

Chapter 3 Counselling Theories

3.1 An overview of traditional theoretical approaches

In section 1.1 theoretical formulations of counselling were described in functional terms as statements from the repository of the culture of counselling and psychotherapy; used by counsellors and therapists to legitimate their activities. In this section, theoretical approaches will be discussed in terms of their more traditionally stated purpose of being comprehensive accounts of the counselling and psychotherapy process.

Stefflre and Mathery (1968) describe this aspect of theory in the following terms:

"Counselling theories are systematic ways of viewing the counselling process in order to organise what is known about it in such a fashion as to furnish guides to the counsellor's behaviour, clues to the client's understanding, direction for counsellor education and suggestions regarding the most promising research dimensions of the counsellor-client interaction". (p 1)

Since it is the counsellor or therapist's understanding of the counselling process which determines much of the counsellor's behaviour towards, and expectations of, the client, it becomes necessary to look carefully at the major "systematic ways of viewing the counselling process"¹². The range and diversity of counselling theories, however, makes this difficult. In 1959 Harper published his well known book outlining thirty six systems of psychotherapy. At that time Harper did not claim that his list was exhaustive and now, some fifteen years later, new theories, innovations and developments within old theories have confused the picture even more. A number of writers have attempted to bring a measure of order into the area by proposing taxonomies of counselling theories. Arbuckle (1970) considered six of these taxonomies, and his table has been reproduced on the next page, with an addition.

12 This is not to imply that all counsellors subscribe to one of the major theories. However, it seems clear from the literature that many do, or at least receive their basic training in terms of one of the major theoretical systems.

Table 1: Categories of Counselling Theories

	1. Patterson	2. Carkhuff and Berenson	3. Ford and Urban	4. Blocher	5. Sahakian	6. Holland
A.	1. Psychoanalytic: Bordin, Alexander & Adler Fromm, Horney, Jung, Rank, Sullivan, French	1. Psychoanalytic: Freud Neo-Freudian: Adler, Fromm, Horney, Rank, Sullivan	1. Psychoanalysis: Freud 2. Ego-Analysts 3. Subjective: Adler 4. Will therapy: Rank 5. Character analysis - Horney 6. Interpersonal relations: Sullivan	1. Psychoanalytic Bordin 2. Social-psycho- logical: Adler, Fromm, Horney, Sullivan	1. Psychoanalytic: Freud 2. Analytic psychology: Jung 3. Individual psychology: Adler 4. Humanistic psychoanalysis: Fromm 5. Neo-Freudianism - the Sociological School: Horney 6. Interpersonal theory: Sullivan	1. Freudian 2. Neo-Freudian: Rank, Adler, Horney, Sullivan, Fromm, Alexander, Klein, Reich, Rosen, Szasz
B.	2. Existential: Frankl, May, Van Kaam	2. Existential: May	7. Existential analysis		7. Self-actualis- ationism: Maslow 8. Organismic psychology: Goldstein 9. Personalistic psychology: Allport	
C.	3. Rational: Williamson, Thorne, Ellis	3. Trait-and-factor: Super, Ginzberg, Tiedeman, Roe, Holland, Tyler, Hoppock		3. Rational- emotive: Ellis	10. Factor theory psychology: Cattell	3. Psychological psychotherapies: Ellis
D.	4. Perceptual phenomenological: Kelly, Grinker, Rogers	4. Client-centred: Rogers	8. Client-centred: Rogers	4. Client-centred: Rogers	11. Phenomenological: Rogers	Rogers

Table 1 continued

	1. Patterson	2. Carkhuff and Berenson	3. Ford and Urban	4. Blocher	5. Sahakian	6. Holland
E.	5. Learning theory: Dollard and Miller, Wolpe, Rotter, Salter, Phillips, Pepinsky, Krasner and Ullman, Skinner, Michael and Meyerson	5. Behaviour modification: Dollard and Miller, Wolpe, Eysenck, Salter, Bandura, Krasner and Ullman, Reyna	9. Learning theory: Dollard and Miller 10. Reciprocal inhibition: Wolpe	5. Teacher Learner 6. Behavioural counselling: Skinner, Krumboltz, Michael and Meyerson	12. Stimulus response psychology: Dollard and Miller 13. Factor theory psychology: Eysenck 14. The Socio-metric Approach: Moreno 15. Stimulus-response psychology: Mowrer	Dollard and Miller, Wolpe, Rotter, Salter, Thorne, Bach, Moreno, Johnson, Wolberg, Brammer, and Shostrom
F.	To which must be added: Interpersonal Transactions: Berne, Haley, Ruesch, Watzlawick					

Now while a taxonomy of the kind outlined in Arbuckle's (1970) book undoubtedly aids understanding, a number of writers have sought to further simplify the picture by identifying a "basic" difference among theories and dichotomising them accordingly. London (1964) proposed an insight-action dichotomy while Ullman and Krasner (1965) proposed a very similar evocative/expressive therapy - behaviour therapy dichotomy, both dichotomies being concerned with process. Sundland and Barker (1962) surveyed therapist orientations and interpreted their survey findings as evidence of an analytic-experiencing dichotomy. Allport (1965) proposed that the differences among theories could be reduced to a basic difference in image of the nature of man: those theories which viewed man by implication as a reactive being, and those theories which see man as purposive, conscious, future-oriented.

Patterson (1967) summarised these various statements of "basic" differences between theories by proposing two divergent trends in counselling and psychotherapy: one toward a more cognitive approach, and another towards a more affective approach:

"In rational approaches the process tends to be planned, objective and impersonal. In the affective approach it is emphasised as being warm, personal and spontaneous. One emphasises reason and problem-solving, the other affect and experiencing". (p 5)

Osipow and Walsh (1970) described these two approaches as "cognitive-interventionist" and "facilitative-affective" respectively (p 5), and these appear to be very apt descriptive terms to characterise the two major distinguishable trends in counselling and psychotherapy theories. The cognitive-interventionist approach would incorporate behaviour therapy, behavioural counselling, and rational-emotive therapy, while the facilitative-affective approach would incorporate gestalt, existential, client-centred and psychoanalytic theories.

While these divergent trends seem quite clearly distinguishable, the failure of any particular approach to demonstrate a superiority over other approaches constitutes a problem requiring explanation. Ungersma (1961)

stated this in the following terms:

"The present situation in psychotherapy is not unlike that of a man who mounted his horse and rode off in all directions. The theoretical orientation of therapists is based upon widely divergent hypotheses, theories and ideologies ... Individual practitioners of the art are expected to vary, but some well-organised schools of therapy also seem to be working at cross purposes with other equally well-organised schools. Nevertheless, all schools, given favourable conditions, achieve favourable results: the patient or client gets relief and is often cured of his difficulties".

(p 55 - emphasis added)

A number of attempts have been made to present a unified approach to counselling and psychotherapy, and three strategies have been followed in these attempts. The first strategy has been that of demonstrating the functional equivalence of constructs in different theories. The work of Gendlin (1969) illustrates this as he compared the psychoanalytic mode of responding to the client with the client-centred or experiential mode:

"My view is that, when effective (and done as the best practitioners of each orientation prescribe), the two modes of responding are extremely similar. However, the way in which the optimal therapist response is conceptualised in the two schools is very different ... An 'experiential effect' is also the aim of good psychoanalytic interpretations ... an interpretation must not only be correct, but must produce a dynamic change ... I employ an experiential vocabulary, and I term what I take to be the same event an experiential 'effect'".

