



SYMPOSIUM

Counselling in the United Kingdom: past, present and future

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ABSTRACT *We chart the development of counselling in Britain since the Second World War through to the present and speculate about possible directions counselling may take in the future. Our major, but not exclusive, focus is on counselling as a developing profession and the particular role that the British Association for Counselling has played in this development. To this end, we consider some of the professional issues that have preoccupied practitioners in the field and those that may do so in the future. Thus, amongst others, we consider the relationship between counselling and psychotherapy, the costs and benefits of counselling's increasing visibility in British society, the role that supervision has come to play in the maintenance of professional standards, the debate that has surrounded the issue of counsellor accreditation/registration, the development of standards and ethics and the tension that exists between the relational and technical aspects of counselling. Counselling does not exist in a vacuum, and this is seen most strikingly in the speculations that we make about future developments of counselling. Thus, for example, we argue that counselling will have to grapple with the increasing emphasis that society places on the accountability of human services and with the inexorable progress occurring in the area of technological development. We note that counselling's response to these significant trends will have to be made against the backdrop of the continuing dissolution of barriers between previously distinct areas of human knowledge.*

The past

The origins of the British Association for Counselling

The birth of the British Association for Counselling (BAC) in 1976 is an appropriate historical vantage point from which to survey the development of counselling in Britain up to the present day. The three authors of this article have each in our

different ways played our parts in that development and write therefore not with the detachment of the historical analyst but with the emotional engagement of those who have been, and to some extent remain, agents in the historical and ongoing processes which we attempt to describe and reflect upon. The crystal-ball gazing with which the article rashly concludes is similarly informed by our own hopes and fears as they have been shaped by a lifetime's commitment to the theory and practice of counselling in the UK. Although our less than lyrical prose may effectively conceal the fact, there is much passionate living between the lines of what we write and our narrative is informed by the pursuit of many hopes and aspirations over three decades or more and by the experience of, at times, unremitting hard work.

In 1976, Brian Thorne was Chairman of the then Association for Student Counselling (ASC) and had the unenviable task in October of that year of presiding over a whole day meeting of the membership in order to determine whether or not the Association should surrender its autonomy and become a founding 'Division' of the vulnerable new fledgling with the grandiose title of the British Association for Counselling (Thorne, 1985). About the same time, similar discussions (and similar agonies) were taking place in the Association for Pastoral Care and Counselling (APCC). In the event, both Associations, with what in retrospect seems exemplary self-effacement, opted to relinquish their independence and autonomy and become the founding Divisions of BAC. There can seldom have been a more striking example of two thriving children 'giving birth' to a parent. It is interesting to speculate what would have happened if ASC and APCC had voted the other way in 1976. Certainly the history of counselling in Britain would have been quite different.

Not an extension of psychotherapy

The fact that counsellors in higher and further education and those exercising counselling ministries in religious and pastoral settings were central to the foundation of the British Association for Counselling says much about the early development of counselling in Britain. It is a common perception to regard counselling as an extension of psychotherapy, a kind of 'marketing' to new consumers of the same product, but this is at best a half-truth (McLeod, 1998). It is true in so far as the core *activity* of counselling is the same as that of psychotherapy (despite many attempts to prove otherwise), but it is untrue in many other important respects. Psychotherapy in Britain, as elsewhere, has developed largely as a response to mental illness or disturbance and has been closely allied to the medical model of the human being. Psychotherapy originally found its way into British culture through private practitioners of psychoanalysis and, with the broadening of the theoretical bases, the private practitioner model has continued to be the norm. Where psychotherapy is available to those who cannot afford to pay the usual fees, this is almost invariably through hospitals or mental health agencies and a medical referral is usually required. In brief, psychotherapy is historically linked to concepts of mental distress and dysfunction and to the model of private practice for those who can afford it and to medical referral for those who cannot. The psychotherapist himself or herself has traditionally maintained the self-concept of a highly trained professional with exper-

tise in the treatment of the mentally distressed. This is not to deny that many psychotherapists are also committed to concepts of human growth and development which place them firmly in the humanistic camp and far from a medicalised view of the person. In practice, however, humanistic psychotherapists are, for the most part, also trapped in the private practice model and in the arena of those professions allied or complementary to medicine.

