COUNSELLING – AN INSECURE PROFESSION?

A SOCIOLOGICAL AND HISTORICAL ANALYSIS

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Abstract

This thesis presents a sociological and historical analysis of the development of counselling in the United Kingdom over the period 1890-2010. It explores the origins, development and recognition of counselling and how counselling became enmeshed in the issues of professionalisation. The long perspective anchors counselling in the changing social, economic, cultural and political contexts; this is essential to understand the emerging role of counselling in the 20th and 21st centuries. Counselling has multiple pre-cursors, leading to incomplete boundary setting and inadequate definitions and therefore to weak jurisdictional claims.

The thesis combines several theoretical concepts of professionalisation, in particular the concepts of jurisdictional systems of professions and the influence of patriarchy on professionalisation projects of female-dominated occupations. The combination of methodologies, documentary, interview, participative observation and case study with path dependency theory, is employed to explore the processes. The British Association for Counselling and Psychotherapy (BACP, BAC up to 2000) provides a case study of the development of counselling and the processes of professionalisation.

The thesis presents evidence that the model of professionalisation current in the United Kingdom is based on patriarchal assumptions and questions whether this is an appropriate model for counselling. The analysis identifies two self-reinforcing tendencies of inclusivity and self-effacement within BACP. These self-reinforcing tendencies have underpinned decisions, the unintended consequences of which have worked against the professionalisation of counselling. The status-seeking jurisdictional conflicts are set within the context of an insecure professional identity. The result has been to create and maintain this insecure professional identity.

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This PhD thesis is dedicated to the memory of Yvonne Lejeune

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2. Introduction

Introduction

This thesis presents a sociological and historical analysis of the development of counselling in the United Kingdom, covering the period 1890-2009. This wide scope anchors counselling in the changing social, economic, cultural and political contexts; changing contexts which help explain the development and nature of counselling. It employs an unusual combination of methodologies to make best use of the data: historical documents, interviews and participative observation. In the period from the late 1960s, the British Association for Counselling (BAC), later to become the British Association for Counselling and Psychotherapy (BACP), is used as a case study. This introduction is in three sections. The first part comprises a personal statement of my involvement with counselling[1] and BACP and the way in which this led me to undertake this research. The second part comprises the origins, rationale, aims and objectives for the research. The final section outlines the structure of the thesis.

Personal statement

This research arose from my personal involvement in and commitment to counselling. It is therefore important to make explicit my place in the history of counselling and

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[1] I am using the term 'counselling' in this way when referring to the population and organisations that are engaged in and with the activity of counselling, in the same way as 'medicine' and 'the law' are used to describe both population, organisation and activity.

BACP in order that the reader is aware of the inter-connectedness. While undertaking this research, I have been aware of the influence of this on my understanding and interpretations and used rigorous self-reflection and critical friends to locate the account.

My personal involvement with counselling and BACP spans the history of the association, and it seems somehow serendipitous that this study of the Association should be carried out by someone who was present as a student, at its beginning in 1977 and who has grown with BACP. My history with BACP can be divided into two separate periods. The first 1977-99, covers my time as a post-graduate student at the University of Keele, then a full member and active volunteer in BACP. The second, 1999 to the present day, is the period when I have been and remain an employee of BACP. My personal history parallels the professionalisation of the association, as I have moved within it from student to volunteer to employee, moving from an internal to an external focus.

Table 1: Relationship with BACP 1977-2009

Date	Relationship with BACP	Status
1977-8	**Student member**	**Student**
1982-91	**Volunteer and accredited member Accreditation sub-committee member and Chair Management Committee**	**Accredited student counsellor by the Association of Student Counselling Accredited counsellor by BAC**
1999-2006	**Member of staff Head of Accreditation**	
2006-	**Member of staff Director of Regulatory Policy**	

I became a member of the British Association for Counselling (BAC) in the autumn of 1977 while training on the post-graduate counselling course at the University of Keele, unaware that BAC was a new professional association. I recall a clear sense of entering a profession, perhaps because most students were teachers seconded to the course from local education authorities and would return to full-time posts as counsellors. I returned from teaching African history in Zambia to retrain as a counsellor. I trained specifically as a student counsellor and took up a full-time post as such, at Staffordshire Polytechnic in 1978, a post previously held by a social worker.

Consciously or otherwise, I followed a traditional path of personal professionalisation by achieving the relevant markers of professional status. As soon as possible, I gained occupational accreditation with the Association for Student Counsellors in 1982, followed by BAC accreditation in 1984. I became a volunteer in the Association, as Convenor and then Chair of the Accreditation Sub-Committee, and elected member of the Management Committee. In 1996, I was among the first group of BAC members to be awarded a Fellowship. I recall a sense of welcome and belonging at BAC meetings, well demonstrated by the chorus of the Conference song one year sung to the Eton Boating Song "We'll all pull together, For we are the BAC!"

As chair of the Accreditation Sub-Committee, I experienced the conflict between those members who wished to professionalise counselling by means of accreditation and those opposed to any kind of judgemental processes that differentiated between members. In 1999, I became a member of staff at BAC as Head of Accreditation, with a brief to replace volunteer assessors with employees. In the early 2000s, government

statements mentioned the intention to regulate counselling and psychotherapy in the Health Professions Council (HPC) and this became and remains the focus of my work.

There appears to have been a synchronicity between my own growth and development and that of BACP. As my own responsibilities initially grew beyond those of a counsellor and BACP volunteer into employee and then representative of the Association, so the Association was expanding – both in its responsibilities to growing numbers of members and in its relationship to the wider world. Since applying to do this research in 2004, my own chance to undertake and publish research has enabled me to utilise the skills, knowledge and insights gained to inform and influence decision making in BACP, at a time when BACP, itself, has likewise been utilising its knowledge and skills and starting to communicate about these in the world beyond its own committee rooms.

Origins of the research

The origin of this research was my growing curiosity about the processes of professionalisation, its difficulties and implications for counselling as an occupation and activity. The process by which BACP had achieved its pre-eminent position was intriguing and had not been recorded or subjected to any analysis. The BACP archives, to which I had open access, offered a unique opportunity to reflect on the growth of BACP and the dynamics of the developmental process, as well as the aspirations of counselling to professional status. I had been aware since the 1980s of the opposition to professionalisation and I was also becoming aware of the depth of inter-

professional rivalries and the impact of these in the developing regulatory arena. As a historian by training, I was motivated to ensure that the early history of BACP was recorded. A move to new premises had already resulted in the destruction of much archive material. This research, begun in April 2004, offered a structured way to explore these issues in depth.

Rationale for the thesis

By the beginning of the 21st century, counselling had emerged from a being a 'fringe' activity in the public imagination to a 'treatment of choice' for many people and for a wide range of causes of human distress, such as common mental health problems, developmental issues and relationship difficulties. At this point, counselling was officially recognised in National Institute for Clinical Excellence (NICE) guidelines. Some counselling services, such as Relate, were receiving state funding. The British Association for Counselling and Psychotherapy, originally the British Association for Counselling, had become the dominant professional organisation for counselling and the largest such in the United Kingdom and Europe, with 32,000 members. The Association offered voluntary self-regulation through its Ethical Framework and conduct processes, and had accreditation schemes for individuals, courses and services and an active research department. BACP described itself as a professional association, and the discourse was of the counselling and psychotherapy 'professions'.

