

## Preface for Trainers and Educators

This book was originally written for students of counselling and therapy in their first year of training. Subsequently we found that some trainers had set it as a text for second year students on placement. Since then we have realised that it is not simply a textbook, but offers much to practising counsellors. Many counsellors never experienced a sequenced training in basic skills, geared to the stages of the evolving therapeutic process, such as we have provided here. The teaching of skills seems often to be regarded by lecturers and trainers as less important, or less exciting, than the presentation of theories and models of counselling. To us, this seems to put the cart before the horse. Many practising psychologists and social workers may be surprised to discover here key understandings and skills that were lacking in their own professional education.

Theories and models are referred to all the way through this book, but its subject is the practice of counselling and therapy. When we look closely at practice, and understand fully what it is that counsellors are doing, some of the apparent differences between models and theories fall away. Our aim in this book is to emphasise the common ground that lies beneath most recognised approaches—the things that every counsellor or therapist needs to know (and know experientially, not just cognitively).

In some ways ‘skills’ is not the best word for what this book is about, though it is widely used and we have followed suit here. ‘Skills’ suggests something like driving, or being able to add up a column of figures, or throw a ball powerfully and accurately. Counselling skills are a little bit like these skills, but a whole lot different too. Counselling skills are really relational capacities, broken down into specific ways of talking (or sometimes, not talking) that will foster a strong therapeutic relationship. They cannot be fully expressed in ‘rules’ for how to talk or exactly what to say. Words may be important but words will never be enough without the therapist’s presence, and ‘presence’ is not a skill but a quality possessed by a person, a way of being with someone else.

*A Safe Place for Change* is firmly based in the understanding that the relationship between clinician and client is the bedrock on which all effective counselling and psychotherapy rests. Without a solid, durable relationship (one that can withstand temporary challenge and rupture), no client, except for the most mature, self-aware and motivated, is likely to achieve more than temporary change—no matter what the theoretical model is employed by the professional.

Our approach in this book is ‘relational’ in the broadest sense. It was Freud and his colleague Breuer who established that clients would ‘open up’ and reveal long-buried traumas if only the therapist let them talk freely, without judging them or being too inquisitive. This clinical discovery has still to be re-learned by many professionals today, because their training emphasises knowledge about theories, models and ‘techniques’ rather than continuous practice in the subtle art of crafting a relationship that clients will perceive as trustworthy—a safe place for change. Many professionals fail to listen to their clients properly, and hasten too rapidly into offering information and strategies for behaviour change—which often address only the surface of the client’s presenting problem. Beginning counsellors are (understandably)

attracted to such approaches, because they seem to promise quick changes and offer a gratifyingly prominent role to the counsellor.

But to train students in this way is to mislead them. Patience and empathy are more important attributes for a counsellor or therapist to possess than an array of techniques for ‘managing’ anger, grief, compulsions, or whatever. Clients are more than simply bundles of diagnosable symptoms that can be addressed by one-size-fits-all ‘treatments’, as in the medical model. Clients must be ‘held’ by a person who adjusts sensitively to the clients’ needs, instead of imposing their own needs on the client.

The idea that clients are entitled to be seen as wholes rather than as bundles of pathological behaviours and dysfunctional beliefs was the insight of Carl Rogers, who began publishing his ideas in the 1940s and 1950s. We follow Rogers in our belief that clients are people, unique individuals. They respond best to a professional who is sensitive and insightful enough to grasp the essence of who they are. When our clients are assured that we ‘get them’, there may well be room for techniques and strategies—if that is what our clients are actually looking for (see Chapters 5 and 7). Rogers developed Freud’s ideas about the therapeutic relationship into an assumption (which he and his associates repeatedly tested in their research) that clients would change when they experienced empathy (the therapist’s ability to ‘feel with’ them—neglected by Freud and many of his followers); unconditional positive regard (the therapist’s capacity to suspend judgement and criticism); and congruence (the ‘realness’ of the therapist—the client’s sense that ‘she means what she says’, that her words ‘come from the heart’). In other words, what matters most is how the therapist is able to ‘be with’ a client, not what the therapist is able to ‘do to’ or ‘do with’ the client.

Irvin Yalom took Freud’s ideas about ‘transference’ (that people will behave towards their therapist in ways they learned to behave with significant others), Rogers’ ideas about ‘congruence’, and Franz Alexander’s notion of ‘corrective emotional experience’ and developed them into his precept that the key moments in therapy are those when client and counsellor must face each other without masks, and speak honestly and openly from their in-the-room feelings (see Chapter 4). In these moments, said Yalom, clients experience something profoundly different from what typically happens in social conversation, something that catalyses change within them, not only at the level of realisations (cognitive learning) but at the level of felt experience (embodied learning). Such encounters (see Chapters 4, 6 and 9) are the ‘breakthrough moments’ that can occur once a sufficiently safe trusting and respectful relationship has been created between counsellor and client. If therapists attempt to ‘bring on’ these encounters too early, before the therapeutic relationship is resilient enough to withstand the stress of straight talk, their clients will typically flee from a challenge that they perceive as too great.

The landmark meta-study known as the Common Factors research (Wampold, 2015) offers substantial research confirmation of the whole relational tradition as we have sketched it here. The researchers found that of all the factors affecting the outcome of therapy, the most crucial was the strength of the counsellor-client relationship. The therapeutic bond (as perceived by the client) was more important than the theoretical model that guided the therapist, more important even than the approach and personality of the therapist (‘therapist factors’). Recent neurological research into the structure and functioning of the brain has further supported the importance of the therapeutic relationship, and in this second edition we have greatly extended our references to this research, which confirms much that psychotherapists and counsellors have long known, but been unable to substantiate. Thus *A Safe Place for Change* rests within a well-recognised tradition of ongoing theory and practice. It is evidence-based, not simply a collection of appealing but untestable precepts.