The history of counselling in Britain presents a very different picture. Almost none of the counsellors in ASC and APCC in 1976 would have been receiving fees direct from their clients (none would have had 'patients') and in APCC particularly many would have been working in an entirely voluntary capacity. What is more, their work would have been informed not so much by the medical model as by educational and spiritual understandings of human dysfunction, growth and development. The involvement of the educational system and the role of the voluntary sector (not least of the churches and other pastoral organisations) have been key strands in the evolution of counselling in Britain from the outset, and notwithstanding the fact that there are now many thousands of counsellors in private practice, the philosophical and societal influences of the educational and voluntary sectors remain powerfully pervasive.

The early days

Counselling as a planned and organised activity in Britain dates from the late 1940s, and it is perhaps significant that this arose as a response to a perceived social crisis brought about by the Second World War. The impact on family life of the absence of so many men on military service was immense and marital breakdown threatened the social fabric to such an extent that in the post-war years the National Marriage Guidance Council was founded and its volunteer counsellors were among the first to receive some systematic training in counselling. About the same time, a number of youth workers also received training for their work among disenchanted young people. The first whisperings of the pastoral education and counselling movement in the USA reached British shores in the 1950s, although it was some years before the founding of the Clinical Theology Association and the Institute of Religion and Medicine put pastoral counselling fully on the map (Lyall, 1995). The significance of all these developments, however, lies in the fact that they took place within the framework of existing social arenas and largely as a response to emerging social problems and cultural shifts.

Much the same can be said of the development of counselling within educational settings. It was at the University of Keele, the first of the 'new' universities to be established after the war, that counselling, as we know it today, was first made available to the student body in 1962 as an essentially educational service and as part of a unit which offered a full range of guidance from vocational counselling to personal therapy (Newsome *et al.*, 1973). With the development of many other new universities and the increasing number of first generation undergraduates, the value of counselling as part of the provision for students' welfare became increasingly recognised so that by 1970, when the Association for Student Counselling was

founded, counsellors were functioning in many universities. Thirty years later there can scarcely be a higher education institution in the land where there is not a Counselling Service and in many universities such a service will not only offer personal counselling to both students and staff but will also fulfil a preventative and developmental role in monitoring and enhancing the emotional health of the academic community. It was in the universities, too, that full-time counsellor training first began in the mid-1960s, when at the universities of Keele and Reading specific programmes were offered for those wishing to work as counsellors in schools. This was the modest beginning of a process, initially supported by visiting American Fulbright scholars, which has resulted in the present situation where a multiplicity of courses now exists, both within the statutory and independent sectors, for the training of counsellors at many levels and in various theoretical orientations and practice specialisms. With the proliferation of courses there has come a corresponding rise in those trained counsellors who choose to go into private practice. From 1979 when there were probably fewer than 200 counsellors in private practice, there has been a veritable explosion in the numbers of private practitioners with those officially registered nearing 10 times that number, let alone the many hundreds who have not so far sought registration or accreditation (Syme, 1994).

Benefits and costs of increasing visibility

A complete overview of the history of counselling during the past 30 years or so would require an exploration of the many contexts in which counsellors are now functioning, not least in medical settings and in the world of work where employee assistance programmes are increasingly common with counselling provision as a central feature. The word 'counsellor' was almost unknown in Britain when the present writers embarked on their therapeutic careers, but it is now in common parlance and features regularly in the media even if its meaning sometimes remains cloudy and is still confused with advice giving or the immediate support offered to the victims of traumatic events or violent incidents. In some ways the present time could be seen as the 'age of the counsellors', and there can be no doubt that there now exists in the population as a whole a much greater readiness to seek help for psychological and emotional concerns than was the case 20 years ago. Indeed, this development is seen somewhat cynically by some social commentators as a sign of degeneracy and of a culpable lack of backbone and resilience in the younger generations. It is not uncommon to discover in the same issue of a national daily newspaper, for example, both a laudatory article on the benefits of counselling and a vicious attack on what is perceived as a fraudulent and unregulated activity pursued by unscrupulous traders on the misery of others.

