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Accomplishing intimacy : self and relationships in the counselling context.

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Abstract

Accomplishing Intimacy: Self and relationships

in the counselling context.

This thesis is concerned with investigating ways in which the accomplishment of intimacy is framed within the counselling context. Within this investigation it explores the connections between such frames and modern notions of self and relationships.

The thesis begins from the observation that the social practice of counselling propagates specific versions of intimacy through its ideological bases and through its discourse. These versions of intimacy suggest that it is desirable for human beings to be 'open' to one another and afford intimacy a high value. It is argued that notions of intimacy are implicit within counselling practice, and that the counselling movement has demonstrated little awareness or consideration of their social ramifications.

The thesis seeks to make explicit the notions of self and intimacy which inform the counselling movement. It sets out key features of the practice of counselling as 'facilitation of self', and contextualises these within an understanding of the modern identity. It then describes the development of counselling as a cultural object which suggests specific notions of selfhood.

Notions of intimacy within the discourse of counselling are explicated by a textual analysis of the counselling literature. Key sociological theories are presented which

suggest alternative perspectives on how intimacy is framed within modernity.

The empirical research component examines how a group of counsellors talk about the accomplishment of intimacy. It also demonstrates how counsellors conceptualise intimacy, what purpose they think it serves, and what they believe elicits it.

The conclusions suggest that counsellors are actively involved in the production of a specific version of intimacy with little reflective awareness of the social implications of such a practice. Intimacy is uncritically pursued and encouraged, even though counsellors cannot articulate the worth of such a pursuit.

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Introduction

To formulate issues and troubles, we must ask what values are cherished

yet threatened, and what values are cherished and supported, by the

characterizing trends of our period. In the case of both threat and of

support we must ask what salient contradictions of structure may be

involved (C. Wright-Mills, 1959).

Any major piece of research work holds within it the interests and orientations of its

author (Steier, 1991). The author of this work is a trainer and researcher in counselling.

The inception of this thesis began with the interest of the researcher in the social

consequences of counselling. Observations made during her training and research

practice had suggested that the social practice of counselling is expanding, and

pervading 'everyday life' through popular media as well as professional practice. The

content of 'problem pages' is becoming ever more focused on the psyche, self-help

manuals command a huge market, counselling telephone lines abound, and our very

language is becoming permeated by concepts which had originated within counselling

ideologies.

Within all this activity, the author had observed two specific points. One was that the

counselling movement seemed to demand a certain kind of 'self'. There seemed to be

a tremendous move to openness and authenticity. People coming on to counselling

courses were asked to demonstrate such qualities before being accepted. Counsellors

at conferences seemed to be developing a new kind of discourse, which was concerned

with individuality and affectivity. Sentences would be prefaced with 'for me', and 'I feel'. The expression of feelings seemed to be applauded above all else.

At the same time, there seemed to be a naïveté within the profession concerning the fact that counsellors are inevitably involved in the creation of propaganda, to do with how one should be, and how one should relate. The consequences of counselling seemed to be documented only in dichotomous terms of whether a particular counselling activity was successful or a failure. Little awareness seemed to be demonstrated as to the consequences of the counselling movement itself.

The interest of the researcher then became focused on how the social practice of counselling is reflexively tied to notions of the self. There was particular interest in how the accomplishment of intimacy was conceptualised by members of the counselling profession. The research questions were formulated; how is the accomplishment of intimacy framed in the counselling context; and in what ways do such frames relate to concepts of self and personal relationships within modernity. The concern was to compile a descriptive rather than an evaluative investigation, and to suggest some tentative possible consequences of the social practice of counselling.

This was a complex task and demanded an interdisciplinary approach. Initial desk research involved reviewing a considerable body of sociological texts on self. Because of the huge literature currently available on self, reading inevitably became an eclectic activity concerned to elicit some key features of the modern self. The focus of the original research was to discover how counsellors *talk* about intimacy. This part of the

investigation required two approaches. One was to make a textual analysis of the counselling literature, with the specific intention of making explicit the discourse on intimacy within it. The second was to interview a group of counsellors to elicit new data relating to how they talked about intimacy. Thus an original perspective could be developed which would contribute to the existing body of knowledge.

Some explanation of key terminology is important before proceeding. 'Counselling psychology' will be used to describe the discourse which holds within it a variety of therapeutic measures and theories, but also a host of managerial techniques of the self[1]. This acknowledges the diverse epistemological roots of counselling practice, some of which seem linked, and some which seem to indicate disjointed, historical developments. Commonly, counselling is identified as one of the 'Freud and water' techniques (Gellner, 1985). In this conception, the counselling ideology begins at Freud (Halmos, 1966). The orientation of this work challenges this view, by locating counselling psychology as a technology of subjectivity, and therefore conceptualising psychoanalysis as one of the techniques of self which is produced within it. The terms 'counselling' and 'therapy', 'counsellor' and 'therapist' will be used interchangeably to represent a cultural practice which is dependent on: notions of mental health and illness; the self as developmental and protean; and the power of the talking cure. Distinctions between different professional groups and schools of counselling and therapy will be

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[1] This term is used to refer to all those psychological theories of the self which underpin and influence the development of counselling as a social practice. It is recognised that the term is also used professionally to claim a distinction between 'scientific' practitioners, i.e. those trained in empirical psychology, and lay practitioners(Williams and Irving, 1995). Counselling psychology is also claimed as research based, and even defined in terms of 'a branch of post-graduate applied psychology' (Elton Wilson, 1995:499). From a sociological perspective, the distinction is irrelevant.

elucidated within the first two chapters.

'Modernity' will be used to refer to the structures and mores of twentieth century life which have been developed from the changes within post-feudal Europe. Modernity is characterised by an acceleration of change which is made possible by post-industrial and information technologies. Within this, the modern identity is characterised by its contradictions and uncertainties. Whereas in the Enlightenment period, people were seen as having a single, rational identity, and relations were characterised by consistency and coherence - 'if I know your identity then I know who you are' - the modern identity is inconsistent and complex. There is no unified identity[2]. People are malleable, changeable and not located within 'traditional' structures to underpin their sense of self. Identities can be worn as labels rather than complete statements of 'who I am'. 'Modernity' and the 'modern identity' will be used consistently to invoke these features and characteristics.

The thesis, then, will proceed as follows. Chapter One will outline what counselling is, through defining its meaning and describing some of the methods which are integral to it. It will be contended that counselling is a practice of the self, and notions of the self within modernity will be summarised.

Chapter Two will explore the origins and development of counselling, with particular concern to locate it as a cultural object. It will then outline and explicate concepts and

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[2]Hall (1992) suggests some of these characteristics of the post-modern self. This label is rejected on the grounds that it implies that the period of modernity has completed. It is recognised that this is debatable: Giddens resolutely refers to the modern identity, Hall to the post-modern, as do Beck and Beck-Gersheim (1995).

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ideologies of the self which are inherent within counselling psychology.

Chapter Three will discuss how intimacy is framed within both counselling and sociological literature. Particular attention will be given to uncovering the discourse of intimacy which is largely presented implicitly, rather than overtly, within counselling texts. Alternative views will be presented as to the effects and consequences of the modern preoccupation with intimacy.

Chapters Four and Five will describe the second research approach which informs this thesis. Chapter Four will outline issues of methodology, and methods chosen. Chapter Five will present the process and findings of the research interview and contextualise them within the available literature. Concluding remarks will be made to suggest the possible consequences of the findings.

Chapter One: The Counselling Context

We have widened the domain of mental phenomena to a very considerable extent and have won for psychology phenomena which were never before accredited to it. (Freud,1961:47)

Introduction

It is widely recognised that the social practice of counselling, and the discourse of 'counselling psychology' which it embraces, represent a pervasive force within modernity (Gellner,1985:1; Halmos,1965:17; Malcolm,1982:22; Rose,1985,1990; Smail,1987). The development and use of counselling as a form of social practice is a comparatively modern trend concomitant with the development and emergence of the modernist notions of self.

The concern of this thesis is to explore the relationship of the practice of counselling to the achievement or accomplishment of intimacy. It is contended that this relationship has developed in conjunction with changing social beliefs, both about the nature of self and about the nature of malaises or misfortunes of humanity. Traditionally, counselling and psychotherapies have conceptualised their art as helping towards some realisation of a specific concept of self. While some models and philosophies claim to help individuals to better understand or even liberate their 'true selves' (Freud, 1961: Rogers, 1951, 1961), it may also be argued that counselling brings to bear and creates its own constructions of the

self. Indeed, not only does counselling carry preconceived notions of the self which it seeks to expose, but it may also be suggested that the very process of counselling is a creative rather than revealing procedure. This follows Foucault's line of reasoning where the 'confessional ' nature of counselling operates not a liberation of the 'elementary nucleus' of personhood (Foucault,1980:98), but rather creates a site on which various discourses and desires will be powerfully (through the authority of ideology and the normative disciplines associated with it) directed to produce the identity of the individual.

In order to understand how and why counselling has developed as a major social practice, it is necessary to understand the profound changes in the social organisation of the self which have occurred within modernity and which provide the context for counselling. This chapter will be organised as follows. First, it will outline what counselling is and summarise some of the debate around its definition. Second, it will suggest some of the functions of counselling. Third, it will summarise some key issues regarding the modern identity. Finally, it will suggest some of the moral and ethical considerations pertinent to the modern identity and counselling.

Definitions, Concepts and Principles

Counselling: facilitating the self

There is no doubt that there are a number of activities which constitute counselling as a social practice specific to modernity, and there are drives to legitimate the activities through professionalisation. The central British body committed to the professionalisation of

counselling, which has provided a forum for the exchange of ideas and practices, is the British Association for Counselling (BAC) . The BAC is unique in being established, in the mid-seventies, in order to associate and co-ordinate diverse bodies of people concerned with the development of counselling, and to further the profession. It is currently rivalled by the British Psychological Society who have a professional resistance to the notion of lay counsellors, and who have instituted a charter system for counselling psychologists in order to retain professional identity and status. Their definition of counselling, and the development of their code of ethics and practice, have nevertheless been strongly influenced by those of the BAC. Likewise, the United Kingdom Council for Psychotherapy also stands in both negotiation and competition with the BAC, and has a national register for Psychotherapists. There are currently moves going ahead for the BAC to develop a national register 'in the interests of the public'. [1]

The definition established by the BAC will be used as a central focus for this thesis on the basis that it underpins and influences the definitions offered by other organisations, and that it is centrally concerned with counselling rather than seeing counselling as a subsidiary of another discipline. The Code of Ethics and Practice for Counsellors states:-

The overall aim of counselling is to provide an opportunity for the client to

work towards living in a more satisfying and resourceful way. The term

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[1] It can be argued that the registration of practitioners is more for the good of the profession than the safety of the public, which is the usual justification (Russell and Dexter,1993:Pilgrim and Teacher,1992). There is no evidence of standards of work being increased through such moves.

'counselling' includes work with individuals, pairs or groups of people, often, but not always, referred to as clients. The objectives of particular counselling relationships will vary according to the client's needs. Counselling may be concerned with developmental issues, addressing and resolving specific problems, making decisions, coping with crisis, developing personal insight and knowledge, working through feelings of inner conflict or improving relationships with others. The counsellor's role is to facilitate the client's work in ways which respect the client's values, personal resources and capacity for self-determination (BAC Code of Ethics,1990:2).

'Counsel' originates from the Latin *consilium*, meaning consultation, advice, judgement or deliberating body (OED lib of words and phrases). The concise OED definition suggests that to counsel is to 'advise; to give advice (to person) professionally on social problems etc.; recommend thing or that' (Sykes,1982). The advisory aspect of counselling is perhaps its oldest and most traditional meaning, a tradition still evidenced in legal, medical and, to some extent, religious circles.

It has been suggested that the term 'counselling' has undergone an expansion in meaning over the last three hundred years, as counselling has developed as a practice of psycho-social intervention (Russell et al,1992)[2]. This is currently evidenced by the definition of the OED which incorporates the advisory elements cited in the concise OED, and also acknowledges

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[2]This point will be discussed in Chapter Two within the exploration of the development of counselling.

counselling as a non-advisory activity related to psycho-social care:-

> the giving of advice on personal, social , psychological, etc., problems as an
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> occupation; (in psychology) a form of psychotherapy in which the counsellor
>
> adopts a permissive and supportive role in enabling a client to solve his or
>
> her own problems (Simpson & Weiner, OED: 1989).

Difficulties in defining counselling as an activity independent of any advisory meaning are identified by Feltham (1995) as fourfold. Firstly, the historical factors in which advice is very strongly linked to counselling[3]; secondly, the purely semantic difficulties which are inherent in defining concepts; thirdly, the complex negotiations of professionalisation, where bodies of practitioners wish to claim exclusive expertise; and finally, what he calls 'subjective associationism' (Feltham,1995:6). Feltham is here describing the tendency of the individual to associate the meaning of an activity with an emotional reaction to the words used to describe it. Those for whom counselling has a comfortable 'feel' to it because of it being described as non-directive will understand the activity differently from those who feel uncomfortable with a lack of clearly defined steps within the activity. Feltham is suggesting that it may not be possible to reach a consensual definition of counselling (loc cit).

Nevertheless, Feltham has co-authored a lengthy definition of counselling for the first Dictionary of Counselling. To quote at length:-

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[3]Counselling is still used as an advisory activity within many areas of public life: financial counsellors, beauty counsellors, fitness counsellors etc.

...a principled relationship characterised by the application of one or more psychological theories and a recognised set of communication skills, modified by experience, intuition and other interpersonal factors, to client's intimate concerns, problems or aspirations. Its predominant ethos is one of facilitation rather than of advice-giving or coercion. ....(It) may or may not overlap with practical, medical and other matters of personal welfare....It is a service sought by people in distress or some degree of confusion who wish to discuss and resolve these in a relationship which is more disciplined and confidential than friendship, and perhaps less stigmatising than helping relationships offered in traditional medical or psychiatric settings (Feltham and Dryden,1993).

Whilst it may be the case that there will remain idiosyncratic nuances of meaning within counselling, there is consistently a considerable difference in focus and vocabulary from the definitions of the seventeenth century[4]. A key concept is that of facilitation, which is a central technique of self-development. Facilitation is used to describe a particular type of help to the individual, specifically without influencing, directing or subjectively contaminating through the values or advice of the counsellor. Through this process, the client is helped to develop a new perspective on them selves or their situation, hence to be able to see it anew and to make decisions based on their own view. The process is

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[4]This point will be elaborated in Chapter Two where the origins and development of counselling as a social practice will be explored.

undoubtedly informed by the view that the self has several aspects, e.g. self-esteem (how one experiences oneself in terms of value), self-awareness (how one perceives oneself acting and the effects of their actions), and self-actualization (the notion coined by Maslow (1987:66) meaning 'the intrinsic growth of what is already in the organism, or more accurately of what is the organism itself).

Technically, facilitation entails the use of a range of skills which are essentially reflective in nature. It is hypothesised that such skills are non-contaminative communication skills, i.e. the counsellor's thoughts, views, wishes or anxieties will not be expressed to the client[5]. Reflection is thought to offer a summary 'mirror' of what the client seems to be saying and an opportunity for them to vent the accompanying emotions. Through such expression, the client is helped to develop insights and an opportunity to craft a considered and clearly goal-oriented future, within their own value system. Hence the client is thought to reach their own solutions, rather than those suggested by the counsellor.

Not only is advice not commended within this skilled process, it is actively outlawed. It is seen as essential that the counsellor does not advise (in the traditional sense) or suggest solutions. As one therapist puts it:-

> Just as in ethics, there is not always a point in saying 'Don't do that,' so in
>
> therapy if a therapist were to say 'The answer is that you should go out

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[5] This point is inevitably contentious, and will be debated in further detail in Chapter Six, where it will be suggested that the counsellor's ideological preferences are inevitably transmitted during the activity of counselling.

more, or 'You should get on with your life rather than regretting what is past and feeling embittered about it', this would be unlikely to do much good. It would be an answer. It might even be the correct answer. But it would not help. In these matters, the issue is not just truth, but the person's relation to that truth: whether she or he appropriates it (Oatley,1984:153).

In other words, unless the client takes responsibility for, and 'ownership' of, any strategy which they arrive at, the advice, even if good advice, is worthless because it does not help movement toward independence and autonomy, which is a primary aim of counselling.

Such facilitation is often referred to as working in a non-directive manner, and is the keystone of counselling ideology. The corollary of 'non-directive' is 'person -centred', a phrase usually attributed to and associated with Carl Rogers (1951) and now discernible in almost all schools of counselling, either overtly or covertly.[6] The emphasis reflects a cultural shift to the meaning of counselling, which may be seen as having changed from telling someone how to solve their problems, to listening and reflecting in order to help them solve their own problems. As an activity associated with mental health and well-being, it invariably refers to a process wherein people are helped not only to solve problems, but to develop insight, in order ultimately to shape their lives in a less stressed or more fulfilling way. Insight is assumed to be a desirable attribution, as is fulfilment. The concept of

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[6] Client centred was in fact a concept suggested by Freud, when he suggested that the analyst should not act as 'mentor' for the patient (sic), but that 'we want nothing better than that the patient should find his own solutions for himself' (1961:362).

fulfilment is grounded in the client's own value system.

Counselling and other forms of psycho-social practice

The approach or ethos of counselling, its emphasis on the self-determination of the client and the facilitative role of the counsellor , is now being reflected in other 'helping activities' which claim skilled application. In a recent study aimed to differentiate between the activities of advice, guidance, befriending, counselling and using counselling skills, it was found that practitioners in all five activities found the notion of giving the client direction to be undesirable and seen as incompatible with helping them make appropriate choices and decisions (Russell et al,1992:17).

It is difficult to know whether the counselling ethos has influenced these other activities, or whether these activities, alongside counselling, have been influenced by the changing notions of self common to modern society. It is likely that there is a process of mutual influence . It is noteworthy that all the activities are seen as being fuelled by high level communication skills, known as counselling skills when they are used within the values and ethics ostensibly associated with counselling. There has been a considerable movement to identify counselling as a practice dependant on the use of such skills (Carkhuff, 1969, 1985; Egan, 1970, 1986, 1994; Ivey et al, 1971, 1987). The notion of skills, then, deserves some closer consideration.

Counselling psychologists use the term in a somewhat wider sense than the layperson.

Before 1939, the great majority of research into skill revolved around the stimulus-response model of learning proposed by Thorndike (1913,1932) and Hull (1943, 1952), (cited in Legge,1970:9). This model was challenged by Lashley (1951, in Legge,1970: pp 33-42) for its inadequacies in explaining motivation for skill acquisition. Lashley argued that ultimately, motivation is fuelled by goal orientation. Subsequent development in research and literature suggests the following key points for a consideration of skills used within counselling.

Firstly, that skill acquisition is indeed a goal oriented activity, with the intention of the agent being linked to desired outcome. Secondly, there is now an understanding that there is such a thing as a mental skill in terms of social interaction, and that this can be contextualised within the manufacture of interpersonal relations (Argyle,1981). Thirdly, the idea of feedback, originally borrowed from engineering training, is central to the acquisition of skills[7]. Within courses teaching counselling skills, feedback is an integral component of the learning process, not only from tutors and peers, but by audio and visual tape means. Through these latter media, each interaction can be broken down into micro-skills.

Argyle takes the three central points to develop a social skills model which has become a foundation stone for looking at skills. He suggests that:-

> ...interactors seek goals, consisting of desired responses on the part of
>
> others, and (we) have shown that one social act leads to another. We have

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[7]See Legge (1970) for further discussion of these points, but mainly for detail of the process of skill acquisition and demonstration.

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seen that social behaviour consists of a certain range of verbal and non-

verbal signals....I want to suggest that there is a useful analogy between

motor skills, like riding a bicycle, and social skills, like making friends,

conducting conversations and interviewing. In each case the performer seeks

certain goals, makes skilled moves which are intended to further them,

observes what effect he is having and takes corrective action as result of

feedback (Argyle,1983:55).

In this model, mental skills become identifiable, practicable and teachable. The key points

of the process are the perception of an event, the translation of it into something

comprehensible, and the motor response of the agent . It is this model which has been

transferred to the realm of counselling skills, and identified the practice as intentional, and

the practitioner as teachable [8].

The development of skills is specifically linked to the actor's perceptions of the world

around him/her, to the feedback from the world in terms of the apparent consequences of

specific interventions, and in terms of 'contracted' feedback in training situations, and to the

goal or motivation of actors. It is clear therefore that they are far from value-free. The point

is summed up by Pratt:-

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[8] It is worth noting that this model of mental communicative skill is the foundation of counselling practice, and of it being seen as a learnable profession. It is also worth noting that such a model suggests that the creation of certain climates between people is a deliberate and planned process, which has obvious implications for the creation of intimacy within the counselling relationship. This will be referred to in more detail in chapter three.

Skills ...cannot by definition be value -free. They are the means by which people with particular sets of values achieve their objectives (1990:21).

In the use of counselling skills, then, we see the ethos of counselling inform the use of specific interpersonal skills.

The notion of interpersonal skills as being a set of activities which individuals can learn, and then apply in the interests of desired outcomes, introduces factors to relationships which are perhaps specific to modernity. Interpersonal relationships become a reflexive venture, with individuals consciously considering their utterances before making them, and relating them to what effects they wish to stimulate. What is more, they become a subject, a topic to be learned, to be graded and improved through the use of feedback, itself a reflexive process. There are then some implications in examining the use of purposeful and skilled interpersonal communications for the accomplishment of intimacy which will be referred to in Chapters Three and Five of this thesis.

Counselling and psychotherapy : professional disagreements

While some professional disagreement is evident in distinguishing between the activities of counselling and the uses of counselling skills, the argument is generally settled to some

extent by the notion of how the activity is contracted[9]. More controversy is evident in the clinical distinction between counselling and psychotherapy, and it is important to note the similarities and differences which are claimed. Both have in common the expressed intention to aid the client's capacity to self-determination and to self-understanding, or insight. Both claim to abstain from advice-giving by the counsellor or therapist. Both claim a facilitative aspect in terms of the process required. They are rendered distinctive both by their method and the theories and philosophies which inform them.

Counselling may operate on a short or long term basis, and is distinguishable from advice, information giving or guidance (Russell et al,1992). While no one model of human development underpins the process, as stated above, various skills are recognised as essential for its conduct; listening, attending, empathic understanding, focusing, challenging, summarising (Egan,1994; Culley,1991; Carkhuff,1985). Additionally, counsellors espouse a philosophy wherein particular personal qualities are seen as essential to the counselling process, as are the adoption of specific attitudes (Rogers,1951; Egan,1975,1990,1994; Truax and Carkhuff,1967; Corey,1996). The counsellor is seen as having to be genuine and respectful, to offer a 'congruence of self'. S/he is expected to suspend judgement of the

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[9]The BAC Code of Ethics and Practice,(1989) states that:
> The term 'counselling skills' does not have a single definition which is universally accepted. For the purpose of this Code, 'counselling skills' are distinguished form 'listening skills' and from 'counselling'. Althuogh the distinction is not always a clear one, because the term 'counselling skills' contains elements of these two other activities, it has its own place in the continuum between them. What distinguishes the use of counselling skills from these other two activities are the intentions of the user, which is to enhance the performance of their funtional role, as in line manager, nurse, tutor, social worker, personnel officer, voluntary worker etc. The recipient will, in turn, perceive them in that role.

counsellee, to adopt an attitude of unconditional positive regard, no matter what the behaviour of the client. Moreover, s/he must be able to convey such personal attitudes and qualities to the client.

Most forms of psychotherapy[10], on the other hand, are more directly derived from Freud's psychoanalytic theory in one form or another, and insist on intrapsychic exploration as a part of their process. Freud's original concept of psychoanalysis was that it 'aims at and achieves nothing more than the discovery of the unconscious in mental life.' (Freud,1961:325). Further developments in psychotherapy have not changed this central premise, even where theoretical departures have been made. Certain constant features of psychotherapy are identified as follows:-

1. Whereas counselling embraces eclecticism, psychotherapy embraces a precise, linear (cause and effect) theoretical model of human development, and has a specific, identifiable aetiology. The therapist has access to the theory being applied and offers interpretations of the analysands feelings, experiences, thoughts or behaviour, the interpretations being ideologically bound. It applies a unified system to the therapeutic venture.

2. Psychotherapy is a lengthy and intense process wherein the patient (analysand) is encouraged to relate present day feelings to past influences and relationships, notably those

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[10] The term psychotherapy is confusing in that it has at least two discrete uses. One is a blanket term which refers to any 'talking cure' or healing process related to the psyche. The other reflects more the distinct and specific practices within that category, which have discrete theoretical underpinnings. At this point, I am using it in the second sense.

within the family.

3. The therapeutic relationship is seen as central to the process.

> (Psychotherapy is)..*the systematic use of a* relationship *between therapist*
>
> *and patient- as opposed to pharmacological or social methods - to produce*
>
> *changes in cognition, feelings and behaviour* (Holmes & Lindley, 1991:3).

Notions of transference and countertransference, projection and projective identification, are often invoked as tools whereby the analysand is enabled to re-experience former relationships - the purpose being to express repressed feelings in order to achieve a more integrated 'self'. Stages of bonding, dependency, confrontation, integration and separation are identified (Eichenbaum & Orbach,1983).

4. Psychotherapy may be used as a diagnostic technique.

5. Psychotherapy is prescriptive, in as much as its central aim is the resolution of mental conflict through a specific method. The therapist prescribes the duration and frequency of sessions, and the assesses when the work is complete. This is a subtle antithesis to the self-determination espoused in the counselling doctrine.[11]

6. Psychotherapy is connotated with notions of 'treatment' and 'cure', and may replicate the traditional medical model in ascribing subordinate and superordinate roles to client and therapist.

7. Psychotherapy may be seen as intrinsically linked to identity issues.

> Psychotherapy is a longer-term process concerned with the reconstruction of the

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[11]The word 'espoused' is used advisedly. Although self-determination is a value underpinning counselling, it is quite clear that self-determination is only acceptable within certain parameters defined by the discipline as 'healthy';this point is discussed further in Chapter Two.

person and larger changes in personality structure. (It) often is restricted in conception to those with pathological problems (Ivey et al,1987:18).

This last is one of the most contentious points, and Ivey et al acknowledge that the distinctions between counselling and psychotherapy easily becomes blurred[12], with counsellors increasingly experimenting with techniques to elicit deeper understanding and to help reconstrue identity (see for example Kelly,1955), and with psychotherapists becoming increasingly concerned to incorporate the skills model into their therapeutics. There is no consensus amongst practitioners on definitive distinctions, and increasingly, the terms counselling and psychotherapy are used interchangeably (Feltham & Dryden: 1993). It is possible, however, that this move is premature, and misses some important distinctions concerned with the prospective nature of counselling, rather than the retrospective nature of psychotherapy, and with the notions of self which underpin counselling.

The clinical debate will no doubt continue, and may be seen as representing issues and arguments of professionalism within expert systems (Feltham & Dryden,1993; Russell & Dexter,1993). Each professional body will make its differentiations when credentialling and examining its own brand of product, and in selling it to the client group, although

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[12]This development has a political component influenced by the work of Carl Rogers, one of the major influences on the development of counselling. Initially, Rogers regarded his work as psychotherapy. He introduced the term counselling to therapeutic practice in the 1940's when his use of the term psychotherapy was challenged by the American Institutes who reserved the term psychotherapist for those who were medically qualified. This substitution then was for a psychotherapy more psychology based than medically based.

interestingly the British Association for Counselling declines to demarcate:-

> It is not possible to make a generally accepted distinction between
> counselling and psychotherapy. There are well founded traditions which use
> the term interchangeably and others which distinguish them. Regardless of
> the theoretical approaches preferred by individual counsellors, there are
> ethical issues which are common to all counselling situations (BAC, 1992
> 3.3).

This is an interesting statement as it is grounded in ethical rather than practical discourse,

and avoids totally the questions of what each activity is. Doubtless there are ethical issues

which counsellors share with doctors, although their activities are quite different.

In crude terms, then, it could be suggested that the major distinction between the two

activities is that while psychotherapy is concerned with the question *why*, with definite

notions of cause and effect being inherent in the theory, counselling may be seen as

addressing the question *how*, with the notion that personal development is riddled with

historical accident, and that it is controllable for the future. This has implications for notions

of self and identity which are to be explored later in the Chapter, and in Chapter Two.

Counselling and other interpersonal activities

The debate and distinctions between counselling, psychotherapy and other activities is

deeply enshrined within the establishment of professional boundaries and the development

of systems of expertise. There is another set of distinctions and similarities which bear brief visit, namely, those between the activities of counselling and relationships of friendship.

Friendship is apparently very little discussed within most clinical and counselling literature[13], although it is frequently posited that loneliness and isolation, or lack of intimacy , are common reasons for entering into counselling (Smail,1987:97). Friendship and counselling enjoy a complex and paradoxical relationship. On the one hand, counselling claims some of the qualities we might normally associate with friendship, such as unquestioning support and acceptance, genuineness and empathy (Feltham,1995:19), to be available to the client all the time. Whether or not this is actually possible is a debatable point:-

> ...good friends are hard to come by, and cannot simply be purchased by the
> hour. But Rogers seemed to feel that a therapist, merely by announcing
> himself to be one, is automatically a better friend than even a real friend.....
> Rogers assumed that friends will behave in a normal fashion, sometimes they
> like you and sometimes they don't, but that the therapist always likes you and
> is always genuine and non-defensive. What is impossible to achieve in real
> life is assumed to be automatically part of the good therapist's equipment
> (Masson,1989:235-6).

On the other hand, counselling is also seen as very definitely different from friendship in its

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[13]There is a body of literature from social psychology which is concerned with friendship, and which will be referred to in Chapters Three and Five.

contractual nature, and it is ethically required that counsellors makes it explicit that they will not transgress their own boundaries by becoming friends with their clients.[14]

Alex Howard (1993) offers an inventory of similarities and differences between counselling and friendship [15]. He identifies aspects of the relationship which are inherently different : for example the counsellor has more power; the counsellor works to a professionally, and sometimes legally, enforceable contract; the counsellor offers promises of virtue and reliability; and the counsellor is especially employed to foster the client's self-esteem. The friend, however, although offering some similar qualities of warmth and acceptance, is likely to have a more equal relationship in terms of power and status, and will expect a mutuality in quality and activity in a two way process.

Friends might offer advice, be judgemental, share their flaws as well as their insights, and, pertinently to this study:-

> Friends don't set goals in advance as to how much intimacy they will achieve.
>
> Good friends don't have to be more intimate than they actually feel
>
> (Howard,1993).

This is in sharp contrast to counselling, wherein intimacy is an intentional, goal-driven activity.

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[14] Feltham makes the point that although there may be hallowed rules which divorce counselling from friendships, in practice it is likely that some counsellors do contract counselling with friends much more commonly than is currently admitted (1995:20).

[15] 1993 document distributed as part of an international conference on intimacy and counselling held at the University of Durham.

There are activities which seek to transgress the differences between contracted helping activities and benevolent helping relationships, the most prominent being befriending and co-counselling. References to befriending go back to 1879, when missionaries 'befriended' offenders and their families (Hagard et al,1987). More recently, befriending has been commonly associated with the Samaritans, and with agencies dealing with HIV and AIDS, such as the Terence Higgins Trust. Befriending schemes in this context are often referred to as buddying. Befriending is defined by practitioners as providing:-

> ...ongoing quality support to distressed individuals for an indeterminate period of time. The activity should enable appropriate, realistic and healthy (sic) coping skills to be developed in a warm and trusting relationship. Befriending is intended to lessen the person's sense of social or personal isolation (Russell et al,1992:9)

Befriending is specifically associated with countering social isolation, and befrienders actively resist the move to make it a profession. This becomes more difficult as the activity takes on more and more the use of counselling skills. There is an inherent paradox being highlighted in this resistance, which hinges around the apparent incompatibility between human closeness as an informal and 'natural' activity, and as a 'skilled' activity, as detailed above. Countering isolation implies some sort or level of intimacy, perhaps, while there is suspicion as to whether this is genuinely possible if the emphasis is on skills.

Functions of counselling

Whatever the complexities and professional nuances associated with the delineation of counselling, the key point is that, ostensibly, counselling is non-advisory : the client, or the counselled, determines their own solution after consultation with another party whose role is merely reflective. While the practice may be culturally and historically unique, it may be seen as serving both individual and social functions which have previously been fulfilled by social practices embedded in the discourses of magic, medicine and religion (Halmos,1965; Smail,1987; Morgan-Jones,1993). Counselling may fulfill several different functions synonymously. On an individual basis, counselling offers a hermeneutic system , a means of finding existential meaning, and a method to create a continuous story, or narrative, of self. At a cultural level, it offers the provision of truth, notions of individual development for the collective good, a system of faith, and a cure for cultural malaises. Enumerating and understanding these functions may help to explain why counselling has become such a prevalent social practice.

For the individual, counselling offers a hermeneutic system, giving meaning and interpretation to events on both an individual and cultural basis (Gellner,1985; Malcolm,1982). Bridger and Atkinson, for example, suggest that people who ask for counselling are those grappling with philosophical and theological issues. They suggest the following list of questions as typical of counselling clients:-

Why am I affected by depression?

What meaning does life hold?

Why do relationships go wrong?

How can I know right and wrong?

Is my life controlled by inner drives and external circumstances over which I can have no control or am I really free to shape my life?

Why am I suffering? (1994:18-19)

Such questions embody several fundamental issues for the individual; the search for causal explanation, the question of morality and values, the dilemmas of naturalistic man, spirituality and self-determination.

At a cultural level, psychological theory suggests acceptable explanations of events within a social context, and within the constructs of that context. The language and metaphors of counselling psychology are more than a method of treatment, they are a whole system of ideas which pervade society at every level (Gellner,1985:5). Thus, they present a socially and culturally specific paradigm of understanding and explanation to both ordinary and extraordinary events.

Consider eating disorders for example. Smith (1989:45-53) recounts the tale of two women, Sarah Wright and Anna Trapnel, who, in the 1650's, fasted for over ten weeks while in their early teens. One ate and repeatedly vomited and made suicide attempts, the other simply stopped eating. While delirious in their beds, each were visited by strangers and their words listened to for wisdom and guidance. Both were hailed as prophets, later to be accused of

Witchcraft. To quote Smith on Anna Trapnel:-

> Today her fasting might be explained as anorexia, a rejection of food for the
>
> sake of personal control over the body...In the 1650's the condition was
>
> constructed within the terms of the saving of souls, and the religious politics
>
> of the Interregnum (1989:50).

Counselling may also be seen as helping the individual in their quest for existential meaning. Carl Rogers conceptualises an alternative idea of the question which is fundamental to clients in therapy;

> It seems to me that at bottom each person is asking, "Who am I really? How can I
>
> get in touch with this real self, underlying all my surface behaviour? How can I
>
> become myself? (Rogers,1961).

Rogers' emphasis is on the individual rather than cultural matters[16], and his work is dependant on an essentialist view of self which is echoed within much humanist and existential counselling (van Deurzen Smith,1988). It is thought that counselling can offer the arena for the client to answer these questions through the experience of self within the counselling relationship.

Counselling is also increasingly seen as offering explanation of our ontological state in terms

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[16] There are two exceptions to this. One is Rogers' concern with education (Rogers, 1983), the second power (1978). In both instances, however, Rogers works from the perspective of the individual within systems.

which offer a life narrative, as a 'trajectory of self' (Giddens,1991). In this view, it is

suggested that many critical life experiences are sequestrated from public life (Clark,1993)

leaving the individual with a sense of lack of continuity and security [17]. The trajectory of the

self is the assembly of sequential life events and moments in a way which provides some

'sense of order and continuity in relation to the events in which they participate and the

experiences they have, in their day-to-day lives' (Giddens: 1990, 1991). Further, Giddens

has suggested that the very conditions of modernity provoke a form of ontological insecurity

as individuals become more removed from control over everyday matters and more

consumed with anxiety (Giddens,1991). While Giddens may be challenged on this view[18],

his notion of the trajectory of the self resonates for particular kinds of counselling,

particularly those which relate to social constructivism (McNamee & Gergen,1992).

Through sharing the details of one's life within a counselling relationship, it is deemed

possible to reconstruct a narrative which makes sense of events[19].

Within the 'trajectory of self' idea, it may also be seen that counselling psychology offers a

means of making sense of life stages and transitional periods (Carroll & Pickard,1993),

through infancy, childhood, adolescence, adulthood, 'mid-life crisis', and old age. Morgan-

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[17]Giddens' work on this theme, which will be returned to later, is curiously reminiscent of Erikson's theory of personal development (1963, 1968), which is detailed in Chapter Two.

[18] See for example the work of Keith Thomas (1971), which reminds us that life in the Middle Ages was far from either secure or predictable. Perhaps the unique aspect of modernity is that we have only human beings to fear rather than the untamed forces of nature (cf Elias, 1978).

[19]MacIntyre queries whether it is 'rationally justifiable' to conceptualise the self as such a unity, 'which resides in the unity of a narrative which links birth to life to death as a narrative beginning to middle to end' (1981:189-191).

Jones (1993) suggests that this perspective has developed from the influence of social anthropology, citing Erikson's classic eight stage model of personal development as a kind of legitimating psychological approach to 'rites of passage' (Morgan-Jones,1993:54).

Further, the discourse of counselling does not end with making sense of the past and the present. It has a decidedly future-oriented aspect to it in terms of the individual being encouraged to make choices and envisage what they would like in their life. This is seen as a part of 'life planning' (Berger,1973:72). It is partly illusory, in as much as it is clearly impossible to predict or to control the future, and partly a recognition of the fact that given this limitation, the individual may benefit from taking responsibility for those choices which *are* under their control. This process becomes a part of identity, both in using visions of the future to make meaning of current situations, feelings and decisions, and in having some inner goal to the identity one would like to become (ibid:71-2).

The above points may be summarised as suggesting that counselling helps the individual in some way to discover and 'ground' their identity. It may also be suggested that the discourse of counselling offers more generalised functions, one such being the quest for *truth* and the offering of doctrine. The development of counselling psychology attempts to give a theoretical credibility and knowledge base to its explanations of how the human personality is structured and functioned. Thus, attempts are made to build a true picture of what the human mind is like, its mapping and functions, a truth, which, as Shotter has neatly summarised, is a large claim indeed (Shotter & Gergen,1989:72). Nevertheless,

psychoanalysis had made the first systemised attempt to explain human mental development, and it became both the tool and the verifier of its own truths. The task of the traditional psychotherapist is to offer their version of a truth to their client, albeit that these 'truths' may be many and varied (Malcolm,1982:145).

Freud's interest, though, inevitably for an intellectual who moved in circles of intellectuals concerned with philosophy, culture, ethics, morality and social theory, went further than the individual's truth. He was also concerned to develop 'truths' about human nature and indeed civilization. The relationship between dichotomous traits within human beings was one of his central fascinations. Often couched in terms of good and evil, one of the intentions of psychoanalysis was, paralleling the process of analysing the individual, to gain a greater understanding of 'human nature' in all its potency:-

> It is no part of our intention to deny the nobility in human nature, nor have
>
> we ever done anything to disparage its value....we dwell upon the evil in
>
> human beings with the greater emphasis only because others deny it, thereby
>
> making the mental life of mankind not indeed better, but incomprehensible.
>
> If we give up the one-sided ethical valuation then, we are sure to find the
>
> truer formula for the relationship of evil to good in human nature
>
> (Freud,1961:123).

Freud believed that an understanding of the relationship between good and evil paved the way for the conquest, or at least the suppression of evil. Those who had such understanding

for themselves would become mentors for the culture around them, both for other individuals, and for the community. Such quest for understanding has been traditionally pursued in Christian theology through the myths of Genesis, and the salvation of the soul of Jesus, despite the apparent failure implicit in his bodily defeat (Foskett,1993).

Rogers (1951, 1961, 1983) also suggested various truths about human nature. Unlike Freud, Rogers saw the individual as basically good, given the appropriate conditions in which to develop. His quest was to convince people of the need for these appropriate conditions, and the ability to exercise them. Having developed a form of counselling which would help those who were not yet 'fully functioning', Rogers went on to argue that his appropriate conditions for aiding the development of potential would also provide the best possible climate within the spheres of education and political negotiation. Rogers presented as a 'Truth' the hypothesis that acceptance and understanding would reduce hostility and increase development.

There is no doubt that counselling doctrines provide a system of faith. Nowhere is this more explicit than in the co-dependency programmes originating with Alcoholics Anonymous and extending to all forms of 'co-dependence'. Co-dependency programmes offer a twelve-step programme, an integral part of which is to appeal to the 'True Self' and to God (Whitfield,1991). This represents a departure from those therapies concerned with liberating only the self, as some relief is promised through appealing to a 'Higher Order', a contention in fact that all things are not within the control of the individual. This philosophy

also makes an appeal to a wider morality.

The presence of faith within counselling as a movement has been well documented (Halmos,1965,1974; North,1972; Berger,1977; Bridger & Atkinson,1994; Feltham,1995). Faith in religion has long been an instrument of making meaning, and in this respect, the structures associated with counselling and counselling psychology, as stated above, provide some kind of forum. What is more, it is a forum which self-perpetuates. Counselling decrees the doctrine of self-actualization. Counsellors act on faith that through aspects of their personality and the application of skills, they can help clients to change in the direction of being more content. Thus they contribute towards social relations which are 'empathic, warm and genuine' (Halmos,1974:147).

Halmos suggests that the therapeutic goal of counselling constitutes a moral goal. Individuals become social beings through their sense of personal integrity and their level of social skill. This is a 'human-centred' morality wherein the 'good of humanity' is an end in itself, and in this respect is very different from religious moralities (Bridger & Atkinson,1994:89).

Counselling may be associated with systems of faith through the mystique which is associated with it, not only in its language (Bridger & Atkinson,1994:86), but also through the 'unidentifiable uniqueness' which is associated with the counselling encounter, and which is referred to above in regard to professionalisation. The process of counselling, however

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thoroughly documented, is imbibed with an aspect which cannot be explained. The counsellor thus holds a mystique which is perhaps similar to that of the priest in the confessional.

Within schools of psychotherapy, some proponents have proposed the centrality of individual insight in pursuit of the collective good, thus defining an altruistic purpose. Karen Horney, for example, suggested that people had a duty to enter psychoanalysis in order that they may use their enhanced self-understanding to social and political ends (Westkott,1986)[20]. The feminist schools of psychotherapy have an overtly wider agenda than the analysis of the individual; the original aims were also to change society and develop feminist theory (Eichenbaum and Orbach,1983; Ballou & Gabelac,1985)[21].

Finally, counselling is also seen to offer a *cure* for the malaises from which individuals and society suffer. In individualist terms, this is probably best encapsulated by Freud's aim of reducing neurosis (cf Gellner,1985). This understanding focuses on the idiosyncratic circumstances of the patients development and life. In wider terms, however, the 'problem' for which cure is sought may be seen as a societal malaise. Such malaises have been conceptualised variously within social theory and related to the material conditions of modernity. Such theories suggest that modernity has entailed a loss of purpose to life, a loss

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[20]Horney combined her political conscience with a realist view ; while endorsing and even prescribing the use of psychoanalysis, she saw it as simply one means of development amongst many, and declared 'We must not forget, however, that life may be the best therapy' (1934, cited in Rubins,1979:155).

[21] It may also be argued of course that individual therapy, by focussing on intrapsychic issues, is antithetical to political action. See Kitzinger et al(1993)

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of freedom, loss of tradition, loss of morality, loss of norms and security of social relations (Smail,1987; Taylor,1991) resulting in a fragmentation or loss of a sense of self (Giddens,1991:49-51).

The curative aspect of counselling then may be seen as keying into cultural rather than personal issues, when it addresses this concept of loss. The notion of the experience of loss as a significant part of the individual's development is increasingly common within counselling approaches. This perspective is largely influenced by Erikson's theory of ego identity formation[22]. While loss as an experience is an obvious enough focus where experiences of bereavement and separation are involved, the rather more vague sense of loss cited by Taylor is most clearly parallelled and signified by the idea of *hidden loss*. This concept informs a great deal of current counselling practice.

This concept is perhaps most widely detailed and understood in relation to work with sexual abuse[23]. Within this work, it has been identified that the nature of sexual abuse leads to a loss of childhood or loss of ego identity for those who are its victims. This is characterised by a loss of sense of self, of security, of continuity, of trust, of safety, and of freedom[24], in a milder version of the ontological uncertainty described by Laing in his existentialist

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[22]See Chapter Two for an exposition of Erikson's theory of identity formation.

[23] Within the wider bounds of this work, sexual abuse may be seen as an experience or act of inappropriate intimacy. This would have repercussions within the counselling project for the appropriate conditions of intimacy necessary for the sexually abused individual (client) to recover from the identified loss.

[24]See especially June Hopkins, (1986) _Perspectives on Rape and Sexual Assault_, which is one of the earliest and clearest works on this subject.

approach to mental health, to the 'divided self' (Laing, 1964).

The central tenet of this perspective is that if loss is identified, then the subject of that loss may work through the mourning process which is perceived to be necessary for healthy recovery. Just as Taylor posits that we are not helpless in the face of perceived social and moral loss, so the therapeutic position on hidden loss holds the potential for recovery and change. The cure resides not only in the reduction of the neurosis; it lies in the recognition of the need to grieve.

In sum, it is apparent that the discourse of counselling addresses some fundamental philosophical and ontological questions about the self, particularly in terms of identity and purpose. It may be seen as offering a framework within which people can identify what is important to them, what they 'stand for', and how they define themselves. Taylor suggests that we might 'take as basic that the human agent exists in a space of questions' (1989:29), and that frameworks are created which provide answers. To better understand why or how the framework of counselling has gained such currency within modernity, it is appropriate to explore some fundamental changes which have occurred in the social organisation of the self.

The question of who I am: the social organisation of self.

It is currently acceptable to acknowledge such changes as creating a crisis of self which is

characterised by a loss of traditional frameworks (Giddens, 1991, 1992; Taylor, 1991; Beck et al, 1995; Heelas, 1992; Lasch, 1984). The 'crisis of self' may be conceptualised as the ability of people to adapt to changes which result from the structural changes affecting the late twentieth century and from the changes in understanding about life forms which were radicalised by Darwin. Such changes suggested that people were both developmental and self-regulating (Parson, 1978:193). It is suggested that as cultural and social contexts change radically, so the milieu in which we formulate identity is fragmented. Thus, there is a loss of social identity, and a potential loss of individual identity. This latter is exaggerated when the very notion of self is also in transformation; as Hall suggests:-

> This set of double displacements - decentring individuals both from their place
>
> in the social and cultural world, and from themselves - constitutes a 'crisis of
>
> identity' for the individual (Hall,1992:275).

Crisis does not mean that people are necessarily at 'critical' points, in the negative or urgent sense of the word, rather that there are periods of transition to be negotiated[25]. As Giddens (1991) suggests, crisis becomes a term which suggests the abnormal, the unusual, and yet which becomes so frequent a part of everyday life that it acquires a certain 'normalcy' to it (ibid: 184). It has become quite commonplace, indeed, to anticipate crisis at certain points of the life cycle, with adolescence and so called mid-life as prime examples. As social referents change radically, so does our language in terms of that which is a crisis, or that

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[25]The term 'crisis of self' was first used in the work of Erikson (1963, 1968), and will be explicated in Chapter Two.

which we 'survive' (Lasch,1984).

Whereas once crisis might have referred to an unforeseen or traumatic event in the social world around us, the crisis of self has two major facets which are seen as interdependent. One may be seen as a crisis of 'intersubjectivity' (Sennett, 1977), being intricately bound up with social relationships. The second may be seen as a crisis of intrasubjectivity, whereby the individual loses a sense of personal identity. Such crises are so much accepted within modernity that there are bestselling books available which offer a developmental paradigm to anticipate, understand and 'deal with' crises in the life cycle (Sheehey,1976:22-3).

It seems that most analysts associate the crisis of self with some form of loss[26]. Bereavement or separation from significant people is accepted as personally traumatic. There is also the more 'hidden' loss referred to above which may be applied to the social context. This may be seen as loss of tradition, in the sense of social structures and relations (Beck & Beck - Gernsheim,1995); it may be a loss of control or predictability about the actions of those in the world around us who wield immense political and technical control (Giddens,1992); it may be a suggested loss of codes of morality (MacIntyre, 1981); it may be a loss of boundary to self or to role (Sennett,1977); or it may be a more general sense of loss as described by loss of order, of meaning, of purpose, or even of magic as we begin to

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[26] Equally, loss is conceptualised as having impact on the identity. For example, loss of role, e.g. unemployment; loss of fertililty; even loss of physical attibutes through age, such as hair and teeth, are concpetualised as impacting identity.

understand more and more about how the world (technically) works (Taylor,1991).

The crisis of self is most frequently mooted in terms of the notion of identity. Such a notion is by definition paradoxical. Literally, it refers to `absolute sameness', and yet `individuality, personality; condition of being a specified person' (OED, 1982). So identity is that which makes a person both separate and joined to their fellow world inhabitants. Yet it is recognised that this way of looking at self and, consequently at the world around, is culturally specific, even unique to the Western world and its history. This specificity is increasingly recognised and challenged as social and academic movements develop under the experience of cross cultural scrutiny, and become increasingly influenced by the perspective of deconstructionism (Sampson,1989:2-3). Deconstructionism has had major influence on those areas of identity which Western culture declares as its constitutents, e.g. gender (e.g. Gilligan,1982,1988; Chodorow, 1978), race (Mercer, 1994), and sexual preference (Weeks,1990). What is less challenged under the umbrella of deconstructionism is the very notion of identity itself.

If a central outcome of such challenges to the experience of self and the appropriation of identity concludes that they are themselves socially constructed, then it may be accepted that they are culture bound and value laden. As Weeks (1990) puts it:-

> Identities are not neutral. Behind the quest for identity are different, and
> often conflicting, values. By saying who we are, we are also striving to
> express what we are, what we believe and what we desire. The problem is

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that these beliefs, needs and desires are often patently in conflict, not only
between different communities but within individuals themselves.
(Weeks,1990:89).

There may be then some internal struggle then in the choosing or development of different identities. The assumption of a particular identity will suggest that which may be in common with or different from a variety of other selves within any one individual's social relationships. A black woman feminist, for example, may identify strongly with white women in terms of her experience as a woman, yet with black men in seeing white women as part of the oppressive group. Depending on the context she is within, her `primary' identity may vary between 'black' and 'woman'.

Such understandings suggest that the person is a kind of many faceted individual within any one group, and that those features of identity which are most in consciousness are dependent on the circumstances around them. This implies a somewhat transient self which is different from the concept of taking on different roles, or `wearing different hats' in different situations. People may change their whole presentation, their ways of being, in order to be able to identify with someone, and to communicate. It can be argued that there are a limited number of ways of doing this which determine our access or success in any one situation (Steier,1991). Equally, it can be suggested that the modes or criteria of construing identity are endless, depending on the way of thinking of the individual concerned (Kelly,1955). In this latter perspective, Kelly identifies the key to communication in

understanding how someone thinks, not identifying with how they feel or operate.

Some social commentators, such as Burkitt (1992) would go so far as to say that neither individual nor social identity can exist without the other, so that there is no boundary between them. For Burkitt, individual processes, such as the experience of emotion, the force of motivation, depend upon the position of the individual within their social networks, thus 'there is no division between society and the individual' (ibid:215), and 'even our psychological conflicts and dilemmas are a reflection of social conflicts and hostilities (loc cit). Within this argument, however, Burkitt is suggesting that identity is ultimately about belonging, which means not only identifying and recognising that which we have in common with other people or groups of people, but what differentiates us from others. In this sense then, perhaps one of the purposes of the concept of identity might be that which makes us different, and this argument is becoming commonly invoked in arguments around political identity (Rutherford: 1990). Burkitt's argument is difficult to sustain, however, without resorting to the notion of a boundary, or dividing line, to distinguish that which an individual is different from; conceptually, the notion of some form of division seems indispensable.

Answering the questions which are pertinent to identity then is perhaps one of the major functions which counselling serves. Questions of identity are paradoxical. Slugoski and Ginsburg put it succinctly:-

> The paradox of personal identity - that at any moment we are the same as,

yet different from, the persons we once were or ever will be - has inspired

many attempts at resolution (1989:36)

The paradox is not specific to modernity. What is specific, however, is that the attempts at

resolution of the modern identity are internally rather than externally referenced. Where

once the person might have created an understanding of cause, effect and meaning through

external media and systems of belief[27], now they are created through an internal process and

referents (Thomas, 1971; Giddens,1991,1992; Beck & Beck-Gernsheim,1995; Elias,1978).

It would seem that individuals need to create a sense of personal unity, through constructing

a personal narrative which identifies who they are, how they have become, and where they

are going (Taylor, 1989). The narrative is like a life story, and is a decidedly reflexive

venture. It locates the individual within a moral as well as a personal context, with future

planning providing some kind of direction, and therefore meaning, to life. To unfold one's

life and lay it out for comprehension, the better to inform the future, is what MacIntyre has

identified as a 'quest' (MacIntyre,1981).

The 'quest', however, has become located within what Taylor (1989) describes as the

'affirmation of ordinary life' . By 'ordinary life', Taylor is referring to the everyday aspects

of human life which are concerned with 'production and reproduction' (1989:211), that is,

issues of marriage, family and work. In the absence of cultural respect for and belief in the

sacred, ordinary life has become the context where the 'good life', i.e. a form of living which

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[27] Chapter Two will document various significant 'moments' where frameworks for making meaning have changed radically.

is fulfilling and which achieves desired 'goods', is to be found. This may be seen as specific to modernity, and implies a radical shift in conceptualisation of the meaning and the worth of events to an internal framework.

Traditional historical and sociological analyses have suggested that this shift is linked to political development within modern Western civilization. Marxist perspectives have identified modes of alienation, be it from the means of production or from the changing nature of community relations due to industrialization[28]. Weberian approaches have focused on the depersonalisation aspect of the iron cage of mass bureaucracy, and the disenchantment with nature (Weber, 1948).

