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Module: ECCS6003

Component 1: Essay

Submission Date: 14th April 2022

Word count: 3275

Critically reflect on your use of the foundation skills of counselling.

This essay refers to the recording made on Monday 28th March 2022. I will refer to the client as 'X' when making a specific point. Where making a general point I will use the term *client*. I will give some background information which provides a foundation for understanding the ongoing process in this recording. I will then critically reflect on the recording, looking at the contracting process in detail, my use of counselling skills and ethical issues that arise from this.

Background

In addition to this recording, I have held two previous, twenty-minute practice sessions with X, with myself in the role of counsellor. We were not assigned to the same counselling skills, practice groups and I have therefore not observed any other sessions with X. We have only worked together in the absence of students in our respective groups, and this recording is another such occasion. Although we usually work as a triad, with one student observing and giving feedback, there was no observer present during this recording due to student absence.

X is 51 years old. She works full-time as a year-six, primary-school teacher. She has two adult children: a son who still lives at home and a daughter who has recently left home. She has been married to their father for most of her adult life and has worked as a teacher for a similar

amount of time. X is recently bereaved. Her mother passed away unexpectedly during the Covid pandemic and her father, who needs care, is about to move into the family home. X now describes her position in the family as being “the new matriarch”. It is a role she says she does not want. She has recently begun to question what she had thought was an idyllic childhood, and has begun to identify that her mother had in fact been quite controlling of her, taking control of things such as choosing her career path as a teacher. She feels that this realisation is potentially life-changing.

In previous sessions X has expressed concerns about relationships between others in the family, in particular where there has been an apparent lack of sensitivity. For example, she observes her brother being insensitive to his son’s autistic traits. She feels a sense of responsibility to intervene and mitigate the impact of that for the benefit of her nephew, but does not know how to do that without upsetting her brother. She has also expressed significant concerns about the relationships between her children and their father and has largely shielded them from the impact of what she feels are his inappropriate, explosively emotional reactions. However, the consequence of the most recent explosion was that their daughter chose to leave home, suddenly. X now misses her terribly. She feels responsible for sustaining the relationships between the children and their father, yet notices he does not initiate contact, nor is he proactive in investing in those relationships himself.

X feels that she has identified a negative, historical, family dynamic here that is playing out through the generations and she feels like she wants to address this in some way in order not to perpetuate it further. This, together with the sense of emotional responsibility for others, have been the main themes that X has brought to the sessions. She has been exploring the multifaceted dimensions around them and is reevaluating her own relationships with her husband and children through that process.

The Recording

The process of contracting at the beginning of this session spans minutes 0:11 - 6:07.

During this course it has become apparent to me that issues around contracting are complex. Brown (2006) acknowledges that counsellors are negotiating a complex shared between oneself and the client, one's moral code and external structures such as agencies, educational establishments and social expectations. Counsellors in private practice are more free to design their preferred method of contracting than those working in agencies, and many choose to assign it to a document to be read and signed by the client in order to keep conversation to a minimum and to focus on their client. However, the contracting process expected for this assessment provides a valuable opportunity for communication which forms part of developing the counselling relationship and setting the scene.

The environment was prepared by clearing surfaces, placing a clock and tissues on the table and within reach, and opening the window for ventilation in respect of Covid concerns. With reference to Midwinter's SOLER framework (2015), the chairs were spaced apart so that I could face X squarely, maintain eye contact, and adopt an open posture. After greeting each other I defined time boundaries, my role as student counsellor and the purpose of our session. I then addressed the contract by self disclosing my own opinion that the idea of contracting sounds very formal (0:39). I felt this was important as it hopefully puts the client at ease and lays a foundation for my own ethical stance of shared humanity and equality, which resonates strongly with Proctor *et al.* (2021) who suggest a not-knowing, relational and values-based approach. At the time, I noticed X's facial expression twitch here and she looked up to her right, which signifies that she was thinking about something. I could have used the skill of phenomenological noticing to open up a

dialogue here. More dialogue may assist the client to feel more included in the contracting process and go some way toward break down the power dynamic between professional and client and deepen trust and rapport.

The contracting process overall addressed time boundaries, our roles, informed consent, Covid concerns, confidentiality and its limitations, appropriate disclosure, alignment with the ethical framework of the BACP (2018), UWTSD regulations and complaints procedures. Moving toward focussing on the client I spoke briefly about what person centred counselling is and negotiated a way for X to signal if she felt we had touched on something she did not want to discuss in this session. While I signalled the end of our “housekeeping” (5:56) before asking for her informed consent, the contract flowed relatively seamlessly into focussing on X, by offering her a recap from our last session, and beginning the counselling session. However, the contracting process could be improved in future by suggesting to the client that they can stop me and ask questions or interject at any point if they have something to say. I could also pause at the end of each section and ask open questions. For example, at the end of the section on confidentiality, I could ask, “How do you feel about what we have discussed?” Both verbal and non-verbal feedback at these points may prove productive in establishing the relationship and give early insight into potentially very sensitive issues.