With the increasing visibility of counsellors on the social scene and their rapid growth in numbers, there has come not only this frequent attempt in the media to denigrate and to besmirch the integrity of practitioners but also a corresponding desire on the part of counsellors to defend their corner through raising standards, improving training, rendering themselves more accountable and generally presenting themselves to the public as a profession buttressed by ethical codes of practice which

merit the highest respect and trust. This vigorous 'professionalisation' of counselling which has gathered irresistible momentum in recent years does not sit altogether comfortably in the historical evolution of an activity which, as we have seen, has many of its roots in the voluntary sector. When professionalisation means the joining of professional bodies, the pursuit of accreditation and registration and the likelihood of expensive trainings, there can come a conflict which is unresolvable without the availability of substantial funds to the aspiring counsellor. There is also the danger that what was once a pioneering and creative activity pursued by the talented few will become an institutionalised, rule-bound and essentially stultifying pursuit which loses the vitality and the imaginative elan on which it depends for its effectiveness and healing power. It is not perhaps altogether fanciful to see the history of counselling in Britain as the story of a collaborative response by widely differing people from different sectors of the community to human suffering engendered by social change and shifting value systems. As such, counselling has itself been constantly inventive and adaptable both in theory and practice. Could it be that the 'coming of age' of counselling, in finding a respected and respectable place in the social order, will constitute not an achievement but a movement towards increasing sterility?

The present

Within Britain the most influential agency for the professionalisation of counselling today is undoubtedly the British Association for Counselling (BAC). The work done by the Association, initially through the unpaid efforts of its members, has resulted in a burgeoning professionalisation with respect to training, supervision, accreditation/registration and ethics/complaints.

Training

In the early days of counselling, the voluntary sector recommended a minimum amount of *training* appropriate to voluntary work. At that time it would have been unthinkable to consider a 1-year full-time training as a legitimate demand for those who were being asked to offer their services freely. When counselling developed as a paid activity it was usually seen as allied to existing professions such as nursing and social work. Here, even less attention was paid to specific training for the task. Instead it was judged that basic training for social work also qualified a social worker for the activity of counselling and that within nursing the stereotypical qualities of a nurse were all that was necessary to offer counselling support. Typically, appointments to counselling-related posts required social work training rather than counselling training and early primary care counsellors could only be paid as nurses, while school counsellors were, of course, required to be qualified teachers. In general, counselling was not perceived as profession in its own right but as something which people did, with little or no training, as a part of another profession. Within Britain it is primarily the growth of BAC and its attention to professionalisation which has led to the expansion of dedicated counselling training courses and,

indeed, to the accreditation of such courses from 1988 (BAC, 1988, 1991, 1996; Dryden *et al.*, 1995). BAC's blueprint for the accreditation of courses represents a considerable achievement on the part of its designers who outlined nine central 'elements' which are required of all training courses, regardless of the counselling model that underpins the training. Every course is expected to have an admissions policy, to attend to theory, skills, personal development, professional development, counselling practice and supervision, as well as having coherent assessment and evaluation systems. Not only is this structure fair to all counselling approaches, but the guidelines allow for a considerable variability among courses. The guidelines serve as a challenge to individual courses to put forward and justify their best practice with respect to the nine elements of training. Another distinctive feature of the course accreditation scheme is its *developmental* nature. Courses are actively helped, through the accreditation process, to develop their training to a point where their accreditation application is likely to be successful. Sometimes this allows courses to be involved in the application process for 2 or 3 years while they develop and test new ways of meeting their objectives. Once accredited, courses are then 'partnered' with another accredited course so that the process of learning continues through interactive consultation.

Supervision

Within Britain there is a norm of lifelong counselling supervision. This contrasts with other parts of the world, including the USA, where supervision is seen to be essential only during training and probationary practice—the assumption being that a fully trained professional does not require continuing supervision. The thinking within Britain, as exemplified by BAC, is that although a counsellor may be trained, counselling is an activity which is inextricably bound up with the practitioner's emotional well-being and the ebb and flow of their life circumstances. It is therefore deemed appropriate by BAC that counsellors maintain a regular supervisory contact in which they can continue to monitor their functioning in relation to clients (BAC, 1998a, 2000).

The approach taken by BAC to supervision is truly radical. 'Supervision' in every other helping profession is little more than thinly disguised management monitoring. To its credit, BAC retains a strong empowering and developmental dimension to supervision, which emphasises the creation of a relationship in which the counsellor feels sufficiently safe to explore the most difficult and potentially threatening dimensions of his or her practice. The job of the supervisor is neither to judge nor to sanction but to act as facilitator to the counsellor's exploration and development. This approach to supervision is reinforced within the report of the working group into supervision commissioned by the Professional Committee of BAC:

'Supervision works best in the relationship of trust where there may be a measure of accountability. That relationship can be severely hindered by the presence of a strong dynamic of power and accountability. Maintaining

an ethos in which supervision is about oversight or control of the counsellor can lead to the development of a climate of fear. This can lead to counsellors being unprepared to admit to making mistakes and learning from these and may additionally lead to counsellors avoiding taking responsibility for their practice' (BAC, 1998a, para. 3.6).

