

Chapter 1: Systems, Counselling and Psychotherapy

1.1 Counselling and psychotherapy as social organisational activities

In psychology it occasionally happens that a particular perspective, or way of organising events, comes into vogue and finds application across a wide variety of specialised areas of psychology. Learning theory is an obvious example of this. Researchers in a variety of areas claim learning theory as the theoretical framework upon which they have ordered their findings without regard for the evident fact that there is no coherent, unified set of principles which could unequivocally be identified as "learning theory". As Weitzman (1967) argued in his analysis of "learning theory" (as it was then being related to behaviour therapy and psychotherapy): that which is said to be "learning theory" amounts to little more than a few explanatory principles weakly related to each other. Nonetheless, there seems to be an almost irresistible appeal for systematisers in psychology to align themselves with particular "perspectives" (after Price, 1972, pp 7-19) imposing a pre-established harmony on the data which they are "seeking" to organise.

The most recent perspective to come into widespread use in psychology is that of "systems theory". Areas in which systems theory has recently found application include: psychotherapy (Howard and Orlinsky, 1972; Moos and MacIntosh, 1970); psychopathology (Gray, von Bertalanffy, Rizzo and Duhl, 1969; Wertheim, (1972); organisational psychology (Ackoff and Emery, 1972; Katz and Kahn, 1966); family processes and family therapy (Coles and Alexander, 1971; Jackson, 1967); human communication (Watzlawick, Beavin and Jackson, 1967).

The development of systems theory in its present form is generally attributed to the work of von Bertalanffy (1950a). It was subsequently applied to engineering and commercial planning (Hall, 1962) and to physics and biology (von Bertalanffy, 1950b; Weiss, 1969). Within these areas it has a reasonably well defined character and mode of application. Weiss (1969) defines a system

as:

"... a rather circumscribed complex of relatively bounded phenomena, which, within those bounds, retains a relatively stationary pattern of structure in space or of sequential configuration in time in spite of a high degree of variability in the details of distribution and interrelations among its constituents of lower order ... the complex is a system if

"the variance of the features of the whole collective is significantly less than the sum of the variances of its constituents ... the basic characteristic of a system is its essential invariance beyond the much more variant flux and fluctuations of its elements or constituents". (p 12)

While the terms "system", "systems theory" and "systems analysis" tend to have reasonably unequivocal referents in the early definitive works, at the level of application, particularly in psychology, the reader is left with the impression that the only way in which these instances of application are related to each other or to the original formulations is in the use of the terms "system", "systems theory" and "systems analysis". One reaches the conclusion, therefore, that "systems theory", as this finds expression in psychology, in no way represents a theory, but rather a model or analogical way of understanding a set of events.

The analogical nature of systems theory approaches to areas of psychology can, perhaps, be seen in the following reference to the use of systems theory in organisational psychology:

"All social systems, including organisations, consist of the patterned activities of individuals. Moreover, these patterned activities are repeated, relatively enduring, and bounded in space and time. If the activity pattern occurs only once or at unpredictable intervals, we could not speak of an organisation. The stability or recurrence of activities can be examined in relation to the energetic input into the system, the transformation of energies within the system, and the resulting product. In a factory the raw materials and human labour are the energetic input, the patterned activities of production the transformation of energy and the finished product the outcome. To maintain this patterned activity requires a continued renewal of the inflow of energy. This is guaranteed in social systems by the energetic return from the product or outcome. Thus the outcome of the cycle of activities furnishes new energy for the initiation of the renewed cycle".

(Katz and Kahn, 1966, p 17)

A number of writers have proposed the application of systems theory to the understanding of individual and group behaviour (von Bertalanffy, 1967, 1968; Koestler, 1969; Pentony, 1973; Weiss, 1969). Open-system theory emphasises the close relationship between a social structure and the supporting environment: without continued energy input the social structure would soon run down. Thus, the critical basis for analysing social systems is through their relationships with their maintenance-energy sources.

Almost all social structures depend on human effort and motivation for their maintenance energy source. The other major relationship implied by the system's functioning is its processing of inputs to yield some outputs utilised by another system. Just as the industrial enterprise produces goods for the consumer and the hospital provides services meeting the health needs of the community, so the agency offering counselling and psychotherapy must provide services seen by the supporting community as meeting its needs.

In an application of systems theory to an understanding of social events we can see that this implies a model or analogy of an event-structure involving the importation of energy and raw material from the environment, the transformation of this raw material and the output of the product to the environment such that the cycle is re-energised.

At this point, it is obviously necessary to examine this model or analogy in terms of its applicability to the situations in which activities regarded as counselling and psychotherapy take place. With activities identified as "psychotherapy" this is relatively easy: psychotherapy, identified as such, is clearly the concern of a particular group of professionally trained persons supported by the community - psychiatrists, psychologists, psychoanalysts and social workers, and takes place under the auspices of an agency, a clinic, a centre or a publicly advertised service. In this light, there seems considerable justification in concluding that the event-structure implied by the term psychotherapy would fit the model proposed above.

As far as counselling is concerned, the situation is less clear. In the Introduction, it was stated that the terms counselling and psychotherapy would be used interchangeably. However, this would not meet with universal approval. Vance and Volsky (1962) wrote concerning counselling that:

"the ambiguity of the term is a perennial topic of discussion, in dignified journal articles and learned symposia as well as in coffee cup seminars without notable progress in the direction of agreement". (p 565)

Orr (1965) declared in his opening chapter that:

"Counselling cannot be precisely defined. It is not a single activity nor is it the province of any one profession. The usual dictionary definitions ... are too narrow in scope". (p 3)

He then proceeded to cite seven examples of counselling activity. When Orr's examples are carefully examined it is obvious that they fall into three natural groupings which intuitively seem able to accommodate all possible situations in which counselling activities could be said to take place:

Type I situations: in which the activity clearly identified as counselling has been socially sanctioned as the primary concern of the persons engaged in those counselling activities (e.g. university counselling centres; vocational guidance offices; child and family guidance clinics; marriage guidance services; mental health centres).

Type II situations: in which activities intuitively regarded as counselling take place in a setting in which other activities are seen as the primary concern of sanctioned activities occurring within that situation (e.g. general medical consultation; legal consultation; pastoral care; employment agencies; ante- and post-natal care clinics; the classroom).

Type III situations: in which a "talking cure" (after Halmos, 1965, p 3) is sought informally, solely on the basis of the actual or implied personal attributes of the person approached for assistance.

The term counselling tends to have been indiscriminately applied to all three situations. It is apparent that the systems model proposed would strictly apply only to Type I situations in which an activity, clearly designated "counselling", was taking place within the context of an agency or office maintained by some segment of the wider community for the primary purpose of enabling counselling activities to be carried out by individuals designated as "counsellors" by the agency or office.

Situations fulfilling this requirement would include:

- (i) counselling services in educational institutions
- (ii) vocational guidance offices
- (iii) child and family guidance clinics
- (iv) community and youth counselling services
- (v) mental health services
- (vi) individuals who advertise their counselling services, soliciting clients.

It may be the case that the essential aspects of counselling activities in Type 11 and Type 111 situations are the same as those occurring in Type 1 situations. This would be a matter for subsequent investigation, since the model derived from systems theory does not appear to have the analogical qualities to readily incorporate situations of the kind implied by Type 11 and 111. The systems-theory model of counselling and psychotherapy as a social system comprising event-structures which meet a community (environmental) demand and are therefore maintained by that community, is intended to apply to psychotherapy and to counselling as this occurs in Type 1 situations: that is, counselling and psychotherapy will be regarded as social organisational activities, in the general "system" sense of the term "social organisation".

It is quite apparent that, while they did not articulate it in this manner, Howard and Orlinsky's (1972) framework very closely resembles the model proposed here: both have the input - process - output - cycle re-energisation event-structure of the kind proposed on page 11. (See Howard and Orlinsky, 1972, p 621).

One of the features of open systems theory which has been attractive (von Bertalanffy, 1950a; Koestler, 1969; Pentony, 1973) in applying it to social organisations and to individual organisms has been its capacity to incorporate a hierarchical principle to account for order and purpose exhibited by the system. As we come to look at counselling and psychotherapeutic activities in terms of social organisations there is an obvious need to look more closely at the components of the system to discover its internal structure. Parsons (1960) proposed a number of sub-systems which taken together made up a system.

Activities concerned with the through-put are the function of the production sub-system. To ensure the continuity of the process supportive

sub-systems develop to (a) obtain the raw material from the environment and return the finished product to the environment, and (b) ensure a favourable environment by relating to other systems in the environment. For the system to survive, maintenance sub-systems develop to sustain the system. Since the environment in which a social system functions is constantly changing, adaptive sub-systems develop to generate effective responses to environmental pressures. Finally, all the sub-systems must be coordinated to function as a unified system and this requires a management sub-system.

Figure 1 below is a schematic representation of the social organisation and its component sub-systems in relation to its supporting environment.

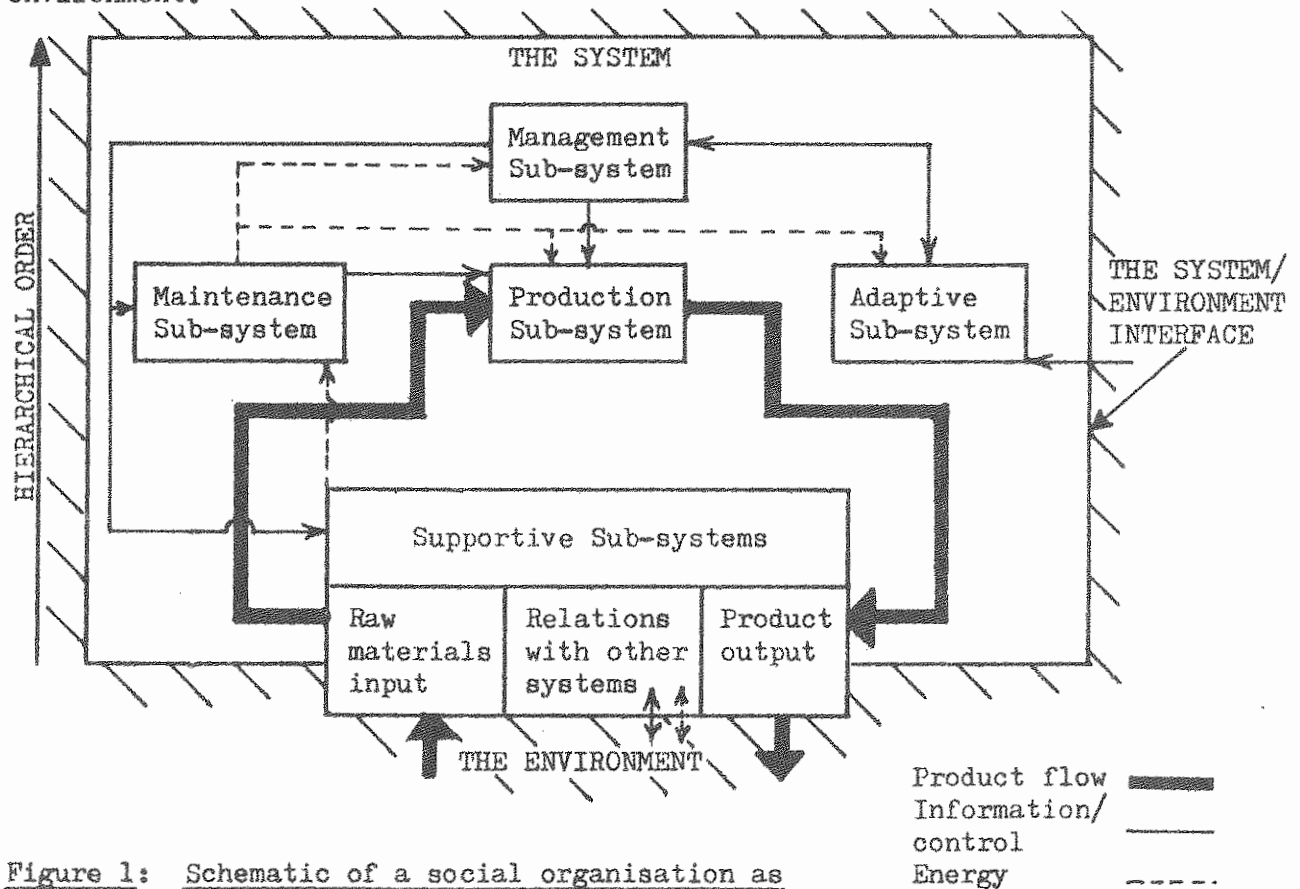


Figure 1: Schematic of a social organisation as a system and its component sub-systems

So far in this section, care has been taken to "bound" counselling and psychotherapeutic activities such that they can appropriately be regarded as social organisational activities, employing a model derived from systems theory. The component sub-systems which make

up a social organisation were then listed and will be discussed in the next section. However, considered as patterned inter-dependent activities of human beings, social organisations are also characterised by roles, which differentiate one person's function from another, and by norms and values which integrate members of the organisation. These features are important, for social organisations are essentially contrived systems. As Allport (1962) makes clear, a social system is a structuring of events or happenings rather than of physical parts, and it therefore has no structure apart from its functioning. It is the nature of the relationships between members of a social organisation, rather than the attributes of the members themselves, which provide the constancy of action which differentiates the social organisation from its environment.