The period of my research (2004-09) coincided with a government intention to regulate counselling and psychotherapy through the Health Professions Council. As

this government policy was being implemented and the Health Professions Council (HPC) was identified as the regulator, I became BACP's representative in a range of external projects, all of which had relevance to the future of counselling. As a participative observer in these projects, I was able to apply the theories of professionalisation to current events. Many times, it appeared that this thesis was writing itself in front of me.

Counselling is an ill-defined, female-dominated occupation which appears to be being driven into professionalisation by external forces. My research provided an opportunity to observe the occupation and its professional association in the real world as it was being subjected to these forces. I felt that this was an opportunity that should not be missed. At the beginning of this research, I had no idea that it would be necessary to go back to the multiple origins of counselling in order to study the recent past and present. However, it quickly became clear that there were long slow-moving processes in the development of counselling that called for such study (Mahoney 2003; Pierson 2003; Bennett and Elman 2006 a).

Aims and objectives of the thesis

The original aim of this thesis was to answer two questions: Has counselling in the United Kingdom become a profession? If so, what were the processes of professionalisation? The complexities found in both the theories of professionalisation and the data on the origins and development of counselling led to a re-framing of the research question to better encompass this. The aim of the research therefore is to

conduct an exploration of the origins and development of counselling in the United Kingdom in relation to theories of professionalisation, in order to assess to what extent counselling has become a profession? The aim is easily articulated; the actual exploration was multi-faceted. The evidence suggests a complex set of answers that have emerged over a long time period.

The contemporary literature, both internal to BACP and external, appeared to assume that counselling was becoming a profession in the conventional sense. However, in order to answer the research questions, it was necessary to understand how the theories of professionalisation related to the helping professions and, in particular, to counselling. One objective was to discover if counselling's process of professionalisation provided evidence to support, challenge or add to existing theories. Secondly, it was necessary to identify the origins and development of counselling in the United Kingdom and locate these within the social, economic, cultural and political conditions. This led to a further dimension; the relationship of counselling to the cognate occupations of psychoanalysis, psychology and psychotherapy.

A further objective was to consider if the process of professionalisation arose from intentional internal decisions made by key actors, or if these processes were responses to external factors. To what extent could the processes of professionalisation be understood as the unintended consequences of the growth and popularity of counselling?

To understand the development of counselling it has been necessary to examine the external context within which it exists, and the forces and pressure exerted upon and within the occupation. Theories of professionalisation, path dependency and case study methodology have informed this research.

The structure of the thesis

This thesis comprises seven chapters; introduction, literature review, methodology, three history chapters, 1890 to 1971, 1971 to 1999 and 2000 to 2009, followed by the discussion chapter. A summary of each is given below. In chapters 5 and 6, self-reinforcing tendencies and critical junctures are identified in the text as they occur chronologically by the acronyms **SRT** and **CJ**. These are presented later in the analysis in Chapter 7.

Chapter 1. Introduction.

This chapter provides the rationale for the research and the aims and objectives of the study. The chapter also includes an account of my personal history in counselling and the British Association for Counselling and Psychotherapy since 1977, in order to locate my own position in this research, both historically and as a participative observer.

Chapter 2. Literature Review

Chapter 2 presents a critical review of the literature on the sociology of the professions. The chapter takes a chronological approach to the theories on professions and professionalisation. Professionalism is considered separately. Early studies from

the 1930s to the 1960s were respectful and uncritical. In the 1970s, sociologists

became critical of the professions, focusing on the power and arrogance of

professionals and the monopolistic behaviours in the labour market. Wider views were

developed in the 1980s, studying professions and professionals in their social,

economic and political contexts. In the late 1980s and 1990s, gender politics,

especially in the caring professions became one focus in the sociology of the

professions.

The particular Anglo-American phenomenon of professions is considered in contrast to

the position of similar occupations in Europe. Theories on the professionalisation of

the caring professions, with specific reference to counselling, are reviewed, including

the theoretical position of opponents to the professionalisation of counselling. The

chapter concludes with a summary of the theoretical approaches most used in this

thesis, those of Abbott (1988; 1995) on the system of professions, Witz (1992) on

patriarchy, Johnston (1972; 1995) on relationships with the state, Halliday (1985;

1987) on knowledge mandates and Hugman (1991) on the caring professions.

Chapter 3. Methodology

This research is historical and qualitative, that is, the subject is a naturally occurring

phenomenon, not something created for the research (Stake 1995). Chapter 3 outlines

the methodologies used and the rationale for their choice. The methodologies used;

case study, participative observation and path-dependency analysis, are those which

could provide a mechanism to move from a historical description to an analytical

explanation, taking into account the social, economic and political historical context, and also as a means of incorporating current events and data into the analysis (George and Bennett 2005). These methodologies allow for both "a holistic view of the story and a detailed view of events" (Bennett and Elman 2006 a:257). The issues of reliability, validity and generalisability are presented, arising from a case study and long slow moving processes.

Chapter 4. The emergence and development of counselling 1890-1970

Chapter 4 identifies the origins of counselling up to 1939 and chart its emergence as a distinct activity after 1939. It is divided into four time periods: 1890-1914, 1914-1939, 1939-1960 and 1960-1971. Each time period is explored using a similar format. The social, economic, political and cultural trends of the period relevant to the emergence of counselling are identified. In the two sections 1890-1914 and 1914-1939, evidence is presented of events and ideas that can be seen as the precursors of counselling. The sections after 1939 up to 1971 explore the events and factors that made it possible for counselling to emerge as a distinct activity. In each period, indicators of professionalisation in the groups delivering counselling-related activities are identified and presented. Finally the chapter draws together the key factors from each of four time periods.

Chapter 5. The establishment of counselling in the UK 1971-1999

This chapter outlines the ways in which counselling became established as a distinct, if undefined, activity. Counselling was recognised by government departments and by

the general public as a therapeutic activity delivered across a range of occupational contexts by both waged and unwaged practitioners. The chapter is divided into three time periods – the 1970s, the 1980s and the 1990s. The presentation of each time period follows a similar format, identifying the social, economic, political and cultural trends of the period relevant to the establishment of counselling. The chapter as a whole focuses on the creation of a national association for counselling, the British Association for Counselling and the subsequent growth of the Association. Self-reinforcing tendencies and critical junctures are identified to illustrate the emerging dynamics in both the organisation and counselling in this period. Developments in the wider world of therapy, in particular issues of differentiation and struggles for jurisdiction over work, are placed in context with the development of counselling. Indicators and counter–indicators of professionalisation are drawn from the data.