(p 208, emphasis added)

A second strategy has been to propose that all "other" theories are, in fact, subsumed by the principles of a "higher level" theory. Rogers (1965) claimed that certain attitudinal attributes of the counsellor or therapist led to successful outcome regardless of theoretical orientation¹³.

"It is this aspect of my hypothesis which seems to explain why people as divergent as Rosen, Whitaker, Ellis and I can each in our own way be effective with clients. Rosen ... challenges, Whitaker ... indulges in mutual fantasy, Ellis ... shakes a didactic finger, I try to understand. To the extent that each of us is a real person, and able to let the realness show through, we tend, I believe, to reach our clients; even though in very different ways". (Rogers, 1965, p 97)

13 Rogers' scheme itself is, of course, a theoretical orientation.

From a very different theoretical viewpoint, Haley (1963) claimed that all effective therapy was distinguished by a therapeutic paradox, regardless of the constructs formulated by the original theorists.

"When a more full description of psychotherapy is made, one factor which is held in common by all types of psychotherapy is the way the therapist poses paradoxes for the patient ... The psychotherapist (a) sets up a benevolent framework defined as one where change is to take place; (b) he permits or encourages the patient to continue with unchanged behaviour; and (c) he provides an ordeal which will continue as long as the patient continues with unchanged behaviour". (Haley, 1963, pp 180 - 181)

Perhaps the most explicit statement of a superior theoretical position subsuming other theoretical views has been made by Eysenck (1960):

"Behaviour therapy is an alternative type of treatment to psychotherapy. It is a superior type of treatment, both from the point of view of theoretical background and practical effectiveness. Insofar as psychotherapy is at all effective, it is so in virtue of certain principles which can be derived from learning theory ... psychotherapy itself, when shorn of its inessential and irrelevant parts, can usefully be considered as a minor part of behaviour therapy". (p ix)

The third approach to unifying the field of counselling and psychotherapy theory has been to depart entirely from the traditional "special" theories of counselling and psychotherapy by employing a system of psychological constructs derived from a much more general theory of behaviour.¹⁴ A number of writers, including Frank (1973) and Howard and Orlinsky (1972), have argued strongly that this is the preferred strategy because the weight of evidence concerning therapeutic and counselling activities clearly shows that the current "special" theories cannot incorporate important aspects of these activities - particularly those aspects which emerge from cross-cultural studies of "healing".

In the next two sections several of the most significant attempts to construct a comprehensive account of counselling and psychotherapy on

14 Learning theorists would no doubt claim that their system was derived from a general theory of behaviour. However, as Weitzman (1967) noted, this would be misleading because there is no generally accepted learning theory "system" of behaviour.

the basis of general accounts of behaviour will be discussed, in the light of the discussion in the previous chapter.

The accounts of counselling and psychotherapy which have been proposed specifically as comprehensive accounts derived from a general account of behaviour fall into two groupings: "psychological theories" and "socio-cultural theories". The psychological theories which will be discussed, in order, are those of Strupp (1973), Pentony (1971), and Strong and Matross (1973). The socio-cultural theories to be discussed are, in order, those of Frank (1971, 1973) and Haley (1971). While the Howard and Orlinsky (1972) paper discussed previously also fits into this socio-cultural grouping, that account is not sufficiently systematised to be usefully considered as a theoretical account of counselling.

3.2 Contemporary comprehensive accounts of counselling and psychotherapy:
(1) "psychological" accounts

Strupp (1973) has proposed a parsimonious account of the essential conditions for psychotherapeutic change in which the key elements are (a) the helping relationship, (b) the therapist's power base as a basis of influence, (c) the capacity of the client to profit from the experience. Strupp (1973) refers to these as the basic ingredients of therapeutic change. He proposes them as necessary and sufficient conditions for therapeutic change, and his statement of them has been reproduced below:

"Condition 1:

The therapist creates and maintains a helping relationship (patterned in significant respects after the parent-child relationship) characterised by respect, interest, understanding, tact, maturity and a firm belief in his ability to help.

Condition 2:

The foregoing condition provides a power base from which the therapist influences the patient through one or more of the following: (a) suggestions (persuasions); (b) encouragement for openness of communication, self-scrutiny and honesty (partly under Condition 1); (c) 'interpretation' of 'unconscious material, such as self-defeating and harmful strategies in interpersonal relations, fantasies, distorted beliefs about reality (etc); (d) setting an example of 'maturity' and providing a model (partly under Condition 1); (e) manipulation of rewards.

"Condition 3:

Both preceding conditions are crucially dependent on a client who has the capacity and willingness to profit from the experience". (p 1)

In expanding on these, Strupp attaches considerable importance to the nature of the therapist's attitudes, asserting that a therapist deficient in the characteristics outlined in Condition 1 is not likely to facilitate a significant experience: he includes behaviour therapists in this, claiming that they devote a great deal of time to establishing just such a relationship with their clients. Strupp considers that these attitudes and values are the "loving" aspects of psychotherapy, borrowing the notion from Fromm (1947), and that they are essential for therapeutic change. Strupp's formulation does not imply that these attitudinal characteristics of the therapist are sufficient. Strupp stresses the importance of his Condition 3, and proposes that psychotherapy is potentially useful only when the client remains responsive to parental-type influences, that is, has a need to form a dependent relationship with a mature adult. Strupp sees this dependent relationship as constituting a power-base for influence attempts by the therapist:

"When there exists a strong need in the client to reinstitute a parent-child relationship (transference readiness) and the therapist partially but effectively meets these needs, a matrix of virtually unequalled power has been created; it is within this matrix that the therapist's operations achieve their unique effectiveness". (p 4)

In essence, Strupp is making a distinction between so-called "non-specific effects of psychotherapy", which arise solely from the fact of the therapeutic relationship and involve a boosting of morale, a raising of hopes, together with an encouragement of coping behaviour, and the effects of manipulation by the therapist, with the stipulation that these manipulations can only be effective within the context of an emotionally charged affectional relationship. (p 6).

While Strupp's presentation employs a wider framework than is employed in the "traditional" theoretical formulations, it seems reasonable

to claim that it is, however, both incomplete and restricted. The presentation appears to be a very useful representation of a particular class of psychotherapeutic endeavours: namely, those employing a psychodynamic rationale, especially the psychoanalytic and client-centred approaches. Strupp commits a logical error by assuming that because his framework accommodates psychodynamic approaches so well, therefore his framework must also apply to all other forms of counselling and psychotherapeutic activity. His approach is especially unsuitable for application to group counselling and therapy (see the Introduction to the present paper), and to many of the behavioural and self-programmed procedures mentioned in the preceding chapter on university counselling services. Garfield (1973), in a cogent criticism of Strupp's 1973 paper, claimed that Strupp was incorrect in equating "commonality" with "necessary and sufficient". Garfield's suggestion was for a change in emphasis, that certain non-specific factors be seen as occurring in all therapies and accounting for some, if not all of the change that takes place, while certain therapeutic procedures had particular value for specific problems, without the emphasis on the "loving" quality of the therapist-client relationship as being a "necessary" quality. Support for this comes from an interesting study by Benfari (1969), who sampled data on twenty tribal societies to assess the relationship between socialisation practices connected with childhood dependency and the style of adult patient-healer relationship. Benfari (1969) found a strong association between these variables: societies fostering childhood dependency tend to have person-oriented healers, while societies which discourage childhood dependency have healers which are not person-oriented.

