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Between Christianity and secularity: counselling and psychotherapy provision in Scotland

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Counselling and psychotherapy services have become increasingly prominent within modern urban welfare. Although often perceived to be intrinsically secular, since psychoanalytic thinking and practice arrived in Scotland it has been shaped by the Christian culture it encountered. Early Scottish-born contributors to psychoanalytic theory, including Ian Suttie and W.R.D. Fairbairn, reframed Freud's ideas in ways that incorporated Scottish Presbyterian understandings of what it is to be human. A form of Christian psychotherapy, supported by the Presbyterian, Catholic and Episcopal churches was being offered to members of the general public by the 1940s. Counselling provision expanded rapidly from the mid-1960s, with active church involvement. Tracing these developments via documentary sources and oral history testimony, I argue that counselling and psychotherapy in Scotland have never been secular. I illustrate evidence for "postsecular rapprochement" operating since the 1960s, characterised by faith-by-praxis and collaboration between those with and without religious faith. I explore the interplay between religious and secular spaces in the development of this element of modern urban welfare.

Keywords: counselling, psychotherapy, Scotland, secular, postsecular, Christian

Introduction

In the mid-1990s I trained as a counsellor, taking a university programme on a part-time basis. As an integral part of my training I was required to complete a clinical placement, during which I would join an agency that offered weekly counselling to members of the public. In 1997 I applied to two agencies located in the city where I worked and studied, both of which had longstanding connections with the programme on which I was a student. One was an unaffiliated third sector organisation, the other was wholly owned by the Church of Scotland. I did not have, and never had had, any religious affiliation, and in this context had only applied to the Church of Scotland agency with the explicit encouragement of my tutors, who emphasised the agency's openness and the excellent environment it provided for students in training. I was called for an interview first at the unaffiliated agency, where I met with the person who would, if all went well, supervise my clinical work. To my surprise, she stressed to me that her Christian faith was foundational for her practice. I left feeling shocked. Wherever I undertook my placement it seemed that I would be working in an environment in which Christian faith was commonplace, explicit and positively valued. Throughout my adult life I had lived and worked in environments that I understood to be inherently secular, and in which an absence of religiosity appeared to be the norm. Now my own lack of religious faith might be an oddity. Certainly I could not assume an absence of religious faith or spiritual commitment among either the practitioners or the clients with whom I would come into contact. This world of counselling provision was not secular, at least not in the sense with which I had grown familiar. It challenged my easy assumptions about the privatisation of religious faith and the normative secularity of both third sector urban service provision and the field of counselling. My initial shock gradually gave way to curiosity.

Stemming from this curiosity, this paper explores how Christianity came to be significant in the kind of counselling services I first encountered in the 1990s and what light this might shed on debates about the relationship between religion and secularity in the spaces of modern urban welfare. In the next section I discuss these debates, after which I comment briefly on my use of the terms psychoanalysis, psychotherapy, counselling and guidance. Against this background, and after a brief account of the sources on which I draw, I explore the evolving relationship between Christianity and psychotherapy in urban Scotland from the 1920s onwards. I

discuss how Scottish Presbyterianism helped to shape what have since been recognised as important theoretical contributions made by early Scottish psychoanalysts, and how a form of explicitly Christian psychotherapy began to be institutionalised in the 1940s. With these foundations in mind I examine the upsurge of counselling and psychotherapy services from mid-1960s to the late 1980s, which coincided with a rapid decline in Church of Scotland membership and a more general privatisation of religion. However, far from somehow replacing faith-based forms of care and welfare, I elaborate two aspects of direct Christian involvement and the character of the spaces so produced. First I draw attention to the involvement of the churches in the development of new counselling centres in the main Scottish cities, and secondly I present evidence of collaboration between those motivated by Christian faith and others in counselling and psychotherapy provision. On the basis of this account I argue that counselling and psychotherapy in Scotland have never been wholly secular, if secularity is equated with an absence of religiosity. Acknowledging how, in twenty-first century urban Scotland, the historic and intrinsic connections between psychotherapy and Christianity have become more attenuated, I conclude by considering the implications of my argument for the concept of “postsecular rapprochement” in relation to the interplay between the religious and the secular in the spaces of modern urban welfare provision.

Religion, secularity and modern urban welfare

There is, of course, a long history of Christian involvement in urban welfare in Scotland, the wider UKⁱ and other countries that share their western European Christian heritage. In broad terms, the rise of state-funded welfare systems in many of these contexts, including the UK, led to the progressive replacement of charitable and philanthropic welfare services, especially during the middle years of the twentieth century. Notwithstanding the importance of Christian involvement and support in developing the welfare state (Fraser 2003; Prochaska 2006), this process contributed to the retreat of religion from the public sphere, and to welfare services coming to be widely understood as secular. Furthermore, by the 1970s, church attendance, along with other indicators of Christian religiosity, had declined dramatically in Scotland and most other parts of the UK (Brown 1997, 2001).

These trends appear to fit easily into the theoretical argument that modernisation, of which modern welfare systems are part, is an intrinsically secularising process, in which the spaces of religion and religious activity become increasingly differentiated and separated from those of the state (Wilford 2010), and in which religion loses its authority and influence at individual, organisational and societal levels (Dobbelaere 1981). Secularisation is by no means a singular unified process, hence contrasts between the United States in which the separation between church and state is enshrined constitutionally while active Christian affiliation remains relatively high, and the United Kingdom in which the separation between church and state is incomplete but where, outside of Northern Ireland, Christian affiliation has fallen very rapidly (Taylor 2007: 505-535)ⁱⁱ.