Chapter 6. The recognition of counselling 2000-2009

This chapter presents a brief summary of the wider social, economic, political and cultural trends and two overviews. The first covers counselling in the 2000s, the second covers government involvement in the delivery and regulation of the psychological therapies, through National Occupational Standards, the Improving Access to Psychological Therapies programme and statutory regulation. The development of BACP is presented in this context, together with its relationship with other cognate bodies. During this period, I was an active player in the process and, from 2004, a participative observer for the purpose of this thesis. The

professionalisation of counselling is explored in terms of the impact of government

policy and BACP's self-reinforcing tendencies of inclusivity and self–effacement.

Chapter 7. Discussion and conclusions

Chapter 7 presents an analysis of the evidence presented in chapters 4, 5 and 6 with

respect to the research aims and objectives. These were to conduct an exploration of

the origins and development of counselling in the United Kingdom in relation to

theories of professionalisation, with a view to assessing the extent to which

counselling has become a profession. The evidence suggests that a complex set of

answers have emerged over a long time period. The chapter utilises the theoretical

assumptions on the professionalisation of the caring professions and the major

theories used in this thesis are those of Abbott, Hugman, Johnston and Witz. The use

of participative observation in this research is critiqued, as is the approach to the

research questions. Areas for future research are suggested. The chapter presents the

internal and external factors that influenced attempts at the professionalisation of

counselling in the context of a causal narrative of the self-reinforcing sequences within

BACP and its members, and how these have mitigated against the achievement of

traditional professional status.

Literature Review - the Sociology of the Professions

Outline of chapter

The chapter takes a chronological overview of the theoretical approaches to the sociology of professions: the term professionalism is considered separately. Authors from the 1930s to the 1970s were uncritical and respectful, if not deferential, towards the professions and professionals. In this period; their aim was simply to list the characteristics that constituted a true profession, as well as the stages that an occupation needed to go through to achieve full professional status. It was not until the 1970s that there was an emergence of a body of critical studies of professions, studies that focussed on their power, arrogance and monopolistic behaviour in the labour market. In this period, neo-Marxists such as Larson (1977) went as far as to describe professions as agents of capitalism and privilege.

From the 1970s, the focus was on more external studies of occupations, the control of labour and the generation of theories of professionalisation in this context, rather than on professions themselves. In the 1980s, Perkin (2002) and Abbott (1988) produced sweeping works of scholarship, Perkin on the history of the professional classes in Britain in the 20th century and Abbott on the professions as a system of constantly shifting jurisdictions over work. There was a broader vision of the profession as a means of organising work in modern industrial societies, for example in the work of Dingwall (1987), Johnson (1995) and Freidson (2001), but until the 1990s, this related almost exclusively to Anglo-American professions.

The 1990s brought a realisation that the role of gender in the professions had been ignored, an insight that led to research on the influence of patriarchy (Hearn 1982; Crompton 1987; Witz 1992) and the caring professions (Abbott and Wallace 1990; Hugman 1991; Nottingham 2007). The Anglo-American ethnocentricity of the sociology of the professions was also recognised and addressed in the early 1990s, with a focus on the concepts and history of European professions (Fourcade 2009); later the impact of the European Union, globalisation and the mobility of knowledge and labour (Johnson, Larkin et al. 1995; Evetts 1999a; Evetts 1999b). Other themes across the literature included the place of professions in a class structure, the tension between professions, bureaucracy and autonomy and management. There is also a separate literature of opposition to professionalism, considered particularly with reference to counselling (House and Totton 1997; Bondi 2004).

Definition of terms

The 'sociology of the professions' has, historically, been the phrase used to describe studies in this area. It is necessary to define four common terms used in the literature, as each is used with a variety of meanings depending on the theoretical approach employed and the social, political and cultural context of the work; for example there is no word equivalent to 'profession' in most European languages. The terms to be defined are 'profession', 'professionalisation', 'professionalism' and 'professional.' 'Professionalism' and 'professionalisation' are at times used interchangeably, while 'professional' is used as both a noun and adjective. The broadest definitions have been adopted so that the widest range of theories can be incorporated into this study.

A profession is: an occupation with specialist knowledge and skill, the exercise of which requires discretionary judgement and the possession of which enables the occupation to control its own work in the division of labour, and to hold privileged economic, cultural and social status.

Professionalisation is: the process by which an occupation achieves recognition as having specialist skills and knowledge and autonomy in the exercise of such knowledge and skills and, as a result, is granted privileged status.

Professionalism has two definitions in this thesis: a method of the organisation of expert knowledge by occupational groups, and an ideology of professions.

Professional has a range of meanings that are well outlined by Bondi (2004): professional meaning good, and of good quality, qualified; and professional as opposed to amateur.

Theoretical approaches to the study of professions:- respectful approaches

The early works in the sociology of the professions, from the 1930s to the 1960s, focus on the well-established traditional professions such as law, medicine, the clergy and others established in the second half of the 19th century. The information gathered from the professions, is accepted at face value and used to build models of a 'true' profession. In this way, the approach can be described as respectful.

The trait approach

The first work in the sociology of the profession is described as trait analysis; early studies that attempt to identify and collate the characteristics or traits of existing recognised professions. Their aim is to discover finite definitions of what constitutes a profession and this results in a set of ideal criteria that no occupation could fully meet, but which could be used for ranking occupations to create a hierarchy of professions, and for aspirant professions to use as a tick box to rate their progress towards the desired end state. The greater number of essential traits an occupation has, the nearer it is to becoming a profession. The earliest work by Carr-Saunders and Wilson (1933) aims to evaluate all that is characteristic of professions, taking as the typical definition law and medicine, and moving on to identify the distinguishing factors between professions and other occupations. Trait analysis creates an ideal model of a profession, fixed in a particular time and culture which, in turn, means that it became more and more removed from reality as more new professions emerged. Studies based on trait analysis usually take the form of case studies of a particular profession. Comparative studies show that only the most general traits can be identified as common among professions. Such traits as, for example, theoretical knowledge, are, because of their general nature, not the exclusive prerogative of occupations described as professions. Some studies, such as Millerson's (1964), produce long lists of traits that no profession could fully meet, but which make it possible for an occupation to establish, according to the number of traits it had, how far it is along the path to professional status.

Millerson describes the trait approach as "a mass of confusion for all analyses which attempt to determine the occupational characteristics of a profession" (1964:4). Nevertheless, he, along with other authors, identifies six key traits that became the essential features of 'true professions.' He then proceeds to demolish each in turn as none are universal or necessary indicators of an occupation being a profession. Millerson (1964) proposes what he terms 'Qualifying Associations' as the basis for professionalisation and thus for professions.