This suggests that Strupp's (1973) Condition 1 may be neither necessary nor sufficient. Strupp's approach fails to accommodate other findings of studies of university counselling services discussed in Chapter 2, particularly those relating to expectancy, the therapeutic effects of receiving mere "attention" from the counselling service, and the factors involved in a person actually seeking help from a counselling service.

While Strupp's (1973) formulation is inadequate in many ways,

it was considered first because it draws attention to three aspects of therapy to which the majority of the new "comprehensive" accounts give detailed attention, namely, the nature of therapist-influence on the client, the context within which this influence operates, and the features of the client making for susceptibility to influence.

One of the earliest systematic considerations of these is Pentony's (1971) paper on the authority of the therapist. Pentony began with Rogers' (1957) "necessary and sufficient conditions", and raised the question of how it was that a therapist was actually able to offer those conditions of warmth, congruence and empathy.

"There appear to be two broad lines along which such an explanation can be advanced. The first is that the ability is a personal attribute or quality. In other words, the therapist is a very secure individual whose depth of self-understanding and maturity of outlook enable him to meet the hostility and anger of others without experiencing threat to his integrity. The second line of explanation is that it is situational. The therapist occupies a strategic position in the system of relationships which makes him comparatively immune to the verbal shafts which are aimed at him". (p 3)

Pentony rejects the first line and in the rest of the paper develops the thesis that it is the authority or interpersonal power of the therapist within the therapy situation which enables therapeutic conditions to be offered. Pentony looks at the basis of the therapist's authority under three headings: the wider context within which therapy takes place, the structuring of the relationship, and the tactics employed in the ongoing action. In his discussion of the "wider context", Pentony mainly restricts his attention to the question of therapist-client status relativity and, to anticipate subsequent discussion in a following section, the present writer believes that this narrow consideration of the context within which therapy is offered is the major deficiency in Pentony's (1971) account. Pentony's discussion of structuring and ongoing tactics emphasises the importance of the therapist achieving a position of power in the relationship, and in this connection he considers a number of "traditional" theorists and reinterprets their activities from an interpersonal strategies

perspective: the psychoanalyst's and client-centred counsellor's "spotlighting" of the client, Rosen's physical domination and prestige-building activities, Ellis' intellectual domination, the elaborate procedures of the behaviour therapists:

"The basic tactic which characterises all psychotherapy in some measure ... is to keep the spotlight on the behaviour of the client ... In psychoanalysis all the behaviour of the client is appropriate material for analysis and interpretation ... Similarly, within the client-centred orientation, comments which are made by the client about the therapist are explored in terms of the feelings which are being expressed rather than in terms of accuracy ... Typically, the more directive systems make their theoretical points initially, gain acceptance of them and then focus on the client's behaviour from their particular standpoint. All this amounts to is a statement that the therapy relationship is an unequal one with the therapist in the position of influence or power". (pp 13 - 15)

Pentony also discusses the nature of this power. He distinguishes between power imposed from above without regard for the wishes of those over whom it is exercised, and power accorded from below, that is, a distinction between compliance as a result of compulsion and compliance as a matter of choice. Pentony proposes (p 24) that it is this second form of power which is efficacious:

"The second way in which something which has its source in another can influence a person's behaviour is by the latter being drawn to it as something from or through which he can learn or develop his own resources or use in pursuing his objectives. This is authority in the sense of authoritative. This latter kind of authority deserves closer attention, for it is a kind of authority to which any teacher - and I would regard the therapist as a teacher - must aspire. To be effective a teacher must have authority in this sense ... The view I am proposing is that growth, development or learning which is the object of therapy occurs because the client is able to incorporate into the workings of his own mind something of the working of the mind of the therapist". (pp 24 - 25)

The model of change which Pentony proposes involves three stages: disconfirmation of the client's present mode of behaving, discovery of more effective modes and consolidation of these modes. Pentony's view is that in effective psychotherapy this process occurs when the client feels

that he has autonomy and thus develops positive identification with the therapist as a source of influence.

"I am proposing that in psychotherapy the development of the relationship is toward positive identification. The therapist begins from a position of authority which is impersonal, and works toward a position of authority which is personal". (pp 31 - 32)

He then distinguishes between institutional and personal authority, regarding the former as a starting point which must be transformed into personal authority.

Pentony's (1971) framework is a very useful one, and it has profoundly influenced this present writer. However, to again anticipate subsequent discussion, the distinction between institutional and personal authority appears to be of limited use. It does seem to be an appropriate distinction when applied to a certain class of therapeutic activities, namely those involving custodial care of a patient, but it does not seem relevant to many other forms of therapeutic activity in which there is minimal opportunity for personal contact with a therapist or counsellor, yet therapeutic change occurs as a result of "institutional intervention" in the person's life-situation. The discussion of the university counselling service in Chapter 2 included examples of this type of situation. Thus, it is suggested that Pentony's (1971) formulation, too, is limited in its range of applications, and thus fails to provide the desired comprehensiveness.

The final framework to be considered among the "psychological" theories is that proposed by Strong and Matross (1973). They begin with the assumption that psychological change is the consequence of the interaction of psychological forces generated and altered in the exchange between client and counsellor. They adopt the orientation that all behaviour (including actions, feelings, cognitions) is caused by factors operating on the person at the time of emission of the behaviour, past events having no necessary relationship to current events.

Strong and Matross (1973) assert (p 26) that it is the impact of counsellor remarks on clients that brings about client change.

"If the counsellor's remark implies some kind of change in the client's actions, thoughts or feelings, then the impact on the client will be the stimulation of internal psychological forces impelling the acceptance of change. Forces impelling acceptance can be conceptualised such as the client's resistance and opposition to the counsellor and his suggestions ... In counselling and psychotherapy the counsellor's social power on the client resides in the client's perception of being dependent on the counsellor ... The strength of client dependence is determined by the degree to which the client sees that the counsellor's resources correspond to his needs ... Resistance is defined as psychological forces aroused in the client that restrain acceptance of influence ... and are generated by the way the suggestion is stated and by the characteristics of the counsellor ... Opposition is ... a function of the anchorage of the client's present behaviour in reference groups, ethics, and counterinfluence agents, as well as the costs entailed by the suggested change".

(pp 26 - 27)

Strong and Matross (1973) express this symbolically in the following vector equations: $\vec{\Delta B} = \vec{P} + (\vec{O} + \vec{R})$

where \vec{P} represents the forces of the counsellor's social power

\vec{O} represents the forces of the client's opposition to the implication of a suggestion for change

\vec{R} represents the forces of the client's resistance to the counsellor suggesting change

$\vec{\Delta B}$ represents the resultant client response:

"He complies with the counsellor's request to the extent that power is greater than opposition and resistance, and he does something else to the extent that resistance and opposition are greater than power". (p 27)

In their development of these ideas, Strong and Matross (1973) introduce the notion of power base, symbolised as PBi . A power base is held to be the result of a correspondence, symbolised as \cong , of a client need, Ni , and a counsellor resource, Ri :

$$PBi = (Ni \cong Ri)$$

Strong and Matross (1973) postulate five power bases as the most prevalent in counselling and psychotherapy, following Raven's (1965) typology: expert, referent, legitimate, informational, and ecological. In the expert power base situation, the key issue is the fact that the client

has goals which he has not been able to obtain. Strong and Matross (1973) see expert power as arising from the conjunction of two conditions: the client needs help in reducing the "cost" of attaining his goals and perceives that the counsellor has special skills to meet this need.