The counselling approach to supervision contrasts, for example, with 'supervision' in the profession of social work where it is an activity customarily conducted by the line manager and only rarely experienced as 'empowering'. Indeed, it is interesting to note the number of practising social workers who employ counselling supervisors to support their own development because they can find little such support in their own ranks (Mearns, 1995).

As with training, the approach taken by BAC in relation to supervision seeks to be respectful of all counselling approaches. It might be thought that some of the more cognitive or behaviourally oriented approaches would argue that the lesser degree of emotional involvement of their counsellors in the process obviates the requirement for continuing supervision post-training. However, that argument has not yet been seriously advanced.

Accreditation/registration

There comes a point in the development of every profession when the question of *accreditation/registration* for practice must be faced. The assumption is made that establishing an accreditation or registration scheme which enquires into the training, practice, supervision and personal therapy of the practitioner will result in more reliable practice. As is repeatedly pointed out in the critical text, *Implausible Professions*, by House & Totton (1997), there is, however, no research evidence which offers support to this assumption. This had led to powerful arguments against registration (for example, Mowbray, 1995) and to alternative approaches to the issue. For example, Mowbray recommends 'non-credentialed registration' where registration is not determined by qualifications but where the practitioner may be de-registered on the basis of upheld complaints (Mowbray, 1997). While this is a creative idea it has its own problems, not least the fact that the bulk of bad practice in any profession probably goes without complaint. Indeed, a particularly malevolent practitioner might disempower a client to such an extent that the client identifies himself or herself as the guilty or inadequate agent.

Despite the lack of an evidential base and the serious doubts there are about the whole notion of accreditation/registration of practitioners, BAC drew up its individual accreditation scheme in 1983 and has continued to develop it to the present day. While it often meets with considerable criticism, the scheme continues to attract increasing numbers of aspirants, unlike the parallel attempts to accredit counselling supervisors and trainers that have not found such an enthusiastic uptake. The attraction of individual accreditation is related to the fact that selection criteria for jobs increasingly refer to 'BAC Accreditation', though it is rare for that not to be followed by the caveat 'or equivalent'. This caution reflects the fact that still only

14% of the BAC membership has gained accreditation. For many years BAC held firm in refusing to weaken its training or practice criteria in order to improve this statistic. However, the AGM in 1999 voted for the first significant dilution of standards when the NVQ (SVQ) criterion was set at level 3—an academic level which is below that offered by graduate and postgraduate courses. This dilution comes at a particularly critical time when BAC Accreditation is the main ‘gateway’ into the rapidly evolving United Kingdom Register of Counsellors (UKRC), established in 1994 and registering from 1996.

Ethics/complaints

A Code of Ethics and Practice is not a particularly contentious dimension in the development of a profession until such a code is enforced by means of a *complaints process*. Numerous associations within the therapy world (for example, the United Kingdom Council for Psychotherapy—UKCP—and the Confederation of Scottish Counselling Agencies) have developed their specific and fairly brief Codes of Ethics and Practice. The Code produced by BAC is more ambitious in the detail it offers and in how it has expanded to reflect learning from cases examined by its complaints process (BAC, 1997). Not only has the Code for counsellors expanded, but other codes have developed to cover supervision, training and work using counselling skills. Work had even begun on the development of a Code of Ethics and Practice for counselling organisations before the Professional Committee of BAC, in 1999, called a halt in order to review the process and seriously to question the effects of developing a plethora of ever more detailed codes (Bond, 1999). This review of the ethical codes marks a growing awareness within the Association that the process of ‘professionalisation’ is bringing with it a creeping ‘institutionalisation’ (Mearns, 1999; Mearns & Thorne, 2000). As the Code of Ethics and Practice for Counsellors adapts to respond to deficiencies of practice highlighted by the complaints process, it becomes ever more detailed and prescriptive. When the chief frame of reference for revising the Code is the world of complaints the view of the profession inevitably becomes distorted to focus on the negative extreme. The result is that policy becomes dictated by the exceptional case with guidelines drawn up to inhibit even the possibility of bad practice. For every exceptional case that is legislated against, mainstream counselling practice is inhibited and narrowed. It is stifling for a profession to have its policy and practices continually defined by the exceptional case.