Thelen (1960) has proposed three pressures which bring about constancy of action among members of a social organisation:

- (i) Environmental pressures: task requirements perceived as pressures from the environment induce coordinated action by organisation members;
- (ii) Shared values and expectations: people having goals in common and similar expectations about paths to these goals engage in common activities;
- (iii) Rule enforcement: formal prescriptions develop in social systems, the violation of which invites sanctions.

In applying this to the present discussion of counselling and psychotherapy, the work of Selznick is of interest. Selznick (1957) distinguished between "organisations" and "institutions", on the grounds that the latter have taken on a kind of superordinate value over and above their actual utility:

"There is a close relation between 'infusion with value' and 'self maintenance'. As an organisation acquires a self, a distinctive identity, it becomes an institution. This involves the taking on of values, of ways of acting and believing for their own sake. From then on, self-maintenance becomes more than bare organisational survival; it becomes a struggle to preserve the uniqueness

"of the group in the face of new problems and altered circumstances. To summarise: organisations are technical instruments designed as means to definite goals. They are judged on engineering premises; they are expendable. Institutions, whether conceived as groups or as practices, may be partly engineered, but they also have a 'natural' dimension. They are products of interaction and adaptation; they become the receptacles of group idealism; they are less readily expendable". (pp 21 - 22, emphasis added)

As Pentony (1970) has observed, Selznick's "organisations" and "institutions" seem to lie on a continuum of development: organisation undergoing metamorphosis to institution. In the example under discussion, counselling and psychotherapy as organisational activities, we might be justified in asserting that Selznick has erred in failing to differentiate between institutions as groups and institutions as practices. As Howard and Orlinsky (1972) noted, psychotherapy has a cultural dimension (which finds its chief expression in the professional journals and monographs). We would seem justified in equating this dimension with Selznick's notion of the institution-as-practice. This is clearly distinguishable from the institution-as-group, which in our present case would be the particular social organisation offering counselling and/or psychotherapy. We can easily conceive of the situation in which a counselling organisation has not become "infused with value", while the members of the organisation may have infused the institution of counselling with value. In this way, we could perhaps most simply regard the counselling organisation as an expression of the counselling institution. Thus, the forces influencing role behaviours of counsellors and psychotherapists in the organisation, the norms prescribing and sanctioning these, and the values in which the norms are embedded, will have two interacting sources: the first source will derive from the value-infused institution of the practice of counselling and psychotherapy; the second source will be the environmental pressures and interaction derivatives peculiar to the organisation in question. In some cases, it may be that the members of the organisation in question come to regard it as being not so

much concerned with environmental pressures but rather with being the repository and custodian of the institution of counselling and psychotherapy practice - in this case the counselling organisation would truly have metamorphosed into a counselling institution. Examples of this might include the Esalen Institute, the Counselling Centre at the University of Chicago in the 1940's and 1950's, and the National Training Laboratory at Bethel in the 1960's.

Summarising: participants in the counselling organisation will undertake a variety of tasks, according to their role in the organisation, such that the functional requirements of the organisation's necessary sub-systems are fulfilled. Participants will have three interrelated bases for coordinated effort giving the organisation its characterising consistency. The participants will firstly be tied together by interrelated roles, then the normative requirements for these roles will constitute an additional pressure for constancy, and the values inherent in the goals of the organisation furnish a final basis for integration. The participants will hold beliefs and attitudes in common about aspects of the organisation's functioning, which in most cases will amount to a doctrine about appropriate behavioural requirements for members. The substantive justification for this doctrine will be of two kinds: (i) transcendental, moral or sacred values derived from the institution of counselling or psychotherapy; and (ii) pragmatic values associated with the functional requirements of the particular counselling or psychotherapeutic organisation in its environment.

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The fact that counselling and psychotherapeutic activity is being considered from an organisational viewpoint in this paper does not mean that only multi-counsellor/therapist units are under discussion. In considering counselling as an organisational activity the emphasis is on functions, not on "parts" in a spatial sense. Therefore the actual number of persons making up the counselling unit is immaterial. In a functional unit consisting simply of one person (as, say, at some of the smaller developing tertiary institutions) this would be regarded as an organisation in which one person carried out the

five sub-system tasks and assumed a number of roles. The essential aspect of the organisational conception of counselling is that counselling has an "identity" related to the distinctive function required of it by its environment; once this condition has been met it is immaterial how many persons are members of the organisation: an increasing number does not make it "more" of an organisation.

In this paper it is proposed to examine a particular instance of counselling activity to explore how the "organisational" framework developed to this point can be applied to counselling activities. The university counselling service has been selected as the particular example, partly because of the wealth of published material available, partly because of the present writer's interest in the field, and partly because it seems that ideas generated by the activity of university counselling services have been so influential in the way counselling is currently conceptualised.

1.2 Counselling and psychotherapy as an organisational action-system: university counselling services

The formal provision of a counselling service within tertiary institutions is basically a North American phenomenon. In the United Kingdom the main emphasis, until quite recently, was on the provision of help for mentally distressed university students within a medical framework (Frederick, 1973a). In most respects, the development of counselling services in Australian tertiary institutions closely parallels the North American situation (Frederick, 1973b). Of course, counselling in North American tertiary institutions, as a formal activity, did not come into existence in isolation from the development of provisions for formal counselling activities in other contexts. Nelson (1963) compiled a list of the historical antecedents to the present range of formal (Type 1: see p 12) counselling facilities. The list includes the commencement of medical social work in the Massachusetts General Hospital in 1905, and the formation of the National Vocational Guidance in 1913. Nelson's summarising comment was that:

"Professional counselling has developed as a response of society to the increasing prevalence of personal-social problems: juvenile delinquency, unemployment, alcoholism, old age, crime, mental illness, divorce etc."
(Nelson, 1963, p 14)

The widespread provision of a formal counselling service in universities is generally attributed to a change after World War II in the nature of university study: increase in the student enrolment, expansion of the curriculum, widening of vocational choice, increase in the research commitments of academic staff.

"One result of these changes was that there was a greater need for counselling but fewer administrators and professors had time for, or an interest in, talking with students regarding their personal concerns".
(Nelson, 1963, p 10)

In a report on student problems in North American universities, Farnsworth (1964) presented the following summary:

"For every 10,000 students, 1,000 will have emotional conflicts of sufficient severity to warrant professional help;
300-400 will have feelings of depression severe enough to impair their efficiency;
100-200 will be apathetic and unable to organise their efforts;
20-50 will be so adversely affected by past experiences that they will be unable to control their impulses (character disorders);
15-25 will become ill enough to require treatment in a mental hospital;
5-20 will attempt suicide and
1-3 will succeed". (reproduced by Gallagher, 1970, pp 28-29)

The preceding discussion is intended to introduce the idea of the formalised counselling service in the university as a response by a community (in this case, the university population) to a perceived need. In a discussion of the role of the formalised counselling service in universities, Demos and Swan (1970) proposed that students at university require individualised personal attention in a variety of problem areas apart from those directly concerned with their course of instruction. Demos and Swan differentiated three areas of need: (i) academic programme planning; (ii) molecular difficulties - housing, finance, health, recreation, transport; (iii) complex personal problems. In distinguishing complex personal problems from the other

two areas Demos and Swan contended that:

"... a third type of problem area remains. Some students have problems which are of such complex, involved and highly personal nature that help in one or two specific and rather obvious areas is not sufficient. Rather, a re-assessment and re-orientation of the student's total situation is often in order. Psychological counselling is unique in that it takes this global view of the student. It may emphasise different areas in the process of counselling, such as vocational or educational, but its primary function is to help the student learn and apply knowledge about himself in the total context of daily living".

(Demos and Swan, 1970, p 4)

In viewing the counselling service as a social system, then, the environment in which the system operates is the university (which, of course, can itself be regarded as a system functioning within a still wider community environment - in which case the counselling service would be regarded as a sub-system of the university: elements of a system may themselves be systems of lower order - Hall, 1962). Persons from the environment availing themselves of the service constitute the production input (usually 10 - 20 percent of the total student population; Frederick, 1973b). The maintenance input is the human effort invested by the counselling service staff. The budget of the counselling centre, in the form of salaries paid to counselling centre staff and expenditure on buildings, facilities and equipment, which maintains the counselling operation, is provided by the host educational institution. In North America, counselling centre budgets of \$250,000 p.a. are not uncommon (Frederick, 1973b). The majority of persons employed as university counsellors have a professional background in psychology, though backgrounds in education and social work are not uncommon (Frederick, 1973b). Most counselling centres have support-staff providing receptionist, secretarial, clerical and research assistance (Clark, 1970): this is intended to free the counsellor from the need to participate in activities seen as peripheral to counselling and therefore boring, tedious or unnecessary.

The supportive sub-system of a university counselling service is principally concerned with the delivery to, and utilisation by, the university environment of its services, and incorporates publicising, referral and liaison/

advisory activities. Most university counselling services have some formal method of making themselves known on campus. As far as can be ascertained, all Australian university counselling services make use of a brochure describing the services provided. Clark (1970) reported on a survey of major university counselling centres in North America. Among the information sought were methods of publicising the centre, and the results are set out at Table 1 below:

Table 1: Methods of Publicising the University
Counselling Centre (Clark, 1970, p 40)

<u>Method</u>	<u>Percentage of Centres</u> <u>Using this method</u> (N = 36)
Student Newspaper	54%
Freshman orientation	48
Word of mouth	40
Contact with faculty	40
College catalogue	33
Pamphlet	25
Talks to student groups	25
Dormitory counsellors	21
Student Handbook	19
Displays	10

In the same article, Clark (1970) reported on the source of referrals to major counselling centres in North America (p 41). Seventy eight percent of the survey respondents indicated that most clients were self-referred. The second most frequent source was peers and friends, and the third was administrative and academic staff. Medical practitioners were the least frequent source of referral. Counselling centres at Australian universities tend to report the same pattern (e.g. Counselling Centre Report, A.N.U., 1970; Counselling Centre Report, Newcastle University, 1973).

In the majority of cases, students availing themselves of the counselling service return to the general university community with no specific referral. The survey of North American university counselling services cited previously (Clark, 1970) indicated that a health service was the most frequent referral destination followed by psychiatrists in private practice and community mental health clinics. In the Australian situation it seems that academic staff are a frequent referral destination (e.g. Counselling Centre Report, Newcastle University, 1973).

Relationships with other functional units are generally maintained by (i) liaison with committees dealing with student discipline and academic standing; (ii) participation in committees concerned with student welfare; (iii) provision of a consultancy service to administrative and academic staff in specific problem situations (Gallagher, 1970). Recent discussions of counselling centre operations have laid great stress on the way in which a counselling unit is regarded by members of the university community:

"It cannot be over-emphasised that the reputation of the counselling centre is a major factor determining whether the centre can fulfil its responsibility to the student having difficulty ... The term image is somewhat less desirable because of past usage. Reputation does not quite hit the mark either; however, the centre maintaining strict confidentiality, a professional posture in other ways and completely honest and open procedures and policies should, other things being equal, gain the desired respect and confidence of faculty, students and administration". (Gallagher, 1970, p 19)

"Satisfaction" by the university community with the counselling unit's performance as perceived results in the continued support of the unit, thus completing the cycle and re-energising the system.

The production sub-system of the university counselling service is concerned with those activities seen as being the primary function of the unit. The survey of North American university counselling centres cited previously (Clark, 1970) yielded a list of activities with which counselling centres were directly concerned - see Table 2 below.