More recent analyses have looked to a more discursive approach to the historical transformation under review, an approach which considers the day to day social practices of society as having import to and influence on the more dramatic and perceivable political changes. Central to these analyses is the suggestion that man's psychological development is actively influenced by social conditions and actively influences social conditions. Various polar parameters are evoked in such analyses such as internal/external, public/private, state/individual, and distanced/intimate . It is perhaps within these approaches that the most useful context is found in order to understand how the modern identity has been forged, and therefore how counselling can have developed as a framework for making meaning.

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[28] Burckhardt's analysis (1960)for example focused very much on the sense of personal alienation which may result from the new cosmopolitan cities of Europe, and in some sense began to explore the changing nature of relationship to strangers, and issues of ontological security.

The Internal Regulation of Self

Elias' figurational sociology provides a longitudinal study of the changes in the human psyche over a period of six hundred years . The thesis expounded in his masterwork The Civilising Process (1978), allows a sort of circular and spiralling relationship between sociogenesis and psychogenesis of the individual, within which there is an 'indissoluble relationship' between the individual and society. His method is to make a simultaneous investigation of both theory and practice, through an examination of the historical development of manners, his central thesis being that this development is a primary determining factor in the formation of the state. The key factor is the differentiation of culture between the upper and lower orders as a means of distinction between the two. Although Elias has been criticised for the (in)accuracy of his historical documentation and sources, and for making some generalist claims (van Krieken,1989), these criticisms leave the bulk of his work unscathed.

The fascinating part of the exposition for the purposes is how Elias illustrates that within this process of the establishment of elite culture, an increase in self-restraint develops as "the price... we pay for our greater security and related advantages" (1978: 311). This comes about because the lower orders, living with and within the same structures as the upperclasses, have a consciousness of the upperclass norms and manners which develop through ,for example, change in courtly code. Their consciousness sees these norms and manners as binding, yet , being unfamiliar with the social milieu in which the codes are

innovated, the lower classes are unable to adopt them with the same ease. One implication of this is that "...a strict code of manners...is also an instrument of power" (ibid:313). Moreover, he contends, the need to obey such a code produces in all classes an increasingly self-regulatory process. There becomes an increasing need for precise observation of self and others, and a need to operate with ever further-reaching foresight in an increasingly long chain of action. Constraint becomes internalised, thus personality structure changes alongside social structure, not in essence but in the differentiation of intellect and effect.

Within the process and dynamics of internalisation with which Elias is concerned, he claims the centrality of fear as a reason for observation of the codes. Non-observation results in loss of prestige, in shame, in humiliation, and the fear of suffering these consequences instils itself as self-compulsion and induces self-restraint. (ibid:255). Thus the locus of fear has changed; where once it was of physical violence, it is now of fear of loss of some element of the self, or control of the self. It is then 'man-made fears and anxieties from within or without (which) finally hold even the adult in their power' (ibid:328).

Not only is Elias' account more than plausible in its suggestion that the observation of everyday codes of conduct will have an internalised effect, but there is also some resonance here with problems and belief systems which propel people in their droves to `work through' their self-crises in counselling and therapy. There are four immediate points to draw out here.

Firstly, the very existence of a code of manners and the changing forms it takes links in very closely with the criteria for defining mental health and illness, with notions of 'appropriate' behaviour. This seems to provide a fine example of 'the self-consciousness of the West' (ibid:3-4) which, for Elias, characterises the concept of civilisation. He contends that by the twentieth century, 'the individual capacity to restrain one's urges and behaviour in correspondence with the more advanced feelings for what is offensive has been on the whole secured' (ibid:140).

In this instance this would seem to extend to the private as well as the public sphere, which, it may be suggested, is not uncommon. The problematization of such behaviour exemplifies the ultimate self-regulation, effected, in Elias' view, 'by automatic means and to some extent through reflexes' (ibid,190). Therapy may itself be seen as a tool for achieving such self-regulation. In public, of course, there is a whole range of 'public decency' behaviours related to codes of manners which are seen as cause for condemnation and even incarceration, on criminal or insane grounds. Therapy may be used in both instances.

Related to this is the range of behaviours and attitudes to do with bodily functions which may be conceived of as anti-social. Elias shows how medical arguments may be used as a major instrument of the compulsion of restraint and the renunciation of instinctual gratification by the nineteenth century. Emily Martin shows how such arguments play a particular role in relation to women's reproductive facilities, a role whose effects are thrown into sharp relief at precise moments in women's lives, namely, the menarche, periods of

child-bearing, and during the menopause (Martin,1989). I would suggest that there is a route to be taken here to link attitudes to the body (self-image) to practices of self-restraint which may result in discomfort. Such discomfort might result in a request for help, which may take the form of therapy. There is a mountain of psychological theory to connect, for example, anorexia in teenagers to a subconscious desire to suppress menstruation, or which 'justifies' the encompassing of pre and post-natal periods with the need for therapy, as it does for the menopause. Such 'natural' functions and life stages become constructed as life crises through such problematization.

A third observation here is to do with Elias' insistence on self-restraint as a primary force which the individual concurs with. Now this is seen from a Freudian perspective, within which ,without constraint, 'man would remain a brutish animal and a danger as much to himself as to others' (Elias,1978:333). Elias is in favour of some sort of optimal level of self-restraint, which is to the good of society. At present, however, he sees the reins as too tightly held on the individual, shift in differentiation of affects over a period of centuries having gone too far. In Elias' theory, personal liberation from such restraint requires societies to withdraw from international conflict; for Elias, the two remain integral. What we see in the theory of therapy is the same acknowledgement of self-restraint as creating tension and distress, with the emphasis on the (separate) individual. Crudely speaking, relieving oneself of shoulds, coulds and oughts is seen to be important to maturity in all sorts of therapies, in the varied forms that the inculcations take.

The fourth connection is between Elias' contention that man's biggest fear is now himself and the philosophy of some of the more humanistic therapies. This is graphically illustrated in a book on Gestalt therapy, whose introduction begins:-

> There is only you to discover, and you are a friend. Somebody typed this sentence for me and it came out: There is only you to discover, and you are a fiend. Most people I have worked with seem more touchy about the possibility of being a fiend, than at all aware or confident of what I see as their underlying co-operative wisdom. (Houston, 1982:3)

This sort of notion is found again and again in therapy, and is reflected in the idea of therapeutic practice providing a 'safe' environment, and, as mentioned earlier, a private one. The Populist version of the invitation to therapy groups is often along these lines, that it can provide such a place to 'get in touch with' the self. Fear and safety, the absence of fear, make Elias' observations relevant here. Moreover, there is a certain sense in which such activity can only take place in an environment where human beings are in a position to feel safe enough from outside danger to luxuriate in the development of self.[29]

The Narcissistic Self

While Elias documents the emergence of the internal regulation of the self over six centuries, Richard Sennett suggests an analysis wherein the last century and a half has seen drastic changes in how people experience crisis, and in how they relate to each other.

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[29] I refer here to the idea best encapsulated by Maslow (1987) in his elucidation of the hierarchy of needs.

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According to Sennett, people experience crises which reinforce rather than resolve internal conflicts. It is how they experience this reinforcement which is as dependent on the culture as the individual, and it is Sennett's contention that, in the West, there has been a major change in 'the environment of crisis experience' between the mid-nineteenth century and the present time, a change which has arisen from two 'historical shifts', or 'transmutations'. One has occurred from an eroticism of the nineteenth century into 'modern sexuality', and the second from nineteenth century terms of privacy into modern terms of intimacy (Sennett: 1977, 1980).

These shifts, he argues, have made for a celebration of inter-subjectivity which is in fact personally destructive; this state he dubs 'destructive gemeinschaft'. It arises from an attempt to impose the sort of relations which are appropriate to a *community*, with all its preconditions of openness, sharing and honesty, to a *society* (gesellschaft) which is built on a completely different set of relations. The result is an ill-conceived imperative to relate intimately, and without masks, in situations where this is neither desirable nor appropriate[30].

Sennett hypothesises the modern 'self' as being essentially narcissistic. He suggests that the moral code of the Victorians had resulted in a belief in the immanence of personality, i.e. that 'states of feeling and signs of character show involuntarily' (Sennett,1980:93). They displayed not only by gestures, facial expressions and words, and the only way not to put

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[30]Sennett's specific analysis of the transmutations of eroticism and privacy to sexuality and intimacy will be critically addressed in Chapter Three. Of particular interest for now are the changes in conduct which Sennett identifies as occurring within these processes in terms of their demands on the self.

oneself on display was to neutralize appearance and repress feeling. At the same time, Sennett suggests, there was also a belief that personalities could be *read* through the clues of gesture and minute details of dress. Such a code of conduct resulted in psychological consequences to the self, in terms of confusion and paradox. `Concealment and denial', he suggests, `are logical consequences of believing in the *immanence* of personality (ibid:94). At the same time, the individual would be trying as hard as possible to read other people through their behavioural clues. The result, a tension between a `double process of searching and shielding' (ibid:95). This influences not only how one sees oneself in the world, but how one begins to read and judge others, in both personal and political spheres.

Although Sennett is well aware of the moral consequences which might also extend to the political sphere (Sennett suggests that the Western propensity is now to elect of legitimate political leadership on the basis of appearance, not ideology), he is particularly interested in the psychological sphere:-

> To view one's experience in the world as a consequence or mirror of one's
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> personality structure and to measure such questions as political legitimacy in terms
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> of personality both have a specific psychological dimension. It is narcissism..., the
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> tendency to view the world as a mirror of self (loc cit).

This notion of the modern individual as being a narcissistic self is a central insight in Sennett's work, and in the relationship between the socio-historical processes outlined by him and the emergence of the therapy culture. This narcissism, not to be confused with the

Freudian sense of the term[31], is central to the type of therapy which uses the rhetoric of self-fulfilment as an end in itself; if the outside world is conceived of as mirror of self, then self-fulfilment must be the reason for its existence.

Paradoxically, Sennett argues, the more the relationship between the self and the world is seen in this way, the less fulfilling life becomes - the possibility of fulfilment is itself diminished. He contends that this is supported by a major shift in the clinical data of therapy; hysteria, once the most common disorder , has been overtaken by the problem of 'character disorder, a state characterised by the loss of boundaries between self and society. In the process, the forces of narcissism have erased the very notion of society as an external and constraining force within which "different domains of experience are judged in terms of one another" (1980:98). Instead, everything is seen in relation to the self.

One of the most important consequences of the 'mobilization of the forces of narcissism' outlined by Sennett is that it fosters a belief in the protean self, i.e. that the personality is capable of undergoing fundamental change. This is so because the self is viewed totally phenomenologically; if the self is unboundaried in relation to society, reality becomes only

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[31] Freud uses the term narcissim to suggest a state based on the libidinal model of self. It has two nuances of meaning. One is that whereby the ego is invested with the libidinal interest which is normally directed towards the outside world and the achievement of libidinal goals. He uses it specificially in relation to sexuality when he states that narcissistic behaviour is that

> ...in which an adult individual lavishes upon his own body all the caresses usually
> expended only uopon a sexual object other than himself (1961:347).

The second refers to the primary state associated with infanthood before the person is (theoretically) even aware of the existence of others, or certainly not in relation to them existing as anything other than means to achieve ego fulfilment (Freud,1914 in Strachey (ed),1976:73-102).

a matter of feeling, with changes in feeling seeming to signify a change in character. This (fetishized) self is

> ... so totally immanent in the world that it is a creature of immediate appearances and sensations. This selfhood puts an immense premium on 'direct' experience with other people; it detests reserve or masks behind which other people are felt to lurk, because in being distant they seem to be inauthentic, not taking the immediate moment of human contact as an absolute.(ibid:99).

Sennett suggests at this stage that therapy with those with a protean sense of self is especially difficult; both therapist and client assume that personality changes may occur in therapy, yet they can only occur if the client abandons the notion of the replacement of the old and damaged self with a new version. One therapeutic premise, particularly in the humanistic therapies, is that self-acceptance is necessary for change to occur. Sennett does not expand this point, and it is not clear precisely what he means by therapy, but it seems to me that there is more to be made of it. There is the possibility that the notion of the protean self, far from only providing difficulties for therapy, may at another level be fundamental to the practise of some therapies. [32]

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[32] This last point, for example, suggests adherence to some of the self-ideals which underlie client-centred therapy, as espoused by Carl Rogers . This is particularly so with regard to the notion of the 'real' self being that which is devoid of all masks, the notion of authenticity of self or other, and the emphasis on the immediate experience as the basis of all judgement and of being (cf Egan 1973 on concealment).

The idea of a 'culture of narcissism' is popularly presented in a somewhat different form from that proposed by Sennett, and is much more to do with the integration of psychoanalytic discourse into social analysis. Lasch's idea is that the emphasis on individualism within modernity produced a desperate and frantic search for meaning from within, and for the 'regeneration' of self. Lasch invokes the prevalence of personality disorders, personal dis-ease to support his claim that people experience the world in only a superficial way (1979:82), and that the world, mediated through electronic audience, becomes seen as only a mirror to the experience of self. For him, narcissism is 'a disposition to see the world as a mirror, more particularly as a projection of one's own fears and desires' (ibid:33).

Ultimately, the individual learns to see him/herself through others' eyes, and internalises such reflection by becoming object rather than subject. At the same time, the world becomes only an object for the gratification or challenge of the individual. The inner psyche becomes the microcosm of the outside world. In this analysis, the crisis of self is intensely psychological, and couched in specifically psychoanalytic terms. Nothing is static or given, there are no guidelines, and there is no consistency or continuity, either external or internal. Change, flexibility and therefore instability become the only sure factors, the only stability. The psychic chaos is seen as terrifying (Frosh, 1991).

The Loss of Tradition: Gender Roles and Feudalism

Sennett's analysis has been influential and echoed within the work of others concerned with

the 'crisis of self' (Lasch,1978,1984; Lerner,1989). However, it does not offer a full analysis of the various possibilities, and indeed if accepted unequivocally it may blind us to other social influences which bring to bear on the modern identity. Beck and Beck-Gernsheim caution against such a narrow view:-

> ...talking about the 'age of narcissism' is justified, but it is a distorting and misleading label, as it underestimates the scope and effect of the energies which have been unleashed. Largely involuntarily and driven to social changes, individuals are entering a searching and explorative phase (1995:43).

They present a picture which suggests more confusion and uncertainty than that proposed in the paradigm of narcissism, but which shares very much the notion of a crisis of the self. One of the major influences in the process of industrialisation culminating in postmodernism, they suggest, is that there has been a revolution in ways of thinking which has not been matched by the appropriate changes in social institutions and mechanisms. This has been particularly activated, they suggest, by the breakdown of the feudal divisions of gender roles. They claim an increase in 'individualisation', and in an acceptance of a 'right way' to live and to love. They also cite increases in divorces, in single households, and in the incidence of single parenthood, and refer to an abdication of 'marital bliss'. The pursuit of self-understanding is presented as a painful and disenchanting torment which is difficult to comprehend, and the passionate and vivid way they present their argument is worthy of illustration:-

But whatever drives people to play off their freedom, their craving to be themselves and their ego trips against their families, of all things? Why this expedition into the most alien (because closest), holiest, most dangerous continent of your very own self? What *explains* this apparently highly individual but actually commonplace pattern, this zeal verging on obsession, this readiness to suffer, this widespread ruthlessness in tearing up one's own roots and ripping them apart to find out whether they are healthy? (1995:3).

and

Why do they prefer to live on their own, pursuing ideas like independence, diversity, variety, continually leafing over new pages of their egos, long after the dream has started to resemble a nightmare? Is this an ego epidemic, a fever to be treated with ethics drops, policies of 'us' and daily admonitions to the common good? (ibid:4).

The analysis may be criticised for its rather evaluative and idealistic approach - was there ever such a thing as marital bliss, and was there never private soul searching which resulted in silent misery for many people entrapped in the erstwhile feudal relationships of Western society, and indeed they at one point acknowledge their own (deliberate?) naïveté. However, there are some central points to their thesis which may help to inform the culture of counselling as a means of self-understanding.

One is that with the specific breakdown of feudal roles, familial changes occur which breach

the norms of relationships and living structure. Secondly, the expectations of equality across gender roles create expectations which are not met by social conditions, e.g. the promises made by education are not backed up by the real provision of equal opportunities as demonstrated by accessibility to professions, or child care facilities. Thus a kind of psychological dissonance is created which breeds dissatisfaction. Thirdly, the role of the law and wider mores no longer provides a safety net to enhance personal security, as individuals become `legislators of their own way of life' (ibid:5). And finally, there are massive contradictions between the demands of relationships and the labour market'. `Family values' suggest that parents should be based at home, but the labour market suggests that people should travel to where the work is , whether that means overnight stays or moving house accordingly. Thus a conflictual climate is created. As labour and class movements diminish, however, the channel for voicing dissatisfaction or resistance is reduced to the personal domain. Therefore, they contend, the 'problems which couples nowadays have to solve are in fact personalized versions of contradictory trends within industrial society shaken in its feudal *and* modern foundations by our craving to `be ourselves' ' (ibid:24). People are increasingly faced with making choices which manifest as personal choices, but which in fact reflect the breakdown of the feudal nature of industrial society. They suggest and increasing awareness of the `mixed blessings' of such choices (ibid:25).

The dissonance produced by such a state of affairs results in personal conflict, and most arguments about the state of affairs take place in private, as opposed say to class warfare. There is increasing pressure exerted by individuals on themselves to look for and monitor

for signs of pressure from everyday life. Beck and Beck-Gernsheim suggest that there is pain and conflict associated with trying different ways of living (although they do not acknowledge that this may have been present with previous models of living), and with the unpredictable outcomes associated with experimentation. They paint a grim picture of the outcome of such changes with people being divided, 'man against woman, mother against child, child against father. Traditional family agreement is breaking down under the pressure of the decisions which have to be taken' (1995:36).

It is appropriate to challenge some of the generalisations and preconceptions of the argument. As stated already, it presupposes the notion of 'marital bliss' as prevalent. Moreover, it denies the existence of all those who experienced the 'normality' of family life as contrary to 'self hood'. Tucker (1991), for example, observes that '[g]ay people often have no freedom to be gay in the privacy of their homes, due to family and neighbourly pressures' (p.17, cited in Bell,1995:307).

However, their point is worthy in terms of challenging some of the narrow concepts of the make up of self inherent in counselling and therapy, for they suggest that the changing social relations of modernity are a part of that very constitution of self. They suggest that:-

> The last vestiges of the Middle Ages, the feudal gender roles discussed above, which industrial society needed and preserved and which seemed natural, are melting away. It is important to recognize the dimensions of this change. Psychologists and psychotherapists who attempt to understand their clients' current misery only in

terms of their personal childhood are missing the point. When people are confronted with having to live in ways which are inherently contradictory, and have no precedents for their own lives, it is misleading to focus exclusively on what they went through as children in the search for the roots of their ills. When the sexes shake off their feudal roles, the problems they encounter as lovers, couples and parents have a great dealt to do with the inequalities affecting every sphere of their lives. It is time the psychologists tackled this aspect and modified their approach to take account of these dimensions. (ibid:37).

If it is not recognised that the site of discomfort or confusion may be externally generated, then each self has to become more egocentric, in the sense of trying to take personal power in manipulating society, planning preferences, relationships and making decisions all the time.

Changing Ideologies

So we may envisage a society which becomes increasingly dismembered from its feudal origins, as well as ever more reflective in its moral codes. Alongside these changes, we may consider also the ideological changes which accompany the material and economic pressures of an individualist monetarist system, and the paradoxes and contradictions within them which have led to the emergence of a movement of `expressivism' over the last thirty years, within which counselling may be suggested as one stream.

The ideology of individualism within capitalism has been well documented in similar vein both within the British and the North American experience (Heelas,1991; Heelas,1992; Bellah et al, 1995), and it is suggested that there are deliberate instigations by politicians to influence the mind and the culture of both sides of the Atlantic. That politics should influence the masses and their psychological well-being is no revelation, and was being documented by the likes of Betty Friedan and as far back as 1961. It is also well known how war propaganda was aimed at hitting the 'psyche' of the women left at home, in direct collaboration with editors of women's magazines. The phenomenon itself is not new, and one can perhaps discern the beginning threads of individualism within the pages of magazines and the messages of commercial advertising.

However, perhaps the starkness and overt deliberation to be found in the recent British experience is novel, and the British context is crucial to this study. However, the new 'social attitudes' desired by the powers that be apparently invoke notions of self-sufficiency and competitiveness, as is so wonderfully illustrated by the words of Conservative politicians. Nigel Lawson speaks of 'fighting and changing the culture *and psychology* of two generations...(which) cannot be achieved overnight...but let here be no doubt that this is our goal' (Lawson,1984 in Heelas,1991). The psychological and cultural changes referred to are necessary to achieving an appropriate culture for capitalist gain and success.

Heelas (1991) suggests however that there are some fundamental and incompatible anomalies in the different types of 'selfhood' which the postmodernist culture demands. He

suggests four `characters[33] of British life which he elucidates in terms of the kinds of `selves' which they need to have, the enterprising self, the sovereign consumer, the active citizen and the conservative, or traditional self. Essentially, the contradictions and tensions, he suggests, are between two distinct kinds of morality, those informed by `utilitarian individualism', and those informed by an `authoritative style of ethical evaluation' (Tipton,1982:3-7 in Heelas,op cit: 76-77).

The kernel of utilitarian individualism seems to be that it is outcome based. In other words, as long as one acts to produce the greatest good and happiness, for oneself and valued others, so such actions will automatically be morally correct. On the other hand, the other kind of morality has to do with virtue, as bestowed by the right thinking of institution or creed. So the first kind of morality is full of exhortation to be self-determining and independent, whatever that may cost, while the second invokes the values of traditional and community culture. The dilemma posed seems to be a moral version of the pragmatic dichotomy outlined by Beck and Beck-Gernsheim. The Tory resolution of the conflict lies in the entreaty that human nature, left to its own devices and developed through self-interest, will automatically serve the best interests of the community.

In some ways, this is startlingly similar to the ethical justification and principles of counselling, particularly those espoused by the `client-centred' approach. Some of the

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[33]Heelas uses the term `character in the sense meant by Alastair MacIntyre (1091) and developed by Bellah et al (1985).

quotes used by Heelas to demonstrate his points are startlingly similar to the exhortations of the counselling ethos. For example, Michael Heseltine's declaration that 'wherever possible we want individuals to control, influence and determine their own destiny' (in Heelas,1991:77) is similar to the principles enshrined in the definition of counselling offered by the British Association for Counselling, previously cited. Likewise, the move to the autonomous self invoked by the Tories, succinctly encapsulated by Brian Walden in his statement that 'the ultimate authority lies within ourselves' (ibid:78) is surprising akin to Rogers' declaration that the 'locus of evaluation is within yourself' (Rogers,1951). In terms of moral psychology, it is interesting to note that Kohlberg, normally recognised as an authority within the discipline, cites authoritative morality as a less developed stage of autonomy than utilitarian morality which will somehow be right because it will evolve from a locus of self-evaluation which is, at its best developed, ultimately in the interests of the wider community (Kohlberg,1976; in Mussen et al,1984:328-9).

Such contradictions themselves contribute to the crisis of self as we struggle to cope in a world where the market forces demand both an individualist practical approach and an ideology based on the selfish and the personalized, while retaining the need to live traditional and communal values. Moreover, the traditional institutions wherein people once found the source of traditional values have changed radically in form. Less important than the nature of that change is perhaps the process of it. As institutions such as church and family become destabilised, so individuals rely increasingly on themselves for the stability of self, or, as Berger puts it, to provide the security for their own 'homeless mind'

(Berger,1974). Identity must be created from within, where mainstream institutions fail to provide parameters and guidelines.

The outcome of the process of change from tradition to modernity, however it is analysed, seems to suggest two factors which are important to this study. One is the emergence of a culture of expressivism, whereby individuals are encouraged to express their feelings, to know themselves and to move towards self-development and self-actualization. The notion of `psychological man' (Rieff, 1968) has developed to mean not only that the psyche of human beings is open to knowing, understanding and directing, but now envelops a very clear idea of what form and values such direction should adopt, i.e. to be self-determining, self-reliant, and self-evaluative. An important part of this profile is for the individual to be conceived of as experiencing some sense of loss, as suggested earlier, mostly of certainty or security. The other is that there now exists, a whole movement of theory and practice has evolved to help with the process of moving from one state to the other, which I shall call counselling psychology and which has within it covert notions of self which may be explicated. Before moving on to document the development of counselling and of the theories of self which are embedded within it, it is salient to briefly raise some questions concerning moral and ethical aspects of the modern self, and of the practice of counselling.

Moral and ethical considerations

As the frameworks through which the self is constructed have changed, so have the

frameworks of morality which inform modernity. Currently there is an uncertainty regarding the morals and ethics to which individuals might subscribe. No one system of morality is pervasive to modernity (Taylor, 1989). Moreover, no one philosophical stance can be found to offer reflection and guidelines ; moral philosophy itself lacks a coherent framework. Hauerwas and MacIntyre (1983) state that:-

> history suggests that in those periods when a social order becomes uneasy
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> and even alarmed about the weakening of its moral bonds and the poverty
>
> of its moral inheritance and turns for aid to the moral philosopher and
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> theologian, it may not find these disciplines flourishing in such a way as to
>
> be able to make available the kind of moral reflection and theory which the
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> culture actually needs (cited in Benhabib,1995:23).

Rather, the self is seen as autonomous, and as having to define its morality from within itself. The individual's identity is constructed as an object in its own right; this is reflected in the growth over the last five hundred years of words which are prefixed by 'self' (Campbell, 1989:73 cited in Gibbons, forthcoming). Notions of self-development, self-responsibility, self-expression, self-esteem, self-awareness and self-respect are invoked within the 'quest' of the individual. It has been suggested earlier that counselling may help the individual to address questions of morality. What then are the moral and ethical questions pertaining to counselling and the modern identity?

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There are two main perspectives on the relationship between the practice of counselling and the 'ethic' of the modernist self. One is that counselling steers the course of individualism to such an extent that it exhorts the primacy of individual ethics with no reference to an external morality. The second is that it does in fact pursue the development of virtue, in the sense of a communal ethic leading towards a moral code. Both deserve brief mention at this point.

The first position would rest on the process of counselling depending on the personal preference of both the client and the counsellor. The client is allowed to develop in whatever direction they wish to, with their values being central to this direction (Egan,1994), and the 'locus of evaluation' being internal, individual and personal (Rogers,1951). Thus there are no rational guidelines as to what direction they should seek, and the guiding principle becomes personal preference. Thus the act of counselling may be seen as supportive of the culture of emotivism as espoused by MacIntyre (1981). There may be debate about the rightness of choices, but this debate, being ungrounded in any tangible rationality, lacks a finite point. Every decision about action and direction is self-evaluated and self-referential. In MacIntyre's words:-

· Emotivism is the doctrine that all evaluative judgements, and more specifically, all moral judgements, are nothing but expressions of preference, expressions of attitude or feeling, insofar as they are moral or evaluative in character (MacIntyre, 1981:11).

Instead of rationality, the direction of self-development is informed and evaluated by values of autonomy, authenticity, self-direction and individual empowerment, which are themselves only predilections of an individualist culture. The self is specifically self-determined and evaluated against self-imposed criteria.

This rather idealised concept is implicit within most styles of counselling and therapy, although rarely explicitly explored. Related concepts are self-efficacy (Bandura,1969), which refers to the subject's state of belief in their own ability to change or to learn new things, and `internal locus of control' (Rotter, 1974), as opposed to `external locus of control'. People who rate highly on an internal locus of control have a higher belief in their ability to influence their lives than those with low level internal locus of control. A third related concept is that of `learned helplessness', coined by Seligman (1975), to refer to an internal state which is akin to a conditioned apathy. Counselling psychology, having identified such a state, uses it to achieve its opposite, i.e. a belief in one's own ability to act in one's own interests, i.e. self-determination[34].

The strength of such a belief is embedded in the work of the humanist counselling movement. The work of Albert Maslow's notion of self-actualization (1970), and Roger's notion of the fully functioning person (1961), both revolved around this concept, and have had some of the greatest influence on the human potential movement generally. Terms like empowerment have become common place over the last twenty years, both within

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[34]For a fuller discussio of this rarely explicated point in relation to counselling, see Dexter, 1996.

counselling, mental health and increasingly, within business culture.[35] The concept

encapsulates two 'hidden' or taken for granted assumptions. Firstly, as Heelas points out,

the language might be psychological, but the highly optimistic beliefs concerning innermost

human nature 'smack of a Pelagian-like leap of faith' (1991:143).

Heelas suggests that the acceptance of self-determination as a legitimate principle is a part

of the New Age capitalism within which the self is seen as sacred, as having our own 'God'

within. This would seem to have some currency, especially when the 'internal locus of

control' is supplemented by the 'internal locus of evaluation' , and this point will be returned

to later in the text.

A second assumption which fuels the 'empowerment' model is that self actualization and the

pursuit of business values are compatible. As Heelas points out, there seems to be general

acceptance that self-understanding is good for business, and empowerment models and

communication skills remain big sale commodities to big businesses, in order to make 'more

effective' managers. There is however a paradoxical trap here, in that the belief is that the

personal goals of the individual are compatible with those of the business . While this may

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[35]The term empowerment is also much used in mental health:-
> Interest in and attraction for the concept (or empowerment), within a health perspective, appears to stem from the World Health Organisation's definition of health promotion in the mid-1980's as a process of enabling people to increase control over and to improve their own health...Empowerment can be viewed as a concept or as a process...In a broad sense, empowerment is a process by which people, organisations and communities gain mastery over their own lives. (Gibson, 1991:335, in Morrall, 1995)

The term is supported by the status quo to mean taking responsibility, but if taken to its logical conxlusion, empowerment would have to be a collective energy to fully take control over their health, if, for example, it is related to poverty or homelessness.

address materialistic values and goals, it is not so certain that it embraces other values which may be part of the individual's make up. Moreover, the cynical view might suggest that those with power in business would not want this to be the case. As Howard (1990) puts it:-

> Let us face it. Any single one of our empowerment skills can also be used
>
> to create a *less* ...egalitarian society. It is ...more likely that contemporary
>
> `non-directive' psycho-technology will be adopted by those who are already
>
> very powerful and who wish to remain so (1990:16).

Within this analysis is the implicit possibility that self-determination is in fact not self-determining at all. As Beck et al suggest, in the mass following of self-determination, individualisation is in fact a collective movement. They ask:-

> Despite all their dazzling jousting with self-determination, could all these individuals
>
> be the agents of a deeper transformation? Are they the harbingers of a new age, a
>
> new relationship between individual and society? (Beck and Beck-Gersheim,1995:4)

Such a relationship might in fact be in the pursuit of *standardisation* of people, rather than a self-determined individuality.

From the point of view of morality, this notion of self development as its own end lacks what MacIntyre would call moral goods, in the sense of a virtue which is a constant value. So one might decide to self-evaluate and divorce, remarry, claim state benefit, or work and make a fortune, but if this choice is not fed by some *virtue*, some constant value which is deemed to the moral good of the community, then it is only expressivist, and individualist.

This results in a position of ethical relativism. If the locus of control and evaluation is in the self, as Rogers suggests, then one argument would be that each individual's ethical position is unchallengeable and that therefore there is no `rediscovery' of moral purpose.

An alternative perspective on the morality and practice of counselling may be that it actually challenges the `narrow vision' of the amoral outcomes of individualism which has bee noted by Taylor (1991). It is possible that counselling may be seen as in fact challenging the emotivist ethic, through encouraging individuals to be purposeful in their actions not *only* in relation to their own value systems, but in the expected costs and consequences of those actions to others. This is deemed part of the educative and empowering process of counselling, to help people extend from the narrow vision into seeing themselves in relation to other systems, and to potentiating themselves.[36] For some people, this may be a unique opportunity to engage in reflection concerning morality. There is also the possibility that being true to oneself is itself a moral ideal, the belief here being of a Rogerian nature, that man true to himself is thought to lead to a `better' world (Taylor, 1991). Moreover, counselling may be seen as a process which explicitly challenges the individual to develop a sense of purpose[37] and of ethical behaviour.

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[36] The work of Gerard Egan best encapsulates this approach. Most people, says Egan, use a fraction of their ability in the world. Moreover, they tend to try to reach instant solutions to problems or for resolving issues without looking at what they want to get out of the situation in relation to values. Widening the vision is an integral part of his extremely influential model of working (1994).

[37] This is particularly prevalent within the school of psychosynthesis wherein the sense of purpose and the existence of the will are issues which are brought to the forefront (cf Ferrucci,1982). See also the point made earlier about Horney's exhortation to therapy specifically to help people become politically active.

There is also an implied morality suggested through the existence of codes of ethics for practitioners. If, for example, a client approaches a counsellor saying that they currently batter their elderly grandmother but would like to change the behaviour, then they would be accepted as a client. If however they stated that they wished to become more adept at being able to batter with no risk of getting caught, then at least the counsellor would not try to help them in their aim, and would also probably consider reporting the abuser to the relevant authority. Both possibilities may be seen as actions which fit into a code of morality, the first in the sense of the act of faith that helping the person towards self-actualization is a desirable act, and the second in the failure to condone particular behaviour. Moreover, there are rules of ethics and practice which are explicitly based on morally decreed `virtues' such as equality and integrity.

Further, Taylor gives an analysis which seems to argue that a position of individual ethics itself begets a sort of acceptable general morality, and again offers some insight into the context of the culture of counselling. He makes the generalised observation that one of the characteristics of modern Western civilization is a sense of loss, of something missing that used to be there. Taylor typifies three commonly suggested aspects of modernity which involve loss, aspects which he coins the `malaises' of modernity.

The first he characterises within the label of individualism, within which he refers to peoples breaking loose form moral orders in order to achieve new freedoms. According to Taylor, the consequences of this move are threefold: a loss of a sense of purpose, a narrowing of

vision, and a heightened degree of self-absorption. The second aspect, he suggests, is the increase of the acceptance (and indeed the development) of instrumental reasoning, whereby the notion of cost-effectiveness is introduced and hyped within rationality, so that programmes and endeavours are devised to achieve maximum efficiency. Within this model, he suggests that people are increasingly subject to technology and therefore to commodification, being forced increasingly towards Weber's iron cage.

The third malaise identified manifests at a political level, both institutionally wherein structures are ever increasingly built around the principles of instrumental reason, and at the individual level where the perceived increase in self-absorption leads to a situation where fewer and fewer people actually want to actively participate in government. (1991:9). This leads to a situation where everything is increasingly run by a tutelary power, and this situation incurs loss of political liberty. The three malaises may be summarised to indicate loss of meaning, an eclipse of ends, and a loss of freedom.

Taylor's analysis is not pessimistic, and indeed he challenges the notion that we are helpless in this process. Indeed, it might even be said that counselling is one of the major movements for helping people deal with loss. The notion of the experience of loss as a significant part of the individual's development is increasingly common within counselling approaches. This perspective is largely influenced by Erikson's theory of ego identity formation. While loss as an experience is an obvious enough focus where experiences of bereavement and separation are involved, the rather more vague sense of loss cited by Taylor is perhaps most

clearly parallelled and signified perhaps most profoundly by the idea of hidden loss which

informs a great deal of current counselling practice.

The strength of Taylor's perspective, and of the worth of individual counselling within a loss

paradigm, may be that if loss is identified, then the subject of that loss may work through

the mourning process which is perceived to be necessary for healthy recovery. Just as Taylor

posits that we are not helpless in the face of perceived social and moral loss, so the

therapeutic portion on hidden loss holds the potential for recovery and change. Counselling

may be seen as a highly moral practice which helps whole societies to cope with change and

consider futures.

What of the implications of the virtues of the counsellor him/herself? MacIntyre (1981)

draws to our attention the role of the therapist as Character, as the carrier of a moral

philosophy. Characters, he says, are culture-specific particular kinds of social role

recognised by everyone in that culture, roles which place ' a certain kind of moral constraint

on the personality of those who inhabit them in a way in which many other social roles do

not'(1981:62).

Culture, says MacIntyre, is partly defined by its Characters, and Characters are an

embodiment of moral and metaphysical theories and ideas. In contrast to other assumed

roles, which may be seen as functional to a belief system, e.g. priesthood, where the action

of the priest is seen as functional to the Church, and where he is a vehicle for salvation rather

than a means of salvation, the Character is idealised both morally and culturally; it is requisite that role and personality become fused. Such fusion lends moral legitimation to 'a mode of social existence' (63). Modern Western society boasts three Characters; the Rich Aesthete, for whom boredom is the 'last enemy', the Manager, whose goals are effectiveness and profit, and the Therapist, of immediate interest here.

The Therapist, says MacIntyre, like the Manager, 'treats ends as given, as outside his scope; his concern with technique, with effectiveness in transforming neurotic symptoms into directed energy, maladjusted individuals into well adjusted ones'(1981:29). In other words, Therapists do not enter into moral debate, despite the fact that they operate a system and method which speaks both to and about issues of morality. Psychological effectiveness is seen as the guiding star, but the nature of that effectiveness, i.e. effectiveness in what, to what ends, is largely unquestioned. This observation accords with some of those made above, both in the goals of therapy as being some sort of self-fulfilment, and in therapy as a discipline emerging in isolation from interdisciplinary debate, both academically and popularly. It seems that values and judgements remain, powerfully, behind closed doors.[38]

Moreover, it can be seen that the moral character of the therapist is deemed to be somewhat superior to that of other individuals within the culture, specifically in terms of the values

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[38]There is currently an emergent debate around these issues, although it is comparatively small and slow to expand. For example, Smail's Taking Care: Alternative's to Therapy (1987) was amongst the first challenges from withing the therapeutic profession. Masson's Against Therapy (1989) is a less well argued case which is less challenging of values in a macro sense. More recently, Alex Howard's Challenge to Counselling (1996)picks up some of the moral/values debate and the inherent paradoxes of cousnelling.

of autonomy and self-actualization. Some classic expectations of the characteristics of therapists help to define the Character. They should be, for example, attractive and friendly, someone whose opinions are valuable, and someone who is trustworthy (Brammer,1988:23) They should inspire confidence, and be 'mature, actualized, well-functioning people themselves' (loc cit). Moreover, the helper (Therapist) is imbued with high expectations to be somehow ahead of the game:-

> The helper's life must ...be planned in a satisfying manner and lived according to the ideals of the effective and self-actualized person. In addition to enriching the everyday events of living, the helper must pay attention to continuous renewal and revitalization, periodically examining his or her life goals, clarifying personal values, setting new directions, and discovering new sources of energy (ibid:24-25).

The helper serves as an ethical model of what others might strive to be.

Summary

In sum, then, it has been suggested that counselling is a social practice specific to modernity. It is based on a non-advisory philosophy, and the individual is 'facilitated', through the application of particular skills and the development of an appropriate relationship, to become more self-fulfilled. The practice of counselling may be seen as fulfilling various individual and cultural functions. It provides a framework within which individuals might address questions of meaning and purpose, and which offers systems of truth and

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explanation of human nature.

It is contended that such a practice can only thrive when the culture has specific notions of self, which are to be found in modernity. A range of theories has been elucidated to suggest that the modern identity has been arrived at through a lengthy process of the changing of customs and manners; a shift from external to internal systems of explanations and regulations; an increase then in narcissism as the world is evaluated in relation to the individual; a loss of traditional structures; and a changing ideology which prizes expressivism. It is suggested that moral frameworks are currently unclear, but that counselling has ethical implications and that counsellors may be seen as moral 'models'.

Chapter Two will explore how the social practice of counselling has arisen, through changing social practices. It will describe its current context, and explore the notions of self which are to be found in counselling psychology.

Chapter Two : Counselling as a Social Practice: origins, development and theories of self

Have you ever felt there was more than one you? That sometimes you
are one type of person, sometimes another? (Rowan, 1993)

Introduction

The social practice of counselling may be seen as reflexively tied to the development of
the modern identity. It presents as a venture closely concerned with helping individuals
to rewrite and make sense of their narrative of self, an activity increasingly claimed by
the domain of psychology (Freeman, 1993). It is, in other words, a practice which is
inherently linked with constructing identities, whether through revisiting the past,
exploring the present, or planning the future.

Counselling as a social practice is made up of a whole range of techniques and
technologies which are dependent on a psychological notion of mind. Psychology
defines itself as a science, a science which offers theories to explain and interpret mental
phenomena and mechanisms, or psychological truths. For such scientific discourse to
exist, then the individual must be assumed to have a 'psychology', or 'psychological
profile' (cf Rieff, 1968). This is the basis on which s/he can be measured, assessed and
differentiated from other individuals (Rose, 1985:13).

As both Foucault (1972) and Rose (1985, 1990) have suggested, the object of study
encompasses more than its theories , or the body of knowledge which it claims; it is

concerned with the structure of discourses. Psychology is more than a set of theories or conceptualisations, it is constructed from a whole range of social practices which embody procedures for observation, assessment, interpretation, diagnosis and treatment of individuals, groups and communities, as well as associations of corporate bodies which claim professional status, produce literature and so on. The discipline then constructs not only the tools and means for the organisation and explanation of the evidence collected, but may then develop the means, the technologies[1] and techniques for producing desired effects, and for creating new phenomena. Within this, counselling as a social practice has become a central technological system which reflexively informs both the discourse of psychology, and the construction of self.

While counselling discourse may not be serving a *unique* function, inasmuch as other social practices have previously influenced the making of identity at other historical moments, its methods may be seen as innovative and culturally and historically specific. A great deal of its orientation and its success revolves around a refocussing of solution and salvation as being within an internal, rather than an external, locus of control. Chapter One has already suggested that such changes relate to a changing concept of self. This chapter will document the genealogy of counselling as being rooted in the discourses of religion, magic, madness, psychiatry, education and health.

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[1] 'Technologies' is used in the sense suggested by Rose to describe 'technologies of sujectivity', to mean organised systems of human and physical resources within 'functioning networks of power; (1990:8). Techniques describes the myriad methods for implementing chosen systems. These may be practical, as in the structure and design of buildings, or public space (cf Sennett, 1977), or, as in the concern of this thesis, they may be intersubjective. These last may be termed 'techniques of the self' (Foucault,1984:10-11) to mean the many ways in which we seek to work upon and 'transform' our physical and mental selves, and to assess those selves against given criteria, in the pursuit of some 'aesthetic values'. Such techniques might include the use of language, or the use of particular interventionist techniques, as in counselling.

The discourse of counselling may be seen then as a 'hybrid' discourse. While counselling may be seen as constituting a single social practice, it is recognised that there are diverse schools of thought within it which propose differing notions of self. It is then a complex activity and it is not possible to document its history as a unilinear development. Instead, in tracing the specific development of counselling, it is appropriate to summarise the profound changes which have taken place in relevant social practices of the self since the period of the Reformation, by highlighting specific 'moments' which indicate significant change. The chapter does not claim then to provide a full history of the development of counselling. Neither is it to be a critique of counselling, in the sense of evaluating it as a desirable or undesirable practice. Rather, the interest is to document the development of counselling as a process of socio-historical change which has consequences for Western society at large, and specifically for the accomplishment of intimacy within modernity.

The chapter will be organised as follows. Moments in the origins and development of counselling will be documented. The current context of counselling as a profession will then be summarised, in relation to both secular counselling and to the Church. The final section of the Chapter will outline some key distinctions of the notion of the self which are to be found within counselling psychology. This will provide the context for exploring how intimacy is accomplished within the counselling context.

The Origins and Development of Counselling as a Social Practice

In Chapter One, it was suggested that counselling is essentially a non-advisory activity. This represents a fundamental shift in the use of language, and indeed in practice, which has occurred over the last four centuries. The advisory aspect of counselling traditionally carries a relational element which is linked to authority and social roles. Counsel would be sought from those who had earned the authority to give it. Traditionally, these would be people whose power lay within the Church, within the family, or within systems of magic and mysticism, and who could be relied upon. As Bacon wrote in 1625, 'the greatest Trust, between Man and Man is the Trust of Giving Counsell' (West,1920:58 in Russell et al,1992:13). Even at this early stage then we can see the need for the counselled to trust their advisor, and for counsel to be credible.

Bacon writes deliberately of 'Man and Man', and at the beginning of the seventeenth century, it was made clear that women could only wield authority in public office if they had wise *male* counsel. As a warning to those who might have been disturbed by the effectiveness of Queen Elizabeth, the directive was issued to '...let them remember that the felicity of her reigne was the effect of her submission to her masculine and wise counsellors' (Hutchinson,1973: 48 in Smith,1989:pp64-65). Counsel in this sense was seen as a patriarchal activity which would be closely bound with decision making, advice and matters of State and law.

Within marital ideology, however, a slightly different understanding of counselling was developing. It was commonly urged that marriage required both advice and counsel

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from parents and friends. Within the marriage, however, the wife was encouraged to be 'a wise and hearty counsellor' to her husband (Siegel,1950:49). Leites (1986) suggests that within Puritan marital ideology, '(r)egular confession of sins to a priest was not available to a devout Puritan. He needed a journal - and a wife' (Leites, 1986:119). Despite the publicly patriarchal understanding of counsel, private counsel was encouraged as a womanly role or function.

This signified a shift in practice which reflected changes in the organisation and ideologies of the individual's world. Until the sixteenth century, it would seem that confession had been quite a public affair, held in the nave of the Church, and indeed the Protestant practice of 'witnessing' continued this public aspect. While the sins which had been most widely confessed were mostly of a 'social' nature, for example violence or theft, the Puritan ethic placed more and more emphasis on 'personal' sins of an internal nature, often revolving around sexuality. The confessional became a private affair and an aid to self-regulation. Thoughts as well as deeds were to be examined.

Not surprisingly, then , this shift to an interiority of self suggested new means of reflection. Journalling became popular. Religious motives were common, and the increase in numbers of people keeping diaries expanded after the Reformation. The diaries were a means of 'examining and regulating one's own soul', and fulfilled the function previously served by the confessional (Gibbons, 1996:47). Intimate details of private life were recorded, creating a reflexive process for the diarist.

New media then were being created for the giving of counsel, within marriage and

indeed from oneself[2], which were to do with self-examination and self-regulation. At the same time, there was a fundamental shift occurring in how the world was seen. Until the period of the Reformation, the whole cosmos had an abundance of meaning. Many phenomena were not explicable save in terms of magic or religion, both of which were popular and both of which overlapped.

According to Keith Thomas (1971), the English Church in the Middle Ages had the aura of magic within its practice and in giving meaning to issues and events. So that, for example, there was a widespread belief in evil spirits which might visit upon communities or individuals. Such modes of explanation were invoked to account for environmental changes, diseases and accidents, such as plague or fire, over which society could exercise no control. [3]

Poverty, disaster and illness which made for the major part of daily problems encountered by the individual were events which were external to the person, and the solutions or help looked to were equally seen as being of an external nature, in the main located within the Church. The church at this time was a highly mystical venture, greatly concerned with claims to supernatural powers, presumably as an antidote to the helplessness of the population. As Thomas puts it,

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[2] In Shakespeare's Romeo and Juliet (1591), we see Montague speak of Romeo as

...he, his own affections, counsellor is to himself.

[3] In effect, Thomas reminds us that the Middle Ages were a time of high risk for communities, illness and danger being rife, and life span being short. This makes an interesting juxtaposition to current Western lifestyle and the kind of risk society identified by such writers as Beck.

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The medieval Church ...acted as a repository of supernatural power

which could be dispensed to the faithful to help them in their daily

problems. (Thomas, 1971: 35).

With the emphasis on the sacrament of the altar, the magical powers invested in

consecrated objects were mixed with influential superstition. The Host, for example,

could be seen as a cure all for unproductive animals or for fever struck communities. The

ritualistic aspects of the church made for absolution and personal salvation.

With the Protestant Reformation, the magical aspect of religion began to decline, being

replaced by a somewhat more moralistic philosophy. A failing herd would no longer be

cured by Holy Water: rather, the community unfortunate enough to own the herd would

be encouraged to look to themselves for reason and penance. The notion of Divine

justice became prevalent, the story being that those who were upright and conformist

had not only more likelihood but more claim to health and prosperity.

With the declining importance of the confessional and the ritualistic aspects of church,

so the practice of magic thrived through different media, to fill the 'therapeutic' gap.

Witchcraft, astrology, divination, all became consultative media to explain and try to

control events which were bewildering. As Smail suggests, '(p)eople have always

sought to influence by magical ritual what they could not control in any other way'

(1987:48).

Indeed, some historical perspective suggests that magic and ritual constituted the central

foundation of religious interest in sixteenth century England, and that the issues of the Reformation were irrelevant to many people:-

> Adherence to Puritanism on the one hand or Catholicism on the other could be determined by the magical powers which the respective clergy on either side seemed to possess (Hitchcock,1965:229).

Hitchcock documents the involvement of various clergy in conjuring and witchcraft. His thesis is a cynical one; that ordinary people were less interested in God and morality than in the powers of the supernatural to help or harm them, with personal safety being a prime motivator (Hitchcock,1965:6). And that magic, while in one sense threatening to the Church as it presented an alternative ideology, was also integral to it. Indeed, he suggests that:-

> The genius of medieval Catholicism had been its adaptability, and this was nowhere better exemplified that in its toleration of popular superstition within the framework of the church, a toleration which over the centuries often approached wholehearted acceptance, until the cultus of the saints and miraculous occurrences were positively encouraged by many of the clergy, often at the expense of the more central doctrines (ibid:14).

It is then perhaps not surprising to note that although magic declined within the Church to be replaced by a morality of self, the ritual and practice of magic remained in practices outside it. Divination, astrology, witchcraft, all thrived as media for people to consult about that which left them impotent. Such media located responsibility and causal

explanation in an external referent.[4]

The next two centuries saw radical changes in the appointment and appropriation of moral responsibility from an external locus of control to an internal locus of control (Rotter, 1980), which is generally construed as being concomitant with the rise of individualism associated with changing world orders specifically linked to the Industrial Revolution. Philosophically, this was represented initially by Cartesian dualism. Their was increasing concern with the question of how the unity of self may be represented when the social and moral order was undergoing fundamental change, both through the internal market forces and the discoveries of physics which had changed the world from a geocentric perspective to heliocentric (Levin,1992:17). 'Mental mechanisms' became a theme for exploration: how do human beings develop their consciousness, and furthermore, their identity?

Concurrently, the changes in the organisation of society associated with industrialisation and capitalism led to problems of vagrancy and difficulties of social order which provoked an increasing move to segregation of the mad within institutions (Scull,1979), with numbers of inmates expanding tenfold over the period of the nineteenth century

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[4] It may be suggested that there is to some extent an appeal to magic in counselling itself, supported by the mystique of the counselling relationship and the language of the discipline. Couliano (1987) suggests that:
> ...nothing has replaced magic on its own terrain, that of intersubjective relationships. To the extent they have an operational aspect, sociology, psychology and applied psychosociology represent, in our time, indirect continuations of magic revived (1987:104).

This is perhaps exemplified by recent efforts to reconcile counselling transculturally as appropriate for the 'treatment' of 'being bewitched', the argument being that the structures of therapy are less important then the discovery and reinterpretation of shared meaning ' (Ross & Lwanga, 1991). It would seem however that magic is regarded in Western modernity as an internal acitivty or ability (cf Bandler & Grinder, The Structure of Magic (1975), and Magic in Action (1984).)

(Jansen, 1971). Such transformation occurred through changes both in conceptualisation and in social practices. Foucault has suggested that confinement was located within the context of 'a new sensibility to poverty and to the duties of assistance, new forms of reaction to the economic problems of unemployment and idleness, a new ethic of work' (1985:46). Institutions of confinement, whether asylums or prisons, became observation units, exemplified by design as well as techniques. Bentham's panopticon, symbolised new modes of surveillance.:-

> The Panopticon is a privileged place for experiments on men, and for analysing with complete certainty the transformations that may be obtained from them (Foucault,1979:204).

Confinement on a mass scale served as a central medium for change and development of techniques of the self. The wherewithal for observing the newly identified insane signified the genesis of psychiatry[5].

Although the State was undoubtedly interventionist within this process, particularly in its administration of the poor laws within a context of the development of general medical practice (Busfield,1985), the move to incarceration of the mad, and indeed to their being conceived of as mad, cannot be fully attributed to the physical consequences of industrialisation. Many private madhouses were entrepreneurial ventures, housing a number of bourgeoisie. In this respect, ideas and beliefs about madness were 'entrenched within a common cultural consciousness, forming a social expression rather than a

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[5]For a discussion of the history of psychiatry as a medical discipline, see Murray & Turner (eds) (1990).

hegemonic construct' (Porter,1987, 19).

In other words, there was occurring a fundamental shift in the conception of the world, and in the way that individuals and the workings of the mind were conceptualised. While religion allowed for the construction of the world, and people, as good or evil, so individual aberrations were explicable in these terms, or in the terms of possession. Foucault has suggested that the changes in cultural values saw a whole series of follies being laid not at the door of the neglect of Christian virtue, sin or 'lack of pride', but to unreason. In this sense, madness had become a means of conceptualising which was centred firmly within the individual, and 'whatever truth about himself he is able to perceive', thus giving 'access to a completely moral universe' (Foucault,1985:27). Foucault suggests that once madness was seen as internal to the person, then it became a mirror for all people, and had to be mastered, if necessary, by brutality and compulsion (Foucault,1985:74; Szasz,1971:41). Fear became acceptable as a therapeutic tool, madness the force to be cured.

Foucault may be criticised for historical inaccuracies particularly in talking of the eighteenth century as the time of the Great Confinement (Porter,1987:279), and for an exposition of embarkation which seems to be unfounded (Zijderveld,1982:174). He may also be guilty of what Porter describes as 'romantic primitivism' in suggesting that prior to mass confinement reason and madness enjoyed a full uncensored dialogue (Porter,1987a:13). Three salient points stand out from his analysis however for the genealogy of counselling.

Firstly, the more rational society became, and the more madness was conceived as antithetical to it, so concepts of normality were increasingly prized. Both diagnosis and treatment of 'abnormality' became the province of one discipline born of physicians and medics, i.e. psychiatry. Thus society began to conceptualise the notions of mental health and mental illness. Such conceptions are now embedded within society via educational establishments, and through the legal system.

