxed about it. I'm not worrying about it.

Phoebe: This hasn't been an easy period for you – you talk about a lack of rhythm?

Jenny: Now I enjoy the routine of the job. I can plan my life, put things in the diary. Everybody decides what to do (at university) like an hour before.

Phoebe: Are there doubts you have about counselling?

Jenny: One thing I wonder about. At the university counselling service they say 'person centred counselling'. I don't know what that means. I'd like to know what that means, really I'd like them to tell me what that means, but perhaps that goes against it; but are there different techniques or different approaches?

Phoebe: It doesn't explain in any leaflet what person centred is?

Jenny: No not really.

Phoebe: It is an approach that puts you at the centre of the counselling and believes that you yourself have the answers to your own problems...

Jenny: Yes, I sort of assumed that that is what it was, but that isn't spelt out.

Phoebe: Whereas psychodynamic counselling goes directly to looking into your childhood, attempting analysis and explanations, which is kind of at the opposite end of the spectrum.

Jenny: Yes like you see on American sitcoms...

Phoebe: Do you feel you would have liked more information?

Jenny: Yes I felt I really didn't like to ask because that might go against the whole thing if I knew what the technique was.

Phoebe: So are you saying that you thought the mystique about the approach used was part of the process?

Jenny: Yes, I thought I wasn't supposed to know. I think now you explain it it's probably a better way of counselling to me...

Phoebe: There is another way of counselling: cognitive behavioural counselling which is an attempt to look at what in your behaviour is negative or harmful to you and how to change that behaviour, and again person centred counselling is very different because it is not attempting to direct you in any form, it is non-directive.

Jenny: I am sure that must be the best way for me, I get quite easily led by people and by what they say and I get more confused ....if one day you take a step back and say who am I and then just have to run to the counsellor...

Phoebe: It sounds like you are trying to build up your inner strength by you yourself finding the solutions, the way forward...I'd like to widen this discussion a bit. What part do you think counselling can play in this society?

Jenny: I think there are an awful lot of unhappy people in the world, in this country– people who've got problems. It would be nice if they could all go and see a counsellor, if that would help but they may not really want to. I think it should be part of society. It should be something that people can do if they want to. I'm sure that there is no point in somebody having counselling because they've got to. Its only people who accept counselling who go, then it can help. I think it should be available, definitely. I am sure that a lot of men would be wary, but...women talk more about those things really. It is much less likely for a man to go to counselling if he is having problems; he is more likely to try to forget about it, go out and get drunk or something...which may work, though probably doesn't make them feel much better. Counselling helped me to get rid of all sorts of baggage that I really don't want to be carrying round with me. I

am sure that is important. If society realised that that is a good thing to do then counselling would have a greater part...

Phoebe: You feel there needs to be more awareness raised about the purposes and the value of counselling?

Jenny: Yes, but it must be done the right way. In doctors' surgeries there is not much evidence of counsellors. You don't see notices asking: 'Are you unhappy?' Maybe that could be done...

Phoebe: Is there anything else you would like to say?

Jenny: Maybe...it's quite easy for me to see a counsellor, but I have no idea how to do it in the real world. I would be more scared of seeing a private counsellor, because I wouldn't be sure that they are being regulated. Whereas at university it feels more like a team. I don't know how you get counselling normally. For instance can you get it through the NHS?

Phoebe: Yes, quite often there is a counsellor attached to a GP practice, or the GP can refer you to a counselling agency. And now there is a move towards all counsellors being properly trained and registered.

Jenny: That sounds like a very good idea. Yes, because if people go to a bad counsellor they would never want to have counselling again. I'd definitely feel very wary of somebody I found through the yellow pages or something. I need to feel that there is a structure behind anyone I would consider seeing.

Phoebe: Clients' rights are being much more protected and everyone has the right to shop around a bit for the right counsellor.

Jenny: That sounds like a really good idea.

End of interview.

Appendix 32 - Louise

Interview with Louise, Jenny's counsellor
Meeting place: Student counselling services, University in Eastern England
Date of meeting: 6.08.02

Phoebe: What are your immediate reactions to the transcript?

Louise: Several things struck me. I was reminded - she missed the last session - I called her on her mobile, and it turned out she was in Tenerife; it was quite funny, she emerged from her bed after a night of heavy clubbing
There was probably a gap of two months before the last session. Reading that (Jenny's *after counselling* transcript) reminded me of how messy that that had been.

Phoebe: You had said that something was going to happen. Then she said the session before the gap she had been very upset. It sounded as though you had got to the verge of something. You had said that she was very reluctant to go back into something that happened to her when she was younger. Did she tip into that area?

Louise: She did. She did, but knowing that we would have only one or two sessions after that we didn't stay with it, and I think we were looking at it in terms of what do you make of that? What are the scars that are left by all that? What is it that gets you on days when you are feeling low - it was more about how to manage that - that was the way we were looking at it, because by then she had several weeks off for her exams and I think that session was the penultimate week of term, so I said we could meet a couple of times in the holidays, then she was moving to Brighton. She had certainly got in touch with the pain from her childhood and talked about it but I think that we were both aware that this was right up to the end and we didn't have a lot of time ahead of us, that we take that pain and explore it fully, so it was about recognising that pain and respecting that it was there, talking about how she has found a way of living with it, living with the reality of both the pain of the past and the fact that her mother just can't be a mother for her - rather than say that's fine, you manage - asking when it does become difficult. I think she was indicating it was at low times, but that she has to be feeling strong to manage it. We were talking about coping mechanisms really.

Phoebe: She did say her mother was a very unusual person...

Louise: I felt some work was still being done right at the end as we might not have gone back and explored in detail what had happened earlier, but it was really about us drawing things together and she had been doing that in her life. She had said to her step mother 'you are more of a mother to me' - she had given her step mother a really hard time - had never acknowledged what her step mother had been to her, so she was really drawing things together and I felt that that was what we were mirroring in her sessions, not going back to being a child, but talking about how things were now and how she would be as a mother to her children, not having experienced good mothering, but that she can learn from her experience and do things differently. At some point being a mother and creating a loving atmosphere - something she never had and something she really values. She was learning how to grow from that period.

are their expectations of what we can do here? I would ask Jenny 'Do you want to go there? It really hurts. We can go there, not that it will change the experience, and see if we can put some of it to rest'. This explains the process as we go along...so when we did go back to the painful things I did give her the choice of how she wanted to work with that...at that point her focus was on moving on and moving down to the south coast. 'How do you cope with these scars? In what way do they make you strong and in what way do they leave you vulnerable?' I would be not explaining what the person centred approach is but would be involving her in decisions, how we work with this.

Phoebe: You were always giving her a choice, seeing how far she wanted to go with something.

Louise: What I want to add to that was that I was doing it very explicitly because I was very conscious of her feeling out of control

Phoebe: Yes, when it got to asking the big questions, she recognised that she was learning to cope, that she owned these questions about herself, about how to frame her own identity. Do you have thoughts about the process and me alongside as researcher?

Louise: You felt comfortable. You met her in the gaps - the occasions you met her gave her time so stand back and reflect on what she has done. The timing, though it was coincidental, worked out really well. I mean it was probably really useful. She had a chance to reflect back on the process, as indeed I am having the chance to reflect back on it. I think it has been quite complementary – to the counselling process.

Phoebe: I feel that but I am very conscious that when I first discussed the project with newly trained counsellors they were very apprehensive of the project, not uniformly the case, but a number hadn't reached the level of experience and confidence and might feel that the researcher would be encouraging criticism of the counsellor.

Louise: The newly trained are still very much in a climate of evaluation - of evaluating yourself - am I good enough, not this is what I am good at or not good at - a sense of trying to place yourself in a hierarchy of competence, feeling that other people will be trying to work you out as well – yes there is sensitivity around any potential evaluation or criticism.

Phoebe: I do appreciate your total acceptance of the work with Jenny and your participation in it. There seem to have been very important insights about the counselling process and the changes in Jenny and in a very short time, so I do thank you.

End of interview.

Appendix 33 - Vaishnavi

Interview with Vaishnavi, client participant
Counsellor: John
Meeting place: Student counselling service
Date of meeting: 3.02.05

Vaishnavi and I had quickly established a rapport based on an understanding of the research aim: to learn more about client perceptions of counselling. This is our third interview and Vaishnavi talks quickly and naturally about her reflections on her counselling experience with John. She has a lively, quick way of talking and moves in between a direct, matter-of-fact and a reflective way of speaking.

