



SAGE Handbook of Counselling and Psychotherapy

Second Edition

Notes on Contributors and Editors



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Bill O'Connell is currently the Director of Training with Focus on Solutions Limited, a company specializing in the delivery of training in the solution focused approach. Until 2003 he was a senior lecturer at the University of Birmingham where he headed the MA in Solution Focused Therapy programme. He is a Fellow of the BACP and an accredited counsellor. He has a background in social work and youth work. He is the author of *Solution Focused Therapy* (Sage, 1998), *Solution Focused Stress Counselling* (Continuum/Sage, 2001) and co-editor with Dr Stephen Palmer of the *Handbook of Solution Focused Therapy* (Sage, 2003). Email: focusonsolutions@btconnect.com.

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Preface



COLIN FELTHAM AND IAN HORTON

This second edition of a relatively large book in an ever-expanding field, appearing among hundreds of other books, requires some explanation and justification of its conception, structure, aims and limitations. It is our hope that this text brings together comprehensively, in a helpfully updated form, the fundamentals of counselling and psychotherapy for both trainees and experienced practitioners seeking expansion of their knowledge base. Notwithstanding one or two welcome distinguished authors from the USA and Australia, this is a mainly British text, reflecting the experiences and needs of clients and therapists in a multicultural society, in the early stages of the twenty-first century, represented by leading practitioners and academics who are all active in their fields. It brings together both the practical and theoretical aspects of the psychological therapies, including information of an introductory and sometimes advanced nature. Finally, although it must be in the nature of a book of this kind to present a good deal of established, relatively uncontentious knowledge, we have continued to encourage the injection of a degree of critical thinking, in the hope that colleagues will join with us in taking responsibility for challenging any elements of counselling and psychotherapy calling for change. We have in mind those elements which have permeated our collective professional wisdom, which are repeated by each generation of practitioners, yet often remain without a clearly articulated rationale or evidence base.

Counselling and psychotherapy

In the first edition we acknowledge transparently the agonizing that went into the decision behind the title of the book. At different stages the central terms were to be 'counselling' or 'therapeutic counselling' or 'psychological therapy', or even 'integrative therapeutic counselling'. Finally we opted for 'counselling and psychotherapy' for the following reasons: among those involved in the debate on what the real, if any, differences between counselling and psychotherapy are, we both belong to that group who believe the differences to be minimal and the commonalities to be vast; we hope that *all* 'clinicians' – counsellors, psychotherapists, counselling psychologists, clinical psychologists and others – may find this book useful; much more contentiously and ambitiously, we hope that the blend of information, perspectives and challenges given here will activate in some small way the thrust towards not only theoretical collaboration in this field, but also towards, if not professional integration, then at least wider acknowledgement and greater respect for different contributions of all colleagues in the field. Fortuitously, in 2000, shortly after the publication of

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this book, the British Association for Counselling (BAC) changed its name to the British Association for Counselling and Psychotherapy. This shift has helped to normalize use of the two terms in conjunction.

In spite of our challenge to the longstanding, uncritical Americanization of theory and practice in this field (see below), it is worth pointing out that American textbooks routinely include the terms counselling and psychotherapy conjointly and unproblematically in their titles. Nevertheless, we have to acknowledge that some of our British colleagues, particularly those trained under the title of psychotherapist, may still have reservations about and objections to our merging counselling with psychotherapy. Hopefully, some degree of persuasion of the usefulness of this decision will come about from reading the book itself. This debate does, however, create some potential difficulties of cumbersome language use. Rather than use the term 'counselling and psychotherapy' throughout the text, we have advised contributors to use their discretion, to alternate terms, and so on; and the abbreviation 'therapy' has also been liberally employed.

For the most part we have encouraged the convention of referring to the recipient of therapy as the client rather than patient. Writers have been asked to avoid, for the most part, use of 'I' for stylistic reasons, but occasionally its use has been appropriate. References, collected at the ends of each section, have usually been limited for space reasons but we trust that those appearing are useful.

Socio-cultural perspectives

When we declared that this was a mainly British text, our association was not with nationalism but with the recognition that there is a need to address 'local' experience with (as far as possible) local knowledge. In spite of central European origins, most models or schools of counselling and psychotherapy for the last 50 or so years have been American or Americanized, and many influential texts in this field have been American. British society and its particular multicultural profile is quite distinct. Moghaddam and Studer (1997) rightly challenge the kind of psychology that has become an American export, or what they refer to as 'US-manufactured psychological knowledge' which, even in its guise of cross-cultural psychology, subtly marginalizes the different experiences, indigenous theorizing and unique problem-solving capacities of other cultures, particularly in the developing world. Continuing tensions between western-driven globalization on the one hand and the reassertion of Islamic beliefs among others – tragically configured in the unforgettable events of '9/11' – remind us to question our ethnocentric assumptions. Ritzer (2004) presents us with the challenge of international social problems, including the worldwide growth of mental health problems like depression. It is hard to resist the wisdom of the call to 'think globally, act locally'.