Table 2: Counselling Services Provided (After Clark, 1970)

<u>Service</u>	<u>Percentage of respondents offering the service (N = 36)</u>
Vocational counselling	92%
Educational and occupational information service	89
Academic and educational counselling	85
Personal adjustment counselling	81
Foreign student orientation	73
Reading and study improvement courses	58
Psychotherapy	50
Psychiatric service	12

Articles by Clark (1970), Gallagher (1970) and Frederick (1973a, 1973b), plus inspection of counselling centre reports from several Australian

institutions (A.N.U.; Canberra C.A.E.; Melbourne; Monash; Newcastle; Sydney; U.N.S.W.; W.A.I.T.) clearly show that the major task-accomplishment activities of university counselling centres are:

- (i) assisting students in developing solutions to educational and vocational choice problems;
- (ii) providing personal support in individual crisis situations;
- (iii) offering assistance to individuals experiencing social and/or emotional inadequacy;
- (iv) providing diagnostic and remedial assistance in reading and comprehension, English expression and study skills;
- (v) providing a variety of small-group activities generally concerned with improved interpersonal communication.

Any attempt at a definitive statement as to purpose and actual procedures of these task-accomplishment activities immediately encounters great difficulties involving disagreements about the theoretical, ethical, moral and pragmatic bases of the nature, aims and procedures of counselling. It would probably be acceptable to the majority of counsellors to say that these activities are intended to bring about adaptive change (however defined) in the person(s) availing themselves of the services provided.

The management sub-system of a university counselling service is concerned with coordinating the different activities and programmes of the counselling centre, allocating workload to staff (where appropriate), formulating operational policy and allocating resources to meet the university community needs (Weisbrod, 1970). In most instances this function is vested in the "director" (in some Australian institutions "senior counsellor"). Frederick (1973b) has commented on the extent to which the "director" affects the operation of the unit:

"The operation and philosophy of each counselling centre, both in America and Australia, reflects its own institutional setting and the imprimatur of its director very noticeably, and probably accounts for more of the variation between services than any differences in theoretical orientation and objectives". (Frederick, 1973b, p 1, emphasis added)

Decisions likely to markedly affect the operation of the unit relate to issues such as investment of resources in prevention versus remediation (Foulds and Guinan, 1969); emphasis on "growth" activities versus therapeutic activities (Gallagher, 1970); and use of non-professional counsellors (Frederick, 1973b).

The adaptive sub-system of many university counselling centres often appears poorly articulated. Many counsellors express a concern over ensuring an appropriate response by the unit to changes in community needs, but such responses often seem to be based more on informal contact with members of the university community rather than on active ongoing information-gathering programmes intended to elicit areas-of-need.

The need for an active approach to adaptation and change becomes clear when the nature of some of the changes being forced on counselling units by their environment is considered:

"There have been several quite serious attacks on some counselling centres by students, claiming that the counsellors are misguided agents of the establishment, committed to manipulating the deviant and the dissident back into the stereotyped mould; "do not adjust your mind, reality is at fault" is a characteristic slogan. Such charges ought not to be dismissed lightly. They are symbols of both the changing needs and values of students (and of society itself) and are fuelled by a greatly increased public sophistication about mental health practices and alternative approaches. Students, in particular, know a great deal in this area and are not to be fobbed off by professional one-upmanship. They are also putting pressure on counselling centres to develop very practical extensions of welfare services; pregnancy and contraception counselling, draft resistance counselling, support for gay lib and women's lib groups, involvement with social issues campaigns, and help with academic and administrative reforms are some examples, and such pointed demands put the counsellor very much on the spot about his own value systems".

(Frederick, 1973b, p 5)

The preceding discussion of counselling centre "sub-systems" and their implications for counselling activities as defined within the counselling unit have been summarised in Table 3 over:

Table 3: Organisational Features of the University Counselling Service
Viewed as an Organisational System

Sub-system	Function	Concern	Mechanism
1. Production	Task accomplishment: facilitation of "adaptive change" in the individual	Effectiveness: accomplishment of the unit's purpose	Development of criteria for acceptance, treatment, termination and referral elsewhere
2. Maintenance	Keeping the unit functioning: mediating between task demands and member needs	Continuity: maintaining a steady operation	Formalising various activities into legitimised procedures
3. Supportive	Transactional exchanges at the <u>interface</u> of the unit and the university community: (a) "attraction" of clients (b) referral of clients (c) obtaining support and legitimation from the university community	} manipulation of specific parts of the environment (c) "global" environmental manipulation to achieve integration into the environment	} Creation of a reputation or image (c) contributing to the general life of the university community, influencing other aspects of the university system
4. Adaptive	Research, development, planning	Relevance to community needs	Gathering information and making recommendations to the "management"
5. Managerial	(a) resolving intra-organisational conflicts (b) coordinating functions (c) coordinating community requirements and organisational resources	(a) control (b) compromise and integration (c) organisational survival, optimum use of resources, expansion of capabilities	(a) use of organisational authority (b) concessions, establishing bases of adjudication (c) increase product flow, add functions, restructure organisation

As previously indicated, a social system is the patterned interdependent activities of human beings and these are characterised by roles, norms and values. Roles differentiate one position in the system from another; norms and values are shared by the members of the system. Norms have an "ought", "should" or "must" quality about them, values furnish a rationale for these norms. In discussing the university counselling centre as an organisational system, it is relatively easy to identify and clarify roles, but rather less easy to do so for norms and values. It should be noted that system norms and values are a group product arising from membership of the social system in question, and thus are not necessarily identical in all respects with the privately held views of an individual in the system. As Katz and Kahn (1966) have phrased it: "they are the standards to which reference is made for judging acceptable and unacceptable behaviour of relevance to the system " (p 52).

The organisational roles of participants in a university counselling unit are relatively clear-cut: support staff - typist, receptionist, clerk, research assistant; counsellor - vocational, educational, general; director or senior counsellor; client. Each of these role-titles denotes a class of behaviours appropriate to role membership within the counselling organisation. The critical roles for the purposes of this paper are those of "counsellor" and "client". There has been some work done on the role expectations of counsellors by clients (Price and Iverson, 1969), but information on organisational role behaviour is very difficult to obtain. One source which seems useful, both to provide role information and norm information, is the various self-descriptions of counselling services in the form of university handbook entries, publicity brochures and administrative procedures guides. It is emphasised that these are not being considered from the viewpoint of their effect on potential clients, but rather as organisational self-descriptions of normative behaviour.

The first and foremost norm for the counsellor is clearly that the counsellor will help. The second norm seems to be that the counsellor be

genuinely concerned with the individual's problem. A third norm is that the counsellor be "professional"³ (this is not clearly articulated, but seems to carry the implication of behaviour in a special, efficacious way seen to be making use of a body of specialised skills). Two other norms stressed are confidentiality and the absence of compulsion or coercion exerted on a person to "make" him become a client.

Three norms seem to apply to clients. The first is that the offer of help be accepted. The second is that no self-blame should be contingent upon becoming a client. The third is that counselling be judged by the client to be of benefit.

There seems to be no comparable source of information on counselling organisational values legitimating these norms. The closest approximation we have is descriptions of the value systems of individual counsellors, e.g. Carkhuff: "Credo of a Militant Humanist" (1969a); Ullman: "Beyond the Reinforcement Machine" (1970). These show many marked divergencies in value systems legitimating counselling behaviour, and this undoubtedly accounts for much of the divergency in theoretical formulations of counselling and psychotherapy (Rogers, 1961; Stefflre, 1965). Howard and Orlinsky (1972) coined the phrase "therapeutic belief value complex" to describe these value systems. The therapeutic belief value complex incorporates a view of human nature, an ideal of human fulfilment, a theory of psychopathology, a theory of therapeutic efficacy and a view of the qualifications of a "helper". While all theories of counselling and psychotherapy seem able to be re-cast in this format, the question remains as to whether a comparable value complex can be extracted to characterise the counselling organisation. It seems that it can. Drawing on the original suggestions of Patterson (1967), it is believed that all university counselling units would include the following in their organisational "ideology":

3 There is an interesting paradox here: it seems to have become fashionable for counsellors to publicly eschew specialised techniques and be simply "real people" - at the same time implying by a kind of meta-communication that their role as a counsellor makes it more likely that they will be simply a "real person"!

the endorsement of which, and subsequent expression, uniquely characterises the action system of the counselling unit and distinguishes it from all other formal functional units of the university system:

- (i) People with a variety of conditions called variously neuroses, disturbances, maladjustments, conflicts, inadequacies, experience distress and pain;
- (ii) This state of affairs is undesirable and warrants attempts to change it;
- (iii) Such a person while responsible for his life situation ought not to be blamed;
- (iv) Such a person is capable of changing, at least to some extent;
- (v) There is an expectation by the counsellor that the person will change, and there must be a confidence by the counsellor in his activities.

These five conditions, then, are advanced as the values which characterise the ideology of the university counselling organisation. Thus, it seems reasonable to make the point that clients availing themselves of the counselling service will be exposed to this ideology as expressed in the total operation of the counselling unit, as they are affected by the operation of each one of the sub-systems outlined earlier.

* * * * *

Summarising: counselling as a formal, societally legitimised activity arose as the response of particular communities to particular needs seen as not being met in other ways. Thus, the activity of counselling antedates theoretical formulations. Because of the way in which the formal activity of "counselling" is carried out in organisational contexts, there seems justification in considering it as an organisational activity. This finds focal expression in one of the organisational sub-systems, the "production sub-system", but is actually interrelated to the other four sub-systems such that counselling, from an organisational viewpoint,

involves the role behaviour of two classes of participants in the organisation's activities: professionals called counsellors, and members of the university community called clients. This role behaviour is an expression of an organisational ideology about human suffering and what ought to be done about it.

It is proposed to suspend this aspect of the discussion of counselling and psychotherapy at this point and turn in the next chapter to an examination of empirical studies relating to the university counselling unit, in order to shed more light on the process involved.

Chapter 2: Counselling as an Organisational Activity: Studies of University Counselling Services

2.1 Outline of the analysis

This chapter will consider recent empirical studies of counselling activity within the context of university counselling services. The studies are presented in the framework of counselling viewed as an organisational action-system developed in the previous chapter. This is not with the intention of "proving" that an organisational analysis is "best", but rather to see if a useful picture of the counselling process emerges from this form of analysis. The studies cited have, of course, been drawn from the literature selectively, usually for their relevance to the distinctive operation of a counselling service on a university campus. In many respects the analysis is unsatisfactory, for the most part because the variables involved in an analysis of this type have not been adequately investigated.

In 1973 the Editor of the Journal of Counselling Psychology wrote concerning the narrowness of coverage of variables which seemed to typify the type of study reported in that journal:

"Seldom do papers report studies of counselling goal and process as related to counsellor and counsellee characteristics and behaviour: the primary variables in counselling research are the characteristics and behaviour of the counsellee, including his problem, the characteristics and behaviour of the counsellor, the setting in which counselling occurs and the outcome of counselling, which is another aspect of counsellee behaviour. Seldom do studies consider more than two, and practically never more than three, of these dimensions".

(Berdie, 1973)

In the course of this chapter it will become clear that viewing counselling as an organisational activity occurring in a host-community provides scope for broadening the basis of investigation along the lines suggested by Berdie. The order in which the analysis proceeds is:

(i) client input; (ii) management sub-system; (iii) supportive sub-system; (iv) adaptive sub-system; (v) maintenance sub-system; (vi) production sub-system.

2.2 The nature of the client input to a counselling service

Numerous studies have been undertaken concerning the nature of the input to the counselling service from the student population. These studies fall into three natural groupings: (a) accounts of the general types of stresses and difficulties which afflict students and which are presumably the occasion of help-seeking behaviour; (b) demographic studies of the characteristics of students who make use of the counselling service; (c) studies comparing users and non-users of the counselling service on a variety of psychological and demographic dimensions.

The problems faced by university students have been generally enumerated on the basis of clinical experience (Monks and Heath, 1954), and responses to student surveys (Wright, 1964). Houston (1971) carried out a review of the literature relating to the student experience in North American institutions, and concluded that:

"With but one exception ... the general academic area of students' lives is perceived to be the most stressful ... or fraught with the most problems ... This is to be expected since all students are faced with academic requirements. Although they do not concur as to order of importance, the reports describe a number of other problem areas, among which the most prevalent are peer relations including dating and making and breaking friendships, achieving a heterosexual adjustment, attaining autonomy from parents, and particularly for males, making vocational plans". (p 157)

McDonagh and Simpson (1969) wrote of the loneliness and social isolation of the tertiary student, which can lead to extreme distress. Viney (1974) has written concerning the anxiety experienced by new students entering an Australian university, hypothesised as being the result of the requirement to make a role-transition.

Some clear trends appear when demographic details of counselling service users are considered. It seems universally accepted that younger students, in their first year at the institution, make disproportionately high use of a counselling service (Baker, 1961; Collier and Nugent, 1965; Sharp and Marra, 1971). Five modal patterns of student input were isolated

on the basis of demographic data by Sharp and Marra (1971) in their North American settings:

- (i) female, married, with/expecting children, aged 20-22, "emotional problems", seen for 5 or more interviews;
- (ii) male, unmarried, seen for less than 3 interviews, "vocational/educational problems";
- (iii) "vocational problems", male, married, aged 18-19;
- (iv) "emotional problems", female, aged 20-22;
- (v) "educational problems", male, engaged, aged 18-19.