Phoebe: Can you tell me when your last session with John was?
Vaishnavi: Two weeks ago.
Phoebe: You've had about six sessions?
Vaishnavi: I think it's about six, I need to check with John. They have been pretty spaced out. I probably started in late September.
Phoebe: We were talking about the transcripts and you said you didn't really want to see them before the end.
Vaishnavi: Yes, it would be interesting to see them...
Phoebe: We were talking about the end of counselling and what kind of conclusions you were coming to about it for you and generally for counselling as a service. And we have also discussed the transcripts - perhaps you would like to look at the transcripts afterwards? Does that make sense?
Vaishnavi: Yes that makes sense. Fine.
Phoebe: I will email to you the transcript of this interview as soon as I have completed it.
Vaishnavi: Yes, I kind of wish that when I had started with John that I had kept a diary; because I didn't do that it was harder to know how I was changing.
Phoebe: You do feel that change has taken place?
Vaishnavi: Yeah, I do think there are times when I don't feel it so much, but I think overall...it's sometimes difficult to know what is the factor that made you change, I mean, the circumstances change...I definitely think that it helped me a lot at times. I think that by the third one I'd made an improvement or changed a bit, in a positive way. It was at that point that John was asking me where I wanted to go with the counselling session, if I was ready to stop in the near future. I think that after three sessions I was already benefiting from it, and then I think I had a few more afterwards. One was like half an hour and then one before Christmas. I think at the beginning in my first session I talked about dependency, I think at one point it felt (*pause*) not dependent, but it was very reassuring to know that I could have these frustrations brought up and at the end of it tell someone about it, tell, not a stranger, but...
Phoebe: You felt worried when you first came whether you were justified in coming, that your problem was not significant enough, at the same time you were also a bit ambivalent about whether or not you might become dependent? But you feel that fear of dependency disappeared?

Vaishnavi: I think that at the beginning it was once a week, then it became once every two or three weeks, and then once a month so I was less dependent. I think my only frustration with counselling, like a lot of things in life, is when you have a problem or something is bugging you at times you can't do anything about it, and then it actually comes to your session you're fine. But like on a certain day you really needed it, but you can't.

Phoebe: Like you needed it there and then, but you have to wait?

Vaishnavi: Yes that sort of, not wastes time, but I'd come to counselling and I am fine, and it was only when I dug a bit deeper and you know I wasn't fine. I found this frustrating.

Phoebe: You felt fine a few days afterwards and you had been feeling very frustrated about things and when you came and discovered things you found that there were things still churning underneath?

Vaishnavi: I think I kind of knew what was going on underneath. It was just that some days are good and some days are bad and on a bad day I just felt like going to see John. Then I would come and I wouldn't feel in the mood for talking...

Phoebe: And then you might have just half an hour. That was another thing you were saying initially, in our second interview you said you thought you had come with a very specific goal, that related to your break-up and then you discovered there was more there. Would you say that was so?

Vaishnavi: This is why I wish I had tracked my sessions with John because if you ask me about my sessions with John I really can't remember because as I said they were becoming less and less frequent by the end of last term. Yes, so I think there was probably a time when other things were coming up. I think sometimes if things go wrong in your life, not wrong but something happens, you put the blame on those things but it kind of forces you to reshape, to look at who you are and to reshape your life, and sometimes you don't really want to do that and I think that is what I had to do.

Phoebe: So there was some resistance to looking but at the same time you felt, I've got to do this?

Vaisnavi: Yeah and sometimes I thought 'this is a bit ridiculous', you know, I was hiding behind this issue and it was taking over my life, it was embarrassing, it was the main driving force to my coming. It was a burden and I had decided to cling onto this burden. I ended up feeling very conflicted. I thought by the end of it I might have resolved, feelings, things like that. I definitely have improved, touch wood, but I think that what John taught me is to accept feelings, recognise and accept them as opposed to resist them, instead of 'I should feel a certain way' and I should feel this. I did a lot of that in the beginning, and because I tried not to feel things, they end up catching up with you. *(Long pause.)* I sort of hope that next time I'll try to sort issues out a lot earlier.

Phoebe: So you have learned that coming to counselling and engaging with John you have learned things about yourself that would change the way you would be if you came again for counselling?

Vaishnavi. Yes.

Phoebe: You learned to accept, well, this is me and this is how I am changing?

Vaishnavi. *(Quietly, reflectively)* Yeah.

Phoebe: And you were able to let go of that burden were you?

Vaishnavi: Yes, a bit I think. I just acknowledged feelings. If I do feel sad, I think, touch wood, I think it's more of an acute thing, and I can't get it out; I might

have a couple of days of continuous dull ache. It's never really bad, it's just there.

Phoebe: It continues, does it?

Vaishnavi: Mmmm. It's very difficult for me to say for I think the last year has been a roller coaster, possibly the most difficult year of my life...That sounds very dramatic. But I think there have been a lot of changes for me. I not only broke up with my boyfriend but I separated from a lot of friends at Uni. as well. There were loads of changes going on and I had basically to reconstruct bits of my life. I have had problems with my health in the past, and I have been quite strong about it, but when it comes to emotional stuff I think that's my, you know, Achilles heal. *(Long pause.)* It's difficult for me to say how I am at the moment because the last year has been a bit of a roller coaster. There are still changes in me. At the moment, touch wood, I am fine. A few weeks ago I was back in the same uni. as my ex-boyfriend. He is a final year student so I don't see him around the building, and last year I was in a different university to him. So this was the first time since the break-up that we have been in the same building together. So yes, it stirred up some emotions, but definitely an improvement I think.

Phoebe: You have talked about ways in which you feel you have changed and you have implied how counselling has been helpful for you, but if you were to stand back what doubts or criticisms have you had? You implied that in a sense it would have been nice if you could, when you were in an acute or highly hurting state, that you might have been able to just come and pour it out, instead of having to book an appointment, then wait another week or so.

Vaishnavi: Sometimes nothing had happened in those weeks and other times so much had happened. Sometimes we just talked about what had happened, not diagnosed it or had time to explore.

Phoebe: But you also seem to be suggesting that things are happening between sessions. Change is occurring which you feel could be the result of an external situation but also as a result of talking to John...?

Vaishnavi: Yeah, Yeah.

Phoebe: What do you think John has been trying to do in his sessions with you?

Vaishnavi: Whoooah, I don't know *(long pause while she appears to be coping with the question)*.....I think that what *I* was looking for was reassurance...I don't think John ever looked at me and thought, right...he said at one point I don't feel that you need to be seeing me a lot in the future...I don't think he thought that I was one of those people who he would see for a long time. He just knew that at this stage of my life I needed some sort of guidance and that's what he was there for. Nothing else really, just the odd thing, maybe, if I decided to come back. I think he recognised after a couple of sessions that it wasn't anything particularly long-standing. I needed a bit of guidance, I just needed somebody to basically reassure me I think. I think what John made me do as I said earlier on about accepting my feelings, I think he made me accept myself ...I wasn't going to feel bad about that...if there wasn't much bothering me. I can't remember, perhaps you can do stuff about it, I don't know. *(She talks quietly and then moves back to her matter-of fact tone.)* He didn't provide solutions. That was one thing. But I don't think that that is his job. I'm quite a direct person, I'd be like: 'John, what's counselling supposed to do?' Or something like that...and he'd be like: 'well, what a question to ask!' I'm sorry, I haven't really thought about counselling before

so I haven't really thought about what it is supposed to be because he didn't provide me any solutions, because there *weren't* any solutions. What I liked about John was he was very good at coming up with these kinds of epiphanies for me. Every session, like one sentence. I'd think things like 'oh you hit the nail on the head there'. The last one, I was having slight issues with my mum, and near the end we were running out of time and I knew it was my last session, I said 'what do you say to people here who have issues with their parents?' He said 'well it's obviously different depending on the person'. I said 'what do you think about my situation?' And he just said 'well you know I think what it comes down to with your mum is that you feel frustrated that whatever you do you can't make her happier'. And it just summed up years and years, you know. I don't have major issues with my mum, on the whole my relationship with her is okay but it just kind of summed up, for me anyway – we hadn't even properly explored that topic – but I wish I'd remembered. I honestly regret not keeping a diary and then I could tell you how John specifically helped me. I don't know I would have been able to...I would recommend that to people actually to keep a diary and also I could have kept track of all those problems within the three weeks (between sessions) and having to remember them all. I could have bad days and then just forget about them and then about the hurt. And what if I had talked about them just a bit earlier, if I had kept a diary I could have had just a quick read through before my session maybe that would have helped.

Phoebe: But you can still keep a diary can't you, for yourself?

Vaishnavi: Yeah. I do do that sometimes, but I notice I only do that when I am sad. I've always been like that, when I am happy then I'm too busy to keep a diary

Phoebe: You are busy living it

Vaishnavi: At the moment things are going good, and my boyfriend has moved to another hospital and I don't have to see him for a while, but I really can't remember what he said about my main issues and my going to see him about my boyfriend

Phoebe: Are you apart now or together?