Two of the very few truly 'home-grown' traditions in Britain are represented by the Independent Group (Fairbairn, Winnicott, Bowlby, Balint, Bollas, Khan and others), who pioneered object relations work and sought to avoid the extremes of other affiliations (Rayner, 1991), and cognitive analytic therapy, which welds object relations with personal construct, cognitive therapy and related theories into a short-term, NHS-adaptable therapy

(Ryle, 1990). It may still be hoped – in spite of the slowness of its realization – that such traditions of locally created theory and practice will continue to respond to the histories, needs, strengths and changing conditions of British and other European societies with a culturally sensitive and pragmatically attuned consciousness.

The priority given here to socio-cultural issues aims to recognize, however incipiently, the necessity for all therapists actively to widen their theoretical base and clinical and personal awareness from a traditionally, predominantly individualistic focus towards a socio-culturally informed and inclusive one. This focus embraces all those groups in society – women, alienated men, children, older people, the working class, gays and lesbians, disabled people, as well as ethnic minorities – that have been marginalized or silenced in various ways by traditional therapeutic discourse and practice. Gradually we are becoming more aware of changing demographics in British society, towards greater longevity, for example, with its attendant problems of adjustment to longer employment, insufficient pensions and inter-generational strain, as well as the growth in single households, single parent and step-family households and the predicted need for increasing immigration to address a falling birthrate and ensuing economic problems. While mindful of these trends, we nevertheless suspect that along with colleagues and other texts, we have our own unrecognized assumptions, resistances and ‘blind spots’ and that what is presented here is still a modest movement in the direction of greater socio-cultural awareness.

Comprehensiveness

Most of the larger handbooks of counselling, psychotherapy and counselling psychology have tended towards representing mainly clinical skills and interventions and/or particular theoretical orientations, or specific client groups, or settings. Our aim in this book has been to draw together in one text as much consensual information, practice wisdom, mainstream theory, and pertinently challenging material, as possible. Our own original brief for ourselves and contributors was to address what practitioners ‘need to know, do, think, feel, use, reflect upon, change and abandon to be of most use to clients.’ Accordingly, while in a text of this kind it is necessary to include a fair amount of traditional theory, we hope there is also due bias towards practicality and creative rethinking where possible. To some extent this brief has led us to incorporate a greater number of clinical theories in this edition.

Limitations

Necessarily, the comprehensive intention behind this book means that some areas traditionally accorded considerable space – notably, the mainstream theoretical approaches – have quite limited space. Where this is the case, we hope that such digests of information are useful and stimulating rather than frustrating, and that readers will follow up any suggestions for more comprehensive reading given by authors. At least one critic of the first edition complained about thinness of material in certain sections but our aim has been to

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provide a good general text that remains manageable in size, and there is of course an ever-expanding literature base available for those seeking more detail.

No single volume can hope to be exhaustive and therefore this like any other book has its limitations. The very selection of theoretical approaches to be represented in Part 5, for example, means that many have had to be excluded. While we have consciously attempted to include 'mainstream' approaches, not everyone will agree on our definition of mainstream. In Part 6, another necessary exercise in selection means that what we perceive as among the most commonly presented problems may well not match the daily clinical experiences and interpretations of all practitioner-readers. Where omissions are evident, we hope that these are due to conscious editorial decisions on space grounds, however difficult and sometimes arbitrary, rather than to negligent oversight. We are also aware that in a field that is shared by different clinical professions and different historical and institutional affiliations, our own positioning in a primarily *counselling* tradition may lead to some unintentional biases.

Structure

Part 1 opens with a scene-setting, succinct introduction to counselling and psychotherapy, to definitions, historical background, professional affiliations and philosophical assumptions. The varied, and not always clear, goals of therapy are briefly examined, as are the formats or arenas of therapy, the settings in which it takes place and the employment prospects it holds out. Part 2 lays the foundation for a socio-culturally informed account of the client populations served by therapists. Part 3 outlines the most significant therapeutic skills, techniques and practice issues, including many in-session and ancillary skills, the latter often being taken for granted by many clinical texts. Part 4 looks at professional issues relevant to all therapists, including professional development, supervision, ethics and law, insurance and advertising, private practice issues, research and evaluation, and includes clients' views and other neglected areas. Notably, a section on evidence-based practice is included in this edition, this topic have grown hugely in importance during just the last six years. Psychotherapeutic theory is the focus of Part 5, first by looking briefly at the need for and the place of theory and its different applications, and second via 23 distinctive, relatively mainstream theoretical models, approaches or schools of therapy. In Part 6 the focus is on the question of what clients need from therapy, first, by examining the topic of psychopharmacology, then different perspectives on psychopathology and problems of living, and second by outlining 21 of the most commonly presented problem areas, plus special issues. Part 7 gathers together a number of specialisms, modalities and setting-specific practice topics. Part 8 is comprises a short presentation of certain key areas of professional developments and critiques.

The construction of this book has represented another huge collaborative effort. In any edited book there is some undeniable risk of discordant styles and discrepancies. We hope that these are, however, minimal and that the insights and information provided by the contributors collectively make for a rich source of contemporary practice wisdom, accurate data and critical challenge to improve our services to clients by reflecting continuously on this fascinating subject.

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