One trait common to all six authors is a knowledge base described variously as:

'a basic body of abstract knowledge' (Goode 1969:277)

'a skill based on theoretical knowledge' (Millerson 1964:4)

'a basis of systematic theory' (Toren 1969:144)

'a specialized body of knowledge' (Etzioni 1969:v)

'a degree of substantive theory and technique in the practising of the profession' (Turner and Hodge 1970:26)

' a base of theoretical esoteric knowledge' (Leggatt 1970:155)

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Literature Review

Table 2: Trait identification by author

Trait	Authors					
	Greenwood 1957 cited in Toren	Millerson 1964	Goode 1969	Etzioni 1969	Turner & Hodge 1970	Leggatt 1970
Systematic theoretical knowledge	✓	✓	✓	✓	✓	✓
Control over behaviour of members	✓		✓			✓
Monopoly over activity			✓		✓	
Ideal of service, for the public good		✓				✓
Legitimated status				✓		
Autonomy			✓	✓		
Control over entry to profession						✓
Ethical or conduct codes	✓	✓	✓			
Organised profession	✓	✓			✓	✓
Long period of training		✓				✓
Socialisation of entrants			✓			✓

Cohesion of professional community			✓		
Authority recognised by client group	✓				
Professional Association	✓				
High social status and prestige		✓		✓	

Conclusions on the trait approach

The trait approach appeared to be useful until several weaknesses were identified by later sociologists, including Millerson (1964), Johnson (1972), Abbott (1988) and Burrage (1990). First, it offers no agreement on the traits and therefore no unifying definition of what constitutes a profession. Second, the approach has no theoretical framework and is not based on a hypothesis of what constitutes a profession. Third, the identified traits or characteristics are usually based on uncritical acceptance of the professions' descriptions of themselves. Fourth, the approach is static rather than dynamic, fixed in time, place and to a particular profession. Each critique is examined in more detail below.

Lack of agreement on essential traits

There is no agreement over the defining or essential traits that characterise a profession, as Table 2 makes clear. Because the identification of traits is usually based on professions' accounts of themselves, the traits vary according to the profession's position in the hierarchy. Thus a 'traditional' well-established profession is likely to produce more traits than an aspirant one. The fewer and more general the traits identified as necessary to a profession, the easier it is for the occupation to claim professional status. Despite this weakness, traits identified as essential, were in practice, incorporated into the definition of 'true' professions, and aspirant professions did use trait analysis to support their claims (Millerson 1964; Johnson 1972). However, there was great variation in the number of traits identified by authors on the subject. Johnson (1972) criticised the fact that no attempts were made to look at the

relationships between the elements and that some essential traits were subsumed within others. Neither was there any attempt to look at causal relationships between elements or traits.

Lack of a theoretical base

The trait approach is essentially the collection and presentation of lists and the rating of occupations against those lists. There appears to be no underlying hypothesis or theoretical concepts or any attempt to create one. Some writers have attributed a theoretical underpinning to this approach. Johnson (1972) saw trait analysis arising from a view of professions as a division of labour, but this appears to be an attribution of theoretical concepts lacking evidence. MacDonald (1995) placed what he called the trait 'theory' in Durkheim's functionalist school of the division of labour as the moral basis for modern society. This seems more like a perceived need to fit the approach into a traditional school of sociology without considering the question of whether, in fact, it amounted to a theoretical approach at all. Abbott (1988) described the trait approach as a-theoretical, along with Burrage, who saw it as a method of "filing" (1990:3).

Uncritical acceptance of professions' descriptions and views of themselves

Atkinson neatly sums up this weakness of the focus on traits by referring to it as "an uncritical re-iteration of "professionals" statements of pious hopes and self-interest" (1983:224-25). The view is shared by Johnson; "Trait theory, because of its atheoretical character too easily falls into the error of accepting the professionals' own definitions of themselves" (Johnson 1972:25). Such opinions add to the sense that political issues

and bias have historically weakened the academic rigour of these works. Millerson (1964) notes that the nature of the studies undertaken to define the attributes of a profession, namely case studies of the author's own professions, lead to a bias, conscious or unconscious, in the choice of items. Similarly, authors are influenced by what has already been written. For it would appear that sociologists engaged in this research, without the backing of a theoretical framework have accepted the professions' versions of themselves uncritically. Ironically, the trait approach, which puts great stress on the need for professions to have a base in systematic theory, did not place the same requirement on the researchers themselves.

Static approach

The trait approach has been described as model building, but it is a model fixed at a particular time, described with no reference to anything outside of itself. "This confusion between the essential characteristics of a historically specific institutionalised form of control is the most fundamental inadequacy of both 'trait' and 'functionalist' approaches to the study of the professions" (Johnson 1972:27). Johnson (1972) also questions the assumption that there are such things as 'true professions' which exhibit to some degree all of the essential elements. Some of the elements identified have survived in studies of the professions, but they are not necessarily identified as traits, and many modern occupations aspiring to professional status still seem to use some of the traits to justify certain practices, for example, the length of training. The two traits that seem to recur are specialist training with a theoretical knowledge base and ideas related to the service ideal.

The stages approach to professionalisation

The first studies of the way in which occupations become professions follows on from trait analysis. Abbott describes this as the premise that "professions tend to develop in a common pattern, called professionalisation" (1988:9). Wilensky (1964) presents a pattern of events in American professions that could be seen as the stages of professionalisation, a concept which led to the development of the idea that "Professionalisation was a natural process" (Abbott 1988:5). The aim of studies into the process of approaching and achieving professional status is to produce a route map to guide aspirant professions; a 'natural history of professionalisation'. However there appears to be some confusion within them over the use of the terms 'professionalisation', 'professionalism' and claims to professional status. Johnson (1972), for example, finds a lack of clarity between professionalisation and the defining characteristics of a profession. The terms 'professional' and 'professionalisation' seem to be used as if the meanings are identical, but they are not coterminous as the defining characteristics are static descriptors and 'professionalisation' is a process. As there is no agreed definition of a profession it is not surprising that the other related terms are also used somewhat vaguely.

Wilensky (1964) finds a logical path towards professionalisation, based on an analysis of old professions and assumes this is a logical, even intentional process. He implies that established or 'true' professions achieve their position by the sequenced process he outlines, but that new groups seeking to become professions seem engaged in a more opportunistic struggle for the rewards of monopoly than following a 'natural

history of professionalization'. He does not consider that all aspirant occupations could or should become professions. In his words, " ....this notion of the professionalisation of everyone is a bit of a sociological romance" (1964:156).

Wilensky outlines a five-step process of professionalisation which is typified in the following way: men begin doing the work full-time and stake out a jurisdiction; the early masters in the field become concerned about standards of training and practice and set up a training school, which becomes university-based as soon as possible, if not lodged in universities at the outset. The teachers and activists then achieve success in promoting a more effective organisation, first locally, then nationally, either by developing an existing occupational association or establishing a new one. Finally the monopoly of skill achieves legal protection and a formal code of ethics is adopted (1964:145-6).

Wilensky (1964) finds exceptions to his process model which leads Abbott to suggest that he might have "looked at a set of first facts across professions and made up a story to fit them" (1988:12). According to Wilensky (1964), the success of a claim to professional status is governed by the degree to which practitioners conform to the norms that characterise the established professions; technical competence and the service ideal. Deviations from the sequence are explained as power struggles between occupations, for example dentistry, established a national association before it had a university-based training.

Wilensky (1964) identifies several areas as barriers to professionalisation that are to be explored later by Freidson (1970; 1983), Johnson (1972), Abbott (1988) and Broadbent (1997), amongst them the potential threat to professions and professional autonomy from bureaucracies; situations where professionals are employed and managed by non-professionals; threats of exclusive jurisdiction from 'many occupations on the make'. He also raises the importance of the clientele in the professionalisation process, commenting that the rise in educational standards of the general population created a situation where they were at once more critical of professional practice and more likely to use professional services.