Though we refer briefly to many models and ideas about counselling and psychotherapy, it is the humanistic, person-centred, relational approach that we hope students will learn from *A Safe Place for Change*.

They are more likely to do so if they are prepared to read the book cover-to-cover over the course of a semester, and then to re-read sections of it over the next year. It is written to make sense cumulatively, not to offer little ‘nuggets of knowledge’ that students can glean from skimming a few pages and then reproduce in their essays. Many students will expect to do the latter, and they will need their lecturers to deter them, by setting up exercises and discussions so that reading of the full text, as it unfolds in successive chapters, is required. While this may seem onerous to some students, the reception given to the first edition of *A Safe Place for Change* confirms that our writing strikes most students as accessible, interesting and, above all, practical. Our experience of teaching counselling (over 35 years between the two of us, in several different training programs, spanning both private institutes and universities) has convinced us that students overwhelmingly prefer textbooks that are clear and direct in their language, and acknowledge the kinds of difficulties that beginners face. Provided throughout are realistic examples that draw on typical clients and typical situations from our own experience. All identifying details have, of course, been removed.

We haven’t attempted to cover everything the beginning counsellor needs to know. There are many aspects that are best left for trainers to tackle in their own way, with their own students. A text can only be an aid to learning. It is not an entire program in itself, and what happens in class is always going to take precedence, because it is person-to-person experience that fosters the most profound learning, and makes sense of words on the page—in education as well as in psychotherapy!

For readability, we have kept in-text references to a minimum. Deliberately, we have supplied references to classic works, not just recent summaries. Sound, clinically based analysis does not go out of date, as much scientific research does. Reading the actual writings of therapy pioneers offers a good corrective to still-prevalent stereotypes and misunderstandings (‘Freud was sex-mad’; ‘Rogers just said “Uh-huh” after everything the client said’; ‘Family therapy is like spaghetti: everyone stuck together in a sticky mess’).

Our clients have been wonderful teachers, and our experiences with them inform everything we have written here. We also want to thank the publisher who took on the first edition of *A Safe Place for Change*, Alan Fetting, and his colleague, Jill Henry. Alan and Jill were enthusiastic, courteous and helpful at every stage, including assistance with finding an alternative publisher when Alan found himself unable to continue with IP Communications. Similarly, we want to thank Dr David Reiter of Interactive Publications for taking on the second edition. We’d especially like to acknowledge the contribution made to this book by our students (past and present) at the University of Western Sydney. We thank our own therapists, who over many years created for us a ‘safe place for change’. Finally, we want to express our appreciation to Meeray Ghaly, a former student in our program, who supplied the warm, witty and thought-provoking drawings, and who created ‘the elephant’ as a potent and ever-changing symbol—sometimes a big and unknown figure, sometimes a comforting presence, sometimes the problem itself.

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# Chapter 1

## So You Want To Help People?



## MOTIVES AND HIDDEN AGENDAS

When you apply to a counselling training program—as run by a university, a private training college, or a large welfare organisation which conducts its own training—you will probably be asked, ‘Why do you want to be a counsellor?’ There are a variety of answers that applicants give to this question. The most common responses are:

- I just want to help people. I really enjoy solving problems and people appreciate the advice I give them.
- I’m really intrigued by people and their problems. I like to analyse what’s really going on. Get to the *key issues*.
- People have always come to me with their problems. They say I’m a good listener. I feel so comfortable doing that for people.
- My parents brought us up to serve the community. Helping with problems is just something you do in our family. It comes naturally to me.
- A few years back, I was in a bit of a difficult spot, and I saw a counsellor. She was amazing! I’d love to touch people’s lives like that.

All of these statements tell us something about the speaker’s motivation for training as a counsellor. But there are areas that these speakers are unaware of, or unwilling to reveal. Rarely, for example, will would-be counsellors say,

- I like feeling that people depend on me. If someone doesn’t need me, I feel empty.
- I feel kind of awkward around other people a lot of the time. But I enjoy observing people, and working out what makes them tick. I like the idea of explaining people to themselves. I feel in control.
- When I’m listening to someone else, I get really involved. I don’t really know what I feel, their feelings are what I’m focussed on.
- It isn’t so much the buzz I get out of helping people—it’s more the fact that I can do this thing well. I’d really like to master all the skills, all the techniques, so I can be even better at it!
- I felt desperate, and this counsellor that I saw was able to help me. It seemed like magic. Everything started going better for me. I want to be like her, in fact, I want to *be* her!

Deliberately, each of the listed statements matches an equivalent statement in the first list. Each is the product of a different personality type, and a different orientation to helping. At a later point, you may wish to identify the personality types involved.

- The first applicant feels at her best when actively helping someone else. There’s nothing wrong with enjoying being helpful—but she also admits to feeling ‘empty’ if she’s not in this role. How will this applicant cope with the fact that as a professional helper, she will sometimes not be able to help? Sometimes she will have no option but to simply ‘watch the train crash’. She will find that people aren’t necessarily ready to change just because they seek her help. Will it feel like ‘helping’ if all she does is wait for her clients to be ready to do something for themselves? How is she going to feel when some clients act like