In relation to urban welfare in the UK, the final quarter of the twentieth century was marked by the rise of neoliberal urban policy. The transformations wrought by neoliberalism are widely cited to have included renewed engagement in welfare provision by the churches, along with the emergence of new kinds of faith-based organisations concerned with matters of welfare and social justice (Bacon 2006; Beaumont and Dias 2008; Conradson 2006, 2008; Jamoul and Wills 2008; Jawad 2010). Especially in the 1980s, Christian leaders took up positions as critics of the government in relation to matters of social justice, most notably with the publication of *Faith in the City* (Archbishop of Canterbury's Commission 1985). Churches also sponsored alternative forms of urban welfare such as the Church Urban Fund (Lawless et al. 1998; Pacione 1990). While "roll back" neoliberalism may have prompted intense concern about the fate of those increasingly marginalised by the withdrawal of public services, "roll out" neoliberalism created opportunities for non-state agencies, including religious organisations, to take up new roles in the delivery of urban welfare (Peck and Tickell 2002; Larner and Craig 2005). Hence the claim that faith-based organisations "are again reaching out into the world of secular social and political problems" (Beaumont 2008: 2012), that "religion, faith communities and spiritual life have returned to the centre of public life" (Beaumont and Baker 2011a: 1), and that "the 'hushed-up' voice of religion is being released back into the public sphere" (Cloke and Beaumont 2013: 36).

One way of framing this re-emergence of religious bodies as welfare providers is through the idea of "de-secularisation", according to which "religion has staged a revival and a comeback" (Woodhead 2012: 3; Berger 1999). However,

whatever it is that has “returned” into the public sphere is not the same as that which previously receded; nor has this apparent return swept away features associated with secularity. In his polemic against “subtraction stories”, Charles Taylor (2007: 22) has argued that secularity cannot be explained in terms of “human beings having lost, sloughed off, or liberated themselves from certain earlier confining horizons, or illusions, or limitations of knowledge”. Thus, however much features of modern urban life associated with secularity might be challenged, they have changed the conditions of belief and the ways in which religion is and can be lived and instituted. Indeed, the “secularity of modern urban space”, which can be characterised as “differentiated and fragmented”, has created both “obstacles *and* opportunities for religious expression in the ‘secular city’” (Wilford 2010: 329, emphasis in original).

More popular within geography than the de-secularisation thesis is the notion of “postsecularity”, in relation to which Jürgen Habermas’s (2006, Habermas and Ratzinger 2006) reconsideration of the place of religion and religious reason within the public sphere has been especially influential (Beaumont and Baker 2011b; Cloke and Beaumont 2013; Molendijk, Beaumont and Jedan 2011). Habermas’s (1984) longstanding commitment to a model of democratic politics grounded in communicative rationality has remained unchanged. However, in the face of “religious traditions and communities of faith [gaining] a new, hitherto unexpected political importance” (Habermas 2006: 1), he has posed the question of how “people expressly authorized to practice their religion and to lead a pious life in their role as citizens are supposed to participate in a democratic process whose results must be kept free of any religious ‘contamination’” (Habermas 2011: 24). He has argued that both religious and non-religious citizens must contribute equally to the burden of “translating” ideas and arguments into “a universally accessible language”.

Because Habermas made a link to the political transformations of 1989-90, the concept of the postsecular is taken by some to denote a specific period during which the influence of religion has become more influential or at least more visible. However, as Gregor McLennan (2007: 859) has observed, “the ‘post’ in postsecular need not automatically signal *anti*-secularism, or what comes *after* or *instead of* secularism. For many, the key postsecular move is simply to question and probe the concept of the secular”. Within the geographical literature advocates of the

concept have explicitly cautioned against grand claims about “resurgent religiosity” and located their concerns geographically, primarily in Western Europe (Beaumont 2011; Cloke 2010, 2011; Cloke and Beaumont 2013).

On such accounts, the postsecular is about the limits, edges or discontents of the secular, and about a way of conceptualising specific aspects of the complex interplay between religion and secularity. In this context Paul Cloke (2010, 2011) has taken up Habermas’s idea of partnership between religious and non-religious people to detect currents of “postsecular rapprochement”, attributable to two complementary shifts, namely recognition from within of the limits of secularism, particularly as a source of the ethics and values capable of guiding political action, and a change within Christian responses to secularism away from action motivated by the desire to convert (faith-by-dogma), towards an unconditional understanding of faith-based charity (faith-by-praxis). Evidence of religiously-based and secular organisations and individuals working together in this way have come from studies of voluntary sector services for homeless people in British cities (Cloke, May and Johnsen 2010), and mobilisation around issues of poverty and exclusion in European cities (Beaumont 2008; Beaumont and Dias 2008). Against this background, Cloke and Beaumont (2013: 29) have argued for research that “trace[s] new interconnections between diverse religious, humanist and secularist positionalities”.

In this paper I explore the relevance of postsecular rapprochement for understanding the relationship between psychotherapy and religion in Scotland. While the bulk of existing discussion has focused on recent developments, I cast my gaze back to the early twentieth century in order to shed light on how the past is dynamically alive in the present (compare Brace, Bailey and Harvey 2006; MacDonald 2002). In so doing I respond to calls for more detailed exploration of “the relationship between the religious and the secular, as well as of the presence and effects of religion beyond the ‘officially sacred’” (Gökarıksel 2009: 657), in ways that pay attention to “country-specific and regional differences concerning institutional religion” (Proctor 2006: 167).

I also draw on Taylor’s (2007: 3) account of a secular age, which he approached as “one in which [belief in God] is understood as one option among others, and frequently not the easiest to embrace”. Taylor (2007) used Durkheim’s account of religion as a key source of social cohesion to differentiate between a

secular age and its forerunners. On Taylor's (2007: 516) account, the rise of what he has called a "post-Durkheimian dispensation" locates questions of religious faith within the realm of expressive individualism, "unhooked" from both the "sacralised society" of the palaeo-Durkheimian order (in which membership of a community entails membership of its church), and the national identity of the neo-Durkheimian order (in which individuals are free to choose their denomination through which they belong to some broader church).