Vaishnavi: No, no, we've been apart for a year and a half. I think that's why I went to counselling, because I hadn't got over it a year later and I am sure that if I had gone to counselling ...I am sure there are many other factors that delayed my healing over the break-up. I have regarded friends quite highly maybe more than I regarded my boyfriend. And I think if you don't have that support network. If you leave your friends at the same time you are losing your boyfriend then I think it really does delay the healing and I think the easiest thing to do was just put a label on and say I am single, but apart from that maybe if I had gone to counselling last year I wouldn't be in the position I was in. I am sure it would have helped.

Phoebe: There has been a lot going on for you...

Vaishnavi: Maybe I am quite naïve but I have always had quite a stable life apart from this. It may be more circumstance than change but what John has done is he has hit the nail on the head, he hasn't allowed me to go off the point, as some counsellors do. He gave me what I really needed which is to accept me. When I see friends a year later, and you are still not over it because they care, it's not fair to burden them. Perhaps that is what friends are there for when you are in emergency situations, and you do need to talk to them, that's what friends are for. You know I was saying 'counsellors aren't there on the days

you need to talk to them', maybe that's when you can use your friends, I guess, to advantage.

Phoebe: So work goes on in between sessions with a counsellor?

Vaishnavi: Not seriously, no. I like the fact that I am a bit more in control, but I tell people less or less people about my life.

Phoebe: Because you have this safety valve?

Vaishnavi: Yeah It is very reassuring though that I am valuing myself at my sessions. It gives me more control knowing that I don't feel I have to tell everyone, though I do have that tendency.

Phoebe: What would you say to others now, to your friends about counselling? Do you think there is any change there?

Vaishnavi: Yes, but I still think the same thing. I was lucky I had John and he personally worked for me, and am sure he has worked for other people, but I am sure he has helped me, how I can't say, but it also depends on the client, I guess. They should try not to get too dependent and I think that's probably also the counsellor's responsibility , and also I had a good counsellor, and like doctors there are good and bad, so I think it is important, especially if it is your first time to kind of judge whether this is the right person for you, because they might not be a bad counsellor, but your personalities might not... *(Spoken quietly and quickly)* I think it is still difficult for boys to come and talk, there is still a taboo. Boys don't like to talk about their emotions....there is a certain vulnerability I think. *(Change of tone to a more matter-of fact way of speaking.)* One thing I don't like about the counselling here is the location. It's right next to the student union bar.

Phoebe: Is that because of the confidentiality aspect?

Vaishnavi: I certainly don't want people to know. It's like showing a vulnerable side of you. I don't want people to see that side of me. We did get a questionnaire about the welfare services at the medical school. I said it was good but I just wish that there was a little more distance. I wouldn't like it to be in a complete obscure place. There needs to be a balance.

Phoebe: This brings me to the issue of names. When you look at the transcripts you will have a record, not of what you have said to John, but what you have said to me. I may be changing the name of this hospital. As you know in the transcripts, which go into an appendix I am just using first names. Would you like me to change your name?

Vaishnavi: Yes, just because here I am the only V... It's not a very common name at all.

Phoebe: I will change that. What name would you like that would not be traced back to you...?

Vaishnavi: Yeah, I kind of want an Asian girl's name to be in it, because I want the study to show that there is diversity, that we come as well.

Phoebe: Could you say a bit more about that, about cultural difference. Do you think it has significance?

Vaishnavi: Not hugely. My family likes...I am not a coconut, as you'd say, I am not completely westernised, I've been raised within my culture, but my parents are unusually open-minded compared to a lot of Asians, especially me being Tamil, we are more open minded than Indians. That is not a racist comment, it is just how we have been raised. For me it is not a huge problem, but for my mum it's like, I've been going to counselling and she might think I am really in a bad state. I think for Indian people it would be even more of a big

deal. I think it really comes down to not knowing much about it, even less than the average white person here.

Phoebe: What do you feel about coming to a white counsellor? Would you like to have seen a Tamil counsellor?

Vaishnavi: No, my boyfriend was actually Northern Irish anyway. That was the first thing John talked to me about. I asked him if he was from Northern Ireland. He said 'did you come to see me because I was Northern Irish?' No, I knew nothing about the services. It doesn't bother me...It wasn't as if ... At the beginning I wanted a female, but females have a tendency to waffle...that is a sexist thing to say...It wasn't relevant on this particular occasion. But I did want people to know that Asian people come. I do want to have an Asian name.

Phoebe: Can you give me an Asian name beginning with V?

Vaishnavi: I could give you another name, but there is an Asian girl with that name. Yes *(She takes a long time to think about this.)* Yes, Vaishnavi *(She spells it for me.)*

Phoebe: Can you say a little bit about the term coconut? You say you are not wholly westernised. Is coconut a word for a westernised Tamil?

Vaishnavi: Yes. Brown on the outside and white on the inside.

Phoebe: You're saying that to some extent you have become westernised, because you were born in Britain?

Vaishnavi: I have never completely fitted in with the Asian thing, but nor with the white thing either. I've always sort of been an "inbetweenie". I never used to go out with white guys or girls. I'm not coconut like them – they don't know anything about their culture. My friend has been out with a white person who is a coconut. It didn't work out because of cultural differences.

Phoebe: You are saying that your parents, your father in particular is quite broad minded, open, whereas your mother is more, well concerned for you?

Vaishnavi: Both think something similar about race to a certain extent. Like they knew I was going out with a Protestant from Northern Ireland. That could have been fine, but not like his parents.

Phoebe: Do you have a religion?

Vaishnavi: Yeah, I am a Hindu. Again, I am not being biased but I do think we are very open minded, because if you think about it we don't actually believe there are loads of different gods, we just believe there are loads of different ways of worshipping gods, they are the same gods, they just have different representations. God doesn't have a certain face. Considering that our religion is based on worshipping different forms of god I think it makes it easier for us to embrace other religions. Apart from Islam, because I think I have to convert if I married an Islamic, so my parents wouldn't want me to go out with a Muslim, and Catholics, they'd prefer not...because there are a lot of Tamil Catholics actually, and they are quite pushy and they are quite laid back generally as a religion. About those things they are quite similarly open minded, my mum's just a bit more unsure.

Phoebe: You are being trained to be a doctor. Just in terms of the race issue, is there anything that you feel as somebody who will be making referrals, that you would like to say to the counselling profession?

Vaishnavi: Yes, maybe try and recruit more diverse people I guess...

Phoebe: As clients and as counsellors?

Vaishnavi: Yes there are loads of Asian girls out there who've got more...I don't want to say they have more pressing issues, because that is my own problem, but you know, there are a lot more serious issues going on out there. I don't see myself specifically needing an Asian counsellor just because of my background, but I am sure that there are a lot of people that do.

Phoebe: I just wonder if there is anything else that you would like to add to what you have said?

Vaishnavi: No, except that it is good and I think; people who probably don't know lots about counselling as medics are often those who are going to end up being surgeons. People who probably refer people to counsellors are more likely to be training as GPs. I think they probably know on entering that profession that you have to be of a certain nature.

Phoebe: Surgeons have quite a lot to learn about expressing emotions?

Vaishnavi: Yes, but that is one thing I don't think they even want to do. Not all of them, but they normally have their pride. They are quite ready to look down on a lot of the medical profession. They don't really see them as doing anything. They cut and then the patient is cured. Not everyone is like that.

Phoebe: But you are feeling that there is an attitude change.

Vaishnavi: Oh yes, definitely, there is. To be honest I am quite in touch with my emotions and I am a girl. I find it a bit surprising that well, he didn't have to get counselling to move on, but I have. I think this year has been quite humbling for me anyway and in a lot of other ways or whatever.

Phoebe: What would you say about my interviewing you? Do you think our sessions have in any way inhibited or enhanced your counselling or maybe neither?

Vaishnavi: I think this is probably the most, this session probably has the most effect, I guess. Not so much the other two (*before* and *during counselling* interviews), but now that I am looking back it has given me the opportunity to reflect, analysing the effect it has had, yes.

Phoebe: You feel it is useful to have these interviews running alongside your counselling?

Vaishnavi: Yeah. I just wanted to know what is going to happen with the research.

Phoebe: What I'd like to do is leave with you the three transcripts with you. You probably can't absorb them all now. The actual transcripts will go into the appendices to the report itself, with pseudonyms. I will be disguising your name, as part of the confidentiality clause.
(Break in the tape recording)

Vaishnavi: I was just saying with a similar relationship with a doctor-patient...if the client is to have some kind of control, not control, like I came in knowing what I wanted to get out of it, and I was a bit more in control, but that is not the case for someone who has had a more traumatic acute incident. Someone I was talking to said their sister went to counselling and they were told they were depressed. Are counsellors allowed to give anti-depressants?

Phoebe: No, counsellors are not.

