

For many people anything that involves 'delving into the mind' is strictly taboo. This unhelpful image often stops people considering Counselling and Psychotherapy, which offer many ways of improving how we see the world and enjoying life more. They are also increasingly necessary and becoming more widely accepted.

The Talking Cure

From time to time everybody has moments when they feel like saying "I'm at my wit's end" or "I just can't go on like this." Such feelings are normal, often we know what particular event has made us feel fed up and manage to keep a sense of perspective, knowing that these darker moments pass. Sometimes however, in fact for most of us at some point in our lives, we may feel angry, hurt, frightened or sad without being able to find a sense of proportion. Often it can happen that such feelings persist, or recur from time to time with such insistence that we feel the need of professional advice to resolve things. It is in situations like these that counselling or psychotherapy can be of enormous help.

These two terms, counselling and psychotherapy, are really interchangeable. Though many people would argue that there are differences, professionals working under both titles agree that they are both doing essentially the same job, and that any differences are outweighed by the similarities. Added to this, there is also some confusion about the different types of 'therapy' (see box 1), even among therapists themselves. Again, the essential thing is the common aims of these different approaches; to enable the client in some way to resolve something that is troubling them. This will usually involve them beginning to understand the problems, rediscovering our own resources (which we often forget we have at times of worry or stress) and enabling them to approach their lives in a new or more confident way. Such a process involves the listening and reflective skills and experience of a therapist who is non-judgmental and caring.

A popular image of therapist is that of someone who gives out advice and even tells others how to run their lives. This is confusing because giving advice is the very thing that good counsellors are trained not to do. The process is directed at helping the client discover their own outcomes. Strictly speaking, neither is it about finding solutions. When someone has a terminal illness or is faced with a situation which cannot be changed, it would be wrong and unhelpful to suggest otherwise, but they can be helped to face a crisis or come to terms with a situation in such a way that their quality of life can be improved; even where that life may end sooner than once expected. The process, and therefore the duration of therapy will vary depending on the type of therapist chosen and their way of working. It can be anything from one or two weeks for some brief approaches, or more commonly several months or even years for more traditional methods. The need to keep costs down, particularly in the

NHS, is leading to increased demand for the process to be limited to a certain number of sessions, and 'brief therapy', is becoming more widely used.

Most approaches these days are also client centred, emphasizing the client's autonomy and ability to realize their potential through a continuing process, with the help of the therapist, of developing self awareness and personal growth. Counselling and psychotherapy are intended mainly for healthy people faced with a crisis or who want to improve the quality of their lives or relationships with others. The idea that one has to be 'sick' to seek such help is therefore incorrect. Nevertheless, counselling is an important part of helping people with serious or chronic illnesses, including those who have been diagnosed with a terminal illness and their relatives, come to terms with their condition.

There are many full-time professional counsellors and psychotherapists in private practice, others are attached to GPs surgeries and then there are the organisations set up to deal with specific types of crisis such as Relate for marital therapy and CRUSE for bereavement. It is also more common these days for large companies to offer some form of counselling to its employees. Stress is increasingly common as employers demand more from their workforce, and the increased risk of redundancy these days has brought a new type of pressure into many peoples' lives.

Hardly a day goes by without some mention in the press about the fact that "anyone can call themselves a 'counsellor" (or other type of therapist). While this may be true, there are very few people who would actually set up in business in this way without having had some training. What is more likely, unfortunately, is that their training may not have been adequate. For this reason it is important to satisfy yourself about a few key points when selecting a therapist. This is not quite as tricky as it sounds (see box 2) after all, we all make such decisions daily about how reputable or reliable a supplier of a service might be before entrusting, say, our children to nursery school or even our car to a garage. If the client should ever be dissatisfied it is important that the supplier of the service, whether therapy or tourism, is a member of a reputable governing body so that there is some right of redress.

At some point in our lives we can all benefit from talking to someone outside our family or friends about something which is troubling us. This may be a long standing feeling of worry, anxiety or depression, or it may be something more immediate caused by the loss of a job, pressure at work, difficulty at home or some other sort of crisis. Studies have shown that as many as 40% of people in GPs surgeries are suffering some degree of mental distress, and could therefore benefit from some sort of therapy. Since 1945, there has been a ten-fold increase in depression, and many conditions - asthma, some skin conditions, migraine and hypertension among them - are known to be triggered or aggravated by worry or stress. Many doctors are taking more interest in the view that all illnesses can be helped by some form of treatment that affects the whole person. This means the mind as well as the body.