The expressive individualism of Taylor's account is intimately connected with the rise of psychotherapies (Rose 1990). However, psychotherapy and its close relative counselling, are referred to only very rarely in the literature on religion and secularity in modern urban welfare. I call into question what it means and what might be at stake in describing counselling and psychotherapy as "secular services" but first I note that, in western urban societies, counselling and psychotherapy are offered to more and more people experiencing some kind of distress. Indeed the proliferation of these services has led to claims about the "triumph of the therapeutic" (Rieff 1966) and about a general "therapeutic turn" (Furedi 2004; Wright 2008). It is therefore important to consider this arena in geographical debates about postsecular rapprochement and the ethos of urban welfare systems more generally. Exploring how psychotherapy developed and was institutionalised within the specific secularising context of twentieth century Scotland, I illustrate the dynamic interplay between religious and secular spaces via the case of this element of modern urban welfare.

Counselling, psychotherapy and related practices

The idea of a "talking cure" is typically attributed to Sigmund Freud's "invention" of psychoanalysis as a method for treating hysteria and other "nervous disorders". As the field expanded and diversified, a variety of forms of psychotherapy came to be differentiated from psychoanalysis in terms of the frequency of sessions and the theoretical frameworks within which practitioners trained and practise.

Psychoanalysis and psychotherapy have been taken up and developed differently in different places. In Scotland and other parts of the UK, psychotherapeutic interventions were initially associated closely with medical settings, and especially psychiatric hospitals, for example in the treatment of shell-

shocked soldiers returning from the first world war. Psychoanalysis and psychotherapy also became available privately. Membership organisations came into being, which defined standards of training and practice, and thereby began to constitute psychoanalysis and psychotherapy as professional occupations.

The term “counselling” (or, in the American spelling “counseling”) has long been used to refer to a range of activities close in meaning to “advising”. However a more specialist meaning began to be taken up in the middle of the twentieth century to describe a way of offering help to those in distress that drew on, but also differed from, psychotherapy. Three distinguishing features of counselling merit mention. First, the adoption of the term was linked to efforts to increase its distance from medical practice (Bondi with Fewell 2003). Counselling was offered as a response to “critical dilemmas in living” (McLeod 2001: 7) and not in response to the diagnosis of a specific psychological or mental health problem. The issues prompting people to seek help were understood as at least as much social or interpersonal as psychological. Secondly, alongside “de-medicalising” psychotherapy, counselling was informed by a wave of criticism against the hierarchical character of professions (Illich 1971) and therefore gave centre stage to an egalitarian understanding of the relationship between practitioner and the person seeking help. Thirdly, rather than being seen as a remunerative occupation, counselling began largely as an activity undertaken by unpaid volunteers (Bondi, Fewell and Kirkwood 2003). Although counselling has itself been subject to processes of professionalisation in the last two or three decades (Bondi 2004, 2005), these themes continue to influence training and practice.

In this paper, I use the term counselling to refer to practices that, like psychotherapy, explicitly exclude advice-giving. However, as I have shown elsewhere (Bondi 2006a), this particular boundary is of recent origin, connecting closely to the development of professional standards of training and practice in the field of counselling. Historically, there has been much overlap between services described as guidance, counselling and advising. One example of relevance to the account I offer here is that of services offered to people seeking help about their relationships. What is now widely known as relationship counselling originated in efforts to offer guidance to couples with a view to supporting, strengthening or “saving” their marriages. This favoured marriage as an outcome over other possibilities, and was gradually relinquished in favour of a more therapeutically-

framed stance of neutrality with respect to outcome (Lewis, Clark and Morgan 1992). I use the term “marriage guidance” to refer to the earlier approach and “relationship counselling” to refer to the latter.

Sources

This paper tells a story, offering an essentially descriptive account of the development of psychotherapy and counselling services in urban Scotland. To tell this story I draw on a range of sources including documents and oral history testimony. The documentary sources include biographies, autobiographies, and publicly available bulletins and newsletters. The oral history testimony comes from interviews conducted with 16 people (7 women and 9 men) born between the late 1920s and the early 1950s, who occupied a variety of positions and played a variety of roles at the interface between religion – largely Christianity – and psychotherapy during their careers. In the main I do not quote from these interviews but instead draw out stories about organisations with which the interviewees were involved, often in foundational rolesⁱⁱⁱ. As I have indicated, I have myself been connected to counselling services in urban Scotland since the mid-1990s. Consequently, in addition to these formal sources, I also draw lightly on my working knowledge of the organisations to which I refer.

Secular psychoanalysis meets Scottish Christianity

Reformulating psychoanalytic theory: from Freud to Fairbairn

The tradition of psychoanalysis initiated by Freud informs all types of psychotherapy and counselling, whether through direct affiliation (for example in psychoanalytic psychotherapy and psychodynamic counselling) or through some kind of definitional break (for example in person-centred counselling and cognitive behavioural therapy). Freud published several essays in which he presented religion and religious beliefs in disparaging terms, for example as “illusionary”, “delusionary”, “infantile” and “neurotic” (Freud 1927a, 1938), hence David Black’s (2006: 3) summary of Freud’s “general and very influential view of religion” as “unambiguously negative”. Carl Jung’s more positive interpretations of religion were

central to his infamous split with Freud, and Freud's treatment of Jung hardly encouraged others to challenge his thinking on the subject (Black 2006; Schwartz 1999). Freud's positioning of psychoanalysis as atheistic and secular was reinforced in his description of psychoanalysis as "secular pastoral care" (Freud 1927b: 167), which not only attempted to put some distance between medicine and psychoanalysis but also positioned the latter as a successor to religiously-based responses to suffering, which he assumed were on the wane (Freud 1926, 1927b). Thus, in sharp contrast to the origin of other practices with affinities to pastoral care such as social work, psychotherapy has strongly secular roots^{iv}.

