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COUNSELLING AND PSYCHOTHERAPY
AS SOCIAL ACTION-SYSTEMS

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Introduction

The "talking cure" (Boring, 1957, p 709; Halmos, 1965, p 3), "psychotherapy" and "counselling", as presently conceptualised in contemporary Western society, evolved first from the nineteenth century medical concept of disease: an affliction of the individual, requiring individual treatment. The first significant deviation from this framework seemed to come in the 1930's when the talking cure for the "sick" individual was taken outside a purely medical context through child guidance and related areas (e.g. Rogers, 1939). While parents were often involved in the child guidance programmes, their involvement was seen as being ancillary to the basic "treatment" of the disturbed child and thus psychotherapy was maintained with an individual focus. In the 1930's group psychotherapy emerged, but these early activities also retained an individual focus (Slavson, 1940): group psychotherapy at that stage could most accurately be described as the treatment of a person in a group - it is only since the work of the "group dynamics" movement gained an acceptance in the psychotherapeutic field that the conceptual shift has been made to see the treatment of all participants simultaneously by the group¹ (Back, 1972). In the 1950's family therapy emerged as a visible force, and this had profound implications for the manner in which psychotherapeutic activity was seen:

"... family therapy introduced major problems. It was no longer clear who was sick and who was well in the therapeutic setting, nor indeed who was the patient. Further, the participants were intimately related to each other. This latter factor provided a challenge to traditional ideas of the one-to-one model, such as the development of transference, regression, lack of destructive feedback and so forth". (Pattison, 1973, p 397)

Subsequent psychotherapeutic innovations such as simultaneous multiple family group treatment (Blinder, Colman, Curry and Kessler, 1965); married couples group therapy (Gottlieb and Pattison, 1966); home treatment (Perry, 1963); extended-family treatment (Landes and Winter, 1966); network

1 It is interesting to note that in the recent development of Gestalt group techniques by Perls (1969), the emphasis is once more on the individual in the group.

therapy (Speck and Rueveni, 1969), have made it extremely difficult to conceptualise psychotherapy simply in terms of the treatment of the disturbed individual.

Pattison (1973), whose paper provided the initial stimulus for this present discussion, concluded that these innovations shifted the focus of psychotherapeutic work from the individual to the social system of the individual so that therapy for the patient is achieved via change in his social system (p 398). Pattison (1973) proposed that "social system therapy" could not be fitted to the one-to-one model of psychotherapy and accordingly a new model needed to be developed as a complement to the one-to-one model. The present writer is reluctant to concede the need for two models of psychotherapy, and this paper will essentially be concerned with searching for a model which incorporates both the original one-to-one framework of therapy and the "newer" social system therapy.

In the 1972 Annual Review of Psychology, Howard and Orlinsky proposed a conceptual framework intended to organise the accumulated information about psychotherapy so as to permit more meaningful enquiry into the nature of the psychotherapeutic enterprise (Howard and Orlinsky, 1972, pp 615 - 668). These writers took issue with the view that counselling and psychotherapy² is simply a mode of treatment:

"By most accounts, psychotherapy is a treatment offered by specialists to people with psychological conditions that impair individual functioning or limit well-being. The specialists, of course, disagree about the correct interpretation of problematic conditions, the needs and capabilities of different patient populations, the nature of effective treatment procedures, and the qualifications and preparation necessary for professional practice. Despite these disagreements, it is widely assumed that psychotherapy is basically a mode of treatment. The acceptance of this view by researchers as well as practitioners has restricted our conception of psychotherapy and limited the range of questions we have asked about it to the familiar concerns with treatment, process and outcome". (p 615 - emphasis added)

2 In this paper, the two terms will be taken to be synonymous. While Howard and Orlinsky entitled their paper "Psychotherapeutic Processes", they do not distinguish counselling from psychotherapy in terms of the scope of their review of research.

Howard and Orlinsky stressed the need for a more general comparative perspective in order to incorporate functionally equivalent endeavours in different social and cultural forms (p 616). They took as a point of departure the simple generalised statement that psychotherapy is a set of recognised activities in which certain members of a community engage, these activities being most meaningfully described in terms of customs, conceptions and personnel (p 616). They proposed that:

"An understanding of psychotherapy in particular requires the study of its specific properties as an action system, and of its functional interrelations with its system context". (p 616)

In elaborating this viewpoint, Howard and Orlinsky employed a social model derived from the work of Parsons (1951) in which psychotherapy is seen as an instance of an action system which exists as part of a complex of other functionally interdependent action systems, all having social, cultural and psychological system features (p 616). Howard and Orlinsky then went on to propose a framework for analysis in accordance with Parsons' (1951) scheme:

"Questions about the determinants and outcome of psychotherapy concern the functional relationships between the therapeutic action system and its system contexts. The influence of context on system defines system input, while the consequences of therapy for its social, cultural and psychological consequences define system output".

(Howard and Orlinsky, 1972, p 618)

The consideration of research findings up to March 1971 relating to counselling and psychotherapy which occupies the balance of the Howard and Orlinsky paper is accordingly arranged in terms of (i) input studies; (ii) process studies, and (iii) output studies, each in turn considered at a social, cultural and psychological system level.

Howard and Orlinsky's (1972) paper appears to represent a significant advance toward an integrated account of the nature of the practice of counselling and psychotherapy. However, while their framework is well suited to the task of ordering research findings, it is perhaps less suited to extending our theoretical understanding of the elements of effective counselling

and psychotherapy. Thus, their summary statement of the essential "ingredients" of counselling and psychotherapy is, regrettably, suggestive rather than definitive:

"Insight therapies of all types address themselves to the rationality of the patient and behavioural therapies direct their operations to the sensori-motor level, but all therapies work through the medium of an actual or implied human relationship whose manifest and convincing purpose must be to help the patient. The insight and the conditioning given the patient are, under various and as yet imperfectly understood conditions evidently effective, but the medium cannot itself fail to be an important part of the message". (p 659)

Subsequently in this paper it is proposed to extend the "systems" approach to conceptualising counselling and psychotherapy, as suggested by Howard and Orlinsky (1972), and by Pattison (1973). The goal of the discussion will be to formulate a framework for understanding counselling and psychotherapy which is both definitive, that is includes explicit references to specific therapeutic procedures, and comprehensive, that is incorporates both the one-to-one therapy situation and social system therapy, rather than adopting Pattison's (1973) suggestion of the need for two complementary models.