In the referent power base situation, the key issue is one of inconsistency between the client's self-perceived behaviour and values. In this situation, Strong and Matross (1973) see the counsellor as a means by which the client can increase his psychological consistency:

"A counsellor develops referent power by bringing to the client's attention similarities in values, opinions and experiences". (p 29)

Legitimate power is seen by Strong and Matross (1973) to derive from the counsellor's cultural and institutional roles as "help-giver" in personal, vocational, educational and interpersonal problem areas. An informational power base derives from the client's need for information to attain his goals and his awareness of the counsellor as a source of this information. An ecological power base refers to the potential ability of a counsellor to take action which alters the social or physical environment of the client:

"Counsellors in settings where they do not have the ability to manipulate directly clients' environments can make use of environmental forces in different behaviour settings by inducing clients to enter new settings. As such, ecological power exerts a secondary influence, while expert, referent and legitimate powers provide the impetus to place the client in contact with the behaviour setting". (p 31)

In their discussion of resistance forces, Strong and Matross (1973) imply that resistance arises from a client's seeing an influence attempt as illegitimate, i.e. assuming a power base not previously established upon. Opposition forces are discussed in terms of internal consistency "anchorage" of attitudes as a function of the client's life situation and values.

Strong and Matross (1973) summarise their theory in the following terms:

"The first application of counsellor social power is in process strategies designed to increase the strength of the counsellor's power bases and to reduce the possibility of resistance. Counsellor power is then turned to diagnosis of the client's 'life-space' and by interpretative redefinition of the client's life-space to reducing opposition. Desired behaviour change then is facilitated by outcome strategies which must often only gradually approximate the desired final outcome". (p 35)

There is not scope in this paper to adequately discuss the Strong and Matross (1973) scheme. In form it is quite rigorous and consistent. (It is noteworthy that much of the experimental work done in developing the theory was carried out within university counselling services). The theory's major strength is the scheme for understanding the forces which operate during the counsellor-client exchange. It is, however, a theory specifically intended to incorporate only those forces: it is explicitly ahistorical, and is not forward looking. This is its major limitation. Because of this, it does a relatively poor job of demonstrating how it is that the counsellor influence during the counsellor-client interaction can actually bring about change in the face of "resistance" and "opposition" which arise as a result of past experience and the current client's life situation outside the counselling exchange. In addition, it would be extremely difficult to apply the theory in its present form to a group counselling situation.

3.3 Contemporary comprehensive accounts of counselling and psychotherapy: (ii) "socio-cultural" accounts

Frank (1971, 1973) has proposed a framework which is distinctive in embedding therapeutic activity in culture. Frank's approach embodies both a historical and a cultural perspective, and on this basis he has proposed six features characterising the therapeutic relationship and the context of the therapeutic situation common to all forms of psychotherapy which contribute to effectiveness. Frank (1971) sees the prevailing social system as being significant in both the development and treatment of dysfunction. He takes a historical overview of psychotherapy, and points out that Freudian psychoanalysis developed in a particular culture, one

characterised by an individual's achievement:

"His success depended on maintaining a righteous, self-confident facade which required denying or suppressing inner impulses that, if admitted to consciousness, would create self-doubts". (p 351)

The culture was also characterised by a family structure which was authoritarian, closed to outsiders and in which the child was expected to have no secrets from his parents. Frank (1971) contends that all this found expression in the Freudian scheme of psychotherapy:

"A form of therapy modelled on this pattern of child-parent relationship, that aimed to help the patient become more accepting of his hidden feelings so that he could drop his facade and thus become more successful in both love and work, and one furthermore, that was conducted in the strictest privacy, would be fully in keeping with Freud's cultural setting as a member of Western industrial society". (p 351)

Frank then carries his analysis forward into contemporary North American culture:

"While nineteenth century Western man had to maintain a mask of righteousness, his modern counterpart, at least in America, feels impelled to wear one of affability, behind which may lurk considerable hostility and suspiciousness. To get ahead one must be likeable; so the need to be liked has replaced the need to appear righteous as an important source of inner conflicts". (p 353)

It should be noted that there is a parallel between Frank's (1971) notion of a cultural context throwing up forms of dysfunction which reflect the characteristics of the culture and the idea developed in the previous chapter, with reference to the university situation, of a community having particular requirements of members whose failure to meet them while remaining in the community made them candidates to receive counselling.

Frank (1971) continues by indicating other stressful areas of American society including fragmentation of persons into roles, dislocation from the past and a weakening sense of identity. Frank (1971) sees a current mode of psychotherapy, intense emotional interaction with others, as arising from this. This need to "belong" is, for Frank, the origin of the

encounter group movement.

Frank (1971) concludes from his historical and cultural survey that:

"The facts that the prevalent mode of psychotherapy in any given era is strongly influenced by the prevailing cultural standards and values, that no one method has succeeded in eliminating its rivals and that many forms of contemporary treatment embody re-discoveries of age-old healing principles, all suggest that features common to all forms of treatment contribute importantly to their effectiveness". (p 355)

Frank (1971) then proposes six features as common to all psychotherapies.

1. An intense, emotionally charged confiding relationship with a helpful person, often with the participation of a group.
2. A rationale including an explanation of the patient's distress and a method for relieving it. Frank (1971) notes (p 355) that this rationale must be compatible with the world-view shared by patient and therapist. The therapeutic rationale also serves to support the therapist's self-confidence and therefore the patient's confidence in him. In addition it gives the patient a scheme for understanding and therefore mastering his symptoms.
3. Provision of new information about the nature and sources of the patient's problems and possible alternative ways of dealing with them. Some of this information comes in the form of "self-discovery", additional information comes from the therapist and, in group therapy, from other group members.
4. Strengthening of the patient's expectations of help through the personal qualities of the therapist, enhanced by his status in society and the setting in which he works.
5. The provision of success experiences which further heighten the patient's hopes and also enhance his sense of mastery, interpersonal competence or capability.

"The detailed structure of behaviour therapies, the objective measures of progress and the emphasis on the patient's active participation virtually assure that he will experience successes as treatment progresses ... in insight therapies ... the patient experiences success when he gains insights or experiences a new feeling, especially since the therapist characteristically disclaims any attempt to influence him, so he perceives any progress as being due to his own efforts ... Thus all successful therapies implicitly or explicitly change the patient's image of himself from a person who is overwhelmed by his symptoms and problems to one who can master them". (p 357)

6. The facilitation of emotional arousal as a prerequisite to attitudinal and behavioural change.

Frank (1971) asserts that the patient-therapist relationship is a necessary but not sufficient condition for all the other common features, in that a patient who distrusts his therapist will not accept the therapeutic rationale.