Sharp and Marra (1971) also claimed that the trend over the preceding seven years had been one of increasing proportion of problems classed as "emotional".

Several studies have examined differences between student users and non-users of the counselling service. Unfortunately, a variety of independent variables have been used, the majority of them having a rather speculative conceptual connection to the dependent variable of "approaching a university counselling service". Fischer and Turner (1970) found that internal locus of control and low authoritarianism were related to more favourable attitudes toward seeking therapeutic help. Jensen and Robb (1970) found that students using the counselling service exhibited more pathology on the MMPI than did non-users. In earlier studies employing the MMPI, Kleinmutz (1960a) found that students who sought psychotherapeutic help had lower scores on the Barrow Ego Strength (Es) and the K scale of the MMPI. Kleinmutz (1960b) subsequently developed an empirical scale of the MMPI (the Mt scale) which differentiated users and non-users of a student mental health clinic.

Thelen (1969) made use of Byrne's (1964) repression-sensitisation scale and found that students seeking therapy tended toward "sensitisation" in comparison with a comparable control group not seeking therapy. When individuals in the two groups were matched for "adjustment" on the CPI, subjects in the user group were clearly sensitisers and matched students in the non-user group were clearly repressors. Thelen (1969) viewed the R-S dimension as indicative of an individual's tendency to avoid or approach

stress. Pellegrine (1971) reported a similar tendency for counselling service users to be sensitisers and non-users to be repressors. Pellegrine's interpretation of this was that sensitisers have a greater vigilance with respect to threat and personal distress, while repressors tend to cope with their environment without feeling a need for recourse to help.

Sharp and Bishop (1973) demonstrated that comparisons of users and non-users of counselling services must take into account the presenting problem. They found differences on a social-emotional adjustment scale between users and non-users where help was sought for emotional problems (they noted that the overall difference was not great, however). No differences were found between users and non-users in those cases where the presenting problem was educational or vocational.

Comparisons between users and non-users on the basis of simple unitary measures of adjustment may give a misleading picture, as Armstrong (1969) demonstrated. Armstrong (1969) compared patterns of help-seeking between two groups of college students, both high-anxious: one group which sought counselling and one which did not. Each group was found to have the same number of intimate friends and outside resources, but those who sought counselling had indicated that they were less likely to approach their mothers or their close friends and more likely to approach a mental health professional for help.

Rossmann and Kirk's (1970) study also demonstrates the complexities of differentiation between counselling service users and non-users. In their comparison they found that male students who sought counselling differed from those who did not in experiencing more difficulties with their families and reporting more personal discomfort at university. Female students who sought counselling were distinguished by higher scholastic ability, low scores on an impulse expression measure, low income family background and an intention to pursue a career following graduation.

These studies are suggestive in their implication that a sub-group of the student population having particular characteristics constitutes the

main input to a university counselling service. Howard and Orlinsky (1972) implied that student counsellees were so solely as a consequence of their societal role as students:

"Those people who most frequently find themselves in need of psychotherapeutic education in our society are those whose major life roles require highly developed personal skills and emotional capacities for successful functioning: ... To this list must be added those young people whose socio-economic and educational advantages give them such a range of choice in shaping lives that they have both the privilege and the problem of 'finding' themselves".

(pp 658-659, emphasis added)

This proposition must be regarded as an inadequate formulation of the situation as it applies to the university counselling centre. It seems clear from the studies cited that, excluding simple cases of vocational/educational difficulties, students seeking help from a university counselling service differ from students who do not seek help in at least some of the following:

- (i) greater perceived distress;
- (ii) poorer coping skills;
- (iii) more clinical signs of maladjustment;
- (iv) more difficult role definition problems.

2.3 The management sub-system of a counselling service

No studies were located which expressly looked at the management sub-system of the counselling services. However, a number of reports clearly show the importance of the management function of a counselling service in determining priorities, treatment programme policies, and programme changes as adaptational responses to changes in the needs expressed by the host community.

Elton and Rose (1973) collected data on 157 North American university counselling services. They carried out a factor analysis of the data and demonstrated that knowledge of the size and characteristics of the host institution enabled prediction of the characteristics of the nature of the services offered by the counselling unit. Four clusters of

counselling services were identified and related to institutional size. Smaller institutions tended to have a counselling service which was identified as following a "traditional" pattern: the emphasis was on both vocational and emotional problems. This type of counselling service was the only major formal "helping" unit on campus and so had to provide a variety of services. The second pattern identified was labelled the "psychotherapy" pattern: the emphasis was on treating emotional problems, the institution was larger and the counselling service was associated with a psychology department, another "advising" unit providing academic guidance. The third pattern identified was labelled "vocational guidance": this was characteristic of the still larger institution which tended to have a separate psychiatric unit. The fourth pattern identified was labelled "training": this was characteristic of the largest institutions and provided extensive research and internship programmes for postgraduate students. As the authors concluded: "knowledge of size alone predicts the orientation of the centre" (Elton and Rose, 1973, p 179). This study seems to demonstrate clearly that the kind of activities denoted by the term "counselling" varies from institution to institution, the particular activities in any instance follow from policy (management) decisions within the unit, which policies themselves are a function of the demand-characteristics of the unit's "place" in the host-community.

In their study, cited previously, Sharp and Marra (1971) looked at certain characteristics of their client load:

"The purpose was three-fold; (a) to determine if clients seen at the Division of Counselling and Testing, University of Wyoming, were representative of the total student population; (b) to study the relationship between client descriptive variables, classification of client problem area and number of counselling sessions, and (c) to ascertain if the trends in problems presented by clients ... were continuing". (p 118)

The significance of this type of information for the management sub-system of a counselling service is expressly stated by these authors:

"Answers to these questions have important implications for the budgeting of time allotted to counselling, the characteristics of personnel selected and the fiscal planning of the centre and roles of the centre". (Sharp and Marra, 1971, p 117)

Wilcove and Sharp (1971) provide an interesting description of a question being raised by the management sub-system of a counselling service, and subsequent resolution of the question:

"Part of the concern which led to this study was a noticeable increase during the last few years in the proportion of the Division's clients who manifested emotional conflict problems. The Division had become fearful that it was perceived by the public mainly as a mental health centre".
(p 61, emphasis added)

Clearly, this shows that the "management" of the counselling organisation in question had a policy on the role of the organisation vis-a-vis the larger university system.

The counselling unit carried out a survey of 3% of the student population, their parents and a sample of academic staff. The survey used was the Counselling Appropriateness Checklist developed by Warman (1961). Students saw problems of college routine as most appropriate for the counselling service, followed by vocational choice problems and problems of adjustment to self and others. Parents and academic staff saw vocational choice problems as most appropriate, followed by college routine and adjustment to self and others. Counsellors saw problems of adjustment to self and others as most appropriate, followed by vocational choice and college routine. The investigators concluded:

"The results indicate that the Division's public did not have a mental health centre perception of the Division. Thus a proposed programme of re-education was not brought to fruition". (Wilcove and Sharp, 1971, p 83)

In this example we see a management decision not to take action previously regarded as necessary, such proposed action being calculated (from the perspective of this present paper) to re-define the activity of

counselling, as perceived within the particular institution, according to the managerial policy of the counselling unit.

Sue (1973) presented a somewhat related account of a change in counselling activities following a management recognition of a new area of need. Sue (1973) related how the counselling unit's records (part of the unit's "adaptive sub-system") indicated that few minority group students were consulting the centre. As a response to this, the heads of the various ethnic teaching programmes were consulted (an aspect of the unit's "supportive sub-system": that aspect which maintains favourable relationships with other systems in order to ensure continued input and thus survival); as result, it was concluded that:

"The lack of minority therapists and counsellors meant that minority students had to seek help from white therapists. Having to ask help from white individuals reinforces the feelings of personal powerlessness of minority individuals ... Minority students felt that their personal problems would not be adequately understood by therapists oriented to middle class ... Third, the clinic was identified with an 'establishment' institution". (p 73)

Following this, a decision was taken to train minority group students to function as peer counsellors.

Kitchener and Hurst (1974) wrote concerning a change in the orientation of counselling services at their particular institution. Their article begins with a discussion of general developments in counselling centre managerial thought:

"Counselling psychology in higher education is in a state of transition with two trends having emerged. The first trend is the growing involvement of counselling psychologists in preventative and developmental interventions in addition to traditional remedial types of counselling activities ... The second major trend has resulted from a broadening perspective of the impact a counselling psychologist may have on the university ... Supportive consultation with academic faculty has potential as one means of intervening in the university to facilitate student skill acquisition leading to greater student success". (p 127)

The authors described how, in 1971, a faculty member in the history department at Colorado State University approached the Counselling

Centre for assistance to teach his students to participate effectively in academic discussion groups. Following the pilot programme and subsequent revisions, the authors reported the Counselling Centre's functional policy, as now re-defined, in the following terms:

"(a) to provide students with the skills and attitudes necessary for achieving full success in their university experience; (b) to modify the university environment in the interest of making it compatible with, and supportive of, the educational experience according to accepted principles of learning; and (c) to conduct research on the student, the environment, and their interaction in order to provide a data base for the programmes of objectives (a) and (b)". (p 131)

The Kitchener and Hurst (1974) article is very significant insofar as being one of the very few accounts of a university counselling service presented within the context of a discussion of policy (management sub-system), relations with other systems (supportive sub-system) and evaluation (adaptive sub-system). The article concludes by relating the activity of "counselling" to the counselling organisation's functional policy:

"Counselling, however, can be exciting in working to teach both faculty and students the skills they need for full success and to prevent the tragedy of failure. When counsellors are at their best, they are intervening both in individual lives and at the institutional and community levels to facilitate constructive human development". (p 132)

Clearly, the management sub-system function operating within a university counselling service is extremely important. Discussions (Frederick, 1973b) of this function have tended to mention the importance of the personal attributes of the unit's director. However, studies such as those cited in this section show that other factors need to be considered, particularly those relating to the reconciliation of community needs with organisational aims. Reports such as that by Kitchener and Hurst (1974) show how management policy tends to be formed and how this operates to shape the ideology of the unit and therefore the form of its operating characteristics - "counselling".

2.4 The supportive sub-system of a counselling service: input, output, relating to other systems

As outlined in the previous chapter, the supportive sub-system of an organisational action-system is concerned with: (i) the continuity of input to the system, (ii) the return of output to the community, and (iii) relating to other systems in the community. Studies which have considered the input aspect of the supportive sub-system fall into 4 groupings: (a) factors involved in the decision to seek counselling; (b) the effect of referral source; (c) client expectancies of counselling; (d) the selection of applicants for counselling assistance.

A study by Rose and Elton (1972) is one of the few giving an estimate of client response to the services offered as a proportion of those students believed to be in need of the service. The investigators took Omnibus Personality Inventory test scores, available from the routine administration of the OPI to an entire entering class, and isolated those students whose scores on the OPI most resembled the scores of personal-problem clients seen previously by the counselling service. This group was invited by letter to come and discuss the implications of the test. At the same time, identical letters were sent to a group of students whose OPI scores least resembled the OPI scores of clients seen previously. While significantly more of the "at risk" group (whose OPI scores resembled previous clients) responded than did the other group, the response rate for this "at risk" group was only 75 percent.

"These findings suggest that a counselling centre staff which accepts the responsibility of availability to those students most in need (-a management sub-system issue, it should be noted-) will direct its announcements and invitations to potential personal-problem clients first". (p 10)

This figure of 75 percent response rate could be used as an approximate upper-bound limit for the likely effectiveness of preventive counselling campaigns, since testing followed by individual invitation could reasonably be expected (in the absence of more definitive studies)

to result in a higher response rate than other less personal advertising of services.