Vaishnavi: Yes, I was going to say. I don't know whether a counsellor advised her, or basically told her she was depressed when she wasn't really, so I think it is up to the client as well to take some kind of ...to let your barriers down but not be completely submissive to a counsellor, know your own heart and be autonomous in a way.

Phoebe: Yes, are you emphasising that the client must be given much more information before they engage with counselling, what it is about, encourage

you to ask where the counsellor is coming from, just to have a little bit more background?

Vaishnavi: Yeah, that is one thing I didn't get. I just came in here, I had never been before so I didn't know how they worked. That is one thing I might have...because at the last session I went 'yes, what is a counsellor supposed to do?', which might sound ignorant especially coming from a medical student, but I don't know...

Phoebe: Yes have more information?

Vaishnavi: Yeah. Particularly in medicine with this medication thing. You know, they (clients) need more information about counselling before they know where they are.

End of interview.

Appendix 34 - John

Interview with John, Vaishnavi's counsellor
Meeting place: Student counselling service, London, university teaching hospital
Date of meeting: 16.02.05

Phoebe: What strikes you about Vaishnavi's transcript?

John: First of all that although she came, as most people do, wanting to be told what to do, actually she was pleased and benefited much more from finding the answers in herself. She's got a very realistic idea of what counselling is, by the end of it - that the work has to go on between sessions and beyond the end of the counselling. That's the first thing. I'm pleased that she felt we fitted together. I did like her and I would obviously have been sad if my perception of what was going on between us had been different from hers, which it wasn't. I am interested in what she said about ethnic minorities, and we certainly felt that here, wondering very much how much of a problem it is, and if we are seeing the right people, and we have just recruited a counsellor from Malaysia, so we have addressed that. But we still have to keep thinking about it in our publicity and how we reach that part of the student community. She's an interesting client because as she says, she falls between the two, or she feels she does, she doesn't know where she fits. It might be easier for her to come and deal with those issues than it is for some others. The other thing is she wanted more education at the beginning about what counselling was and wasn't. Maybe I am able to think about that. The assumption is that because we have been doing it so often we assume people know what is supposed to happen, but they don't. Those are my main impressions.

Phoebe: What would you say about clients needing more explanation about what counselling is? We do tend to make assumptions about what the client thinks, so your response seems very open and flexible. I don't know how you would respond to the idea that there should be more of an explanation of counselling at the start? Or does, as some counsellors suggest, the process speak for itself?

John: Maybe not just a spiel at the beginning, but you need to be aware that there are difficulties, that they may need more education than you think. And maybe they couldn't hear the spiel at the beginning because they don't know what is going to come.

Phoebe: Your explanatory leaflet is quite brief, it is user friendly and says that anyone can come but, is the education process part of the literature preparation?

John: We can look at the leaflet again, but I don't think the leaflet is our main source of propaganda. I don't actually think people read it. I think that it's the talks we give, whether it is to particular student groups, but a lot say that when they heard about it and when we have given thought to promotion of the service, and I think when they talk about the fact that we have gone into their seminars, so we need to talk there about what counselling isn't as well as what it is. I don't know how much the tutors know or what they say to the students. They need to know what we do and what we don't do. Our assumption is that tutors in the medical school do know, but maybe they don't.

Phoebe: She says that as a medical student she feels she ought to know what counselling is.

John: In (my own) private practice I can get people coming and saying they want a bit of CBT so if you take that at face value and you respond to them by saying I don't do CBT then you are cutting off a whole area for that client. You need to explore what they think they mean and what they think they want. They don't always know what they are saying but they know they are coming wanting some relief from their pain.

Phoebe: This counselling with Vaishnavi feels like a very satisfactory conclusion, would you say?

John: Yes I think so. Yes, she didn't take it as a rejection that I didn't think she needed ongoing work, she took that as a positive reinforcement. On the other hand she did come for six or seven sessions which is our average, and I think that if she had only come for three it wouldn't have been as good. So I think it was about right.

Phoebe: So you feel that she fits into your pattern of clients, and presents a number of issues that many young people have to tackle?

John: Yes, I wish a lot more people would come to us who did have her sort of issues, because sometimes they feel this is trivial, but it does affect them very much. We do see a lot of students with much more severe problems than she presented. That certainly doesn't mean that I feel she shouldn't be using it. She certainly should. She was right to come.

Phoebe: When you say 'more severe problems', can you give an example?

John: Clients who are cutting themselves, suicidal, agonising questions about their sexuality, issues that affect their concentration and the everyday quality of their daily life.

Phoebe: Have you got the resources to give more than six weeks, or six sessions?

John: Yes, we do. Have you seen our annual report? *(Refers me to the current annual report)* I do say in that, it is one of the things I am very pleased about, we not only have counsellors who are trained to give long term work we also have the flexibility that you can be seen for much longer. On our case load if you like you might have somebody coming for a year or more, but certainly six sessions wouldn't be enough, and to refer them it's a question of whether they can find someone quick enough, and they might not take it up. We do sometimes refer them on at the end of a long period of time.

Phoebe: I'm interested in what you say about how one reaches the tutors and their grasp of counselling, as they after all have direct contact with the students. If they are not aware of what counselling can do they are not going to be giving out the right signals, are they? It's a question of educating them on issues of referral?

John: Yes, it's important to meet as many people as possible at staff meetings and so on. Sending literature is fairly useless, you've actually got to get out there.

Phoebe: She is interesting when she talks about some of the training in the medical school where the emphasis is on - cut and fix it, and the enormous room for attitude change needed there. You've mentioned this before in terms of young men and their attitudes to counselling.

John: She (Vaishnavi) does as well.

Phoebe: Yes, several times. This is partly to do with her own ex-boyfriend who saw seeking counselling as a sign of weakness or for the "neurotic".

John: This is true for a lot of young people and particularly young men, particularly in medical school. They think they should be helping others, not given help

themselves. But also the ethos of medical school is very strong, that to be a good practitioner you need to look after yourself. It's still a battle that needs continual fighting, but we have support on that.

John: What she said about where we are located is an interesting dilemma in that we don't want to collude with that fear that it is such a taboo that we should be down some dark corridor behind a car park where no one can possibly see anyone coming. We've got to be part of the student community and try to bring it out in the open. On the other hand it is a big deal coming to seek counselling. We can't pretend it's not, and should be. But getting it right between the two is very difficult. I think it is pretty good where we are, because it could be so much more public if we were opposite the bar where people were congregating. That would be very difficult, but if we were on a different floor we wouldn't be part of the student body, so I like where we are. You just have to work with it - once the student gets themselves in here - try and work with the fear. If they tell you. If they tell you they've come by a circuitous root and are frightened of being seen...

Phoebe: You've already talked about the development of this service and the environment in which it is set. Is there any further point you would like to make about this research?

John: I suppose if she comes back and you haven't finished your study, it would be interesting for you to know that. I also like that about this client group, that it's appropriate that they can dip in and out of counselling, that it isn't resistance, it is just age-appropriate.

Phoebe: And you find they do?

John: Yes, some do come back. I like that aspect of it. It's a bit like they can come home, but it doesn't mean they have to stay at home.

Phoebe: Yes that seems a very positive and flexible way of doing things and she responds well to knowing that's an option.

John: She needed to know that.

Phoebe: Well thank you John very much.

End of interview.

Appendix 35 – Ron (Returned open-ended questionnaire)

1. What were your main expectations/hopes/concerns about seeking counselling?
   About yourself?

THAT IT WOULD HELP TO TALK ABOUT MY PROBLEMS AND TRY TO SEE WHEN IT ALL STARTED & WHY

About the counsellor?

THAT THEY WOULD HELP ME TO UNDERSTAND WHAT WAS HAPPENING INSIDE MY HEAD AND WHY

2. How did your perceptions of counselling change as you were in counselling?

I FELT TO START WITH WE WERE GETTING SOMEWHERE – THEN I FELT WE WERE GOING OVER THE SAME GROUND ALL THE TIME

3. What is your view now about your reasons for going for counselling?

BECAUSE OF MY DEPRESSION AND OTHER HEALTH PROBLEMS I AM UNSURE WHETHER I WOULD WANT TO GO AGAIN.

4. How were your aims in going to counselling met?

IT HELPED TO TALK

5. In what ways were they not met?

I FELT I WAS JUST GOING OVER OLD GROUND & REPEATING MYSELF - I NEEDED SOMETHING POSITIVE TO COME OUT OF IT - & I FELT IT DIDN'T.

Appendix 35 – Ron (Returned open-ended questionnaire)

6. Would you seek counselling again?

   Yes/~~possibly~~/~~No~~

7. Can you give your reasons why, whether for or against counselling?

   FOR COUNSELLING: IT HELPED TO TALK TO A STRANGER - THEY ACTUALLY LISTENED TO WHAT I HAD TO SAY.