The reasons for this increased demand are easy to see. Fifty years ago society lived at a more leisurely pace, people moved about less so we had better support structures from family and friends, doctors had the time to speak to us about our ills rather than the standard seven minutes or so they are allowed today, and we would have been far more likely to discuss problems with the parish priest. Coupled with this we now have increased expectations of the 'quick fix'. TV and the media show us daily how the other half lives and we make increasing demands on ourselves to improve the material quality of our lives, often at the expense of the 'inner person'. Counsellors and psychotherapists have therefore become a vital part of our culture.

BOX 1: Different schools of therapy.

There are said to be over 300 variants of psychotherapy (Feltham & Dryden 1993), and many different schools of counselling. All should respect the importance of the client's autonomy, and are usually arranged around weekly sessions of an hour. Charges vary from services which are free (though many therapists feel that some payment is important as it secures commitment to the process by the client), to £50.00 per session or more. It is probably fair to say that on average the fees charged by qualified therapists range between £20.00 and £40.00, and many will make reductions for the unemployed and people on low incomes.

There are three main schools to which all therapies derive their methods and practice. The Psychodynamic model is based on the inner drives and conflicts of the mind. Psychodynamic counsellors will pay particular attention to what clients say about their past and important figures in their lives, and the ways in which past relationships may impact on the client/therapist relationship. Emphasis tends to be in the unconscious rather than on the reality of here and now issues.

Cognitive-Behavioural therapy is a global term used for approaches derived from theory about how we learn. The core concept here is that beliefs we have about events in our lives are open to examination and change, and that when we learn that we can change beliefs (see things differently) we have a greater degree of control and change our behaviour accordingly. Also under this heading; Cognitive Therapy, Rational Emotive Therapy (RET), Behavioural Counselling.

The Humanistic/existentialist approach is based on Eastern and European philosophy. In contrast with the two above it emphasises the essential 'goodness' of the human character and its potential to be 'whole'. Its distinctive characteristic is that it is forward and future oriented, as opposed to the more traditional approach of seeking explanations in the past. Also under this heading; Psychodrama, Co-counselling, Primal, Gestalt and Encounter groups.

Other descriptions such as Brief Therapy, Solution Focused Therapy, Hypnotherapy, Rebirthing, Stress Management, draw on more than one of the above depending on the practice and beliefs of the therapist.

This is a complex area and given as a very brief guide only. In practical terms clients will probably be attracted to the approach that best suits their ideas and personality.

BOX 2: Choosing a Therapist.

If you think that you would like the help of a therapist in tackling something that has been troubling you, how do you go about choosing the right one? The first question to ask yourself is whether you want to see a man or a woman. This may be because of the type of issues you want to work on, or simply that you feel more at ease with a person of the same (or opposite) sex. Once you have decided this, personal recommendation is probably the simplest and most reliable way of finding a suitable practitioner, so if you know someone who has seen a therapist, and their reports of that person are positive, it would be a good place to start. If no such advice is available, or if you do not feel like discussing it with friends, then try your GP, many now have a suitably qualified professional attached to their surgeries. If neither of these options is possible, the official recommendation is to contact one of the major organisations like the British Association for Counselling or the UKCP.

However you go about finding a therapist, and whether they work from a GP's surgery, or are otherwise recommended or not, take the time to reassure yourself that it is the right person for you, and that he or she has had suitable training. Whether you decide to work with them for just a few weeks or over a much longer period, your relationship with your therapist will be a key factor in the outcome, so here are some basic tips to bear in mind:

- The therapist should agree to meet you briefly, at no charge, to discuss your needs and to ensure that your questions are answered. You should also ensure that the type of therapy on offer is appropriate for the condition or issues you want to sort out.
- Don't be pressured. You do not have to make a decision right away and can 'go away and think about it' if you wish.
- Take your time during that meeting to look at the therapist as you would with any other person you meet for the first time. It is normal to feel a little nervous at this first meeting, but beyond that, do you feel at ease with the person, could you build a relationship of trust with them? Do they seem emotionally mature and sensitive to your needs?
- Ask yourself the following questions:

"Will anything you say about myself to this person be treated with acceptance and understanding?"

"Is this person more concerned with his/her own power than my well being?"

"Will they respect my wishes and my thinking (or will they try to get me to fit in with their beliefs)?"

- Make sure the terms on which the therapy is being offered - length of treatment, expected outcome, financial arrangements, appointments and cancellations - are clear.
- Don't be confused by jargon. If anything is not clear, ask for an explanation.
- Beware of 'theories' as to why you have a problem. Theories are not solutions and to concentrate too much on possible causes may hinder, rather than promote, the process of positive change.

If you do not feel comfortable about any of these points raise the matter with the therapist, if you are not satisfied with the response, go elsewhere. When deciding to start therapy it is quite natural to feel nervous and even a little anxious, but doubts such as these should not be ignored.