Secondly, the shift to an internal locus of control within the idea of madness paved the way for an illness whose responsibility was entirely that of the suffering individual. As Porter suggests:-

> (The) tendency to segregate the disturbed had another key consequence: a habit amongst doctors of putting the patient under the microscope in splendid isolation, and of probing exclusively within him, his own nature and life-history, for the roots of his disorder (Porter,1987a:24).

The seeds of self-determination as a precursor to mental health are sown. Moreover, within this probing doctor-patient relationship, the rules of 'normal' interaction are suspended ; no conversation can occur which is not open to interpretation of a state of mind. The patient is metaphorically given their rights and all further utterances may be used in evidence against them.

The third most salient point is Foucault's insistence on the captive audience as the raw material of the development of techniques of the self. Such material enabled the genesis of psychiatry, and once the process had begun, the discipline of psychology was only too

ready to step into the breach. From the nineteenth century onwards, psychologists began to observe and assess the 'normal' mind where psychiatrists had focused on the 'abnormal'. Social Darwinism had paved the way for treating humankind as part of nature, and for advocating the study of populations as species, with a particular eye both to the significance of the environment, and the search for the individual factors which influence variation within the environment (Rose,1985:66-67).

Radical changes had taken place then in various social practices of the self over a period of three hundred years. By the beginning of the twentieth century, the world was no longer the source of both mystery and explanation. The power of the Church, and of rituals and practice of magic, had declined. Individuals had become more reflective and self-regulating, and the media for such reflection had changed to individual units such as marriage partners and journals. Simultaneously, a new category of the person had been established, that of the madperson. Confinement of the mad had generated the development of a science of the mind. Practices of self-reflection and the formation of psychology as a discipline were both central to the development of counselling.

Twentieth Century Developments

Over the course of the twentieth century, a number of developments have occurred which have led to the development of counselling as a social practice. As ideas and techniques of the self were changing and developing, so the way was paved for new systems of expertise to propagate the emerging ideology. Thoreson (1974) suggests that vocational psychology was one of the early influences on the development of counselling. This is perhaps best characterised by the work of Parsons (1909) who

outlined a vocational counselling paradigm whose dimensions were know the world, know yourself, and 'true reasoning'. The major task of the counselling psychologist here was to help with the second dimension through the use of interpersonal skills and psychometric testing. Techniques were devised to measure potential and assess ability, and then to make the outcomes comprehensible to the client. These developments paralleled the development of isometric testing with recruits and soldiers from the First World War.

Both World Wars gave unexpected opportunities for psychologists to observe and discover human responses to extraordinary situations and stresses, from a number of different perspectives. The First World War saw veterans returning with horror stories and shell shock. Treatments influenced by psychanalytic approaches seemed to work, which, Rose suggests, had two major consequences (ibid,20-21). Firstly, it refuted Freud's theories on the aetiology of hysteria, while secondly, it located madness as a matter of 'social hygiene'; if the environment creates great stress, then the individual will exhibit psychological disturbance. Both factors were to have implications for the development of counselling techniques.

The First World War also provided the experimental conditions for the Americans to speculate in methods of recruitment and selection, which they did admirably, devising sophisticated intelligence tests and skill competency assessments (ibid,20). The increased degree of sophistication made possible more and more documentation of aspects of the individual's character, making attitudes, motivation and performance of the individual increasingly visible.

In Britain, the psychological discoveries of the First World War were used to great effect in the preparations for theSecond World War. Psychologists had learnt much about possible stress reactions, and used the machinery of the press to initiate enormous propaganda campaigns aimed at boosting morale as well as recruiting patriotism. What is more, it initiated mass observation methods to be able to read and diagnose the mood and the feelings of the people (Rose:30-31). Psychology, officially named or otherwise, became an instrument of war, on a mass scale and aimed at civilians. Many civilians crucial to the war effort were women, and women's magazines became a major medium for propaganda and advice (Grieve, 1964). When women were needed in the factories, they were encouraged to work and to leave their children in nursery care. After the war years women were enticed back to the home with more psychological justification; they were needed to be full time mothers to ensure the psychological well being of their children. The emphasis on psychological well being and health paved the way for people to self-assess and to feel responsibilities and guilt when they failed to match up as a parent, or when they saw their children being diagnosed as psychologically inadequate (Friedan, 1961). It may be suggested that such people were 'clients in the making', that it was only through offering models of psychological normalcy that people began to regulate themselves according to these norms.

Moreover, progressive social developments in fields of education and health, along with the historical accidents of war, provided the fodder for psychology to begin observing and prescribing the normal, healthy, adjusted person (Rose,1985,1990). The field of education became significant in a number of respects. According to Rose (1985), it was here that psychology received its first 'official commission', in studying the feeble-minded

and in making the discovery that education could be the requisite therapeutic tool. From here, the notion of intelligence quotient was developed to measure the individual human potential, and from this the highly influential and pervasive IQ test was born. Human beings were now to be assessed and differentiated on a performance which was to quantify 'natural' ability in relation to environmental factors. A psychological intervention commissioned for a specific purpose developed into a technique which was then universally adopted within the English educational system. Not only did it serve as an assessment tool of individuals. It enabled documentations of whole populations of children which could then be analysed demographically and culturally. It became, in effect, a technology of surveillance.

Educational institutions themselves served much the same purpose as institutions of incarceration. The nursery school in particular became a forum for the developmental psychologists to study, observe, and assess norms for particular age ranges, under almost experimental conditions (Rose,1985:211). What the psychologists gleaned, they were then able to develop into methods which they could them employ in *shaping*[6] children to adhere to the norm from an early age (Rose,1990:181-3). One of the spin offs of this process was that childhood became increasingly seen as a definitive period of life sharply differentiated from adulthood in its norms and needs (Aries, 1986: Pollock, 1983), and it is worth noting at this stage that many schools of counselling are dependent on this being the case.

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[6] Note that 'shaping' is a term used to describe behavioural techniqes developed by Watson and Skinner. See the section of behaviourism for more on this subject.

So far, then, it is suggested that education and war provided the means for the development and implementation of various techniques of the self. A third area which became a site for analysis, experiment and intervention was that of health. Health became a target for the prevention of disease, the pursuit of norms-achievement, and the promotion of optimum health [7]. The school nurse, the health visitor, the Welfare Officer, all developed within the development of social pedagogy between the wars (Rose,1985:146-155). Within a context where the responsibility for health became a woman's domain and therefore a family matter, it was only a matter of time before the family itself became the target of social welfare and of therapeutic techniques. The family became seen as a psychological entity, and the dynamics of how the individuals within it related became open to scrutiny. The feelings and emotions of the individual within their family were seen as instrumental to the development of the child and to its subsequent behaviour (Rose,1985:176). The family became the microcosm within which cause and effect were seen as psychological in nature. It was one cog in the wheel of the transformation of society to a treatment culture, wherein aberrant behaviour became reclassified as abnormal and therefore 'rehabitable' (Foucault,1977). Family therapy, with its notions of the normal and the dysfunctional, became a recognised field of expertise which persists, located within a web of power relations (Goodrich,1991). The healthy family was construed as one within which individuals developed according to a psychological norm, and where the dynamics between family members are psychologically appropriate.

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[7] This tendency remains powerfully illustrated by the survival of Health Promotion Departments, and the recent publication of the Health of the Nation government policy documents.

Counselling within the Church

Such practices provided the context for the emergence of counselling as movement and as a profession[8]. One final issue deserves mention to contextualise counselling, and this is the relationship between counselling and the Church. It has been suggested in this work that religion and counselling are integrally related, both in how counselling might be said to fulfill a social role previously performed by religion, and in how the ideologies of counselling are now becoming incorporated within practices of the Christian Church[9]. The origins and development of the British Association for Counselling is bound up with significant voluntary organisations with close ties to the Church, notably the Anglican Westminster Pastoral Foundation, and the Catholic Marriage Advisory Council. Pastoral care[10] can be seen as part of the very foundation of the organisation. Moreover, two of the most significant 'founding fathers' of counselling models used in Britain, Gerard Egan and Carl Rogers, have strong links to Christianity and the Church.

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[8] For a comprehensive account of the growth and development of counselling in Britain, see Feltham (1995) and, on becoming a profession, Baron (1996).

[9] The Christian Church is focussed upon as the *traditional* religion of Britain, which is the social and cultural context of this thesis. It is recognised that there are strong arguments to link the philosophies and practices of Judaism with the development and practice of counselling (Friedman, 1993). It is also recognised that counselling is being increasingly experimented with within Muslim cultures. In 1993, The Kuwait government commissioned training to Masters degree level in counselling for ministerial staff, in order to cope with some of the psychological effects of the Iraqi invasion. Implications of the mix of the very different philosophical tenets of Islam with those which advocate self-determination are as yet unclear. Rashid (1992) suggests that Western and Islamic paradigms are irreconcilable, and that it is 'critical that Muslim human development theorists begin to articulate their conceptual frameworks ...in the language of the Qur'àn and Sunnah' (pp 12-13).

[10] Pastoral care and pastoral counselling are seen as discrete yet ovelapping practices. Clinebell (1984) differentiates thus: Pastoral care is the broad, inclusive ministry of mutual healing and growth within a congregation and its community, ehtough the life cycle. Pastoral counseling, one dimension of pastoral care,is the utilization of a variety of healing (therapeutic) methods to help people handle their problems and crises more growthfully and thus experience healing of their brokenness (1984:25).

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The Christian Church has long been seen as a source of spiritual help to the troubled individual, within the concepts of ministry and pastoral care (Bridger & Atkinson, 1994; Clinebell, 1984; Oden, 1983). Its ministers have represented a system of expertise embedded in doctrines which offer moral order and salvation. It seems though that the understandings of the meaning of care, ministry and salvation are being challenged or at least confused by the emergence of counselling as a specific concept.

The concept is very thoroughly defined within 'A Dictionary of Pastoral Care' to encapsulate the two possible meanings invoked in the earlier discussion of the differences between advice and counselling. In the first definition, the advisory meaning is of traditional importance in giving 'spiritual direction' (Campbell, 1987:54). Yet currently, this is juxtaposed with a much longer definition which seeks to capture the art of non-directive counselling. The essential difference is that:-

> The counsellor aims to listen carefully, and respond sensitively, so that the client is enabled to express emotional and other dimensions to the presenting problem and is encouraged to accept a potentiality for understanding self and for autonomy in making decisions ('the client knows best'). The expertise of counselling lies in facilitating such a process, rather than in providing direct answers or information (ibid:54-55).

It may be argued that there is a fundamental dichotomy between the two concepts of 'counselling in a Christian context', in which case the fundamental model of counselling becomes the distinguishing feature, and 'counselling by Christians', in which case the

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process of counselling is accepted as akin to other forms of counselling or psychotherapy but it is recognised that the person delivering such service will have distinguishing beliefs or characteristics, (Bridger & Atkinson,1994:24).

If the first understanding is accepted, then the conceptualization of counselling retains for the Church its advisory quality, whereby the 'client' is helped to return to the path of the Church, with the counsellor being seen as instrumental to this task and to the word of God (Bridger & Atkinson,1994:30; Oden,1983). Counselling in this sense retains the persuasive function common to the advisory role it once signified, where 'wise' counsel is offered within the confines of a knowledge system of a higher order.

If the second understanding is to be adopted, however, then it seems that counselling within the Christian Church shares a conceptualisation specific to modernity which is related to philanthropy and liberalism and to the development of self and psychological ease (Clinebell,1981:10-11). The counsellor who happens to be a Christian uses his/her belief system to justify the helping activity: this fits in with notions of pastoral care and counselling. The helping activity itself does not have a Christian foundation[11]; it becomes a system of technological expertise. Clinebell offers useful conceptualisations. He states:-

> Pastoral care and counselling involve the utilization by persons in ministry of one-to-one or small group relationships to enable healing empowerment and growth to take place within individuals and their relationships. Pastoral care is the broad, inclusive ministry of mutual healing and growth within a congregation

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[11] This is not to say that it cannot be rationalised within the doctrines of Christianity, specifically perhaps in accepting the principle of God's 'Free Will'.

and its community, through the life cycle. Pastoral counselling, one dimension of pastoral care, is the utilization of a variety of healing (therapeutic) methods to help people handle their problems and crises more growthfully and thus experience healing of their brokenness (1984:25).

Such a view allows for the distinction of tasks within a role, and an acceptance that individual and community needs may differ at specific points. In this paradigm, the pastor is both the representative of the Church *and* the skilled interventionist who when using his counselling expertise, draws eclectically from a range of methods. Clinebell suggests that counselling as a therapeutic activity is a specifically individualist venture.

This represents the crux of a quiet revolution in the Church precipitated by counselling. Personal salvation is elicited through helping the individual self-determine, rather than through asking for and finding divine intervention. Such salvation is defined in ways which are specific to the client's individual value system rather than a wider morality, rather like the transvaluation of values suggested by Gellner (1985:145-7). This is the sense in which the meaning of 'counsel' has genuinely changed; the process of facilitation described above differs from pre-modernity practices in conceptualising the self as both free from moral doctrine, save that of his/her choosing, and having the capacity to discover internal salvation and self-determination.

It may be noted at this stage that the coming of the counsellors then has major implications for the Christian Church. Firstly, the training for ministry itself has changed in orientation, introducing the doctrines of Freud and of humanism, where once there

were the doctrines of the Gospels and the Saints. While the clergyperson was seen as representative of God and to be educated in theology and history, there is an increasing emphasis on knowledge, competence and skills, particularly in the area of pastoral care. This is represented by the increasing numbers of clergy attending counselling courses, and by the presence of counselling skills as a part of 'in-house' training [12].

Secondly, the role of the minister might change considerably. Foucault has intimated that the therapeutic relationship is one of the modes of self-regulation which serves for confessional (1981:5). While this may be so, there are traditionally significant differences between the lay counsellor and the religious, or pastoral, counsellor, the latter being a mere agent of God, and purely instrumental to the task in hand. As Oden (1983) suggests:-

> ... the minister's care of souls (cura animarum) comes in the name of the whole
>
> Church, offering word, sacrament, counsel, corrective guidance, and empathy,
>
> not on the basis of his or her own personal insight, but on the basis of being
>
> called, prepared, ordained and authorized to representative ministry.

Within this view, then, the minister is only ever the divine representative, and his/her personal learning is of insignificance. He/she is the pastor, the shepherd of the flock, of superior status and wisdom. Once a psychological counselling model is adopted, however, the skills and qualities of the individual minister become much more pertinent:

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[12] It is perhaps significant that Gerard Egan, creator of one of the most influential models of counselling in the West, is an ordained Roman Catholic priest, educated in the classics and in philosophy. His framework is extensively taught within the Catholic Marriage Advisory Service, itself a testament to the increasing merger of the secular and non-secular worlds. Carl Rogers also began his career in training for the ministry.

they become the tools of salvation rather than the vehicle for the wisdom of God. They have specific tasks for which training in 'relationship' competence is necessary, and in sanctioning such training, it is possible that the notion of divine commission and vocation will be lost. Salvation is found from within, and vocation is no longer necessary, merely the skills of facilitation.

The current context of the profession of counselling

Counselling, then, has emerged from diverse sources, and is now claiming professional status. Thoreson suggests that if we applied the developmental stages of personhood to the profession of counselling (a characteristically reflexive move), then the seventies would have seen it in the stage of adolescence. He goes so far as to suggest that this 'adolescence' is characterised by 'the primary task of self-identity and the attendant identity crisis' (Thoreson, 1974: 172). In one respect, this analysis is ahead of its time. Perusal of current mainstream counselling journals indicate that the crisis is by no means past and any semblance of adulthood seems well premature. Although the professionalisation process has got as far as equipping counselling with a working definition and code of ethics and practice, the notion of working out an agreed means of measuring competence for the purposes of professional accreditation has not only thrown up arguments which differ in perspective on competence testing, but has thrown into sharp relief some polarised views. At one extreme is the school of thought that advocates counselling as a teachable and measurable activity (Russell & Dexter, 1993), juxtaposed with the view that counsellors cannot describe let alone evaluate what it is they do (Carney, 1992). It would seem that the teenage years are not to be without their share of arguments and rebellions.

Although it is unknown how many people practice as counsellors within the U.K.[13], available evidence suggests that it is a growth profession. The membership of the British Association of Counselling, the largest governing body, stands at fourteen thousand, which represents a ninety per cent increase over the last six years. The counselling division of the British Psychological Society, established in 1992, claims membership of one and a half thousand.

There is no known record of how many people seek counselling and whether or not this number is increasing. There can be no doubt, however, that the number of agencies offering counselling is growing, and that counselling is increasingly accepted as a valid intervention to social problems. Three clear examples are in the fields of HIV counselling, redundancy counselling, and counselling for 'post-traumatic stress disorder'.

In the first case, a physiological epidemic has provoked a number of initiatives, and counselling has been high on the agenda. A national survey and consultation on HIV counselling lists 154 agencies as offering some kind of HIV counselling (Bond,1991).[14] The second case is illustrated by the actions of large firms such as British Coal who now

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[13] A national register of counsellors was established in 1996, although as yet there is no legal imperative for practitioners to register. As counselling becomes increasingly professionalised this subject remains under review by the major national professional organisations.

[14] It is worth noting that one of the spin offs of HIV counselling is an educative venture which revolves around the notion of safer sex. Within this, there is a move towards re-education on sexuality, which advocates that sex does not have to be penetrative activity but rather an adventurous, fun , sensual and communicative activity, which may or may not involve penetration. In this respect, it could be argued that this counselling venture challenges the 'genital tyranny' coined by Giddens and makes move towards the re-eroticization of sexuality described as part of the process of the transformation of intimacy (cf. Giddens, 1992)

train or employ large numbers of counsellors to help those who it makes redundant [15].
It may be argued that counselling in this context is offered to help individuals cope with
an inevitable process. It may equally be argued that the provision of counselling in such
circumstances influences workers to accept their redundancy as an individual problem
to be coped with by internal mechanisms, rather than a social problem to be dealt with
collectively.

Finally, the emergence of post-traumatic stress disorder has meant that it is now standard
for helping agencies to respond with counselling help whenever there is an incident of
sudden distress or bereavement, as in the recent shootings at Dunblane, where a whole
group of children and their teachers were shot dead. This may be seen as a humane
response to personal distress, which demonstrates a social understanding of the trauma
experienced, and an expression of social outrage at the crime committed. It might also
be noted that the importation of 'experts' to deal with such experiences might also
contribute to the sequestration of life events described by Clark (1993) and Giddens
(1991). This may have implications for the experience or attainment of intimacy at times
of crisis - who do people share their grief with, how do they express it?

Counselling ideologies and theories are also demonstrated in 'folklore' understandings.
It is widely accepted and understood at some level, for example, that the bereaved need
to mourn psychologically rather than (or as well as) ritualistically. Many people have
some concept that there is a grief cycle (Worden,1993), and while in Britain this is

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[15] In 1992, British Coal bought six hundred copies of a prominent counselling training pack to prepare
for the pit closure programme introduced by Michael Heseltine.

becoming increasingly acknowledged in terms and conditions of some work contracts, in the States, private health insurance covers for a finite number of grief counselling sessions (Morgan-Jones,1993).

Further evidence of the increase in the prevalence of counselling in Britain is in numbers of counselling courses available, both in educational institutes and as 'in-house' training to particular services. Counselling bodies are currently in a process of professionalisation, with courses and individuals vying for accreditation from recognised organisations. Moreover, the teaching of counselling and counselling skills is being increasingly recognised as an academic discipline, with some universities now developing departments of counselling, and the first Chair of counselling being established at Goldsmith's College.

Such evidence suggests a legitimating process to the social practice of counselling. It is less clear however who uses counselling services, and how far the theory and practice of counselling creates the very problems which it seeks to solve. Does the individual who does not easily accomplish intimacy go to a counsellor specifically to do so, even though this might not have been a problem to them outside of the discourse of counselling psychology? In a profession which encourages its practitioners literally to have a taste of its own medicine, it would also be interesting to know how many clients are in fact those in the business, who 'need' counselling in order to better counsel others. As has been suggested, the practice is, at least in part, self-serving.

Problem management

Counselling is intricately concerned with both 'personal development' and problem solving. Before moving to look at the models of self which inform specific theoretical schools, the most commonly taught problem solving approach to counselling will be outlined. In order to understand how intimacy might be accomplished in the counselling context, it is important to recognise how counselling is presented as a deliberate and purposeful activity.

'Problem solving' is not a theory but a method, and has become adopted on a widespread basis on both an individual and organisational level. At an organisational level, the question is always 'how can this organisation work more effectively towards its ends', which are frequently profit and 'customer service'. Problem solving methods dependent on the 'high level communication skills' devised by the counselling world are common within human resource management, the expert system of the nineties. It may be argued that such approaches are not about self-actualization (unless the workers self-actualise in the interests of the organisation), nor are they advisory; it is seen as central that organisational members are involved in decision making and planning, and that there contributions are valued (Peters and Austin, 1985). Organisational human resource management is currently an expanding business, and may be seen as a human technology of profit in every sense.

One of the most prominent figures in human resource management is Gerard Egan (cf Egan,1995) who is also the author of an internationally recognised model of 'helping' which has run to five editions(1975, 1982, 1986, 1990, 1994). This is the model which

forms the basis of most counselling courses in Britain, in either 'pure' or 'adulterated' form. Egan, influenced by a variety of sources including behavioural psychology and systems theory, developed a problem solving framework within which to practice the skills of counselling.

Egan is situated between the humanistic revolution of the sixties and the individualist pragmatism of the seventies, and presents a colourful portrait. Professor of psychology at Illinois University, Egan is also an ordained priest, with much of his considerable financial profit going to the Catholic church. His academic background is in classics, philosophy and psychology, and his major interest currently is in helping organisations in 'managing change'.

Egan first developed his model in 1975, for use in the helping professions. Unlike the clinical psychotherapies, the model is one of simple and straightforward problem solving; the problem can be practical, emotional or both. The model is intended to be used as a sort of map, a guide to the helper, and to offer a clear and logical framework to the helping process. The use of the model entails three parallel processes; the following of the map, albeit with flexibility; the use of specific skills on the part of the helper, the skills being seen as the fuel that drives the process; and the acquisition of skills on the part of the client[16].

The whole process is seen as operating through three distinct stages, the first considering

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[16]Both Egan and Rogers (1951, 1961) see the process of counselling as educational for the client; the education is presumably in self-understanding and self-management. This suggests that self-knowledge is a teachable, identifiable activity.

the current issues or problem, the second envisaging a future scenario of what the client would like to change things to, and the third requiring the use of strategies to reach the desired end. Originally, the middle stage was presented as helping the client reach a 'deeper understanding' (1975, 1982), but later editions of the work emphasize the importance of goal setting. This change in perspective and in language echoes the moves within the political and professional climate to identify activities as definable, attainable and measurable, and may be seen as an increasing emphasis within the technologies of self.

The process roughly described above depends on skilled facilitation by the counsellor. This entails, as with the general view on counselling described earlier, two modes of operation by that counsellor. One is the giving of relational qualities, the other the assertive use of appropriate skills. Egan is seen as the advocate of the micro-skill within counselling, and he invites a whole range of techniques which are welcomed if they serve the end product.

Egan sees the helping relationship as integral to effective practice, but not as the major tool. Although there is little substantial change between editions in the skills he identifies as being of paramount importance, there is a discernible difference between Egan's portraits of helpers over the years, In the second edition, a revision made in 1982, Egan offers a portrait of the ideal helper. They should be:-

> committed to their own growth - physical, intellectual, social-emotional, and spiritual - for they realise that helping often involves modeling the behavior they hope others will achieve (Egan,1982:26).

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Such a model requires' respect for their own bodies, through exercise and diet', 'adequate basic intelligence', 'common sense and social intelligence', know how to work hard and smartly, see themselves as 'integrators', have an 'extensive repertoire of social-emotional skills', and be at home with strong human emotions, either their own or others, explore their own problems, live 'effectively', and have a respect for the privilege of helping (ibid,pp26-27). The fourth edition (1990) is slightly less evangelical; while some of the same principles are implicit, Egan offers a curriculum for developing helpers rather than a portrait of the ideal. This reflects the aetiology of his own model, suggesting that such a curriculum should equip the 'fully developed helper' with knowledge in; a model of helping, applied developmental psychology, applied behavioral psychology, applied cognitive psychology, applied personality theory, abnormal psychology, principles of health, a people-in-systems framework, an understanding of the helping professions, and self knowledge (Egan, 1990, p.26). This seems much more formalised than the previous description, and couched in more pragmatic terms. In terms of MacIntyre's concept of Therapist as Character (1981), it can be seen that qualities have become less important and knowledge and skills have received more emphasis.

Despite the emphasis on the clinical and skills approach to helping, there is a covertly spiritual side to Egan's work which may be found in all the editions of The Skilled Helper. In the last edition, it is overtly stated in the epilogue. Egan has drawn attention to the concept of wisdom in the preface to the work, and in this last section picks it up in relation to the Ancient Greek call to "Know Thyself". Egan cites Jesus as an exemplar of someone who knew both himself and others, and as a paragon for those who wish to move beyond the technological aspects of helping (1990:409). In the preface to the 1990

edition, he comments that:-

> The older I get, the more I realize that the technology of helping needs to be
>
> rinsed through with the wisdom of helping. This is a lifelong task (1990:vi).

Perhaps it is this latter quality which makes counselling so difficult to define in concrete

terms.

Egan also makes occasional reference to ethical qualities. For example, wisdom, states

Egan, leads to the 'kind of authenticity celebrated by Carl Rogers'. Two things are

noteworthy here, one the 'core conditions' espoused by Rogers and embraced within

Egan's model, and the other, Rogers' philosophical basis, highly influenced by the work

of Kierkegaard, which we may compare with Egan's point in his epilogue. Rogers, using

as his tools the concepts outlined early on in this paper, i.e. unconditional positive

regard, non-judgemental attitude, acceptance, respect and empathic understanding,

maintained that people who are offered these conditions develop their potential,

ultimately to be able to 'drop masks' in order to 'be that self which one truly is' (1961).

Now this self, uncorrupted or undamaged , is a 'good' self - in other words, Rogers sees

humankind as inherently good, becoming destructive only as a response to adverse

conditions in others. The micro and macro philosophies meet.

These two strands suggest a kind of faith of the counsellors, a faith that humans are

inherently good and that they may potentiate themselves into utilising more self

resources (cf Maslow's concept of self-actualization), and that this process will take

place if they are listened to in a reflective, non-judgmental way by a 'skilled helper'. In

sum, we have a problem-solving model formulated from the teachings of individualist

psychologies underpinned by a faith in human nature and in the process of skilled helping.

There is one more facet of Egan's model which is worthy of mention. He constantly refers to values, yet in a way which denies a framework of moral values while insisting that the helper attests to the central value of respecting other people's values. This all adds up to a state of affairs which looks very much like MacIntyre's emotivism. Yet it might also be seen as echoing, or rather preceding, Taylor's point that the insistence on individualistic ethics itself constitutes a statement of morality.

Egan's framework suggests a mixed expectation in terms of movement towards intimacy. In one way, this is a very pragmatic model. It is ultimately outcome driven, although those outcomes need to be very carefully considered in relation to the values of the client, and of those important to them. There is, therefore, some exhortation to consider the place of relationships within the individual's world. There is also a powerful belief in Egan's work that the client needs to develop insight into their problem (which is always personally owned, unlike a situation which may be external) before effective change can take place, so self-knowledge is implicit. The relationship with the helper is integral, and the helper needs to be extremely well acquainted with themself.[17]

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[17]Chapter Five documents the view of a group of counsellors on what intimacy is. One of the points most clearly stated is that one cannot know another until truly knowing oneself.

The counselling psychology notion of self

The very notion of self-knowledge, and being able to relate to others, implies some concept of 'self', and there are several versions of a counselling psychology notion of self. However, they are rarely made explicit, and rest largely on taken for granted assumptions, which will be explicated within the next section of this chapter. Moreover, they are perhaps not made explicit because the world of counselling psychology is currently in a state of disarray, fraught with competing paradigms which are apparently irreconcilable.

Counselling psychology, as stated in the introduction to this work, is used to refer to any psychological theories which have and do influence the practice of counselling. It is the language of common wisdom rather than academic research. More attention within the professional arena has been given to the term 'counselling psychologist'. McLeod (1993:2) suggests that a counselling psychologist is:-

> ...a counsellor who has initial training in psychology, and who uses psychological methods and models in his or her approach. This label explicitly imports the language of science into counselling, by associating it with a specific scientific discipline.

This, however, is a narrow definition specific to the debate between organisations as to what a counselling psychologist should be, and has more to do with professional claim than wider discourse. For while it might not be accepted that all counsellors are psychologists in the professionally acclaimed sense, it is beyond doubt, given the

historical development of counselling and its subject matter, that counselling as a social practice is informed by the discourse of psychology. This in its broadest sense embraces assumed knowledge of the internal mappings and functions of the mind of the individual.

Within the various academic and professional branches of psychology, however, there is, an argument, as Williams and Irving (1995) point out, that counselling and psychology create some paradigmatic conflict. Many psychologists continue to frame their work within the tradition of logical empiricism. Counselling, on the other hand, appeals to a phenomenological perspective. There is a dramatic shift from the external observer necessary to the first, to the internal referencing processes necessary to the second.

This argument points up the dilemmas for practice. Academic psychology, it is argued, has no concept of personhood; it merely describes the activities and response of people (ibid:3) Counselling is a process relying heavily on the concept of the person. The first offers an externally referenced knowledge base, while the second refers to an internally referenced process. The two, it is suggested, are incompatible, and '(u)ltimately it is how the client perceives issues that is the counsellor's business, not how the counsellor sees the problem' (ibid:6). Thus a conceptual impasse is reached, and logically, it seems that there can be no such thing as counselling psychology.

The argument itself, however, seems to be produced within a narrow framework. It

makes no acknowledgement that the internal processes of the person (or the client who is to be understood) may be linked to, or even dependent on, external referents, and vice versa (e.g. Burkitt, 1991). The internal state may be conceived or produced by external paradigms, or only exist in relation to them in a dialogical fashion (Taylor, 1991) Additionally, there is no acknowledgement that many of the interventions used in counselling rely heavily on techniques of self which originate within the logical-positivist tradition (Rose, 1985, 1990). Counselling is regarded as an activity of which understanding the client's internal processes is only one part. Further, Irving and Williams do not address the further links of psychology to counselling, in that training programmes in counselling rely in great part on the findings of traditional psychology for their method, especially in relation to learning theory and to processes of modelling, shaping and reinforcement procedures (Connor,1995).

Perhaps more importantly, however, the Williams/Irving argument is only acceptable because it relies heavily on the use of linear logic, within a logical-empiricist tradition. If one were to pursue a realist position however (Guba & Lincoln,1994; Greenwood,1994), it is possible to concede that the paradigms of both counselling and psychology offer informative possibilities and factors to a common purpose. They do not have to be construed as representing fixed positions in logical conflict. This allows for a position which accepts that there may be ontological properties of people and actions which exist independently of their subjective experience, or of any external referent process. However, no truths need be claimed about such ontology. It may be informed by phenomenological and positivist analysis. Each may have use as a heuristic device to create further understandings of the other. Then we can allow of the possibility of

counselling psychology as a viable concept which is constituted as discourse informed by both positivist and phenomenological traditions.

The suggestion here is that the term counselling psychology, then, refers to all those practises concerned with the forming, measurement, assessment or change of the individual self with reference to aptitude, disposition, personality and other 'mental mechanisms' which are endemic to post modern society. Such discourse results in a notion, or notions of self, which become accepted as real rather than conceptual, and which inform the practice of counselling.

The following section of this chapter will make explicit some of the notions of self common to mainstream counselling practice, which are derived from various theoretical schools, namely, psychoanalysis, humanism, behaviourism and personal construct theory. These represent the four central postulates which have informed counselling practice, and along with Egan's framework, underpin the counselling approaches which are practised by the group of counsellors who participated in the practical research to this thesis.

Psychoanalysis

Psychoanalysis was the first coherent therapeutic system to develop from the new psychology which had emerged in the late Victorian era. It was preceded by mesmerism, which had begun to insinuate the presence of an unconscious, suggestible mind (Chertok & de Saussure, 1979). This notion was to be extended by Freud. In his clinical practice, and strongly influenced by the work of Joseph Breuer, Freud became fascinated by the

investigation of the inner workings of the human psyche. The two major contributions which he made to an understanding of self, and those which he perceived as exciting the most opposition and resentment[18], were the proposition that mental processes are unconscious, and his insistence on the centrality of the role of the sexual impulses in both personal and social developments (Freud, 1961:16-17).

Freud's theory of the unconscious had developed from his studies of hysteria, which was conceived as a neurotic rather than a bodily disorder. Freud and Breuer (1895) argued that neurosis was always caused by the failure to discharge the emotion, or 'affect', attached to traumatic events[19]. Without discharge, distressing memories were repressed, and the 'hysteric' functioned at two levels. The conscious mind was 'underpinned' by a mental region of which the conscious self had no knowledge. This sub-conscious realm, infused with repressed emotion, replaced the conscious experience of the person as the source of motivation for behaviour (Basch, 1988).

By 1915, Freud had extended his theory of the unconscious to a universal phenomenon.

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[18] For Freud's part, he perceived somewhat majestically (and indeed ultimately incorrectly) that the emphasis on the unconscious has 'called forth all the malevolence in humanity in opposition to psychoanalysis' (1961:240-1).Gellner's witty analysis of the success of the psychoanalytic movement suggests that such outraged opposition provided part of the means for the success of the project (Gellner, 1985).

[19]This basic philosophy is still invoked by approaches to dealing with 'post-traumatic stress disorder', which may be seen as a modernist version of neurosis. The range of trauma is great; it might be sexual abuse, physical assault, experience of war, *witnessing* violence, or any form of significant loss.

Freud's theories of sexual development hinged around this concept. His study of neurosis led him to conclude that all people had a universal disposition to sexual perversion which, with 'normal development', led to the formation of 'normal' sexuality (Freud, 1977). It was necessary for boys to mature through the dissolution of the Oedipal complex, and girls to resolve their castration complex. Failure to do so would (unconsciously) inhibit 'normal' development. Freud posited that the (conscious) ego, and the (unconscious) id were frequently in conflict. He also introduced a third component to the mind, the superego, or conscience. The importance of the id located man firmly in the realms of nature, while the notion of superego distracted the idea of morality as an external system to an issue of personal discretion. Freud saw human beings as eternally trying to resolve the conflicting demands of these three aspects of self. Levin proposes these as 'forbidden agency, a censor, and an agency pressing for discharge and satisfaction of instinctual energies' (1992:95). The very language presupposes agency for all three areas of mind, hence the capacity for acting towards internal strife.

Not only were Freud's theories revolutionary, but so too was his method. In crystallising the unconscious, Freud had underlined the notion that everything is not as it seems. So while he was concerned on the one hand with grand theory, his method concentrated on the minute:-

> It is true that psychoanalysis cannot boast that it has never occupied itself with trifles. On the contrary, the material of its observations is usually those commonplace occurrences which have been cast aside as too insignificant by other sciences, the refuse, so to speak, of the phenomenal world...Is it not

possible, under certain conditions and at certain terms, for very important things

to betray themselves in very slight indications...perhaps from (small signs) it may

be possible to come upon the tracks of greater things (1961:20-21).

Because Freud hypothesised that such 'immanence of the personality' (Sennett,1980)

belonged to the unconscious, he expanded the technique of free association to try to

discover the realms of the unconscious through the slips of the conscious.

Freud also hypothesised that the unconscious informed how people relate to each other,

and introduced concepts of transference and countertransference to the consulting

room. That the therapist fulfilled a symbolic role, and that feelings from patient to

therapist were situationally influenced, had already been identified in the practice of

mesmerism (Chertok & de Saussure,1979:145). Freud merged this insight with his

understanding of the unconscious to develop the concepts of transference and

countertransference. In postulating that the therapist was unconsciously identified with

previous significant caretakers in the patient's life, Freud suggested that the patient

would 'act out' old feelings towards those significant others through the therapist. This

was seen as cathartic, in inducing emotional discharge and validating the role of

emotional experiences during treatment as they occur 'in the transference'

(Alexander:272). While Freud's theories of sexuality have been developed through

challenge, or even discredited[20], the theory of the unconscious lives on and the notions

of transference and countertransference pervade counselling practice to a greater or

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[20] Freud's theories of sexuality became heavily criticised for the conception of female sexuality as a negative state (Horney, in Westkott, 1986), their conceptualisation of homosexuality as an arrested state of devlopment (e.g. Weeks, 1986) and for the denial of the reality of sexual abuse (Masson: 1989).

lesser extent. This makes for a specific paradox within the intimacy of the therapeutic

relationship, where on the one hand intimate feelings toward intimate others will be

viewed as integral to the therapy, while on the other hand the therapist is discouraged

from engaging totally in the emergent dynamics.

The introduction of the concept of the unconscious has had one of the major impacts

on thinking in the West in the twentieth century. Despite the logical problems associated

with proving/disproving the existence of the unconscious (Gellner,1985}, or the methods

of analysing its mechanisms (Levin,1992:110)[21], the very idea of the unconscious has

infiltrated social custom and practice, with notions of projection, transference, and

unconscious motivation as highly prevalent. Not only has the unconscious become

accepted, but it is grasped almost as a compartment of the self, with complex

mechanisms which 'it' is capable of . As Freud had stated:-

> "Unconscious" is no longer a term for what is temporarily latent: the unconscious
>
> is a special realm, with its own desires and modes of expression and peculiar
>
> mental mechanisms not elsewhere operative (1961:178-9).

This view has been accepted into both academic and professional disciplines, and into

popular folklore.

The notion of split selves

Freud's various theories of self , whether focusing on instinctual drives, such as

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[21]Gellner suggests that as the unconscious is an unknown realm, then it cannot be conceived of as having determinate content, and neither can its systems be known to us. Both Gellner and Levin suggest that it is antithetical to try to discover meanings of this unknown realm by methods which are constrained by lack of knowledge, and by interpretation through methods which are restricted to the conscious (Gellner:149).

sexuality or death, or on the development of the ego, they unify around two central assumptions. One is that the self and the mind are used interchangeably. While this may at first seem problematic, in the sense of being almost a total reversal of Cartesian dualism, Freud's idea of mind or psyche is implicity embodied through his understanding of the psychosomatic (Levin,1992:95-6). Freud consistently located mental and physiological symptoms as being intrinsically related, as can be seen from his studies of hysteria, neurasthenia, and indeed his sense of the emotions as having physiological embodiment as evidenced by increased heart rate, change of colour of skin, etc. Freud saw self as revolving around, perhaps embodied in, the mental mechanisms, with physical behaviour and symptoms always being linked to these in some way.

The second assumption is that the self is multi-dimensional. Freud had not only identified the self as having different parts to it which conflicted with each other, he went so far as to suggest that opposing poles of the mind might actually produce each other:-

> Perhaps there is room in the mind for opposite tendencies, for contradictions, existing side by side; indeed, possibly the very predominance of the one tendency conditions the unconscious nature of the opposite (ibid:121).

Such notions have remained central to understandings of self which inform particular kinds of therapeutic approaches. Specifically, they have enabled the development of theories of split personality, divided selves, multiple personality, and , more recently in vogue, subpersonalities.

The theory of subpersonalities adds an interesting new dimension to popular conceptions of self. The notion of a multi-faceted self with propensity to split had been

imbued with new possibilities with the acceptance of the conscious and the unconscious as meaningful categories. The notion of such a self, however, had long been identified by William James, the psychologist and philosopher. James had suggested an empirical self to signify 'me', to include all the realms of identity, including that which one possessed or loved, which has three 'sub-strata', or components, namely the material self, the social self and the spiritual self. While these all have their properties, they are 'contained' within the 'self of all selves', which I take to mean that part of consciousness which makes sense of and coheres all other aspects[22] (Levin,1992:74), and which signifies the 'I'. James suggests that there might be conflict between these aspects of the self, with many potential selves being inherent in the individual, only one of which can be actualized (ibid:80). It is clear that there is also room for fragmentation between the I and the Me, paving the way for the possibility that a person's concept of self may be conflicting with, or dissociated from, the actual experience of self, giving rise to a 'divided self'.

The psychiatrist R.D. Laing is perhaps best known for popularising the term divided self (Laing,1969), and his perspective embraced both the existential and the psychoanalytic (Levin,1992). Other theorists have discussed the phenomenon of multiple personality very much from the perspective that it is a 'personality disorder' (Glover,1988:21-32). There is some discussion as to whether multiple or split personality involves split consciousness, or a recourse to the unconscious. What is common, however, is that there is consistent 'host' personality which is the unifying factor, or perhaps the one

[22]James is very keen to explicate the consciousness as a process, nothing more or less than the stream of thought available to us at any one time. In this sense, he pre-empts the tendency to then see concepts of consciousness and unconsciousness as 'compartments' with identifiable properties.

amenable to the investigating therapist, which either has no recollection of the other personalities, or bears no responsibility for their actions.[23] The key facet is that 'I' am taken over as if by someone else. While there may be much debate possible over the details of multiple personality, the central point here is that it is identified as an abnormality in some sense.

The vogue for sub-personalities, however, heralds a revolution in conceptual thinking of the 'normal' self. The work on sub-personalities is based on the work of Roberto Assagioli who developed a system of psychosynthesis, influenced by the work of Carl Jung. Psychosynthesis is, as its name suggests, an approach towards therapy whose aim is to help the individual synthesise all aspects of oneself, ultimately to discover, amongst other things, one's will and one's 'Self and its purpose' (Ferrucci,1982:27). While Assagioli and his immediate disciples discuss tendencies, traits and polarities, which are conceptualised as sub-personalities, the synthesis required is seen to be within oneself. The conceptualisation has more recently been fundamentally altered within popular counselling psychology..

John Rowan, a respected counsellor and counsellor trainer, published probably the most popularised book on the subject in 1993. Entitled 'Discover Your Subpersonalities', the book espouses a theory which apportions subpersonalities the characteristics of whole identities. The book is sub-titled 'our inner world and the People in it'. The opening paragraphs pose the following questions:-

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[23]The inevitable confusion and inability to produce verifiable truths about the mind leads to much debate about whether multiple personality exists or whether it is a device (unconscious or conscious) for the abnegation of responsibility.

Are we just one person, just one self? Or do we have several little people inside us, all wanting different things? Why should we take it for granted that we have just one personality? Would it not make more sense to say that we are many? Maybe we have more than one centre within ourselves......If we can come to realize that each of us is normally a group, maybe that would be quite a relief? (Rowan,1993:1).

Rowan picks up on the notion of multiple facets and conflict, as evidenced by internal dialogue, for example, as indicative of some acknowledgement of different internal identities. In some ways, this may be seen as akin to theories of role and identity. There are, however, differences. While previous works in these areas have identified the adaptation of self to specific situations (Goffman, 1959, 1961), or the notion of bringing out appropriate identities to 'match' the identities of specific others in order to build rapport (Speier,1971:223), Rowan's theories are not just interactionally based, i.e. concerned with how we behave in relation to others. Rather, he is more concerned with the make up of the self *per se*.

Rowan also steps beyond the work of the psychosynthesis schools of thought. While psychosynthesis strives for unity, the cohesion and the integration of the Self, Rowan contends that 'we do not always have to strive for unity' (1993: 132). His suggestion is that each self has many identities, each with a set of 'self-schema' at both conscious and unconscious level. In a sense, however, the theory is fundamentally flawed. If all the sub-personalities carry with them all the facets of identity, rather than being facets of identity, and they are all as legitimate as one another, then who is the 'me' who they are all inside?

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It seems that he has taken a concept and attributed to it various properties and mechanisms which are both illogical and untestable.

Moreover, as Hacking suggests in relation to multiple personalities, Rowan's model offers little in relation to our understanding of the self. Rather it suggests the different ways in which people are prepared to talk about themselves, and to interact with each other. In the case of multiple personalities, Hacking has suggested that the concept teaches us 'more about the role of our conception of the mind in our social arrangements, than about the mind itself' (1995:160). He suggests that:-

> ...all we should conclude is that from time to time in European and American
>
> milieux there are some very troubled people interacting with their cultural and
>
> medical surroundings. They cast, perhaps, a distorting image of what their
>
> communities think it is to be a person. We can learn something ...about how
>
> a group at a certain time represents the self (ibid:178).

Likewise, the trend within counselling literature and teaching on subpersonalities; they suggest a way of how those involved with counselling *represent* the self rather than adding to the understanding of self. Those involved with sub-personality movements are more likely to be interested in self-development than to be presenting as 'extremely troubled', although there may be some inevitable overlap of the two categories.

The self as a process of identity formation

While the notion of the multi-faceted self has underpinned the development of theories

of multiple or sub-personalities, the notion of the self as an entity which must develop

through particular stages has also gained great credibility. Ever since the inception of

psycho-therapies, some notion of self-elicitation has been crucial to its process. As

Frosh puts it:-

> (T)he analyst can only reason myself into being; she or he can never
>
> observe it directly; I, on the other hand, am too close to see it at all
>
> (1991:6).

Within this, there is some notion of what that self should optimally be, what forms it may

take, and what process it must encounter in life to be fully developed. Frosh suggests

that the psychoanalyst 'regards the self as a constructed phenomenon' (ibid: 4), but he

does not mean constructed in a constructivist sense. On the contrary, he is suggesting

a developmental framework which needs to be adhered to if the self is going to emerge.

Indeed, the full development of that self is contingent on the provision of certain

circumstances in life, and on supportive conditions for its stability. This is a

developmental, and not a constructivist, perspective.

The work of Erik Erikson provides perhaps the most detailed and classic account of a

developmental self within counselling psychology, and has had an enormous influence.

While Freud had offered theory on how the person developed into adulthood, Erikson

is credited with being the first psychoanalyst to provide an account of how the person

develops throughout life, which he suggests has eight distinct stages (Erikson, 1963).

His theory was developed while working with veterans of the Second World War, a group of clients who were distinguished by their loss of 'personal sameness and historical continuity', designed as a loss of 'ego identity' (1968:16-17). The term 'identity crisis' was first used in this context (loc cit). Erikson and his colleagues then began to notice similar symptoms in 'severely conflicted young people', and conceptualising this as an experience of 'war within themselves', attributed such young people as being in a state of 'identity confusion'. The term and conceptual schema associated with this was then extrapolated to the 'norms' of development:-

> *And as has always been the case in the history of the psychoanalytic*
>
> *psychiatry,* what was first recognised as the common dynamic pattern
>
> of a group of severe disturbances....revealed itself later to be a pathological
>
> aggravation, an undue prolongation of, or a regression to, a normative
>
> crisis "belonging" to a particular stage of individual development. Thus,
>
> we have learned to ascribe a normative "identity crisis" to the age of
>
> adolescence and young adulthood (1968:17:my emphasis).

Erikson saw the formation of identity as a continuous reflexive process, incorporating what he called a 'psycho-social relativity', i.e. a degree of dependence on the social milieu (1968:23). Erikson was deeply concerned with the social, and was critical of psychoanalysis for not recognising the environment as a pervasive force (ibid:24). Erikson was also highly conscious of the social and historical context of the production of conceptual systems, and presented his work as 'a bit of conceptual living both limited and enhanced by what historical relevance and consequence it may possess for a time' (ibid:43). This reflected his attention to process in relation to both individual and social

development. In presenting his theory, then, he did so with the anticipation that divisions within his stages of identity formation would 'distribute generational functions' somewhat differently (ibid:38).

Erikson's system hinges on the principle of epigenesis, where anything which grows is conceived of as having an internal, pre-programmed, stepped developmental pattern. At each stage of development, there is a critical time where a new strength may be added, and at this stage there is also a susceptibility to distortion. The desired outcome is preordained in a definite direction.

The epigenetic framework thus characterises the transitions of life cycles as 'crises', although Erikson does not intend this in the negative sense of the word, simply in the clinical sense:-

> psychosocial development proceeds by critical steps - 'critical' being a characteristic of turning points, of moments of decision between progress and regression, integration and retardation (1963:270-271).

Such moments, according to Erikson, have the potential for growth in the human potential sense of the concept as well as the physiological meaning. The 'vital' person is one who 're-emerg(es) from each crisis with an increased sense of inner unity.....and good judgement' (1968:92). Such a person is seen as having the capacity to be successful within the values and standards of themselves and those who are important to them.

Erikson identified the eight stages of critical growth as womb and pre-birth, infancy, early childhood, play age, school age, adolescence, young adulthood, adult hood and 'mature and old age'. Each stage brings its own conflicts which result in the person achieving certain developmental status, characterised in terms of polar opposites such as trust versus mis-trust (infancy), autonomy versus shame and doubt (early childhood), initiative versus guilt (play age), industry versus inferiority (school age), identity versus identity confusion (adolescence), intimacy versus isolation (young adulthood), generativity versus stagnation (adulthood), and integrity versus despair (mature and old age) (1968:94). The individual needs to successfully negotiate each stage in order to be fully potentiated and 'vital'.

Erikson conceptualised adolescence and young adulthood as the time of identity confusion, the first experience of 'identity crisis'. It is at this stage, he suggested, that adolescents may face a number of tasks. One is to integrate sexual maturity into their identity, another is to 'come to grips again with the crises of earlier years', and another is to make choices about career and occupation. All this entails a task of integration of self, and Erikson suggests that adolescents need a 'moratorium' for this process to take place preferably through the media of occupation and ideology (1968:132-5). He suggests that '...in general it is the inability to settle on an occupational identity which most disturbs young people' (1968:132). Adolescents then test out friendships, loyalties and values in an attempt to find group, as well as personal identity. This quest renders them vulnerable to totalitarian doctrines, and so it is the task of democracy to:-

> ...present its adolescents with ideals which can be shared by young people of
> many backgrounds, and which emphasize autonomy in the form of independence

and initiative in the form of constructive work (ibid:133).

It is only when the adolescent has successfully negotiated their passage into young adulthood that they become capable of the full experience of intimacy, and the development of integrity and creativity.

Despite Erikson's considerable occupation with the psycho-social interface of development, his account of identity formation is ultimately located as an individual task, with notions of success or failure attached. Slugoski & Ginsburg (1989) suggest that the failure to achieve an identity in Erikson's terms may imply both psychological and moral deficits within the person (38-39). They also suggest that Erikson's concern with occupation and ideology, as crucial media for the integration of identity, is deficient in its assumptions that society is benign, and narrow in its focus on middle-class males as generating normative standards and processes. While such criticism may affect the criteria for 'crisis' and 'commitment', however, reconstruing of such criteria renders the epigenetic principle of Erikson's theory as plausible (ibid:39).

Such conceptualisation has gained tremendous warranty in modernity, and has integrated with the popular acceptance of such concepts such as crises of adolescence, mid life crises, both of which may be gender differentiated (Egan & Cowan,1980; Sheehey, 1976; Colarusso & Nemiroof,1981). Therapies, workshops and books abound on how to deal with such staged aspects of development and identity. The emphasis is very much on transition, a concept related to loss and progression. All carry an implicit norm of the healthy developed self in terms of both autonomy and intimacy with others

within the social world.

The essentialist self

While, within the discourse of psychology, psychoanalytic theory led the way to the

possibilities of divided selves, either between or across consciousness, and to a stage

theory of human development, humanistic theory focused much more on the model of

self as being essentialist in nature. Carl Rogers (1902 -1987) is generally accepted as

one of the forefathers of humanistic counselling psychology. Rogers can be located as

a product of both disillusioned Protestantism, existentialism and, to a lesser and less

acknowledged extent, late positivism [24]. Born of a Protestant family, he rejected their

doctrine in early adulthood on the basis of their intolerance of others (Rogers,1980). His

career developed from an incomplete training for the ordained ministry to teaching and

then to clinical psychology.

Rogers posited a clear notion of the question which is fundamental to clients in

therapy:-

> It seems to me that at bottom each person is asking, "Who am I really? How can
>
> I get in touch with this real self, underlying all my surface behaviour? How can
>
> I become myself? (1961: 108).

The process of becoming, in answer to this question, comprises several elements. One

is 'to drop the false fronts, or the masks, or the roles, with which he has faced life'.

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[24] This is posited cautiously. Rogers was one of the most prominent practitioners who became active in researching and evaluating the effectiveness of counselling, and he originally attempted rigorous quantitative methodology to this venture. His claims were rather inconsistent and contradictory, and varied between claiming change as both measurable and unverifiable (cf Rogers, 1951).

Another is 'to indulge the experience of feeling, the freedom to experience all the emotions which organismically arise in him...then he has experienced himself, in all the richness that exists within himself'. Finally, demasked and allowing experience to structure itself, to live this process is to 'discover the unity and harmony which exists in her own actual feelings and reactions ' (Rogers, 1961:108-114).

Rogers' view of self, then, is that when entrusted to pure phenomenological experience, the person may discover a self that s/he 'truly is', and that this will, given the right conditions, be a harmonious self. Rogers also hypothesised that that which is the kernel of the human organism is intrinsically 'good', socially motivated and personally constructive. Rogers puts it:-

> When (man) is most fully man, when he is his complete organism, when
>
> awareness of experience, that peculiarly human attribute, is most fully
>
> operating, then he is to be trusted, then his behaviour is constructive. It will
>
> not always be conforming. It will be individualized. But it will also be
>
> socialized (in Kirshenbaum & Henderson,1990:27).

At this stage, the individual is what Rogers is to call fully functioning, the 'true' self. This is quite different from the notions espoused in psychoanalysis.

Rogers' proposes self as a concept synonymous with the awareness of being, or of functioning (Rogers,1951:498). It is not therefore in a state of homeostasis, but ever developing and changing according to the experiences of the individual. Within this, Rogers embraces what he calls the growth hypotheses, that 'in most if not all individuals there exist growth forces, tendencies toward self-actualization, which may act as the sole

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motivation for therapy' (Rogers,1946 in Rogers,1951:26).