Several studies have addressed themselves to the question of why students do not make use of a counselling service: that is, in what ways the organisation's input function of its supportive sub-system fails. Rust and Davie (1961) suggested that non-users felt that their problem was not appropriate for a counsellor, that they feared confidential information might be released to instructors, or that the idea of counselling was distasteful. Hoover (1967) reported that students with educational problems who declined to seek counselling help felt that it was preferable to solve their own problems; these students also apparently had more outlets for their anxieties than did the help-seekers. Rust and Davie (1961) found that for help with all kinds of problems friends were the first choice, parents second, and academic and counselling staff the third choice. Snyder, Hill and Derkien (1972) employed a questionnaire to elicit information about the non-use of counselling facilities:

"Stigma was reported to be of little concern in seeking counselling, and subjects said their parents and friends would approve if they sought counselling when they needed help. Depression, choice of major and the future were indicated as the most common problems; personal problems had occurred fairly often ... Although the subjects admitted having problems, they were undecided as to whether these problems were important enough to merit counselling. Subjects were favourable to the concept of counselling, and agreed that it was probably effective and tension releasing, but when given hypothetical problems they responded that for most personal and social problems they would seek help first from a friend, then from a close relative and never from faculty and counselling services, with the order reversed for vocational-educational problems. Information about the existence of the Centre as well as about the counselling process was consistently lacking". (p 265)

While this study gives a picture of the general student body attitude to aspects of counselling it does not, of course necessarily indicate factors which might prevent a student with real needs (as opposed to responding to hypothetical situations on a questionnaire sheet) from approaching a counselling service. Snyder et al (1972) concluded that

expressed tendency for non-use was largely due to uncertainty as to whether it was best to solve one's own problems or to ask for assistance (p 268).

Strong, Hendel and Bratton (1971) investigated students' differential perceptions of the counselling service at their institution vis-a-vis other sources of help.

"For students, the question is How do I view counsellors relative to other persons I could seek out to deal with my problems? Thus, a better research question is How do students view counsellors compared to other potential help givers?" (p 234)

Once again, the methodology employed made use of a survey, and the investigators summarised their findings as follows:

"Problems involving difficult relations with family and effective ways of handling personal problems may be brought to advisers or counsellors, but probably would be brought to psychiatrists. Getting along with friends, uncomfortable feelings and emotions, and sexual problems are clearly psychiatric problems, and are increasingly unlikely to be brought to counsellors or advisers".

"While students see little difference between counsellors and advisers, they do see counsellors as different from psychiatrists. Students perceive counsellors to be more friendly, polite, and warm than psychiatrists, which suggests they are more comfortable with "nice guy" counsellors. However, psychiatrists are more intelligent, decisive, and analytic. Psychiatrists know more and are more able than counsellors. Perhaps in keeping with their intense analyses, psychiatrists are more cold, humourless, and rejecting than counsellors".

"As all previous studies have found, counsellors receive votes of confidence in educational and vocational problems, but psychiatrists are seen as more appropriate resources for most personal concerns. However, counsellors are seen as potential sources of help in increasing self-knowledge and self-development. These results suggest that students to some degree perceive counsellors as counsellors would like: Counsellors are good resources for dealing with vocational and educational problems; they are also sources of help in achieving personal growth and with some specific personal problems. As the problems become more severe and difficult, the more knowledgeable, analytic, and intense psychiatrist is more appropriate. While counsellors may not be too bright and knowledgeable, they are warm, friendly, and polite people to talk with". (p 237)

Two studies have looked at ways of changing students' tendencies to use/not use a counselling service. Gelso and McKenzie (1973) concluded that written and oral information together can change student perceptions of a counselling service, but that written information alone simply reminds students of the service's availability without altering perceptions. Salisbury (1972) sought student opinions on the type of problem appropriate for differently titled counselling services: psychological services centre, guidance centre, counselling centre.

"The study indicated that the name given to a counselling service does influence the thinking of students concerning the problems appropriate for referral, and that if a centre wishes to be perceived as offering service in educational, vocational and social personal counselling the designation counselling centre may be the most appropriate". (p 352)

Two recent studies have been concerned with the effect of student referral source on counselling and the implications for the way in which a university counselling centre should maintain its input. Redding (1971) compared self-referred and academic/administrative staff-referred students on the basis of grade-point average and graduation rate (as measures of counselling effectiveness) after matching students in each group for type of problem.

"The purpose of this study was to determine the extent to which counselling services should actively engage administration and faculty participation in referring students for counselling". (p 24)

Redding (1971) found that self-referred students performed significantly better on grade point average and graduation rate than did students who had been referred for counselling by academic/administrative staff. On this basis it was concluded that:

"College counselling services may best implement their goals through a relevant programme combining student-faculty orientation with a public relations approach, and assuring convenient access to the services available, instead of an approach designed to persuade active faculty-administration participation in referring all students to the counselling centre on the assumption that professional counselling is of benefit to everyone". (p 25)

There is an obvious weakness in the study in that students who come to the attention of academic/administrative staff may well differ from other students on significant personal variables related to counselling outcome, e.g. severity of disturbance.

In a somewhat related study, Mann (1971) outlined the need for attention to be given to the manner in which clients come to the counselling service:

"As counselling centres begin to take a more 'community oriented' approach, counsellors need to examine features of campus community life that affect the delivery of counselling services in order to plan modifications to their programmes". (p 221)

Mann reported that self-referred students who requested testing reached agreement with a counsellor concerning counselling goals most readily while students referred by faculty for testing reached agreement least readily.

"When the client is referred to the counselling centre by a faculty member, both his willingness to come and his expectations about the service he will receive may be influenced by the referring person. Not all faculty referrals are coercive, but some are". (p 222)

Both these studies suggest that the method of delivery-of-service is important in terms of counselling outcome. The conclusion which seems most appropriate is that the best form of delivery-of-service is one in which the client decides himself, without external 'pressure', to seek help, and in which he/she is able to formulate a "reason" (such as taking a test) for making the approach.

Two studies have looked at aspects of expectancy in the process of a student becoming a client. Boulaware and Holmes (1970) reported, on the basis of a survey, that students, were they to seek counselling, would choose a high status, committed therapist, of their own sex, who conformed to their expectation of being an understanding person.

Berzins, Friedman and Seidman (1969) report that clients' expectancies of a therapeutic experience vary along at least one personality dimension, the A-B variable. Berzins et al (1969) report that clients

falling at the 'A' end of the dimension enter therapy expecting to unburden themselves in an active, productive, manner while clients falling at the 'B' end tend to expect rational guidance and correctives.⁴ Both studies suggest that expectancy concerning counselling may be an important variable in the decision process about seeking counselling.

Rice (1969) carried out a study into variables involved in the decision by a university counselling service to accept an applicant for individual therapy. He reported that accepted males differed from non-accepted males on a number of role-relevant characteristics: more symptoms, problems in the area of emotional functioning, expectation of longer, more frequent therapy, previous therapy experience. For females, however, there were no consistent differences. This is one of the few recent studies investigating the input aspect of the supportive sub-system and the active process of accepting some students as "input" while rejecting others. Callis (1960), writing in the Journal of College Student Personnel, made a comment which, while not the result of a study in any formal sense, expressly raises the same issue though in a different context:

"In spite of all the important contributions Rogers (1931, 1939, 1942, 1951⁵) has made, he has damaged the field quite significantly by making most of us feel guilty about diagnosis, and yet if you read his works carefully this should not have happened. Rogers limits his methods to certain kinds of cases and makes the determination (diagnosis) at the outset that the case is appropriate to this method (client self-discovery) before accepting the case". (p 8, emphasis added)

The suggestion, raised by Rice's (1969) study and Callis' (1960) comment is that not only does the supportive sub-system of a counselling unit operate in such a way as to appeal differentially to persons in the

4 It should be noted that research findings with the A-B variable have been equivocal. A major problem is the empirical nature of the A-B scale which makes it difficult to integrate any findings into a wider theoretical framework.

5 The last two volumes were written largely out of Rogers' work at the University of Chicago Counselling Centre.

potential client pool, on the basis of their perceptions and expectations, but it also serves to screen-out would-be clients, which the counselling unit sees as inappropriate for the kind of operation being undertaken. The standards used to screen-out intending users would be a function both of the organisation's policy (management sub-system) and the individual member of the organisation interpreting this policy according to his particular biases.

No studies could be located which were concerned with the output function of a university counselling service's supportive sub-system. The implication seems to be that the manner of return of clients back to the university community is regarded by researchers as unimportant. In view of the concern shown by other mental health agencies for the provision of support for former clients when they have returned to the community, this seems to be a surprising omission. Two research designs which would provide useful information are: (i) a comparison between a group of clients expressly referred to academic staff for discussion and a matched group of clients not specifically referred to academic staff; (ii) a comparison of a group of clients for whom peer-support is arranged with a group of clients for whom no such support is arranged.

Reports of research occasionally make reference to the relations of a counselling service with other systems within the university.

Frederick (1973b) has commented that:

"Any counselling service must be developed in sympathy with its surroundings, and the environmental variables may run the gamut from a Chancellor who venerates Jung up to abominable food in the Union cafeteria; both are likely to impinge on the counsellor's life sooner or later". (p 8)

In the two studies cited previously in this present paper relations between the counselling unit and other systems within the university have been shown to be very significant for the operation of the unit. The Kitchener and Hurst (1974) paper illustrated how relations with the academic-instruction system led to an expanded role for that

counselling unit, greater integration into the environment and increased support and legitimation from other sections of the university community. The Sue (1973) paper can be viewed as an example of how relations with the academic-instruction system led to innovations within the unit's programmes to defend itself against possible charges of "irrelevance" to the needs of a special-interest group of the university community - minority students.

It seems that once attention is paid to the transactions a counselling unit has with the environment - input, output, relations with other environmental systems - it becomes clear that the manner in which the unit sets itself up to handle these transactions is extremely important for an understanding of the counselling activities of the unit. Upon these transactional mechanisms depend both the nature of the client input and the way in which the unit relates to other systems within the university, both these being interdependent.

2.5 The adaptive sub-system of a counselling service

In one sense, every piece of research published by investigators within a counselling unit concerning any aspect of the unit's activities constitutes an example of the unit's adaptive sub-system. However, to be most useful the concept of an adaptive sub-system needs to be restricted to those aspects of the unit's operation concerned explicitly with research, development and planning which has a clear "feedback" function to potentially modify the unit's operation⁶. This would therefore imply a direct connection between the unit's manner of operation and understanding of the needs of the community. Studies which appear to provide a picture of the adaptive aspects of a counselling unit show that the adaptive sub-system has several components including (a) statistical information about the operation of the unit and characteristics of persons making use of its services; (b) a means of gathering information about the needs and

6 Research which does not have a feedback function can be regarded as a function of either the maintenance sub-system (increased satisfaction of counsellors and therefore continued operation) or the supportive sub-system (increased prestige in relations with other systems of the university).

expectations of the university community; (c) a procedure for evaluating the effectiveness of the unit's operation.

While it seems that all university counselling services do make provision for these in their operating procedures, there is great variation in the form in which they are carried out: ranging from very formal procedures to the kind of intuitive approach espoused by Palmer (1970) at a major North American institution:

"Perhaps the most defining and symbolic aspect of the U.C.L.A. centre is that it keeps no records in the usual sense ... Certainly the keeping of no records poses problems for the need to maintain data about the amount and especially the nature of centre traffic ... Ways can be found, however. One of these is our yearly Annual Reflections". (p 293)

In looking at more systematised operations, the importance of statistical records as a basis for adaptive responses is obvious and has emerged in the previous discussion of other sub-systems.

Two studies already cited show how a counselling centre's record system provided information on a possible change in the nature of the community's needs. Sharp and Marra (1971) refer to the work of Duguid (1968) involving a continuing study investigating trends in the type of problem with which students present to the centre. The trend over the preceding 7 years appeared to be that of an increasing proportion of emotional problems. No reference is made to any explicit adaptive response, but it is implied (p 117) that changes in time budgeting, fiscal policy and personnel composition might follow.

Wilcove and Sharp (1971) provided a more clear-cut example in their report that their records showed an increase in the proportion of persons presenting with emotional problems. This prompted the piece of research actually reported, an investigation of perceptions of the counselling centre, the results of which caused a proposed adaptive response in the form of a community re-education programme to be abandoned.

The studies of Kitchener and Hurst (1974) and Sue (1973) cited previously are good examples of a counselling unit's receptiveness to changes

in the expectancies and needs of the host community and consequent adaptive response in the form of innovative programmes.

A study by Resnick and Gelso (1971) is an example of a counselling unit investigating, by means of a survey, any changes in perceptions of a counselling unit by members of the university community after a 10 year period. They repeated Warman's (1960) study and found that while the pattern of differential perceptions had not changed, there was a much greater tendency for all groups to see adjustment problems as being appropriate for counsellors to deal with.