Guidelines for practice

The same kind of constraint can be observed across a range of guidelines for professional practice. The guidelines for training courses seeking accreditation (BAC, 1996) are becoming less ‘developmental’ in orientation and increasingly prescriptive as complaints about training are allowed to define the policy for all. For example, written and signed contracts are now required between counsellors in

training, training courses and counselling placement agencies even where that agency is the counsellor's employer! Not surprisingly some organisations are baulking at the bureaucratic and legalistic nature of such requirements. Adding this huge raft of bureaucracy in order to deal with exceptional cases endangers the whole endeavour because it rapidly leads to a lack of balance.

This insidious process of institutionalisation is evident in the plethora of guidelines becoming available on all dimensions of counselling practice. The initial BAC draft guideline on the amount of *supervision* appropriate for the counsellor had to be set aside because it contained so many equations that a qualification in mathematics would have been necessary to comprehend it fully! The drift towards prescription and definition had gone so far that it had actually proved its own inappropriateness by its sheer complexity. It is simply not possible to produce a guideline that defines the amount of counselling supervision sufficient for different counsellors working with a range of clients in various settings. Similarly, on the question of counsellor *workloads*, there are so many interacting variables that a prescriptive guideline would tie itself into a knot of incomprehensibility.

Currently, there is a growing awareness that these moves towards prescription and definition are actually reflective of an infantilisation of the counsellor by the institutions of the profession. Indeed, 'parental' injunctions such as these may actually inspire a complementary 'child-like' response, with the fledgling counsellor demanding ever greater specification and exhibiting harsher attitudes towards perceived deviance amongst colleagues.

At the time of writing the culture within BAC shows signs of becoming more inclined to take an 'adult' rather than a 'parent' position with respect to guidelines for practice. New guidelines on supervision (BAC, 2000) and counselling workloads (BAC, 1999) endeavour to outline the variables involved in making decisions and encourage practitioners to consider these in collaboration with supervisors. What is more, the Association has not only reviewed its current Codes but is working towards a unitary code more based on *principles for practice* than on prescription for practice. Simultaneously, the Association is taking a fresh look at its complaints process. The exponential rise in complaints is not reflective of a reduction in training quality or of the degenerating morality of counsellors. It relates rather to the ever more legalistic process which complaints have unleashed. Sight has been lost of the fact that ethical issues are generally complex matters reflecting a conflict of principles (Bond, 2000). With an ever more prescriptive Code of Ethics and Practice even experienced practitioners are muttering under their breath 'there, but for the grace of God ...', realising that many of their former clients might be tempted to reframe their counselling experience and re-examine the process to establish grounds for complaint. With a prescriptive code and a legalistic process it is not difficult to find 'technical' breaches in even the most committed work. Indeed, it is generally the counsellor who is willing to 'go the extra mile' who could find himself or herself falling foul of the complaints process because Codes of Ethics and Practice within counselling are particularly geared towards identifying possible examples of 'over-involvement'. It is interesting that there are no codes to detect systematic 'under-involvement'.

Fortunately, the profession of counselling is not devoid of awareness and a willingness to reflect upon its own process. The complaints process, like the Code of Ethics and Practice, is currently undergoing a fairly radical review where a distinction is being drawn between 'poor practice' and 'malpractice', with differential approaches to remediation and publication of sanctions. We look forward to witnessing the hopefully beneficial consequences of these revisions of complaints procedures and codes. They may be welcomed as intelligent developments by the profession as a whole or they may be rejected as insufficiently 'parental'. It will be interesting to test the culture within the profession as the new millennium begins.

Attaining significance

Another important and recent development for the profession of counselling, as we have hinted earlier, is that it has become *significant*. When it was a purely voluntary activity requiring little from the budgets of social services or the health service it was tolerated because of its relative insignificance in financial terms. However, professional counselling is now making significant demands on the budgets of the social and health services and will inevitably become embroiled in the internecine wars which characterise public funding within our modern culture.

One of the consequences of this growing financial significance is that greater attention is drawn to the incompatibility of the counselling ideology with much of our mainstream culture. Historically, within British culture the norm has been one of fearing the affective side of our being and denying our distress. In so far as counselling goes against this norm, it can provoke a hostile response. Currently, this is most evident in the media which, as we have commented earlier, trot out a seemingly endless series of tabloid 'disclosures' on the amorality, immorality or ineffectiveness of counselling. The truth is that there are just as many 'good news' stories about counselling but these are not 'newsworthy'.