The right conditions are central to this process. Rogers posits that the infant who does not experience unconditional positive regard, or love, may develop a 'false' self-concept - this[25] is the beginning of the masking process. One of his most famous and influential claims is that the value of therapy is for the therapist to offer the 'necessary and sufficient conditions'[26] (Rogers, 1957) for the client to change, these being unconditional love, respect, warmth and genuineness. Rogers' view may be seen as akin to that which Heelas (1992:141) calls 'sacralized expressivism', wherein the self is seen as so inherently perfect, that any problems are attributed to external contamination. Thus, within therapy, as the authentic self is 'allowed out', there is a natural movement towards positive change.

The person having become, then, finds within themself four essential qualities, as follows. The first is an openness to awareness 'to what exists at his moment in oneself and in the situation' (1961: 116). The second is a trust in one's own organism as '.a suitable instrument for discovering the most satisfying behaviour in each immediate situation'(ibid, 118). The third is an understanding that 'the locus of evaluation lies within himself', this being in response to 'the only question which matters', i.e:-

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[25]There is significant debate on this point which will be discussed further in Chapter five.

[26]These conditions, originally coined by Truax and Carkhuff (1967) are almost universally accepted within the counselling world as the 'core conditions' necessary for an effective therapeutic relationship, and depend heavily on the self- awareness of the counsellor, and their ability to establish some form of interpersonal relationship with the client. The analysis of the counsellor/client relationship became a site for research analysis; much of the research around this was instrumental in counselling attaining roots and status as an applied science.

'Am I living in a way which is deeply satisfying to me, and which truly expresses me?' This I think is perhaps the most important question for the creative individual (ibid, 119).

Finally, Rogers posits that the emergent subject of the process of becoming a person realises that he himself is the process of becoming (Rogers, 1961:122).

Philosophically, Rogers' mentor is Soren Kierkegaard, the ultimate maxim being 'To be that self which one truly is'. This involves the dissolution of facades and a movement away from the categorical imperatives of societal groups and towards 'self-direction'. The emphasis is both individualistic and humanistic in all of Rogers' work, and the two are made compatible because of his belief that humans are essentially good - destruction is merely defensive. Four key points may be noted here which relate to the position of Rogers' work within the changing notions of self within modernity.

Firstly, there is the notion of the protean self, the belief in which, as outlined by Sennett (1977), is a part of a historically specific cultural process. This notion must be centrally accepted for Rogers' therapy to be accepted. In one sense, he proposes man as some kind of essentialist being, in terms of the qualities he possesses; peel the layers of the onion, and we find the real, well-meaning , existential person. Yet man is always in process, so that this essentialism is in fact of values, not of being. How one is, the person-ality, is a never ending process, according to Rogers, and entails the possibility of personality change. Indeed, some degree of profound change to the self is to be expected and desired during and after therapy, changes both in 'organization' and 'structure' of personality, as well as behaviour (Rogers, 1951: 194-6). Such changes

occur in the direction of 'further growth', and take the client nearer to being a 'fully functioning person'[27].

Secondly, and mutually generative with the protean self, we see that the experiential and existential self idealized by Rogers' therapeutic approach is dependent on the narcissistic self observed by Sennett. This is more than clear in some of the characteristics of the Rogerian self quoted above, wherein the crucial aspect of any situation, action etc is how it is experienced in relation to the self.

Thirdly, Rogers' work holds implications for codes of morality. If the only important question is answered by the assertion that the focus of evaluation is in oneself, then we have a clear illustration of that which Alasdair MacIntyre (1981) exposes as emotivism and which has been outlined in Chapter One. Rogers' work undoubtedly fits this bill. Perversely, the reader can detect a moral undercurrent to his work which emanates from a belief in the good of the individual and the good of the society being rooted in the same philosophy, or mode of being. Unlike the Aristotelian position, however, which MacIntyre espouses as the epitome of an objective morality (and this position is questionable) , Rogers' perspective is itself emotivist, grounded only in his own perspective , himself 'the locus of evaluation'. His is the doctrine of 'subjective personal choice'.

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[27]Rogers was interested to document such change as methodically as possible, and repeatedly talks of 'rigorous tests' (1951, 172),and 'increasingly exact methods' (ibid, 187):he claims 'rigorous objective investigation of subtle elements of the client's subjective world' (1961, 241), and talks of 'objective scrutiny' of facets of change (1961, 269). Rogers never discusses the paradoxes which are suggested here, where on the one hand each individual is posed as unique with their own locus of evaluation, and on the other they may be tested within a universal 'scientific' paradigm in quantitative terms.

Finally, there is the notion that self-realization has become an end in itself. While Sennett (1977) had proposed this as culturally negative, even destructive[28], Rogers, in common with other humanist psychologists, sees this is a positive trend. While Sennett sees the intense interest in the self as a 'trap, not liberation', Rogers has the utopian view of more 'openness' and self-fulfilment leading to potential social change for the better, Such categorical optimism demonstrates the idealist position on human nature which he holds.

It is also a paradoxical position. On the one hand, Rogers encourages individuality and the freedom to become the 'true' self. On the other hand, he has very definite ideas of what a 'fulfilled' self is like. He is thus caught within a contradiction, for, as Douglas points out, '[a]nyone's definition of a person is apt to become an instrument of coercion' (1992:214). Rogers' very language reveals very clear ideas on what constitutes self at its 'best', or most 'fulfilled'. He is then evaluative of the state of personhood, even though he claims that the individual must have their own locus of evaluation.

Within the humanist and 'person-centred' espoused by Rogers, the relationship between counsellor and client is perceived as very 'here and now': if the client expresses emotions towards the therapist, then the therapist must accept these as a legitimate part of the therapeutic relationship in which they are actively engaged, rather than analyse them in terms of transference and countertransference. This places a demand on the relationship to one of 'boundaried intimacy', a concept which will be discussed in Chapters Three

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[28]Sennett's analysis of the implications of the narcissistic self in terms of social relationships will be outlined in the following chapter on intimacy.

and Five.

The self as constructed: George Kelly

In contrast to the essentialist and developmental notions of self, the work of George Kelly (1995) suggests an alternative means of seeing the self as in a constant process of construing and reconstruing in order to make sense of the world, and the individual's place within it. The self is then both fluid and flexible : consistency is reached through the way that people think about experiences and events. The self does not have intrinsic qualities or values, as in Rogers' exposition. Rather, they are developed through mental representations of the world and may change with circumstances and time.

Kelly's work hinges around two major postulates. One is that there is no such thing as absolute reality, only subjective representations of that reality. This is a realist rather than an idealist position, and Kelly presumes that 'the universe is really existing and that man (sic)[29] is gradually coming to understand it' (1955:6). He sees the universe as integral, by which Kelly means that it functions as a holistic unit, 'with all its imaginable parts having an exact relationship to each other'. Such relationships can be measured through the 'bond' of time, and the 'universe can be measured along a dimension of time' (1955:6-7). In other words, the external world is more than a figment of imagination or a function of subjective experience.

Kelly proposed that people try to make sense of this reality, to know it for themselves,

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[29] Kelly's use of 'man' is consistently used with a generic rather than gendered intention, and quotations used in this exposition will be kept faithful to his original text.

through a process of continual experimentation, hence his famous concept of 'man the scientist' to represent the investigative nature of day to day living for all people (ibid:4). His second fundamental postulate is to do with how people experiment to make sense of the world, which he suggests is always mediated through a process of 'constructive alternativism'. He suggests that people's experience of the world leads them to develop patterns, or templates, of how they think it is in order to create sense and meaning. Constructs are only ever approximations, since there is no possibility of an absolute construction of the universe. These patterns or templates are ways of *construing* the world, and Kelly refers to them as constructs (ibid:9). He suggests that people develop and modify their constructs to try to get as close a 'fit' as possible with their world, both in terms of making sense and of being able to predict things to come. Kelly suggests that *'all of our present interpretations of the universe are subject to revision or replacement'* (ibid,15:italics in original). In other words, there are always alternatives to consider. Thus, the individual can constantly re-invent both themselves and their world through changing their constructs. Kelly suggests that in the process of construing, people think in dichotomous terms (1955:61-64). The concept of good, for example, only makes sense if the individual also has a concept of 'not-good'. The 'not-good' may be unique to each individual, or specific to groups of individuals; it may be 'bad', 'evil', 'naughty', or some personal and idiosyncratic version.

Kelly's work is extremely detailed and precisely outlined, and is a theory which has been extensively and directly related to a system of psychotherapy[30]. His work also suggests

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[30]For a comprehensive overview of Kelly's personal construct theory 'in action', see Fransella and Dalton (1990), and Fransella (1995).

several propositions about the notion of the self. One is the rejection of Cartesian dualism. He suggests that the self is a whole 'entity', not to be dichotomised into mental and physical realms (1955:10). His theory is very much concerned with the process of how people *experience* their world, of how they make sense of it, and how they make active choices within their experience. Another proposition then for Kelly is that people are agents of their own lives, not simply reactive. He suggests that:-

> Ultimately a man sets the measure of his own freedom and his own bondage by the level at which he chooses to establish his convictions. The man who orders his life in terms of many special and inflexible convictions about temporary matters makes himself the victim of circumstances.....The man whose prior convictions encompass a broad perspective, and are cast in terms of principles rather than rules, has a much better chance of discovering those alternatives which will lead eventually to his emancipation (1955:22).

As stated earlier, Kelly proposes that the person is a 'scientist', forever experimenting in order to inform their anticipation of events. Further, he sees the person as in a process of inevitable change. Life is itself a form of movement, he suggests, and that movement is an 'essential property of his being, not something..to be accounted for separately' . (Kelly,1969:80 cited in Fransella,1995:54). Thus people do not have to be 'motivated', rather, they are inevitably changing.

Behaviourism

Finally, the behaviourist school has influenced a range of therapies which are loosely

designated 'cognitive-behavioural' therapy or counselling. These have tended to 'borrow' from behaviourism rather than adopt fully the behaviourist model, which may be described as having no notion of selfhood which is independent from behaviour. Although rarely adhered to in its 'pure form', it is nevertheless necessary to understand how behaviourism conceived the person.

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Behaviourism was rooted in the empirical psychology school of the early twentieth century, influenced by the findings and teachings of social Darwinism. The first text on the subject was published by its founder, John Watson, in 1913. Watson was influenced by social Darwinism, and that which he learned from animal experiments, principally on rats, he extended to theories of human development. Watson was not concerned with the subjective, rather with a positivist stance which claimed that human behaviour could be rendered observable and objectively measurable.

Behaviourism accepts that there is an expected sequence of human development, and argues that maladaptive behaviour occurs when this developmental process is interrupted. This may be seen as a similar stance to the psychoanalytic schools. Unlike psychoanalysis and traditional psychotherapy, however, behaviourism suggests that the unconscious, and the notion of deep seated mental conflict, are an unnecessary and ill-founded set of concepts. Behaviourism deals specifically with the cause and the maintenance of current behaviour. The concept of mental mechanisms is seen as irrelevant, or simply not existing. Instead, the human being is seen as being subject to a set of natural laws and behaviour which could be described in terms of stimulus and response.

Such conceptualisation had its philosophical roots in Hobbes' mechanical view of human nature, and he has been described as 'the first behavioural scientist' (North,1975:147). Hobbes' empiricist notions claimed that only the tangible is admissible as real, and that all human action is merely the manifestation of internal motion. Locke took the process one stage further. Although he admitted the notion of reflective ability, Locke saw human behaviour as learned behaviour subject to laws of stimulus - response. Learning was a process dependent on memory which was activated through attentive concentration, repetition, and reward and punishment in the forms of pleasure and pain. Such ideas clearly underpin experimental and applied psychology today (Allport,1960).

Behaviour therapy became the technology through which such philosophies and science became translated to the management of people, and B.F. Skinner was its major proponent in engineering this as a predictive interventionist approach (1974). His major contributions are those of operant conditioning, in which the subject is offered reward or punishment in order to shape behaviour, and the concept of modelling, whereby the observed behaviour of one or more influential people will influence the development of another or others (Ussher,1991)[31].

In behaviour therapy, the relationship between therapist and client is seen as purely instrumental. In this respect, it is reminiscent of Christian priesthood; the counsellor is the servant of the prescriptive ideology. More commonly, however, the techniques have been watered down and in most cognitive - behavioural counselling, the interpersonal

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[31] This concept is increasingly accepted as an integral role of the counsellor, and is concomitant with the role of Therapist espoused by MacIntyre (1981) which was described in Chapter One.

relationship between therapist and client is seen as having some relevance. This seems to be to seen as useful to gain complete understanding of the client and their problem, and to gain the trust of the client so that they will commit to the therapy.

There is no 'call to intimacy' from behaviourism. It is a pragmatic approach to human problems, and Skinner's concern was to help people develop more awareness of and control over their behaviour, within a social context:-

> To increase a person's consciousness of the external world is simply to bring him
>
> under more sensitive control of that world as a source of stimulation (1974:169).

He conceptualised the unconscious as exactly that, something of which one has no consciousness. Because Skinner saw the person in relation to their environment, which acts upon them, he rejected the notion of the unconscious as an agent. Therefore, there was no need to become intimate with aspects of self, as Freud had suggested. Behavioural changes are the target of intervention, and the person is eminently malleable depending on the stimuli and behavioural reinforcements to which they are subject.

Summary

It has been suggested in this chapter that the social practice of counselling is located within a 'hybrid' discourse which has developed from the discourses of magic, religion, psychiatry and psychology. Its origins and development have been summarised by referring to points of change in social practices within these discourse. The current context has been outlined, and the relationship between counselling and the Church has

been noted as significant in terms of notions of salvation and vocation.

The practise of counselling depends on and creates various notions of self which are more or less explicit. These notions are largely lacking in any social contextualisation and tend to be theories which purport to be universal and developmental. The major exception to this trend is within the theoretical notions of George Kelly who offered a constructivist notion of self which claimed no norms or developmental stages to be adhered to.

The social practice of counselling itself may be seen either as a highly moralistic venture, or as an amoral venture. Whichever, its assumptions popularly guide towards an expectation of intimacy which is seen as desirable in public and private life, and as a part of the process of counselling which will help people to be 'capable' within this area of self hood. Chapter Three will investigate how intimacy is conceptualised, and how it is thought to be accomplished within the counselling context.

Chapter Three: Notions of Intimacy

> The human race spends nine months in the womb and a further ninety years trying to achieve independence whilst maintaining attachment (Abercrombie, 1981).

One of the key interests of this thesis is to discover how counsellors talk about intimacy, and to consider how they think that intimacy is accomplished in the context of counselling. Theoretical and practical approaches to counselling often rely on implicit notions of intimacy, although there is an increasing literature which aims to directly address the accomplishment of intimacy through therapeutic means (Lerner, 1989: Dowrick, 1992). Such texts present intimacy as an individual accomplishment. Sociological approaches to the consideration of intimacy (Simmel, 1950; Sennett, 1977; 1980; Giddens, 1991, 1992) present intimacy as a social phenomenon, and are more concerned with the social processes which influence or produce the accomplishment of intimacy.

The OED defines intimacy is defined as 'the state of being intimate' , while 'intimate' is defined as 'close in acquaintance, familiar...essential, intrinsic, closely personal' (OED, 1982). The word derives from the Latin *intimus*, to mean inner or inmost. Despite the vagueness of the term, it is rarely defined within either counselling or sociology[1]. A careful reading of the literature suggests that the concept of intimacy is framed in

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[1]There is however material available from the school of social psychology which attempts to clarify both the definitions and the forms of intimacy. Perlman & Fehr (1987), for example, have produced a list of the different ways in which intimacy is framed within developmental and social psychology. This body of literature will be referred to where appropriate within this chapter, and will inform the discussion in Chapter Five.

diverse ways, and common and shared understanding cannot be assumed.

The objective of this chapter then is to tease out the diverse meanings of intimacy which are found in both counselling and sociological literature, and to set out the different ways in which it is framed. This will both make explicit some of the assumptions which inform counselling as a social practice, and explore some of the paradoxes and contradictions which are present within it. First, it will demonstrate how the role of intimacy within counselling is assumed as both intrinsically and instrumentally valuable. Second, it will review the counselling literature to document how notions of intimacy are presented as a process; a property; an experience; a way of being; and a production. Finally, it will summarise three major perspectives on intimacy which are suggested by Richard Sennett, Georg Simmel and Anthony Giddens, and which raise challenges to the notions of intimacy perpetuated by the discourse of counselling.

Intimacy in the counselling context

The value of intimacy within counselling.

Intimacy is commonly assumed by various schools of counselling as desirable (Berne, 1964; Rogers, 1951; Ehrenberg, 1992; Lerner, 1989; Dryden, 1989) and as offering fulfilment of the highest value. Dorothy Rowe, for example, a distinguished psychologist and therapist, states that 'intimacy with other people (is) the greatest pleasure we can know' (Rowe,1991:244), while Eric Berne suggests it is the 'most perfect form of human living' (1964:55).

Typically, where intimacy is presented as an explicit phenomenon, it is discussed with

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regard to relationships with partners, and various prerequisites for intimacy are suggested. Rowe, for example, invokes the need to be authentic:-

> Sometimes both partners are too terrified of intimacy to recognise that
>
> for a relationship to endure two real people must actively engage in the
>
> relationship. A pair of puppets dancing while the real people pull the
>
> strings is not a relationship (Rowe, 1991:246).

Dowrick (1992) suggests the need for a 'boundaried self', while Solomon (1989) allows for the temporary removal of boundaries, on an occasional basis, to allow intimacy to occur 'when regressive needs can be met...reciprocally' (1989:26). Erikson (1968) frames intimacy as the ability to 'commit oneself to concrete affiliations and partnerships and to develop the ethical strength to abide by such commitments' (1968:263).

Such conceptualisations lead to a perspective where people's success in relationships may be understood as proportional to their ability to achieve intimacy. Many clients in counselling and therapy are there because they want to be able to 'relate better', to achieve some norm of ability to have fulfilling relationships (Solomon, 1989). Thus it becomes taken for granted that the pursuit of intimacy is not only personally beneficial, but also a legitimate therapeutic goal. However, the insistence on intimacy, and the value attributed to its achievement within relationships, is a comparatively recent phenomenon. This point is elaborated by Wynne and Wynne (1986), who suggest that:-

> Many marital therapists and marital enrichment programs appear to

assume that enhancing experiential intimacy is a direct pathway to improved relationships. Nevertheless, when we consider historical, ethnic and social-class variations in marital relationships, the current public and professional consensus about the importance of intimacy stands in sharp contrast to the rarity with which intimacy has been regarded as important, or has even been identified in other settings and times (Wynne & Wynne, 1986: 184).

Wynne & Wynne suggest that there is no evidence that intimacy enhances the chances of a 'good' relationship. They suggest that many marital therapists might be better to dispute the notion of intimacy as being crucial to the good relationship rather than colluding with it[2].

Within current marital ideology, the notion of intimacy as desirable tends to generate an equation between sexual and emotional intimacy. Schnarch (1991, 1994)) notes the tendency for professional criticism of any view which suggests that sexual activity may take place without the usual assumed tenets of 'a relationship', and the popular assumption that 'sexuality is inherently intimate'; such views reinforce the belief that the pursuit of sexuality as the best or more direct route to intimacy' (Schnarch, 1991:10). He suggests that this is patently not the case, and that indeed, we might 'use one to avoid the other'. Schnarch distinguishes here between reproductive and intimate sex,

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[2] A recent article in a popular women's magazine suggests that sex within intimate couple relationships is adversely affected by the high degree of intimacy because the partners become so close that they feel almost familial (Paul Nicholson in *She* magazine, November 1995). Masters and Johnson report that 60% of American marriages are affected by a lack of lust associated with over-familiarity, and an inability to see partners as other and different from self.

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suggesting that the second is 'a learned ability or an acquired taste' (1994, 40).

Intimacy is not only valued within sexual dyads, however; it is also seen as desirable within group situations, within friendships, and even within learning environments(Egan, 1976; Rogers, 1983). In other words, intimacy is given some intrinsic value within a variety of contexts which suggest it as a worthy objective. It is not surprising then that intimacy is also seen as being necessary to the counselling relationship, and in this sense is held to be instrumental to therapeutic outcomes.

There is as yet little literature on how clients of therapy experience intimacy within the therapeutic relationship, or on how such experience affects their intimate relationships within everyday life. The sparse but increasing literature on clients' general experiences of counselling provides some perspective on the experience of the therapeutic relationship. For example, Myra Grierson's account of her counselling (Mearns and Dryden, 1990) provides some insights into how she experienced intimacy, and what effects such experience had. Two points in particular are relevant to the consideration of intimacy and self. One is the effect of the use of empathy by the counsellor, or as Grierson puts it, 'being understood'. To quote at length:-

> I know that one of the major realisations to surface in relation to my
> counsellor was that my darkest feelings were acknowledged and
> accepted by him. This happened when I was experiencing a period of
> acute distress in my personal life. I felt again that old feeling of wanting
> to die, accompanied by a sense of despair and calm resignation. 'I just
> feel I want to die...end it all ...kill myself. I'm just too tired. I don't want

to live anymore. I'm tired of the struggle...'I noticed he became very still

and he spoke very gently and quietly:'Your life seems very painful...you

feel as if you can't go on...I feel you've taken a big risk telling me that'.

Almost at once I felt a wave of relief.....I experienced my feelings being

respected at a deep level.....I am certain that his helping me to stay with

what I was feeling made the sense of shame and guilt, which always

seemed to accompany my feelings of wanting to die, gradually ease

away. I realised also that he was not afraid to go with me into the

blackness of my internal confusion. I felt he understood my distress and

accepted the reality of my inner world. I had communicated how I felt -

I was aware of being completely understandable (Mearns and Dryden

(ed), 1990: 38).

In this case, the demonstration of empathy by the counsellor seems to have had

tremendous impact on the client, and indeed she presents it as cathartic to her 'recovery'

and self-development. The importance of acceptance, and the willingness to listen to

whatever was on the client's mind, seem especially noteworthy[3].

The other comment made by Grierson which is directly related to intimacy is how,

during the counselling process, she was able to 'incorporate, very gradually, new ways

of being my self' (ibid:39). She states:-

Last week I said to my counsellor: 'I need you to love and care for me....'

That was an alarming intimacy for me but he smiled in a warm way and

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[3]Acceptance, and understanding without judgement, are typical of the 'core conditions' of counselling
suggested previously (Truax and Carkhuff, 1967), and identified by Carl Rogers (1957) as 'necessary and
sufficient' conditions for change.

I felt that warmth touch me in some deep place (loc cit)

Here we see the notions of warmth and acceptance as being associated with depth of

feeling or experience. The whole notion of intimacy referred to implicity and explicitly

in these excerpts is related also to an element of risk; in both instances, the client had

taken a risk in the level of self-disclosure.

Intimacy is generally viewed as a positive concept in terms of making for successful

counselling. One piece of research into counsellor's 'successes' offers the observation

that:-

> (A) common feature of these descriptions was the degree of *intimacy*
>
> between client and counsellor. Indeed some of the descriptions seemed
>
> to equate success and intimacy; as one counsellor reflected: 'Such caring,
>
> such willingness simply to be fully in each other's presence, always led to
>
> creative movement in the end'. (Mearns in Mearns & Dryden, op cit,
>
> 195)

Mearns goes on to state that while the feelings of intimacy described by the counsellors

were 'described by different words, including "sexuality" , "sensuality", "'physicality",

and even "spirituality"', it would seem that the experiences themselves are similar.

Accounts of intimacy within the counselling relationship which represent experiences

which were conceptualised as inappropriately intimate (Russell, 1993, 1996: Rutter,

1990) suggest a situational aspect of intimacy. The notion of appropriateness, or

'propriety', is engaging. It seems that therapists must establish with their clients a sort of

optimum condition, whereby anything can be said or done, providing it is 'appropriate'

to the situation. In this sense, counselling may be seen as being a defined role (cf Sennett, 1977:33-36). Within this, there are expectations of particular behaviours, for example that there is an 'appropriate' level or type of self-disclosure for the counsellor to offer, and that there are specific 'boundaries' to how and where this might take place[4].

There is a problem for counselling bodies in demarcating the role of the counsellor. On the one hand, there is a plea to recognise each interpersonal situation as unique, and, therefore, not reducible to identifiable conditions. Professional bodies for counselling and psychotherapy, however, are attempting to establish some professional norms, and to identify assessable standards of practice. In practice, there is likely to be a whole range of behaviours which are deemed as in the interests of the client. Thus one therapist can claim that to be totally naked with a client in order to know each other most fully is entirely appropriate (Thorne 1991), while in another situation, disrobing would be seen as most inappropriate. The degree and type of intimacy needed seems to be determined by its purpose and effectiveness. (Russell, 1993:112 ff).

The value afforded to intimacy in the counselling context has implications for the training of counsellors[5]. The interactive dimension of the therapeutic relationship is of

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[4]Such expectations are not without challenge, and Feltham (1996) suggests that the restrictions imposed by such boundaries may not necessarily make for the most effective means of counselling.

[5]There are of course various reasons why people decide to become counsellors, and various consequences of entering a profession where the major tool is 'self'. Rogers (1980) acknowledges that being a therapist had assisted his personal development - it provided a socially acceptable way of getting close to people without the pains and time commitment of friendship. There is also acceptance of the fact that some counsellors become so involved with their work on a personal basis that they become emotionally exhausted, in what is known as 'burnout', or that they become dependent on their work to fulfill emotional needs of intimacy (Grosch and Olsen, 1994). This opens to question who is being intimate with whom in the counselling relationship, one of the research questions to be addressed in Chapter Five. The implications of the impact of counselling on the 'selfhood' of the counsellor is as yet little researched, although Proctor

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paramount importance[6] to most schools of counselling and therapy. Ehrenberg has

coined this interactive facet of relationship 'the intimate edge' (1974, 1992). In her

exposition it is suggested that it is the attention to the most minuscule aspects of

interaction which enables therapeutic work to occur. The intimate edge, is, she states,

the *'point of maximum and acknowledged contact at any given moment in a relationship*

without fusion, without violation of separateness and integrity of each participant'

(1992:33; italics in original).

Because of the lack of clarity in definitions of counselling (Feltham, 1995), and because

each counselling relationship may be claimed as distinctive, it is difficult to identify

precisely what is significant within the therapeutic encounter. It is difficult to separate

those effects which result from 'intentional' activities, and those which result from the

'healing' qualities and nuances of the specific interactions (Ehrenberg, 1992).

Intentionality is concerned with deliberate techniques which are applied with some

cognitive awareness, and which may then be repeated with any client, while other

factors concerned with healing, or 'therapeutic action'. (Ehrenberg, 1992:ix) may be

more subtle, more complex, more unique to each encounter and less in awareness[7]. It

is difficult then to identify precisely how intimacy occurs. It does seem, however, that

intimacy is conceptualised as being achieved primarily through the sharing of emotions.

(1991) highlights it as an issue of concern which should be considered in the training of counsellors.

[6]While it may be suggested that this is not the case for behavioural and cognitive therapies, there are increasing trends to note that the 'quality' of the therapeutic interventions may depend on the accuracy of observation, the extent to which the client trusts the therapists even to reveal the symptoms; thus even here the interactive mode is central.

[7]Simmel (1950) suggests that a relationship without uniqueness cannot be conceptualised as intimate; its exclusivity is a central aspect of its very form. Uniqueness was also seen as central by the counsellors involved in the research discussed in Chapter Five.

The emotions themselves may include expressions of anger and aggression, or 'positive feelings and experiences of closeness' (Ehrenberg, 1992:67).[8]

Ehrenberg suggests that this kind of engagement may 'tap into internal capacities that may have never been utilized or developed' (loc cit.). At no point in the counselling literature is it suggested that this might be undesirable. Not only is there no concept that interpersonal intimacy is not always useful in social situations, as Sennett (1977, 1980) has suggested, but there is little or no acknowledgement that such activity may, for some people, be intrapersonally destructive or undesirable. Psychiatric literature is more concerned with the state of mind of an individual in the sense of recognising that helping someone get in touch with their emotions can be the prelude to personal overload or disaster (Dexter & Wash, 1995). Such is the faith of the counsellors, that no such caution is to be found.

It can be seen, then, that intimacy is accepted as desirable within counselling discourse. It is seen as being both intrinsically valuable, and as being instrumental within the counselling relationship. One of the concerns of this thesis is to make explicit the assumptions which underlie such assertions, and to critically assess them It is apparent through reviewing the literature for this purpose that intimacy is framed in differing ways within the counselling literature, and these will be elucidated below.

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[8]In 'emotions talk', it is the norm for therapists, counsellors, and proponents of the human resource movement generally to talk about positive and negative feelings. Positive include love, joy, and other celebratory modes, while negative commonly includes anger, despair, sorrow, and sadnes. Rogers(1951) suggested that the ability to experience the difficult emotions enhanced the ability to experience joyous emotions.

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Intimacy as a process

Hatfield (1984) has referred to intimacy as 'a *process* in which we attempt to get close to another; to explore similarities (and differences) in the ways we think, feel and behave' (Hatfield, 1984:208 in Perlman and Fehr, 1987:17). Such an understanding is implicit within much of the counselling literature, while David Schnarch offers one of the most specific operationalised definition of intimacy as a process. He suggests the following as a *clinical* definition, which deserves quoting at length as it illustrates a number of common presuppositions:-

> *Intimacy* is the recursive process of open self-confrontation and disclosure of core aspects of self in the presence of a partner. The salience of an intimate experience increases as the significance of the relationship and the depth of self-confrontation increases.....Intimacy is a multisystemic process - intrapersonal and interpersonal - involving both the discloser's relationship with the partner and his/her relationship with himself/herself....When the response of the partner is acceptance and reciprocal disclosure, intimacy is experienced as loving and validating (i.e. *other-validated intimacy*). When intimacy occurs in the absence of trust or affirmation from the partner, the threat to one's sense of self increases in proportion to the salience of the experience. When the discloser's relationship-with-self enables him/her to self-soothe and master the resultant anxiety; the experience is self-validating and enhances differentiation (i.e. *self-validated intimacy*)....While other-validated intimacy is the widespread ideal and expectation, self-validated

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intimacy is the bedrock of long-term marital intimacy.....*Sexual intimacy*

is the self-confrontation and expression of one's eroticism, or the use of

sexuality as the vehicle of disclosure of other aspects of core self.

Eroticism is a core aspect of self, disclosed to varying degrees during

sexual and nonsexual contact with others (Schnarch, 1991:121-122).

Schnarch then proceeds to add that self-directed intimacy is characteristic of a person

who has a 'solid self', i.e. a self which is developmental and changes only from within,

while other- directed intimacy is characteristic of those with a 'pseudo-self', those aspects

of identity dependent on accommodation of others and their viewpoints, and of attempts

to reduce anxiety (Schnarch: loc cit)

The constant reference to partner is contextual, given that Schnarch's central theme is

marital and sexual therapy. Nevertheless, his definition raises several key points which

are common to understandings of intimacy found in the literature, and in the research

findings of this thesis. Firstly, it assumes an essentialist model of self, with notions of

core aspects of identity and varying depths to relationship. Secondly, it suggests that

intimacy can be either a validating or threatening activity, depending on a number of

factors. Thirdly, it evaluates self-validating intimacy as more worthy than other-directed

intimacy, and more functional to sustain long-term relationships. Fourthly, the

acquisition of validation may depend on the response of another person to whom the

individual self-discloses, in terms of both acceptance and some required mutuality of self-

disclosure, in something of a 'trade' model of relationships. Fifthly, it suggests that one

can be intimate with oneself as well as with others. And finally, Schnarch assumes a core

aspect of self as present in sexual intimacy, and eroticism therefore as a function of identity. This is not to say that he assumes all sexual act as intimate in this way. Indeed, as suggested above, Schnarch overtly states that:-

> The common belief that 'intercourse is the most intimate thing that people can do' reflects a *potential* rather than an experience inherent in genital union. In fact, widespread preoccupation with intercourse reflects the usefulness of that mode of interaction in *limiting* intimacy. People generally do not want to do the most intimate thing possible (ibid: 60).

Schnarch is not only making a distinction between sex and intimacy here. He is also suggesting that intimacy as not necessarily a process that people desire. At times, in fact, they actively avoid it. This implies that entering into a process of intimacy is a deliberate and active choice.

In the counselling context, Schnarch's conceptualisation raises questions for the role and form of the therapeutic relationship. It would seem that intimacy with the counsellor might be seen as other directed, and in this case would not be as sustaining to the client as self-validated intimacy. On the other hand, other-validated intimacy with the counsellor might itself be a part of the process of achieving self-validated intimacy. Conversely, the client's achievement of self-validated intimacy might then equip them to achieve other-validated intimacy within other relationships. In Schnarch's view, it is the very process of interaction which constitutes intimacy. From this perspective, it can be suggested that counselling deliberately sets out to provoke an intimate process, where intimacy is construed as an emotional process with self or other. This can only be seen as morally acceptable if, as previously discussed, intimacy is deemed to be of high value

for its own sake. At the very least, in encouraging intimacy as process, counselling may be seen as instrumental to the creation of an ethic of emotionality.

Intimacy as a property

In a wider context, Egan & Cowan (1980) also offer a conceptualisation of intimacy which suggests it it as a property of a relationship between self and other. They suggest a continuum of intimacy appropriate to different relationships or situations. Intimacy with 'acquaintances' is located at one end of the continuum, while that with ' intimates'[9] is at the other. To help differentiate, they posit the elements of intimacy as 'firm loyalty...strong mutual support...a shared view of the world...deep, mutual self-disclosure (and) shared vulnerability' (Egan & Cowan, 1980, 191). Although they assert that intimacy is not the goal of all relationships (ibid, 190), they consider that all of these elements are more or less present in most of them.

Egan and Cowan suggest that the accomplishment of intimacy involves more than sharing time and events; it is intrinsically bound with the sharing of inner worlds. To clarify this point, they state that it is possible for two (or more) people to spend much time in close company with each other, but to experience friendship without intimacy. They cite White (1958):-

> It is not uncommon for a pair...to do everything and go everywhere together, to be inseparable, but never to exchange a word about their

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[9]Egan & Cowan's definition is problematic here, in defining itself in its own terms.

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inmost secrets. One might say figuratively that they stand side by side

looking out at the world but never look at or into each other. Friendship

in such instances does not involve intimacy, but it may be characterized

by firm loyalty, strong mutual support, and a certain shared validation of

external experience (in Egan & Cowan, op cit: p. 190).

This understanding of friendship as non-intimate is not without difficulties. Friendship

is commonly held to embody more expectations than those suggested above, among

which are honesty, openness, and the sharing and keeping of confidences (Duck, 1991).

Moreover, it is difficult to comprehend how two people could offer each other 'firm

loyalty' and 'strong mutual support' without some shared understanding of what these

features mean for each other. There would have to be some mutual self-disclosure then

of personal values, emotion, motivation and aspirations, in order to achieve this.

Such self-disclosure could accord with Egan and Cowan's understanding of intimate

relationships. They suggest that the accomplishment of intimacy involves the sharing

of cognitive and emotional experiences, and values, 'at the deepest levels of which

(people) are capable'. It involves a reciprocal, full knowledge of each other which

implies that the people involved risk vulnerability, as '(w)hen you allow another person

to know you, you open yourself to the possibility of getting hurt. Intimacy is not possible

without risking this kind of vulnerability.' (Egan and Cowan, 1980, 191). It could be

argued that such risk and vulnerability apply to friendship.

Within their continuum, and their conceptualisation of intimacy as a property, Egan and

Cowan acknowledge the existence of situational intimacy. For example, one might be intimate with a person on the basis of a work relationship, or a religion-based relationship, each in different ways. For this reason, they suggest that the 'intimacies of relationships' is a better phrase than intimacy singular, since the intimacy is a property of the situation. Such intimacies, however, always involve mutualities. Clearly there is some paradox here if counselling is accepted as producing situational intimacy, as mutual disclosure is not required.

If the Egan and Cowan paradigm is accepted, then, it is debatable whether counselling can be a relationship of intimacy. On the one hand, counselling can be seen as a specific context which might be expected to produce some form of situational intimacy. The client will be disclosing aspects of themselves which they want to reflect upon or change, and on occasion might be disclosing their 'inmost secrets'. Understandings of empathy, which are central to the process of counselling, demand that the counsellor will be trying to see the world and events through the experience of the client. Elements of trust and loyalty will be demanded within the counselling relationship, and ascribed between the two parties. Such events go some way to fulfilling Egan and Cowan's criteria for 'intimacies' as the property of a relationship. Alternatively, it is questionable as to whether there is a mutual sharing of thoughts, feelings and values, and whether the counsellor is as vulnerable as the client. While some disclosure of personal emotion or story is possible from the counsellor, there is no obligation for them to make it; where self-disclosure is entered into, there is no expectation of some therapeutic response or intervention from the client. Disclosure of self through self-presentation is not a central focus for feedback or change. The question of whether this imbalance can constitute

intimacy will be returned to later in this chapter. The paradoxes and different

perspectives which it raises are to be found as integral to how counsellors talk about

intimacy in Chapter Five.

Intimacy as an experience or state of being

While Egan and Cowan present intimacy as a property of a relationship or situation, an

alternative and prevalent view is that intimacy is an experience deeply connected to the

sense of self. This perspective has gained increasing currency within therapeutic

literature, where the accomplishment of intimacy is presented as a legitimate

therapeutic goal *per se*. Two of the major works in this area (Lerner, 1989, and

Dowrick, 1991, 1993) demonstrate some of the predominant thinking associated with

intimacy as an experience. The stated aims of these works are to explore the lives of

women and men with reference to early intimate relationships, i.e. with mothers[10], with

the promise of psychological and spiritual guidance which will help the reader to develop

the capacity to love. So intimacy is both the subject of the study, and its purpose; it is

intended that the books will offer the reader an increased understanding of intimacy, and

of how to accomplish it.

Dowrick's work depends on specific concepts of self, which she elucidates in some

depth. Two key perspectives influence her thinking. The first is that there is an 'inner

world' of self, which comprises emotion, cognition and behavioural patterns which are

not always accessible to the conscious mind. The second is that individuals are self-

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[10] Dowrick's model of family life is very much taken from a stereotypically middle-class frame, and may be criticised as widely untypical of the realm of human experience, much as early feminist therapy was critiqued during the 1980's. Cf Lynne Segal (1987) Is the Future Female .

determining creatures capable of 'creating new choices' and becoming skilled in the interactions and decision making processes that may enable those choices to be realised. In this sense, she demonstrates a commitment to the techniques of self referred to in Chapter One. The overt aim is to use such techniques to help people to develop the capacity to be intimate.

Dowrick espouses a philosophy of loving oneself in order to be more able to love others, hence the marriage between solitude and intimacy in the title of her works. She hypothesises that the goals of human beings are ostensibly simple; they are to 'love and be loved' (1991:6), and to be able to create the kind of life that they want[11]. She suggests that these objectives may be difficult to achieve, however, when the individual's relationship with their own self is less than ideal.

For Dowrick, feelings about self, and the depth of one's self-knowledge , 'largely determine the quality of the time we spend alone, as well as the quality of the relationships we have with other people'. Dowrick suggests that this is 'even more marked when those relationships are close enough, or are self-revealing enough to be called intimate' (ibid:8). Such assertions are difficult to justify; it is perhaps possible for people with little self-knowledge and a low level of vitality to experience contentment and intimacy with self and others. Dowrick's perspective demonstrates the strength of her belief rather than a position which can be substantiated.

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[11]Such claims are consistent with the common trend to see the purpose of life defined entirely in terms of knowing oneself for the pursuit of personal happiness and gain, rather than knowing oneself in the sense of then being better able to serve an externally oriented, or social purpose, as documented by Foucault (1981).

The version of intimacy presented by Dowrick is specifically experiential, occurring through the feeling of closeness or the event of self-revelation. Dowrick's use of the term 'enough' denotes some set of criteria for recognising intimacy, although it is not clear whether this is measured subjectively or objectively, or what qualitative measure should be used. Dowrick suggests that intimacy can be experienced alone or with others:-

> Intimacy -closeness to yourself in times of solitude or closeness to others
>
> in moments of sharing and connecting- reflects your inner world as
>
> almost nothing else does. And intimacy begins from the inside; it begins
>
> with your own self (loc cit).

Clearly for Dowrick intimacy is an internal and individually construed psychic state rather than a mode of relating which is connected to social space or social issues. She suggests that there are two main abilities which people must have in order to experience intimacy. Firstly, they must be able to know what someone else is feeling, and, secondly, to step outside of oneself to 'observe your own behaviour with relative detachment, judging not only how it is affecting your own self, but other people also' (ibid:82).

Because Dowrick conceptualises intimacy as an individualised state, she is able to declare that it is also an exclusive state, not available to all and sundry. The two abilities stated above are only available, she warns, to 'those people whose sense of self is alive from within', to those who are comfortable with themselves, and who have sufficient trust to be flexible and open to change. Later in her work, she refers to people being able to be 'good at' intimacy, and states that there are some people for whom intimacy works,

and some for whom it does not. For the latter group, she claims that it is 'likely that

the boundaries which need to exist between self and other are weak or even non-existent

so that they too easily feel trespassed upon, invaded, pushed around: although none of

that knowledge may be conscious' (1991: 195). In some ways here she is implying that

self-intimacy is required to enable people to experience privacy.

It seems that the evaluation of who is capable of intimacy is externally based on specific

values and judgements determined through the discourse of psychology. Ultimately,

it is implied that there is some optimum norm for which people can strive. Indeed, the

second volume of Dowrick's work is a self-help manual which sets out to help people

gain a psychological state or outlook which empowers their capacity for intimacy[12].

There is however a caution attached: '(i)n intimacy you risk being *who you are*, and risk

facing who the other person is *in their entirety* - not just in those parts which are socially

acceptable or 'useful' to you' (1993; 196).

Dowrick suggests that women are more easily able to experience intimacy than men.

She suggests that, generally, men have more trouble being self-observational and

reflexive than do women, and that they are, on the whole, more dependent on others'

judgement than on their own (ibid:82). Thus they are less proficient at intimacy. Citing

men who leave infants and family as justification for this argument, Dowrick suggests

that men are less capable of putting themselves in someone else's place in order to 'know'

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[12]The norm is of course infused with values arising from the notions of self-determination and self-actualisation. Dowrick's claim that one has to be internally 'alive' to pursue intimacy is reminiscent of New Age philosophies which celebrate the power of 'aliveness', with declarations such as ' When you come from aliveness you always act appropriately' (Tipton, 1982, 196: in Heelas, 1992: 146)

how they are feeling, and that they therefore do not have the same capacity to care. This, she states, is a dangerous theme of masculinity. Women, on the other hand, are seen to be more likely to experience intimacy. Women, states Dowrick, are raised in such a way that they may feel incomplete without close relationships, and subsequently 'take on' the emotional needs of men and children through the drive to connectedness (ibid:129). Dowrick suggests that the impact of feminism has been minimal, and contends that women continue to see emotions work as part of their gender role (ibid:76).

There are two major difficulties in Dowrick's argument. Firstly, she seems to conflate the experience of intimacy with the experience and expression of specific emotions. No attention is given to the role of cognition or values. Secondly, she makes some contestable leaps in her presumption that men who leave families are not experiencing intimacy. That men are capable of leaving children and families is undisputed, as is the tendency for women to, ostensibly, predominate in the 'caring role'. It is however disputable as to what *meaning* can be derived from these observations. For example, leaving loved ones may indicate a commitment (or lack of commitment) to a particular value, rather than signifying an absence of intimate experience. Indeed, separation may engender deeply intimate experiences.

There is another conceptual difficulty within Dowrick's argument. If women really are, as she suggests, dependent on the other (male), then it may be that they have failed to reach true intimacy if we accept intimacy in Schnarch's terms as being self-validating as well as (and in order to be) other validating. In other words, women could be seen as incapable of true intimacy. In that case, a man's 'leaving home' might indicate flight

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from emotional demands which are tyrannous rather than wholly intimate.

Harriet Lerner (1989) also refers to the experience of intimacy as gendered, in terms of who pursues it and *how* it is experienced. For Lerner, like Dowrick, the skills of making and building relationships are much the province of women, not only for the sake of acquiring the relationship in question, but as 'nothing short of tools of survival' (1989:5). Lerner's analysis depends heavily on the concept of society as patriarchal, with women having to attune to its norms and values as something to be learned, rather than as a culture which reflects their own inherent or natural selves. Within this, women are subordinate, and therefore, like all oppressed groups, must learn to read the dominant ethic and gain understanding of the dominant culture, in order to succeed. (Lerner, 1989:6). Lerner uses this assertion to suggest that women, then, being dependent on men for validation of ideas and worth, learn to relate to men on the appropriate terms, and take responsibility for the 'feelings work' of relationship. Such skill, and the value which is then ascribed to intimacy and attachment, is, says Lerner, to be prized.

According to Lerner, the tendency for women towards attachment and attunement leaves them vulnerable to confusing intimacy with the need for approval, or the subjugation of self to the relationship, the subjugation of 'I' to 'We'. Men are depicted as somewhat lacking in their ability to experience an intimate relationship. Lerner contends that they are brought up to repudiate 'feminine' qualities and to emulate rather disinterested and frequently absent fathers. Moreover, she contends, as there is no reward incentive for emotions work for men, then they simply do not bother:-

> Let's face it, fame and glory do not come to men who strive to keep their

lives in balance and who refuse to neglect their important relationships.

The rewards in doing so can only be private ones (ibid:9)

This rather cynical view suffers from a number of defects. While there may be truths in part of the female/male division, in the sense of the norms presented to and expected of each gender, it is certainly not as general and as simplistic as Lerner suggests . Moreover, it is not necessarily the case that an ability to understand a dominant culture results in a capacity to be intimate with its members. Secondly, Lerner's position suggests that private reward has no currency for men, which seems rather a naïve view. The emotional landscape of men is only beginning to be addressed, and constitutes a complex social phenomenon not reducible to such a statement. Thirdly, however, and possibly most importantly, Lerner falls into the common and easy trap of claiming to define intimacy when what she is actually doing is describing one (female) version of it. Within her analysis, men would be incapable of achieving intimacy.   Intimate relationships between father and son, and between male friends, would be precluded.

This is clearly not a tenable assertion. Lerner has already offered a definition of intimacy as meaning 'we can be who we are in a relationship and allow the other person to do the same'. It is therefore the experience of congruence within the self. An intimate relationship, she suggests, 'is one in which neither party silences, sacrifices, or betrays the self and each party expresses strength and vulnerability, weakness and competence in a balanced way' (ibid:3). It is immediately apparent that men might achieve this state of being, this way of relating, in many different forums. While research typically suggests that men do not exhange emotional self-revelation in the same way as women

do (Caldwell and Peplau, 1982) , this does not preclude the experience of intimacy. It is possible that men experience and express intimacy through other dimensions, preferring the pursuit of joint activities as the medium for intimacy, or the intimacy of companionship rather than verbal intimacy (Hays, 1984, 1985). Moreover, the very positive development of gay culture presents some, although not total, challenge to the narrow version of masculinity proposed by Lerner (Segal, 1989: 154-7).

Lerner is so entrenched in her perspective, that she claims 'men often seem oddly unconcerned about improving or changing a relationship once they have one' (Lerner, 1989:5) If this is the case, then it could demonstrate an ability to enjoy contentment and 'self-validating' intimacy, just as easily as a tendency to be uninterested in or incapable of intimacy. Moreover, it is questionable whether the kinds of differences of expression and values suggested by Lerner's study of heterosexual couples are different to those which might be found in a study of close intimate relationships between same sex couples. In other words, gender may not be the only significant variable which affects the experience of intimacy within long-term monogamous relationships.

There are at least two grave dangers in claiming the experience of intimacy as predominantly available to women. Firstly, there is the tendency to state as objective fact a perspective on a subjective experience which is comparatively new to investigation. Secondly, both Dowrick and Lerner are at risk of reducing a very diverse phenomenon into a homogenous unity. Both authors confuse emotions work with intimacy, and this is open to challenge. The expression of emotion may be an emotivist event, and therefore instrumental to the self-fulfilment of the individual, with

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none of the reciprocity associated with intimacy. It is possible that a person may be intensely concerned with the discovery and expression of feelings and emotions and yet be incapable of either self or other-validated intimacy. Furthermore, some research suggests that both genders' behaviour demonstrates a tremendously wide range of conformity or non-conformity to the gender role pertinent to each (Bem, 1974), including the extent to which individuals use emotion as an expressive means.

There are various issues raised for counselling as a social practice if intimacy is conceived of as an experience predominantly based on emotion, and influenced by the variable of gender. First it would suggest that there may be different modes of attaining intimacy within the therapeutic relationship, depending on the genders of the specific dyad[13]. A woman therapist with a female client might need to have different understandings of intimacy than with a male client, if intimacy is to be be valued as a part of the process or the outcome of counselling. Each gender permutation suggests different possibilities.

Moreover, if the 'female-emotions' version of intimacy is adopted as desirable, it may be that counselling as a social practice is instrumental in the transformation of intimacy to mean predominantly the mutual sharing of emotions. This then raises a further paradox, for if intimacy revolves around the sharing of such experiences, the counselling relationship itself would not fulfill the conditions of intimacy which it has adopted; as

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[13] Although there is some work available around gender and counselling,(see for example Chesler, 1971; Ballou & Gabelac, 1985) it has tended to be presented from a feminsit perspective where the question is asked 'can men counsel women', rather than to explore all the possibilities of what different ways of relating might mean.

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stated previously, the counsellor is rarely likely to share the depth or degree of emotions with the client as the client does with them.

Intimacy as a way of being

Within the notion of intimacy as an experience it is implied that intimacy denotes a mode of authenticity. The pursuit of such intimacy means that its accomplishment becomes a way of being in the world, and a means of making social contact. Failure to achieve such intimacy, or mode of authenticity, is then seen as an individual failure which can be 'helped with', or changed, through counselling. One theoretical approach to people's learned way of being which specifically relates to the idea of intimacy as authenticity within social contact is to be found in the work of Eric Berne.

Berne's work on transactional analysis relies on the proposition that most of social life consists of the playing of games, i.e. adopting prescribed roles and adhering to prescribed 'scripts'. Such scripts are acquired in infancy, and internalised by the individual as they develop to adulthood. The child, initially loving and spontaneous, is influenced by its parents into playing games as a form of social interaction, so that by adulthood they are well entrenched. Examples of such games are 'If It Weren't for You', where one partner blames their misfortunes on the other, and 'Yes, But', where the individual always has a reason prepared for why they cannot make initiatives to change situations.

Games are not to be confused with playing for a sense of fun. On the contrary. According to Berne, '(p)lay may be grimly serious, or even fatally serious, but the social

sanctions are serious only if the rules are broken (1964:17). Such play, however, is not

seen as a desirable mode of interaction, precisely because, according to Berne, it

suggests a lack of intimacy. To quote at length:-

> Pastimes and games are substitutes for the real living of real intimacy.
>
> Because of this they may be regarded as preliminary engagements rather
>
> than as unions, which is why they are characterized as poignant forms of
>
> play. *Intimacy begins when individual (usually instinctual)*
>
> *programming becomes more intense, and both social patterning and*
>
> *ulterior restrictions and motives begin to give way. It is the only*
>
> *completely satisfying answer to stimulus-hunger, recognition-hunger,*
>
> *and structure-hunger. Its prototype is the act of loving impregnation*
>
> (1964:17) (my italics).

Berne suggests that society 'frowns upon candidness', except in privacy. In other

words, there are cultural preferences and practices which discourage people from being

more open or direct. Berne suggests that candidness provokes fear because of the

'unmasking' which it requires and which is *contra* the cultural patterning of the West.

Therefore, most people choose as intimates others who play the same games. These are

the people with whom it is 'safe' to be unmasked.

In Berne's conceptualisation, intimacy means the expression of spontaneity, the

liberation of the internal child, ' the spontaneous, game-free candidness of an aware

person, the liberation of the eidetically perceptive, uncorrupted Child in all its naïveté

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living in the here and now' (Berne, 1964:160).[14] For Berne, 'game-free intimacy' is 'the

most perfect form of human living' (ibid:55), and its accomplishment is to be aspired to.

Interestingly, Berne notes a version of intimacy which does not require mutuality.

Referring to eidetic perception, he states that:-

> It can be shown experimentally that eidetic perception evokes affection,
>
> and that candidness mobilizes positive feelings, so that there is even such
>
> a thing as 'one-sided intimacy' - a phenomenon well known, although not
>
> by that name, to professional seducers, who are able to capture their
>
> partners without becoming involved themselves. This they do by
>
> encouraging the other person to look at them directly and to talk freely,
>
> while the male or female seducer makes only a well-guarded pretence of
>
> reciprocating (1964:160).

Here Berne is using intimacy in the sense of loving, which he sees as the 'essential nature'

of intimacy.

It may be argued, and this will be returned to in Chapter Five, that the therapist becomes

extremely skilled at eliciting just such behaviour from the client, and is then at liberty to

choose whether or not to reciprocate [15]. In this sense, therapy may be seen as seductive,

with the therapist as the seducer. In Berne's schemata, part of the purpose of therapy

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[14]The notion of the natural Child, the inner child, has gained great currency within therapy and therapeutic discourse, with individuals being exhorted to rediscover this 'part' of themselves, in order to be both authentic and spontaneous.

[15]There is increasing documentation on the ability of the therapist in this situation to become quite literally the seducer, and to enter into sexual intimacy with the client, contra the goals and ethics of the therapy (Russell, 1993: Rutter, 1990).

is to identify the games which are unhelpful to the client, develop insights into their origin, meaning and effect, and to change them accordingly (Berne, 1961). This is seen as an individual and psychological concern, and the playing of games is seen as individually functional for mental well being.

Berne has noted, however, that games are intrinsically social. Games exist within a historical context, generating from the past and influencing the future, so that to change them on any sizeable scale would have 'geometrically progressive' effects (ibid:151). The type of games played have some influence on the rituals and mores of society, as they are culturally determined and may be a part of the practices which distinguish one culture from another. If counselling is a part of the process of game elimination, in a move towards idealised forms of intimacy, then it could be instrumental to the erasure of social and cultural mores.