Frank (1971) also considers the aims of psychotherapies and concludes that all therapists try to modify the patient's inner states and behaviour in directions intended to yield more satisfaction and less distress. Frank regards this as involving attitude change and he regards attitudes as having three components: affective, cognitive and behavioural, all of which are involved, though with differing emphases, in all forms of therapy.

Frank (1971) classifies those who make use of psychotherapy into four groups. The first includes those with no severe disabilities who are searching for new values and experiences to restore meaning to life. The second group includes those who are temporarily overwhelmed by a situational crisis. The third group are those so incapacitated, either physiologically or psychologically, who cannot profit from psychotherapy alone, requiring medical adjuncts. The fourth includes those whose symptoms are related to specific developmental blocks. He regards this last group as being most appropriate for treatment employing the psychotherapist's particular skills.

In evaluating the utility of Frank's approach a curious contradiction is apparent: he explicitly relates the development and form

of psychotherapy to cultural factors, but beyond noting that psychotherapists are healers so designated by society he does not relate culture to the process of psychotherapy. Perhaps this is a function of Frank's medical background, for in the 1973 revision of his seminal book Persuasion and Healing, first published in 1961, he maintains the view of psychotherapy as essentially a treatment. This restricted view of psychotherapy by Frank is all the more curious because in his 1973 book, which is essentially a more detailed exposition of the basic points developed in the 1971 paper, he pays close attention to the interplay between "therapist", "patient", and cultural group, particularly in his chapters dealing with religious and non-medical healing, and religious revivalism and thought reform. It seems to be his intention to restrict in a lexical sense the use of the term "psychotherapy" to only those situations where it can be seen as "treatment", even though he concedes that the same effects are obtained from other procedures, which could not be regarded as "treatment".¹⁵ In short, Frank appears to have focussed attention so exclusively on the person of the therapist, or "healer", after noting that the healer has been so designated by the society, that any other effects of societal phenomena are ignored.

It thus appears that Frank's (1971) scheme is well suited to be an account of the psychotherapeutic process "inside" a medical clinic situation, but it is a relatively poor framework for an account of counselling and psychotherapy within its societal context. Frank's framework implies a discontinuity between the cultural sanctioning of the activity and the actual counselling and psychotherapeutic process. Thus, his framework, like the others discussed in this chapter, cannot incorporate easily the picture of counselling which emerges from an examination of counselling in a particular

15 There is not space for a detailed exposition and criticism of these inconsistencies in Frank's work. An example from his 1973 book may suffice: "The patient's expectations are aroused by the healer's personal attributes, by his culturally determined healing role, or, typically, by both. The role of the healer may be diffused, as at Lourdes, where it resides in participating priests" (Frank, 1973, p 76), emphasis added). To speak of a "diffused healer" is surely forcing a concept beyond the point of being useful, and the obvious alternative would be to look again at the need to give primacy to "the healer" and see if the social or cultural system itself could be used to account for the phenomenon.

societal setting such as a university counselling service where the counselling "process" obviously has a broad scope of meaning, blurring imperceptibly into the social "processes" of the host or sponsoring community.

In Section 3.1 Haley's (1963) notion of the "therapeutic paradox" was introduced as an example of an attempt to subsume other theories by means of a "higher level" theory. Subsequent to the 1963 book, Haley has written extensively in the field of family therapy, and largely from this has developed an extended conceptualisation of all therapy in terms of communication processes.

Haley (1971) distinguishes between digital and analogic ways of communicating. He regards digital communication as that class of messages where each statement has a specific referent and only that referent. He regards digital communication as being particularly appropriate to describe man in relation to his environment. When a message, however, has multiple referents it is analogic in that it deals with resemblances between processes, where each message refers to a context of other messages: there is not a single message and a response but multiple stimuli and multiple responses.

"Analogic communication includes the 'as if' categories; each message frames or is about other messages. Included in this style of communication is 'play' and 'ritual' as well as all forms of art. The analogue can be expressed in a verbal statement as in a simile or verbal metaphor. It can also be expressed in action - the showing of how something is by acting it out". (p 216)

Haley (1971) proposes (p 217) that in psychotherapeutic attempts to change people, the use of metaphors or analogues is central, that all schools of therapy have in common a major concern with the use of analogic communication. Haley illustrates his point by referring to several "schools" including psychoanalysis, behaviour therapy, behavioural counselling, and client-centred therapy.

"...In ... psychoanalysis ... the request for 'free association' was a directive that the patient temporarily abandon the digital style of communication ... Speaking in this way, the patient offered a series of analogues about his life ... The analyst's task was to apply analogues of his own by interpretations, and to explore the connections between the various metaphors which the patient was communicating". (p 217)

"... it is the therapist who offers (analogies) when behaviour therapists try to change the same type of patient. The patient is asked for a list of his anxiety situations .. Then he is asked to relax while the therapist first describes a scene ... The patient responds only by a digital indication whether he is 'anxious' or not as he listens to the metaphor ... he has no veto power over the analogies offered him by the therapist". (pp 217-218)

"Verbal conditioning therapy operates the opposite way from behaviour therapy ... Instead of the therapist offering analogies while the patient responds with digital signs, the patient describes his life in analogic style and the therapist offers digital responses ... if the patient says 'My life is a drag' the therapist does not respond, but when the patient says 'My life sometimes looks bright' the therapist nods his head to encourage further metaphors of this kind". (p 218)

"... it is not uncommon for the therapist to offer analogies about life, often in the form of examples of his own experience or reports about patient experiences ... a surprising number of non-directive therapists tell their patients jokes". (p 218)

Haley develops these notions with particular reference to family therapy and summarises his examples by asserting that:

"Whether in individual or family treatment, each act by a therapist is also an analogy about how to behave. The relationship analogy is meta, or about, the content of the discussion". (p 219)

Haley then goes on to discuss symptomatology, which he regards as metaphorical, or analogic, statements about aspects of the patient's current life situation. In considering the change processes which occur in psychotherapy, Haley (1971) distinguishes between two approaches, those which involve only the patient directly, and those which also involve others in the patient's current life situation. He asserts that those individual

approaches which are successful operate by taking the patient's metaphor (i.e. his 'problem' or 'illness') literally and using this to make him abandon the metaphor. Haley's (1971) criticism of this method is that it changes the ecology of the person, often unpredictably. In the other approach, Haley (1971) proposes that the significant others in the patient's life situation are encouraged to take the metaphor literally to achieve the same result.