The same kind of problem with significance is currently being experienced by primary care counsellors. The growth in popularity of counselling in primary care has been helped by positive feedback from patients but even more powerfully by the demands of fairly autonomous and influential general medical practitioners. Increasing numbers of counsellors have been offered work in medical practices indirectly as a result of the ending of the gender 'capping' policies of university medical schools. Typically, such schools were restricted historically to a capping limit of 15% for women applicants. The end of this policy has rapidly resulted in a more equitable proportion of women GPs who arguably bring with them a different socialisation with respect to handling emotional issues. Additionally, GPs have communicated well among each other on the usefulness of having a counsellor in the practice. With counsellors established in practices and professionalisation on the increase, it is no wonder that there is currently a crisis as counselling makes significant demands for finance and provokes resistance from related areas whose budgets might be affected.

Interestingly, the major argument used by those who would seek to restrict the development of counselling in primary care is to cite its apparent lack of a research foundation. At first sight this is difficult to understand because counselling, since the

advent of audio recording of sessions in the late 1940s, has been particularly generative of research. However, in the attempts to denigrate counselling, this body of research is dismissed on the grounds that it does not meet the criteria for 'efficacy' studies valued within the NHS. Essentially, 'treatments' must prove their effects to the highest standards of reliability. This requires the 'treatment' to be behaviourally specified and presented in manualised form so that it is reproducible in identical fashion by all the counsellors under study. Attempts to reduce counselling to this reproducible and hence 'reliable' core tend to have highly deleterious effects on its validity. There is little point in refining reliability if validity is lost in the process. The problem is that counselling is an intensely relational activity—it is not easy, indeed it is almost certainly impossible, to translate such an activity into manualised treatment packages for the purpose of efficacy research. For a useful analysis of the problems for counselling in meeting the criteria of efficacy studies the reader is referred to Seligman (1995).

Fortunately, health service administrators and politicians are beginning to show a willingness to take an intelligent view of this dilemma as evidenced by the report *Counselling in Primary Care* published by the Scottish Office Department of Health (1998):

'It may prove extremely difficult to apply the methodology of an RCT [randomised controlled trial] to assess the effectiveness of counselling. In this case, other methodologies, such as naturalistic studies, may yield valuable information' (p. 29).

Also, the counselling profession, through agencies such as BAC, the Association of Counsellors and Psychotherapists in Primary Care (ACPPC) and the Counselling and Primary Care Trust have responded to the challenge by reviewing outcome research (Hemmings, 1999, 2000; Mellor-Clark, 2000a, 2000b, 2000c; Rowland *et al.*, 2000) and documenting the critical issues involved in taking an evidence-based approach to counselling provision (Hemmings, 1999; Rowland & Goss, 2000)

Perhaps the area where counselling is currently making its greatest gains is in the workplace. Workplace counselling is increasingly regarded as a way of responding to stress, whether this has been caused within or outside the workplace. Perhaps it is too fanciful to suggest that the highly cost-conscious, production orientated workplace is embracing the relevance of the emotional side of our existence. Indeed, there are other factors, such as the fear of litigation, which may represent the casual motivation with respect to the growth of workplace counselling. However, the emotional side of human experience is being given relevance by the increasing attention paid to 'emotional intelligence' as a significant set of 'soft skills competencies' within the realm of people management. It will not be long before we speak of 'MBE' as we refer to 'Management By Empathy' (Hughes & Mearns, forthcoming)!

Counselling, it would seem, is currently at a critical but dynamic point in its development as it seeks to become a profession while simultaneously striving to maintain its humanity in its attitudes to both clients and practitioners. Furthermore, it has reached that dangerous but exciting stage where it has become 'significant'—its head is above the parapet. We hope it is good at dodging bullets!

The future

In this section of the paper we speculate about the possible developments of counselling in Britain. We try to restrict our speculation to areas where the roots of change are already evident; for example, we consider that in the profession of counselling in the future, there will be:

- greater emphasis on research and evaluation;
- increasing stress on consilience;
- increasing attention to psychological education; and
- more emphasis on the response to and utilisation of technological development.