8. What changes would you make to the counselling system if you had the power?

   REGULAR MEETINGS WITH ALL PEOPLE CONNECTED TO MY HEALTH - A COUNSELLER WHO WOULD PHONE UP TO SEE IF I WAS OKAY & HOW I FELT AT ANY PARTICULAR TIME

9. Is there anything else you would like to say about yourself or about counselling? (please continue overleaf, if you need to)

   I HAVE A LOT OF QUESTIONS I WOULD LIKE TO HAVE A PROPER ANSWER TO REGARDING MY PHYSICAL & MENTAL HEALTH - BUT DO NOT KNOW WHERE TO TURN FOR THAT HELP I NEED A LOT OF ADVICE AT THIS PARTICULAR TIME I AM NOT GETING IT.

First name..RON.....Date 20-04-04.....

Appendix 36 - Dr. M.

Interview with Dr. M., GP referral agent and research participant
Client research participants referred by Dr. M: Ron, Eve.
Meeting place: Medical centre, Norfolk (country)
Date of meeting: 6.10.03

Phoebe:Have you seen Ron since I saw him? He had said 'I've quite a way to go; I am about 25 % there' and that counselling is benefiting him. Now he is leaving Acle and the area and says he is not continuing with counselling. This is an outcome.

MJN: He's faced a difficult problem, but somehow been empowered to make what most people would seem as an obvious and sensible decision.

Phoebe:I am cautious. This may be a positive outcome which sticks. I will see him in January, and do the retrospective and see how he is, what has and hasn't worked.

MJN: He is still in a relationship and he was able to make a difficult decision about moving away from a support network of relationships that was working well for him, albeit somewhat forced into doing it, financially. But he could have collapsed. He could have ended up as an inpatient again or he could have self harmed or he could have committed suicide, faced with what could have been very stark choices. But actually, compared with what could have been, he's got on with it, he has moved on.

Phoebe:This may be a period of consolidation, of letting things settle.

MJN: There will still be local services. I am sure there will still be access to counselling, and I am sure that could be picked up again if need be; it's not as if he is going to Siberia. So all those things are still possible, but the fact that he has faced a very difficult problem and was quite decisive about it, and that their relationship has survived, seems positive. I have seen it work very differently. Just in the last couple of weeks, a sixty year old, who has been married 40 years, his wife wanted to move back to the Midlands at the same time as their family. Such is his obsessional nature and anxiety that rather than move house and move near his family and his daughter, who has not been well, he would rather attempt suicide. The prospect of change, regardless of the logic or whatever at the age of 62 he decided to take an overdose to avoid facing that change and disruption when he was so committed to order...

Phoebe:But he is not having counselling is he?

MJN: No, because he doesn't see that there is anything wrong. It was a very angry gesture actually. If six months ago Ron would have known him, and we'd asked which one could have coped better one would have said the one who was a bit of a worrier, but didn't have Ron's former health difficulties or maintaining issues of practice that might drive him to retreat into illness or not to cope. Ron has grasped the nettle, and counselling is an important factor in this.

Phoebe:Penny seems to have been the right person for him at the right time, and your referral was at the right time. Penny's approach appears spot on for him.

MJN: Care pathways as we now call them are largely a matter of chance and the idea of having pathways and protocols and clinical governance is all very well but it remains a rather capricious process. Firstly the patient has to identify the need and present to the doctor, they then have to meet someone who recognises the context,

who has access to the right service and they have to be in the right personal relationship with the counsellor for that relationship to be effective. Although there shouldn't be luck in it there still is. Even after what is known about patients identifying needs of counselling within what in Norfolk is quite well provided for services, compared to other parts of the country, as an NHS counselling service. But it is still a matter of chance. It depends what you compare it with. You could compare it with nothing. Both (Eve as well as Ron) have put in a lot of effort. I am pleased for them. They are people who have applied themselves to really difficult mental health issues, and have benefited from the effort that they have put in. A crucial part is the counselling. The practice has dipped into its own pocket. We have recognised the need for finance for counselling. I don't think we have moved anything from anywhere else; we have just made less profit because we have seen it work.

End of interview.

Appendix 37 - Mary

Interview with Mary, client participant
Counsellor: Sharon, Voluntary sector, Norwich (city)
Date of meeting:16.08:04

Phoebe: I wonder if you can remember anything about our last meeting, because we met in this room last October?

Mary: Not at all...

Phoebe: You were quite upset.

Mary: I am not sure. A lot has happened since then.

Phoebe: A lot has happened?

Mary: I can't remember what we discussed.

Phoebe: No...*(pause)* I think it was at a point when you and Sharon were kind of...she was saying to you well, you're just telling me about your day and she was trying to urge you to go a bit deeper and you were saying, 'well, I'm here for counselling. I'm here to talk about my day.' And she was saying 'yes, but what about therapeutic work?' and you were saying 'well, what is therapy?' I thought therapy was...talking, and she was trying to push you to go a bit deeper, and then you were saying, well I did go deeper today and it was very painful and I don't know if, I'm not sure I want to go there. There was a bit of conflict between you. Does that ring a bell?

Mary: Yeah, it does...*(long pause)* when she was wanting me to go deeper I didn't want to because it was because of me...it hurt.

Phoebe: It hurt?...

Mary: Yeah, it did and I knew that what she was saying was right, but I didn't want to face that hurt because I had blocked that out...and bringing it back up, one, I couldn't see the logic of bringing it up, two, I could, because I needed to get out of ...because of these things that had happened to me; but I didn't want to do it because I haven't done it to anybody before, and it is just so hurtful and I just felt that Sharon's trying to hurt me now by being...yes we did have a few sessions where I just didn't want to go. I do miss Sharon. It's three weeks ago since I last saw Sharon, but I do miss talking to her.

Phoebe: So you do feel that pushing you was actually helpful, though you didn't want to go there at the time?

Mary: Yes, I could see it was helping me but at that particular time, I couldn't. I was coming away from here so hurt and so upset....*(Mary went into another voice)*: 'what do you want to talk to me like that for? What did you do that for?' *(Then she reverts to her normal voice.)* There were two or three meetings like that. It was like, I won't go back to that...It wasn't just that it was getting personal, it was just that I had had to shut all them feelings away, about things that had happened to me because basically there had been no one to let it out to, or no-one that I trusted. That's what it was, no one I trusted, so...I ain't going down that road, then I would give a little bit and then it would go further. Then I thought 'I don't want to go to therapy if I end up crying my eyes out'. It was terrible. *(Her tone lightens and she laughs.)* That's how I remember it now.

Phoebe: You found that it did help you...?

Mary: It did help me, yes. I would have liked to continue with it because of everything that I am going through now. But I just can't afford it. I know it's only five pounds but I can't afford it. Circumstances have changed so much, financially, that I had to finish it, which was only another couple of weeks. I just felt like I was losing a friend because I had confided in her.

Phoebe: So in a way you felt best you end it before she does?

Mary: Well I knew it was coming to an end anyway, and just how things were going with me I felt I can't just afford to give this fiver away, although I was getting something back from it, I just couldn't afford it, I thought I'll just have to stop.

Phoebe: Money is a real, real problem?

Mary: Yes it is because I have to income support my.....my marriage has just broke up and I am staying at my daughter's.

Phoebe: So you don't have your own house?

Mary: *(Mary speaks in a very low tone, exhausted voice)* No. I have my grandson at weekends which doesn't help because my daughter gives me no support, we fight all the time, so it's up and down, up and down

Phoebe: So there are a lot of pressures on you...?

Mary: I've been to the mental health access team and they are going to put me in touch with someone who does CBT

Phoebe: Yeah...where is that?

Mary: At St Stephens.

Phoebe: How regular is that?

Mary: I don't know, he just sent if off at end of last week

Phoebe: So what do you feel about that?

Mary: I am not sure what it entails. I don't know a lot about it

Phoebe: Are you going to ask them?

Mary: Yeah...

Phoebe: So they have just said you will go for CBT, cognitive behavioural therapy?

Mary: Yeah.

Phoebe: Do you think we could come back to what you were saying about trust? You were saying, you know, that Sharon you felt was pushing you at a time when you had never told anybody anything of these things. You were saying it was a question of trust. So do you feel she's got your trust?

Mary: Yeah. I felt near the end we'd sort of got...well I would think it was a friendship and I looked forward to coming to see her. I know I gave her all the crap...

Phoebe: This is what I felt a bit when I came in October and I kind of stumbled in on your relationship with Sharon. You were here to talk about the load of crap that you were putting up with, and she was saying, but you're not here to offload you are here to work with me....?