Intimacy as production

If the therapeutic process might be seen as seductive, then part of the skill of the therapist is to deliberately facilitate the client's self-disclosure, either in terms of the content which they are discussing, or the mode of being which the client experiences. The counsellor is attempting to generate intimacy and to encourage the client's authenticity.

One of the techniques which is used to facilitate or produce such intimacy is therapist self-disclosure, which is seen as multi-functional. Dryden (1990), for example, states

that the rational-emotive therapist strives to be open and disclose highly personal information (unless they judge that this will be used against them) because of the 'egalitarian nature ' of the therapeutic relationship. He outlines the therapeutic purpose of self-disclosure thus:-

> [W]hen rational-emotive counsellors disclose that they have in the past experienced similar problems to their clients, it is not only to indicate to clients that they are on an equal footing as humans with their clients but also to teach their clients what they did to overcome these problems. In doing so rational-emotive counsellors serve as credible and encouraging role models (1990:17).

Such a stance implies that not only is the therapist there in their capacity as ideal character, in MacIntyre's sense, but also that some sort of relationship between therapist and client is produced which is different from that expected in other professions. The difference is located within the intimacy which mutual self-disclosure is thought to produce.

Other prominent counsellor educators, still assuming shared meaning, make a more overt link between self-disclosure and intimacy. Richard Nelson-Jones, for example, believes that if the counsellor self-discloses, they are 'defining themselves' and that therefore others are less likely to misunderstand them. He also suggests that if the counsellor self-discloses, then they 'make contact' with the client, breaking down separateness with the result that they 'develop intimacy'. By making this move, the counsellor is facilitating a deeper level of disclosure, enhancing trust and making the client feel more comfortable

about being more and more open (Nelson-Jones, 1991:69-70).

John Heron makes more or less the same point:-

> Disclosure begets disclosure. You may feel it appropriate to disclose some of
> your own experiences and concerns in the area the person is addressing. This
> raises the level of intimacy and openness, trust and risk taking, and it facilitates
> client disclosure (Heron, 1990:109).

There is a basic flaw in these arguments as they imply some reciprocity of risk; yet in practice, significant disclosure is unilateral, i.e. it is made primarily by the client. The counsellor will only usually disclose material which is not connected to current issues of unknown emotional charge. The counsellor may be seen to be taking a risk and yet actually acting quite safely. To do otherwise might even be unethical, for if they were to disclose current highly charged concerns, they would be vulnerable to becoming emotionally volatile and unable to facilitate the client. If the content and the degree of honesty and openness of any self-disclosure is affected by the situation , as Jourard (1971) suggests, then it may be seen that client and counsellor are likely to differ in how much self-disclosure they make.

Nevertheless, it seems apparent that self-disclosure from the counsellor is believed to encourage a safer environment for the client to become intimate. It may also be true to say that despite the non-egalitarian nature of the relationship and of the risk taken, the act of self-disclosure still demonstrates some level of personal input into the venture, perhaps some aspect of 'genuineness', some demonstration of human fallibility, and some

notion of respect in really trying to understand the client's experience and help them to change their situation.

Egan (1973, 1990, 1994) provides a more detailed and specific review of the production of intimacy within the practice of counselling. He suggests that individuals have control of how intimate they are in situations, and also acknowledges that particular skills or techniques used within specific relationships will create a lesser or greater degree of intimacy. Far from seeing intimacy as all positive, and self-disclosure as therefore desirable, Egan sees the issue as more complex.

An early account of Egan's views on self-disclosure is to be found in his work on encounter groups (1973). He suggests that:-

> The assumption of this book is that responsible self-revelation is essential to the establishment of an intimate community in the context of which members can develop the human skills necessary to relate to one another at a high level (1973:41).

He identifies immediately that there are two kinds of self-disclosure possible, the relating of what experience has taken place or is taking place outside of the present context (i.e. the group), and the revelation of what is going on for a person in the here and now, i.e. how they are experiencing themselves phenomenologically within the current situation. Egan suggests that for intimate relations to occur, the content and level of disclosure needs to be related to the goals of the interaction (Egan, 1973:43).

Egan proposes two modes of self-disclosure which entail different degrees of risk-taking,

referring to one as 'history', and the other as 'story'. The first, he suggests, is a mode of

none-involvement, which Egan coins pseudo-self-disclosure. It is, he states, 'actuarial

and analytic', revealing facts but little of the person relating them. Perhaps this is akin to

the point made earlier that the counsellor who reveals a previous experience is actually

revealing little more than willingness to provide a personal account. As Egan puts it:-

> In history the manner of self-revelation is usually somewhat detached.
>
> There is little ego-involvement and thus little risk. The speaker deals with
>
> himself as object rather than as subject. Intimate life details might be
>
> revealed, but the intimacy has no particular meaning (1973:45).

Egan generalises somewhat here, as it is undoubtedly possible for an individual to

recount history in a most involved manner, but his point is noteworthy for the

recognition that revealing information which may be classified intimate does not

necessarily add any depth to the intimacy of a relationship.

Disclosing 'story', he argues, has the converse intention and outcome. This mode of

disclosure is less concerned with relating the facts of the matter than with revealing

some aspect of self. Story, he suggests, is 'authentic self-disclosure, for it is an attempt

to reveal the person within' (ibid:46), and he suggests that it happens without

interpretation, i.e. that it is a straightforward rather than reflexive account. Such self-

disclosure is almost certain to produce intimacy, as indeed it is 'difficult to reveal oneself

on a deep level to another without creating, by the very act of self-revelation, some

degree of intimacy' (Egan,1973:54).

Egan's view, however, is that it is the 'psychopathology of the average' to flee self-revelation as the prospect of intimacy evokes fear. He suggests that in order to make this feat less fearful, therapists might 'engage in self-disclosure that is proportional to the situation and that involves reasonable risk-taking' (ibid:55). In this respect, Egan uses the notions of appropriate self-disclosure and intimacy as synonymous.

Egan suggests that self-disclosure and intimacy are frightening because they are concerned with responsibility, change, and the risk of rejection. The first two are associated with the notion of public confession, in as much as any public declaration of how we view ourselves carries the commitment to carry it through. If a person publicly declares a negative attribute, then they are making some committment to changing it. The prospect of rejection from the person to whom a disclosure is made is fraught with possibilities of hurt and shame.

Egan discusses the relationship between shame and self-disclosure. Shame, he suggests, is *primarily* an exposure of self to oneself (ibid:57). It is the exposure of inadequacies, and may occur suddenly. He states:-

> The external event that precipitates a shame experience might be quite trivial. A
>
> casual remark or a joke might trigger a profound feeling of shame in someone
>
> (loc cit).

This is reminiscent of Elias' (1978) contention that shame is one of the consequences of the elite appropriation of codes of manners, and that the individual who acts in some way outside these rules is open to ridicule. The experience then leaves them self-conscious and self-reflective. Whereas Elias sees the production of shame as a socially

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manufactured means of exerting power, Egan contends that its roots are more deeply psychological, and that 'shame could not arise, could not be touched off by "insignificant" incidents unless, deep down, one was already ashamed' (1973:57)[16].

An interesting point here is that Egan then goes on to support the use of self-disclosure as a means of dealing with shame . He quotes Lynd(1958:249) to support his view that shame 'can be a way of self discovery':-

> If, however, one can sufficiently risk uncovering oneself and sufficiently trust another person to seek means of communicating shame, the risking of exposure can be in itself an experience of release, expansion, self-revelation, a coming forward of belief in oneself, and entering into the mind and feeling of another person (in Egan, 1973:57).

This seems to take the process full circle. Unwelcome or unsolicited self-revelation leads to shame, which can then be alleviated through purposeful self-disclosure in a relationship of intimacy.

Egan's description and advocacy of self-disclosure affirms his belief that it is a powerful activity. He explicates self-disclosure as a technique for the therapist, and is quite specific about its use and effect. Self-disclosure in the therapeutic context is used as a 'challenging skill', that is, a technique which will challenge the client into more self-revelation or into a different perspective on their situation or problem. Egan

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[16] This is a consistent theme in counselling psychology. Even the constructivist view of George Kelly (1955) suggests shame as the outocme of some self-revelation of personal indadequacy. Kelly suggests that guilt is the result of an awareness of 'dislodgement' of one's core values, rather than a failure to conform to a cultural or societal norm or standard.

contextualises challenging skills in the sense of the helper having to 'earn the right' to use them. In other words, the counsellor must first demonstrate empathy and respect to the client. This accords with his view that self-disclosure should be proportional to the risk and the conditions of the relationship in which it is made. Egan suggests that the use of empathy is itself a facilitator of, or even a kind of, intimacy (1990:133). The production of intimacy thus becomes an incremental process, where empathy engenders intimacy which enhances trust. Challenge is then more possible because the risk to self is less, and a deeper intimacy is engendered.

Egan distinguishes between indirect and direct self-disclosure. Indirect self-disclosure is somewhat akin to Sennett's immanence of personality (Sennett, 1977, 1980). It refers to those personal characteristics which are displayed through body language and paralinguistics, and in this sense may be inevitable. Egan is however more concerned with helper self-disclosure as a direct activity and as a skill, and it is this which he relates to the formation of intimacy. He states:-

> Helper self-disclosure is challenging for at least two reasons. First, it is a form of intimacy and, for some clients, intimacy is not easy to handle. Second, the message to the client is, indirectly, a challenging "You can do it, too", because helper revelations, even when they deal with past failures, usually deal with/problem situations that have been overcome (Egan, 1994:184).

Egan acknowledges that this elicitation of intimacy provokes different reactions from appreciation to intense dislike, and indeed some clients might fear intimacy in the sense discussed above. Egan thus issues cautions to the would be helper. Self-disclosure

should be appropriate, i.e. if it has direct positive effect on the achievement of client goals, it should be selective, brief and focused, and the helper should remain flexible. Egan also suggests that the use of self-disclosure should be mentioned in the initial contracting, so that the client is not unduly concerned when it occurs.

As well as the skills and qualities which are seen as an integral part of the counselling process, it would seem that there are particular conditions within the counselling relationship which are seen as likely to elicit self-disclosure from the client and therefore perhaps establish some sort of intimacy within the relationship. One of these is the contract of confidentiality. By promising confidentiality, albeit perhaps a limited confidentiality[17], the counsellor offers the privacy of the confessional; any thought or revelation can be shared, knowing that the listener is a stranger bound not to disclose the information given. In this respect, counselling can be seen as having a purgatory function.

Another condition is the offering of unconditional positive regard or a non-judgmental attitude. If the client is able to make disclosure of events, feelings or behaviours of which they are ashamed, without the listener sitting in judgement upon them, then self-disclosure will be enabled. The client will suffer no personal ramifications to any disclosure, thus making it easier to be intimate with a stranger. There is an ethical opt out clause on the level of confidentiality, which is to do with the client's propensity to be a danger to self or others, an ethic well embedded within the tradition of mental

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[17]The codes of ethics of professional groups delineate certain negotiable boundaries to confidentiality where the client is seen in behaving in a manner which endangers themselves or others. There are also statutory requirements for many workers where child sexual abuse is disclosed.

health[18]. There is however a wider ethical question suggested by this approach; while it may be desirable to have no inappropriate judgement, what might be the outcomes of offering no appropriate judgement? At the least, the counsellor may lose credibility, and at worst, may be colluding in activity which is contrary to a common good. The justification for this, however, is firmly rooted in the faith of counselling, that, given acceptance and lack of critical judgement, the individual will develop in a 'healthy' way.

In summary, then, intimacy is presented in diverse ways within counselling theory and practice. It is valued both intrinsically and instrumentally. It is presented in different ways, as a process, property, experience, a way of being or a production. Within counselling ideology, it is consistently contended that intimacy is an individual and psychological phenomenon which can be developed or enhanced through counselling. and which is deliberatey produced within counselling. No acknowledgement is made of intimacy as a social production defined within the boundaries of social and cultural norms and mores, or that counselling as a social practice is a major discourse within the production of intimacy.

Sociological perspectives on intimacy

The next section of this chapter then will consider these issues by reviewing the way that intimacy is presented from a sociological perspective. Within this, there is a specific concern with how the production of intimacy in the public sphere affects intimacy in the

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[18] This again presents a paradox of counselling philosophy: the client is encouraged to be respected and self-determining, *unless the counsellor deems them unfit to qualify for these privileges.*

private sphere, and vice versa[19]. The next section of this chapter will outline Sennet's

account of intimacy as socially produced, Simmel's work on intimacy as a social form

and Gidden's account of intimacy as democracy. This will contextualise the practice of

counselling as a cultural object, and inform the interpretation of the research findings in

Chapter Five.

Intimacy as a social production

Richard Sennett (1977, 1980) proposes intimacy as a production of the organisation of

public life. His version of the transmutation of 'nineteenth century terms of privacy into

twentieth century terms of intimacy' is an account of the erosion of both the masks of

public life which engender communication and contact, and of a certain reticence of

private life which engendered an intimacy appropriate to the needs of self and others.

The outcome, he suggests, is a public arena where people are afraid of those who are

unknown to them, and which is characterised by their inability to relate expressively

to strangers. The private arena, on the other hand, has, according to Sennett,

transformed to an equally unsatisfactory end result where the type of intimacy being

experienced and entered into is in fact tyrannous by its narcissism, and antithetical to

privacy.

Intimacy, suggests Sennett, 'connotes warmth, trust, and open expression of feeling'

(1977:5). Such 'psychological rewards' are the product of social relations rather than

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[19]Bell (1995) suggests that both 'realms' have implications for each other, and to some extent are linked
so inexorably that any boundary between them is either artificial, or difficult to accept without conflict (Bell,
1995)

an attribute of the individual, which they are or are not able to achieve or engineer through their own personal development. The moral code of the Victorians had profound effects on social relations, which pertain to modernity. As outlined in Chapter One Sennett suggests that it led to a mode of reading others as if their dress, outward appearance, gestures, facial expressions and words signified a form of self-disclosure rather than the adoption of a role, or a means of communication . The only way not to put oneself on display, he suggested, was to neutralize appearance and repress feeling.

Alongside such changes in notions of selfhood, Sennett suggests that the organisation of public space has changed radically in its nature, a change which he describes as leading to decay to the point of death. The increased ease of motion which is characteristic of the twentieth century has meant that cities and towns are designed and experienced as through ways rather than communal space. Where 'communal space' is actively designed, it frequently fails through a lack of boundary, for example in open plan offices, so that people are often 'under surveillance' rather than freely communing. Unlike the seventeenth and eighteenth century, where status and office were discernable through clothing, the twentieth century has created the public as a forum where one is either unwillingly exposed, or else isolated. Sennett suggests that because of the changing nature of public space, and public roles within this space, community relations have been eroded and replaced by an ethos wherein the notion of community has become synonymous with mutual self-disclosure. Thus the ability to be intimate with strangers within the web of social relations has declined, and such relations are currently devoid of expression (1977:6) . This is quite different from preceding societies where, Sennett contends, 'while man *made* himself in public, he *realized* his nature in the private realm,

above all in his experiences' (1977;18-19: italics in original).

Key to this discussion are Sennett's insights into the function of the adoption of roles in public life, complete with attire suited to them. He offers rich description of society being organised in a way where drama and everyday life were linked, where plays were performed publicly, with public participation, and where real life was acted publicly, donning the appropriate clothes, and expressing through the appropriate manners. Social differences could be recognised and sustained through codes of belief and behaviour (1977:33). Perhaps most importantly, in contrast to the self movements of the twentieth century, and to counselling psychology in particular, it was seen as desirable to 'mask' aspects of self in whatever ways possible to enable this configuration of public society.

Without such masks, the nature of public interaction has changed to a mode where regular interaction with strangers requires a new set of interactive processes. Thus there is a lack of expressivism with strangers. Strangers become people who are negotiatied with in public places in the mode which Goffman (1963) has dubbed 'civil inattention', or the art of passing people with studied ease and co-ordination, yet with little or no interaction. Sennett suggests that such superficial attention and lack of expressivism has led to an increased suspicion of strangers whose origin or status is not apparent[20].

Moreover, as expressivism is reduced in public life, so the urge towards intimacy is

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[20]Perhaps the most striking example is the repeated 'Stranger Danger' campaigns aimed at schoolchildren to dissuade them from talking to adults who they do not know, and supposedly to protect their well being, despite the statistics which indicate that over ninety per cent of assaults on children are carried out by people who they know.

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exacerbated in private life. As documented in Chapter One, people are encouraged to relate within a culture of narcissism, with its emphasis on 'direct' encounters, and to produce intimacy between themselves through the practice of authenticity. Sennett suggests that in this process, the balance between public and private life has been eroded, and replaced with the 'tyrannies of intimacy'. The culture is changed to one of affect[21]. Sennett uses tyranny in the sense of 'sovereignty', to denote how a whole social matrix of human activity and habit are referred to one single source of authority in order to give them meaning. Such tyranny is not brutally imposed but introduced through more subtle and seductive means. For Sennet, intimacy has become a tyranny through propagating the 'measurement of society in psychological terms', and through the belief that social relations are simply interpersonal disclosures. The result is self-defeating:-

> The expectation is that when relations are close, they are warm; it is an intense kind of sociability which people seek out in attempting to remove the barriers to intimate contact, but this expectation is defeated by the act. The closer people come, the less sociable, the more painful, the more fratricidal their relations (Sennett, 1980:338).

Sennett argues that such changes lead to a 'Romantic search' for self-realisation emerging from the conditions of ordinary life'. Whole concepts of community then

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[21]This point relates to the constructed nature of the self in modernity as being of higher affect than previously (Stone, 1979: Elias, 1978). Whether or not this is specific to modernity is not the question, it is rather the *priority* which personal relations have acquired which is notable. Taylor puts it succinctly: 'What changes is not that people begin loving their children or feeling affection for their spouses, but that these dispositions come to be seen as a crucial part of what makes life worthy and significant' (Taylor, 1989:292).

change, as do the function of social movements. When groups of people get together to work over some issue, the cohesion of the group becomes an end in itself to the detriment of the original cause it represented. This is so because of the forces of narcissism described earlier - everyone is operating in terms of what this event, or what these other people, mean to me. A market exchange notion of intimacy springs up, which, incidentally, becomes intensified in group therapy and human growth groups and philosophies. 'Sharing' becomes desirable in community relations, essential in therapy. The person who won't share is seen as unable to relate to others, or as someone who others cannot relate to. 'Relate', for Sennett, is a cover word for measuring the other in terms of a mirror of self concern while being 'open' to one another is 'a cover for measuring social interaction in terms of the market exchange of confession' (1977:10).

Participation with strangers for social ends diminishes, and the desire to authenticate oneself through the revelation of personality becomes the paramount aim of action groups. Rieff makes a similar observation on this, that:-

> Reticence, secrecy, concealment of self have been transformed into social problems; once they were aspects of civility, when the great Western formulary summed up in the creedal phrase 'know thyself' encouraged obedience to communal purposes rather than suspicion of them (1968:71).

With the absence of such a perspective, Sennett argues that only a destructive gemeinschaft results. This is in contrast to Rogers' celebration of authenticity and the ability to live and to relate without masks.

Sennett's analysis challenges two of the assumptions which are common to the counselling literature, namely, that intimacy is a personal and subjectively created phenomenon, and, secondly, that it is a desirable as a constant and consistent way of relating. Sennett argues that the celebration of inter-subjectivity which has resulted from shifts in the organisation of both public and private life is in fact personally destructive; he refers to this as state as 'destructive gemeinschaft'. It arises from an attempt to impose the sort of relations which are appropriate to a *community*, with all its preconditions of openness, sharing and honesty, to a *society* (gesellschaft) which is built on a completely different set of relations. The result is an ill-conceived imperative to relate intimately, and without masks, in situations where this is neither desirable nor appropriate.

In Chapter One, it was suggested that Sennett's analysis of the culture of narcissism offers an understanding of how therapy is possible, through the belief in 'protean man', i.e the concept that personalities are changeable. His documentation of the belief in immanence of personality as part of the tyranny of intimacy also offers a context for how therapeutic practice has developed. One of the general principles within counselling and therapy is that 'feelings will out' , if not 'healthily' , then neurotically. This may show in hysterical symptoms, in various forms of body language or other giveaway signs or even in dress. Alternatively, it is argued that feelings which are not expressed overtly are turned in upon the self. This is seen to result in depression, or even in self-created illness. One of the goals of therapy is to uncover the 'real' feelings being signified not only by words, but by appearance, and by manner of vocalisation.

In other words, therapy is concerned to get at the unconscious motives, feelings and messages of conscious acts, or to get at the 'real self' behind the 'masks which people wear. So for Sennett (1980), the unconscious is merely a misnomer for a 'belief in the involuntary disclosure of emotion', a belief 'foreshadowed by these ideas of involuntary disclosure in public', i.e. a social phenomenon. For Freud (1961), however, the idea of small signs denoting 'greater things' is used to underpin the acceptance of a whole newly identified mental realm, 'with its own desires and modes of expression and peculiar mechanisms not elsewhere operative'.

From these perspectives, then, counselling may be seen as one of the components of the production of the tyranny of intimacy, if it is to perpetuate the belief that social relations should consist of authentic disclosure of personalities. It is debatable as to whether or not this is the whole case, although there is no doubt that both authenticity and self-determination are values which run through the literature and practice of counselling. However, it is less clear how, in practice, counsellors and clients relate an increased propensity to intimacy to an individual or social purpose, and indeed this thesis is concerned to investigate such understandings. It is useful at this point to look at Simmel's work as suggesting a methodology for how purpose might influence the production of intimacy as a social form.

Intimacy as a social form.

The work of Georg Simmel revolves around his demarcation of social forms as the proper object of sociological study. While his observations were also concerned with the areas of human motivation and human behaviour within groups, his focus remained

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on the forms within which human activities develop. Thus he concerned himself with the specific social configurations in which human behaviour is organised, such as schools, church, State or family, and with the *forms* of organisation such as imitation or competition (Freund, 1979:158). Simmel conceptualised social forms as a part of the process of *sociation*:they are the method or process by which individuals and society operate on an interactional basis.

Simmel proposed that society emerges through the synthesis of the activities and situations of individuals. It is never, however, a tangible reality, but only an ideal. Therefore, to understand society, we must understand the actions and the thinking of the people within it. The real organisation of social processes is a mental rather than an actual reality. Society is therefore the unification of a cognitive awareness of common knowledge (Waters, 1994). Socialization is the process which links the attitudes, motivations and behaviour of individuals with the structures or social forms of society. Thus Simmel states:-

> Socialization is the form which develops in a thousand different ways, in
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> which individuals make up a unity on the basis of felt interests or
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> conscious temporary or lasting ideals determined by a cause or by an
>
> end, in which they realize these ideals (Simmel, 1968:5 in Freund, op
>
> cit:159).

Simmel distinguishes between content and forms of social life. Social interaction (society) arises for certain reasons. It is a purposeful activity based on the fulfilment of particular drives, impulses, instincts or interests. Such purposes cause individuals to arrange their interactions in particular ways. Simmel designates all such aspects of the

individual, ' everything that is present in them in such a way as to engender or mediate effects upon others or to receive such effects', as the 'content,' as the *material*, as it were, of sociation' (Simmel, 1950:40-41). Simmel explains that none of the basic drives, such as hunger or love, are of themselves social; they only become social when they influence individuals into ways of aggregation, 'into specific form of being with and for one another - terms that are subsumed under the general concept of interaction. Sociation thus is the form 'in which individuals grow together into units that satisfy their interests' (ibid:41).

Simmel suggests a limited number of social forms, so that although their specific make up might change, such as that of the family or the Church, they remain a constant form in terms of their conventions and rituals. Forms of social interaction consist of repeated patterns of behaviour as a means to express feelings, thoughts and motivation. In Simmel's analysis, then, intimacy might be considered as a social form both in its general sense and in the more specific sense. Thus its particular institutions, such as love dyads, or families, become one area of study, as do the more interactive forms which intimacy takes at a societal level.

Simmel's work draws attention to the very deliberate nature and purpose of social interaction in intimate relationships. Simmel's essay on flirtation (1984), for example, serves as an illustration of the codes of conduct prevalent within the process of a form of interaction. Flirtation may be seen as a part of the process of developing intimacy in close relationships. It may also be seen as an activity which requires a certain amount of intimacy within itself. Simmel's analysis concentrates on the subtleties and

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complexities of the activity of flirtation, in a detailed and almost step by step analysis.

Simmel suggests that flirtation is an activity which can be engaged in within a broad range of contexts. We can flirt with ideas and knowledge as well as with people, and inevitably we do. Flirtation for Simmel implies a constant flux of approaching encounters and withdrawing from them almost simultaneously[22]. He sees the sexual relationship between men and women as a specific example of flirtation which provides a 'normative paradigm' for analysis (Simmel, 1984: 150-1).

Simmel presents flirtation as an activity which is motivated both by pleasure, and by consideration of the value of the object of flirtation. In other words, there is both 'sacrifice and effort' involved in the activity; far from being a deterrent, this constitutes a 'psychological turn' which makes the activity possible. This is because flirting entails a constant tension between 'antithesis and synthesis'. The flirt, presented by Simmel as a woman, is alternately, or simultaneously, presenting the object of her flirtation with signs of both accommodation and denial. The object of the flirtation, presented by Simmel as a man, feels both the availability, or nearness of the woman, while knowing that he cannot attain it. This is the essence of what Simmel calls the cost of the exercise, which is precisely what makes it valuable. The man sees and experiences something (somebody) who he wants but cannot have.

In this process of flirtation, according to Simmel, there is a fundamental tension in the

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[22] In the research discussed in Chapter Five, several respondents alluded to the 'dance of intimacy', wherein a whole process of moving towards and away is repeated.

revelation of self, which he calls 'semi-concealment' (ibid:136). He states:-

> Under this heading I understand all those internal and external cases in
>
> which submission or presentation of the self is suspended by partial
>
> concealment or refusal of the self, in such a way that the whole is
>
> fantasized all the more vividly and the desire for the totality of the reality
>
> is excited all the more consciously and intensively (ibid:136).

Simmel does not confine the notion of semi-concealment to the body or to the realm of

overtly sexual desire, but suggests 'intellectual semi-concealment 'as typical of

flirtation. The essence of the charm of flirtation lies, for Simmel, in the constant flux

between authenticity and the denial of genuineness. Such a process only 'works' when

both parties are fuelling it; flirtation is a wholly reciprocal and 'pure' form of interaction.

Such purity is found in his specific analysis of intimacy.

Simmel's concept of intimacy is complex. He is specifically concerned to demonstrate

it through focussing on intimacy within marriage, and marriage as a form of intimacy,

although he does then extrapolate his theory to other situations. The intimacy of the

marriage dyad, he states, is a process located within 'personal interdependence'. For

some dyads, the intimacy of their relationship is based around a sense of uniqueness,

from the 'individual's inclination to consider that which distinguishes him from

others....as the core, value and chief matter of this existence' (Simmel, 1950:126). It is

this sense of individuality and uniqueness which enables or engenders intimacy with

another. For many other dyadic relationships, however, the form of intimacy is

generated through a 'very opposite' inclination, wherein the commonality which they feel

with other people is the 'essence and the substantial value of their personality' (loc cit). Simmel notes that this last form of intmacy is typical of mány groups, where specific content forms the common base, and the means of fulfillment, thus rendering the group exclusive to those who do not share such content.

In both types of dyads, says Simmel, there is a mixture of 'ingredients', some of which are used only in that relationship, and some of which are taken by its members to their other relationships. The relationship can be intimate only if 'exclusive ingredients' are seen as essential to it; 'if its whole affective structure is based on what each of the two participants gives or show only to the one other person and to nobody else' (loc cit). In this view, intimacy is not based on the content of self-disclosure, even when that content is of an 'intimate' nature; such material can be disclosed to several different people in a *general* form of interaction. For intimacy to occur, the disclosure of 'individual-exclusive' content needs to take place.

Simmel suggests that it is precisely this exclusiveness which can lead to the erosion of intimacy, as well as its development. Such intimacy is dangerous to a romantic dyad, which he expemplifies as spouses, because they might share everything, the 'indifferent intimacies' of each hour, the weakness which they do not show to others. Such matters are really matters of indifference or irrelevance, but in sharing them, the spouses gradually leave our their more intellectual and generous feature, saving them for situations outside the home. Much of the 'most important part of their personalities' is eliminated from the union. In other words, the marriage dyad is in danger of being preoccupied with trivia and with losing its 'essential' uniqueness and intimate character

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(Simmel 1950: 126-7).

Simmel suggests that as the intimacy of the dyad depends on its exclusiveness, it is crucial that the 'unit' which they make up does not transcend the two partners. He suggests that '(t)he condition of intimacy consists in the fact that the participants in a given relationship see only one another, and do not see, at the same time, an objective, super-individual structure which they feel exists and operates on its own' (ibid:127-8). If they then start to see the partnership, or marriage, as having some existential status of its own, then this would disturb the form that intimacy takes, and thus its quality.

Yet there is no doubt, he suggests, that monogamous marriage does seem to constitute a 'super-personal unit'. Its partners might for example contain their own personal defects within themselves, and give only their best to the 'marriage'. Marriage seems to have a value all of its own, with expected modes of relating: '[i]t is a relationship within which either of the two feels and behaves only with respect to each other' (Simmel, 1950:129).

According to Simmel, marriage has become a unit through two circumstances. The first is the dynamic power of the union of two 'fundamentally different beings', i.e. man and woman, who are both willing and able to suspend their own 'egoism' to the purpose of the relationship. The second is the cultural and historical nature of the marriage form. The formal nature of marriage is relatively stable, it is not changed by the individuals who enter into it. Other people, 'third persons', are a part of the intitiation and structure of marriage, whether they be relatives who are offering dowries or paying for the wedding celebrations, or the legal or religious authority who formalizes the vows.

While the intimacy of the two individuals then is of paramount importance, it has something of a collective nature. Although 'modern culture', Simmel suggests, tends more and more to individualize the character of any given marriage, its social form remains emphasized. Simmel contends that the uniformity of the social form of marriage enables a degree of freedom and creativity to its participants, which would not be available should its social forms be more varying.

Simmel's analysis has particular interest for the accomplishment of intimacy in the context of counselling. Simmel locates intimacy of form within the context of the dyad, and the counselling relationship in its 'pure form' is precisely that. As a social form, it clearly creates a unit which is super-personal. It is subject to rules and regulations of governing bodies, and has a contractual nature. The formation of the 'therapeutic alliance' fully depends on the cooperation and contracted responsibilities and rights of the two people involved. The content and the purpose of each counselling dyad has an internal purpose, i.e. to help the client in whichever way has been agreed. There is however a more objective purpose to counselling. Each dyad, each organisation which offers counselling, has a purpose outside of its own idiosyncratic version. What is more, the relationship itself is a unit of which both members are fully aware, and which is actively 'brought in' to the therapeutic process as a part of its structure. Various client emotions for example will be referred to as symptomatic of transference, or of how the client acts in the 'outside world', and used to therapeutic ends. In this respect, the counselling relationship would not be characterised by Simmel as intimate, although it may temporarily have characteristics which are similar to those of intimacy.

Simmel's analysis is also pertinent to the more general social pursuit of intimacy to which counselling subscribes. Simmel states most categorically that intimacy may be threatened if a third unit is introduced to a (marriage) dyad, even if that unit is the relationship itself. He suggests that the negotiation of such threat is eased when the social form of that relationship is fairly stable, and where its form demands that the two partners treat each other with respect. Although Simmel's view might have been somewhat idealised, this does not detract from the principles which he is concerned to demonstrate.

The practice of counselling has not developed such clarity on intimacy as a social form. Rather, it has tended to idealise the very act of relating directly, rather than paying attention to the formal arrangements of relationships. It may be argued that this has resulted in 'the relationship' assuming more importance than the interpersonal process between the participants. Moreover, as has been suggested previously, the purpose of the relationship is now directed to self-fulfilment and gratification, rather than 'egoism' being suspended in the interests of the relationship. While in Simmel's method, intimacy is threatened by the comparatively lax and inconsistent social form of modern day 'marriage', or cohabitation, and by the focus on the 'relationship', that same focus is very much a part of the quest for intimacy within modernity. Giddens' work on the transformation of intimacy addresses some of the effects of such a shift, and centres around the notion of the 'pure relationship', which has no traditional social form but which is seen as serving the purposes of gratification of its partners. Such relationships are seen as providing the potential for the social transformation of intimacy.

Intimacy as democracy

Giddens' work on the transformation of intimacy offers a significant analysis of the production of intimacy within Western culture (Giddens, 1991, 1992). Giddens draws on material from self-help manuals to illustrate his case, and in this sense is directly concerned with the culture of therapy. His analysis is particularly challenging because of his concern with intimacy as reflexive process, and with the potential that 'intimacy as democracy' has for influencing and changing social relations.

Giddens' analysis hinges around the effects of the sexual revolution wherein 'for the first time in history' (1992:1) women claim equality with men. While accepting that this revolution is far from complete, he suggests that it has had profound impact on eroticism, sexuality and love, and, in turn, upon intimacy. In antithesis to Dowrick (1992), Giddens suggests that it is women's way of thinking and regarding themselves, their identities and their desires, which has changed significantly and is now largely responsible for the transformation of intimacy which he describes.

Giddens suggests two key factors within this process of change. One is the increased availability of effective contraception, which has, to a large extent, freed sexuality from the reproductive process. Such freedom has enabled the emergence of what he terms 'plastic sexuality'. By this, Giddens means a sexuality whose purpose is purely pleasure and gratification rather than procreation. Within this process, sexual activity is rendered less necessarily phallocentric than ever before (1992:2). The second key factor he suggests is the emancipatory politics and practices of gay movements and groups. The 'coming out' of homosexuals and the appropriation of their sexuality as a form of

identity, with deliberate emphasis on 'positive' connotations, has had implications which

go far wider than the communities who have initiated the change. For in entering the

reflexive process which generated the term 'gay', Giddens suggests, sexuality was

mooted and appropriated as a quality of the self. The outcome of these moves paved

the way for massive potential change, as sexuality is both 'free-floating', and intrinsically

linked to self-identity, a property of what we may 'be' (Giddens, 1992:14). This has

tremendous consequences:-

> 'Sexuality' today has been discovered, opened up and made accessible to the
>
> development of varying life-styles. It is something each of us 'has' or cultivates,
>
> no longer a natural condition which an individual accepts as preordained state of
>
> affairs. Somehow, in a way that has to be investigated, sexuality functions as a
>
> malleable feature of self, a prime connecting point between body, self-identity
>
> and social norms (ibid:15).

The equalising of the relationships between men and women, alongside other historical

changes to do with the process of industrialisation, has culminated in that which Giddens

coins the *pure* or *confluent* relationship (1992:58). The relationship becomes the central

point of experience and is more important of itself than any intrinsic qualities or

functions of the person one is relating to. The relationship, not the person, provides

the reward and the satisfaction. Giddens is at pains to be clear about this. He states:-

> The term 'relationship', meaning a close and continuing emotional tie to
>
> another, has only come into general usage relatively recently....A pure
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> relationship has nothing to do with sexual purity, and is a limiting
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> concept rather than only a descriptive one. It refers to a situation where

a social relation is entered into for its own sake, for what can be derived

by each person from a sustained association with another; and which is

continued only in so far as it is thought by both parties to deliver enough

satisfactions for each individual to stay within it (1992:58).

The pure relationship is a self-centred, reflexive enterprise, with its participants

continually evaluating it in terms of whether or not it is meeting their needs, not only for

gratification, but for self-development, self-esteem; in other words, for identity formation

and sustenance (Giddens, 1991: 94-98). The pure relationship centres around intimacy

(1991:94); it is also one of the social practices which helps to define intimacy and its

social form(1992:58). Whereas in Simmel's sense the pure relationship would be

threatening to the intimacy of the partners, Giddens is more concerned to examine how

the mores which have produced the pure relationship might inform the future form and

production of intimacy.

Giddens' exposition of the pure relationship echoes the kind of analysis proffered by

David Smail. Smail suggests that the 'relationship' and the pursuit of happiness have

now become the central foci of long term partnerships to the exclusion of external

referents and purposes (Smail, 1987). Whereas Smail adopts a quasi-Marxist approach

and sees this as representing an unhealthy form of commodification which is morally

regrettable, Giddens takes a quite different tack. Refuting the pessimism which he

detects amongst other social commentators of intimacy and self, Giddens presents his

understanding of the transformation of intimacy as having enormous potential for

effecting a major ethical shift in relations. Such a shift would take place through the

democratization of relationships wherein, he posits, we might ultimately use intimacy to create an 'ethics of personal life which makes possible a conjunction of happiness, love and respect for others' (1992:181).

Giddens began his work on intimacy through setting out to write about sex, and in turn, about love and gender. Thus gender is a key focus in his work. Giddens suggests that intimacy has been predominantly the realm of women, while men have related more through distanced sexual relationships. Women, he suggests, have traditionally been the targets and the media for the production of the discourse of romantic love, wherein love was idealised as an embodiment of the perfect partner (husband). The pure relationship is of a quite different nature. It is created through *confluent* love, where its participants are continuously asking whether this is satisfying, and reflecting on the emotional effects of the relationship. It is not always of a sexual nature, and is created and sought after in close friendships as well as sexual relationships, although it is the latter with which he is centrally concerned. And, most importantly, it has been created through the experience and the experiments of women as they have struggled to develop relationships which are compatible with their position of equality with men. While this process has occurred, Giddens argues, men have been left on the margins of this revolution in the (women-focused) realm of intimate relations.

Giddens is primarily concerned with the intimacy of shared emotion, and is specifically interested in the intimacy of heterosexual sex and love, although he discusses gay

relations in order to inform this[23]. While he does not formally define intimacy, he offers understandings of different modes of being intimate. For Giddens, it is intricately bound up with modes of self-disclosure, and with the project of self-identification. He states that '(i)ntimacy means the disclosure of emotions and actions which the individual is unlikely to hold up to a wider public gaze' (1992:138), and is therefore suggesting it as a private activity. Intimacy is conceptualised in terms of attachment and separateness:-

> Clear boundaries within a relationship are obviously important for confluent love and the sustaining of intimacy. Intimacy is not being absorbed by the other, but knowing his or her characteristics and making available one's own. Opening out to the other, paradoxically, requires personal boundaries, because it is a communicative phenomenon; it also requires sensitivity and tact, since it is not the same as living with no private thoughts at all (1992:94).

Giddens suggests that, within sexual relationships, emotion is particularly important as a 'means of communication .. commitment and cooperation with others', and that 'eroticism is the cultivation of feeling, expressed through bodily sensation, in a communicative context; an art of giving and receiving pleasure' (ibid:20).

He contrasts this ideal with the current social norms of sexual practice, and this part of his analysis depends heavily on the notions of addiction to relationships for self-

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[23] Giddens' view of gay 'episodic sex', that which is sequestrated from long term commitment and seen as emotionally distant is welcomed as being distinct from typical sociological and psychological analyses where such behaviour is often categorised as negatively addictive, or as in some way abnormal (Bell, 1995).

fulfilment, an addiction which he conceptualises as 'co-dependence'. Addictive sex, he suggests, is currently endemic to Western culture. He uses it to refer to compulsive sexual behaviour which not only comprises certain characteristics related to feeling 'high', dependency on the 'fix', and taking time out from the rest of life, but which is also intrinsically related to self. Addictive sex, he suggests, involves aspects of loss of self, both in terms of self-control, but also in terms of self-esteem, as it is followed by feelings of self-disgust (1992:72-74)[24]. Within this paradigm, he suggests addictive sex as a mechanism of identity formation, on the grounds that '[e]very addiction is a defensive reaction, and an escape, a recognition of lack of autonomy that casts a shadow over the competence of the self' (1992:76). He suggests that the ritualistic and habitual nature of addictions is only possible within a society which has lost a continuity of tradition. In other words, addiction is one of the modes of the reflexive project of self, a mode in which the agent tries to discover some aspects or stabilising facet of self.

Although he declares that both men and women can experience sex as an addiction, Giddens suggests that it is seen as different in form for each gender. For women, it may be cyclical, is usually associated with orgasmic release, and is also, and perhaps most importantly, construed by Giddens in psychological terms as representing a need to affirm attractiveness to men. For men, however, it is connected with the urge for variety, the superficial self-esteem of being successful with women, and with anxiety about and dread of women (ibid:81).

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[24] Stephen Heath (1982) makes a similar point in The Sexual Fix, when he suggests that men who indulge in pornographic stimulation feel both sad that they cannot become so aroused with the women who they love, and then ashamed of themselves for their compulsions.

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Co-dependency, on the other hand, is implicitly formulated as more intrinsic to women, who are more likely to have channelled their search for self through through love, and may become co-dependent in unfulfilling relationships[25]. The term co-dependent implies that in order to feel secure, the individual relies on another, or others, to define their wants and their roles. It has a compulsively caring element to it, achieving self-esteem vicariously through the service of others [26].

Giddens' analysis depends heavily on his account of gender relationships, and how the genders contemplate and create intimacy. His evaluation claims that women, and gay men, have, through the use of the pure relationship, made a quiet and significant revolution in demonstrating the potential for intimacy. Heterosexual men have been on the margins of this revolution, and while they too may yearn for love, need to change their modus operandi in order to achieve it. Such change requires psychic re-structuring towards the formation of intimacy. The formation of intimacy is the key to the democratisation of relationships.

The principle of autonomy is seen as crucial to this enterprise. For intimate relationships to be accomplished, the principles of democracy and autonomy combined would mean that individuals treat each other with respect, 'open out' to each other, trust each other to develop separately, and fulfil their rights and obligations. And within this schema:-

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[25]This certainly reflects a prevalent view, captured in the outstanding success of books such as Robin Norwood's Women who Love Too Much (1985), and Colette Dowling's The Cinderella Complex (1981).

[26] The notion of co-dependency has expanded to incorporate also the dependence on helping, or being a therapist, as an addictive activity bound up with the achievement of self-esteem. There is available a twelve-step programme based on that developed by Alcoholics Anonymous to help people 'recover' from addictive helping. Cf Berry, (1991) :How to Escape the Messiah Trap: A Workbook for when Helping You is Hurting Me.

Any and every therapeutic text on the subject of relationships will demonstrate why revelation to the other - as a means of communication rather than emotional dumping- is a binding aspiration of democratically ordered interaction (ibid, 190).

Giddens describes the characteristics of intimate relationships strived for within the pure relationship; it comprises self-development, the sharing of wants and needs, enjoying appropriate trust, acknowledging the changing nature of relationships, mutuality, problem solving and 'loving detachment' (ibid:pp 94 -95). Giddens is well aware that this could be used as a template for pseudo-intimacy. He strongly suggests, however, that it provides 'evidence of, and a programme for, the 'democratisation of daily life' (loc cit). Democracy, for Giddens, must be concerned to 'secure "free and equal relations" betwee individuals in such a way as to promote certain outcomes' (ibid:185), namely, the opportunities for self-development, governing decisions reached through consultation and not coercion, the involvement of people in determining whose judgements they trust, and economic resources being used to meet physical need and thus to free individuals to develop other needs.

Giddens' analysis seems at first to endorse the understandings of intimacy which have been illustrated through the counselling literature. Indeed, to some extent his recommendations are startlingly similar to some of those made by Rogers (1951, 1961). If therapeutic texts are to revere the open communication of emotions, then counselling would have a major part to play in the further transformation of intimacy. This would then presumably have a substantial influence on gender roles, and in the transformation

of public life.

There are some flaws in Giddens' analysis, however. Firstly, there appears to be some acceptance of psychological 'truths' without question, particularly those which inform the concept of co-dependence, or, for example, his contention that a child's fascination with playing at being invisible is a direct manifestation of its anxiety that the mother figure will disappear (p.60)[27]. Such statements tend to endorse of theories of psychological development which are unilateral, explanatory and totalised. Giddens has been at pains elsewhere to stress the discontinuity of social development and to refute the applicability of Grand or Universal theory (Giddens, 1991a), yet in this context he is accepting the possibility of universal theories to explain and predict individual behaviour. Such theories have a distinctly 'progressive' orientation, so that 'healthy' adulthood, with appropriate notions of separateness and connection, is seen as the expected pinnacle of psychic development. There is little room for the psyche as prone to, or created through, a healthy dose of historical accident[28].

Secondly, some of the emphasis on gender is unclear in its claims. Giddens acknowledges that the level of intimacy which he is discussing is available to same sex

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[27]Giddens' interest in the anxiety base of human behaviour echoes the philosophical thought which underpins much of his work on modernity ((1991, 1991a) . Such a focus leads him to miss the opportunity for alternative hypotheses beyond anxiety. The work of Maslow(1987) and Rotter (1980) for example would lead to the possiblity that security may also be the basis for human motivation. In Maslow's hierarchy, Giddens's analysis operates only from the lowest realm, while self-esteem, central to Giddens's work, is in the highest realm. Similarly, he misses the point made by Rotter, that motivation is also outcome driven, and produced by value goals.

[28]Pscyhology as discourse is being increasingly documented, one of the most notable significant works being that by Rom Harre (1994). However, there is little available literature acknowledging the accidental nature of psychic development. Most is still concerned to find theories which fit people universally.

friendships, but he does not make clear the implications of this for his analysis. Sherrod (1989) has discussed in detail some of the methodological problems and limitations inherent in using gender as an explanatory concept. There is as yet little research into how same sex friendships contrast or compare with the dynamics of same-sex sexual relationships , and how these both compare with mixed gender dyads. Wolff's classic work on lesbianism suggests that women in intense relationships with each other have higher expectations of each other then they would from a relationship with a man: 'women are conditioned to put up with a lot from a man...women demand from each other love, kindness, tolerance, understanding, sex - the lot' (1971:179).

There is also some suggestion that lesbian relationships have specific difficulties as women raised in a patriarchal society often encounter difficulties with their sense of self. Specifically, there may be difficulties about separateness and merger, which result in 'barriers to intimacy' (Burch, 1987). Additionally, it is suggested that the intimacy possible within lesbian relationships is challenged by the impact of race and culture (Garcia et al;1987). Thus it is unclear how far we can attribute characteristics of intimate relationships to the fact that they are sexual or not sexual, and how far they can be explained through gender differences or similarities.

Perhaps most importantly in relation to this thesis, however, is the omission of the consideration of values within Giddens' examination of intimacy. This will be considered at some length given Giddens' concern with how relations of intimacy might be taken forward, and with the place of the discourse of counselling within this. This will be informative to the discussion in Chapter Five and to the concluding section of the

thesis.

Giddens notion of intimacy is suffused with values, yet there is no substantial discussion of the role of values within the creation of intimacy. It is commonly accepted that there are various factors which inhibit either the formation or sustenance of intimacy. Gender is one such factor, as is age and generation difference. Common parlance accepts concepts like the generation gap, or the gender division, and these do not refer only to differences in expressing emotion. They reflect a difference in values as a mediator of intimacy. This may lead to a fundamental problem for the future direction which Giddens suggests. While he concentrates his analysis on the emotive notion of intimacy, and the possibilities of more openness and respect between genders , it may be more useful to consider a wider view of how intimacy can be produced or perceived in a variety of situations. An alternative view which is worthy of consideration might place values as central to gender relations, and therefore to intimacy.

Iit is possible that the sharing of values may be a key factor to either achieving intimacy or not. A value is commonly understood as a conceptualisation of what is good or bad, what is desirable (Kluckholm,1951: Austin et al, 1990). The values which an individual holds influence their choice concerning behaviour, and therefore influence how they respond to events and relate to others. In this sense, they are often associated with a cognitive process relating to specific events (Kluckholm,1951: 395), as well as with more abstract classifications such as freedom, justice, obedience and so forth (Allport, Vernon and Lindzey, 1960). Values are commonly held to relate to morality as criteria of evaluation of a code of practice relating to community standard (Austin et al,

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1990:241), and are frequently conceptualised as being arrived at through cognition.

This categorisation of values as a logical -intellectual tool is reflected in the stage model of moral development conceived of by Kohlberg and used to underpin most subsequent research on issues of development. Kohlberg's research on how children and adolescents respond to moral dilemmas led him to formulate a three stage model of moral development. Stage One, which he called Preconventional Morality, refers to a system of morality dependent on values determined by other (authority) figures to institute reward or punishment. Stage Two, which is labelled Conventional Morality, refers to the process of making ethical choices based on a cognisance of norms of the social group; 'being good' and 'feeling good' are key variables in decision making. Stage Three is called Principled Morality, and refers to the ability to make judgements based on the application and deliberation of universal ethical principles (Bee, 1989). The three stages are evaluated as different and within the paradigm inferior/superior, rather than as complementary. This is only possible because each is reduced to a simple state rather than construed as being complex and complementary. A hierarchical order precludes synthesis, or collaboration on the basis of equal worth.

Some psychologists have recognised that human development and activity may be more complex than this, and that values as they apply to morality, action and communication may be somewhat ambivalent or contradictory. Mickleburgh (1992) asserts that values are formed both through the cognitive realm of reflection, and through feelings aroused by or associated with specific events and experiences . Behaviour may at times be contradictory to espoused values:-

It is useful to distinguish between conceived and operated values. Conceived values are the idealised concepts held at an intellectual level, often with strong conviction but not necessarily transferred into positive action, whereas operative values govern the actual behaviour that the individual chooses to perform (Mickleburgh,1992:393).

This view acknowledges that there may be a dissonance between intellectual integrity and emotional or responsive action. While Mickleburgh asserts that there may be psychological problems if an individual uses only emotions to inform value choices (ibid), he does not offer discussion of what happens if an individual depends exclusively on cognitive reasoning. Thus there is still an implicit hierarchical position established between the intellect and the emotions.

Such hierarchical models of the formation of values and codes of morality have been strongly challenged by the work of Carol Gilligan, Betty Bardige and other feminist researchers. Gilligan's work has potentiated a revision of the direction and method of research into moral development, by suggesting that there are two, not one, theoretical frameworks for the interpretation and manufacture of systems of morality. Traditionally, Gilligan suggests, the voices and language of justice, with an emphasis on issues of equality and rights, has provided the paradigm for key theorists such as Kohlberg, Piaget and Mickleburgh. Thus the questions which have been asked, and the stage model of development, have focused on the ability of children and adolescents to provide 'rational' [29] answers and explanations from a distanced, impersonal point of view.

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[29] That rationality is a constructed category, and not an absolute or objective determinant, is well demonstrated by MacIntyre (1988).

Such method has influenced theories of child development.

However, according to Gilligan, there are at least four reasons for reviewing this status quo. Firstly, conceptions of childhood have changed, and views of their moral development acknowledge that the moral decision making process of young children, and their degree of responsiveness, is somewhat more complex and sophisticated than initially represented. Secondly, there has been a significant lack of attention to girls within research into adolescent development. Thirdly, there has been some question as the definition of cognition and cognitive development, and Piaget's work has been challenged for its rather logical -positivist perspective and method which are seen as detrimental to ways of thinking which may be more 'in tune' with the humanities. Fourthly, Gilligan contends that psychology has placed an 'overriding value' on separation, individuation and autonomy' as a pinnacle of human development.(Gilligan, 1988: viii-xiii).

This last holds particular interest for a consideration of the construction of intimacy. Gilligan suggests that such a view is ahistorical and dissonant to the human condition:-

> The equation of development with separation and of maturity with independence presumes a radical discontinuity of generations and encourages a view of human experience that is essentially divorced from history or time. Psychologists in characterizing adolescence as time of "second individuation" (Blos, 1967) and in celebrating an identity that is "self-wrought" (Erikson, 1962), have encouraged a way of thinking in which the interdependence of human life and the reliance of people on

one another becomes either problematic or tacit (Gilligan, 1988:xii).

Such a view, she suggests, fails to recognise the interdependence of adult life, and in fact offers a distorted vision of the human condition, that which is referred to as 'the culture of narcissism'.

Drawing on a wide range of available research, Gilligan goes on to suggest an alternative way of 'mapping the moral domain'. It seems that, particularly in adolescence, there is an identifiable trend for women to base their morality, indeed even to understand the term morality, from a different view point to men. She states:-

> The values of justice and autonomy, presupposed in current theories of
>
> human growth and incorporated into definitions of morality and self,
>
> imply a view of the individual as separate and of relationships as either
>
> hierarchical or contractual, bound by the alternatives of constraint and
>
> cooperation. In contrast, the values of care and connection, salient in
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> women's thinking, imply a view of self and other as interdependent and
>
> of relationships as networks created and sustained by attention and
>
> response (Gilligan,1988:8).

The understanding of morality as a cognitive process is quite different from morality as a 'type of consciousness', or a 'sensitivity to humanity, that you can affect someone else's life' (Lyons,1988:21) which Gilligan, Lyons and others found to be an alternative understanding favoured by young women.

This does not simply presuppose a fifty fifty split between the genders, each having access to only one framework. Indeed, research suggests that upon probing, both genders have access to the other paradigm, but the choice of paradigm suggests the division. It is not therefore that males are incapable of understanding the realm of life most closely allied with emotion, but rather that they *choose* to voice more readily a realm of cognition. If this is the case, then these very different voices, as Gilligan has coined the difference, would presumably render a certain obstacle to intimacy. One might express emotions openly to another, but if there are very basic differences within value systems and models of morality, then it may be hypothesized that intimacy may be affected. This is a choice based on the exercise of value preference.

Gilligan's analysis highlights a potential trap which Giddens' recommendations are likely to fall into. Giddens talks about intimacy as democracy, a system wherein women have had a central role. His explication of democracy however seems to be based on the values of equal rights and autonomy, in other words, it rests exclusively within the justice framework of morality rather than the care framework. Notions of equality, rights and obligations, self-development, liberty and autonomy are central (1992:184-192). The paradox is immediately apparent. To follow this route immediately excludes the responsiveness and interdependence claimed by Gilligan et al as legitimate, so that the proposed mode of inter-gender intimacy is immediately non-intimate with a whole (predominantly female) moral perspective.