Greater emphasis on research and evaluation

The state of British research in counselling is not good, despite the efforts of those such as McLeod (1999) to raise the profile of research within BAC. There are signs that matters are improving, for example, in the commitment of BAC to devote 5% of income to research (BAC, 1998b) and with the advent of Masters courses in counselling where the research project is a mandatory element of such training, but there is much room for further initiatives. We predict with somewhat heavy heart that the movement towards audit and quality assurance that has been a general feature of the 1990s will develop and counsellors working in the public sector will come under increasing pressure not only to prove that 'counselling works', but also that they are themselves effective practitioners. The prospect of league tables of counselling services with respect to client outcome and very close scrutiny of 'poor performers' as occurs within the health and education sectors are two developments to which counsellors may well be called upon to respond. While we favour counsellor accountability, we are very concerned about the impact that such audit and 'Quality Assurance' (QA) will have on the stress levels of counsellors and consequently on their ability to respond to stressed clients. A related concern here revolves around the lack of skills that most counsellors seem to have as consumers of the counselling and psychotherapy research literature and, more importantly, as researchers themselves. Indeed, historically there has been an organisational bias against research in BAC. Thus, if one closely considers the criteria for accreditation of counselling courses, one sees that it is not necessary for a course to offer research-based modules, nor to require students to carry out a research project in order for the course to be accredited. Also, if one considers closely the criteria for accreditation of individual counsellors, one will search in vain to find the study of the research literature, let alone the conduct of research, as a requirement for individual accreditation.

Let us contrast this with the criteria for chartership of counselling psychologists and accreditation of counselling psychology courses by the British Psychological Society (BPS). Here, the study and conduct of research is deemed to be a requirement for both individual chartership and course accreditation. This means that if employers are looking to appoint counselling practitioners who are able to evaluate their own work scientifically and be informed consumers of the counselling research

literature, then they will, finance permitting, appoint counselling psychologists rather than counsellors, despite the fact that training for counselling practitioners is, in our view, more rigorous than counselling psychology training. In light of this, we would like to see a thorough review of course and individual accreditation criteria by BAC to incorporate the study and conduct of research as requirements for such accreditation. This may mean that in future counsellor training will be lengthier than at present and at Masters level as it is in the USA. We predict that much anxiety will be raised by this possible development, but we believe that it is necessary if the profession of counselling is going to flourish in a world increasingly preoccupied with professional evaluation and accountability.

Increasing stress on 'consilience'

We wish to make clear, however, that we are not advocating that all trained counsellors be psychologists first and we are definitely not advocating the replacement of counsellors by counselling psychologists. Far from it. Indeed, we would like to see greater emphasis in counselling training on the interdisciplinary nature of our discipline. Whether or not this will happen is a moot point, but we note that Pinker (1999), in a recently published book in which 30 'great minds' predict the future, foresees a greater stress on consilience—a perspective that stresses the indivisibility of human knowledge into discrete disciplines. In a book that two of us edited 7 years ago (Thorne & Dryden, 1993), a number of counselling practitioners outlined the contribution that their original discipline (i.e. drama, ecology, education, English literature, philosophy, psychology, social anthropology and theology) had made to our understanding of counselling. Indeed, like Pinker, we are excited about recent and future developments in such relatively new fields as behavioural genetics, cognitive neuroscience and evolutionary and transpersonal psychology and wait with interest to see how such developments might inform the theory and practice of counselling. We would like to see this interdisciplinary perspective on counselling more widely accepted by the field and perhaps reflected on training course curricula and in continuing professional development schemes. However, we are aware of the problems that may stem from making training courses longer, although we note that the training courses of UKCP organisational members are postgraduate in nature and 4 years in duration. Should professional training courses in counselling be any less intensive in nature? We think that they should not, especially if we claim, as we do, that the activities of counselling and psychotherapy are indistinguishable. All of this, of course, begs the still unanswered question of whether or not duration of training has much bearing on practitioner effectiveness, but this is a Pandora's box which we refrain from opening in this brief article.

Increasing attention to psychological education

In another piece in *Predictions: 30 Great Minds on the Future* (Griffiths, 1999), Goleman, celebrated author of *Emotional Intelligence* (Goleman, 1996), puts forward

his vision of widespread psychological education in schools. Here he is talking about the recent developments in American schools:

‘(This) transfer of basic life skills does not happen as well as it used to. Schools, however, offer a vehicle for society to be sure that each new generation learns the basic arts of life—impulse control, managing anger and anxiety, motivation, empathy, collaboration and working out disagreements positively. There are already schools where the curriculum has been expanded beyond the basics to include lessons in these essential skills. The best teach a full spectrum of abilities from the earliest school years through adolescence, with developmentally appropriate lessons in each year.’

‘The results are highly encouraging: children not only get better self-management and handling relationships, but the numbers of fights and violent incidents decline—and academic achievement test scores rise. If we are to change that drift towards catastrophe, every child should have access to these lessons’ (Goleman, 1999, pp. 136–137).