"To say that the problem is 'resolved' with such an approach is to say that the metaphor has been blocked and the couple is forced to develop other styles of communicating with one another. In all those areas of encounter between husband and wife where the ... metaphor was previously used, other styles of behaviour must now develop. The system has been forced into instability". (p 224)

The present writer's interpretation of Haley's (1971) framework (which framework is itself expressed largely in analogic terms!) is that a patient employs a metaphor to control certain aspects of his interpersonal environment. The therapist intervenes, either directly in individual therapy or through another in family therapy, so that the metaphor no longer serves its function: it is blocked. This forces the patient's relationship system to change such that communication patterns more acceptable to the patient and to his significant others develop. Haley (1971) summarises his account in the following terms:

"From the viewpoint offered here, therapy is an intervention by an outsider into a tightly structured communication system where symptoms are a style of behaviour adaptive to the ongoing behaviour of others in the system. Whether the problem is a phobia, a depression, a character disorder, acting out or whatever it might be, the communication is functional within the system. The act of intervening, whether it is called 'individual' therapy or whether the therapist brings together the intimates of a patient in an interview, and so calls it family therapy, is an intervention into a family system. The therapeutic process can consist of easing the persons out of the metaphors they are using into more appropriate ones, or the metaphors can be blocked so that others must be developed. When this is done effectively, the total system in which a person lives undergoes change so that more normal communication is possible from every-one involved". (pp 226 - 227)

Haley's (1971) framework owes much to his early work on the place of the 'therapeutic paradox' in counselling and therapy. One criticism of Haley's (1963) scheme was that it focussed exclusively on "the relationship" almost as if it was an entity, and ignored the intra-personal aspects (Lewis, 1972). In Haley's 1971 framework he has obviously remedied this to some extent by employing his notions of digital and analogic communication. However, his formulation still implies counselling and therapy as an "arena" in which change occurs as a result of client and counsellor manoeuvring each other. While this is undoubtedly an excellent description of many counselling situations, it would be difficult to directly apply it very usefully to those situations where client/counsellor interchange is not a feature of the counselling process: attention placebo effects, programmed self-counselling, behaviour modification in the natural setting. This is not to say that Haley's framework could not be applied to these, but that the application becomes unnecessarily laboured once it is removed from the "arena" situation. There are also some conceptual difficulties in his notion of "intervention" into a social system, which will be taken up in the next chapter.

Chapter 4 Towards a General Social-System Model of Counselling and Psychotherapy

4.1 Counselling and psychotherapy as joining an organisation

In Chapters 1 and 2, the concept of counselling as an organisational activity was developed. This framework suggested itself principally because so much of the activity regarded as "counselling" in a formal sense is undertaken within the context of an organisation, and because almost all the research carried out has been concerned with counselling as offered by representatives of formal counselling organisations. In Chapter 3 a number of approaches to conceptualising counselling and psychotherapy, both "psychological" and "socio-cultural" in orientation, were considered, and it was suggested that these failed to incorporate easily many of the factors shown to influence counselling "outcome" (in the broadest sense of the term) when counselling is examined as it occurs in a counselling organisation. When viewed as an example of a social action-system operating to return¹⁶ persons to the community which hosts this therapeutic action-system, many of the traditional "process variables" such as warmth, congruence and empathy seem to diminish in importance relative to other variables such as the "image" of the counselling organisation in its host community.

In the course of discussing counselling from an organisational perspective, the role behaviour of the principal participants in the social action-system, client and counsellor, were seen to be important. In particular a complementarity suggests itself: the counsellor engaged in role behaviour involving attentiveness, caring, and confidence in his "programme" for recovery; the client engaged in role behaviour of obedience to the counsellor's directives, including those directives about how to "recover".

From an organisational perspective, this counselling and psychotherapeutic process bears a close parallel to the induction training

16 This purpose should be conceptually distinguished from the purpose of a type of organisation, the "asylum", whose purpose is to keep persons out of the community until such time as the therapeutic action-system renders the person acceptable once again. Mannoni (1973) discussed these purposes in connection with "anti-psychiatry".

of a new entrant to an organisation. In other words, effective counselling and psychotherapy can be viewed as the client joining the counselling organisation. In this context, "joining" means that the client takes for himself the organisational norms and values which characterise the distinctive ideology of the organisation. Support for this comes from the study by Mihalick (1970) who found that patients' values approached those of their therapist's over time, and that patients whose values resembled those of their therapist tended to remain in therapy rather than drop out.

It is suggested that a client appropriates for himself the norms and values relating to "human nature" and "human fulfilment" which the counselling organisation holds. This will be represented principally, though by no means entirely, by the counsellor or therapist with whom the client is in contact. The client, in coming to an acceptance of these values, enters the organisational role of "client", which role includes the notion of "progression to recovery". It is interesting to note, as Mannoni (1973) comments, that for a long time schizophrenics were regarded as being incurable and that it was not until the pioneering work of Karl Abraham and Melanie Klein that hospitalised schizophrenic inmates were exposed to the opportunity to enter the role of "psychotherapy patient" and that prior to this, any "spontaneous" recovery from schizophrenia was taken as clear evidence of an erroneous diagnosis on admission.

A person's motivation to join a counselling organisation can be conceived as arising from his self-perceived inability to function fully in the community which hosts the counselling organisation. The counselling organisation is seen by the person as the community-sanctioned means of re-entering, or perhaps entering, the community with full community member status. That is, when described in these socio-cultural terms, counselling and psychotherapy can be reasonably described as rituals or rites of passage which confer full community membership on a person who previously saw himself, and was probably regarded by others, as being less than a full community member. Frank (1973) refers to rituals in his discussion of

non-medical healing in primitive tribes as involving a return to the group. Pattison (1973) also sees a return to the group as being an important part of "social system" therapy. However, neither of these two authors extends the concept of "ritual" to include all counselling and psychotherapeutic activity in the manner suggested by the present writer, although Frank, in his 1971 article, suggested that the encounter group movement could be seen as a ritualistic way of achieving "belongingness".

In general, counsellors and therapists tend to choose between two strategies in bringing about return to the community. On the one hand, a person's values are altered such that the meaning of membership of the community is perceived in a different way. Thus, the person no longer experiences feelings of distress and suffering. Alternatively, the person may be coached in certain social/emotional skills, in which the person was previously deficient, and thus enabled to function more effectively in his community. The first strategy seems to devolve from a counselling ideology of "liberation", corresponding to Osipow and Walsh's (1970) facilitative/affective mode of counsellor functioning; the second strategy seems to devolve from a counsellor ideology of "conformity", corresponding to Osipow and Walsh's (1970) interventionist/cognitive mode of counsellor functioning. Both strategies involve a central notion of adaptive change¹⁷, but they differ with respect to the preferred mode of adaptation.

Viewing counselling and psychotherapy as the joining of an organisation to ritually attain community membership provides an explanation of why it is that therapeutic procedures may lead to the same result but over different periods of time. This difference in time for "cure" has always seemed to the present writer to cast doubts on the adequacy of non-specific "necessary and sufficient conditions", in the vein of Rogers' (1957) formulation, as an explanation of the therapeutic process. This is on the grounds that if these conditions were necessary and sufficient, then

17 Recently a third therapeutic strategy of "radicalism" has arisen. In this, the social fabric itself is changed. This opposes the notion of adaptive change in a reactive sense. See Sedgwick (1974)

recovery ought to take about the same time for similar problems regardless of therapeutic technique. Of course it could be argued that some techniques may offer greater "amounts" of the necessary and sufficient conditions, however, the idea of joining the organisation seems to provide an alternative explanation. Different therapeutic procedures being used by counsellors in different organisations have different role behaviour demand-characteristics with respect to expected time of client role membership. In the case of a person whose community membership was being impaired by a phobia, classical psychoanalysis would imply a 2 - 3 year treatment programme; systematic desensitisation may imply treatment for only a few weeks. In the light of the study by Hurst, Weigel, Thatcher and Nyman (1969) cited in Chapter 2, it is likely that the more clearly a client perceives that the counsellor's programme and corresponding expected client role behaviour to be relevant to the perceived reason for lack of present community membership, the more likely it is that counselling will be effective.