Analysing a variety of professions, Millerson (1964) finds that in the UK, the origins of the establishment of their professional associations conflict with Wilensky's process model. He identifies the key role in achieving professionalisation played by what he categorises as Qualifying Associations, in contrast to Prestige Associations, Study Associations and Occupational Associations. He defines professionalisation as the way in which an occupation transforms itself from an association into a profession and he draws attention to the fact that associations and professions are not permanent, but change over time, according to economic and social factors. Millerson argues that there are many reasons for the formation of the Qualifying Associations, including the growth in self-consciousness of emerging professionals, general concern with low standards of training, and practice, low status and lack of recognition and the need for acceptance by the wider society as a profession. In addition, there is a belief that they

represent a distinct speciality, a new form of knowledge and practice. Perhaps these, it could be argued, are stages in the process of professionalisation.

Harris-Jenkins (1970) criticises Millerson's four types of Association and his location of professions within Qualifying Associations as professional associations are not exclusively Qualifying Associations, a fact acknowledged by Millerson. Harris-Jenkins argues that a Qualifying Association does not necessarily contribute to the professionalisation of its occupation; further the contributions of Qualifying Associations to professionalisation are not necessarily equal. He proposes that the Qualifying Associations that make the greatest contribution towards the professionalisation of their occupation are those that are centralised and standardised and, as such, act as Registering Associations. In this, it could be argued, he appears to be using neo-Weberian theories of occupational closure.

Harris-Jenkins asserts that the dynamic process of professionalisation makes it difficult to establish concepts of universal applicability. Like other writers, he identifies a key weakness that suggests all such studies are dubious measures of professionalisation. He points out that the claims of occupations to professional status almost exactly match the stages or traits necessary for professionalisation, and that the professions then judge themselves against these traits. The criteria are constructed by the professions themselves to reinforce their own position and status and so, without any impartial assessment, the process is inherently invalid. High prestige is an unreliable mark of professionalisation, when based on self-report by the professions as it is in the interest of the occupational group to promote its status. The uniqueness of the

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occupational task increases its status, and as Harris-Jenkins notes, many aspirant

professional groups seem so preoccupied with status that he goes as far as to question

whether "status sensitivity is an indicator of the professionalisation of a group?"

(1970:82)

Summary of the stages approach to professionalisation

Wilensky (1964) proposes a clear sequence map towards professionalisation. Millerson

(1964) proposes the Qualifying Association as the key factor in professionalisation,

despite the fact that other writers do not consider the existence of such an association

as a necessary mark of a profession. He recognises that the long term aim of the

Qualifying Association is to enhance the prestige of the occupation and much of the

Associations' resources have been devoted to this. Harris–Jenkins (1970) reaches the

conclusion that a multi variable analysis is needed, and thus recognises that the search

for a regular generic sequence to professionalisation is doomed to failure. Freidson

(1983) considers that the lack of consensus of the traits of a profession led to a shift to

the study of professionalisation, although there was still no agreed definition of a

profession. Abbott (1988) sees a focus on structural regularity and an assumption that

structure is more important than the work done and the expertise needed to do it. A

very different view of professionalisation is taken by Halmos (1967) which is

considered more fully in the section on the caring professions. Halmos regards the

"process of professionalization as the greatest single moral change in our Western

communities today" (1967:20).

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The table below lists some of the common stages in professionalisation identified by five authors; there is no agreement on either the stages

or the sequence of the stages.

Table 3: Stages in the process model of professionalisation

Stages in professionalisation	Wilensky 1964	Millerson 1964	Leggatt 1970	Harris-Jenkins 1970	Johnson 1972
Occupation is full time	✓	✓	✓		
Formal training is established	✓		✓	✓	
Training is in a University	✓		✓		
Qualifying examinations		✓			
Local then national association	✓	✓	✓		
Political activities to achieve control over the occupation			✓		✓
Formal code of ethics developed			✓		✓

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Establishment of uniqueness of occupational task that requires specialists				✓	✓
Status sensitivity/search for prestige	✓	✓		✓	
Competition with neighbours	✓				

Conclusions on the trait and stages approaches

Although Goode finds in identified traits a "satisfying similarity, suggesting that their
foundation is a shared observation of reality" (1969:270), the main failure of the trait
approach is the inability to produce a generally agreed definition of what constitutes a
profession or to identify any theoretical base for furthering the attempt. Johnson
(1972) criticises that the detailed studies of individual professions are made with little
connection to the development of professions in the real world. One explanation
offered for the lack of agreement was that there were few 'true' professions and, as
more occupations became professions, more would develop the common
characteristics. Freidson (1983) argues that sociologists of the professions should
abandon the search for generic concepts of profession and seek rather to find generic
concepts for occupations that have been labelled as a profession, thus avoiding the
problem of the lack of agreement on the definition of a profession. He asks about
professionalisation and the achievement of professional status. "What is this status,
who determines when it exists? What are its characteristics?" (1983:21) Abbott (1988)
suggests that both trait and stages approaches are a dead-end that leads to the
development of studies focused on professionalisation, as a way to find an answer to
the problem of the lack of agreed traits and therefore the lack of agreed definition of
profession. He suggests that traits and processes identified could be the outcomes of
professionalisation rather than the causes. Despite the obvious weakness of the trait
approach, it still influences thinking on professions in such documents as the 2001

Health Professions Council criteria for aspirant professions (Health Professions Council 2001).

The two approaches appear to have been based on two unproven assumptions, that professions are homogenous phenomena and therefore can be covered by a single definition and a single process or common developmental stages. It would appear that these assumptions were not made explicit or challenged by authors of trait and stages studies of the professions.

In studies of professionalisation, the attainment of the status of a true profession is the goal or end state. From the outset, the stages approach was flawed, as there was no agreed definition of what constituted a profession and therefore no clear goal or end state. Therefore, an aspirant profession would choose the definition of profession that it best met in its claims to professional status. This approach also shared a weakness with the trait approach to professions, in that it tended to be based on a historical analysis of the development of traditional Anglo Saxon 'true professions'; it was fixed in one particular culture and a small number of already established and recognised professions. Little consideration was given to the place in time and society or to the wider social and economic context. However, the stages approach recognised that professionalisation was a dynamic process and attempted to classify the stages. Several route maps were produced and occupations appeared to follow them, for example, social workers teachers and librarians. This stage approach to professionalisation made it clear that there was no one path or sequence for professions to follow – so there could be no one story of professionalisation. The early

studies on professionalisation produced a list of stages to complement the trait approach's list of traits. The premise of this work, that is, the developmental process of the old established professions as the only right way, was undermined by the emergence of numerous new occupations claiming professional status in the 20th century, which made studies of the professionalisation of occupations based on old 19th century professions of limited relevance.