Snyder et al (1972) carried out a survey, part of which was concerned with eliciting student opinion on how the counselling centre should operate. The authors' comment on this is a good illustration of a counselling unit considering possible adaptive responses:

"Subjects agreed that the centre should be more informal, that every student should have a counsellor assigned to him when he enters the university, and the counsellor should be available to see the student in the student's environment. While the implementation of these desires may appear impractical and uneconomical, they cannot be summarily discarded. Rather, these comments should be studied to develop ways in which counselling centres might experiment in order to reach more of the students who are in need of assistance. Even taking these statements a step further, perhaps counselling centres should begin to focus their attention on more preventive-oriented services rather than traditional remediation, which may include being available to the student in his own life space rather than in the counselling centre". (p 268)

A final aspect of the adaptive sub-system of a university counselling service is the evaluation of the effectiveness of its procedures. Only one study could be located since 1968, dealing with such a practice. Harman (1971) published a brief report of a study carried out:

"In general, clients felt positive about the counselling they received and ranked the service high. The mean rating of a variety of counselling services offered was 4.16 on a 5-point scale". (p 496)

It seems clear that in the studies reported in this section the adaptive sub-system of a university counselling service functions to bring

information to the attention of the management sub-system which can lead to changes in the unit's activities and therefore to changes in "counselling" as this takes place within the organisation.

2.6 The maintenance sub-system of a counselling service

Features of university counselling services which would be incorporated by the maintenance sub-system have not been subject to any detached study and mention has already been made in Section 1.2 of some of the maintenance input characteristics of university counselling services. In this section, the social and psychological characteristics of counsellors (the principal feature of the maintenance sub-system) and some of the major cultural influences operating on them will be considered.

No empirical studies could be located which provided information on the demographic characteristics of counsellors working in university counselling units. Frederick (1973b) wrote concerning counselling in North American and Australian universities:

"Counselling in higher education is a huge industry in America ... Staff have typically been Masters or PhD graduates in counselling, either with backgrounds in psychology or education ... Australia has had meagre counsellor training resources, so staff have been generally recruited on an ad hoc basis of personal suitability, usually with a psychology background". (p 2)

While no studies seem to have been carried out to provide information on the social background of university counsellors, some information on likely trends can be gleaned from studies carried out on the characteristics of psychologists in general engaged in mental health work. Henry, Sims and Spray (1971) surveyed a group of mental health professionals in North America. From their survey it seems that psychologists working in the mental health field could be regarded as an achieved elite "whose cultural marginality and status mobility tend to create a relativistic rather than Establishment-oriented value perspective", (Howard and Orlinsky, 1972, p 626). Henry et al (1971) also concluded that the most common motivations for mental health psychologists to enter the field were to

understand people, to help people and to understand and help themselves.

Again, while not related specifically to counsellors working in university counselling units, a study by Roe (1969) provided evidence of a likely trend in the personality characteristics of counsellors as these relate to vocational choice. Roe reported that persons working in the area of psychotherapy tended to score higher on the Mf scale of the MMPI, be less interested in mathematics and more interested in persons and to have relatively high aesthetic and theoretical values.

Frey (1972), writing in the Journal of Counsellor Education and Supervision, suggested that counsellors vary along two critical dimensions insofar as counselling practice is concerned: counselling process and counselling goals. Frey proposed that the paradigm for the process dimension has been best stated by Patterson (1966) in terms of a rational-affective dimension, while the best paradigm for the goal dimension has been that advanced by London (1964) in terms of an action-insight dimension. Frey thus proposed (p 244) a 4-celled categorisation model which he believed best describes counsellors on the basis of their counselling activities. In accounting for these differences, the most fruitful explanation seems to be in terms of differing influences from the "culture" of counselling and psychotherapy as this finds expression in the training of counsellors. As Howard and Orlinsky (1972), p 619, commented, the major repository for this culture is the professional literature of the area. Based simply on inspection of the literature, the most significant cultural inputs seem to be learning theory, the later client-centred tradition, and existentialism.⁷

In terms of the number of publications, learning theory seems to be the most influential input, finding expression chiefly in the rapidly expanding class of activities within university counselling units

7 Psychoanalysis seems to have little relevance at present, except insofar as being a "straw man" with which to contrast other approaches.

tending to be called behavioural counselling - after Krumboltz (1965). Learning theory appears to have operated in this area from two sources, the influence of Bandura (1963) - modelling, and the influence of Krasner (1962) - operant conditioning. Portes (1971) attributed the rapid rise in influence of the learning-based behavioural approach to the mood of the era toward rationalism, scientificism, bureaucratism and impersonal legalism (p 311).

Bond (1971) appeared to believe that the influence of the client-centred tradition is diminishing:

"Although the client-centred group also produced valuable case studies ... their consistent resistance to formal institutionalisation of their school has made their contributions fewer and now their production of new material is next to nil". (p 21)

Inspection of the literature indicates that while Bond's assertion may have merit in relation to psychotherapeutic innovation, in fact almost all studies on counsellor characteristics make use of the therapist dimensions proposed by the client-centred group: warmth, congruence, empathy, genuineness, concreteness (Carkhuff, 1969b; Rogers, 1965; Truax and Carkhuff, 1967). With "good" counsellor attributes so frequently expressed in terms of these client-centred notions it seems clear that it remains a powerful influence.

The influence of existentialism seems to be captured in the revolt against the "image" of counselling as a process to achieve conformity. The work of Perls (1969) has been very influential in establishing the view of personal liberation so central to the existential mode of thought. Foulds and Guinan (1969) obviously based their appeal for a new kind of university counselling centre on this line of thinking:

"The model which has traditionally been followed is a university-financed service ... which is responsible for providing a variety of psychological services (usually of a limited nature) not provided by other campus agencies. Professional persons who are involved in the counselling function generally confine themselves to their offices and wait for students to seek them out or be referred to them, and then they counsel these students largely on a

"one-to-one basis ... Historically, such counselling centres have been marginally financed and barely staffed adequately to provide psychological services to a relatively small proportion of the student population. Their role and function have been frequently perceived as peripheral to the major goals of the university, i.e. they were seen as passive and adjustive or remedial agencies to which specific problems were referred ... Thus counselling centres have tended to perform assessment services and to play an adjustive, reparative, reactive role ... An exciting new model of a university counselling service designed to facilitate the development of more fully-functioning whole persons is that of a human development centre or growth centre. Such an agency would have the goal of the expansion of human awareness and experience and the maximum development of human potentials for each student within the college setting".
(pp 111-112, 114)

In essence, the aim of this section has been to indicate, somewhat inadequately, that the most important aspect of the maintenance sub-system of a university counselling service, the counsellors, has some reasonably well-defined characteristics. There are indications that counsellors tend to have a particular formal discipline as a professional background, psychology; they tend to occupy a particular social class, upper middle, which they have achieved by upward mobility following educational achievement; they probably have a pattern of vocationally related interests, principally an interest in people; they are subject to a number of influences from the "culture" of psychotherapy, namely learning theory, client-centred theory and existentialism, which tends to pre-dispose them differentially to various forms of counsellor activity.

2.7 The production sub-system of a counselling service

In this section research relating to three broad areas of counselling activity will be considered: the first area relates to the aims of the counsellor; the second is concerned with the social organisation of the therapeutic encounter⁸, including consideration of the participant

⁸ The term "encounter" is not used here in any technical sense, and especially not in the restricted sense used by existential counsellors such as van Kaam (1962). It simply denotes that aspect of the total organisational system which is explicitly concerned with client change, however "change" happens to be conceptualised by the policy of the unit, or by the individual counsellor.

roles and counsellor/client collectivities, settings and schedules; the third area relates to the conduct and experience of the participants in the counselling encounter, client processes, counsellor processes, client/counsellor interactive processes.

In approaching a discussion of counselling goals, an insightful article by Krause (1969) notes that counselling is evaluated by four "publics": (i) the client, (ii) those who benefit from the client's recovery, (iii) the counsellor, (iv) the sponsors of counselling. There may, of course, be differences among these "publics" in their goals for counselling and their criterion for judging success. Goldman and Mendelsohn (1969) investigated goals of persons engaged in counselling and psychotherapeutic activities. While the survey was not specifically concerned with university counselling services, it is likely that the same trends would be found. Goldman and Mendelsohn (1969) found adaptation to self and to environment was the goal generally held as guiding the endeavours of counsellors and therapists:

"The extent of agreement about the description of a person who has a satisfactory adaptation to himself and to his environment ... suggests that it is possible to derive an empirical criterion of 'positive mental health'. There is little evidence either that the therapist feels that he works best with those patients who most resemble him, or that he sees the patient who has obtained maximum benefit from treatment as closely resembling himself. For that matter he does not see himself as normal (as he has defined it). This suggests that the therapist does not see himself as the point of reference in establishing treatment goals, but rather adheres to an external criterion, defined, it seems, by the society in which he and his patients reside".

(p 171, emphasis added)

In this present discussion, the "society" in which the counsellor and client reside is, of course, the university system. The study by Elton and Rose (1973) cited previously shows how the issue is complicated by university counselling services having different forms in university communities. Elton and Rose (1973) proposed four modal functions: emotional/vocational; emotional; vocational; emotional/vocational/educational/research. This would make little sense if counselling is

defined solely in terms of counsellor/client(s) interaction, but is understandable when viewed as an organisational activity: the sponsoring university community abstracts particular kinds of student self/environment adjustment failure problems and designates these as being the business of the counselling service to remedy.

In relating these suggestions to the empirical studies of goals of individual counsellors, Brown's (1970) study emphasises the importance of client change in the goals of the counsellor:

"The highly significant inter-correlation between personal liking and potential for change suggests that counsellors liked clients whom they saw as having the most potential for change, and in turn, were satisfied with the progress of these same clients".
(p 557)

Jorgensen and Hurst's (1972) study indicated that this concern by the counsellor with "change" is related to a differential perception of himself and the client. Jorgensen and Hurst (1972) found that the counsellor sees himself as functioning more effectively than his client, while the client, too, sees the counsellor as being capable of healthier functioning than himself.

It thus appears that counsellors, as agents of the sponsoring community operating within a counselling organisation, have goals involving client-change toward more successful adaptation to the demands of the environment.

From the perspective of the social organisation, counselling activities can be described in terms of four components: role, collectivity, setting and schedule. In dramaturgical terms (after Goffman, 1959) these are the elements in the staging of counselling encounters. Role refers to the participants in the encounter - their statuses and performance over time. The most common role pattern prescribes purely verbal interaction between client and counsellor. Inspection of case studies published by counsellors working within university counselling centres suggests a variety of counsellor-directed verbal interaction as characterising the typical counselling encounter:

- (i) encouragement of client self-scrutiny: by means of reflection and clarification of what the client appears to be experiencing;
- (ii) direction to change the way the client understands various situations: by means of interpretations concerning his "real" motives and experiences;
- (iii) advice towards changes in the way the client behaves: by suggestions concerning alternative, more effective, ways of behaving.

While these counsellor role-behaviours seem to characterise the counselling encounter most frequently, other counsellor role-patterns are common. These include the role of "social reinforcement dispenser", "model", and "conditioning technician". In addition, some recent work appears to cast the counsellor in the role of "behaviour sanctioner".

A study by Samaan and Parker (1973) illustrates the distinction between the role of "reinforcement dispenser" and that of the traditional verbal interaction. Samaan and Parker (1973) compared the effects of two counsellor role-behaviours on two matched groups of students seeking help with problems of vocational indecision. In the first condition, the counsellors gave advice concerning appropriate action involving information seeking. In the second, the counsellors reinforced, by making warmly approving remarks, all verbalisations by the client to do with information seeking. The investigators reported that the social reinforcement condition was superior on 4 criterion measures, including actual information-seeking activity subsequent to the interview.

A combination of the "social reinforcement dispenser" and "model" roles was reported by Wachowiak (1973), who compared 3 groups of counsellees with concerns over vocational problems. The experimental group was exposed to two situations: the first involved listening to a 15-minute tape of a "client" being counselled and receiving approval for deliberation and decision statements, the second was to receive 30 minutes of counselling in which the counsellor approved deliberation and decision-making statements uttered by the client. This group was compared with a group receiving

individual guidance-type verbal interaction and with a control group receiving no guidance. The experimental group was superior to the verbal guidance group, both differing from the control, on client satisfaction and an inventory of vocational information seeking attitudes.

The "conditioning technician" role was compared with that of more traditional verbal interaction in a study by Cornish and Dilley (1973) concerned with reducing test-anxiety. The techniques of systematic desensitisation, implosive therapy, and study counselling were compared and systematic desensitisation found to be more effective than implosive therapy, which was more effective than study counselling - study counselling did not differ from a control group.