The issue of confidentiality is complex, especially in relation to risk of harm. In private practice, there is more freedom to work through ethical dilemmas without a break to confidentiality. Client’s may be inhibited by the possibility of disclosure and some counsellors feel that statements about confidentiality disrupt the therapeutic relationship (Brown, 2006). In this instance, I made a statement which made a reference to breaking confidentiality if there appeared to be a risk of

serious harm to self or others (3:10), but, while I am aware that this is a standard practice (Brown, 2006), I felt acutely that the vagueness of the statement was disproportionate to its weight!

I had a similar perception of vagueness around the issue of complaints (addressed at 4:12). Brown (2006) acknowledges that there is systemic ignorance and confusion around how to deal with collegial relationships that are problematic and that students are unclear about what can be complained about. On this program of study, students are effectively experiencing dual relationships, as fellow students and as counsellor/client. There are friendships, social media groups and communications and connections between the tutor and students to navigate and be mindful of. At the same time, very real, life issues are brought to these practice sessions. Indeed, X is reevaluating some fundamental relationships as a result of the practice sessions she has had. While we were initially encouraged to bring appropriate material to the sessions, the definition of that was left vague. We also rely heavily on the college selection process to vet students and establish their emotional capacity and suitability for the course and we are thrown together in sometimes quite intense scenarios.

While the intention may be to disclose appropriately, I have witnessed that being listened to effectively can be a very powerful experience and can lead to the student client opening up in ways they had not anticipated. At the same time, on this course we do not have access to, nor is there a requirement for supervision, nor professional counselling for ourselves, which is a condition for the MA, and which this course is a foundation for. There is a sense of vulnerability among students as a result of all of these factors. In the case of X, the process of these sessions during our ten-week course, could be life changing and her pensive state is clear to observe at the end of our session. I am a resilient person and I can assimilate and learn from these experiences, but I am left grappling

questions around appropriate disclosure, dual relationships, complaints and appropriate support for students.

My contracting process then, highlights and addresses some fundamental issues relating to counselling training and practice. In this recording, we are practicing person-centred counselling, a concept developed by Carl Rogers (1957) whereby a counselling relationship is established on the foundation of the core conditions of unconditional positive regard, empathy and congruence. I give a rather brief and bumbling definition of this at 4:46. I would improve this definition going forward by making it more succinct. Alongside, I would also introduce my own ethical stance as one of shared humanity and equality. I would describe the therapeutic relationship as an alliance and suggest that any material the client brings can hopefully be explored together in a non-judgemental way. Again this resonates with Proctor *et al.* (2021) who suggest that a not-knowing stance is inherent in person-centred counselling. The idea of shared humanity implies shared vulnerability and acknowledges that both client and therapist can touch one another existentially. This appears to be demonstrable already in the issues around the student dual relationship and appropriate disclosure, discussed above. As a student, I aspire to the high degree of skill that is required to put this into practice when focussing on the therapeutic alliance, whereby the therapist remains relational and non-directive and respects the client's autonomy.

In this session, X continues to explore complex dynamics within her family, her feelings about them and her sense of responsibility. I would position the alliance between X and myself at the stage of what Midwinter (2015) describes as working with the relationship. Although this can fluctuate into a preliminary stage of establishing and can also submerge into moments of what Meares and Thorne (2013) describe as relational depth. To this session, I bring the counselling skills of summarising, paraphrasing, active listening, identifying feelings, content and meaning,

challenging and creating meaning, immediacy, silence, probing and drawing together themes.

There is an abundance of academic literature describing these skills and their relevance or effectiveness; Midwinter (2015) being one of these. The established relationship with X allows me to use these counselling skills in a fluid and intuitive combination. This fluidity lends itself to a more general analysis of this recording rather than looking at a detailed chronology. There are also moments of deeper empathy and the non-verbal communication of that threading through the session.

John McLeod (2006) posits that clients particularly value the feeling that their counsellor cares genuinely about them. The recap of what I remember from our last session (6:07 - 8:03) not only assists X to focus, but also provides a sense of continuity, consistency and care. When she picked up a thread, I used minimal encouragers, such as nodding, saying “mmm-hmm” and “yeah”. I depend on these utterances excessively throughout this session, while I listen to X’s narrative. Here, it may have been more effective to identify and empathically reflect back her sense of weariness instead, and pick up on that each time it arises. This may have facilitated what McLeod (2011) describes as deeper empathic engagement. That said, although these minimal encouragers appear repetitive, they could also be seen as giving a sense of equilibrium and consistent acceptance. For example, she tenuously suggests that she may feel relieved if her husband leaves and it feels to me that she is almost questioning if it is OK to feel that. My nodding “mmm-hmm” response acknowledges her in the same, moderate way as I have acknowledged everything else she has said. Maintaining an emotional equilibrium is a subtle way of projecting acceptance and this was the feeling I had toward X at the time. My repetitive encouragers were accompanied by different empathic facial expressions throughout the session, signifying empathic engagement at a subtle, non-verbal level, which Midwinter (2015) recognises as a more effective way of communicating empathy than verbalising.