As psychoanalysis spread from its original central European heartlands it necessarily encountered new cultural contexts. Within these contexts, the pressure to conform to Freud's negative appraisal of religion came up against new conditions as the Scottish case illustrates. Freud's ideas reached Scotland in the early years of the twentieth century, which, like the rest of the UK, was then a predominantly Christian country. Protestantism dominated, which, in Scotland (unlike elsewhere in the UK), had its origins in Calvinism but which, by the late nineteenth century, had been succeeded by a broader and more ecumenical stream of theology that became Scottish Presbyterianism (Cheyne, 1983). The Church of Scotland was much the largest church, co-existing with a longstanding and expanding Roman Catholic presence, alongside other protestant denominations, including Episcopalian (Anglican), Baptist and dissenting Presbyterian churches (Brown 1997). In Taylor's (2007) terms, a neo-Durkheimian dispensation prevailed in which a choice of denominational affiliation was available, but to stand outside any such belonging was highly unusual. Consequently, the differentiation of non-religious spaces from religious ones was very limited at this time, which necessarily influenced the reception of psychoanalytic thinking and practice.

The inter-war British psychoanalytic community was strongly concentrated in and around London and Cambridge (Forrester 2008), as a result of which Scottish-born and Scottish-educated would-be psychoanalysts generally travelled south to train and practice. Examples include Hugh Crichton-Miller (1877-1959) who founded the Tavistock Clinic in London in 1920, and Ian D. Suttie (1889-1935) who was recruited to the Tavistock soon after (Dicks, 1970). Both men had strong Christian commitments and, while their approach to psychoanalysis recognised elements of Freud's critique of religion, they also initiated some fundamental and

ultimately highly influential challenges to his ideas (Fergusson 2013a, 2013b; Miller 2008). Most notably, Suttie (1935: 218) had the audacity to suggest that “Freudian theory is itself a disease” because of its anti-maternal bias. On his account, the infant’s relational needs and the mutuality of love in the mother-infant bond are paramount^v. Informed by his Scottish Presbyterian background, in Suttie’s view, “religious love could now be seen as the flowering of a developmental line *present from the beginning*” (emphasis in original, Wright 2006: 176).

Another key figure in the reshaping of psychoanalytic ideas was W.R.D. (Ronald) Fairbairn (1889-1964). Fairbairn had set out to train for the ministry, but his theological studies together with his war service led him towards psychoanalysis (Sutherland 1989). Followed the dominant route for men who aspired to be psychotherapists at this time, he embarked on a medical degree, which he undertook in Edinburgh, where, during which he spent two years in analysis with psychiatrist, Ernest Connell, who had been analysed by Ernest Jones, close colleague of Sigmund Freud and later his official biographer. After graduating, Fairbairn spent two years working in general practice near London, where he had another personal analysis, this time with Jones. He returned to Edinburgh in 1925 and began seeing patients as a private psychoanalyst, in addition to which he taught in the University of Edinburgh’s Psychology Department (Sutherland 1989).

In the relative isolation of Edinburgh, Fairbairn also began to develop his own distinctive theoretical approach, writing a series of papers that were presented at meetings of the British Psychoanalytic Society from 1940 onwards (Fairbairn 1952). Central to Fairbairn’s reworking of psychoanalytic theory was his argument that the paramount human drive is not for pleasure or death (as in Freudian and Kleinian theory) but for relationship with another. Put simply, as with Ian Suttie, on Fairbairn’s account, the need for love lies at the core of the human psyche. Marie Hoffman (2004: 785-6) has traced the influence of the Scottish theology of his upbringing through Fairbairn’s theoretical work:

The early religious narrative to which Fairbairn was exposed held that a sovereign God created humans in His image, capable of love and desire, first toward Him and then toward each other, beings who by their very nature desire to relate. [...] That narrative, while initially depicting the loving relationship with God for which humans were created, radically refocuses on the Fall and its effects.

Thus, both Suttie's and Fairbairn's emphasis on love opened psychoanalysis to religiosity. In framing early psychic development "as a trauma theory in which the infant, to varying degrees, is traumatised by his realistic perception that he is fully dependent on a mother whose capacity to love him has passed its breaking point" (Ogden 2010: 103), Fairbairn incorporated a Christian interpretation of human frailty into the core of psychoanalysis.

While Suttie, who was immersed in the British psychoanalytic community in London, may have acted with audacity in challenging Freud, there is little evidence that Fairbairn thought of himself as questioning Freud's authority. Rather, the intellectual and religious culture in which Fairbairn was steeped shaped his ideas. In this neo-Durkheimian environment, Christianity permeated every aspects of Fairbairn's world, including his mental space. There was no non-religious space available for his elaboration of psychoanalysis.

Christian psychotherapy in action: Winifred Rushforth and the Davidson Clinic

I have argued that when psychoanalysis met Scottish Christianity its form changed and this reformulation contributed to the emergence of new strands of psychoanalytic theory into which Christian ideas were deeply woven. Fairbairn's psychoanalytic practice has been described as rather more Freudian than his theory (Hazell 1996). However, if Fairbairn's religiosity made more of an impression on his theory than his practice, this was certainly not the case with another early psychotherapist to practise in Edinburgh, namely Winifred Rushforth (1885-1983), to whose story I now turn.

Raised within a Scottish Presbyterian culture, in 1908 Rushforth completed a medical degree in Edinburgh, and a year later she travelled to India where she worked as a medical missionary for some 20 years (Rushforth, 1984). She returned to the UK in 1929 and began training as a psychoanalyst in London (with Crichton-Miller), before returning to Scotland in 1931 and opening her own private psychotherapy practice in Edinburgh in 1933.

Given her background as a medical missionary, it is not surprising that Rushforth wished to take psychotherapy beyond the confines of private practice. She spearheaded the development of the Davidson Clinic for Medical Psychotherapy, which officially opened in 1941 as a community venture that made

low-cost psychotherapy available to adults and children. The Clinic took its name from the Davidson Church, whose (Church of Scotland) minister, the Reverend Roy Hogg, played a key role in the development of the project. As Miller and Sutcliffe (forthcoming) note, from the very start, the Clinic secured direct and explicit support from the across the Christian denominations of urban Scotland: it was endorsed by the influential theologian Professor John Baillie as he became Moderator of the Church of Scotland in 1943; the Roman Catholic Church assisted in the provision of appropriately qualified child guidance staff; and the Episcopal (Anglican) Church also lent support, as did the ecumenical Iona Community, founded in 1938, which provided the salary for Margaret Allen, a Church of Scotland Deaconess and one of Rushforth's key colleagues in the early months of the Clinic's operation. This ecumenicalism locates the work of the Clinic within a broadly neo-Durkheimian dispensation.