This is not to say that Giddens is unsympathetic to the place of care within intimacy. Indeed, he expresses the view that the sharing of emotions, which includes understanding

the other as well as expressing the self, are central as a 'life-political issue' (1992:202) but they are firmly based within a paradigm of mutual exchange, rather than responsiveness to need. Neither does he neglect values, indeed a part of his concern is with 'the moral concern of care for others' (ibid:200). Within Giddens' argument, however, it is apparent that the framework is on the basis of commitment, co-operation and reciprocity, still firmly based within the justice model. That this can incorporate some element of care reflects Gilligan's position that it would be unproductive and unreal to reduce each framework to eliminate the other: justice can be care-ful, just as care can be just. Giddens' argument however is not from a position of care as construed by Gilligan et al, but from a position of self-care and respect for each others rights to be autonomous.

The implications of this are important to Giddens' diagnosis and to the prognosis for society. For where intimacy is perceived as predominantly the exchange of emotion, albeit within a framework of equality (1992:130), then the role of values has at least second place. And if that is the case, then issues of purpose, as well of moral authority (who decides which values will predominate) , could remain segregated between the genders. And if intimacy is to be any more than a sharing of emotion, then it will not be attained to any greater extent than currently exists

This has implications also for counselling as a social practice. The importance of values within the construction of intimacy is not simply gender related, although the 'case' of gender illustrates the point, i.e.that intimacy cannot be attained without attention to values. If couselling is to be concerned with the accomplishment of intimacy, then it

perhaps needs to address whose version of intimacy it is concerned with, and what values are inherent within it. This point will be returned to in the concluding chapter of this thesis.

Summary

This chapter has suggested that the social practice of counselling affords a high value to the accomplishment of intimacy, as a means of attaining full self-potential. The notion of intimacy is not uniformly expressed or universally agreed within counselling literature. Indeed, its meanings are for the most part implicit rather than explicit. It is possible to identify however that intimacy is variously conceptualised as a process, a property, and experience, and a way of being. Intimacy is presented as an individual phenomenon, and is celebrated as an aspect of the self. Within counselling, it is deliberately evoked as a part of the therapeutic process, despite the difficulties and paradoxes which this entails..

Within sociological literature, intimacy is conceived of as a production, a form of democracy, and a social form. It is suggested as a social phenomenon constructed within a cultural context. It may be seen as tyrannous, as ideal, and as having potential to be used toward 'productive' social change within a democratic framework,

Intimacy is largely presented as an expressive activity, specifically concerned with the declaration and sharing of emotions. It has been suggested that other aspects of self, such as the cognitive and the moral, are largely ignored. This tendency means that little attention is given to values, and the possible gendered nature of systems of morality. To exclude such considerations may lead to a lack of intimacy rather than a 'democracy'

based on intimacy.

The remainder of this thesis is concerned with setting out the process of empirical research which was undertaken to discover how counsellors talk about the accomplishment of intimacy. Chapter Four will set out the methodological issues, and Chapter Five will present the research findings. Possible conclusions arising from the research findings and the textual analysis will then be proposed.

Chapter Four: Methodologies and Methods

Constructionist inquiry, as a human activity, must concern itself with a knowing process as embedded in a reflexive loop that includes the inquirer who is at once an active observer. Reflexivity, or a turning back onto a self, is a way in which circularity and self-reference appear in inquiry, as we contextually recognise the various mutual relationships in which our knowing activities are embedded (Steier:1991).

The focus of the empirical research in this thesis was specifically to explore how a group of counsellors construe intimacy, how this relates to their practice, and in what interests. This seemed to comprise three clear areas for exploration. Firstly, how did the counsellors construe intimacy? Secondly, what did they see as the function of intimacy within counselling? Thirdly, how did they think that they elicited intimacy within the counselling relationship? It was hypothesised that the answers to these questions would elicit some of the assumptive notions of self and intimacy which have been suggested as inherent to counselling, and would be congruent to the literature review.

Theoretical perspective

Clearly then, the focus of interest is initially on the construction of meanings of intimacy by counsellors. It also lies with the intersubjective meanings of intimacy brought into being through counselling, where counselling is seen as a practice concerned with talk

and persuasion. The theoretical perspective which informs the research question is one of constructivism. Such a perspective is informed by various basic assumptions about how individuals and groups of people construct subjective and intersubjective meaning in the worlds around them. Some examination of these assumptions and the varieties of schools of constructivism is relevant at this point.

One of the earliest and clearest exponents of construct theory was George Kelly (1955), his method serving as a radical comment on the nature of scientific inquiry. The central tenets of Kelly's theory, that there is no such thing as absolute reality, and that people construe the world in terms of opposites (theory of constructive alternativism), has been outlined in Chapter Two. Some further points are worthy of elaboration in terms of how they inform the research methodology.

Kelly suggests that people have an inner drive to make sense of the world, to attribute meaning to events and interactions; through ' building systems of personal constructs we place interpretations on events. Through an abstraction process, we construct the meaning of events for ourselves' (Kelly,1955:50). Such construction allows not only for comprehension of the past and the present, but allows of some predictive understanding: human beings learn to anticipate the nature of events and develop interactional and other strategic skills in order to adapt and assimilate.

The individual's personal constructs are only useful for as long as they work. Constructs may be revised in the light of new experiences or information, when they no longer serve the function of enhancing meaning, or when they fail to be functional to predictive

understanding. In a sense, the individual is in a constant process of refining and re-evaluating their constructs, hence Kelly's famous conceptualisation of individuals as 'man the scientist' (1955).

Within this framework, as Harré and Gillett point out, Kelly has neatly characterized 'the nature of science so as not to presume the physicalist or positivist model of psychology' (Harré and Gillett, 1994:134). He acknowledges, indeed proposes, that science does not offer a singular absolutist picture of the world, but rather a picture of the interpreted world. Methodologically, the constructivist approach to research designates science as a pragmatic venture: it is only adequate for as long as it produces knowledge which works, i.e. provides either a 'credible level of understanding' (Guba & Lincoln, 1989: 179 in Schwandt,op cit: 128), or 'effective interventions' (Hacking, 1984) [1].

Further, the constructivist approach allows of a dynamic relationship between the investigator and the investigated, with each of these parties bringing their own construing to bear on the work in hand (Kelly,1955:184-90). Both parties are active, and working in an intentional, purposive manner. Thus knowledge produced through inquiry is itself no more than a construction produced through the process of research (Schwandt,1994:128). Kelly was suggesting that constructs of experience and constructions of knowledge have both a personal and a social dimension. While his constructive alternativism was largely concerned with the personal, one of the radical aspects of his theory within his own discipline was the location of the individual within

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[1] Kelly would designate the effectiveness of a construct according to its range of convenience, i.e. 'all those things to which the user found its application useful' (1955:137).

their social and cultural context. He suggested that social processes can occur only if there exists some measure of interpersonal understanding between individuals and groups of individuals. In Kelly's words:-

> (T)he person who is to play a constructive role in a social process with another person need not so much construe things as the other person does as he must effectively construe the other person's outlook (1955:95).

In other words, personal and social constructions are the basis for social interaction; participating in the social world is an interpretive process. Constructs are validated both internally and externally. External validation appears through the construction of shared knowledge on the basis of expert information, e.g. the world is round, through the way the group construes the individual, e.g. subscribing to conformity, approval and disapproval, and through expectations of the social group in relation to a social role being undertaken, e.g. judge, therapist, engineer. Thus the social group became a powerful milieu for disputing or reinforcing the validity of a personal construct (Kelly,1955:175-9).

Social constructivism adopts a position suggesting that not only do individuals construe their world according to their experience of it, but that the social or cultural group may also produce joint constructions:-

> Constructions are extensively shared, and some of those shared are 'disciplined constructions', that is, collective and systematic attempts to come to common agreements about a state of affairs, for example, science (Guba & Lincoln,1989:71 in Schwandt,1994:129).

Moreover, such constructions are evaluated from within the paradigm of its construers,

so that constructions derived within the counselling movement, for example, can only be classified according to the ideologies and norms of that particular practice. So the effectiveness of counselling might only be evaluated within a paradigm which accepts a particular view of self, the ability to change self, the notions of personal growth, and so forth.

Social constructivism echoes many of the suppositions posited by Kelly, and has developed several discrete varieties. Unifying concepts seem to revolve around three fundamental suppositions which have developed largely in antithesis to positivist and absolutist schools of thoughts.

Firstly, a constructivist perspective maintains that there is no universal, verifiable reality in the world (Berger & Luckmann:1966). This realisation is based on what von Glaserfield (1991) refers to as the 'sceptical' point of view. It does not necessarily mean that there is no ontological reality, but that there is no verifiable way of human beings knowing that reality. Rather, individuals or groups construct their realities through a process of interpretation of their experience through filters emanating from previous experience and levels of knowledge. This leads to a position of reality as relativist, locally and specifically constructed (Guba & Lincoln,1994:109). Within this perspective, social beliefs and institutions are the outcome of the constructions of communities, who, having built them on the shared construction model referred to above, also have the power to change them according to generative understandings (Ravn:1991). The purpose of social inquiry then becomes a deconstruction of the area of review, in order to further levels of understanding.

Secondly, the researcher or social commentator can never hope to capture an objective representation of the nature of constructions and therefore of the nature of knowledge. As active agents in its production, they bring their own constructions and filters to bear on the process of production of knowledge. Knowledge then can only be that which is produced in interaction between investigator and investigated (Guba & Lincoln, 1994:111), and is therefore subject to the values which all parties bring to bear. This has led to the conceptualisation of research as a second order construction which is coined as a reflexive enterprise (Steier:1991), the researcher always being involved in the loop of the work.

Thirdly, and dependent on the above, constructivism has a specific aim for the process of social inquiry. The central assumption is that the constructs of others can only be elicited through interaction between the researcher and their subjects. The purpose of research is not to produce a verifiable truth, rather to reach a consensual view based on the informed speculations and perspectives of all those involved which will reach a more 'sophisticated' outcome than was previously known (Guba & Lincoln, 1994:112).

Historically, these principles are not unique to modernity (Kelly, 1955; von Glaserfield, 1991), although it is the last twenty years which has seen a determined effort to organise them into a coherent theoretical approach. There have been developed a variety of approaches within the constructivist paradigm which claim epistemological or methodological distinctions.

Schwandt (1994) distinguishes between interpretivism and constructivism. Interpretivist

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methodologies have developed in relation to the belief that *verstehen* is the central delineating factor between the natural and the social sciences. They have been developed and shaped by a wide range of ideas stemming from the traditions of phenomenology, hermeneutics and the critiques of positivism (Schwandt,1994:119). Ultimately, the interpretivist schools distinguish between the goals of natural science and social science, the former being concerned to offer scientific explanation, the latter being seen as attempting to discover the 'meaning' attributed to social action. This seems to be the unifying factor of the discrete theoretical persuasions to be found within interpretivism [2].

Radical constructivism is distinguished from what von Glaserfield terms 'trivial' constructivism. Trivial constructivism is seen as that perspective which sees constructions as subjective representations of an objective reality. The researcher or social commentator in this paradigm does not see themselves as entering the research process reflexively (von Glaserfield,1991:17). Thus there remains an implicit claim to some form of objectivity. Within radical constructivism, however, individuals only near any notion of objectivity when their constructions repeatedly 'work' in terms of being able to predict the behaviour, action and responses of the world around them (ibid:21). It is never claimed as an absolute position. This functionalist perspective echoes that suggested by Kelly; human beings constantly experiment in order to achieve predictable and wished for outcomes (Kelly:1955).

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[2] For a contemporary discussion of the fine distinctions between the epistemologies of interpretivism, see Schwandt, 1994.

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Social constructionism (Gergen:1985) makes little radical departure from radical constructivism in the sense that it proposes that the world is never knowable as an objective reality. Like radical constructivism, social constructionism is concerned with the processes of how knowledge and experience is construed, but it departs from constructivism in its site of exploration. While constructivism is more concerned with the cognitive processes of the individual, as in Kelly's work, social constructionism is more concerned with the social fabrication of shared constructions. (Schwandt,1994:127). According to Gergen, language is the major tool for social construing which results in a subjective assessment of the world (Gergen & Gergen). Language is 'generated, sustained and abandoned' within social interaction. Language is a system of 'shared intelligibility', and alongside other processes such as persuasion and negotiation, will influence the accounts given of the perceived world (loc cit). In this respect, although there is no independent verifiable truth, common cultural groups will inevitably generate a shared subjectivity which, as Schwandt points out, may become a reality *sui generis* (Schwandt,1994:127).

Finally, two paradigmatic approaches which are related to constructivism are feminist methodologies, , and the 'new paradigm' research developed within social humanistic psychology. One of the main challenges of feminism has been that historically, 'reality' has been construed by men. One of the prime concerns of developing feminist methodology has been to develop a perspective that allows of the interactive nature of gender development, and the place of gender in the intersubjective construction of meaning. A major move has been to seek to make women the subject of research rather than the object (Oakley, 1976, 1982; Finch, 1984; Stanley and Wise, 1993) and to

recognise research as a means of construction of knowledge.

Much feminist research has been concerned to be 'for women' rather than 'on women', in a kind of action research paradigm. It has the agenda of working for change (Westkott: 1979). It is in this respect overtly value laden (Harvey:1990), and dialogical rather than absolutist. A central issue has been the relationship between the researcher and the researched, with concern to make research a co-operative, respectful and ethical activity according to notions of equality and agency (Finch: 1984).

The early eighties saw a partly comparable move on the part of humanist social psychologists who developed a 'paradigm of co-operative experiential inquiry: research that was *with* and *for* people rather than *on* people' (Reason,1988:1). This was also concerned with a value laden agenda with political consequence, with the suggestion that:-

> the basic (humanitarian) aim of inquiry, let it be remembered, is to help promote
>
> human welfare, help people realize what is of value to them in life....but in order
>
> to realise what is of value to us in life, the primary problems we need to solve are
>
> problems of *action* - personal and social problems of action as encountered in life
>
> (Maxwell, 1984, pp 47-48 in Reason, 1988:3).

New paradigm research suggests that there is no absolute reality, but follows Gergen's social constructionism in proposing a shared world of constructions as a touchstone (Reason,1988:40).

While the unifying epistemologies of both feminist and new paradigms is based in action

research, the central innovation which both bring to bear is the notion of co-operative inquiry, which is produced as a joint enterprise or construction. New paradigm research in its pure form is reflexive, and as such is appropriate to the project under review. Reason suggests that:-

> in its fullest form the distinction between researcher and subject disappears, and all who participate are both co-researchers and co-subjects. Co-operative inquiry is therefore also a form of education, personal development and social action (loc cit).

Reservations and Limitations

Major criticism of constructivist theory and methodology revolve around its status and validity. Constructivist research can be accused of being so subjective and relativist that there is no warranty for evaluation. Responses to this criticism are likely to become more and more grounded in rigorous procedural criteria, as expounded by Guba and Lincoln (1994), or in redefining the purpose of research to the pragmatism noted in the constructivist theoretical approaches (Kelly, 1955: Guba and Lincoln, 1994). In other words, is a piece of research useful in informing the question, stimulating debate and generating further inquiry (Schwandt:1994).

A related criticism is the lack of 'critical purchase' (Schwandt, 1994:130). If accounts are produced as descriptive, with the researcher bracketing assumptions, prejudices and hypotheses in order to observe from a disinterested position, then the ability to critique becomes lost. Again, one response to this is to call for rigorous testing of reliability in terms of replicability, dependability, and transferability. As Guba & Lincoln point out,

these are not totally satisfactory, being so related to positivist outlooks (1994:114). This highlights the uncomfortable position of a new paradigm research methodology being asked to justify itself in old paradigm terms, and it may be that it is an irreconcilable task.

There is also a curious paradox here between the claim of objectivity required to engage within the research in a subjective, i.e. interactional, position. This has not been fully resolved, best efforts revolving around notions of 'critical subjectivity' (Reason:1988) whereby the researcher is encouraged to stand back to be able to evaluate the process and the outcomes of the research while not claiming objectivity.

A further tension exists around the position that if there is no shared reality, and reality is interpreted in each individual's mind, then how can there be such a thing as knowledge available to the individual which has first been generated by someone else, inasmuch as to be generated into something, it becomes 'real'. How, in other words, can constructions be extensively shared? Although social constructionism addresses this part way with its reliance on language as the link between the public and the private, there is still unresolved tension. It is interesting to refer back to Kelly's notion here that in order to communicate, and therefore participate in social order, it is not so much necessary to be able to share a construction in the sense of knowing and affirming its content, but it is necessary to know *how* the other person/people construe. The value of the construction, in other words, does not have to be shared.

Choosing Methodology

Schwandt (1994) suggests that the kind of distinctions between constructivisms outlined above are somewhat artificial, and indeed the unifying concepts seem relevant to the theoretical slant of this work, with each academic school perhaps suggesting emphases for specific methodology. In choosing a methodology, it was important to find an approach which would give access to the process of the intersubjective construction of meanings. The research is of an inquiring rather than experimental nature; in other words, it is concerned with theory generation rather than hypothesis testing. In this sense it lends itself to a qualitative approach. It is relevant to make explicit the nature of the qualitative approach and its relationship to constructivism.

As Denzin and Lincoln (1994) remind us, concepts of qualitative methodology have carried different nuances or slants at particular phases in the development of the social sciences. They suggest a generic definition:-

> Qualitative research is multimethod in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people being to them. Qualitative research involves the studied use and collection of a variety of empirical materials - case study, personal experience, introspective, life story, interview, observational, historical, interactional, and visual texts - that describe routine and problematic moments and meanings in individuals' lives (1994:2).

Qualitative research, then, is very much directed toward making sense of everyday life, and of common practices. It is therefore an appropriate methodology for research which

seeks to further understanding of how people give meaning to their actions, and for inquiry into the nature of relationships between people.

In this case, the research is concerned to discover relationships between how intimacy is accomplished within the counselling context, and what implications this might have for the social construction of self. Specifically, the researcher wanted to investigate how counsellors make sense of what they do in relation to the accomplishment of intimacy. Adopting a largely qualitative methodology informed by theories of personal constructivism and social construction offered several strengths which allow flexibility and responsiveness on the part of the researcher . Firstly, it allows access to a complex area where, despite the presence of some tentative hypotheses, it would be difficult to conduct an experimental approach. An experimental approach would help identify attributes of intimacy, but would be limited in helping to identify how intersubjective meaning is arrived at. Secondly, the research is concerned with an exploration of the depth and the processes involved in construing the nature of intimacy. Thirdly, this is not a large scale study, and there are no claims either for the participant sample to be representative of the counsellor population, or for their participation to offer 'true representation' of a status quo. Rather, the main interest lies in the construction of the accounts which participants will offer, and their perceived construction of the concept of intimacy.

Specifically, a qualitative approach allows the individuals concerned to offer their meaning of both the term 'intimacy', and of the situations in which they find themselves, i.e. the counselling setting. In other words, it allows methods which will help research

into that which is described by Parlee as 'unmeasurable', 'phenomena which cannot be readily abstracted, even conceptually, from the complex rich and varied world of human experience - phenomena which clearly cannot be simulated in laboratory experiments' (Parlee, 1979:128)

One reason that this is particularly important is encapsulated in Thomas's (1949) contention that 'If men define situations as real, they are real in their consequences' (in Marshall & Rossman,1989:46). In this research, counsellors' practice will be informed by how they define or conceptualise intimacy and how they understand the situation they are in with their client. This is more salient than any preconceived notions of how they *ought* to be conceptualising. Idiosyncrasies then may have direct bearing on the client's experience and, ultimately, their self-concept, at least within the counselling situation, and possibly in the longer term. It is likely, however, that there will be some generalised group constructions informed by the counselling ideology[3].

Qualitative research offers no distinct paradigms (Denzin & Lincoln,1994:3). It was challenging to find a distinctive research paradigm to inform this particular study, in that it seems to have no precedent. Most research on intimacy concentrates on situations of attraction (Duck & Pond,1989:20) and intimacy is often conceived of as being bound up with romantic sexual love (Giddens,1992; Duck & Pond,1989; Buck, 1989). Although it is recognised that intimacy may be produced in task-centred environments (Dillard & Millar:1988), and although there is some small but increasing research into

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[3] Group constructions have been recognised by both Kelly (1955) and, specifically within research methodology, by Guba & Lincoln (1994).

same-sex friendships (Sherrod:1989), gender seems to recur as the dominant theme in research and analytical studies.

Research on intimacy in counselling has a rather different emphasis, inasmuch as there need be no mutual attraction between counsellor and client. The client is attracted to the role, the promise of help, rather than the person, and the counsellor, if practising unconditional positive regard (Rogers, 1951), need feel no attraction to the client in any way in order to pursue activities which are geared toward generating intimacy. This renders it available to research not in the tradition of relationship as chemistry, as in courtship or marriage, but in the paradigm of the production of intimacy as an active social process (ibid:21).

Moreover, there may be some justification for a paradigmatic approach which enables a factor analysis of intimacy in the therapeutic process i.e. to look at what factors, or conditions, are thought to be necessary for intimacy to occur. As Duck and Pond (1989) state, the emphasis of current research on relationships is on process, in the mode of 'what happens when', 'what doesn't happen when'(1989:19)[4]. This relates directly to the kind of research being carried out here, in trying to elicit what counsellors do, to elicit intimacy, and to see what effect they think the presence of intimacy has on the client.

There are other idiosyncrasies in counselling which affect the research potential. It is ,

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[4] In the event, this became directly relevant to a mega claim relating to the self - what happens when there is no intimacy - there is no change.

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for example, difficult to study as 'natural conversation', as with some other contexts. Moreover, its actors (i.e. counsellor and client) do not have the opportunity to mutually reflect on the process outside of the counselling hour, to add a word, or to make a 'correction'. And, perhaps most crucially, the creation of the counselling relationship is not an end in itself, only the means to an end, e.g. to help an individual's relationship with self or others.

Although it is difficult then to see counselling as any other (possibly intimate) relationship, and thus to draw heavily on existing research, it was thought to have value to explore how counsellors talk *about* that process. Contentions that talk is a useful framework for social processes (Duck & Pond,1989:pp25-29) seem particularly relevant to counselling in identifying not only the literal content, i.e. what is said or done, but the relational dimension, i.e. what outcomes are such activities intended to produce.

Given that the theoretical framework to the problem is one of constructivism, it seems appropriate to adopt a paradigm of 'eclectic constructivism' (Guba & Lincoln:1994) for the research. As stated, the research question is concerned not only with how certain social actors (counsellors) construe intimacy for themselves. It is also with the intentional acts which they perform to help another person to experience intimacy. In other words, the act of counselling may be seen as the communication of constructs from one person to another (Kelly,1955:136). Further, the intention is to generate theory as to how counsellors -as - expert- system-group[5] construe which notions of self and intimacy are

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[5] Expert system is used in Giddens' sense of the term (Giddens, 1991). The 'truths' of counselling have validity indepenently of the specific individuals who are involved in the practice, and permeate social relations. Giddens suggests 'the doctor, counsellor and therapist are as central to the expert systems of

to be transmitted, and to look at how they think that they achieve this.

Some notion of predictive understanding is important in the sense that counselling is increasingly considered an intentional activity measurable in component skills and client outcomes (McCleod:1996). It would be reasonable then to contend that how intimacy is elicited will carry some norms and standards of behaviour. The constructivist paradigm offers tools to explore the 'how' of the creation of intimacy, and should enable identification of both personal and social constructs. This would be useful for eliciting not only the subjective experience of each participant, but for the construction of group and ethical norms.

Methodologically, the implications of this are goal directed as well as method directed. The purpose of a constructivist research paradigm is to discover *how* social actors ascribe meaning. To quote Diana Fuss:-

> what is at stake for the constructionist are systems of representations, social and material practices, laws of discourses, and ideological effects. In short, constructionists are concerned above all with the *production* and *organization* of differences, and they therefore reject the idea that any essential or natural givens precede the process of social determination (1989:3 in Denzin & Lincoln:1994: 125).

Method may therefore become a reasonably eclectic process driven by certain premises about the nature and properties of constructions (Guba and Lincoln:1994).

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modernity as the scientist, technician or engineer' (1991:18).

Adopting such an approach renders the rather dated debate on the merits of qualitative versus quantitative method somewhat irrelevant. Where these methodologies have been viewed as competitive rather than complementary, the focus of the debate has been centred on what are seen as 'essentially divergent clusters of epistemological assumptions, that is, of what should pass as warrantable knowledge about the social world' (Bryman, 1988:5). Within the constructivist paradigm, knowledge of the social world can never consist of hard, irrefutable data, as social reality is itself a construct. The question of whether traditionally 'quantitative' or 'qualitative' methods of data collection should apply becomes less important than the recognition that social research is a process of inquiry. As Schwandt puts it:-

> The act of inquiry begins with issues and/or concerns of participants and unfolds
>
> through a "dialectic" of iteration, analysis, critique, reiteration, reanalysis and so
>
> on that leads eventually to a joint (among inquirer and respondents) construction
>
> of a case (i.e. findings or outcomes) (1994:129).

Thus there may exist various specific methods of inquiry which may be simultaneously or sequentially employed to collect data in the interests of furthering understanding. Methods of analysis may be various, so long as they are clearly documented.

Method: group interviews

Choosing an approach embedded in eclectic constructivism is compatible with the major theoretical thrust of the research. The researcher then had to consider what specific methods would be available and which would be most appropriate. As stated, it was decided that a study of how counsellors talk about what they do would be the most fruitful method to adopt, and to this end the use of group interviews presented as the

most viable option.

In making this choice, it is acknowledged that some form of monitored observation of the production of intimacy within the counselling relationship might have had advantages. It would have provided observation of a wider range of behaviours and responses than the focus group. Additionally, it would have perhaps demonstrated a wider range of interactions than is perhaps available to the self-reporting counsellor, things of which they might be unaware. Finally, it might have involved the client as well as the counsellor, thus widening the dimensions of the research and making for fuller discussion (Morgan,1988:16).

However, this would have missed one of the central points of the research which was to elicit what the counsellor thought they did, and what they thought intimacy is. Observation would have relied on the researcher's analysis and conceptualisations, which though it might have made a fascinating observational study of what counsellors did, would not have accessed the participants concepts. It was also decided that the counsellor and not the counselling dyad should be the subject of the research, for two main reasons. First, as stated above, counselling is being treated as an expert system within a modernist context (Giddens:1991). The counsellor then is seen as agent of that system, and it was their general perspective rather than one case study which promised to be most fruitful [6]. Second, the researcher had already worked extensively on the client's experience of sexual intimacy within the counselling relationship (Russell:1993),

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[6]This is not to say that the client is seen as a passive being, or that their experiences do not fuel the counselling discourse. It acknowledges however that it is the counselling discipline, its theory and practices, which propagate and reinforce its own inherent notions of self.

and was keen to explore an alternative perspective.

An alternative method might have been the use of individual interviews. This would certainly have generated a range of data on the subject, and it might be argued that individual interviews would indeed make for greater volume of information (Fern, 1982 in Morgan, 1988:18). However, sheer volume was deemed less important than how counsellors came to make up their ideas and beliefs on intimacy. It seemed feasible then that the interactive nature of the group might be conducive to finding out more about this process, to see how individuals created their own levels of intimacy within the group, and to see how they responded to other people's provocations and challenges. It was hoped that this would be more enlightening in the production of spontaneous comment, thus leaving the participants to determine which of their points of view are important, rather than follow the interviewer (Morgan, 1988: Stewart & Shamdasani, 1990).

The group interview promised to furnish the level of data which the researcher desired. There is no 'naturalistic' context for this to take place, so the likelihood of gaining access to substantial discussion on the matter seemed unlikely. This difficulty is not unique, and it is recognised that in the institution of a group interview, there is a trade off between the naturalness of observations, and the ability to collect a dense set of data in a comparatively intense group discussion (Morgan,1988:17).

Focus group

Since the research was so concerned with the creation of intersubjective meaning, the synergetic effect of group process was seen as one of it major benefits. To this end, it was clear that a focus group would be most beneficial. To have a group interview concerned with simple brainstorming would be less likely to yield the required data, and is seen as less satisfying for participants (Van de Ven:1974). Delphi groups (Linstone & Turoff:1975) were considered on the basis that it would have been interesting to consider a collating panel's perspective on data collected, but there would have been no interaction between the providers of the data. Nominal Group Technique (Gallagher:1993) provides some of the synergetic effect of the focus group, but is more structured and more appropriate to generating ideas rather than considering concepts. Each of these three techniques is perhaps best suited to action research rather than reflexive research, which seemed to be best furnished by the focus group.

The focus group, although originally pioneered within the social sciences by Merton (1946:1987), has primarily developed as a research tool through the efforts of market research, where quantitative research was not producing the kind of information required by the companies concerned. Typically, a focus group comprises a small number of people selected because of specific common characteristics which relate to the subject of the group, in this case, people who practice as counsellors. Krueger et al define it thus:-

> In summary, a focus group can be defined as a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, non threatening environment. It is conducted with approximately 7-10 people by a

skilled interviewer. The discussion is relaxed, comfortable, and often enjoyable for participants as they share their ideas and perceptions. Group members influence each other by responding to ideas and comments in the discussion (1988:18).

In other words, the focus group provides a means of tapping into the subjective experience of participants, and identifying areas of consensus and dissent. The focus of interest is essentially on an interactive phenomenon, that of intimacy, and it seemed that an interactive approach would be most successful in eliciting attitudes and experiences.

Although focus groups are at an early stage of development within the social sciences, their use has already identified various advantages. As with other group methods , focus groups are noted for the production of an extensive amount of data in a comparatively short amount of time (Stewart & Shamdasani,1990:16). On a purely pragmatic level, as Krueger et al suggest, they yield intensive and speedy results at relatively low cost (1988: 45-6). They also suggest that one of the strengths of the method is that is has 'high face validity', i.e. it can be easily understood, and the results seem believable to those using them. So in other words, results 'look valid'. Their success in market research suggests that the groups fulfill a predictive validity also, i.e. the findings are borne out by the future experiences or behaviours of the group being sampled.

Additionally, data is collected in the respondents' own words, with all the idiosyncrasies and nuances specific to each person. The researcher can observe and note the non-verbal communication which accompanies the words. Moreover, participants can 'piggyback'

on other group members responses, i.e. be stimulated by what other views they hear. As Stewart & Shamdasani put it, '[t]his synergistic effect of the group setting may result in the production of data or ideas that might not have been uncovered in individual interviews' (ibid:16). Such an effect means that the group is particularly effective in not only exploring themes, but in generating hypotheses (Morgan:1988:21). Finally, focus groups also offer the opportunity for the researcher to openly interact with respondents, in terms of clarifying answers, and in being responsive to ideas which might be generated by the group (Stewart & Shamdasani,1990:16).

This being said, it must be stated that, despite Krueger's optimism on validity, the choice of the focus group leaves the study vulnerable to claims of reliability and validity, as it is a comparatively new method to the social sciences and still very much under development. There are various limitations and reservations to be aware of.

While it is identified as a strength that the respondent is less likely to follow the interviewer's agenda in a group than individually, correspondingly, the interviewer has less control over the direction of the interview, which may be seen as a disadvantage (Morgan,1988:21: Krueger et al, 1988:46). Perhaps more importantly, each individual is open to group influence so that they may respond differently or less honestly than when alone (Morgan, 1988:21), or the group may be dominated by one or more individual (Stewart & Sharamdani, 1990:17). Alternatively, the moderator may exert subtle cues as to what kind of responses they are looking for (loc cit). Krueger et al (1988:46-7) offer the warning that care must be taken not to take comments out of context, and the interviewer must take care not to place too much emphasis on single

comments (Stewart & Sharamdani, 1990:17). Krueger et al also note other factors which may be disadvantageous, as the interviewer has to be skilled , that the group climate and energy level can vary considerably, that focus groups are difficult to assemble, and that it may be difficult to find the right environment (Krueger et al, 1988:46-47).

In this case, however , it seems that the risks or limitations may be minimised for several reasons. Firstly, the researcher in this case is a skilled group facilitator and has previous experience of acting as facilitator and rapporteur for focus groups. Such experience, coupled with group facilitation skills more generally, has suggested ways to minimise irrelevant detours while maximising flexibility. These include strategies specifically designed to enable all participants' views to be heard [7]. Secondly, there was access to surroundings which are designed for group work and provide a reasonable environment. Thirdly, there was access to video and audio equipment which would minimise the tendency to take comments out of context if used fully. Finally, preliminary enquiries had suggested that a focus group would not be difficult to assemble, either through using known colleagues, or through having access to large numbers of experienced counsellors.

For results to be 'believable', there is perhaps some suggestion that the responses of participants within a focus group are genuine. Theoretically, this should be so if the

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[7] Such strategies include individual exercises, the splitting of the group into smaller factions to reduce inhibition, and the use of 'group control' techniques, including the use of those communication skills known as 'challenging' skills within the counselling framework (cf Egan:1994).

group is indeed interactive and provides certain conditions conducive to self-disclosure[8].

Self-disclosure is seen as central to the focus group:-

> The intent of the focus group is to promote self-disclosure among participants.
>
> For some individuals, self-disclosure comes easily - it is natural and comfortable.
>
> But for others, it is difficult or uncomfortable, and requires trust, effort and
>
> courage (Krueger et al, op cit:23).

Certain conditions need to be created then to maximise the depth of trust and the degree of comfort of the participants. Krueger et al suggest a 'permissive environment', the safety of working with strangers, and a non-judgemental attitude as some of these conditions. These may be seen as akin to the phenomenological rules of method, particularly the rule of epoch (the suspension of judgement and the bracketing of assumptions and prejudices), and of horizontalisation, i.e. the accepting of all data as having equal rank and importance.

In order to further reduce threats to reliability, the researcher used multi-method triangulation (Denzin & Lincoln,1994:2). A second group was used to test out some of the findings of the focus group. In the spring of 1994, the researcher was invited to run a workshop on intimacy at an international conference. The opportunity was then taken to invite participants to respond to a series of questions after an hour and a half of discussion on intimacy (Appendices Three and Four). Within the focus group, participants were also invited to answer a set of questions devised from personal construct theory (Appendix Two).

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[8] This exercise becomes self-reflexive in terms of its subject matter, given that this is deemed true of the counselling relationship and of the production of intimacy.

The permissive environment which is seen as conducive to focus groups is also held conducive to counselling and counselling training. Experience in these areas suggested that a contract be drawn up between group members on commitment to honesty, respecting each person's right to their view point, commitment to offering each other both support and challenge, and, crucially, delineating the limits of confidentiality. The skills of the facilitator were seen as instrumental to ensuring and maintaining the safety of the participants throughout the discussion. It was recognised that how non-judgmental their own attitudes, as well as how skilled they are at dealing with the judgments of others in the group, are major contributory factors to the success of the group.

In tackling a fairly complex issue, then, it seemed appropriate to employ as creative a methodology as possible within the overall paradigm and within the constrictions of available resources. Specific methods used were created in response to situations and questions, and strategies adopted which were at the researcher's disposal and which would enable the research process. Such an approach is acknowledged as appropriate within qualitative research (Denzin & Lincoln, 1994:2), and has been successfully employed in the exploration of other aspects of helping practices and trying to render them identifiable (See Russell et al: 1992) If the main intent of the group is to facilitate self-disclosure , then the forum of the focus group together with tried and tested techniques to foster safety and participation should maximise the potential for this eventuality.

To ascertain whether or not this was the case, it was decided to pretest (Stewart &

Shamdasani, 1990:66). This was to provide some idea of the tone of discussion provoked, the ease with which discussion took place, and the range of emotions and concepts which might be generated (Morgan, 1988:23). A one hour test group was set up with eleven students on a counselling course to which the researcher was tutor . It was recognised that this relationship might have had some prejudicial influence, either of inhibition or of increased openness. As participants were almost at the end of a course, it is also possible that their views might have been already 'contaminated' by the counselling ethos. However, the test was useful in noting the following.

Firstly, the subject matter seemed to provoke considerable interest, as evidenced by the level of participation and the range of emotions portrayed. Secondly, the discussion produced some consensual views on both the desirability of intimacy within the counselling relationship, and the nature of such intimacy (See Appendix One). This brief pretest, although necessarily limited by the *ad hoc* nature of the group, suggested that a focus group should be considered as a primary research tool, given the energy of the discussion and the wide range of concepts produced within a comparatively short time.

It was then decided to set up a single self-contained focus group for a duration of three hours. The next step was to identify a sample of counsellors to participate. There were several choices available to the researcher, with the major dilemma being whether it would be better to advertise for strangers or to invite people from the counselling profession who were already known. The criteria for most useful involvement were that they should be knowledgeable about the subject, interested to join, and representative of a cross section of counselling approaches. This would provide a homogenous group

in terms of 'expert' knowledge base, with enough disparity of attitudes to generate discussion between a group of people confident and motivated enough to participate (Morgan,1988:46). It was envisaged that the shared belief system of counsellors constituted a cultural norm which would override other cultural differences (Silverman: 1993)in terms of the will to participate, so no attempt was made to exclude or include groups by virtue of race or ethnicity. A mixed gender group was actively preferred as the literature review had suggested gender as a possible variable in the construction of intimacy.

If these were construed as important variables, then, the issue of known or unknown became secondary to the above criteria being satisfied. [9] No financial or practical incentives were available to recruit on a wide scale. There was however access to a large group of people of senior status at national level. It was anticipated that they would be interested enough in the subject area for the discussion itself to be an incentive. Accordingly, ten people were originally invited and seven attended, four women and three men.

The four criteria identified by Merton (1946, 1987) informed the specific methods employed within the group. The research was designed to try to cover the maximum range of topics which the researcher had deemed relevant. Secondly, it was aiming to gather as specific a set of data as possible. Thirdly, attempts were made to foster the interactive nature of the group and to elicit the feelings which participants had about the

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[9] This is not to say that it does not have significance, either for the conduct or the analysis of the group, which will be referred to in Chapter Five.

subject, in as much depth as possible. Finally, there was a clear acknowledgement of the context from which each individual was offering their data. In other words, the concern of the researcher was to try to elicit concrete and detailed accounts of people's experiences, from illustrated sources .

The specifics of the group format were designed on 'bricoleur' lines (Denzin, 1994:6), always informed both by the purpose of the group and by a constructivist philosophy (Denzin:1994), acknowledging various 'layers' of activity at any one time. Thus, in order to begin setting the appropriate climate, the group would open with the researcher outlining the purpose of the research, and inviting participants to firm up a 'working contract' covering such rules as confidentiality, the suspension of judgement, etc. The group would then be split into two to generate some brainstormed notions of relationship factors pertinent to intimacy, and then to generate a full group discussion. The individual exercise derived from Kelly's personal construct theory was to be used at the end of the discussion. This would act as back up to ensure that all views were heard, as well as aiding a constructivist analysis. Finally, each group member would be invited to offer some personal information to provide the researcher with a context (see Appendices Two, Three and Six).

Ethical issues

In line with common ethical guidelines, nonmaleficence was accepted as the most central ethical principle to this piece of research, i.e. that 'subjects not be harmed by participating in the research' (Diener & Crandall, 1978:17). In this case, there may be seen to be two sets of issues for ensuring this principle. The first takes the participants

to the focus group as 'primary'. It was important that they were clear with the boundaries of confidentiality set by the researcher in terms of who would see and hear the tapes, and written material, so that no untoward invasion of privacy took place. It was also important that the boundaries of privacy of working in a group were addressed, as this would be another source of potential invasion (Morgan, 1988:40). A final area to be addressed was the reporting and dissemination of research findings. Dissemination methods might include publication in some form as well as the submission of an academic paper, and it is possible in this instance that research is reported in a manner incongruent to the intentions of the researcher (Roberts:1984). In order to deal with these issues, confidentiality was to be discussed as a part of the contract mentioned earlier.

The second set of issues concerned the participants' contracts of confidentiality with their clients. British counselling bodies have discrete codes of ethics pertaining to this area . In practice, however, it is likely that there are wide divergences between practitioners as to how clearly and thoroughly they contract confidentiality with their clients. This research would be seeking the perspective of the practitioner, which is informed by, and occasionally illustrated by, their work with clients. A standard criterion for such discussion is that clients' are protected by anonymity. Participants would be asked to consider their own contracts with clients at the beginning of the focus group in order to clarify this point. The researcher then relied on them to make disclosures appropriate to their professional and ethical obligations.

Role of the researcher

It is suggested that for this project, it is neither desirable nor possible for the distinction between researcher and subject to disappear. There is a particular interest and brief which dictates that the design of the research, the data collection and the interpretation of the data is the responsibility of the researcher. This position forms a part of the contract which was set up with participants at the outset.

It may be argued however that the research has a certain collusive aspect with the population who it uses as subject in that it seeks to contribute towards a sociology for counselling practitioners rather than merely commenting on their practice. There was some interest to embrace the idea of reducing the object/subject split between researcher and researched. The roles of the parties, however, remain distinct with discrete functions.

With this in mind, it seemed possible to incorporate Reason's proposition that research may be a form of education or personal development in order to engage the interest of a relevant sample group, in this case practising counsellors (1988). It was hypothesized that involvement in the research would enhance the experience of the participants by offering an opportunity to focus on an aspect of their practice, while reviewing philosophical and ethical concerns. In principle they would also be free to use their experience in whichever way they might wish to in the future. So this was not approached as 'pure' co-operative inquiry, rather a piece of research which entailed a measure of co-operation while acknowledging that disparate roles exist.

Summary

In sum, then, a method had been identified which would most reflect the 'spirit' of the research, and which would enable the collection of relevant data. A paradigm of constructive eclecticism was used as the framework, and care was given to maximise the reliability of the research through a multi-method approach. Chapter Five will describe the process of research and present the findings.

Chapter Five: Counsellors talking about intimacy

The therapist treats ends as given, as outside his scope: his concern...is

with technique, with effectiveness in transforming neurotic symptoms

into directed energy, maladjusted individuals into well-adjusted ones

(MacIntyre, 1981).

This chapter documents how a group of counsellors talk about the accomplishment of

intimacy in the counselling context. An essential tension in this task existed between

capturing the content of the discussion, i.e. what ideas and beliefs are held and produced

in this context, and the process of the discussion, i.e. what conditions were set, what

'happened' in this group which facilitated or inhibited self-disclosure. Thus there was a

dual process at work, which to some extent mirrored the very activity being talked

about, i.e. the accomplishment of intimacy (Steier,1991:174).

This chapter is an account, which is necessarily interpretive in nature. It is a

commentary on how other people make sense of interactive processes. The description

of the focus group, and the literature invoked, are necessarily selective. The choice of

subject for the research, the questions formulated, the method chosen, and the analysis

of the data are all influenced by the particular interest of the researcher, and by the

constructs and meanings which are brought to the research (Steier,1991:2-3). The

account aims to add to the body of knowledge on the subject, not to claim any universal

truth or application.

The chapter will be presented in three sections. The first will briefly describe the conduct of the focus group, to indicate the structure and sequence of events within it. The second section will present a content analysis of the focus group which will be offered as 'thick description' (Denzin;1989, after Geertz ;1973) and contextualised in relation to the literature[1]. The third section will advance some reflections on the research process. It is recognised that this is to some extent an artificial split, used as a device to render the presentation of the research manageable to both researcher and reader.

The conduct of the focus group.

The group setting had been identified as appropriate to this research in the belief that it would produce a 'synergy' effect (Morgan, 1988:12) which would help to facilitate the group members' accounts of their understanding of intimacy. It was anticipated that this would be a dynamic process of a dialogical nature. In other words, the chosen method of elicitation would produce a different set of utterances than if each member had been interviewed individually, due to the interactive nature of the context. Shotter (1993) has suggested that dialogical utterances occur both responsively to what has gone before, and in anticipation of a response, be it 'sympathetic', or challenging (Shotter,1993: 52). This entails the use of language as a shared medium to elicit understanding and, at times, to demand justification of viewpoints and perspectives.

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[1] It will be recalled that a second group was investigated as a means of triangulation to the research, to strengthen both plausibility and validity (Janesick, 1994:214-7). Key findings are summarised in Appendix Five, and will be invoked when there is especial support for or dissent from to the findings of the focus group.

The focus group took place with seven participants. The duration of the meeting was three hours, as had been intended. All the participants were known to the researcher either as students, supervisees, both, co-trainers or a combination. The implications of the prior knowledge are explored later in this chapter. Two potential participants declined the invitation as their individual counsellors were also in the group. This was illustrative of how tightknit the counselling community can be.

A number of procedural issues were important. One was that the information generated was both observable and recordable. On the morning of the group, a rapporteur was not available. To minimise researcher bias[2] and maximise accurate recording, both a video camera and two audio-recorders were set up in the room. This enabled the observation and recording of visual as well as auditory data. While this was typically limited in being unable to capture close ups of individuals (Stewart and Shamdasani, 1990:99), it nevertheless enabled identification of some multiple respondents' activity such as body proximity and specific gestures. Additionally, the researcher took notes to facilitate the immediate write up of initial impressions . This also acted as a fail safe had the recorders failed to work for any reason. In the event, both recording machines did work well.

Another procedural issue was the management of the participants as they arrived in a way which would be welcoming, and which would begin the process of transformation from a cluster of individuals to a task-centred group. Some participants were known to each other, and some were not. From `aside' comments to the researcher made at the

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[2]This comment is in no way a claim toward objectivity, as previously stated. Nevertheless, it was seen as important to capture accurate and full observations of the process, rather than to depend on memory for the range of discussion.

end of the session, it seemed that almost every participant had felt a little apprehensive, and that knowledge of each other had offered reassurance rather than threat. Pleasantries were expounded over coffee, with people discussing how they had travelled, which route they had taken, where they lived and other `small talk'. Participants were then invited to sit near to each other in a semi-circle. This was to enable all participants to be able to see each other and to be seen by the researcher.

The members of the group were then invited to introduce themselves with their names and whatever they would like to say about their practice. Formal introduction to the morning had two main facets, one of setting contractual groundrules and the other of offering explanation of the purpose of the group. The latter was given first, outlining both the purpose and format of the day, and the recording process was explained. The limits of confidentiality were then delineated in terms of the researcher having the right to reproduce any material either for thesis or for publication, with the promise of anonymity . The researcher also suggested the possibility that the group may wish to contract amongst each other in terms of what levels of confidentiality they would expect from each individual after the group had disbanded.

When confidentiality had been agreed, the researcher asked participants to agree to other groundrules. These included a commitment from members not to censor or criticise each other, although they might present different viewpoints. This is standard practise for both focus groups (Morgan, 1988: Krueger, 1988) and for counselling training groups, and indeed is embedded in the philosophy of unconditional positive regard which is a fundamental premise of counselling practice (Rogers: 1951). This

group of people would have been very familiar with the request to criticise the argument while respecting the person, and indeed all nodded enthusiastically in response to the researcher's request.

The group was then invited to split into two smaller groups to discuss the question 'What is intimacy'. Instructions were to brainstorm and to try to discuss without censorship. Both groups were also asked to keep a written note of key points. Within one or two minutes, both groups seemed to be fully involved in discussion. These discussions were concerned with two foci, one being the definition of intimacy, and the second being a reflexive awareness of the process in which participants were currently involved.

Participants were then asked to consider whether intimacy was a desirable part of the counselling relationship. This section of the discussion generated significant controversy which became dissipated as all members came round to share one view[3]. The nature of the talk taking place seemed to serve the dual purpose of renegotiating meaning and defining the relationships within the group, with dissent being perhaps a risk-taking factor related to increased self-disclosure. This was evidenced by the energy and content of the discussion which followed on the question of who was intimate with whom in the counselling relationship. This again was perceived as a discussion which people were engaged in, with dissent and new arguments coming in, one person stating that they were going 'beyond what has been said so far'. Those who had been more

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[3]This point will be described in detail later in the chapter both for its specific content, and for the interactive processes which it illustrated.

reticent became more vocal, and it certainly seemed as if there was increased level of self-disclosure as evidenced by the amount of challenges made to each other.

When asked what was the purpose of intimacy within the counselling relationship, however, participants became noticeably more subdued, and some appeared to struggle to understand and respond to the question. For some this was a new site of reflection, which was notable considering that there had been no hesitancy in unanimously declaring that intimacy was desirable in the counselling relationship [4]. A final question addressed how people thought that they elicited intimacy within counselling. The researcher acknowledged that this question had been partly addressed through the previous discussions. Only four participants added new comments, and the debate was somewhat hurried as time was running out. The discussion was brought to an end by the facilitator in order to leave time for one construct elicitation exercise (Appendix Two). All group members attempted this task, although many vocalised that they found it to be extraordinarily difficult. It was perceived as somewhat more clinical than the rest of the day, and might have been construed as moving away from the `intimacy' of the group which had been so commented upon.

The process of the group, then, had produced a number of accounts of what participants thought that intimacy was, and how they believed it was appropriate to the counselling relationship, and indeed to the counselling venture. The internal dynamics of the group had produced the desired synergetic effects, so that there was some perceived dissent

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[4] This unanimity had been echoed in the seminar group used for triangulation, although one or two people queried for whom such intimacy was desirable. It is noteworthy that practitioners should agree a professional activity without having thought through its rationale.

and some stimulation to broaden ideas or to change perspectives. The procedure had

been reflexive in nature, with the process mirroring the content of the discussion. The

understandings which people had brought, and the 'refinements' which were generated

within this group, reveal a wealth of experience and perspectives. Although the focus

of the morning was on the counselling context, the theme of the accomplishment of

intimacy had demanded something of the counsellors' personal contemplations.

Content

The participants' accounts then provide a useful foundation for the data analysis. A

content analysis alone however could be somewhat pedestrian, whereas the quest for

meaning in this discussion was dynamic. To try to capture the fullness of meaning, and

to contextualise this within a social discourse, the analysis will offer 'thick' rather than

'thin' description of how intersubjective meanings were produced and understood

(Denzin: 1989), to try to give the reader some vicarious experience of the procedure

and the life of the focus group. Where appropriate the findings will be compared with

the academic literature, and contextualised through the use of other sources including

fictional accounts, the findings of the initial pilot group (Appendix One), the

information generated by the 'triangulation group' (Appendix Five), and the results of

the personal construct elicitation exercise (Appendix Six).

The research is primarily concerned with how this group of counsellors understood the

concept of intimacy. It is also concerned with how such understandings inform the

reflexive relationship between counselling and notions of self. This is a complex area

of study, relying heavily on a series of subjective and intersubjective experiences and

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communications. The interest of the researcher was, as Denzin puts it, to be `ever alert to any new angle that will shed light on our phenomenon' (1992:27). The question for the researcher, he suggests, is simply `how do we listen?' (ibid:28). The structure of the following version of events is chosen to portray as clearly as possible what was heard and observed by the researcher. Headings and sub-headings will be used to enable this process.

Openings

Participants began by introducing themselves. They declared their name, and some information about their practice. The self-reported range of experience, training and interest spanned: an eclectic approach; the creative use of clay as a therapeutic medium; psychosynthesis; sub-personality theory; Egan's framework; Rogerian counselling, Jungian; and cognitive-behavioural therapy (with Albert Ellis and George Kelly being specifically referred to within this).

Those things which participants thought to be important were seen as strategies of self-presentation in a way which was chosen to offer a `performable account' of themselves (Harvey et al,1989:41-44) In other words, language and terms were used which made individuals' accounts of themselves both intelligible and legitimate. Thus the term `person-centred', which was uttered by the first participant to speak, became a `marker' for other members, who all began by declaring their relationship to the person-centred approach before explicating their differences and idiosyncrasies.

As this process took its course, so the group climate visibly and audibly changed. The

first participant seemed to be slightly nervous, and stumbled once or twice on words, while emitting a small laugh. The second participant also appeared slightly nervous, and seemed to want to minimise her training by stating `if training is the right word', and laughed a little diffidently. The third participant changed the climate slightly by disclosing how very excited she felt about her approach and her work, and indicated that it was an effort for her to contain her description without `getting on my dais and telling you all about it because it's so wonderful'. The fourth participant was then able to describe his interest in myth and story:-

> I have quite a lot of interest in stories, in the myth (pleased gasp from
>
> other participants), but I see the story as being in a sense just the client's
>
> story rather than the stories of the world.

There was an audible gasp of response to this statement which seemed to indicate interest and enthusiasm. This was perhaps the most overt illustration of counselling being perceived as being concerned with the narrative of self, and was returned to in the smaller group exercise which followed. The fourth participant also disclosed that he was in personal therapy with a Jungian analyst, and that he felt no doubt that this would now affect his work.

The fifth participant spoke seriously and deliberately, and declared his interests in what may be described as a sober manner, and the `tone' of his information giving seemed much more impersonal; the work was described with no clues as to its impact on the practitioner, and no level of personal investment or emotion was discernable. Other members of the group listened attentively with little verbal response. This was a much less energetic atmosphere than when the fourth participant had been speaking. The

climate changed considerably however with the introduction of participant six, who declared herself primarily interested in the 'individual's quest for meaning'. After she had described her professional practice, she stated that:-

> What I'm aware of feeling is how much this is really a test of my willingness to step into the space and sharing something, and I find myself *extraordinarily* (emphatic and smiling) reluctant when it comes down to it.

This statement was greeted immediately with head nods and murmurs, possibly of assent and understanding. There was an immediate rejoinder of ' and that in itself is a sharing'. The final participant to introduce himself acknowledged the disclosure of reluctance as 'the first intimate disclosure of the morning'. Having made this acknowledgement, he then went on to describe his practice and to deliberately introduce humour to the proceedings, by stating ' I don't have any clients at the moment, because I'm so effective they only come once'. This was received with loud laughter. This short process had demonstrated a number of subtle changes of group climate, with a range of different modes of self-presentation and disclosure being produced. By the end of the opening round, all group members looked slightly more relaxed as evidenced by body language and paralingual indicators (Argyle: 1967). Much more verbal encouragement and overt responses were being offered to each participants's contribution. Participants had also demonstrated their implicit understanding of the reflexive nature of the research. They were quite aware that their own levels of openness would influence the quality and content of the discussion.