This level of non-verbal sensitivity and engagement comes sharply into focus at the point I recall X's self-description as "the new matriarch of the family" (6:57). X purses her lips and makes an ominous "mmm" sound. The skill of phenomenological noticing could have been applied here, and I had a hunch that it could potentially reveal a deep significance. However, at the time, I was very sensitive to her reaction, and shifted uncomfortably in my chair, as if moving on to the next minutes of a meeting! I felt that she did not want to explicitly explore this and I was mindful of appropriate disclosure issues here.

I circumvented the theme of matriarchy by identifying the related theme of responsibility (10:44) - her emotional responsibility for others and how they interact, as well as what she perceives as lack of emotional responsibility in others, such as her husband and mother-in-law. I tentatively challenge her at 13:08 and self-disclose what I am sensing here. This produces an emphatic response in X in that she feels that the consequences of her husband leaving would certainly result in never seeing his children again, that the responsibility for that would be all on her and it feels like "emotional blackmail...which...is controlling [and] not pleasant". There seems to be a significant recoil from that, as she immediately counters it with a statement that "most of the time, it's fine".

This prompts a more general exploration of the relationships and there is a substantial section of time from 14:06 onward, where I probe, recall, clarify and make observations, whilst listening and allowing pauses for X to reflect. All of this comes from a genuine curiosity, which is one of the key elements of person-centred counselling (Rogers, 1957; Rogers, 1959). I venture further to suggest alternative meaning at 23:14 : her daughter has her own process going on, and that her staying away from home is not necessarily all caused by the emotional fracture. Later, X

ponders similar alternative meanings regarding the change in her relationship with her daughter, such as at 27:00, in which she reflects that “maybe the fact that she does have a significant other means that that shift would have happened anyway and that he would be the one who she turns to....and I suppose I have go to be accepting of that.” This fluid, and fairly uninhibited process signifies what Midwinter (2015) describes as the established relationship.

However, within that process and relationship, tentativeness still needs to play a part. McLeod (2011) asserts that the effectiveness of counsellor statements and questions relies not as much on what is said, but how it is said. Throughout this session, I made a lot of statements and asked a lot of questions, some of which were open and Socratic, such as at 12:03 when I ask X how she might feel if her husband left. However, McLeod (2011) recognises that any question automatically disrupts the agency of the person answering, by interrupting their flow of thought and at the same time constructs a relationship in which the questioner has control. There were moments in our recording where I felt this happened, such as at 19:07 in which I divert the course of discussion by reminding X of the family fracture. However, I deliberately diverted here because, at the time, it felt as though the conversation was moving toward blaming others (her mother-in-law) and I wanted to avoid a triangle of collusion. There are interesting issues here around power and control, the agency and responsibility of the therapist and shared humanity and vulnerability, which I aspire to as an ethical commitment. At this particular moment, perhaps silence would have served better; taking a pause for myself to reflect and think more carefully, as well as giving time for X to reflect or volunteer more information. Staying with X’s feelings about her mother-in-law and asking socratic questions may even have opened up an exploration of the archetypal matriarch within the family which had been averted at the start of our session.

I made a similar intervention at 28:01, to focus the session away from more superficial topics, where I brought back the issue of responsibility and I asked what Midwinter (2015) calls a miracle question: “If you could wave a magic wand, what would it look like, to resolve that?” I held the silence while X reflected on the enormity of that. However, while it seemed to X that too many possibilities were thrown up, the question focussed her on what was important to her - removing the curse of anxiety from her daughter. She also clarified that it was too late for the magic wand to work on her relationship with her husband. These were weighty statements and we shared a moment of humour here too (30:15). Green (2010) acknowledges the trickiness of humour, the appropriateness of laughing alongside the client, while at the same time points to the psychodynamic concept that humour is a defence mechanism through which we can deny our emotional truth. Here, both of us were conscious of the end of the session nearing. This, together with the sense of appropriate disclosure and emotional gravity, meant that the opportunity to make a joke about “the good, the bad, and the ugly”, offered what seemed to be a timely relief.

However, after my summary (30:50 onwards), X returned to the feelings of gravity and again I held silence. Not wanting to finish the session with those feelings up in the air, I asked another miracle question, designed to enlist a sense of inner support within X: “If you had a friend who was in your situation, I’m wondering how you might support them...?” By considering this, she opened an inner dialogue with herself and advised herself to carefully consider what it would be like to be a lone wolf.

This essay has looked at the process of empathic engagement and the subtleties and dynamics that shape the therapeutic alliance and influence key moments in the recorded session. I have described how my counselling skills were used in a fluid and intuitive way within the

established relationship and I have highlighted some issues for further exploration, such as those around contracting, disclosure and dual or collegial relationships.

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