Some recent studies show the counsellor in the role of "behaviour sanctioner". Christensen and Arkowitz (1974) report a study of a treatment programme for students experiencing difficulty in relating to the opposite sex. In the programme clients were simply assigned to be members of opposite-sex pairs. Each client was to be a member of 6 opposite-sex pairs (with a different partner each time) over the programme. The structure was such that the male had the responsibility of contacting the female (who was expecting the contact) and both partners had to decide jointly the activity for the date. After each date, each partner filled out a form, commenting on favourable and unfavourable aspects of his/her partner, which was given to the counsellor and passed to the other person as feedback. The investigators acknowledge that no control group was used, but point to the success of the programme on a number of criterion measures. There was no interaction between client and counsellor except insofar as making administrative arrangements was concerned. It therefore seems that the counsellor functioned in the role of one who sanctions behaviour, which the client formerly feared to engage in, by providing an unambiguous structure with very low levels of threat within which the client could explore alternative ways of behaviour and receive feedback on the effectiveness of this behaviour.

No studies could be located which focussed on the role of the client in the counselling encounter. Goldman and Mendelsohn (1969) surveyed therapists and counsellors in the general area of mental health to obtain conceptions of a normal male, a preferred male patient, a cured male patient and of themselves. Despite the heterogeneity of the sample, the investigators reported a high measure of agreement among therapists, and we could perhaps apply the findings cautiously to the university counselling unit situation. The preferred male patient was described as imaginative, sensitive, curious, well-motivated but anxious. The cured male patient was described as not having indications of psychological disturbance, and as having acquired self-confidence, contentment and a measure of tolerance and stability. Within the framework being developed here, we may view these conceptions as describing the role of the client - thus the conceptions of the preferred client and the cured client in the survey really amount to a description of the role of the client in terms of counselling organisation norms. Accepting this, we could say on the basis of the Goldman and Mendelsohn (1969) study that the role of being a client implies acknowledgement of personal distress with a desire for, and a commitment to, change in the direction of increased satisfaction with oneself in one's environment by means of active participation with the counsellor.

Inspection of the literature indicates that clients are expected to participate in counselling in a variety of ways - including attending counselling encounters according to some specified schedule, to give an account of their activities and experiences both within the encounter and within the environment, to attend to and report on their feelings during the encounter, to observe events in the encounter (e.g. video films), to engage in motor activity (relaxation), to imagine particular situations, to perform tasks in the environment and report the results to the counsellor, to read specified literature, to accept alternative ways of behaving and reacting as suggested by the counsellor, to freely

express during the encounter ideas and thoughts which were previously not expressed. These represent a reasonable coverage of the behaviours in which a client is expected to behave. There is another class of behaviour, usually termed "resistances", which, while not desirable, are overlooked in that the client is "allowed" to engage in them. Thus, from an organisational perspective, the notion of resistance seems to function as a conceptual device to permit the client to be regarded as occupying the role of "client" even when his behaviour does not accord with the role prescription.

Collectivity is the term given to the size and role composition of the social unit within which the counselling activity is staged. The most common collectivity used as a vehicle of counselling in university counselling services remains the counsellor-client dyad (Frederick, 1973b). Finney and Crocket (1965) report on extension of this to a triad - "partnership therapy".

"The time-honoured model in psychotherapy of a one-to-one relationship is obviously time consuming and expensive, especially since we are faced with an almost prohibitive number of clients. It was in response to this problem that Finney at San Jose State College began experimenting with a doubling-up technique, partnership psychotherapy - seeing two clients at once, an analogue of the partnership motif of marital counselling".
(p 136)

Partnership therapy does not appear to be a widely favoured collectivity and the major alternative to the dyad in university counselling service settings is the group of 6 - 12 unrelated clients meeting with one or two counsellors. The Journal of Counselling Psychology, for example, includes a special section in each issue dealing with group work and this collectivity is tending to be the favoured one for client problems involving social inadequacies as the presenting concern (Arbes and Hubbell, 1972; Berman, Messersmith and Mullens, 1972).

Smith and Evans (1973) compared a group guidance programme with an individual counselling programme for effectiveness in facilitating vocational goal development. They found that the group programme was more effective than the individual programme. However, inspection of

their report suggests that the collectivity may have been irrelevant: the structured nature of the group's programme may have simply been more comprehensive and demanded more client-involvement than the individual sessions.

Gaff, Danish and Austin (1973) compared three collectivities for effectiveness in resolving vocational/educational uncertainty: group, individual and self-instruction. Self-instruction was judged to be superior to the other two, which did not differ. Again, however, the comprehensiveness and client-involvement of the treatment programmes appeared to be a more significant variable than the simple difference in collectivity.

Setting refers to the location of the therapeutic encounter. Almost all studies reviewed employed the setting of an office or some other room located within premises identified as being part of the counselling unit. The exceptions mainly related to counselling unit-sponsored group experiences conducted in a natural setting such as a dormitory. Dies and Sadowsky (1974) reported that a brief encounter group experience offered to dormitory residents, at the request of dormitory staff members, was effective in improving social interaction and feelings of "belonging".

Schedule refers to the temporal pattern of therapeutic encounters. Few reports could be located providing information on the practice in university counselling centres. It appears that in individual counselling the standard 50-55 minute interview remains the norm for the more traditional verbal-interactive approaches, while behavioural counsellors make use of briefer contacts of 20-35 minutes, which take the form of "progress reviews". Group counselling practices vary considerably, from a series of 2-hour sessions to "marathon" sessions of 10-12 hours.

There are indications that some university counselling units adopt a policy of limiting the amount of contact which a student may have with the unit. Finney and Crockett (1965), for example, when discussing "partnership therapy" note that:

"When students are limited to a definite number of interviews, as the ten hours per year at San Jose State, partnership therapy doubles the number of interviews ..." (p 136)

The literature thus indicates that the elements of the staging of the counselling encounter in university counselling services have not been given a great deal of explicit attention. The picture which emerges from the limited consideration of roles, collectivity, setting and schedule is one of a structure imposed on the counselling encounter by the organisation offering the counselling. This structure is in terms of the behaviour which the counsellor is prepared to engage in, and the behaviour which is expected of the client; the selected groupings within which counselling is offered; the restricted physical locale within which counselling is available; the time offered for counselling to take place. Viewed in this way, counselling, as an organisational activity is a very conditional activity in which the client, by his participation, is surrendering to the organisation offering counselling a substantial measure of his freedom of action.

In considering the conduct and experience of the participants in counselling, studies can most conveniently be grouped under three headings: client experience, counsellor experience and client/counsellor interactional experiences. The bulk of literature concerning these has tended to be concerned with counsellor-offered conditions of genuineness, warmth and understanding. The most appropriate judgement of the usefulness of this research for an understanding of the counselling process seems to be that given by Howard and Orlinsky (1972) in their review:

"...while great effort has been expended in studying therapist conditions, the accumulated literature seems to be seriously weakened by problems of methodology and theoretical relevance". (p 641)

In this discussion, therefore, no attempt has been made to exhaustively review this body of information relating to university counselling services. Instead, studies have been selected which can be most readily related to the concept of the production sub-system of a university counselling organisation.

A study by Gilbreath (1971) suggests that the decision to become a client may in itself be a predictor of likely benefit from counselling. In the study, under-achieving students who accepted an offer of aid but in fact received no aid were compared with a group of underachieving students who did not respond to an offer of aid. The students who accepted, that is signified a willingness to become clients of the university's counselling service, performed better in terms of grades than did the non-acceptors. An interpretation which suggests itself is that, for some persons at least, the fact of "therapeutic attention" from the community-accredited helping organisation is itself therapeutic. The importance of this community-accredited therapeutic attention receives additional support from the finding by Haase and Ivey (1970) that client pre-testing significantly influences subsequent counselling outcome. In the study, clients were randomly assigned to an experimental or to a control group. The experimental group was administered the Maladjustment (Mt) Scale of the MMPI prior to counselling and both groups were tested with the Mt scale after counselling. There was a significant difference between the experimental group, which exhibited less maladjustment, and the control group. The investigators concluded that:

".. pre-testing may reactively interact with counselling to produce outcomes that are not solely due to the counselling process. In Campbell's terms, pre-testing may sensitise the client to counselling which results in greater client benefit than if no pre-testing were performed". (p 128)

In terms of the production sub-system notion being developed, we could say that the "sensitisation" referred to above amounts to a preliminary "work-up" of the individual in the sense of being a structured behavioural ritual inducting him into the client role. This role implies (i) active participation in the treatment, and (ii) improvement, thus a less unambiguous and hence more complete, role-induction would be expected to lead to greater improvement.

Turning to studies of the counsellor experience, Greenberg, Kagan and Bowes (1969) concluded that counsellors actually make use of a quite restricted range of client-behaviour in making judgements about a client's feeling. Using a factor analytic approach, the investigators found that four factors, dependency, anger, avoidance and apprehension accounted for 50 percent of the variance of judgements. Mullen and Abeles (1971) investigated the relationship between length of counsellor experience, liking, empathy, and outcome of counselling. They found that for experienced therapists, liking and empathy were not related, while for inexperienced therapists they were related. There was a relationship between high empathy and outcome (change in MMPI score) but high liking and high empathy did not predict a successful outcome. The investigators concluded that:

"... as a therapist gets to know how and why a client feels as he does in a relationship then the therapist can (a) appreciate him or 'like' him more and feel warmer and more nurturant toward him, (b) help him expand on his conflict and become aware of it in the therapeutic relationship with increased chance of impact, (c) possibly initiate change in the client's pattern of functioning".
(p 43)

The investigators commented that others, including Chessick (1965) had reached a similar conclusion that a high level of communicated empathy occurs before a therapist experiences caring for a client in a non-judgemental way, and is a pre-requisite. We could therefore hypothesise that a client who is "understood" (a) receives reassurance that he is accepted by the counselling agency, and (b) reassures the counsellor that the client is accepting of his role of implied cooperation and improvement - which wins approval ("liking") from the counsellor.

The relative influence of client and counsellor has been the subject of several studies. Boyd (1970) employed the A-B variable and concluded that A and B counsellors generated the same type of verbal interview content, which seems to imply that counsellor role has priority over private concerns, but type B clients generated interviews characterised by more speculative, confronting, challenging and personally thought-

provoking statements than did type B clients. (The A-B variable has been criticised as a research instrument because of its poorly articulated theoretical status).

Caracena and Vicory (1969) investigated the nature of judged empathy, reported in a majority of studies to be associated with successful counselling outcome, and found that counsellor expression of interest in, and involvement with, the client during the counselling encounter were major factors involved. However, it seems clear that a particular kind of interest and involvement is required: Crowder (1972) found that successful therapists (based on MMPI change) offered fewer responses defined by Crowder as exhibiting "counter-transference" (a failure to respond to the client's feelings but rather to a judgement of them distorted by the counsellor's own need-states).

Patton (1969) concluded that the client's responses to counsellor-attempts to modify behaviour are contingent on how attracted the client is to the counsellor and the degree of congruence of the counsellor-client discussion with the client's prior expectations of this. On the basis of the "charter" given to a counselling unit by its sponsoring community we could infer that the organisational norms for counsellors, as perceived by clients, demand an interest and involvement related to the client's feelings in the counselling encounter. Thus, "counter-transference" responses would violate this as being unrelated to the client's feelings. The findings seem to carry within them the notion of mutual counsellor-client role-definitional activities as being an important aspect of the process. Hurst, Weigel, Thatcher, and Nyman (1969) examined the negotiational aspect of counselling and counselling outcome and concluded that the study:

"... provides support for the relationship between counsellor-client diagnostic agreement and general client-perceived growth in counselling. It may be inferred that disagreement in diagnosis between counsellor and client may lead to differential goals for counselling and result in adverse effects on the outcome of counselling". (p 426)

There are, of course, "agreements" and agreements, and it seems that there are particular kinds of agreements between client and counsellor which lead to a successful outcome. The suggestion offered here, following along the "organisational" notion being proposed, is that the kind of "agreement" required is one in which the client accepts the role of supplicant who is actively working with the counsellor towards recovery, as defined mutually by the client and counsellor, while the counsellor accepts his role as representative of the organisational ideology of helping the individual who accepts this ideology as applying to him (the client) in his state of dissatisfaction with his present condition and desire to change this condition.

Something else seems to need incorporation in this formulation to explain some apparently contradictory findings. Dill (1973) compared two counsellor styles: "expert", in which the counsellor used as a basis of "authority" his stated expertise and superior knowledge, and "referent", in which the counsellor used as a basis of authority his personal attractiveness to the client. Dill found no difference in outcome, but did report that the referent counsellor was liked more. On the other hand, Mickelson and Stevic (1971) compared the effectiveness of behavioural counsellors who were high on facilitative conditions of warmth, congruence and empathy, with behavioural counsellors who were low on these conditions and found that the high-facilitative behavioural counsellors were more effective. Since behavioural counselling is an "expert" mode, it seems that there may well be an additive effect between "expert power" and "referent power". Lin (1973) carried out a study which lends support to this notion. Lin found that the degree to which both facilitative conditions (warmth, congruence, empathy) and expertise were perceived by the client was a function of the counsellor's self-confidence. This seems to imply that the client may well make his decision on the degree to which he will accept the client role on the basis of the counsellor's apparent congruence with his role: a confident counsellor conforming to the client's expectations gives an unambiguous definition of the respective roles demanded of them by the

organisational framework within which the counselling encounter is taking place.