During the next section where the facilitator outlined the purpose and the structure of

the morning, further exchanges and processes occurred which demonstrated the still tentative nature of participants' responses, and the fragility of their comfort. One exchange was between two participants, A and G. The facilitator had been asked to repeat a part of the briefing, as participant A. had 'gone off', i.e. lost her concentration. After the facilitator had repeated the sentence, the following exchange took place:-

G: (jocularly) And don't go off again! (group laughter)

A: I hear what you're saying, and I'll go off whenever I like! (more laughter)

More briefing followed, with the facilitator speaking for about thirty seconds. Participant A. then interjected that she 'would have liked to have said, and I want to say it now, that 'I hear what you say and (slight pause) I shall actually do what I like'. This was stated more calmly and quietly than her first response. It had been important to her to change her tone of voice as she was eager to be understood as assertive but not antagonistic. Her considered response perhaps illustrated how individuals might actively and deliberately change their postures and tones in order to achieve desired effects.

When the groundrules were elucidated, participants initially seemed comfortable with the notion of anonymity in any documentation of the group session. As stated previously, the facilitator had suggested that the group might like to contract among themselves how they talked about this process, and any disclosures within it. An agreement was reached which acknowledged that people would like to talk about their experience in this group, and that they too would adhere to the principles of anonymity.

It was also agreed that the principle of anonymity be applied to any disclosures about clients which might be used to illustrate points or perspectives.

One participant then amended the agreement, to add an ethical limit. He stated that if he felt that any participant was in danger of harming self or others, or if they were exploiting clients, then he would not be bound by confidentiality. This exemplified the kind of contract which one might expect within a therapeutic setting or within a counselling training context (BAC:1992). It also safeguarded the participant from feeling trapped or collusive should unethical behaviour be disclosed[5]. At this stage, there was a visible increase in tension for one participant, and more clarification was sought that no breach would be made without prior discussion. It is unknown as to whether this aspect of the contracting limited disclosure. Such a constraint might be seen to be inhibitive, and unconducive to the trust required for self-disclosure, or it might be experienced as facilitative, as integrity and honesty had already been demonstrated.

Defining intimacy

The group had been split into two sub-groups with the request that they brainstormed and discussed in as uncensored a way as possible what they understood by intimacy. While one group entered into a subject centred discussion almost immediately, the other seemed to be very consciously involved in their own process. One member stated:-

I was really struck by the paradox of a group of people being thrown

together to discuss intimacy, some of whom know each other and some

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[5] The researcher's previous work on sexual exploitation within counselling (Russell;1993) highlighted the 'gap' which many professionals felt when they knew someone who was being exploitative, but had been told in confidence. To contract in an exclusion possibility is one way round this problem.

don't. It's part of the process which is ongoing

Another rejoindered:-

> Yes I was noticing myself sitting in the corner feeling more and more
>
> uncomfortable...something almost a preamble to panic...sitting in the
>
> corner thinking I haven't got enough space...and I want much more
>
> intimate connection with all these people before I can even begin to go
>
> from here [head] down to here [heart] in any real sense[6] .

This group noted that the `core conditions' for intimacy were not present until they

created them. They then began to address how they could take various measures to

enable this to happen, for example how they might sit, whether or not they should touch

each other, and making self-disclosures regarding their feelings.

When the two groups were brought back together, the facilitator asked for feedback

on how they had experienced the exercise, as well as inviting one member from each

group to feed back a summary of the discussions they had had. The experience was

relayed by one participant as `it felt good', accompanied by putting two thumbs upwards

in the air. The experience was also described as `comfortable yet stimulating', and `a bit

pressured - would have liked time to expand some of the ideas'. One member said that

she now:-

> felt more comfortable - I had felt a bit incongruent, just being plonked
>
> into a space and discussing intimacy, and I was glad to get into the

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[6] Michael Gurian (1995) notes that heart used in this sense is of course only a metaphor. It is in fact a cognitive concept when we attribute emotions or feelings to the heart, yet it is common to make the distinction desirable.

(small) group and make connections.

In direct response to the question `what is intimacy', various concepts were invoked which enabled people to portray intimacy in several different ways. The group described above had made it clear that intimacy could be *produced* through various different means. The other group were quite clear that intimacy is `*a process, and not a state'*. For both groups, it seemed that intimacy might also be a *property* of particular relationships, or indeed of particular moments.

Participants had suggested a number of inter and intrapersonal concepts which were seen as characterising intimacy, such as closeness, friendship, openness, warmth, vulnerability, connected, separateness, trust, touch and harassment. It was described as frightening, sexual, loving, dangerous, powerful, healing, therapeutic, threatening, and uncomfortable. This very much mirrored the breadth of description which had been found in both the pilot group (Appendix One) and the `triangulation group' (Appendix Five). The discussion tended immediately to make links between intimacy and self, with much assent being given to the claim that to be intimate is to demonstrate an `ability to be oneself'. This suggested notions of authenticity, akin to those highlighted in Chapter Three (Berne, 1964; Dowrick, 1992 ; Lerner, 1989).

Although the vocabulary used by the group of counsellors in this part of the discussion was predominantly the language of emotions, one participant was keen to extend the understanding of intimacy:-

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The other word which has come out for me is `knowing' something about

knowing yourself and for somebody else, but I think the kind of intimacy

that exists at the level of head as well as feeling an emotion. You can

share values and thoughts and that can create a kind of closeness, a set

of beliefs or values that you share with somebody can bring you close to

somebody. I think we look at it as being an emotional thing, but I don't

think it need be.

This comment was received with general assent, although it stands in contrast to most

of the discussion which focused on intimacy as a state connected with emotionality.[7]

The key elements which recurred were connectedness, separateness, acceptance, trust

and mutuality, which might be presented as the `conditions' of intimacy. Two other key

factors in the form that intimacy takes were time, and emotional states. These were

presented to some extent as interdependent, and cannot always be described without

reference to each other. Nevertheless, all deserve more detailed description.

Connectedness and separateness

These elements were depicted in various forms to suggest the mutual sharing of self.

Such sharing was seen as being intrinsically about self-disclosure[8]. Self- disclosure was

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[7]In the seminar group used for triangulation to this research, one participant made a similar plea. To quote at length:

> It seems that intimacy is too much seen as a private verbal and personal activity between two people...it may be useful to know of collective and non verbal intimacies. What about being intimate with my social, cultural, political and economic history? With the ideas and paradigms which construct my sense of self meaning and purpose? Intimacy with and through dance, music, painting etcetera?

[8]Self-disclosure is addressed in further detail later in the chapter.

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seen as having a paradoxical nature. It was seen as important that the individual could share with themselves, or know themselves, before they could share with or know another. There was general assent to the notion that the second was not possible without the first. As one participant put it:-

> [Intimacy] is this deep innermost connection between people, and also, importantly for me anyway, between me and me. My deep innermost self, this connection with myself, is the only way I'm ever going to connect with anyone else.

This perspective was then generalised to make universal claims. An individual who was `undifferentiated'[9] was seen as incapable of `proper' intimacy. Rather this would be a `fusion', a losing of a sense of self-identity. Between `differentiated' individuals, however, `merger' would produce or result from intimacy. The differentiated individual would have both a strong sense of self-identity so as not to `become swamped' or `lost', *and* the ability to lose self in intimate encounters. One participant suggested that this retention and loss of self might occur simultaneously.

The idea of the dynamic and at times seemingly contradictory nature of intimacy was echoed in the seminar group, through such phrases as `a separateness and coming together', `an ebb and flow of closeness and distance' . This paradoxical edge is to be found throughout cultural notions of intimacy. It is intimated by Simmel (1950), for example, when he suggests that the person with a strong enough sense of self might

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[9] The notion of `undifferentiation' is grounded in developmental psychology as espoused by Erikson (1963, 1968), which was discussed previously. This perspective on intimacy sees it is a phenomenon of the individual.

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suspend their `ego' as a means to, or an outcome of, the accomplishment of intimacy. Fromm (1942, 1957) suggests a `transcendence of self' which occurs when two people `merge' in love. This is only possible however if the individual loves themselves; `if he can only 'love' others, he cannot love at all' (Fromm, 1942; 99). The merger syndrome, where people feel that there are no boundaries between self and other, is common to notions of intimacy where it is recognised as an aspect of a love relationship. Yet to achieve `proper intimacy' the self must be `secure' to enable this to happen.

Within the focus group, these concepts were indicated by phrases such as `some notion of loss of self', and even to `completely lose oneself'. This was meant quite specifically however to suggest that separateness must exist first, or else there would be a false intimacy, perhaps akin to the notions of co-dependency discussed by Giddens (1992), or the pseudo-intimacy suggested by Egan (1973). The idea of losing oneself was specifically used as an experience of intimacy on the understanding that it was only possible if people `retained self-identity', and that `unless you know yourself, you can't engage in the merger'. The imperative that the individual be intimate with self in order to be intimate with another was related to the existential state of separateness. It was seen as `intimately connected with isolation'.

A striking example which almost mirrors the language evoked in the research is to be found in Bellah et al, (1985) in an interview with a woman called Nan:-

> "I think it was the sharing, the real sharing of feelings. I don't think I've
>
> ever done that with another man." Nan knew that she loved Bill because
>
> "I let all my barriers down. I really was able to be myself with him - very,

very comfortable." (Bellah et al, 1985: 91)

The downside to this freedom to be oneself is precisely that of losing boundaries, or barriers:-

> The danger is that one will, in sharing too completely with another, "lose
>
> oneself". Nan struggled with this problem...."I wanted [people] totally to be
>
> mine, and I wanted to be totally theirs, with no individuality. Melding...I lost all
>
> of myself that way and had nothing of *me* left" (ibid:92).

The ideal, suggests Bellah, is for love to embody `one's real self in such a spontaneous, natural relationship, the self can be both grounded and free' (ibid:91).

It was not clear in the focus group whether the participants were describing intimacy as it occurred in reality, or whether they were posing an idealised version. Yet when intimacy occurred, it was seen as providing an opportunity to be one's whole self, or as one person put it:-

> Intimacy enables me to be fully myself...with all the light and shade, nice
>
> and nasty.

There was an interesting comment within this discussion which might indicate one way of approaching the difficulty which is inherent in the concept of simultaneously losing and retaining self, although it was not expanded upon within the group. The discussion had centred around the notion of `self', but one participant, who was extremely interested in the paradox, said that:-

> If I'm reading you right, the total experience of intimacy , is the losing
>
> of self and being with the other on a more integrated level. ...Unless you
>
> know yourself you can't actually engage in this, which might be a free

merger between two souls.

The introduction of the word `soul', if pursued, might have opened up new avenues. It is possible that there is an elision between `self' and `soul' which is partly semantic, but partly due to the theological/psychological dichotomy generated through the influences of both Western and Eastern culture (Gurian:1995). The influence of Western psychology tends towards a strengthening of the `self' and a fear of its loss, whereas Eastern religion encourages `transcendental' meditations and philosophies in order to locate the individual within a more spiritual framework. It was noteworthy that within the group, the response of one of the members to the mention of the merger of souls was to invoke Kahlil Gibran's `The Prophet', wherein the individual is urged to `give your hearts, but not into each other's keeping, for only the hand of Life can contain your hearts' (Gibran, 1923:12). She then illustrated the tension between merger and separateness with an example from her client group. This reinforced the notion of intimacy only being possible if individuals first `stand alone'.

Mutuality was seen as a key element of intimacy, either overtly declared or implicit, with notions of the I-Thou relationship being evoked. Intimacy was described as a two way relationship where the `boundaries were down', and two or more people were `thinking as one'. The idea of mutuality was associated with notions of rapport. Mutuality had three main facets: mutuality as in mutual self-disclosure; mutuality of need; and mutuality of goal, or purpose.

There was from the outset some inherent ambiguity concerning whether mutuality was

integral to intimacy. There was for example some agreement that intimacy was an experience that a person could have in the presence of another without that other knowing. There was also a statement that it was possible to be intimate with a person who one had never met, but who was influential in some way in an individual's life. Although both of these statements were assented to, neither was illustrated. They would both presumably rule out the inevitability of mutuality in intimacy.

There were also contradictions in the view of mutuality within the counselling relationship. Participants agreed that there was a lack of expectation that counselling should be a reciprocal procedure in terms of self-disclosure, and one participant was keen to clarify that the counsellor does not depend on the client for their self-esteem. Yet intimacy, which was seen as necessary to the counselling relationship, was seen to present a ` mutuality of need' . How this would be possible in an `asymmetrical' relationship remains an interesting question.

Time factors

It was suggested that intimacy was not dependent on a particular time frame, and that it could be a long-term state which endured in relationship over a period of time, or it could be momentary. Equally, it could develop slowly or quickly. The moment might be unexpected, or, as one person put it `one can be surprised by intimacy'. On the other hand intimacy might be anticipated. Juliette Mead describes one of her characters as being always referred to as B.J., `or occasionally, in very intimate moments, such as when he and Gabe and the other good ol' boys went fishing,[as] Beej' (1996; 72). It seems that certain situations are expected or predicted to be characterised by such

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demonstrations of intimacy.

Even within relationships which might be described as intimate or likely to be intimate, however, it was suggested in the group that moments of pure intimacy were rare. One participant said:-

> I read some years ago, perhaps twenty years ago, that people had assessed that people tend to have perhaps fifteen minutes of intimacy in the whole of their life, and I just wondered how, when you think of the fleetingness, even within an intimate relationship how rarely we just feel *absolutely* ... (makes expression on face and clasps hands) (murmurs of assent). It isn't a state, somehow. Even within something that you could call intimacy, there are more and less intimate moments.

Here the participant is making the distinction between a `general level of intimacy' within a relationship, and the intimacy of a specific interaction, both of which may be seen as features of intimacy (Acitelli & Duck, 1987:300). It was perhaps significant that this communication was made non-verbally. One of the difficulties in describing intimacy is perhaps finding the appropriate language, and at times language may be seen as impoverished to capture the depth and richness of an experience. Moreover, the very act of verbalising might rob the experience of its meaning. Alina Reyes puts this succinctly through the eyes of her heroine:-

> There are some very intimate things which I can't write. To write them would be to condemn them to death. Certain rituals of tenderness, for example, certain laughs, certain sexual practices. As long as these things

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remain unwritten, we can relive them a thousand times without the

feeling of repeating our selves. Often they are so small, so fragile. To

speak them would be to ruin them, to repeat them having spoken them

would be to copy ourselves (1995:43).

Others in the group had made the point that intimacy is `a process, not a static state',

and that `intimacy changes from one moment to the next...with others or self'. Within

a short period of time, one might have a `different response to different situations'. To

some extent, this means of conceptualising intimacy had been demonstrated within the

group, as the climate and level of self-disclosure had fluctuated in response to other

people's utterance. However, in a wider context which incorporates specific and

developing relationships, this notion is unusual in description of an emotional state.

Often accounts of social emotion are offered as a summary of a constant and continuous

state, rather than being acknowledged as temporary or momentary (Duck:1986: 2).

Intimacy was also conceptualised as, on occasions, only being recognisable through the

passage of time. Several respondents discussed the retrospective identification of

intimacy:-

Looking back on my first therapy many years ago, I look back on that

but I k now I've got that forever. I had an experience of intimacy which

went over my head at the time, but I know I've got it and it's a

constant...and permanent resource.

This point of view was widely assented to, and further illustrations given, that sometimes

the sense of a situation is not apparent until after it is complete, and then 'the light goes on'. One participant suggested that clients may leave counselling without having made any sense of it, but that at a later date they might notice that 'something happens' and they want to 'look at it a bit closer', in other words their understanding is made retrospectively. One participant stated that he left the timing of appointments entirely to his clients for this very reason, so that they don't come back until they have identified some self-knowledge which moves the process on.[10] This participant was cautious however in attributing 'deferred self-knowledge' to the impact of counselling'.

Another said that his therapist had described him as 'sensitive', and that this had been intimate for him:-

> It was the first time I'd heard that description applied to me by somebody else, and at the time I knew that it was so, I knew it but hadn't heard it before. And I carry that, and that to me was no big long term process. All in one word, and all in one moment.

It was also commented that the experience of intimacy within counselling depended on 'how available you are for it'. This might have at least two meanings. One might be what *capacity* does the individual have for intimacy , both generally and in a specific relationship, and what *feelings* does the individual have within a specific context or interaction (Acitelli and Duck, 1987:300).

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[10] If the counselling process is seen as broadly educational, as the term self-*knowledge* might suggest, then this process of deferred learning may be seen as akin to the process of learning identified by the psychologist Kolb (ref), wherein a process of reflection is necessary to make sense of an experience and to plan the next stage of the process.

Members of the group suggested that the quality of intimacy may be different each time. One person was keen to emphasis this, and was at pains to say that intimacy was not a mechanism, but it `depends on the uniqueness of the two people each time'. This perspective was endorsed by other members of the group.

Trust

As documented, there had been considerable discussion about intimacy implying an ability to be fully oneself, to be exposed. Allusions to such vulnerability are frequently to be found in literature. Alina Reyes (1995) encapsulates such feeling:-

[Even though my whole, all my actions and gestures cried out this truth,

I somehow felt that those words [I love you] would strip me bare, that

by removing my final reserve they would leave me without protection,

infinitely vulnerable.

Vulnerability was directly alluded to within the group, and through metaphor, with one of the participants talking about how intimacy entailed a `nakedness, a throwing off of all the cloaks'.

Within the group, it was suggested that in order for people to endure such vulnerability, intimacy with another presupposed a certain level of trust:-

I can trust this person with my innermost self, with all sides of myself.

Intimacy involves trust and mutuality.

And

Intimacy cannot exist without trust which is a prerequisite.

The notion of trust as integral to intimacy is well documented, and it seems that there is a reciprocal relationship between the level of intimacy of self-disclosure and the development of trust (Falk & Wagner, 1985). In therapeutic discourse, the betrayal of trust is seen as devastating to the self and the ego.[11] Trust entails a sense of predictability and ontological security. Deutsch defines trust as:-

confidence that one will find what is desired from another, rather than

what is feared' (1973: 149 cited in Holmes & Rempel,1989:188)

The group of counsellors in this research talked about trust as an implicit necessity within the counselling relationship. They all agreed that counselling was a relationship of intimacy, and this is congruent with how it is perceived in the literature (see Chapter Three). The documentation of trust within the literature embraces two main perspectives. First, trust is seen as important in terms of the clients' expectation that they should be able to trust the counsellor to have integrity, and to work in their (the client's) best interests (Rogers, 1951; Egan, 1994). Equally, however , it is seen as important that the counsellor is able to trust the client to have the wherewithal to ultimately solve their own problems and take responsibility for their own life.

Trust is also seen as a `commodity' which has to be earned[12]. Yet in counselling, the whole relationship is entered into on a basis of trust, and faith. The client trusts the counsellor until they have reason not to. The counsellor has faith, or trust, in the practice

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[11]Much work on childhood sexual abuse is conceptualised as the loss of self following a betrayal of trust, in significant others, or in society. This loss model is best encapsulated in the pioneering work of June Hopkins (1984) which is largely influenced by the work of Erik Erikson (1963, 1968)

[12]It may be recalled that one of the accepted tenets of counselling is that the counsellor must `earn' the right to challenge a client through the demonstration of accurate empathic understanding(Egan, 1994). It is often through challenge that the client and the counsellor increase the sense of risk, and perhaps of intimacy.

and process of counselling. Together, both trust in the discourse which produces counselling as an activity. The early stages of trust may be conceptualised as akin to that between lovers in the initial stages of relationship:-.

> At this early stage, trust is often little more than a naïve expression of hope. The projection of intense feelings, bolstered by reciprocal displays of affection from partners, creates a sense of optimism that typically belies the lack of hard evidence.......for some, the earliest expression of confidence in a romantic partner may be "blind faith" in an idealized image they have created." (Holmes & Rempel,1989:192)

This can to some extent be true of the therapeutic relationship. Displays of affection, however, might be replaced by what is termed warmth, and the offering of acceptance. The image of the counsellor may be idealized by the client. When anticipated responses and reward are not forthcoming, the client may feel let down or even exploited. They are made vulnerable by the investment of trust which they have made. If trust is seen as integral to intimacy, then initially a part of this process is down to faith and belief states. Subsequently it is generated through the use of empathy and at the cost of self-interest (ibid:199). In the counselling relationship, this has implications for practices of self-disclosure. The counsellor, for the good of the client, suspends self-interest in one sense during the counselling relationship. In this respect, there is not a mutuality of need. One person commented that when she self-discloses, it is:-

> without any expectation or need of a response from the client.

This might be challenged on the basis of why disclose, since it might be assumed that

there is some intention in the activity. The point however is that any potential benefit

is seen to be for the client, not the counsellor. The client is at liberty to choose whether

or not they respond. When the client discloses, however, the counsellor is trained to

make an empathic response (Nelson-Jones, 1991; Culley, 1991; Egan, 1994) or a

'perspective response', which is deliberately used to demonstrate understanding and

which has the effect of increasing the level of intimacy (Falk & Wagner, 1985).

Just as intimacy is conceived of as dependent on trust, so it is possible to see trust as

dependent upon intimacy . Giddens suggests that:-

> In the pure relationship, trust has no external supports, and has to be
>
> developed on the basis of intimacy. Trust is a vesting of confidence in the
>
> other and also in the capability of the mutual bond to withstand future
>
> traumas. This is more than a matter of good faith only, problematic as
>
> that may be in itself. To trust the other is also to gamble upon the
>
> capability of the individual actually to be able to act with integrity
>
> (1992:138)

It is unclear how closely the counselling relationship can be compared with the pure

relationship. Certainly, some of the counsellors within this research saw the relationship

as a prime medium of enhancing the well-being or interest of one of the parties. One

participant suggested:-

> The depth and quality of relationship is the major tool, when all's said
>
> and done. I've got my training and my skills to back it up, but all I've got
>
> is me and you and it is our interaction and our willingness to give of

ourselves and awarely giving of myself.

Indeed, the purpose of counselling is integrally bound up with self-gratification, or increasing well-being. In claiming the relationship as the central tool, however, it can be seen that the trust invested by the client in the counsellor depends heavily on the ability of that relationship to withstand trauma. One participant stated that the client needs to bring their whole selves to the counselling, with 'all the bad stuff'. This would certainly demand integrity from the counsellor. Some of the claims made by the counsellors about this being the first opportunity for the client to experience intimacy indicate a tremendous faith in their ability to deliver it:-

> Don't we model an intimate relationship that doesn't go wrong, don't we
>
> perpetuate our belief that intimacy is okay, really , you might have had
>
> a bad relationship but it doesn't always have to be like that?

Such assertion demonstrates tremendous trust or faith in the practice of counselling.

Emotional states

The experience of intimacy was seen to be connected with various emotional states. Initially, participants identified these as 'positive states', implying a sense of freedom with such expressions as 'the ability to be totally oneself, with all my shades of light and dark'. It was also suggested however that intimacy might be frightening, dangerous, 'dodgy', and might consist of the sharing of distress as well as pleasure. In any event, it was suggested that intimacy is associated with nakedness, and vulnerability . Participants used expressions such as 'feeling free to be myself', which suggested notions of authenticity, and intimacy as a 'deeply comforting state', which indicated emotion as having both physiological and socially constructed meaning (Duck, 1986:30-31). It

could have a physical component to it, to do with touching, holding hands or being in close physical proximity. Because of the emotional status of intimacy, it was thought that it could also be *elicited* by 'sharing deep feelings'. It was thought that this can have negative as well as positive effects.

It was felt that for intimacy to take place, there was 'something important about knowing you're not going to be judged'. This was seen to engender a form of safety which was important to the ability to be intimate. Interestingly, the triangulation group had generated a reverse view, that although 'the client needs to be accepted', intimacy was seen as a *means* of such acceptance and 'non-judgement'.

Is intimacy desirable in the counselling relationship.

This second question was asked after the break for coffee, and this evoked a unanimous 'yes'. This had also been the case in the pilot group (Appendix One). The seminar group had been less unequivocal (Appendix Five). No respondents answered negatively to the question whether intimacy is desirable in the counselling relationship. Ten of the seventeen gave a definite yes, although some added small riders to this, such as 'as long as it's not dependency', 'with a maintenance of distance', 'within specified boundaries', 'not for all clients', 'desirable but not essential', and , interestingly, 'not always felt by the client'. This last suggests an interesting and arguable distinction between the objective and subjective assessment of intimacy.

Three people asked the question 'desirable for whom', and were keen that it is the client who must dictate the level of intimacy, and there is no right to demand it. It is only

desirable if it is needed. This reflects the `client centred' ethos of counselling, and poses some interesting questions for counselling as a social practice. On the one hand, there are significant moves to make counselling a professional activity, teachable and assessable, and on the other there is a constant move to let the client dictate the terms of this activity. This poses a tension, and perhaps marks counselling as having specific differences from other helping or consultative social practices such as magic, medicine and religion, as documented in Chapter One.

Two people said that intimacy is `desirable if it happens', with one stating that this is only if it comes naturally. `There's no point in trying to be intimate - you either are or you aren't'. This is antithetical to the view that intimacy can be constructed or `engineered'. It was also commented that intimacy is desirable if manageable and appropriate, though not essential; that it is `theoretically' desirable, though more uncertain in practice as it is not reciprocal in counselling; and that the context will determine the necessity of intimacy within the counselling relationship.

> The client needs to be understood, valued and accepted, but there does not need to be closeness.

These responses suggest a cautious endorsement of the value of intimacy within the counselling relationship, and begins to highlight some of the uncertainties, vagaries and lack of consensus within the newly developing practice of counselling. It is noteworthy that many of the participants in this group stated that they had never formally considered these questions before, and that they found the process very difficult, despite being senior and experienced practitioners.

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Within the focus group, however, there was more consensus, and some replies had a tautological quality about them. Justifications were made in terms of definitions of intimacy, with suggestions that intimacy was desirable *because* it was a sharing, and a process of integration of self. This last was of great interest to the group and exemplified some of the understandings of what counselling is.

Initial responses were quite forcibly of the view that intimacy was not only desirable but necessary to the counselling relationship. It was postulated that intimacy was central to the healing process: without it no therapeutic change would take place. More than this, it was seen as imperative. A question arose as to whether counselling or 'effective' counselling was being discussed. One view was that no intimacy would mean no change, and therefore the activity could no longer be seen as counselling. This links to current debate around definitions of counselling (Russell et al, 1993: Feltham,1995). Some participants felt that intimacy was unavoidable to achieve the aims of counselling, , as counselling is defined in terms of some change in selfhood, whether emotional, cognitive or behavioural.

There was, however, then some considered dispute around this point. It was suggested that on some occasions, intimacy within the counselling relationship was in fact undesirable. This would be particularly so if a client had come for counselling from the experience of having encountered extremely 'negative intimacy' [13] within other relationships. It may also be intrusive or invasive if for some reason it is not what the

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[13] This term is used to refer to intimacy which apparently has adverse effects on people. This has been called 'adversarial' and 'unhealthy' intimacy elsewhere (Ellis;1982), and is referred to in more detail later in this chapter when the question of the purpose of intimacy in the therapeutic relationship is discussed.

client wants. It may also depend on whether the process of counselling was on a long term or short term basis: one person suggested that if a client 'simply wanted to make a decision', then intimacy was not necessary..

Ultimately, the locus of evaluation for this perspective seemed to lie with the counsellor:-

> I'd go one stage further, and this is beyond what we'd said so far. I've had
> one client recently who believed that intimacy was the key to sorting out
> his issues, and my strong sense ...was that he was perpetually raking raw
> flesh, and what was required was something which was healing and not
> intimate in the sense of deeper and deeper analysis.

Quite how this would be decided was not evidenced , but clearly intimacy is being very much framed here as a potential of the individual depending on his or her particular psyche, or, as one participant put it, 'how available you are to it'. It is noteworthy, however, that research suggests that people who are shy or reticent are often perceived as being 'unavailable to intimacy', and that they are then often subject to less intimate approaches from other people (Duck, 1986:20). Thus it is possible that the therapeutic relationship may create a Pygmalion effect[14] if counsellors decide or evaluate that their clients are not able to 'do' intimacy, and therefore do not facilitate it.

This perspective was challenged, however, on two grounds. One was that the counsellor was in fact demonstrating intimacy in his sensitivity and respect for the client's feelings.

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[14]I refer here to the self-fulfilling 'prophecy' issustrated by George Bernard Shaw. When Eliza Doolittle was treated like a 'lady', she responded accordingly. When she was patronised, she did not fully 'petentiate'.

The second was that intimacy should only be avoided if it was being defined as a two-way activity. One participant contended very strongly that:-

> If intimacy is connected with self-knowledge, if it is integrated with self, isn't that still going down that same route. We're still wanting to help the client develop intimacy with self. We have to keep our feet firmly planted on the ground but if a client wants that very practical help, information to help with decision making, first of all there's an edge there, they have to know more about themselves to make decisions and secondly if they don't, if they want to deny that self-knowledge, then perhaps they're better off going to an advisory agency[15].

Again there is the clear insistence that counselling generates some self-knowledge for the client. In the last statement made above, then this insistence is so great that the activity cannot be called counselling without some self-knowledge. In the excerpt above, the participant who is speaking, is equating self-knowledge with intimacy. When this argument was delivered in the group, there was a great deal of assentive murmuring.

It was clear that self-knowledge, and self-revelation, being equated with intimacy with self, was seen as a positive, indeed necessary, step to problem solving, or to the personal growth inherent in the activity of counselling. Self-disclosure, and `being one's self`, if only to oneself, has long been associated with the health of the human organism (Jourard, 1971 :Argyle, 1987). Tremendous claims are made about the possible

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[15]This participant is making the kind of distinctions reported by Russell et al (1992) between different helping activities. Within this frame, any activity which is `directive', in terms of making suggestions or making decisions on behalf of the client, is not counselling, although counselling skills may be used to facilitate the activity.

repercussions of not disclosing self, that ultimately failure to do so might result in physical or mental illness (Pfeiffer, 1989; Siegel, 1990)[16]. The distinction between knowing oneself and disclosing oneself is not quite clear within this perspective, but self-disclosure is seen as of paramount importance to well being, particularly the disclosure of emotions. Thus psychotherapy is then recommended as an aid to recovery and healing from serious illness.

Within the focus group, intimacy was also suggested as a quality which the counsellor brought to the counselling relationship, `my knowing of myself`, and that this facilitates a `mutuality of need`. This was picked up as a concept of `mutuality of goal`, with the suggestion that such mutuality potentiates intimacy. This seems congruent with research which suggests that `socially intimate` people prefer an `intimate` therapist (Mindingall, 1985:188)[17]; in other words, they are likely to pursue the same ends. It was suggested that if the counsellor and the client did not have a mutual goal, then the client would be better off with someone else. This would be seen as both pragmatic and ethically desirable. One person stated at this point that there was no goal from him for the client. Again, diverse views on some of the fundamental principles of counselling were evidenced.

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[16]Susan Sontag (1988) has protested about the possible adverse effects of such an approach. The insistence on illness as individual and psycho-associated can lead to people refusing medical treatment in favour of psychological help. While this may be beneficial, it may also be dangerous.

[17]The point that client expectations will influence the choice of `best therapist` for the job is well made by Mindingall (1985). She suggests that evidence points towards clients with a strong `internal locus of control` are best suited with `internally oriented` therapists, while those with a strong external locus of control are best suited with therapists similarly oriented. Additionally, those with `authoritarian` personalities might be best served by directive therapists.

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This led to a discussion of the intentionality of intimacy within the counselling relationship. One person stated:-

> Don't we do it deliberately? All the things we've been trained to do, all our non verbal postures, all our paraphrasing and reflecting, unconditional positive regard, or non-judgemental approach or whatever, isn't it all engineered to create the conditions that intimacy can occur ?

This statement was met with a general air of unease, with one person immediately responding that no, this was not possible, 'you can never engineer intimacy', and someone else declaring that they thought not. This argument was also made in the triangulation group, where it was stated that 'there's no point in trying to be intimate - you either are or you aren't', and that intimacy is only desirable 'if it comes naturally'. This was particularly interesting given that the counsellors had largely thought that intimacy was necessary to therapeutic change. If therapeutic change is the aim of counselling, and intimacy is an integral part of this, then it would logically follow that counsellors would want to try and create intimacy.

This was then responded to with more clarity, that:-

> Isn't the event of the mutual, the intimate relationship, isn't that something that we engineer? That we use our skills to actually make it happen?

This generated lively discussion where one person declared that they did not try to make it happen, they simply try to 'offer the environment where it can take place if it's going to'. Another person declared that 'you're taking some of the mystery out of it', while another, in the language of therapy, declared that 'I know my resistance is telling me that

you've got a point'.

This was interesting in as much as this discussion seemed to be edging on the area of 'techniques of the self', and while everyone had agreed that intimacy was usually desirable, there was reluctance to the suggestion that it was generated through specific actions. This is a curious departure from the received wisdom of the literature which explicates counselling as, at least in part, a series of skilled interactions (Trower & Dryden, 1981; Egan, 1994; Culley, 1991). This was also despite the awareness at the beginning of the group process that people felt that they wanted to create more intimacy within this group to make it easier to discuss intimacy.

At this stage, one participant identified that one does have choice about the production of intimacy, as you can switch off if approached by someone on the bus. One of the people who had stated that counsellors did not engineer intimacy then began to reconsider her understanding, through comparing the counsellor to the skilled football player:-

> I would take the analogy, and this is a very important analogy for me,
> think of it as a football player, and he gets trained in techniques, and he
> knows how to do it, and he keeps the rules. Just as we learn all our
> techniques , we've got a quiver full of them and we do use them and
> so on, ..but when that man is playing in the FA Cup final is he thinking
> about the rules? My God he isn't , he's got it all going in together into
> a flowing process., so I think that's what I...I was feeling that I can't
> relate to taking out a technique.

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This participant was keen to determine that counselling was more than a set of techniques. This was seen as a helpful clarification, with several people saying that skills were no use without qualities, and vice versa, that they need to be bound together and combined with a belief that this was useful. These three facets needed to be integrated in a `genuine' way if one was to be useful. This stopped counselling from being a `plastic' procedure[18].

One participant expressed relief at the use of the word `belief', that although she had `resisted' the word engineer, she knew it `to be true'. She expressed concern that if we start to engineer, then exploitation can creep into the counselling relationship. A further dimension was then introduced, as one participant drew attention to the quality of tenderness, which has been introduced by Brian Thorne (1985) as an extra core condition to those suggested by Truax and Carkhuff (1967) or Rogers (1951). Tenderness might help to add the `heart' to the procedure.

This one word, `engineer', denoting the intentionality of the production of intimacy generated the first real dissent of the session. Its impact had been tempered as language was introduced which allowed of skills, qualities and belief, and by the end of this chunk of the discussion, all participants were consensual that intimacy could be engineered within the counselling relationship. The participant who stated the first and adamant `no' to the proposition ended the section by saying:-

Engineers build bridges and I've been struggling but I knew my resistance would

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[18] `Plastic' seems to being used similarly to how Giddens (1991) uses it in relation to sexuality, to describe a process that is routine, uninvolved, and founded in techniques rather than the uniqueness of the relationship.

tell me something if I spent enough time with it. I mean you take the mystery out of it , look at what we do in terms of the very basic things. We provide a space which is secure, by and large, it's uninterrupted. You sit pretty close. I mean this is an engineered space. It's true. We have engineered this space, we're here today to provide certain things, and all of a sudden it's no bad thing. To see it for what it is, and we have to have it on that basis. It greases the process, it allows the bits that you need to come together. It allows intimacy between the quiver [of techniques] and the heart.

Others assented, with one person saying that the connotations of the word engineer had sounded false, and another saying that it could be seen as manipulative. One participant stated that the thought of intimacy being engineered meant that counselling could become exploitative. It was also suggested that counselling might in fact be more exploitative if the counsellor had no awareness or deliberate intention in their actions.

This had been a lively discussion, and had demonstrated some of the paradoxes of intimacy, and some of the uncertainties of the philosophical foundations of counselling. It had also demonstrated a process of reconstruing amongst participants to reach a consensual view on the word 'engineer'. A major question which was raised was whether intimacy, and indeed counselling, was possible without self-knowledge. This theme was returned to within the next discussion after the coffee break.

What is the purpose of intimacy in the counselling relationship?

When this question was put to this particular group of counsellors, it was initially met

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with silence and a blank look from several members. The question was reformulated in terms of how the counsellors might explain the purpose of intimacy to a client. This then generated some quite disparate answers, some of which seemed surprising given that the whole group had been so certain that intimacy was desirable (even essential, crucial) to counselling[19]. The first answer was the most concrete and was related to the overall purpose of counselling:-

> If the purpose of counselling is for the person to gain more self-knowledge, more self-revelation, understanding -.and I think we've been saying those things are a necessary ingredient before you can have some kind of self-intimacy - then we create the climate where intimacy can exist and self-knowledge, self-disclosure and self revelation can emerge *for the person's understanding of self, so that they can understand what they want, and where they want to go.* (Italics represent the emphatic tone of the respondent).

This participant added that it was not necessary for a client to self-disclose to the counsellor, but to themselves at a very minimum. This implied a notion of self-validated intimacy (Schnarch: 1991), and a clear relationship to the goal of counselling.

The specificity of this response echoed the consideration of `therapeutic intimacy' proposed by Ingram (1991). Ingram suggests that intimacy can be seen as a `legitimate attribute' of the analytic process, but is concerned to differentiate what this might mean

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[19]This echoed a previous experience of the researcher when a group of counsellors, many of whom were nationally acclaimed, were asked to state the purpose of counselling, as if to a client. The group found it extremely difficult to do, with some not finding an answer after long debate (cf Russell and Dexter: 1993)

from intimacy in other relationships. He defines intimacy as 'the way we meaningfully relate as one self to another self within the structure of role relationships' (1991:406). It may be regarded, according to Ingram, from two perspectives. One is the experiential, which is the phenomenological sense of self when actively engaged with another, or, from time to time, with objects or pets. The second perspective is labelled transactional, as intimacy between two people is a function of the transaction of those two people. He suggests that , in this respect, intimacy provides both a sense of purpose and of meaning (ibid:404).

Ingram suggests that all social roles are characterised by six structural elements. These represent the goal, or the purpose, of the role; the allocative structure, i.e. how one gets into the role; the value structure; the technical structure, i.e. what does one need to know to be in role: the biological structure, i..e are there any physical determinants to the role; and the instrumental structure, or what equipment may be needed to fulfill it.

Ingram proposes that intimacy within the therapeutic relationship has three functions. These are that it aids self-realization, that it provides meaning to the endeavour, and that it confirms the very role system in which it arises (ibid:409). This last pertains to Ingram's central claim about intimacy within the therapeutic relationship, which he expands somewhat. Intimacy, he suggests, provided through the model of a boundaried role, shows the satisfaction of such structure and boundary, and negates the fantasy of a grandiose or unlimited intimacy. He suggests that this is an integral learning to help the client with their intimacies elsewhere, to avoid non-intimacy, and to avoid the tyrannies of intimacy which suggest full self-revelation in every role.

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This is a speculative theory in its preliminary stages, and Ingram acknowledges that the practical implications are uncertain. It is markedly more developed than the accounts arrived at in this research, although there is some indication in the first response cited that the intimacy was directed towards the client's change, specifically in terms of self-realisation, the first of Ingram's functions. It is also implicit that intimacy with self is useful only as long as it serves the client, and not for its own sake. In other words, this response was couched in terms directly related to the purpose of therapy, as is Ingram's analysis.

Another participant in the focus group echoed the purpose of intimacy to include self-knowledge and self-revelation, in order to gain a:-

> very deep experience of one's own individuality in relationship and then back again, and therefore able to endure separateness. I think intimacy is very strongly connected with existential aloneness, and the extent to which I can experience intimacy is the extent to which I can bear to be alone. So I might say to the client that if we're not intimate, that's alright, but then ...they stay the same.

In the triangulation group, the question addressing the purpose of intimacy was posed in a slightly different way, in terms of what it might achieve for the client. In response to this, several different views were elicited. Intimacy was seen as providing a means of acceptance and `non-judgement' for the client. It enabled the ability to communicate and compromise, and to `explore, challenge and confront'. It was seen as giving the client more confidence. It was seen as `containing yet not controlling', and providing a feeling of `someone is able to hold me' for the client. The notion of containment is common to

the counselling world, and is dependent on the notion of self being potentially boundaried or unboundaried and controllable/uncontrollable. This was echoed in the response which suggested that intimacy `allows the client control when perhaps they are out of control'. It is fascinating that conceptually this relies on a duality of self, where the `I' and the `me' are somehow differentiated, the suggestion being that with the provision of intimacy, `I ' can control myself', whereas without, `myself' will have free rein.

One notion which was most frequently noted, implicitly or explicitly, was that the provision of intimacy in the counselling relationship achieved the possibility of disclosure for the client. This was variously expressed by ten people in terms of 'exploration of feelings and thoughts'. It was stated that intimacy facilitated disclosure in a 'non threatening', 'safe', and 'contained ' way. One respondent stated this in purely tautological terms i.e. that the provision of intimacy created a 'safe space for the client to bring out intimate thoughts and feelings'. It seems then that this group saw self disclosure in some form as a desirable achievement for the client, much as had been stated in the focus group.

Most of the other responses seemed to demonstrate comparable descriptive vagaries rather than specific or concrete outcomes. Respondents suggested that the provision of intimacy allowed empathy, helped them focus on issues and achieve clarity, to better solve problems, to provide a safe space, to provide support, and warmth. A few respondents venture more into the realms of existentialism and concepts of self. Three people suggested that conditions of intimacy enabled the client to experience a

'reflection of self'. Another three suggested that it promoted self awareness, with one person stating 'through intimacy the client was more able to understand and access their 'real 'self'. One person indicated that intimacy generated a shift in self esteem. Notions of relationship were also referred to i.e. with one response being that the client could now have a 'real' existential encounter which would enable them to evolve. Others suggested that intimacy generated a 'genuine', 'trusting', or 'therapeutic' relationship, which enables the client to understand their need for intimacy. A final remark, which perhaps best illustrated the rather circular movement of some of the responses, was that intimacy was desirable in the counselling relationship as it enabled the client to experience intimacy. It seems that most of the respondents had gone through the motions of redefining intimacy in their responses to this question, with the exception of those who indicated some change in self.

Within the focus group, it was posited that this might be the first opportunity for some clients to experience intimacy, This immediately produced a cautionary warning from two of the group that an assumption might be being made that intimacy was a desirable thing. All the counsellors had in fact already agreed this in a previous section of the discussion, but the ambivalence about making any absolute statement was restated. Caution was expressed that especially for clients who had experienced negative intimacy, then it might not be helpful, or even possible, to create intimacy within counselling.

Negative intimacy was used to describe 'intimacy gone wrong'. One of the participants worked extensively with clients who had been raped or sexually assaulted, and stated:-

Yes I'm wondering about the client's who have come because they have

an issue with intimacy, although they may not describe it as such. So particularly the people who come to *us* where the initial coming was about a relationship, an intimate relationship going very wrong and them ending up in a bad situation. They come to us, and I can almost see it with some of the clients, they're not ready yet or they're unable to make an intimate relationship, they're unable to get close, or to allow themselves to get anywhere near so that the process could happen. That's a bit of a reversal of the thing isn't it?

There were two further reservations at this stage, one being that some clients may choose isolation, and one being a caution that the provision of the core conditions should not be confused with intimacy. In some respects, these responses were perhaps more pertinent to the `desirable' aspect of the question, rather than the purpose.

One participant had stated that she had never been asked this before. Another stated that he was `stuck', as the word purpose suggested some sort of `preset rationale'. This was interesting, as it might be expected that a professional activity would have pre set rationale to the stages of its implementation. This seemed to exemplify again a reluctance to attempt to describe the process in identifiable terms, and links to the debate as to whether counselling is an `art' or `science', and whether it is possible to describe what counselling is and how it works? (Russell & Dexter, 1993; Feltham, 1995).

Another participant suggested that intimacy might be a `hoped for by-product' of the counselling relationship, whose depth and quality is the major tool of the enterprise. This

participant identified with `going purposefully towards intimacy' with a client, `whether they want it or not'. This perspective was challenged by another member of the group who would not pursue intimacy if it was not required by the client. It was then suggested that there was intimacy in this degree of respect for the client.

It was suggested that the client who was wary of intimacy because of prior intimacy `going wrong' might not in fact have experienced intimacy at all, rather they only thought they did. In this case, it would be useful to `tell it all, bring in the feelings and bring in the bad stuff'; in other words, to experience the counselling relationship as a model of intimacy. This was an interesting reconstruction of what intimacy is. It seemed that the group were now assenting to a version of intimacy whereby if the experience had not been satisfying and `whole', then perhaps it was not intimate. A pertinent question would then be whether the counsellor would see encouragement to reconstrue a previous relationship as part of the task of counselling.

One other question which was asked within the triangulation group added an interesting dimension to the notion of purpose. Because of the difficulties which the focus group had experienced with this question, the researcher had added another question relating to the function of intimacy within every day life. Many respondents simply listed again those qualities which had been seen as properties of intimacy. The other responses revolved around the ability to communicate, the ability to feel connected, the ability to be separate, in regulating distance and boundaries between self and others, and, finally, around notions of self. One response was slightly different and seemed particularly noteworthy:-

The ability to bring difficult feelings, experiences of failure, unworthy thoughts and acts, fear of rejection etcetera to someone and have oneself revalidated, assists people to function effectively. This may have been and may be the function of 'forgiveness' in religious terms.

Who is intimate with whom in the counselling relationship

One participant immediately jumped in with a categorical answer to this that was `there's only one way it could be , which is both, or if not, it isn't intimacy. This was broadly agreed with, while distinctions were begun to be made. One person for example stated that she would not be mutually intimate in terms of the content of what was said, but that she would be `present with myself'. Again, this brought general assent as indicated by body language, while one person was at pains to say that he would sometimes deliberately add some self-disclosure. One participant stated that he was not ready to easily accept this as a desirable activity.

One of the participants declared that she was fairly cautions in terms of self-disclosure of content, although she knew groups of therapists who did; however, she declared that:-

One of the most remarkable changes I've ever had was in a client who came early, and there were knickers all round the radiators, and I'm in my slippers , and while it was a very small thing, she saw me as a human being.

The client will, of course, have always seen the counsellor as a human being. The term has been adopted by counsellors and therapists to mean the behaviours in which they indulge which are not professionally instilled, but a part of being human. It is likely that

by seeing the underwear around the house, the client will have seen different aspects of the counsellor's personhood, or at least imagined that she did. The allocation of characteristics to people via their possessions is a somewhat commodified form of Sennett's immanence of personality. People fancy that they can interpret possessions to know the person who owns them. This is well illustrated in a recent novel portraying two families who, not knowing each other, swap houses for the summer. One of the main characters, Christy, explores the house:-

> She needed to get a feel of the house, and its owners. As soon as she had crossed the threshold, she had had a strong sense of the house's character, which was presumably the character of those who lived in it....Her most powerful feeling was that she would love the people who lived in this house.

Later, Christy looks at the book collection:-

> She felt humbled by Oliver's erudition, and by his ability to follow so many different interests. He was an educated man; he was a cultured man. He was a man to respect (Mead, 1996; 139-143).

One participant within the group declared that she chose how much she disclosed even before saying anything, for example by her choice of pictures on the wall. Another participant pointed out that this was different for the client, who did not necessarily have a choice, as they have come for a purpose which includes self-knowledge. Occasionally this is enhanced by counsellor self-disclosure.

It is also the case that some content self-disclosure was perceived by members of this

group as both appropriate to the therapeutic relationship, and as intimate:-

> I only use self disclosure to induce further self disclosure from the client,
> so consequently the quality of my self-disclosure is not a factor. It may
> well be something very deep and , but its usefulness for the client,
> ..especially hidden things, someone's demonstrated ..but it's purposeful.
> It might be (current emotion) but most of the time it won't be...because
> I don't want to contaminate the client's material...otherwise you get role
> reversal.

There was some dissent over when counsellor self-disclosure would be used, and if so, whether it was an intentional act in order to facilitate client self-disclosure. One counsellor admitted to experimenting:-

> What I've tried to do is do it when it feels like I want to do it. I don't
> know why I feel like it.

Another rejoindered with the comment that this desire might happen more than is therapeutic. One person added that it is different because the counsellor self-disclosure is made 'without any expectation' or need of a response from the client'...that's why you say its more likely to be distant or sorted out.

Another participant then added that they had deliberately not self-disclosed for many years but now had begun to when 'it felt right' and that it is only useful if fruitful for the client. This perspective was endorsed by another of the participants. A further comment was that the counsellor would not offer intimacy until:-

> I'm clear and confident in my own mind that the client will take it in the

way it's intended.

This constituted quite a large claim in terms of the certainty of another's interpretation of one's own behaviour.

The dissent here was centred around whether one person (the client) can be intimate if the other (counsellor) is not. This was noteworthy as there was previously acknowledgement that one person can be intimate in the presence of another without them knowing. It is also generally acknowledged that counselling is an asymmetrical process, with the disclosure being the prerogative of the client (Trower & Dryden, 1981: Ingram, 1991). There is then some uncertainty and ambivalence surrounding this question of who is intimate with whom.

Tools and techniques: eliciting intimacy in the counselling relationship

Finally, the facilitator summarised to the group the key points which had emerged within the discussion , and asked how this group of counsellors thought that they elicited intimacy within the counselling relationship. The time allocated to this exercise was brief, as the contracted time span was now nearly over. Those points which were made however seemed to be largely about the contract of the work, the negotiations which take place at the very beginning of therapeutic interchange and which underpins it. One person described this as the therapeutic alliance, describing it thus:-

> In my terms, I know I practice the core conditions, but we have a
> different language. For me it's creating a therapeutic alliance which
> includes the core conditions and so on. And that's very early, at the
> beginning of the work. It's between the therapist that *I* am, and being

present with that, and the part of the client that wants the therapy. Part

of that is to make some statements in our very first or second encounter,

to make some statement that includes a clear acknowledgement that I

value their issues, that I see their issues as important, because that's the

first challenge to the aloneness. So that's the first place they can bring

this issue from the cold, so I will use some expression that recognises

`this is important for you, and important to me'.

This response seemed to be focused on the therapist making two steps here, firstly to demonstrate some empathic understanding of what is important for the client, and secondly to endorse the value of those issues, perhaps to offer some mutuality of evaluation.

This perspective also served to illustrate the complexity and diversity of language which exists within therapeutic discourse. The participant here was keen to explicate that she was speaking in *her* language, which is embedded in the school of psychosynthesis. The therapeutic alliance, first coined in psychoanalysis, refers specifically to the alliance between therapist and client to work responsibly and purposefully to the mutual goal. It is seen and commonly described as a `working alliance' (Horvath & Greenberg,1994), and has been conceptualised as having three parts (Bordin,1979). One is the bond between counsellor and client, which is seen as a productive relationship between therapist and client, comprising both comfort and 'constructive' dissonance and conflict (Dryden,1989:5) Secondly, as stated , it refers to working towards a common goal, and thirdly it refers to the allocation of separate and mutual tasks in pursuit of this goal. One

participant however found this difficult to understand, stating that:-

> I don't understand the term therapeutic alliance. For me, never mind the
>
> reality of it, that brings in a major issues about collusion, the possibility
>
> of behaving in such a way with a client in an intimate context which is
>
> not therapeutic and which isn't useful.

The term therapeutic alliance then, although often thought of as basic to the culture of counselling and therapy, was seen as open to interpretation rather than having agreed meaning. This point is highlighted to illustrate the emergent nature of therapeutic discourse, with inconsistencies and uncertainties which perhaps demonstrate the lack of cohesion thus far [20].

Another counsellor however had immediately made an understanding of therapeutic alliance which allowed him to refer to his `own language' in terms of contractual issues. He stated that:-

> I think you can contract that what their work is and what my work is.
>
> (The sort of contract I might make is) I'm here to listen and demonstrate
>
> my understanding to you. I will be challenging smoke screens and
>
> deceits, challenging discrepancies; there's really no point in this if we
>
> can't be honest with each other.

The final issue to be mentioned here was that of boundaries, where one person said that they would contract that this was a non-sexual relationship, while another would specify

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[20]This point will be elaborated in the next section of the chapter.

that this was different from friendship. The very last comment of the session was delightfully ironic, with one person stating that:-

> I won't use the term intimate in my initial contracting because I think it
> won't be understood.

Reflections

This group had generated a great deal of information on how counsellors talked about the accomplishment of intimacy . They had agreed that intimacy was difficult to define, and had attributed to it various properties and connotations, especially the paradox of closeness and separateness, and the notion of mutuality. While there was a preference for intimacy to be conceptualised as a process rather than a state, there was also an awareness that intimacy could be either the experience or the product of a particular moment. While a process might be differentiated from a state by its continual movement, and its notion of development, a state implies a more stationery `end product' (Acitelli & Duck, 1987; 300). While arguing intimacy as a process, several examples were given of intimacy having an `end product' which was carried with people `for ever'.

Some confusion and uncertainty had been identified between whether intimacy as a private experience was possible, and if so, was this so within the counselling relationship. Although intimacy was thought to be largely desirable within counselling, there was not a clear understanding of why this should be, and attempts to rationalise the imperative to intimacy were centred on the need to achieve self-knowledge in order to effect

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change. There was dissent about who should be intimate with whom, and whether or not self-disclosure could ever be the same for client and counsellor. Some of the counsellors had not formally thought about these points before, and the process they were engaged in demonstrated the notion of reflexivity in action implicit in research of this type (Reason:1994). The actors within the research became engaged in making explicit their own theories regarding the subject , and in testing them out.

The questions asked and the group methods used were deliberately chosen to provoke and facilitate participants' accounts. Buttny states that:-

> Accounts offer a valuable site for uncovering a culture's taken-for-granted
>
> assumptions and folk logic of right action (Buttny,1993:2)

In this case, the research design is concerned to uncover the counsellors' taken-for-granted views on intimacy and its desirability as a component and an outcome of the counselling relationship, which implies a certain acceptance of right action.[21]

Accounts were seen to be appropriate as an accurate medium for eliciting the representations which these participants have of intimacy. Such representations are seen to be both individual yet socially evaluative in nature. Greenwood (1994) has suggested that accounts are a legitimate means to reveal how the contents of our representations of reality are articulated (187), and this was the quest of the research, rather than to find the 'truth' of any opinions and views given. The concern was to uncover the beliefs, emotions and the motives, or intentions, of counsellors in respect to the constitution of

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[21] This seemed to be confirmed by the research findings where there turned out to be unanimity on the desirability of both propositions, and on the 'right action' of making several active and intentional steps to elicit such intimacy.

intimacy. It was assumed that counsellors would hold both a descriptive and moral commentary on this aspect of their professional (social) world (ibid:189).