By viewing the counselling process as involving the joining of the counselling organisation, distinctions between individual and group counselling procedures become less clear-cut, apart from the actual differences in collectivity in itself. Both procedures enable a person to be exposed to the norms and values of the counselling organisation. In the one-to-one collectivity the counsellor has two tasks: (i) to disconfirm the client's present value system and the behaviour arising from this; (ii) to direct the client's attention to alternative values and actions. In the group situation these tasks may be diffused among the others present.

The organisational perspective also overcomes the need to have the two complementary models, one-to-one and social system, suggested by Pattison (1973). Obviously a person joining an organisation joins a social system. This is clear-cut in the one-to-one and group situations, but further discussion is perhaps warranted in the case of, say, family and kinship group therapy where the counsellor or therapist is said to intervene in the individual's social network. There is a parallel between Pattison's

(1973) one-to-one and social system models and Haley's (1971) "individual" and "family" approaches. Haley (1971, p 226), claims that in fact both his approaches are instances of "intervention into a family system". Haley appears to be arguing that all counselling involves the client's social system, with an implied presence in the one-to-one situation and a physical presence in social system therapy. To maintain the organisational model developed so far, Haley's (1971) argument would have to be taken further. That is, counselling must be seen as the client(s) joining the organisation in both the one-to-one and social system situations.

When the term "intervention" is used, it appears to carry the connotation that the counsellor penetrates the system and changes it while remaining somehow detached from it. Now undoubtedly the presence of an outsider in a social (e.g. family) system brings about a change in the pattern of relationships in the system while the outsider is present. These changes, however, are generally transitory, and cease soon after the outsider leaves. But Haley and others clearly see intervention as being something much more than this, involving some kind of permanent alteration in the pattern of relationships which persists in the therapist's absence. This implies that there is something about the therapist's relationship with the family members which leads to a permanent change. In terms of the model developed in this paper, rather than the therapist "penetrating" the system, members of the family and the therapist together form a new social system.

Pentony (1970) has proposed a similar formulation:

"We would formulate family therapy as the formation of a new team with the therapist defining the situation. As the new team takes shape, the roles of the members of the family group change from being those appropriate to the family context to become those appropriate to the emerging new unit ... Families tend to close ranks against outsiders. The therapist ... requires leadership skills and a plausibility structure sufficiently in accord with the expectations of the family members to enlist their cooperation". (p 256)

The present writer would wish to go beyond this and argue that the terms "enlist" and the "new unit" employed by Pentony (1970) above

actually refer to the family joining the counselling organisation. The characteristics of the organisation are certainly expressed concretely in the person of the counsellor or therapist. However, in the light of the discussion in Chapters 1 and 2, it seems that much of his power to bring about change in the situation via his directives devolves from the counsellor's implied sanctioning by the host community through the counselling organisation which he represents. In the final analysis, it seems to be the case that a family's willingness to join with the counselling organisation, present in the person of the therapist, arises from an awareness of greater distress among family members than is perceived as being consistent with full and effective functioning within the community.

* * * * *

Summarising: it is argued that Pattison's (1973) distinction between one-to-one and social system counselling and psychotherapy is unnecessary. In both, the counsellor or therapist offers the opportunity for membership of a social system as an alternative to the client's current (unsatisfying) social system. In one-to-one counselling and therapy as discussed so far, the individual client joins the counselling organisation. In social system therapy, several members of the client's present social system and the client together join the counselling organisation.

In both, the major factor involved is clearly a client's perception of the counselling believed to be available as an appropriate means of entry or re-entry into full membership of the host community. This will be explicit when counselling is taking place within the context of a community-sponsored counselling organisation (Type 1 counselling situations), and is presumably implicit in situations other than this (Type 11 and Type 111). In the final section, a generalisation of the organisational model to include Type 11 and Type 111 situations will be discussed.

4.2 Counselling and psychotherapy as choosing an alternative social system

Thus far in this paper, attention has been deliberately restricted to those situations where counselling and psychotherapeutic

activities have been carried out within the context of an organisation sponsored by some community to offer "talking cures". Such activities need not, of course, occur only within these organisational contexts. The formulation developed in the previous chapter, where counselling and psychotherapy were described as involving a joining of the organisation offering the activities, is a special case of a more general model of counselling and psychotherapy as a situation in which the client(s) join an alternative social system (usually, though not necessarily, a counselling organisation) which is represented principally by the counsellor or therapist.

In the course of writing this final chapter it became clear that the scheme being developed resembled a formulation proposed by Pentony (1970), who suggested that counsellor and client formed a team:

"As we know it, both from practice and from observation of numerous tapes, films and typescripts showing the work of other practitioners, therapeutic change occurs when therapist and client form a coalition or team working on the client's problems in living. Therapeutic failure occurs when the team does not come into being". (p 255)

On reflection, however, it seems that the model developed in this present paper goes somewhat beyond that suggested by Pentony (1970). The implication of cooperative endeavour involving shared goals and expectations is common to both accounts. However, in Type 1 counselling situations, both client and counsellor can most appropriately be seen as members of a super-ordinate "team", the counselling organisation. It is believed that Pentony's (1970) "team" or "coalition" is unnecessarily restricted as a result of the connotation of close personal mutual interaction between counsellor and client. As discussed in Chapter 2, close personal face-to-face involvement with the counsellor is not a necessary pre-requisite for therapeutic change and even when face-to-face interaction is involved many other factors about the counselling organisation are highly relevant to therapeutic change. In view of this, it seems more fruitful to view the client as joining the counselling organisation "team" in the Type 1 counselling situation. In the Type 11 and Type 111 counselling situation, Pentony's (1970)

"team" would correspond roughly to the "alternative social system" proposed in this paper. However, the alternative social system is here seen as a vehicle for entry or re-entry to the wider community, and not simply as an occasion for "working on the client's problems in living".

Pentony (1970) makes a passing reference (p 255) to those instances of therapeutic failure, which Pentony (1970) sees as being situations in which a "team" fails to form. In the terminology of psychotherapy, this is characterised as "resistance" (Shapiro, 1972). In Chapter 2 "resistance" was introduced in the present context as denoting behaviour by the client which is inappropriate for the client role. It was suggested that such a term had functional utility as a device for allowing the client to retain his organisational status as a client in spite of inappropriate role behaviour. Within the model developed here, resistance is seen as arising from the requirement for the client to join a new social system which may prejudice his membership of a present, "valued", social system. This is particularly so when a person's dysfunction has ecological survival value within a tightly structured social system like the family. Wertheim (1972) has discussed this at some length in a paper on the aetiology of stuttering. Wertheim's (1972) proposal is that stuttering is the way in which a child in a family maintains his psychological survival while, by his "problem", maintaining the family as a unit.

Client behaviour identified as "resistance" can thus be seen as arising from a situation analogous to the classic approach-avoidance conflict model: the client wishes to overcome his feelings of distress and to thus enter into full self-perceived membership of the community, but fears to risk rejection within his immediate social system if this appears consequent upon the behaviour change needed to join the therapeutic social system. Strupp (1973) viewed conventional psychodynamic psychotherapy as the re-institution of a parent-child dependence relationship, and this could be extended to all forms of counselling and therapy: the counsellor or counselling organisation serves as a surrogate family (Shapiro, 1972) within which a new behavioural repertoire is developed.