Theoretical approaches to the study of professions:- critical approaches

The 1970s saw a new approach to the study of the professions. It differed in two major ways from previous work. First, it did not accept the professions' views of themselves at face value, but sought the origins and consequence of those views. The professions were no longer studied in social, economic, political or temporal isolation but rather over time and place and the relationships of the professions to other aspects and institutions in society were considered. Second, it recognised that not all professions were the same and not all developed in the same way. As a result, the future direction of the sociology of the professions changed, and the mystique of the professions and their service ideal were subject to scrutiny and challenge. Freidson (1970; 1983) and Larson (1977) in the USA and Johnson (1972) in the UK were three major contributors. All saw professionalisation as a process by which occupations sought authority and dominance, each with a different focus but the approach was no longer marked by a kind of reverence for what were regarded as the 'old' established or 'true' professions orthe image that these promoted of themselves. Jackson's "high priest of knowledge" (1970:7) had to descend from Goode's "apex of prestige" (1957:195) at least in

academic studies. Some major themes explored were: professionalisation as a form of occupational control – Johnson; professionalisation as market monopoly - Larson; power and professional autonomy – Freidson.

Power in professional relationships

Johnson (1972) identifies elements that had been excluded from previous studies of the profession, these are the sources of a profession's authority and power, the uses made of that authority and a profession's relationships in society.

Johnson raises two questions: what are the sources of power for groups making these claims to professional status? What does such a claim mean? There appears to be an assumption that "the claims for professional status are *the* major conditions for professionalisation" (1972:32). To Johnson, it is not clear that claims to professional status are the same as the process of professionalisation. In order for professionalism to exist, Johnson argues that there needs to be an effective demand for the skills from a large and varied consumer base and that the consumer needs to be dependent on the profession, although professions, themselves, create needs in order to maintain and develop consumer dependency.

Johnson perceives the gap between the theory of the sociology of professions and the reality of professions in a post-industrialised society with an ever-changing distribution of power. In the late 1960s and early 1970s, the benefits of professionalism came under scrutiny and it became clear that some occupations benefited from becoming known as professions. Johnson focuses on the power relationships of professions in

society from a neo-Marxist perspective, and considers the sources of the professions'
power and authority and the uses made of these by the professions. He writes at a
time of Government concern about restrictive practices by professions. Johnson
proposes that in any consumer–producer relationship there is an element of
uncertainty and that a variety of institutions exist to reduce this uncertainty. The
power relationship decides if the uncertainty is reduced for the consumer or the
producer. Professions attempt to reduce the uncertainty for themselves as producers
and may increase the profession's mystery and esoteric skills and knowledge to
achieve this. He asserts that the professions, alone, do not possess sufficient power to
control this relationship and that they need the backing of the state and its resources
to do so. Therefore, for Johnson, a profession is a means of occupational control. It is
not an "expression of the inherent nature of a particular occupation" (1972:45). The
potential for control varies over time, place and occupations and not all occupations
will follow the same processes because they are not identical.

Johnson identifies three ways to control the uncertainty in the consumer-producer
relationships. First, the producer defines the needs of the consumer and the way to
meet those needs. In this, he and Freidson (1970; 1983) identify a similar process in
which professions have been successful. In Britain, this emerged with the rise of the
urban middle class in the 19th century (Perkin 2002). Second, the consumer defines the
needs and the way they are met – this is corporate patronage with a single consumer,
for example, a large corporate organisation. Third, a third party mediates between the
producer and consumer defining both the needs and the manner in which they were

met. Johnson sees capitalism and the British Welfare State working in this mediation

role between producer and consumer.

Professions and market monopoly

Larson's neo-Marxist view differs from that of Johnson in that she sees the profession

as a typical product of modern industrialised society and defines it thus "a profession

appears to be a structure which links the production of knowledge into its application

in the market of services" (1977:50). She defines professionalisation as "an attempt to

translate one order of scarce resources – special knowledge and skills – into another –

social and economic rewards" (1977:xvii). She asserts that the professions' search for

occupational status and prestige through the creation and control of the market

perpetuates social inequalities, and in so doing, upholds bourgeois society. This search

for market monopoly, status and work privileges she terms the 'professional project.'

However, although professions might be successful in this endeavour, in the modern

state where most work within or for bureaucracies, professional market control brings

little real autonomy. In this she differs from Freidson, and criticises him for ignoring

the wider social and economic world in which professions operate. She develops from

this the argument that, in the absence of the professional ideal of independence and

practice, professionalism in modern society remains only as an ideology, and this

ideology is used to mask the self-interest of professions and the social inequality they

sustain.

Larson (1977) sees professions as the product of the modern industrial society and

their skills and knowledge as products in the market place. It is the professions that

effect this transfer of skills and knowledge into marketable commodities (Perkin 2002).

The professional project is described as "the way professions organise themselves to

get market power and marketable expertise is an element in the structure of social

inequality" (Larson:xvi). The creation and maintenance of the market is what

professions did – this is 'the professional project'. The professional project "combines

two crucial elements in one complex structure, the potential market for professional

services and the cognitive base to which the service is or can be tied" (Larson

1977:18). The 'professional project' is also a process of collective mobility. A successful

market requires a product to meet a need;k the product must be created and the need

established. The more universal the need for a particular profession the better the

chance of that profession establishing a monopoly. This feature of the creation of a

universal need is a common aspect of the work on professions, found in Freidson

(1970; 1983; 1994), Johnson (1972), Abbott (1988) and Perkin (2002).

Larson (1977) argues that professions need to establish a set of monopolies on the

way towards market monopoly:-

Table 4: Professional monopolies

Knowledge	Producers of knowledge	Credibility	Practice
The education in the skills, and knowledge of the profession	The training and licensing of the producers.	The creation of public belief and trust in the knowledge and service	State legitimation and support in order to see off any competition

Certain factors are identified as assisting in the project, these are very similar to those

identified by Freidson; Larson describes these as dimensions of the marketplace:-

Relatively little competition.

The product should be independent of capital and goods.

A universality of needs and therefore a universality of clientele.

Control of the production of the producers.

State sponsorship of professional power.

Affinity with the controlling interests and structures of society.

Larson sees the securing of a market as the common denominator in all professions. Through the achievement of market monopoly, the professional project aims to monopolise status and work privileges in the occupational hierarchy.

Larson recognises and addresses the apparent contradiction between the service ideal and service orientation of the professions and the market orientation and aim of monopoly. She offers two proposals to explain this. First, she links the service ideal to the intrinsic value of the work itself and sees professional work as providing the professional with a sense of worth, self realisation and second, a sense of duty or vocation. Within this, is also the idea of community and social mobility. Professions, especially the personal professions, that is, those that sell services that are directly used by the clientele, develop a sense of individualism within the profession as the skills and knowledge are embodied within individual professionals. Thus the product on the market, for which monopoly is sought is itself intangible, and rests within the person of the professional, an argument also presented by Perkin (2002).

Larson views the ideals of professionalism as an ideology rather than a reality. This ideology of service and disinterest in personal gain is used to stave off attacks about the monopolisation of markets, which appear to be and are in contradiction to this ideal. Larson also recognises that the ideals of professionalism are antithetical to the bureaucratic organisation of work, and explains this by arguing that professionalism has become an ideology used to justify unequal status and occupational closure.