The relationship between the Davidson Clinic and the churches was not merely a formal or a pragmatic one. While it did not operate from church premises, it nevertheless created an overtly Christian environment for, and form of, psychotherapy. The first annual report of the Clinic described it as "making available the benefits of Christian psycho-therapy", and Rushforth made frequent reference to the "miraculous" character of these benefits. Testimony published in the *Davidson Clinic Bulletin* also expressed the appreciation of some of its patients for this blending of psychotherapy and Christianity, patients themselves – several of them clergy – referring to the "miraculous" resolution of difficulties, such as a sense of personal emptiness (Miller and Sutcliffe, forthcoming). Writing of the early 1960s, David Lyall (2010: 2) has noted how Rushforth's work at the Davidson Clinic "found a receptive audience among many ministers who sought to integrate psychological insights into their practice".

As the story of the Davidson Clinic shows, the Christian churches explicitly endorsed psychotherapy as a way in which human distress could appropriately be addressed. Moreover, especially during its first decade, the psychotherapy delivered by the Davidson Clinic was understood by its sponsors, practitioners, patients and engaged clergy as deeply infused with Christian meaning and as overlapping with Christian religious practice. At the Davidson Clinic, psychotherapy did not operate in a separate, differentiated secular space but constituted an intrinsically religious clinical space. In the next section I show how these ways of

working were taken forward and how they changed in the decades following the second world war.

Scottish counselling and psychotherapy in a secular age

The rise of counselling and its contribution to new forms of Christian ministry

In providing psychotherapy to the general public, the Davidson Clinic was ahead of its time. When it opened, psychotherapy had some presence within psychiatric settings and was available privately, but community-based services were very rare. However, by the late 1940s, less than a decade after the Davidson Clinic began its work, the very concept of independent community-based welfare provision was called into question by the founding of the British National Health Service (NHS) and the welfare state, which were based on a vision of comprehensive cradle-to-grave provision supported directly by the state. In London, the Tavistock Clinic swiftly became part of the NHS, but in Edinburgh, the Davidson Clinic remained independent, operating successfully through the 1950s and beyond. However this was not a particularly auspicious time for independent third sector provision in Scotland or elsewhere in the UK. Although psychotherapy did not become more widely available within the NHS or other public sector services, the Davidson Clinic faced increasing difficulty attracting and retaining qualified staff. It lost its child guidance services to the public sector in the 1960s and finally closed its doors in 1973 (Miller and Sutcliffe, forthcoming).

Ironically, by the time the Davidson Clinic was in decline, the social and economic limitations of universal state provision had become more and more obvious in Scotland as elsewhere in the UK. The 1960s witnessed the so-called “rediscovery of poverty” in Britain, prompting the development of new kinds of urban welfare intervention (Atkinson and Moon 1994). The aftermath of the post-war boom also began to undermine faith in the capacity of the public purse to address the totality of welfare needs, a process accentuated by the economic crisis precipitated by the 1973 oil shock. Consequently, the 1970s was a period of resurgence for the third sector. New and existing voluntary bodies were drawn into contractual relationships with the state to assist in the provision of a wide variety of forms of social welfare (Pinch, 1997).

One of the rationales for drawing on third sector bodies in this way was because of their capacity to experiment with new ways of addressing people's needs. It was in this context that a range of organisations took up psychotherapeutic ideas in the creation of counselling services (Bondi 2006a). In the mid-1960s, the Marriage Guidance Councils, for example, made substantial changes to their training and to the services they delivered, such that "marriage guidance" was replaced by "marriage counselling" which later evolved into "relationship counselling" (Lewis, Clark, and Morgan 1992). Similarly, new counselling services were developed for people affected by issues ranging across sexual violence, alcohol and bereavement. The mainstream Scottish churches including both the Church of Scotland and the Roman Catholic Church became influential sponsors of new training programmes and new services within this counselling movement, which sought to make available psychotherapeutic approaches to distress in a much more accessible and spatially distributed way than had previously been the case. Below I very briefly outline three projects, involving the Catholic Church, the Church of Scotland and ecumenical collaboration respectively. All three were influential within the wider field of voluntary sector counselling in Scotland, contributing, for example, to the establishment in 1990 of the Confederation of Scottish Counselling Agencies (COSCA), and all three continue to operate today, albeit in altered form as I explain in the next section.

1. In 1965, the then Catholic Marriage Advisory Council opened its first Scottish counselling centre in Edinburgh. Centres elsewhere in Scotland soon followed. Men and (mainly) women were recruited and selected from within local Catholic congregations to undertake counsellor training, and then to offer counselling to members of the public. They were expected to work as volunteers, typically for one evening per week. From the start, marriage counselling was offered to couples and individuals of any faith or none. Although inspired by ideas about the sanctity of marriage, the counselling was not about saving marriages. As Mary Hunter Toner, formerly a marriage counsellor in Motherwell and retired director of Scottish Marriage Care (successor to the Catholic Marriage Advisory Council in Scotland) explained, "the idea was not to mend their problem. The whole counselling bit was to help them to come to the right decision for them".
2. The Church of Scotland also set up several dedicated counselling services. Those involved noted that many of the counselling services that had developed

in the 1960s and 1970s focused on a particular problem such as relationship difficulties, alcohol problems, bereavement. This focus on specific problems raised the question of who was being missed by such services because their concern did not seem to fit into the rubric of these services. In this context, and instigated by committed individuals, the Church of Scotland developed generic counselling services in the main Scottish cities, open to anyone presenting with any issue. In Glasgow in the mid-1970s, Hamish Montgomery was recruited to head the Tom Allan Centre, named after a minister, evangelist and theologian who had reached out to the most marginalised in urban Glasgow (Forsyth 2011). When Hamish took over, a variety of different services were offered, which did not always sit well together. Inspired by his own discovery and application of clinical theology (Lake 1966), he decided to focus on the development of a counselling centre. He ran training courses into which he recruited volunteer counsellors (again mainly women) drawn from Church of Scotland congregations. Since the late 1970s, the Centre has been dedicated to the provision of counselling to members of the general public regardless of their faith.