Mary: Sharon...At that time I didn't think Sharon was giving me any feedback. You know, I thought sometimes when I came to the sessions, I thought what does she want me to tell her today? If she instigated the conversation then that's fine, I can get into it... But sometimes she didn't and I'd think 'well, what does she want me to say?' you know. What are we going to talk about? Sometimes we didn't say a lot, other times I was just unloading to her and she was trying to get me to break the circle that my life was going round, and I don't know, I think whatever, but I couldn't see the circle being broken because of how my circumstances were...and she was trying to say 'well what if you done this?' I'd say 'well no, I can't do that', I was all 'I can't, that's not possible', and she

was trying to say that it is possible, but I couldn't see it from her point of view, and I don't think she could see it from mine, so it was stalemate.

Phoebe: And how long do you feel you were at stalemate?

Mary: Quite a few weeks.

Phoebe: And then it changed, did it?

Mary: I really can't remember, honestly.

Phoebe: No, but something changed? Because you moved from not trusting to trusting?

Mary: I mean it didn't have to be Sharon. It could have been anybody. I wouldn't have opened up my life to anybody.

Phoebe: You wouldn't? But then you did?

Mary: No. But then as the weeks went on I thought 'I've got to'...it was like I was testing Sharon (*Quietly*) Well if I tell her that....*(then louder)* I know she doesn't tell anybody about me but she might say 'Oh Mary down there, you ought to hear about her!'. I know you confer between you, but it was as if I was testing her, like I would tell her something and for some reason I thought *(she says this firmly)* if I *ever* hear that this come back, then I'd leave and never come back. I have to build her trust up slowly...yes, and that took quite a few weeks to do, because I'm not the type of person that will open up and just tell everybody things that.

Phoebe: If you did tell her something and somehow it got back that would be the end?

Mary: *(Firmly)* Yes.

Phoebe: And that has happened to you before?

Mary: That has happened so many times that I don't trust anybody...

Phoebe: No. But it's kind of ended up ...do you feel that she changed? She changed towards you, she gave you more feedback?

Mary: There was a time when I felt actually Sharon didn't like me. I don't know how it was...that was how I felt...I felt I don't want to go back there. 'I don't feel comfortable, Sharon', and I am sure she didn't feel comfortable with me, and then I thought 'it's me, I'm imagining things', you know. Then I thought 'I've got to go, I've got to go, this is what I came for'. I asked the doctor for it, but it wasn't what I thought it was going to be. When I had a breakdown in '92 and I was in hospital I saw a psychiatrist and I somehow expected it to be like that. You know, where they sort of get you talking, and tell them a little bit and they find out about you, and I actually thought it was going to be like that, but it wasn't. It was a case of 'I'm in this room and I'm thinking (*inaudible*) what is this? ...sometimes I never done anything that changed from one week to the next...I don't know, and sometimes I'd just loved coming for the peace and quiet because I wasn't getting any quiet in my life, coming here, that little room for that hour, there's no traffic, there's no screaming kids...

Phoebe: Just a bit of peace?

Mary: Yeah, and I used to think I don't want to talk about this, because I just wanted to be quiet.

Phoebe: So one can come to counselling then for a lot of things, well just to feel this is where nobody can get to you... you can kind of rest and be yourself?

Mary: (*Quietly*) I did enjoy coming, up there, it was beautiful, I don't get that at home.

Phoebe: So you went back in time and you said 'this is why I came to counselling'. Why did you come initially?

Mary: Probably because how my life was going, I was getting affected by things that happened in childhood. And you don't actually think about that when you are a

teenager. It's when you get older and you think 'why did I do this and why did I do that?' and it's like all these things coming back to me.

Phoebe: It was as though things were coming back from your childhood to haunt you?

Mary: I felt I really should put it to rest, I suppose.

Phoebe: And how far do you think it's done that?

Mary: Quite a bit, *(with conviction)* quite a bit. I still have fears and that... sometimes it's dreadful...but it has helped a lot. Because you can't talk to anyone when you are a child. You grow up bottling it inside, and that is what I had to do. I had to let it out somewhere or other didn't I?

Phoebe: So it came out here with Sharon?

Mary: Yeah. I didn't like to cry...I hated the thought of crying, I felt so weak.

Phoebe: And did you feel others would judge you? Were you judging yourself?

Mary: I thought I was weak, I thought others would think I was as well.

Phoebe: It's not done to cry in your family? *(Long pause as though she doesn't understand the term family.)* That's just me, I don't know what you can say about the rest of the family, we had a scattered upbringing, but to me it's a sign of weakness if I break down and cry, or whatever, and when things happened I used to cry. If something really bad did happen I would cry...*(the next sentence is inaudible, but it seems the memory is very painful.)* And that's the way I would build myself up and when somebody starts to get to me personally, then I think 'I can't handle that'. I can take anything physical you like, but I can't take (the personal abuse).

Phoebe: Then you crumble?

Mary: Yeah...

Phoebe: Do you cry a bit more easily or less uncomfortably now?

Mary: I can't say I cry easy...I've had hard periods in my life, and I am quite vulnerable and emotional anyway, and It wouldn't take a lot to start me off again.

Phoebe: You said you missed Sharon now, but you said you couldn't continue anyway as she had to end it so...so what did you feel about this ending?

Mary: When she first told me I thought *(said almost in a whisper, shocked tone)* 'you can't do that! You can't do this to me Sharon.' I didn't say that to her but that's what I thought. 'You can't do this' and I felt sort of frightened, I suppose. 'Who am I going to talk to? How many weeks have I got left? How am I going to cope?' I couldn't believe she wanted to just end it, I mean she did give me kind of a clear warning. I suppose she did though she sort of dropped it on me. And I don't know how long I expected it to go on for, and just didn't think it was going to end when she said. I think at that particular time I shouldn't have ended it because of what I was going through. I just needed an outlet. You know, I didn't have one for three weeks.

Phoebe: So you kind of just stopped it yourself?

Mary: Yeah well, financially I couldn't afford it anyway.

Phoebe: So there was no winding down? It had to stop because you were in a hole financially, living with your daughter, kids all around?

Mary: I did say I would keep in touch with Sharon, drop her a letter, stuff like that.

Phoebe: On the phone you said you weren't ready for it. You said 'Oh well I could see somebody else, but I don't want to'.

Mary: No I don't think so because of the money. It wasn't just the money. I couldn't then start a session with someone else. I'd warmed up to Sharon and she knows

what my life's about, what has happened and I couldn't sit there and start all over again with someone else.

Phoebe: What do you feel about going for CBT?

Mary: I don't know what it's about...I went to that meeting at the mental health place and they sent me a lot of leaflets through. I haven't read half of them. I had to go to the doctor's to get another prescription and then he said that there was a letter there from the hospital about CBT, and I thought 'well I've got to move and it will get me out of the house for a little while'.

Phoebe: That's on the national health?

Mary: Yeah... *(Her mobile rings and she tells the caller she is 'having counselling' and she will ring back later.)*

Phoebe: The CBT is something that is going to happen?

Mary: If I don't like it I won't stay. I don't know if you are all in a group or just on your own. I don't know.

Phoebe: So though your life is chaotic at the moment it sort of feels...that you are coping?

Mary: Some days I don't feel as though I am coping...I spend a lot of days just sitting in the park...peace and quiet, or get myself out because me and me daughter are arguing, we aren't speaking to each other, but there is nothing else I can do about it.

Phoebe: I get the sense that personal circumstances, financial circumstances coming together with change of circumstance here with Sharon leaving has led to a somewhat overhurried ending?

Mary: It probably has. I don't know what we would have talked about during the last two or three weeks, but as you say, we got so far and then it was chop *(she says this in a flat tone, emphasing 'chop').*

Phoebe: It still feels like chop?

Mary: *(In a brighter voice)* Sometimes, but then I think 'what else would we have discussed?'. Probably when I first started seeing Sharon she was trying to get me out of this circle that my life was going around....and looking back now, but at the time not, I probably could have got out of the circle if I had pushed myself a little bit more but I couldn't see it when Sharon was talking about it. A lot of it is that...I'm frightened...I hate going to new places, meeting new people...and the thought of doing that...I might not be able to get out and I have this fear that I'm going somewhere and not knowing how to get out. If I had to go through a lot of corridors here to get to this room I would be thinking 'is it this room, is it that?' I don't ...that's a fear from my childhood...being locked in the coal cellar...not being able to get out....and even if I'm in a night club, I must be near the door or in a pub I must be near the door so I can get out. There are funny little things like that that keep coming back....So the thought of going somewhere new and not knowing...is quite daunting for me.

Phoebe: What about St. Stephens?

Mary: I didn't like that, I thought it was going to be one-to-one and there were all these people coming in and I thought what's going on here?

Phoebe: People coming in?

Mary: There was three of them, two women and one man, and I said to this woman, I don't know if she was a nurse or something, 'well, what is he taking notes for?' And she said he was 'learning' and I thought I don't want them to know about... I don't want him 'learning' on me.
(We both laugh. Pause and then a shift of focus:)

Phoebe: I'm trying to find out what you feel about counselling after you've ended here, and what you feel needs changing.