The goal of market monopoly and therefore of the professional project, is status and prestige in the occupational hierarchy. Larson sees professions as both levelling and differentiating social organisation. They level by standardising the production of producers, by the control over the requisite education and training and by the meritocracy of entry through university education. They differentiate by legitimising the unequal status of professional in the occupational hierarchy.

Professions appear in Larson to be selfish organisations seeking to gain and keep a monopoly over their product in the market place; to keep the product's economic and social value high by controlling entry and seeing off competitors, whilst using the ideology of professionalism to disguise this self-interest.

Critiques of the monopoly theory of professionalisation

In the 1980s, this 'monopoly' view of the professions came under criticism: "The impediment of vulgar monopolistic theories is that *one* consequence or even intent of professionalism becomes the raison d'etre of the entire professionalization enterprise" (Halliday 1987:350). Halliday's major criticism is the attribution of

intention to past behaviour from the present; to attribute motivation backwards he sees as a methodological weakness. The achievement of monopoly may have been an inadvertent and unintended outcome. He continues "in this mode of analysis, where professional actions can be attributed to more benign or malevolent motivations, the latter always seem to be preferred" (1987:350). Halliday sees monopoly as part of the formative stage of the development of professions which is followed by an established stage when professions are "less occupationally vulnerable, less reflexively self-protective and self-pre-occupied and less collectively narcissistic" (1987:353). Professions of course are never free from challenges which Halliday terms 're-professionalisation' rather than 'de–professionalisation.'

Larson (1977) argues that professionalisation acts as a means of maintaining social inequality, but a counter argument is that the expansion of the professions has been one of the causes of the expansion of higher education which, in turn, has increased social mobility (Perkin 2002). Evetts (1999a) argues that state action against professional monopolies in the 1980s shows the weakness of monopoly theory.

Professions and autonomy

The concept of professional autonomy, meaning the autonomy of the professional and the profession from external control over their work, has featured as an important element in work on the professions since Carr-Saunders and Wilson (1933), both as a claimed reality and as an ideal. Goode (1969) sees it as an ideal, and criticises the presentation of the idea of autonomy as of prime importance by writers such as Carr-

Saunders, as, in reality, very few professions even the old ones have autonomy.
Freidson sees autonomy as an essential characteristic of professions and defines it
thus: a profession has autonomy if it is "free from the technical evaluation and control
of other occupations in the division of labour" (1970:25).

Freidson (1970) studies the concept and reality in his analysis of the effect of power
and autonomy on the profession of medicine in the USA. He comes to believe that
"expertise is more and more in danger of being used as a mask for privilege and power
than, as it claims, as a mode of advancing public interest" (1970:37). Freidson sees
professions as having only one thing in common, a "hunger for prestige" (1970:4). His
argument is presented below:-

In order to be granted autonomy over its area of practice, a profession must do several
things. It must persuade the consumers that they have needs and problems that only
the profession can meet. The consumer group's needs should preferably be varied and
disorganised. The consumers must believe that the problems require specialist
knowledge beyond the layman's group that can only be solved by the profession.
Society must also believe that there are some special values in the profession's work.
The granting of autonomy depends upon the profession convincing the consumer,
which includes the state, that professionals are trustworthy and so can be trusted to
work without supervision. Following from this, that the specialist knowledge and skill
involved in practice are such that they can only be evaluated by other members of the
profession and the profession can trusted to regulate its members on the rare
occasions when this is necessary.

The profession therefore stresses the esoteric nature of this specialist knowledge and promises to be trustworthy in dealing with the consumers, especially when the problems involve the revealing of intimate secrets. In return, the consumers trust the profession to behave responsibly and act according to a service ideal, if not altruism. As a result, a profession is granted autonomy over its practice and the conduct of its members – often supported by the State. This autonomy can and often does then follow a negative path, especially in professions that run their own training schools. The medical scandals of the removal and retention of dead babies' organs at Bristol and Alder Hey hospitals in the 1990s can be seen as examples of this. Gradually the profession comes to define the consumers' needs and the best ways to meet those needs. Consumers, trusting the profession, accept this. The training schools not only deliver the specialist knowledge but also socialise trainees in the values and attitudes of the professions. Freidson writes of medicine in the USA that the profession has "less and less come to reflect what the public asks of it and more and more come to assert what the public should get from it" (1970:350).

The profession becomes more and more removed from the consumers' real needs. This process is accentuated if the profession is used by the government as a source of expertise and opinion on consumer needs and, if successful, on all sorts of other issues not necessarily related to its core business. Under the Welfare State, such a profession, with government support, does not even have to worry about competing for clientele – they are supplied by the State for example, doctors working in the National Health Service or social workers for a Local Authority.

Thus, Freidson argues, a profession becomes insular and arrogant in its autonomy. If, by chance, its knowledge becomes commonplace and available to the layman, the profession tends to create new needs in the consumer and new ways to meet them. It may do this anyway as "Its very autonomy has led it to insularity and a mistaken arrogance about its mission in the world" (Freidson 1970:369).

Freidson comes to the conclusion that professional autonomy can lead to a profession living in "splendid isolation" with a "self deceiving view of the objectivity and reliability of its knowledge and of the virtues of its members" (1970:369-70). In addition, not only have the professions created and accepted a strong self concept, but these concepts have been accepted by outside agencies, including sociologists. He concludes that the evidence presented on the development of professions is inconsistent and untidy; the concepts are changing historical concepts found in industrialised countries, strongly influenced by Anglo-American institutions.

The concept of autonomy and the control of professional work is a subject studied by other sociologists. Rueschmeyer (1983) argues that autonomy based on the claims of service ideal and group and individual regulation are not the only foundations of professional power and privilege. Legal sanction, in particular government guarantee, greatly enhances professional power, as it sees off any competition. Clients also have a degree of lay power as they are the purchasers of the expert service. However, for him, ultimate autonomy lies in the delivery of the expert service, which might lead to institutional independence and privileges. He finds a wide association of high social status and knowledge, but in considering the claims based on 'scientific' knowledge,

he identifies an inconsistency, in that recognised professions such as law and the clergy, seem to be based on cultural values and interpersonal skills, rather than 'scientific' knowledge. Halliday (1985) presents a model of knowledge mandates that addresses this issue and is discussed later in this chapter.

Atkinson (1983) argues that a crucial element in the justification of autonomy is that professionals were trained to deal with uncertainty, and to make personal judgements based on experience. This concept is elaborated by Jamous and Peloille's (1970) proposal of an indeterminacy/technicality ratio that differentiates occupations, and assesses professions as having a high indeterminacy ratio. This concept was identified by the Royal College of Physicians in 2005 as what made doctors different to all other professions.

Wider theoretical perspectives on the professions

Wider views of the professions and the inter-relationship of professions with the state and society are taken by authors such as Simpson (1985), Halliday (1985; 1987), Abbott (1988), Johnson (1995), Dingwall (1987) and Perkin (2002). These are characterised by an external view of professions as elements in larger systems rather than a view centred in, and on, the professions. They share a common view, sometimes implicit, of professions as mechanisms for the organisation and control of specialised work.