3. The third example brought together individuals from different denominations. A significant player was Peter Bowes, a Baptist minister. He had trained in a liberal Southern Baptist foreign mission college in Switzerland, which had introduced him to an American tradition of pastoral care. Some years later he went to Princeton to complete a doctorate that explored the largely negative response to counselling evident in the evangelical churches in Scotland. On his return to Edinburgh in the late 1970s he began to meet with like-minded people from Baptist, Church of Scotland and Episcopal backgrounds, and he described how “out of that was coming the sense that there is a need for a counselling ministry”. By the mid-1980s, they had set up an organisation called the Pastoral Foundation, which trained volunteer counsellors and went on to develop a generic counselling service for members of the public.

These three organisations (and others like them), established between the mid-1960s and the mid-1980s, shared some features in common. All recruited active church members to undertake training and to practise as volunteer counsellors. There were no fees for the counselling offered, although donations to help meet the costs of training as well as running services were welcomed.

Counselling was offered to members of the public regardless of faith and without any pressure to convert.

In contrast to the early years of the Davidson Clinic, none of these organisations claimed to offer “Christian counselling”; nor did they claim to be offering counselling that differed significantly from any imagined secular variant. A factor underlying this shift away from an explicitly Christian version of psychotherapy in the 1940s was that Scotland had changed in the intervening years from a neo-Durkheimian environment in which Christian affiliation was very much the norm to a post-Durkheimian one in which such affiliation could not be taken for granted. Church attendance was decreasing rapidly and Scotland was becoming more culturally and religiously diverse. In this more differentiated urban environment, any services designed to reach beyond congregations needed to present themselves in new ways. Those involved in the development of these new counselling organisations adapted to these new circumstances by going beyond what Cloke and Beaumont (2013: 41) have called a practice of “faith-by-dogma” to one of “faith-by-praxis”.

Another feature of these church-sponsored counselling centres that merits comment is the gender of the counsellors. Although many of those who played leading roles in founding these centres were men, the majority of the volunteer counsellors who were trained and who delivered counselling were women. Linda Woodhead (2012: 21) has noted how, prior to the formation of the NHS, much healthcare was provided by women working in voluntary or paid capacities within explicitly Christian charitable bodies: “as well as midwives and women guardians in poorhouses, there were female sanitary inspectors, health visitors and women ‘counsellors’ whose work was focused on infant and maternal health”. Much of this activity was swept away by the arrival of the NHS with its emphasis on professionalised, scientific medicine practised primarily by men (and within which the female-dominated profession of nursing was placed in a subservient position). However, on Woodhead’s (2012) account this side-lining of women’s involvement in the provision of health and healing was short-lived. She has emphasised women’s prominence as practitioners in complementary and alternative forms of healthcare, which expanded from the 1970s onwards, and which espouse a “holistic” philosophy and a “spiritual” dimension (Heelas and Woodhead 2005). Although closer to organised religion than the spiritual practices on which Paul Heelas and

Linda Woodhead (2005) focus, church-sponsored counselling services were certainly places and spaces in which women took on new healing roles, often inspired by their religious commitments (also see Bondi 2006b).

The development of counselling centres owned and run by the churches, in which the counselling was delivered by active church members, illustrates the reaching out of Christians to others during a period in which church membership was declining rapidly and the privatisation of religion was gathering pace. In constituting a new form of Christian ministry adapted for the more therapeutically-oriented conditions of a post-Durkheimian, secular age, these centres created new kinds of spaces at the interface between Christianity and secularity. These spaces, in contrast to those of the Davidson Clinic, were a product of the “secularity of modern urban space” (Wilford 2010: 329) in which a degree of differentiation between religious and non-religious spaces and activities was instituted. What took place within them was not an overtly Christian practice but was infused with Christian values and was understood by volunteer practitioners as in some way connected to their Christian faith, perhaps as a form of “faith-by-praxis” (Cloke 2010). However, some space was also created between Christian faith and the practice of counselling, evident in the openness to those of other faiths and none, combined with an explicit disavowal of conversion as an aim. In this sense, the fragmentation of urban space associated with the increasingly secular context served as a precondition for the development of spaces in which religiosity could be expressed and practised in a new way, and in which new forms of contact between Christians and those of other faiths or none were made possible.

Collaboration between the faithful and the faithless

The church-sponsored counselling centres I have described brought believers and non-believers together in consulting rooms, but this coming together did not take the form envisaged in the concept of postsecular rapprochement, which is based on the idea of collaboration between those motivated by faith and those who are not. However such collaboration between the faithful and the faithless was evident in other organisations involved in the development of counselling and psychotherapy in Scotland during the 1970s, which I illustrate with reference to two organisations

before returning to subsequent developments at the three church-sponsored counselling centres already introduced.