Moreover, truth would only become an important issue if the group of counsellors were seen as representational of all counsellors, and their accounts used to generate some universal truth. This is not the case, however, and the accounts are viewed, like other rhetorical acts, as presentational, and not representational in this sense. That is to say, accounts offer a view of reality rather than a description of it; they present the perspective of the speaker/writer, who may have the hope of persuading others to adopt the presented view. In this framework, accounts can be analyzed for system and coherence without any assumption that one view is the objective truth. Psychologists such as Kelly (1955) argued similarly that subjects' statements should be treated as presentational or hypothetical, or, in Kelly's terms, invitational. (Duck & Pond:28).

It is also important to distinguish between accounts as a process made when accounting for a problem (cf Scott and Lyman, 1968) and accounts as a process of making sense of a situation. It is in this latter sense that accounts will be used within this work, a sense well elucidated by Harvey, Agostinelli and Weber:-

> We define accounts as people's story-like explanations for past actions and events which include characterizations of self and significant others. Essentially, they are meanings organized into a "story" and thus represent more than collections of disparate attributions (1989:40)

Moreover, accounts form a link through time in the trajectory of self. Prior experiences

are ordered to inform our understanding of the present, and the present allows planning

for the future (ibid:49).

This view accords well with the social practice of counselling, which is a prospective,

as well as retrospective, activity (Russell,1996). As it is seen as ethically desirable that

counsellors receive supervision, counsellors may be seen as repeatedly and frequently

offering reflexive accounts (of how they help their clients make accounts). They are also

encouraged to self reflect, which may be seen as a sort of rehearsal process for the

formal accountability of their actions. This process, then, as a means of both justification

and a means of understanding is far from unusual. What is more, counsellors are

accustomed to accounting for both the content of their work and the process by which

it is enabled (Dryden & Thorne,1991: Page & Woskett, 1994). It would be interesting

to explore how this process of habitual accounting contributes to the counsellor's idea

of their own selfhood, as well as that of their client.

In setting up the focus group, and in selection of the participants, there was a belief

propagated by the researcher that participants would be interested, stimulated, and

would find the discussion rewarding. No other incentive was offered, and in the event,

participants expressed appreciation of the experience at the end of the group session,

with several stating that they would like to re group later in the year purely for the

intellectual reward of the experience. This again accords with the view suggested by

Harvey et al that:-

> In addition to social justification, we include as bases for account-making the
>
> enhancement of a personal sense of control and closure, catharsis and emotional

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release, with an emphasis on a sheer desire to understand...we do not believe that people always are seeking approval or material gain from others in their presentation of accounts (ibid:44).

What of the plausibility of the findings of the research? Several methodological issues deserve mention. One is that of authenticity of the accounts produced. Many different and mufti-layered processes might have been enacted during this group. One possibility to be considered is that identified by Carol Beer as `faking'. Beer identified this phenomenon within a feminist perspective as describing the process whereby people will `give socially desirable rather than honest attributes' (Beere,1979:385), and suggested that this might happen consciously or unconsciously. In her argument, she contends that women `fake' in order to fit into patriarchal norms. In a more general perspective, however, it may be seen as akin to Jourard's assertion that self-disclosure is adapted by the discloser to the circumstances around, being more or less honest or reliable in any one situation (Jourard:1968). Transferring this concept to the group of counsellors in this study, it is easy to see that there is potential for faking in order to be seen as a desirable member of this particular professional group.

To extend this possibility, it may be seen that there are several ways of faking, which may include lying, `being economical with the truth' (i.e. offering incomplete information), offering vague and unspecific comment , feigning agreement or knowledge through body language or minimal verbal reinforcers, or simply not disclosing thoughts, opinions or substance of action. These techniques may be seen as a form of what Buttny

(1993) calls `sophisticated ways of hiding, concealing or obfuscating' pertinent to adult

status (Buttny, 1993:3). His suggestion is that such tactics leave the actor open to the

presumption of guilt. This is certainly possible within this research group in that certain

disclosures may leave the individual open to concern or censure, as can be seen from the

initial contracting of the group described above.

Faking or concealment may take place simply to fit in with the group, in other words,

to be socially desirable and not to stand out as different or unique. There is of course

research which indicates this as a general human characteristic (Asche:1955). There is

also the possibility however that people may `conceal' by abstaining from participation

or dissent through lack of confidence. One member of the group had initially disclosed

that while she felt no problem in discussing intimacy without being intimate with

everyone else, she did have other fears which pertained to the perceived

expertise/eminence of other members of the group

> My panic when I came into the room was what a high group of people
>
> I'd been invited to join, that was my stuff, my stuff's much more about
>
> my academic than my emotional ability to relate with such a group of
>
> people.

A further possibility which might reduce the authenticity of the accounts is similar yet

discrete from the urge to be socially desirable, or the fear of academic or emotional

ineptitude. This is the urge to conform to the moral code of the culture, in this case that

of the counselling profession outside and beyond this specific group [22]. All members of the research group are members of a profession governed by a codes of standards and ethics.. There will then be an expectation that they are able to practice ethically and skilfully to specific standards of client service [23]. In accounting for their behaviour or approach, participants may run the risk of exposing 'failure' to do so. As Buttny suggests

> A person can be held accountable for pejorative, offensive, or unusual actions because he/she is a member of a larger moral community governed by shared codes of conduct, norms and legal rules (Blatz, 1972). Deviations from social or moral orders may lead to a variety of responses from others...How actions are perceived, become labelled, and responsibility ascribed are crucial processes in situations of accountability (1993:3)

He cites Feinberg(1970) in suggesting three areas where people may be considered to fail the norms of the prevailing culture:-

> ...instances of defective skill or ability...insufficient care or effort...improper intentions (loc cit).

We may postulate that there are at least two other categories of perceived failure for counsellors in this particular situation of accountability, which may be categorised as defective understanding of the counselling process (what happens as consequence of particular interventions), and insufficient knowledge base (theoretical underpinnings).

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[22] Although this has been introduced by the mention of ethics previously, it deserves separate mention as it has discrete meaning and possible impact.

[23]. It is worth noting that within the BAC, standard setting is in process and as yet is notably unspecific (see Russell & Dexter:1993.) However, there is as broad base a commitment to working non-exploitively, within client values, and to receiving appropriate supervision and training. Moreover, courses and literature demand explicit skills operation in counsellors, under the umbrellas of active listening skills, challenging skills, etc. which serve as a vague but normative position.

Buttny suggests that the most serious of his three categories is that of `improper intentions', and this would seem likely to be rated as most serious within this particular research group. Failure in any of the other areas is generally tolerated provided that ultimately, the counsellor is `trying their best'. Failure to achieve best is seen as a matter of competence, and the general ethos of counselling is to receive such evaluation in spirit of enabling the (failed) counsellor to improve their level. Improper intention, however, signifies an ethical impropriety and a moral failure, exposing the counsellor's character to censure. There is increasing concern within the profession which is of an age where exploitative practice is just beginning to become a significant issue. Much of the concern revolves around the exploitation of intimacy, whether sexual or otherwise (cf. Russell:1993). This could well be an inhibiting factor to the participants' openness or honesty.

This leads onto another possible influence in enabling or constraining the accounts, i.e. the presence of the researcher. There were at least three possible sources of contamination or influence which might bring to bear on both the accounting of the participants and on the analysis of results. The first was that the researcher has had a professional relationship with all seven participants. In six cases, this either was or is of a supervisory nature. It might then be argued that supervisees would not disclose `that which they ought not to have done'. On the other hand, all had disclosed problematic and intra/interpersonal issues within the supervisory relationship, so that this might have generated some trust in the acceptance of the researcher, who had already demonstrated respect in how information had been handled. This had included examples of `failed intimacy'.

Secondly, the researcher is the author of published works on sexually exploitative behaviour between therapists and clients (Russell 1990,1993,1996), which may be seen as putting her on a `moral high horse', which might have inhibited disclosure. Again, the corollary of this is that feedback had indicated that participants had liked how she had handled the material collected for the book, describing it as sensitive and productive. This source of contamination then might have worked to engender or inhibit trust.

A third source of bias or contamination is of course the researcher's knowledge of the participants. This had possible implications for how questions were directed, or how events were interpreted. Efforts had been made to minimise this contamination in two main ways. Firstly, by recording the whole event on two separate recordings and attempting analysis from both. This means that the analysis is not dependent on recall where prior knowledge might affect re-presentation. Secondly, a mufti-method triangulation had been used. The first was to employ the help of a colleague who was contracted to hear half an hour of the three hour tape and offer his analysis. Had his coding and impression of such variables as tone of voice etc. show significant difference, then it would have been appropriate to review the prior analysis. This acted as a `safety net' and is an amended version of the full comparison suggested by Silverman (1993). Additionally, the researcher had used a simple counting method in terms of consensus on views and recurrence of themes and issues checked the impressions as to what was important. At the end of the focus group, the personal construct exercise had been used to elicit information in a different way (Appendix Six), and, finally, the seminar group had been used as another source of data. Findings can thus be suggested as both plausible and credible. The major issue here is whether the accounts reasonably shed

any light on professional-commonsense understandings of the terms intimacy and its relationship to the self.

One of the complexities of the research was that language is an uncertain medium. Intimacy had been identified as a taken for granted concept, and to some extent, the purpose of the research was to deconstruct its. However, in this process there was inevitably a taken for granted assumptions of words used to describe aspects of intimacy, e.g. empathy. In the construct elicitation exercise, four out of seven people linked empathy and intimacy in relational terms, arguing them as `co-dependent', `very similar', showing `shared understanding' and `signifying relationship'. It is the researcher's experience that this apparently universally understood term (empathy) has significantly different meanings for people. As a `condition' of counselling, the major dispute, encapsulated by one participant, seems to be that exemplified by Rogers (1990) and Egan (1986), although it is noteworthy that even the reading of the texts of such authors are open to question.

The participant who was keen to differentiate between `types' of empathy had written;

> Empathy (Rogers, not Egan) and intimacy are similar. Warmth can be
>
> shallow. Empathy is knowing/understanding the client's inner geography.
>
> Intimacy is being aware that you both know this. (Rogers - feeling what
>
> the client experiences, and communicating this - Egan , communicating
>
> what the client experiences).

While this interpretation of the texts is common, it may be seen as not quite accurate.

Rogers was at pains in fact to distinguish between understanding feelings *as if* they were one's own, rather than feeling them. He defines empathy:

> The ability of the therapist to perceive experiences and feelings accurately and sensitively, and to understand their meaning to the client during the moment to moment encounter of psychotherapy...Accurate empathic understanding means that the therapist is completely at home in the universe of the client...It is a sensing of the client's inner world of private personal meanings as if it were your own, while never forgetting it is not yours...To sense the client's fear, his confusion, his anger, or his rage as if it were a feeling that you might have (but which you are currently not having) is the essence of the perceptive aspect of accurate empathy. To communicate this perception in a language attuned to the client, which allows him more clearly to sense and formulate his fear, confusion, rage or anger is the essence of the communicative aspect of accurate empathy (Rogers, 1990;pp15-16).

Egan's perspective may be seen as slightly more pragmatic, while clearly appreciating the subtleties and complexities of empathy. He recognises the world as interpreted, and language as limited, so that understanding with precision requires a very skilful negotiation (Dexter, 1996). Neither party within a relationship can be absolutely certain that empathy has occurred. Egan (1986) cites Huxley (1963) who states that `We live together, we act on, we react to, one another; but always in all circumstances we are alone...Sensations, feelings, insights, fancies - all these are private and, except through symbols and second hand, incommunicable'. Nevertheless, Egan states that:-

Even though it might be metaphysically impossible to actually get inside

the world of another person and experience the world as he or she does,

it is possible to approximate this. And even an approximation is very

useful in helping. The way in which I experience the world differs from

the way in which you do, yet there are enough similarities to constitute

the basis for mutual empathy (1994; 106).

Egan is often perceived as taking a `skills' approach to empathy because of his insistence

that empathic understanding is useless to helping activities without the ability to

communicate it (ibid; 107), whereas Rogers is perceived as more concerned with

empathy as a process of depth. A careful reading of both, however, indicates that there

is very little difference between the two understandings.

However, there is no doubt that empathy is understood variously, and practitioners

think that they demonstrate empathy while relating such understanding in very different

ways. For example, possible differences may take the following forms:

C. Last night I had a heavy row with my lover and said some terrible

things. (Sighs) And this morning I wish I hadn't.

At least three possible responses may occur here, for argument's sake, which might have

different effects.

T.1. So last night it seems as if you were angry with your lover, and now it

sounds as if you feel some regret.

T.2. (Nodding copiously) I feel the sadness in you. ⁻

T.3. I think you've done something which you wish you hadn't and I think it's brave of you to admit that. I think you've done really well.

The first response is purely reflective to help the client identify the emotion. It combines `there and then' empathy along with `here and now empathy'. There is no attempt to merge with the client or to offer opinion. The second attempts some kind of statement of `altered selves' and some display of merger. The third offers `empathic challenge', in noting the hidden strength of the client, but within the framework of the therapists opinion and offer of approval. Each may have different consequences in the quality of the emergent relationship as perceived by both parties. It is not appropriate to go into depth about what these may be, but sufficient to note different possibilities. The point is that even the terms of description cannot be assumed to be universally valid. Language can provide what von Glaserfield terms `the illusion of communication' (1991:23). The terms used by different members of the group might `fit' , but they do not necessarily `match'.

This was also apparent in the discussion on self-disclosure. Two distinct areas of self-disclosure had been identified. One was on the content of what was disclosed: did counsellors actually reveal of themselves and their emotions as the client did? This would depend on the definition of self-disclosure as being the traditionally accepted version, i.e.` a communication process in which one person verbally provides personal

information about his or her thoughts, needs, or feelings to another person' (Falk & Wagner, 1985: 558). However, this view, dependant on research which has 'rated' the content of statements, may be seen as narrow. Talk may define relationships, yet this might be indirectly through 'subtle signs of intimacy and distance', as well as through the words used (Duck & Pond, 1989: 26-27). The second perspective adopted by this group of counsellors understood self-disclosure as the revelation of self through manner and surroundings. Both of these modes seemed to be used to indicate intimacy, and indeed were used almost synonomously with it.

It is possible however to distinguish differences between the counsellor and the client's levels of self-disclosure, in terms of type and of role. One way to do this is to make a distinction between self-presentation and self-disclosure. Strategies of self-presentation include dress, decoration of physical surroundings, and what manner may be engaged. All of these are deliberate and imply some form of rationale. In Goffman's terms, the furniture in the house and the pictures on the wall are part of the 'front' of self-presentation, as are the mode of 'performance' that the counsellor will offer to the client, the attitudes of respect and acceptance, and so on (Goffman, 1959:33-40). Both are forms of 'expressive equipment', routinely offered, and will be designed to increase legitimacy for the particular setting. A counsellor who works from home will know that whatever picture s/he puts on the wall is open to public gaze, that his/her choice of clothes and hairstyle will present some aspect of self to others for their evaluation (Argyle, 1967:44).

Their manner will reflect their motivation, their personality, and their training in

communication and social skills, all of which will be deliberately presented in a learned sequence (Trower et al, 1978:29). The counsellor will be disclosing in a way which is both appropriate and purposeful to their role (Ingram, 1991: 408), and, as suggested in the discussion, will not be seeking a particular response in terms of their own self-esteem. This is quite unlike the rules of other developing relationships where reciprocity is part of the normal sequence of events (Duck:1988:44). Self may be disclosed, but certainly initially, this is a controlled disclosure which does not entail high degrees of emotion, risk or trust, which have been identified as constituents of intimacy. Any client may come and see the pictures on the walls, all will be offered warmth and genuineness as these are part of the ethos, principles and skills of counselling, requiring no negotiation dependent on patterns of response usually required for developing relationships.

The type of disclosure will constitute part of the measure of intimacy. To declare that 'I like this picture and choose these clothes' is quite different from ' I have some severe fears about my personal relationships with considered others' (ibid:57). While self-disclosure may be necessary for intimacy to occur, self-disclosure on its own does not necessarily constitute intimacy. It is merely one step in a procedure whose quality depends on the *response* to that self-disclosure. Responses which try to understand the perspective of another are seen as favourable to the development of intimacy (Falk & Wagner, 1985). No such response might be made to the kind of revelation of self being claimed by the counsellors. It may instead constitute a mode of presentation of self. The majority of the counsellors in the focus group, however, argued that such disclosure was a part of the mutual intimacy of the relationship. This seemed to be highly related to

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modelling how one should be in relationship, which is very much connected both to the

social construction of self, and the notion of the Therapist as ideal character in this

process (MacIntyre: 1981)[24]

This is not to say that self-presentation cannot change to become more intimate self-

disclosure, and that there might not be some facets of the therapeutic relationship which

might not be challenging to the self of the counsellor. This is certainly suggested within

some schools of therapy (Ingram, 1991: Ehrenberg, 1992).

Comment

A number of understandings were generated and identified through the use of this

group. It was also significant perhaps to note what was not discussed. Perhaps the most

obvious omission was gender, which had been identified within the literature as a

prevalent factor in the experience and analysis of intimacy. More formal definitions of

intimacy were also absent, although one of the two groups in the first discussion stated

that they had just begun to discus the more formal aspects of intimacy, such as legal and

biblical definitions, and the part of intimacy in procreation.

It might also have been interesting to look at the what would happen with genuineness

and intimacy if the counsellor does not like the client, and how to deal with those

negative emotions common to people work (Ronai, 1992, in Ellis , 1982) in an intimate

fashion. Perhaps more research in these areas might be productive.

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[24] These points are significant to the investigation of this thesis, and will be discussed in the concluding discussion to the thesis.

From the data gathered, however, there seems little doubt that counsellors perceive

intimacy as a desirable means and outcome to counselling, and as a measure of self-

knowledge, maturity, and the ability to relate. Such intimacy is conceptualised largely

as a process of self-disclosure. The imperative to be 'open' is thus accepted as an

integral aspect of successful relationships. The implications of this view within

counselling will be summarised and contextualised within the concluding chapter.

Conclusions

The idioms of therapy have invaded all too successfully such spheres as

those of education and of religion. The types of therapy involved in and

invoked to justify such therapeutic modes do of course vary widely; but

the mode itself is of far greater social significance than the theories which

matter so much to its protagonists (MacIntyre, 1981:29).

It has been suggested that, over the last three hundred years, the meaning of counselling

has changed fundamentally: while 'counsel' once took the form of one or more people

in a position of authority suggesting behaviour for an individual to pursue, it now refers

to a process of helping the individual to suggest their own behaviour. As a social

practice, however, it retains a prescriptive quality. The current psychosocial use of the

word implies prescription of how to *be*, rather than what to do. The counselled are to

find personal insight and decide how to behave according to a personal value system.

The counsellor is not instrumental to their office in the conventional sense. S/he is

however representative of a higher moral order where s/he will be attributed authority

on the basis of his knowledge and expertise, and where s/he will to some extent be

expected to offer a moral paradigm of how to be (MacIntyre,1981). S/he must possess

particular qualities, skills, motivation and self-knowledge (Egan,1990:25). These

acquired and demonstrated, the counsellor will earn their place within an expert system

intricately bound up with reflexivity and the modernist project of the self

(Giddens,1991:180). Within this both client and counsellor are encouraged to self-

determine within personal value systems. Counselling is a social practice concerned with techniques of the self, providing a framework for understanding the modern identity.

This thesis has been concerned to investigate ways in which the accomplishment of intimacy is framed within the counselling context, and to make them explicit. It has also set out the various understandings of self which are prevalent within counselling ideology and practice. The self may be seen as instinctual and in conflict, it may be seen as essentialist and 'naturally' good, it may be seen as constructed, and it may be seen as prone to stimulus-response conditioning. Whichever notions originally underpin different theories of counselling, it would seem that in the professional practice of counselling, self is seen as changeable in the directions of 'authenticity', and 'empowerment'.

The textual analysis and the empirical research demonstrated that this perspective is assumed to be both legitimate and desirable. In order to help people to become more 'authentic', counsellors deliberately create intimacy within the counselling relationship, and exhort intimacy as an ideal which will inevitably be transmitted to the client. Without intimacy, it is contended, there can be no change.

Intimacy is framed in several different ways. It is largely discussed in terms of emotional criteria, and is seen as both requiring and engendering trust. It is attributed a paradoxical nature: to be intimate with another, one must first be intimate with self. The quality of one's intimacy with self however may be dependent on the quality of one's formative intimate relationships with others. Intimacy carries notions of both independence and

attachment.

Within counselling, it is declared an individual accomplishment, and failure to be intimate may be one of the very reasons for which counselling can provide help. In this respect, intimacy may be measured by an individual's capacity for intimacy, and by their feelings about any one particular relationship. An alternative perspective might suggest however that not all aspects of intimacy are located within persons (Acitelli and Duck:1987). Some are located in the cultural norms governing the expression of intimacy, and within the particular behaviours which characterise specific interactions. Such norms may be seen as enhancing the experience of the individual within modernity, but they might also be seen as undesirable or tyrannous (Sennett, 1977, 1980).

Intimacy is presented as a process, a state, an experience, a way of being, a social form, a production, and as a means to democracy. While the textual analysis suggests that the accomplishment of intimacy may be influenced by gender, the counsellors whose talk was analysed within this research seemed to reach a consensual view regardless of age, sexual preference or gender. They also demonstrated consensus on the import of intimacy regardless of theoretical orientation.

Significantly, all the counsellors who participated in the empirical research, within the pilot group, the focus group, and the 'triangulation group', saw intimacy as integral to counselling. Intimacy was construed as being about the ability to relate emotionally with both oneself and others. Equally significantly, most of the counsellors were extremely reluctant to admit that intimacy was deliberately pursued within the counselling

relationship, and it was seen as preferable to conceptualise intimacy as a quality of relationship with slightly mystical, or unidentifiable, qualities.

The role and form of self-disclosure within the creation of intimacy was presented incoherently. Some counsellors claimed that their presentation of self, and their 'genuineness', was akin to the disclosure of self which clients made through revelation of their emotional worlds. Thus for the most part, counselling was claimed as a process of mutuality. Some counsellors disclosed personal history and emotions to the client but were not able to say why this was, other than 'it felt right'. Others were much more certain of how and when such self-disclosure should be used, or what it was intended t o do.

Further , when counsellors were asked to identify the purpose of intimacy within the counselling relationship, most found this an alien consideration. One notable exception was the counsellor who had declared an adherence to the Egan framework, rather than a theoretical model. For the most part, however, this seemed an extraordinary contrast with the certainty that had been expressed about its desirability.

This leads to the conclusion that there is a considerable lack of awareness on the part of counsellors about the social consequences of their activities. They largely operate on a belief system which is unchallenged. Intimacy is seen as a positive state or process, and integral to changing the self. Indeed, it is prescribed within the counselling relationship, and evaluated by the counsellor. When intimacy is experienced as uncomfortable, even frightening and intrusive, it is dismissed as 'not real intimacy'.

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Therefore counsellors operate a paradoxical system wherein they evaluate for other people, even though their craft espouses that the locus of evaluation is within the self.

All the counsellors within the focus group saw themselves as 'modelling' intimate relationships. This again assumes a privileged knowledge and understanding of how intimacy is constructed. Further, having stated that one must be intimate with self to be intimate with others, presumably these counsellors saw themselves as being more 'self-developed' than their clients. This reflects the views found in the textual analysis, and affords with MacIntyre's view of the Therapist as Character.

Whether or not these perspectives on the accomplishment of intimacy and notions of the self are a 'good' thing is unknown. The counselling project is noteworthy for challenging the 'narrow vision' noted by Taylor, and for encouraging individuals to exercise some *control* over the outcomes of their actions in relation to their own value systems and to the expected costs and consequences of their proposed goals. This is deemed part of the educative and empowering process to help people extend from the narrow vision into seeing themselves in relation to other systems, and to potentiating themselves. The doctrines of authenticity and self-fulfilment are crucial to this venture. These can become shallow and trivialised goals, or they might represent an ethical ideal based on respect for self and others (cf Taylor, 1991: Giddens, 1992).

On the other hand, counselling discourse may actively construct ideals and demands of intimacy which exacerbate rather than alleviate the 'crisis of self', and which are tyrannous rather than worthy (cf Sennett, 1977). The accomplishment of intimacy may

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threaten the validity of privacy and of social roles, may be seen as a significant feature of the culture of narcissism. Consider the role of the analyst, however far from Freud they have strayed, however mixed with water:-

> And how does the other, the psychoanalyst, know anything about the inner workings of my self? Because the analyst hears what I say, sees what I do, and can make a judgement about the nature of the structure form which these things arise (Frosh,1991:2-3).

The analyst, the therapist, the counsellor, is the very mirror of self, and is paid to be that. Counselling literally strives to provide a mirror of the self, wherein the counsellor reflects constantly.

Yet reflection is a very part of the problem of narcissism. A paradox exists then from the very inception of therapeutic help for the individual in crisis. Yet this is little acknowledged; indeed, the bulk of the relevant literature never stops to suggest effects of `good' counselling as problematic. Rather, the emphasis is (covertly) on a blissful belief that therapy will help to reveal some inner self whose nature is rarely made explicit, but whose revelation is deemed a good thing.

Counselling cannot, then, as shown by the participants in this study, and through the textual analysis, be claimed as a non-directive activity. It may be seen as a practice of the self which inevitably hinges on a set of values which are deemed correct, and therefore, it proposes a particular morality (cf Foucault, 1985:25). The morality chosen, the celebration of openness and intersubjectivity, is doubtless constructed as progressive. In other words, it is seen as a constructive move forward for human beings.

Social practices, however, are a form of social action. As Steier suggests, it is 'in this context that notions of progress, ethics, and social responsibility acquire their presence' (1991:43). Counselling has developed considered codes of ethics for its practitioners, and codes of practice which demand personal responsibility. However, if the findings of this research are seen as plausible, it would seem that there is little awareness of the possible consequences of the exhortation to the authentic, intimate self, save in terms of each individual client. Without such awareness, full social responsibility, with all its ethical considerations, cannot be assumed. It is appropriate to end with a quote from Gergen:-

> To the extent that psychological theory (and related practices) enter into the life of the culture, sustaining certain patterns of conduct and destroying others, such work must be evaluated in terms of good or ill (Gergen, 1985:273 in Greenwood, 1994:38).

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Appendix 1

Intimacy: Pilot group discussion 10.5.93

12 participants - 11 students, 1 tutor

Participants Notes. What is intimacy - key concepts:

closeness;

friendship;

openness;

warmth;

vulnerability;

connected;

trusting;

frightening;

touch;

ability to be self - good and bad;

ability to say whatever I really think;

?inequality but can still feel intimacy;

sharing deep feelings;

can be elicited through physical proximity;

sexual;

loving;

dangerous;

powerful;

healing;

therapeutic;

threatening;

uncomfortable;

harassment;

2 way relationship;

boundaries being down;

thinking as one person;

can be negative as well as positive;

can be threatening for either party.

Is counselling an intimate relationship: if so, who is being intimate with whom and how would you know?

In proportion to the effort required to disclose information.

Trust and risk taking

Connected

Chosen a specific person

Testing out

Response to content.

Listening alone is not intimacy

Client's intimacy is what they bring, counsellor's intimacy is what they feel

If either client or counsellor are detached emotionally, no intimacy.

Wooden counsellor - lack of body language, eye contact, voice tone.

Physical closeness - positioning between client and counsellor. Mirror imaging would

Indicate an intimate relationship.

Client has to feel whatever the problem that being accepted.

To do with empathy that the person experiences.

Non-judgmental/self-disclosure - both sides of the coin - make for intimacy.

Receiving of listening, of empathy.

Counsellor has to make sure `boundaries' are adhered to.

Client could imagine empathy.

Intimacy could be real - one way or two way.

Should the counselling relationship be intimate - is it necessary to make it work?

Resounding yes - 12.

Not physical intimacy.

If you have the core conditions, therefore there is some intimacy.

Depends on kind of counselling as to whether intimacy is necessary - e.g. cognitive therapy.

Intimacy doesn't necessarily = liking.

Yes, in degrees. i.e. it aids disclosure.

Yes, unique situation, to be effective.

Work has to be within clients values and attitudes

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Work has to be within client's frame of reference.

Varying level of intimacy depending on issue brought to counselling.

It helps to engage with the client.

Kept within the boundaries for both client and counsellor.

Researcher's notes:

`Intimacy is perceived - it doesn't have to be real'

`There's no rules to it - you either feel it or you don't'

`You could sometimes find yourself in an intimate relationship that you don't like'

`it's about boundaries.

`The ability to be self. Key categories elicited from this process were as follows, and can be broadly themed into four headings. What constitutes intimacy, in terms of the elements attributed to it; what form does it take, for example who or what is intimacy with; the conditions of intimacy, i.e. what needs to be present for intimacy to occur; and what value does intimacy have. The content of the discussions will be reported in the second half of this chapter.

There was consensus that the counselling relationship was intimate `in proportion to the effort required to disclose information', and that degrees of trust and risk taking were important factors in calculating effort. All participants seemed to agree that the *relationship* was intimate, rather than one person with another. Again , this question began to evoke ideas of discursive activity such as the demonstration of empathy, warmth and trustworthiness as central features of the production of intimacy. Discussion also stimulated some notions of the problematic areas here, such as could empathy be imagined, could intimacy be a one way process.

There was unanimity that the counselling relationship *should* be of an intimate nature, although this was quickly qualified by restrictions on physical intimacy. It was thought

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that Rogers' core conditions [1] were more or less synonymous with intimacy, and that degrees of intimacy might vary depending on type of counselling, type of problem, and the value system of the client. The intimate nature of the counselling relationship was seen to be purposeful in terms of engaging with the client, facilitating disclosure with the client and to make counselling effective.

In these responses, then, the consensus was that the relationship should be intimate, but that degree of intimacy is not only linked to process issues, e.g. qualities of relationship, effectiveness of communication, but also the content of the issue under review.

There was unanimity on the ethical question that counselling should be an intimate activity, even though all participants had some difficulty in expressing precisely what they meant by that. Various concepts seemed to come to the fore here, namely that intimacy is to do with depth of feeling or self–revelation, to do with content of issue under review, that intimacy is not necessarily a comfortable or pleasant state, that it is more than self–disclosure but related to the effort entailed in the `sharing of self', that intimacy is very much to do with the freedom to be oneself, yet that within the counselling relationship it has a dynamic quality.

Empathy was highlighted as a key `technique' to producing intimacy. There seemed to be a dichotomy between the view that it is the relationship which is intimate, [2] or whether one party or both are intimate with the other.

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[1] These conditions, i.e. genuineness, unconditional positive regard, and warmth, are discussed extensively both in chapter two of the work. For fuller discussion, see Rogers [1957]

[2] In this case, it may be useful to consider in analysis whether this may be treated as a `pure relationship', as defined by Giddens [1992] ` A pure relationship ...is a limiting concept rather than only a descriptive one. It refers to a situation where a social relation is entered into for its own sake, for what can be derived by each person from a sustained association with another; and which is continued only in so far as it is thought by both parties to deliver enough satisfactions for each individual to stay within it [58].

Appendix 2

P.C.T. exercise: intimacy: 27.1.94

Listed below are several sets of three qualities or activities which have to do with intimacy. Please circle two of each set of three which you think go together more than any other two , with brief explanation of how those two are similar and the other one different. For example:

intimacy	**love**	**trust**

One response might be that **intimacy** and **trust** are similar because both have to be present to make certain self-disclosures, while **love** is wider-ranging [e.g. I can love animals] .

1. intimacy	love	trust
2. self-disclosure	friendship	trust
3. empathy	intimacy	self-disclosure
4. acceptance	intimacy	warmth
5. empathy	intimacy	warmth
6. self-disclosure	intimacy	trust
7. comfort	intimacy	safety
8. intimacy	separateness	closeness

Identifier:

Appendix 3

Research Seminar: Intimacy in Counselling. 27.1.94.

To be held at 45, Old Elvet

The following information is asked for to aid the analysis of the findings of today's group. It covers information which seems relevant to variables of how we conceptualise intimacy as proposed in current literature. The information is entirely confidential to the researcher in terms of personal identification, while variables may be identified in the write up of findings, either for academic paper or for publication.

1.   What age are you?

2.   What gender are you?

3.   How would you describe your sexual orientation?

4.   What experience do you have as a counsellor?

      [ee.g.years, months, private, organisation based]

5.   What school of counselling do you adhere to?

6.   Any other relevant information.

Appendix 4

<u>Intimacy Triangulation Workshop</u>   <u>27:3:1994</u>

1.   What is intimacy?

2.   Is intimacy a desirable part of the counselling relationship?

3.   If yes, what does it achieve for the client?

4.   What would you say is the function of intimacy for the individual in their day

to day life?

Gender:

Age:

Counselling approach:

Sexual orientation:

Please mark the following statements on a scale of -5 through to +5, where -5 is 'strongly disagree', 0 is indifferent, and +5 is 'strongly agree'.

1.   Intimacy is paradoxical - you cannot be intimate with others unless you can be intimate with yourself.

2.   Intimacy can be self- validating, i.e. even where others fail to see or dismiss the intimacy of the experience, the individual can quell resultant anxiety and validate the experience for themselves.

3.   Intimacy can be engineered in the counselling relationship.

4.   The counsellor and the client are intimate with each other.

5.   The client is intimate with the counsellor.

6.   The intimacies of the counsellor and the client are of a different mode and quality.

7.   You can be intimate on your own, in the presence of another, without the other person knowing.

8.   Self-knowledge is central to intimacy.

9. There is no possible change for the client without self-knowledge.

10. There can be no change without intimacy in the counselling relationship.

11. Intimacy is not possible for people who are undifferentiated.

Table of results of the intimacy questionnaire.

Q no:	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
1	1		1		1	1		2	4	2	5
2						6		1	3	1	3
3	3		1		1		1	1	2	1	7
4	3		1			6	2	2	1		2
5	1				1	4	2	1	3	1	3
6	1			1				2	3	4	6
7	1					2		1	3	2	6
8	2		2	1		3		2	3		4
9	2		2	1	1	3	1	2	1	2	2
10	3		1	2		4		2	1	2	1
11	2		1			7		2		1	

Appendix 5

Triangulation group

As a means of triangulation to the focus group and the literature search [a?], a third means of investigation was afforded in the form of a workshop on intimacy at an international conference. The researcher had been invited to run a workshop and decided to take the opportunity to run a written questionnaire as a finale to a discussion.

The workshop was presented as an 'input' session on intimacy and as a forum for generating data. The questionnaire was used at the end of the workshop, with participants being cognisant of it purpose. The questionnaire comprised two sets of questions. The first was a set of four questions designed to help elicit some qualitative aspects of the definitions of intimacy, whether participants thought it was a desirable aspect of the counselling relationship, if so, to what purpose, and finally, to give some indication of what part they thought intimacy played in 'everyday life'. [appendix 4]. A thematic analysis was made of the data collected in this way. The second set of questions was designed to facilitate a ranking of some of the constructs which had been elicited within the focus groups , asking for example whether counsellors thought that intimacy could be engineered in the counselling relationship, whether both parties were intimate with each other, whether intimacy had a paradoxical nature to it [appendix 4]. The results of this questionnaire was tabulated to reveal trends and preferences [appendix 4]. Major findings were as follows:

Definitions of intimacy were various and to some extent unclear. Most were value laden, and several used language which is endemic to the counselling ethos. Several themes were recurrent.

One was that of comfort. At the polarities, there were some interesting contradictions. For example, two participants saw intimacy as a very comfortable

experience

> The feeling that you can relax and be open in one another's presence,
> a comfortable reassuring state to be in

> Having the ability (and the desire) to interact with myself, someone or
> something else in a warm, comfortable and non-judging way. To feel
> that my space exists on its own and that the areas around myself
> and/or the other person is safe and non-threatening, but that it has an
> `escape route' that can be left at any time.

while another saw it as linked to almost opposite experiences

> Exploration of subjects that make people feel uncomfortable in physical,
> psychosocial and spiritual dimensions

The element of openness referred to above was echoed in other responses.

Three people stated that intimacy entailed an open relationship with others. Others suggested that intimacy meant relating with 'no guards or masks', 'no masquerading', 'no pretending', 'transparency', and a 'freedom from game playing'. These concepts suggest the notion of authenticity as a property of intimacy.

Five respondents suggested that intimacy comprised or engendered an element of safety. Three people suggested that it implied warmth, and four that it implied trust. Two people declared that intimacy meant 'being valued' and another two that it implied acceptance and 'not being judged'. Three people held the opinion that mutual understanding was a key component of intimacy. Other single responses were that intimacy comprised : Respect; freedom within; calmness; confidentiality; creativity; love; security; vulnerability; 'self regulated boundaries' and the 'ability to walk in another's shoes. These responses point to most respondents conceptualising intimacy

as a desirable and a comfortable state. Moreover, many of these qualities echo those espoused for a successful counselling relationship. Indeed, one respondent, defined intimacy as 'therapeutic'. Only two people considered that it may be intrusive. Only one respondent specifically suggested that intimacy was not only a state between people, but could also exist with place and things.

It is notable that many of these themes and addressed ideas parallel the conditions that are recommended for counsellors to adopt in order to facilitate the 'necessary and sufficient' conditions for personal growth [cf Rogers 1961]. Finally it should be noted that these concepts were discussed at length in the focus group with the eventual consensus that they could be engineered within a counselling relationship. Interestingly, however, one participant was at pains to say that intimacy could not be expected, manufactured or forced, it could only `just happen'.

Several participants indicated the dynamic and paradoxical nature of intimacy on the lines elicited by the focus group. Phases such as 'a separateness and coming together', 'an ebb and flow of closeness and distance', and 'a quality both within self and between self and others' were used. It was suggested more than once that intimacy implied 'a sharing of something important', 'sharing one's inner self' and , four times, 'a giving and sharing of mental / emotional / physical space'. One person suggested that this sharing or closeness should be mutual. Akin to these responses two people specifically suggested that self disclosure was a central component of this process. Another suggested that intimacy implied giving permission for other people to function in one's own 'space'. Three other people stated that people displayed, expressed or exchanged emotions and feelings within an intimate relationship. The notion of 'appropriate space' , and the 'importance of staying separate' were emphasised. It was suggested that if an individual was 'overwhelmed by another', the relationship would no longer be intimate. Being overwhelmed echoes the concept of merger alluded to in chapter 3.

Several participants alluded to intimacy as having complex and transient qualities.

three people suggested that 'intimacy means different things to different people at different times', and its nature may vary over time. It was suggested that one could be intimate with another on one occasion, and yet lose or abandon that intimacy on a subsequent occasion. It was also suggested that one could be intimate in some respects and yet not in others. Further it was proposed that individuals may be intimate to different degrees and over different ranges. Finally, one participant expressed the view that there were levels and stages of intimacy appropriate to different settings. In other words intimacy has a situational component. All of these views were congruent with those expressed in more depth in the focus group.

No respondents answered negatively to the question whether intimacy is desirable in the counselling relationship. Ten of the seventeen gave a definite yes, although some added small riders to this, such as 'as long as it's not dependency', 'with a maintenance of distance', 'within specified boundaries', 'not for all clients', 'desirable but not essential', and , interestingly, 'not always felt by the client'. This last suggests an interesting and arguable distinction between the objective and subjective assessment of intimacy.

Three people asked the question 'desirable for whom', and were keen that it is the client who must dictate the level of intimacy, and there is no right to demand it. It is only desirable if it is needed. This reflects the 'client centred' ethos of counselling, and poses some interesting questions for counselling as a social practice. On the one hand, there are significant moves to make counselling a professional activity, teachable and assessable, and on the other there is a constant move to let the client dictate the terms of this activity. This poses a tension, and perhaps marks counselling as having specific differences from other helping or consultative social practices such as magic, medicine and religion, as documented in Chapter One.

Two people said that intimacy is 'desirable if it happens', with one stating that this is only if it comes naturally. 'There's no point in trying to be intimate - you either are or you aren't'. This is antithetical to the view that intimacy can be constructed or

`engineered'. It was also commented that intimacy is desirable if manageable and appropriate, though not essential, that it is `theoretically' desirable, though more uncertain in practice as it is not reciprocal in counselling, and that the context will determine the necessity of intimacy within the counselling relationship.

> The client needs to be understood, valued and accepted, but there does not
> need to be closeness.

These responses suggest a cautious endorsement of the value of intimacy within the counselling relationship, and begins to highlight some of the uncertainties, vagaries and lack of consensus within the newly developing practice of counselling. It is noteworthy that many of the participants in this group stated that they had never formally considered these questions before, and that they found the process very difficult, despite being senior and experienced practitioners.

This state of affairs is perhaps reflected in the answers to the next question, which was that if intimacy is desirable, what would it achieve for the client. In other words, what was its purpose. It may be recalled that this question had posed difficulties for the members of the focus group, and this seemed to be the case within this group. Many of the answers were partially or totally tautological, in describing what intimacy provided, rather than achieved. Major themes were as follows.

Intimacy was seen as providing a means of acceptance and `non-judgement' for the client. It enabled the ability to communicate and compromise, and to `explore, challenge and confront'. It was seen as giving the client more confidence. It was seen as `containing yet not controlling', and providing a feeling of `someone is able to hold me' for the client. The notion of containment is common to the counselling world, and is dependent on the notion of self being potentially boundaried or unboundaried and controllable/uncontrollable. This was echoed in the response which suggested that intimacy `allows the client control when perhaps they are out of control'. It is fascinating that conceptually this relies on a duality of self, where the `I' and the `me' are somehow differentiated, the suggestion being that with the provision

of intimacy, `I ' can control myself, whereas without, `myself' will have free rein.

One notion which was most frequently noted, implicitly or explicitly, was that the provision of intimacy in the counselling relationship achieved the possibility of disclosure for the client. This was variously expressed by ten people in terms of 'exploration of feelings and thoughts'. It was stated that intimacy facilitated disclosure in a 'non threatening', 'safe', and 'contained ' way. One respondent stated this in purely tautological terms i.e. that the provision of intimacy created a 'safe space for the client to bring out intimate thoughts and feelings'. It seems then that self disclosure in some form is seen as a desirable achievement for the client. It is less clear why this should be the case or what ultimate purpose this serves.

Most of the other responses seemed to demonstrate comparable descriptive vagaries rather than specific or concrete outcomes. Respondents suggested that the provision of intimacy allowed empathy, helped them focus on issues and achieve clarity, to better solve problems, to provide a safe space, to provide support, and warmth. A few respondents venture more into the realms of existentialism and concepts of self. Three people suggested that conditions of intimacy enabled the client to experience a 'reflection of self'. Another three suggested that it promoted self awareness, with one person stating 'through intimacy the client was more able to understand and access their 'real 'self'. One person indicated that intimacy generated a shift in self esteem. Notions of relationship were also referred to i.e. with one response being that the client could now have a 'real' existential encounter which would enable them to evolve. Others suggested that intimacy generated a 'genuine', 'trusting', or 'therapeutic' relationship, which enables the client to understand their need for intimacy. A final remark, which perhaps best illustrated the rather circular movement of some of the responses, was that intimacy was desirable in the counselling relationship as it enabled the client to experience intimacy. It seems that most of the respondents had gone through the motions of redefining intimacy in their responses to this question, with the exception of those who indicated some change in self.

In response to the final question i.e. what is the function of intimacy in everyday life, responses seemed to fall into two types. The first was merely to list again those qualities which had been seen as properties of intimacy [Appendix 4]. The second type of response could be split into four categories. The first of these was communication, this was mostly expressed in terms of the accepted expression of thoughts and feelings with one or more others. One response in this category was particularly salient.

> The ability to bring difficult feelings, experiences of failure, unworthy
> thoughts and acts, fear of rejection etcetera to someone and have
> oneself revalidated, assists people to function effectively. This may
> have been and may be the function of 'forgiveness' in religious terms.

Closely allied to communication was the function of connectedness, identified by fourteen respondents. This was variously described as not being alone, a sense of universality, a sense of sameness with the rest of humanity, and as having a spiritual dimension. It was also seen as providing a connection to history.

> It seems that intimacy is too much seen as a private verbal and
> personal activity between two people...it may be useful to know of
> collective and non verbal intimacies. What about being intimate with
> my social, cultural, political and economic history? With the ideas and
> paradigms which construct my sense of self meaning and purpose?
> Intimacy with and through dance, music, painting etcetera?

The third category identified was that of separateness. This was variously described in terms of regulating distance and the boundaries between self and others, and being able to exercise choice about whether to be intimate with someone or not. This moved towards the fourth category which revolved around notions of self. The terms which were used included self knowledge, self awareness, self fulfilment, self acceptance, self control, self worth, self disclosure, self esteem, self reflection and a

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sense of self. One rather idiosyncratic response suggested that the function of intimacy in everyday life was ' to remind myself I am not mad'.

Appendix 6

Focus Group: Responses to the construct elicitation exercise

intimacy   **love**   **trust**

Six out of seven of the group put intimacy and trust as similar, while love is different.

> C. Intimacy and trust can be defined more specifically though with difficulty, love is non-specific and weighted the universality of usage - confusion

> G. Intimacy and trust are both required ingredients for close relationships. Love on the other hand may require more constituents, e.g. similar interests, common values or sometimes 'blind faith'.

> P. Intimacy and trust are related by being permissable/desirable in a counselling relationship. Love is to be avoided.

> Pa. Intimacy and trust are similar.

> B. Love is more the consequence of intimacy.

> A. Intimacy cannot exist without trust which is a prerequisite. Love can incorporate the others but sometimes doesn't. It is and unspecific umbrella.

The seventh grouped intimacy as the 'odd one out'

> J. Neither love nor trust are necessities of intimacy though they may be present.

self disclosure   **friendship**   **trust**

All seven participants linked trust and self-disclosure with friendship being different:

C. Self-disclosure is mostly founded on and can enhance trust; friendship is a general term and may or may not involve the other two.

G. Trust and self-disclosure are more together because trust is required for self-disclosure and also demonstrates trust. However, friendship may not rely on self-disclosure, although doesn't survive without trust.

P. Self disclosure by client/counsellor lends to trust. Friendship is to be avoided [in counselling].

Pa. Trust and self disclosure are similar in the counselling relationship and are built up /worked on. A counselling relationship is not a friendship.

B. Self-disclosure can be a risk and needs trust while friendship may or may not involve self-disclosure

J. Friendship could exist without either self disclosure or trust, but the other two need some part of each other

A. Self-disclosure and trust go together since trust is necessary for self-disclosure. Friendship is wide-ranging and may or may not have self disclosure or trust.

empathy   **intimacy**   **warmth**

Two people linked self-disclosure and intimacy:

> C. Self-disclosure and intimacy have a link in self-knowledge; empathy is a response to another person

> J. Empathy is an imaginative facility/ability. The others are states of being.

One person linked empathy and self-disclosure:

> A. Empathy and self-disclosure go together. They don't necessarily lead to intimacy which needs more than these.

The other four linked empathy and intimacy

> G. Empathy and intimacy are qualities which are co-dependent, self-disclosure is one route to the quality state.

> P. Empathy (Rogers not Egan) and intimacy are very similar, Self-disclosure is a skill.

> Pa. Empathy and intimacy signify a togetherness in understanding - self-disclosure is at any moment from one persons understanding.

> B. Empathy and intimacy suggest relationship - something shared. Self-disclosure can be solitary.

Acceptance   **intimacy**   **warmth**

Two people coupled intimacy and warmth.

C. Intimacy and warmth imply a communication; acceptance can lack an expressive quality

J. I believe acceptance can occur without the other two but not vice versa.

Two people coupled acceptance and intimacy:

G. Acceptance and intimacy are similar because there is an understanding in the intimate relationship that there is acceptance on a particular level. Warmth may not be part of this intimate moment.

A. Intimacy impossible without acceptance and warmth.

Three people coupled acceptance and warmth

B. Intimacy arises from acceptance and warmth

P. Warmth and acceptance **can** be shallow. Intimacy is never shallow

G. Acceptance and warmth are conditions which help create intimacy.

Empathy   **intimacy**   **warmth**

Three people coupled intimacy and warmth

J. Something here about `connecting' - empathy can help me understand how it is for someone but does not of itself necessarily bring connection.

A. I could link all these pairs. Intimacy and warmth - warmth vital for intimacy and for empathy.

G. Intimacy and warmth are preconditions of empathy? Empathy and warmth are preconditions of intimacy ?

Three people coupled empathy and intimacy

C. Expression of, response to - creation of inner connections; warm seems to have a more superficial quality alongside these two.

P. Empathy (Rogers, not Egan) and intimacy are similar. warmth can be shallow. (how? Empathy is knowing/understanding the client's inner geography. Intimacy is being aware that you both know this. (Rogers - feeling what the client experiences, and communicating this - Egan, communicating what the client experiences)

B. Warmth a prelude to/or consequence of empathy and intimacy, and not necessarily shared. Empathy and intimacy suggest meeting/sharedness.

One person coupled empathy and warmth

Pa. Warmth and empathy are similar because empathy needs warmth to happen but the situation may not necessarily include intimacy.

Self-disclosure   **intimacy**   **trust**

Four people coupled self-disclosure and trust

B. Intimacy may or may not arise from self-disclosure and trust whereas self-disclosure and trust seem interdependent, whether its oneself or the other who is trusted etc.

P. Self disclosure and trust can be shallow and can be used in a non-intimate relationship. Intimacy is never shallow.

G. Trust and self-disclosure create intimacy.

Pa. Trust is part of self-disclosure but intimacy may not be part of self-disclosure.

Two people coupled trust and intimacy

C. Self-disclosure can exist in isolation; the other two qualities suggest a relationship with self or another.

A. Intimacy and trust - trust is prerequisite. Self-disclosure might go on for ever and never get to intimacy.

One person coupled self-disclosure and intimacy

J. This seems to be about power sometimes - I can choose/have the power to disclose but it seems essential to do so to some degree to become intimate - trust may or may not be present within intimacy.

Only six participants answered the next two elicitations, it seemed that participant seven had run out of time.

Comfort   **intimacy**   **safety**

Two people coupled comfort and safety

> B. Tricky one. They are about security, but they don't necessarily involve an Other.

> J. This grouping could go anyway! Intimacy could include both other terms but who knows!

Three people coupled intimacy and safety

> A. Safety undergirds intimacy. Comfort embraces wider spheres e.g. foam bath, warm fire.

> C. Comfort suggests a cosiness that can be deluding; linking safety - intimacy suggests containment.

> G. Safety and intimacy are co-dependent. Comfort is unnecessary for tither safety or intimacy.

One person coupled comfort and safety

> P. Client comfort and client safety are factors/qualities which may facilitate or discourage the development of an intimate relationship.

Intimacy   **separateness**   **closeness**

Four people coupled intimacy and closeness

> P. Intimacy and closeness are similar and _may be_ the opposite of

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separateness. However separateness may be a pre-requisite condition for intimacy, although not necessarily for closeness.

G. Intimacy and closeness are antithetical to separateness.

A. I could link any two withe each other. Intimacy needs closeness. It also paradoxically embraces separateness but to put these 2 together (i and s) would seem odd without an explanation.

J. This is easier to group this way but I would be just as happy with intimacy/separateness as equally valid.

Two people chose intimacy and separateness

B. Similar because separateness underpins capacity to differentiate and appreciate another. Closeness doesn't necessarily include that awareness.

Pa. the link here is sequential - intimacy with self i.e. separateness comes before closeness; closeness holds close(d)-ness as a connection.

Appendix 7

Initial open coding from the focus group transcript.

Firstly, what is intimacy?

Connection (x4).

With others/with self.

Not incongruence, so congruence.

Core conditions.

Going round.

Dancing round.

Innermost.

Relate.

Loss of self.

Close (x5).

Words.

Touching.

Cold hands.

Knowing self + others.

Values (shared).

Thoughts/sharing and shared.

Beliefs.

Emotions (x3).

Trust.

Be myself.

Disclosing.

Mutuality.

I thou.

Nakedness.

Frightening experience.

Shared experience.

Vulnerability.

Revelation.

Disclosure.

Exposure.

Of a personal (possibly sexual) nature.

Inter-dependency.

Meeting: at core; at depth.

Could be an intimate relationship, or

intimate moments.

Two way???

Freedom.

Dangerous.

Dodgy.

The limits of intimacy.

Comforting experience.

incongruent to be discussing it with

strangers.

Closeness.

Invasion.

Knowledge of.

What are the conditions in which intimacy can take place?

Being individuals - two `I's `:
no merging;
sense of identity maintained;
deep sense of identity shared.
Not judged.
Intimacy is built in small steps as
trust is built.
Intimacy is a process not a state.
Intimacy takes time:
exposure over a time frame.
I can be intimate with myself
therefore a co-partner not necessary.
Maybe intimacy with myself demands
sub-personalities being intimate
with each other.
Close myself off - not intimate.
Presence.
Trivial - less deep.
Sex .
Procreation.
Rapport.
Inclusive.
Not so positive.
Distress (shared).
Paradox within the group.
Feelings ++.
Nakedness.

Vulnerability.
I-thou relationship .
Meeting moments.
Danger.
Dodgy.
Deeply comforting experience.
Intimately connected with isolation.
Intimate with oneself.
Non-merging.
Knowing you're not going to be
judged.
Fused or undifferentiated = not
intimate.
Sex procreation biblical .
Legal.
Experience even if not shared.
Could be frightening.
Connection of feelings and thoughts.
Connection of beliefs and values.
Intimacy is a connection of feelings
and thoughts, innermost connection.
Intimate communication with
ourselves would determine how we are
with others.
It's about the whole self - light and
dark.
It involves communication - mutuality

and trust.   It's losing self.

It can be a fleeting moment or long-
term relationship.

What had the process been like for participants:

I had to think quickly.   Stimulating.
Comfortable.   Good.

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