It is likely that the approach-avoidance conflict situation discussed above in relation to "resistance" applies to all counselling and psychotherapy situations. In all cases, the implication of induction into client role membership is for change. The outcome of the conflict would seem to be dependent on the perceived costs and rewards consequent on joining the alternative social system represented by the counsellor. Detailed discussion of this would go far beyond the confines of this present paper, however, a paper by Krause (1966) deserves mention. Krause (1966) developed a cognitive theory of motivation for treatment employing the concept of "expectancy":

"Motivation for psychotherapy has three jointly pre-requisite conditions: (a) the person must find his present situation to be intolerable without outside psychotherapeutic assistance; (b) he must expect that he will be able to find outside assistance sufficient to resolve his intolerable situation; and (c) he must expect that he will not find the costs of obtaining or using this assistance intolerable". (p 11)

Krause's (1966) theory is very much a psychological one, and he makes only passing reference to the social matrix within which dysfunction and treatment occur. However, his discussion of the notion of costs and benefits consequent upon treatment parallels in many ways the present discussion:

"Although one may describe it as anxiety, discomfort or disequilibrium, something is generally believed to energise the potential client and to drive him to jeopardise his status quo".

(Krause, 1966, p 11, emphasis added)

In Chapter 3, reference was made to Strong and Matross' (1973) use of Raven's (1965) typology of "power", namely expert, referent, legitimate, informational and ecological power. Strong and Matross (1973, p 28) identified expert, referent and legitimate power bases as being most relevant to the counselling situation. In the situation of the client presented with the opportunity to join an alternative social system represented by the counsellor, three possible bases of choice suggest

themselves, and these are clearly analogous to Strong and Matross' (1972) three principal power bases.

A client could choose to join the counsellor-represented social system (a) because he believes that taking to himself the way of life apparently advocated by the counselling organisation or counsellor will enable him to achieve desirable goals in his life situation; (b) because of a liking for the counsellor and what he represents on the basis of perceived likely co-orientation of values; (c) because joining the counsellor-offered social system is seen to represent membership of the community in a moral or transcendental sense. These bases of counselling social system membership clearly correspond to the "psychological" constructs of expert, referent and legitimate power discussed by Strong and Matross (1972).

Throughout this present paper, the focus of attention has been on the social action-system level, and it has been argued that the more traditional inter-personal process accounts of counselling and psychotherapy have seriously distorted the way in which counselling and psychotherapeutic activity is formulated. The concentration on the social-systemic level has meant that relatively little attention has been paid to the actual behaviour of the individual counsellor or therapist in relation to the client. Client and counsellor behaviour have been mainly discussed within the context of role. In Type I counselling situations this role has been described from an organisational perspective, in Type II and Type III counselling situations the role dimensions involve the cultural conceptions of a healer or helpful person. The decision to use a "role" framework arose principally from the present writer's conclusion, based on the findings of studies such as those discussed in Chapter 2, that social-systemic variables were more influential in the counselling and psychotherapy situation than were "interpersonal" variables.¹⁸ This is not to say

18 Obviously this must remain a qualitative judgement in the absence of studies explicitly designed to determine the relative variance contributions of social-systemic and interpersonal variables.

that the characteristics of the individual counsellor or therapist are completely irrelevant. Several studies (e.g. Truax and Carkhuff, 1967), have indicated individual differences in counsellor or therapist effectiveness within a particular organisational context.

In relating the two ways of discussing counselling and psychotherapeutic activity, the social-systemic and the interpersonal process, the present writer found Nixon's (1974) distinction between two classes of behaviour called "role-governed behaviour" and "performance" to be helpful.

"The difference between role/rule-governed behaviour and performance can be illustrated with a game analogy. In the American game baseball ... what the players do can be understood if one has a knowledge of the roles of the players and the rules that govern their actions. For example, a knowledge of roles and rules will make it perfectly understandable ... that the batter on hitting a 'fair' ball will run toward first base. The action which to the uninformed might be inexplicable is given meaning by reference to roles and rules. However, not everything that happens in a game can be explained by roles and rules. Whether the batter will be able even to hit the ball, how fast he will run if he does, indeed the ultimate question of which team will win falls into another category altogether. How the players do what the roles and rules guide them to do can be called performance". (p 77)

Thus, while it seems clear to the present writer that the rules and roles (social systemics) of the counselling situation, of the kind described on page 95, have priority for any understanding of counselling and psychotherapeutic activity, the performance of the counsellor in relation to his client(s) (the interpersonal processes) must be perceived by all participants as being consistent with the rules and roles. Discussion of the psychodynamics of attitude and personality change is outside the scope of this paper, but it is interesting to note again that counsellor performance seems generally to be in accord with one of two alternative modes proposed by Osipow and Walsh (1970) and discussed in the previous section, namely, the interventionist/cognitive and the facilitative/affective.

Intuitively, it seems that a personal social system should offer two attributes: opportunity for self-fulfilment and growth, and opportunity to belong and feel part of a greater whole¹⁹. The interventionist/cognitive approach to counselling seems more relevant to "belongingness" with its emphasis on adaptation and conformity, while the facilitative/affective approach seems more relevant to self-fulfilment, with its emphasis on liberation. Perhaps the relative efficacy of each mode depends on a correspondence between mode and the nature of the client's self-perceived need. Clearly, successful living in contemporary society demands a balance between self-fulfilment and belongingness, and distress can result from a lack of satisfaction in either area.

Possibly this is why effective counselling, in either mode, requires that the counsellor not "lose" in the interpersonal power sense discussed by Haley (1963) (in which case the counsellor's social system would not be worth "belonging" to); nor, as discussed by Pentony (1971), can the counsellor be coercive (in which case the counsellor's social system would not be seen as offering the required personal satisfaction).

In concluding this discussion, it is suggested that the most fruitful avenues for further research may well lie not so much in the field of psychopathology but rather more in the mainstream of psychology, particularly those areas of social psychology relating to the choice of membership of social groups. The "social penetration theory" developed by Altman and Taylor (1973) may be fruitful with its incorporation of interpersonal factors, individual personal characteristics and situational factors. As far as the practising counsellor or therapist is concerned, it seems that his task will always be an unenviable one: to convince the client that the life style which the counsellor advocates has more to offer than the client's present one. This advocacy finds ultimate expression in the performance

19 The writings of Angyal (1951), Bakan (1966), Koestler (1969), May (1958) and Rank (1929) suggest these two opposing attributes as being necessary for human existence.

(to use Mixon's 1974 term) of the counsellor, but this performance depends for its effectiveness upon the social context in which it occurs. The more attractive the counsellor's alternative appears in relation to the client's self-perceived needs, the more likely it is that counselling will lead to significant behaviour change. But it seems in the final analysis that the client must choose to "join" the counsellor-offered alternative. The element of self-determination involved in the "talking cure" has been recognised for some time:

MACBETH: "... cans't thou not minister to a mind diseased,
Pluck from the memory a rooted sorrow;
Raze out the written troubles of the brain;
And with some oblivious antidote,
Cleanse the stuff'd bosom of that perilous stuff
Which weighs upon the heart?"

DOCTOR: "Therein the patient
Must minister to himself".

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