First, in the late 1960s, the small Scottish psychoanalytic community was strengthened by the arrival of John D (Jock) Sutherland (1905-1991), who returned to his native Edinburgh on his retirement from the post of Medical Director at the Tavistock Clinic in London. In 1971, along with others, he founded the Scottish Institute for Human Relations (SIHR) to provide psychoanalytic education and training in Scotland. Among those he approached to help set up SIHR were Murray Leishman, former minister in the Church of Scotland and then Chaplain at the (psychiatric) Royal Edinburgh Hospital, where Sutherland held a clinical post, and Michael Hare-Duke, Bishop of St Andrews, Dunkeld and Dunblane in the Scottish Episcopal Church. Sutherland himself was much influenced by Fairbairn's ideas and later became Fairbairn's biographer (Sutherland 1989). The SIHR developed a number of services and training programmes. It had no direct church affiliation but throughout its existence has fostered collaboration between Christians and non-Christians. For example, in the early days, the organisation developed a distinctive way of working with people involved in the caring professions as nurses, doctors, social workers, educationalists and clergy in psychoanalytic groups (Cullen et al., forthcoming). These groups brought people together across these different professions as well as within them with a view to exploring the relevance of psychoanalytic approaches to their caring work. From the start, therefore, it has been an organisation committed to providing spaces in which people's religious faith, if any, was acknowledged and in which the ministers worked alongside those in other professions, whether faith-motivated or not, in common action designed for the betterment of welfare provision in its various forms, including that provided by the state, by the churches and in other settings.

Another example of this kind of collaboration was the development of a new psychotherapy centre called Wellspring, which opened in Edinburgh in 1978. Wellspring carried forward some of Winifred Rushforth's ideas after the closure of the Davidson Clinic. Among those centrally involved in its creation were Father Marcus Lefébure (1933-2012), a Roman Catholic monk who was Catholic Chaplain at the University of Edinburgh from 1974 to 1981, Rushforth herself, and her daughter Di Bates, who became its first director after retiring from her practise as a general practitioner. Neither when it was founded nor since has religious faith been

explicit in its work or its selection of practitioners, although it has been a motivation for at least some of those involved.

Towards the end of the twentieth century and into the early twenty-first century, the church-sponsored counselling centres underwent some changes, which made them more similar to the kind of collaborations exemplified by the SIHR and Wellspring. Two factors were especially influential, namely the professionalisation of counselling and the increasing diversification of religious affiliation. I briefly elaborate the stories of the three organisations discussed in the preceding section in relation to these trends.

The professionalisation of counselling in the UK began gradually and intensified during the 1990s, impacting profoundly on the provision of training, which became lengthier, costlier and increasingly academic. As a result, professionalisation undermined the viability of “in-house” counsellor training. Of the three church-sponsored centres discussed above, Scottish Marriage Care, successor body to the Catholic Marriage Guidance Council, is the only one that continues to train those it recruits as counsellors, which it does through a programme now validated by York St John University (which itself originated as a Church of England College). However, its volunteers are no longer recruited solely from within Catholic congregations. The Tom Allan Counselling Centre offers introductory courses in counselling but not the training required for its own volunteer counsellors. Instead it provides placements for students in training and retains a volunteer ethos among its counsellors in part by providing in-house supervision and continuing professional development opportunities. It remains it no longer requires counsellors to be members of Church of Scotland congregations, instead specifying only that its volunteers are “sympathetic” to an explicitly Christian mission statement. The Pastoral Foundation separated its training from its service provision in the mid-1990s, with the former going to an ecumenical organisation called the Scottish Churches Open College (SCOC). However, SCOC soon found it increasingly difficult to raise sufficient funds to cover the costs of training and to compete with University-based training providers and closed in 2003. Initially all volunteer counsellors at the Pastoral Foundation had been recruited and trained via the original organisation or SCOC. However as the service expanded and the flow of SCOC-trained counsellors declined, it began offering training placements to students on a wide range of counselling programmes who were welcome to

continue as volunteer counsellors after completing their training. Like Scottish Marriage Care and the Tom Allan Counselling Centre, it has retained its volunteer ethos; like Scottish Marriage Care, there is no requirement for counsellors to have any Christian affiliation. In all three cases, although less so for the Tom Allan Counselling Centre, there has been a clear move away from Christian faith-based volunteer action to something closer to the collaboration between those of faith and those without that is associated with the idea of postsecular rapprochement.

Turning to religious diversification, these three organisations have also adapted to long-term social, cultural and demographic trends in terms of how they present themselves and their histories to the public. While the percentage of the Scottish population affiliated to traditional Christianity has continued to decline, especially in the cities, Scotland has become much more religiously diverse, with new evangelical and pentecostal churches on the rise, along with an increasing presence of other world religions (especially Islam, Sikhism, Hinduism and Buddhism), as well as the growth of alternative forms of spirituality. Those actively defining themselves as not religious have also grown in prominence, with humanist celebrants conducting large numbers of weddings and funerals. These changes have caused many voluntary sector services that seek to reach the general public to reconsider how they present themselves and their histories. While the Tom Allan Counselling Centre continues to be wholly owned by the Church of Scotland, this is not the case for the other two church-sponsored centres. When Scottish Marriage Care succeeded the Catholic Marriage Advisory Council, it became an organisation independent of the church and without explicit reference to the church in its name, although its website continues to acknowledge its historic roots. With the closure of SCOC, the Pastoral Foundation ceased to have any church affiliation and it then changed its name to the PF Counselling Centre. Its website makes no mention of its historic links to the Christian churches. Volunteer counsellors who trained on programmes with no church affiliation now far outnumber those whose training was explicitly linked to Christian action.

These trends suggest that links to the Scottish churches in the training of counsellors and the provision of counselling services have weakened, but have not disappeared. Outwardly, religiosity, especially in its traditional Christian forms, is given less emphasis. However, as my experience of looking for a counselling placement in 1997 testifies, along with my subsequent experience of volunteering in

two different counselling services, faith motivation has continued to be common, although by no means universal. These various organisations provide examples of postsecular rapprochement.

Conclusion

In this paper I have adopted an historical approach to explore the interconnections between Christianity and secularity in the development of an under-researched strand of modern urban welfare provision in a specific geographical context. The particular empirical example also sheds light on some of the concepts used to think about contemporary developments in geographical analysis of urban change, especially that of postsecular rapprochement, as I elaborate in this conclusion.