2.8 The output from a counselling service

Discussion of the output of university counselling services is made difficult by (i) the enormous amount of literature dealing with counselling outcomes, and (ii) methodological weakness in many of these studies which make interpretations equivocal.

Output aspects of the university counselling service have frequently arisen during the discussion in previous sections, and this section will summarise "output" under three headings: (i) the effects of output from the counselling centre on the university environment; (ii) aspects of client output; and (iii) the nature of counselling outcome judgements.

Studies of the effects of counselling on the host institution are very few and have mostly been concerned with counselling reducing the incidence of course discontinuation. There is a deal of evidence (e.g. Frederick and Kelynack, 1970) that participation in counselling activities can improve the academic performance of at least some failing students so that these are not excluded from the institution through failure to satisfy academic progression requirements. In this way, counselling output has an effect on the characteristics of the student population of the institution.

The study by Kitchener and Hurst (1974) cited previously is one of the few studies documenting a change (-alteration of seminar discussion format-) in the educational practices of the institution as a result of counselling service activity.

The majority of studies related to university counselling service output, however, is concerned with the social, emotional and academic skills of individual clients. A wide range of outcome measures have been used: personality inventories such as the MMPI and OPI; self-ratings such as the Q-sort, Rep-test, adjective check list; self-reports on behaviour and satisfaction; observer-ratings of behaviour; course grades and graduation rates.

Studies have been published employing each of these as an outcome measure and in general, participation in counselling tends to be associated with an improvement in the outcome measure. Many studies have been inadequate in design and the methodological weaknesses characteristic of counselling and psychotherapy outcome studies have been well documented (e.g. Meltzoff and Kornreich, 1970). The overall evaluation which seems most appropriate closely resembles Bergin's (1971) comment on the effectiveness of psychotherapy in general: counselling, as practised in university counselling units over the last 20 years, has had an average effect on individuals which is moderately positive across a variety of outcome criteria.

While this is obviously a disappointing situation from the point of view of the counselling psychologist, it highlights a very significant fact: despite a failure by counsellors to demonstrate clearly the success of counselling in terms of their professed aims, there is no suggestion from the sponsors of counselling in universities that the activity be abandoned and funds used elsewhere (that is, the output continues to re-energise the "cycle"). One conclusion is that counselling as a sponsored organisational activity has a separate "functional utility" distinct from its self-professed aim. This function almost certainly includes providing a means whereby members of a community (students) who feel that they may be unable to function effectively (achieve satisfactory grades), but are required to remain as members of that community, are enabled to do so. Instead of banishment (exclusion) or voluntary exile (course discontinuation) from the community, a new community-sanctioned role is available, that of counselling-centre client, which can be a means of re-joining the community fully.

Now obviously, the counselling organisation must demonstrate some overt "successes" or it would not continue to be sponsored. Earlier, Krause's (1969) proposal that four "publics" evaluate counselling and psychotherapy was introduced. These four publics are: the client; those

others who benefit immediately from the client's recovery (e.g. family, friends; lecturers, tutors, masters of halls of residence); the counsellor; the sponsors of counselling. It may be reasonably assumed that they employ different criteria for judging success, and different consequences will flow from the judgement of each "public".

The client's criteria for success will include such things as reduction of feelings of distress, and self-perceptions of more effective task accomplishment. The criteria used by those others who benefit from the client's recovery will include the former client meeting their expectations of a member of the community, and a reduction in inconvenience occasioned by the former client. The counsellor's criteria for success will depend very much on his theoretical orientation. It may or may not include client behavioural goals being met, but in any event will involve the client "conforming" to the counsellor's expectations of him as a client⁹.

All these three "publics" can reasonably be expected to publicise their "judgements" about counselling: the client by talking to others about his experiences; those who benefit from the client's recovery by making this known; and the counsellor in the form of annual reports and formal and informal communication with "those who benefit from the client's recovery". In general, there is a great deal of communication about outcomes resulting from counselling service activity on a university campus. All this serves to create the counselling service "image" or "reputation" referred to by Gallagher (1970, p 19) discussed previously (Section 1.2). This "image" undoubtedly impacts on the sponsors of the counselling centre in the form of approval of the counselling service by campus sub-groups such as student organisations, and from individual members of academic and administrative staff.

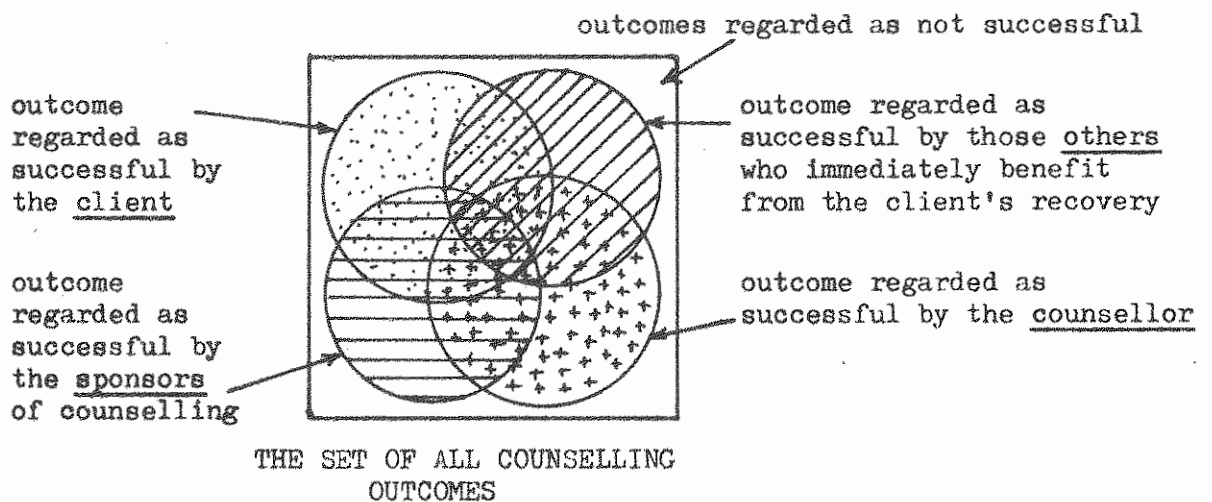
The sponsors of counselling also employ criteria for evaluating the success of counselling. One such criterion is that a favourable image

9 Frank (1971) cites a remark made by a psychotherapist: "Even if the patient doesn't get better, you know you are doing the right thing".
(p 356)

of the counselling centre be represented to it, but it is hypothesised that the sponsors also require that the counselling centre meet a particular administrative need. This is the need to have concrete evidence of a "reason" for student failure and course discontinuation, which does not imply criticism of the institution's educational process. Thus, once established, the presence of a counselling service implies that students have "personal problems" (that is, defects) which account for a proportion of failures and discontinuations in such a way as to absolve the institution from responsibility (in the sense of blame) for these failures.

The purpose of this discussion is to demonstrate that the dice is loaded heavily in favour of a university counselling service being regarded as valuable and necessary. With four "publics" evaluating each counselling outcome on the basis of different criteria, some of which may even be antithetical (an example will be given below), it is virtually certain that at least one "public" will regard any counselling outcome as successful (see Figure 3).

Figure 3: Interrelations between counselling outcome judgements



An example from the writer's own experience may clarify this. Suppose a student has come to university under parental pressure. He is disruptive in tutorial groups, thus causing annoyance to the academic staff, and he engages in anti-social behaviour which distresses his parents. Suppose further that he approaches the counselling centre at the suggestion of academic staff, the client-counsellor exchange is desultory and inconclusive

and not helpful, and the student decides to withdraw from the course, indicating on his application form that he had seen the student counsellor. The student returns home, gets a job, his antisocial behaviour ceases and he becomes visibly happier, thus gratifying his parents, who have been told by the student that, inter alia, he went to the student counsellor before deciding to withdraw. Now, from the viewpoint of the client, counselling was probably judged not successful. From the viewpoint of the counsellor (and probably any researcher including this case in his experimental group), the outcome would be judged not successful. However, from the viewpoint of the academic staff now spared tutorial disruption and the parents formerly worried about their son, counselling will certainly be judged as successful. Finally, from the viewpoint of the university executive (the counselling sponsors), the fact that this troublesome student withdrew after seeing the student counsellor would be evidence of his unsuitability for study and counselling will again be judged as successful.

Much of the preceding has arisen from the present writer's interpretation of his own experiences, and obviously more data would be required in order to establish the validity of the hypothesised processes. However, its purpose in this discussion is simply to suggest that there are reasonably plausible grounds for accepting the importance of those judgements which find expression in the counselling service's host-community about counselling outcomes independent of those outcome measures traditionally employed to evaluate counselling and independently of the actual effect of counselling on the client. It is believed that herein lies the explanation for continued support of counselling in tertiary institutions despite the lack of research evidence for the effectiveness of counselling.

2.9 Counselling and psychotherapy as an organisational action-system: general conclusions

In this chapter empirical studies relating to university counselling services have been considered as aspects of an organisational action-system. Based on this, some general conclusions can be drawn concerning counselling and psychotherapy as these are practised within a formal organisational

(Type 1) situation.

It seems clear that there is no value in trying to establish any so-called "real" definition (Robinson, 1950) of counselling or of psychotherapy: a community abstracts a class of behaviours and experiences which interfere with members' functioning in the community and designates the remedying of these by a "talking cure" as the "business" of the organisation set up for that purpose. The organisation is not, however, simply a passive receptacle for whatever the community directs to it. The counselling organisation and the supporting community are engaged in a continuing cycle of mutual definitional activities: the community sanctioning certain functions and proscribing others, the counselling organisation re-formulating its operational policy and seeking to "educate" community members into an acceptance of this policy.

Thus, the notion of counselling seems characterised by the notion of a dynamism: a "talking cure" whose purpose and process result from a tension between community demand and organisational self-image.¹⁰

The community demand is for members who are unable to function effectively in the community to be afforded an acceptable means of re-joining the community as fully-functioning members. The organisational self-image involves an ideology about human distress and appropriate responses to this, and is expressed by means of a body of counsellor therapeutic techniques and procedures which are justified by a doctrine of therapeutics. For counselling and psychotherapy to be effective there must be substantial correspondence between the community demand and the organisational self-image. An example of a mis-match between community demand and organisational self-image is the community reaction to Wilhelm Reich's "Orgone Therapy" (Brown, 1972).

From the perspective of the individual community member seeking help, his or her perceptions of the role of counsellors in the organisation

¹⁰ Selznick (1957) discusses the notion of organisations having "selves".

are very important: the greater the person's desire to be helped to rejoin the community and the greater his or her appreciation of the appropriateness of counselling to achieve this goal then the more likely it becomes that counselling will be effective.

The person who seeks help from the counselling organisation has some aspects of his or her behaviour altered simply as a consequence of the help-seeking action. Appointment times, location of the counselling encounter, conduct during the encounter, constitute a structure modifying the client's behaviour, at least while the help-seeking activity continues.

There are clear role-behaviours perceived as appropriate for the participants in the counselling encounter: counsellor (actual or implied) and client. For the counsellor, these include attentiveness to the client's request for help and communication of an expectation of help being effective. For the client, these role-behaviours include obedience to the counsellor's directives¹¹ and an expectation of improvement.

The "internalisation" of the counsellor's directives is an important part of counselling. When counselling has been "effective" the directives transcend the mere immediacy of the counsellor's presence: the content of the directives becomes the client's own, and this self-appropriation of counsellor directives seems clearly contingent on action or involvement of the client in the counselling process.

There is often a negotiational, transactional or bargaining flavour to the counselling encounter: the help-seeker wants "help", but not on the terms on which the counsellor offers it, the counsellor wants to help, but not on the terms which the client demands. Part of the counselling process involves the client coming to accept help on the terms on which it is offered. Often, prior information on these terms and a justification of them (either explicit e.g. induction briefing, or implied

11 This term should not be identified solely with "directive therapies". It is being used simply to denote what it is that the counsellor seems to want the client to do.

e.g. pre-testing) lead to more ready acceptance of the terms on which help is offered, and this makes for greater effectiveness.

These general conclusions about counselling and psychotherapy appear to be true whether or not counselling is individual, group, or self-administered.

In the next chapter, a number of theoretical formulations of counselling and psychotherapy will be discussed in terms of their adequacy to incorporate these general conclusions concerning counselling.