Goleman concludes his piece with the following prediction:

‘In short, my prediction holds that one day every schoolboy and girl will be taught these pragmatic arts of living well, along with the traditional academic basics. Empathy will hold as valued a place in the curriculum as algebra’ (p. 137).

At present, in British schools, ‘*personal health and social education*’ (or PHSE as it is known) is taught by teachers with a special interest in this subject, but without the in-depth training to run highly developed PHSE programmes. This is an area in which trained counsellors could make a valuable contribution, particularly if they work closely with teachers. This contribution could be in running such programmes with teachers in the schools, playing a central role in teacher training with respect to psychological education, or in curriculum development. In a way we are recommending a ‘back to the future’ scenario where in the 1960s and 1970s school counsellors were widely employed to work in schools. The problem was that they worked in isolation and became a source of envy of teachers who saw the one-to-one nature of school counselling as a luxury which contrasted markedly with increasing class sizes. So while we are not recommending a return to the old model of school counselling, we are advocating a new role for counsellors as psychological educators who, as discussed earlier, need to be able to demonstrate the effectiveness of such programmes.

It seems to us that the time is ripe and will be even riper in the future for such programmes to be accepted and even welcomed in the schools. There is a likelihood that the British norm of fearing the affective side of our existence will change and that we will become more comfortable with emotional issues and with counselling’s role in facilitating this level of comfort. While we have a long way to go, we are in Orbach’s (1999) memorable phrase becoming more *emotionally literate* as a nation and we will want our children to become even more literate than ourselves.

Thus, we will support any well designed, proven method of facilitating such literacy in schools and the skills that comprise it. It is clear, too, that the emphasis in the national curriculum on spiritual awareness and development is clearly related to such emotional education and here again many counsellors are admirably equipped to work alongside religious education specialists.

Utilising and responding to technological development

If there is one issue that experts and laypersons alike agree on, it is that the future will see a quickening of the pace of technological development. It is our view that counselling can both utilise this development and respond to the emotional crisis that may well result in its wake. We also reluctantly acknowledge, however, that we could land between the devil and the deep blue sea, so uncertain at the moment is the ultimate impact of technological change on human well-being.

Let us first consider how counsellors can utilise technological development in the area of virtual reality. The developing area of virtual reality means that with computer technology we may be able to help our clients explore and deal with their concerns in the context of vividly portrayed computer created virtual environments. Progress in this field has already been made in the treatment of phobias (North *et al.*, 1997), eating disorders (Riva *et al.*, 1998) and sexual dysfunction (Optale *et al.*, 1998) and we predict that this rapidly developing field will enable personalistic images to be used to enhance the emotional processing of personally meaningful material. The talking cure will soon become the talking and technologically facilitated experiential cure.

Another rapidly developing area is the growth of e-mail and Internet systems. These will enable counsellors to gain access to a growing resource bank of developments in the field of counselling and its related disciplines world-wide as well as to join and participate in networks of counsellors discussing hot topics of the day online. There will come a day quite soon when counsellors routinely hold sessions via interactive e-mail systems with digital cameras being used so that both persons may see one another. Of course, this raises a number of important issues with respect to the importance of face-to-face counselling and the threats to counsellor-client confidentiality when using this technology. We can imagine a nightmare scenario where employers 'hack into' seemingly confidential online counselling sessions of their employees. The new technology offers both threat and challenge to counsellors and we need to respond thoughtfully and carefully. These new technological developments could be more of a help than a hindrance to us in our future work, but we may need to widen our vision of that work.

While such technological developments are exciting to some they can justifiably be frightening to others. Numerous people, for example, are frightened by the very mention of the word 'computers' and even those who are not scared of the technological developments themselves may be scared of the implications of these developments for their jobs and their stress levels. In this area, the traditional values of counselling can be enormously helpful in offering such people a calm, unhurried environment to explore how to make a healthy response to such environmental

challenges and to plan to learn new skills in a way and at a speed to facilitate effective functioning in a rapidly changing world. A counselling profession for the future must not only grow and develop to respond effectively to a rapidly changing world, it must also embrace its traditional values of respect for the individual, faith in the self-actualising ability of humans to grow when secure enough to do so and confidence in the human spirit to transcend adversity when connected to a meaning system which enables people to do so. It is important that counselling does not get too caught up in the heady growth of planetary change if it means forgetting these unchanging truths. We are intermittently confident that counselling can both change and remain constant for the benefit of our clients, our profession and for the health of the human race.

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