As I have shown, psychotherapy and counselling in twentieth century Scotland were, from the beginning, infused with Scottish Christianity. This impacted on the development of psychoanalytic theory through the contributions of Scottish-born practitioners and theorists such as Suttie and Fairbairn, which, according to recent re-evaluations, indicate that these contributions have been much more widely influential than traditionally presumed (Casullo 2010; Ogden 2010; Scharff and Scharff 2005). The churches were centrally involved in the development of accessible services, in the form of the pioneering Davidson Clinic in the 1940s and in the proliferation of counselling centres from the mid-1960s onwards. While the Davidson Clinic celebrated a fusion of psychotherapy and Christianity, by the 1960s the traditional churches were losing their congregations and sought to reach people in new ways. Counselling centres constituted one of these innovations. They did not seek to convert or to encourage people back to traditional faith practice and did not promote an explicitly Christian form of counselling, illustrating what Paul Cloke (2011: 237) has called “‘without strings’ postsecular caritas”. Direct church involvement co-existed with other examples of collaboration between people with and without religious faith in the development of counselling and psychotherapy provision. In some instances, provision originally located firmly within Christian organisations evolved into comparable forms of collaboration. This was the context that underlay my own discovery in the mid-1990s of the prevalence of Christian commitment in third sector organisations in which I might undertake my counselling placement. What I went on to enter into was an atmosphere of mutual respect

among practitioners in relation to one's faith or lack of it, and an equally respectful stance of openness in relation to the beliefs of all those who came into contact with the services concerned (compare Cloke, Johnsen and May 2005) broadly consistent with Cloke's (2010, 2011) account of postsecular rapprochement.

I have traced features associated with postsecular rapprochement back to the mid-1960s, predating by more than two decades the shifts of 1989-90 to which Habermas (2006) pointed, and endorsing Lily Kong's (2010) caution about the recency and distinctiveness of features associated with the idea of postsecularity. Additionally, I have drawn attention to the dependence of postsecular rapprochement on the secularity of modern urban space. As Justin Wilford (2010) has argued, secularisation is, fundamentally, a process of differentiation, which produces the possibility of spaces being religious or non-religious or operating as an area of overlap. Thus, while the transformation of space wrought by secularisation may have facilitated the creation of spaces in which religiosity is silenced or unintelligible, it has also generated scope for new kinds of collaboration. In the example I have explored, these included the development of what was understood by some as a new form of Christian ministry through which to reach out beyond the confines of dwindling congregations, as well as spaces more typical of postsecular rapprochement. While these spaces may be understood as examples of interfaces between religiosity and secularity at the level of individuals, their existence depends on what Karel Dobbelaere (1981) has termed secularisation at the societal level.

The development of counselling and psychotherapy provision in Scotland also provides an illustration of the shift, to use Taylor's (2007) terms, from a neo-Durkheimian dispensation, characteristic of urban Scotland in the first half of the twentieth century, to a post-Durkheimian dispensation, which became increasingly evident thereafter. In two ways, counselling and psychotherapy were far from neutral in relation to the rise of a post-Durkheimian dispensation. First, because church-sponsored counselling centres did not lay claim to a Christian basis for the therapeutic approach they offered, they may have contributed unwittingly to the growing privatisation of Christianity, notwithstanding the faith-motivation of their counsellors. This may also have helped to foster a view, which I have argued is erroneous, of counselling as inherently secular unless otherwise specified. Secondly, counselling and psychotherapy are themselves symptomatic of the rise of expressive individualism within which, as Taylor (2007) has argued, beliefs become

matters of individual conscience. The very concept of individual conscience points to the central importance of real or imagined others who hold us to account in relation to our efforts to define who we are; counselling and psychotherapy can be understood at least in part as ways in which people look to others for help with distress that arises from this localisation of matters of conscience. However, that counselling and psychotherapy may have contributed to the rise of post-Durkheimian order does not mean that they operate as forces of secularism. On the contrary, as I have argued, at least in the Scottish case, they are profoundly infused with Christian influences. To conclude with an example: in a recent paper I described psychotherapy as a process that eschews the calculation required for “efficiency” and that “needs to enable ‘nothing to happen’ or ‘time to be wasted’” (Bondi 2013: 10). As David Fergusson (2013: 9fn14) has noted “there are some striking parallels” between this account and “traditions in spiritual theology that emphasise prayer as ‘time wasted’ with God”.

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Notes

- ⁱ The UK is a unitary state but its very name acknowledges its origins in culturally distinct component parts. In 1999, Scottish devolution re-instituted the Scottish Parliament after a hiatus of nearly 300 years and some political powers returned to Scotland. However in this paper my

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- focus lies more with Scottish cultural influences than the location of administrative and political power and primarily with pre-devolution Scotland.
- ii It should also be noted that, in the case of the UK, decline in adherence to traditionally dominant Christian churches has not precluded the continuation of belief (Davie 1994), the growth of new churches (especially the more charismatic and evangelical denominations) (Guest, Olson and Wolffe 2012) and the rise of new forms of spirituality (Heelas and Woodhead 2005).
 - iii After the interviews had been completed and transcripts checked, interviewees were offered the choice between the interviews standing as attributed accounts, as is normal practice in the field of oral history, or of remaining anonymous, as is typical within social science interviewing. Three opted for anonymity but the majority did not. In this paper, any names I use are real and my attributions are made with permission.
 - iv This secular positioning of psychoanalysis does not mean that psychoanalysis was somehow unmarked by the Jewish heritage brought to it by Freud and many of the first generation of psychoanalysts (Gay 1989).
 - v The gender-specific phrase “mother-infant bond” could be recast as a “parent-infant bond”. However, to do so risks understating Suttie’s break with Freud given the latter’s focus on the role of the father. Kenneth Wright (1991) has taken up the “maternal” tradition in psychoanalysis in ways that explore with great subtlety the meanings of parental difference in the relational development of children, differences which inevitably carry gendered connotations even in same-sex couples.

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