Mary: The poor people shall we call them, like me, if they need counselling, it depends on price range doesn't it? If you are well off you can afford the top and if you are at the bottom of the league then you have to get what you are given...you can't afford it. So there are a lot of people out there who do need counselling who can't afford it, so they go without because they've got to pay. I think for people who are on income support or parents they shouldn't be charged for counselling because it's got to be out of their income or out of whatever they have. It's like me, I mean I can't spare that five pounds, yet I'm quite happy to come to the finish of it. I am quite sure that if I was paying thirty pounds I would get seen dead quicker. Different to getting a freebie.

Phoebe: Do you think that if you've got money you get better quality counselling?

Mary: Of course you do. Money buys you everything, doesn't it! You can buy anything with money. I'm not talking about non-materialistic things and that, but if you've got money you can get into whatever you want to.

Phoebe: Do you think if you had paid thirty pounds you would have got better counselling than paying £5.00.

Mary: I probably would have. I'm not saying that Sharon is...you know...at the bottom scale of that...that's how I personally feel, if you are willing to pay, if you go private you get that...because you are paying for it. On the national health you may have to wait eighteen months, two years.

Phoebe: And you don't think the quality would be as good when you get it?

Mary: It probably would be, yes, it's the social classes...

Phoebe: You feel at the bottom of the pile?

Mary: Yeah, yeah...I had a hell of a job trying to get counselling somewhere.

Phoebe: Yes, you had to wait a long time, and you weren't keen on coming here...

Mary: I thought it was all being religious and I thought 'oh I'm not going down that road. I've been down there and it didn't do much for me'.

Phoebe: But now you've gone through the process, this is a year on, do you think there is any change... in your attitude to counselling?

Mary: I think there should be more counselling, more widely available...

Phoebe: You think it is valuable?

Mary: Yes it is *(says with conviction).* Obviously when you are going through counselling you come out and think *(said ironically)* 'cor I achieved a lot there didn't I!' And it's not until later on and you think about the session, and you think, yes, she was right about that but you think, you don't think things at the actual time. *(Said quietly and reflectively)* It's a valuable part of life having that...counselling

Phoebe: Yeah and you are saying that being able to trust the counsellor is a key thing?

Mary: Definitely....I've got what I call best friends, but they don't know half what I have been through. I mean its not because I don't want to tell them...I would trust them with anything, but not my personal things....and if Sharon was to break my trust in any way, well that would be it...I wouldn't even go to another counselling session.

Phoebe: With anybody?

Mary: *(Emphatically)* No.

Phoebe: Stepping back a bit, is there anything you would change...in the counsellor?

Mary: I think I would have wanted her to be a bit more responsive to me... like you know how me and you are talking now. You can say something and then I can

say something about what I think. I wish it had been like that with Sharon sometimes, say what I think, but I didn't and I think that's why the conversation came to stalemate. I was sitting there waiting for Sharon to say something and she was looking a bit 'wincy'.

Phoebe: You like more spontaneous feedback?

Mary: Yeah...Sometimes when she did, the answers weren't what she wanted or whatever...

Phoebe: You felt she had an idea of what you wanted that somehow you weren't giving her?

Mary: Yeah because she would say...'well I tried to go down that avenue last week and you didn't go there, you put a block up'...I thought we would go back to it later, but we didn't.

Phoebe: So that is something that you would have liked to change, and that was something that was there when you and I met before, but you got more to trust her, but always with the feeling, you were a little bit scared, that she better not break faith we me?

Mary: Yeah I don't trust anyone completely...

Phoebe: But do you feel you can always come back here if you want to?

Mary: But by the time I get back into the system the problems of whatever I have got will have gone. I needed it at that time, that is another part about it, it takes so long to get accepted for counselling. The thing is you need counselling at that time, when you are going through a bad time. I feel if I have to wait, then I'm going to be dead by that time.

Phoebe: You need it immediately, you can't just put it on hold?

Mary: I think there should be more places opening up for counselling. Just up the road there they are thinking of opening a mental health place, a hostel. We've got all the neighbours opposed to it. Oh we don't want them on our doorstep. That really riles me up that does. Yes because just because people have mental health problems doesn't mean they are mental. You know that is how a lot of people see it as they've never been down that road.

Phoebe: Are you thinking that there is a lot of fear of people....

Mary: There is a lot of stigma that goes with it.

Phoebe: Did you feel that stigma?

Mary: No because I very rarely talk about it

Phoebe: Nobody knows, but you feel that it's there?

Mary: Yeah I think if they see me walking in here they think 'what has she gone in there for?' you know, and I've thought 'well I could be a cleaner couldn't I!'

Phoebe: What about the image of counselling on TV and in the newspapers?

Mary: It's a lot more open to what it used to be...

Phoebe: It is changing?

Mary: It is changing but not very quickly...I mean until something like that happens in your own family you don't understand what that person goes through. And if you talk to those people....I have tried to slit my wrists when I was nineteen, and you're sitting there in the pub and having a laugh and that, and they're talking about Joe Bloggs saying he's tried to top himself, its even worth *that!* I think I've tried that and then I get all self conscious of my arms...you know it is silly remarks like that.

Phoebe: They are very dismissive of him trying to kill himself?

Mary: They don't know what that person was going through...we all go around pretending we are happy when we are not. Yeah I'm fine, and you? If you let people know how you feel they say 'get a grip'.

Phoebe: Get a grip, that is what they see as a sign of weakness that you were talking about? Thank you Mary, you have talked so clearly about how difficult it has been and yet how necessary it has been and how important it is for so many people...so it isn't just a question of money is it...are you saying it is also a question of attitude?

Mary: Attitude is a big factor. You know, even on telly if you see someone trying to kill themselves or take an overdose depending what company you are in, well personally when I see it I can relate to that person and then understand what they are going through, but the normal person if they are watching it says 'look at that bloody idiot', and I'm sitting thinking 'it's not like that...' then I think to myself 'he's got to trust me as well as that person there'. Nine times out of ten if they've never had mental health problems at all before and you say something, they look at you as if they think you are a waste of space...you know 'she's come for tablets, as long as she is on them she's happy'....you know it's sad really the different way we look at things. *(Then she laughs and uses her reflective tone of voice.)* It did me good to go to Sharon...yes, I did tell her a few things! *(We both laugh).*

End of interview.

Appendix 38 - Sharon

Interview with Sharon, Mary's counsellor
Meeting Place: Voluntary sector, Norwich (city)
Date of meeting: 25.09.04

Phoebe: I think Mary is saying what she was saying as far back as October, that she had come to recount whatever was going on her life, to 'dump' on you, and you were saying: 'just a minute, I am not sure we can carry on like this' and you were having a discussion with her about therapeutic work, about her going a bit deeper. You were kind of probing there and she was saying: 'it's all too painful, I did go a bit deeper and I didn't like it', and it seems that that was the beginning of what you saw, and she did in retrospect, of her starting to...

Sharon: go a bit deeper...

Phoebe: And a little bit of her starting to take responsibility for herself?

Sharon: A little bit, on and off. Yeah when you came in last time it was a little bit of a catalyst for that to happen, and to go a bit deeper, and that was the perfect time in a way.

Phoebe: How did you go from there?

Sharon: It just carried on with me clearly putting the ball in her court: 'I am here to do therapy with you, you are to receive therapy, what does that mean to you, how can I help you?' That sort of thing, which she found very challenging. So she became quite defensive and that in itself made the relationship more real between us: 'What is it you want?' putting it very straightforwardly. That brought up all sorts of stuff and that's what we worked with. 'Oh well, you know, what do you want from me, I'm trying to get it right for you, it's all on me, what do you want?' It just made us put our cards on the table, sort of thing. And I'd ask her how it felt for her. She felt like she was getting it wrong, that if she didn't get it right for me, play the game, that I would reject her. This brought up all kinds of good stuff really, and I kept doing that every time it got into just coming to the session and then just dumping and then going. I just said very clearly what was happening. I guess it kept just doing that cycle again and again and again. I can't say it went continuously to a deeper level because it didn't. It was something to refer to. I'd say 'here we are, it's happening again, here we are just chatting again'. It continued like that right up to the end, you know.

Phoebe: Was the end in sight early on?

Sharon: As soon as I knew I was going I gave her two months' notice...this was May, June, something like that.

Phoebe: In my notes last autumn it seemed that you were saying things were really beginning to move forward and you could start talking about an ending. Then it seems there was a backtracking?

Sharon: Mmm, she never said that to me, though she had a lot of opportunity. I'd ask 'how does it feel?' and it was just about that time that she said she was paying ten pounds a session or something. That was the minimum. It was only because I was downstairs in the office when she arrived I discovered she was paying only five pounds. I was a bit shocked because I never knew she was

paying only five pounds. At that time we were told that if clients were paying less than ten pounds then only offer six sessions, short term. This centre couldn't afford to take people longer term for five. They can afford to do that again now. So at that time there was the issue of the money which was making me think it can't go on like this for ever. I'd been seeing her for about a year, and there was me feeling 'I'm not sure how much longer I can work with her. I'm not sure I can commit myself to being there indefinitely'. That was the thought in my mind. I hadn't thought about doing anything about it then, and I knew I was going away. It might be best all round if we end. I'm glad it was that rather than the money problem, you know.

Phoebe: Do you think she did change during the period of counselling?

Sharon: Well, with me she changed.

Phoebe: Her life did change outside of the sessions, and then she got to trusting you, but it seems she was still scared of trusting you.

Sharon: *(tentatively)* Yeah... *(reflective tone)*

Phoebe: But outside the sessions things changed?

Sharon: It's hard to know isn't it? She used to come and tell me that it was everybody else's fault...they need to change and if they won't change then I will never be happy...a big kind of circle of blame. I drew this circle on a piece of paper for her once illustrating her belief that she can never be happy if others don't change. 'What does that mean?' She said that basically she has the right to be angry with other people and that is her purpose in life...so I have said: 'is that your choice, is that what you have decided to do, to keep blaming everybody else?' She said 'yes'. But it was interesting that these things didn't go in, but then afterwards sometimes they did, because I remember once she came in and said something about a policewoman, and she said 'I remember a light bulb went on and you had said something about taking responsibility.' Someone else had said the same. Yes, she suddenly thought 'ahaa'...so it had gone in on one level even though it appeared to me that it had gone straight over her head.

Phoebe: She said: 'I didn't know, and then I realised Sharon was right. I didn't know it at the time'.

Sharon: It was a lot about taking responsibility...

Phoebe: When I said to her: 'are you glad you went for counselling she said oh, yes very, very much. It was very, very valuable...for living'. That was coming from her. She had a lot going on for her and all the problems about money...

Sharon: When she came and said she couldn't pay I thought 'she can't handle the ending'. But it's not just about the money. She had said she was living with her daughter and not having to pay any rent, so it didn't quite add up. But I thought it was a good thing that she had taken control, and she had taken control of the ending rather than be at the mercy of other people. She gave me a hug at the end which totally surprised me.

Phoebe: After the session when I'd turned the tape off she said 'I really like Sharon...see, I wasn't mean about it her, was I?' She said this challengingly and really laughing. She said 'I really worry about Sharon, she is so thin.'

Sharon: *(She laughs, delightedly. The whole tone of her comments and observations change. She becomes much softer, much less impatient with Mary, much warmer)* Really?

Phoebe: So she got to be really attached to you.

Sharon: *(Sharon continues in a much more tender tone)* Well we did get to work well and I felt that we connected best when I was challenging her and ...sometimes

she would say that she wanted advice, you know she blamed me for not giving her advice. A few times I'd mess up and try and give her advice or I'd ask what would happen if I did give her advice. Something happened once about her saying 'I can't do this and I can't do that'. I said something about getting information on cookery courses at the college, and I remember her saying: 'Ah see, I can't because...' and she gave me a reason, really pleased that she had caught me out. I said this is what happens when I give you advice, you sit there laughing, you are really happy when you can't follow my advice. I said 'you want advice but when you get it you don't want it'. Sometimes it was really good and sometimes it was infuriating. I said 'sometimes it feels like you are talking into a tape recorder. I am just a tape recorder. You don't require anything of me. You don't even remember my name from one week to the next'. Right at the end she missed a session...didn't let me know. I phoned to see if she wanted another session. She said 'Sharon who...? Ah I am busy that day. I will be there next week'. I felt she was really testing me, because I was the one that was ending it. She did that, missed a session and didn't let me know and didn't seem to care...although she had to pay for it. She did other things as well. One day she come in and said she had been to her doctor's because she had been so depressed. He was going to refer her to a counsellor, which she said 'would be really good for me because then I can go into some of my childhood issues, which I have been needing to do'. I said 'well that is really interesting because I have been trying to open up that area for quite a long time. It's a shame that you feel ready now and haven't felt ready before', and inside I am thinking 'you're really trying it on to get me to react'.

Phoebe: What is your feeling about her overall? Would you say it was a worthwhile experience?

Sharon. Yeah. I think for her it was, and for me it was a test of being patient and finding creative ways of being with her. I think my supervision helped. She was one of my earlier clients. I saw her for an hour. I now see her for 50 minutes. I find an hour is too long, and for Mary it really was too long, and I did find sometimes when she kept going on and on and on and saying 'it's not my fault' and not even acknowledging me, and I found myself looking at the clock and thinking that time is going slow. But then I'd take it to supervision and I would come out with different ways of working in the session.

Phoebe: She was hard work?

Sharon: She was hard work, and often I'd think she wanted a befriender and not a counsellor, but just to see that she has got something from it shows that it was therapeutic doesn't it?

Phoebe: What about this issue of befriender, who is not a trained counsellor, could it be helpful say at the initial stages?

Sharon: Absolutely. I think if somebody is willing to do that, knows what they are offering, that they are offering befriending it could be really valuable. I guess my trouble comes from my not offering what they are wanting. I have to think 'can I manage to give this when it is not really what I am offering?' If someone comes for a massage but really wants counselling I find that really difficult because I'm offering a massage. If someone comes for counselling then I wouldn't find that difficult because that was what I was offering. There are befriending services, places that offer befriending, so it could be somewhere to refer people to who didn't want therapy.

Phoebe: That in itself is really helpful. There was an instance when there were tensions between you and her and then it was kind of highlighted by my coming in, but then you've both kind of stuck with it and she has been really regular.

Sharon: Yes, very regular.

Phoebe: She needed *you*, she probably needed a therapeutic worker?

Sharon: What do you mean?

Phoebe: If she had just been talking to a befriender she might not have got beyond offloading....I have to think more about it myself....

Sharon: I see your point. I think it is an interesting issue and I have to ask myself honestly, am I big enough to do this...The will might be there to kind of help everybody, but actually is it possible and sometimes it isn't. So am I big enough to just be there and witness, which is really what a lot of what it was with Mary, then it could have a massive effect, couldn't it? If I am not big enough just to witness, but wanting something back, some sort of progress, something back. It's unfortunate that there is some conditional stuff in there, but at least it is honest...*(she laughs)* it might be something to aspire to, to be completely unconditional with someone. But I am not there yet so...

Phoebe: This does seem germane to the whole question of whether you can be both befriender and therapist. Yes, there are going to be times when things don't work so well, aren't there?

Sharon: I guess that's why boundaries are so important because it is very clear that this is what I can offer. I can imagine that as a therapist gets bigger, gets more experience, better, that boundaries can perhaps lapse a bit. I've just found out that the person who trained me on my course and who I really looked up to and she was really into 'don't touch the client ever', all the boundaries that you hear about. And a friend of mine who is seeing her for counselling said 'she hugs me every session and she goes over by 15 minutes every session and she tells me I can phone in between sessions if I want to and in breaks'. I guess that her boundaries have got less just because she is a really good therapist.

Phoebe: How important are endings do you think?

Sharon: Really important. Well it was an ending. She came to the session. She didn't not come. What is the perfect ending? Maybe for her the best ending was to be in control of the ending.

Phoebe: Something is worrying me. She has been referred for CBT.

Sharon: She had to go to the doctor for more anti-depressants. I don't think for a minute she will go for CBT. She just doesn't think like that.

Phoebe: Do you know much about her medication?

Sharon: No, I don't know what they are called. She's on anti-depressants and sleeping tablets. She also takes a laxative. That was another thing, she eats a lot, takes laxatives and then gets rid of it all again and she offered this to me one day, she told me all this and then its ok. I didn't say 'why have you told me all this?', but I said 'it's interesting that you brought this to a counselling session' and she said, all matter-of-fact, 'this is what I do'. She didn't want to change it at all, she said 'this is what I do'. So why offer that to me if she didn't want to change it? So I am left...well, with concern for her health. I am left with the worry and she just says 'this is what I do. That's how it is.' *(Sharon laughs, expressing also her frustration with Mary).*

Phoebe: Is there anything else you'd like to pick up on?

Sharon: That bit about the money was interesting, about her being at the bottom of the pile.

Phoebe: This whole money and payment business varies so much from one counselling service to another.

Sharon: If she valued it so much that she thought she couldn't survive without counselling, but it cost twenty five pounds a session – for that would be loads of money for her wouldn't it - I recognise she'd work a lot harder having to get that money together. Instead she paid just five pounds.

End of interview.