The control of professional work

Simpson (1985) considers the control of professional work in comparison with other work and analyses the control of work under four variables. He employs four variables to sub-divide the issue of control over the content and the terms of work.

1) The nature of the tasks and the degree of uncertainty over the degree of 'routinizability'. "A shroud of mystique increases occupational control" (1985:422). Knowledge must be esoteric enough that it is not commonplace and the task must vary enough and be indeterminate enough not to be open to becoming 'routinized' or manualised for treatment. This idea is developed by Abbott (1988) in his descriptions of professional work as diagnosis, inference and treatment.

2) The relationship between segments of the occupational group. Control over areas of uncertainty brings power within occupational groups and organisations. This idea is developed by Abbott (1988) in the concept of a system of professions in competition for jurisdictions over areas of work.

3) The relationship of the occupation to other occupational groups – and how the occupation fits into the division of labour. Simpson identifies two contradictory arguments on this subject:

... The monopolisation theory (Larson 1977), that it is control of markets, rather than control of work that is critical in gaining occupational control.

... The opposing view argues that work is being proletarianised, "that rationalization of services is substituting routine technique for indeterminacy" (Simpson 1985:424).

4) The relationship of the occupation to environmental elements, such as clients, markets or governments. Simpson (1985) uses Johnson's work (1972) as the basis for considering this variable. Single clients employing a single practitioner can exert considerable control over the content of work, as can an increasingly well-informed public. Professional services can lose their markets if, for example, they go out of fashion. Simpson includes relationships with governments as a relationship that can have influence by support for treatments. Although there was relatively little evidence of this in 1985 in the USA, in the UK the implementation of Cognitive Behavioural Therapy treatments in the Improving Access to Psychological Therapies Progamme (2007-11) supports his argument.

Professions and the state

Halliday (1985), writing in the context of the USA and the American legal profession, covers two main areas: the relationship between professions and the state, in particular what enables professions to exert influence in policy-making outside their area of legitimate expertise; and the development and nature of professional associations. He analyses the variations in knowledge mandates of six professions – law, medicine, the clergy, engineering and the military and academe. In each of four

dimensions:- "the epistemological bases of professional knowledge; the forms of professional authority; the institutional loci of professional work; and the organisational properties of collegial associations" (1985:421). For Halliday the knowledge mandate is the basis for a profession's actions and influence.

His analysis of the epistemological bases of the professions suggests a logical division between descriptive and scientific professions, such as medicine and engineering and prescriptive and normative ones such as law and the clergy. Some professions, such as the military and academe, he terms syncretic as they include both scientific and normative elements. The simplest description of difference between the scientific and the normative is that the former describe things as they are and the latter as they ought to be. When considering forms of technical and moral authority, normative professions have a technical authority in their area, but this is not as dominant as their moral authority; scientific professions have a more secure technical base but less moral authority. Halliday describes the use of moral authority as "when a profession exceeds narrow technical activities to intervene in more general ethical areas" (1985:429). A profession may extend its area of influence if it can add moral authority to its technical authority. This is easier for normative and syncretic professions than for scientific ones. For example, Church of England clergy advised the electorate not to vote for the British National Party in the 2009 European Elections.

Halliday considers how professions are able to gain legitimate influence outside of their 'home ground' and terms these secondary institutional spheres, where one profession is active in the primary institutional spheres of another, for example, army

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doctors. He concludes that normative professions are likely to have many more secondary institutional spheres than scientific ones, for example, army and hospital chaplains. However, he argues that being in a secondary institutional sphere does not, in itself, confer legitimacy, and "legitimacy was the crux of professional influence" (1985:434). In order to gain more legitimacy, normative professions need to represent "their moral authority as technical expertise" (1985:434). As a result, normative professions can speak with authority on a wider range of policy issues than scientific professions. Halliday concludes that "normative and syncretic professions would be more efficacious in exercising collective influence on government than scientific professions" (1985:435).

In the area of the organisation of collective action, Halliday finds no link between the epistemological base of a profession and its national political integration. Professional infrastructures vary between professions, and within professions, over time and stages of development. The wide spheres of influence of the normative professions make mobilisation and a collective voice more difficult because the number of issues and the potential lack of internal agreement. Halliday (1985) argues that whilst the scope of a profession's influence will be closely linked to its epistemology, the intensity of that influence will depend upon its organisation; he cites the influence on Government of American doctors and lawyers. Halliday explores how professions achieve such influence with government that certain responsibilities and functions are entrusted to them. He proposes that it is the ability of professional associations to engage in

collective action that enables a profession to extend its influence beyond that of its technical legitimacy.

Dingwall and Fenn (1987) find neither market monopoly nor public interest totally satisfactory as approaches to the professions and take a more philosophical approach. They argue that neither take into account "the critical role of professionalization in maintaining trust or confidence in the working of the market under the conditions of a complex modern society" (1987:51). They argue that it is the role of the professions in modern society to deal with unpredictability in life, that is, to normalise the unpredictable. The expert knowledge and experience of professionals enable them to do this by recognising the unpredictable as an example of a type or genre. Thus "The judgment of the professional stabilizes the unpredictable into a basis sufficiently reliable for human actions" (1987:61). The role of professions they propose is to provide the means by which people's expectations of relative stability, predictability and trustworthiness in life are met.

They note that licensure features in both the market monopoly and self-interest approaches to the professions, and consider that 'occupational associations' contract with the state, not only to regulate the behaviour of both their own members, but also the behaviour of others in society. In this way, professions act to maintain the social value systems. Dingwall and Fenn conclude that the professions, serving both the state and their clients, play an important role in creating and sustaining a market society. Although they see the state and the professions as separate, in some ways this

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analysis has elements of Johnson's (1995) later application of Foucault's concept of governmentality to the professions.

Professions as a jurisdictional system

Abbott (1988) considers the way societies structure expertise by developing "a theory of professional knowledge in use" (1988:53). He reviews the nature of professional work and sees an inter-related system in which professions compete for jurisdiction over areas of work. As an inter-related system, he notes that changes in one impact on others, and that the professions are engaged in constant battles to gain or maintain jurisdiction. However, the entire system appears to maintain a relative stability. In this model, the essence of a profession is its work, not its organisation. Abbott locates his approach as an extension of the work of Hughes who saw professions in interaction with their environment. In taking this approach and considering professional jurisdictions, Abbott finds several levels and speeds of interaction between professions.

This approach differs from the power and autonomy focus of Freidson (1970; 1983), the market monopoly and social mobility of Larson (1977) and the power in client/ professional relationship of Johnson (1972). It is far wider in scope and range and the first work to conceive of professions as a system. Abbott identifies what professions must have or engage in, in order to gain, maintain and defend their jurisdiction over a particular area of work. Throughout the argument, professions appear to have to tread a fine line between too much or too little of each of these aspects. For example, clear professional boundaries may protect a jurisdiction, but a clear definition of a boundary

can also make it a target for absorption by a more general and vague claim in the same area of work (1988; 1995). Abbott takes the idea of the importance of abstract knowledge and the importance of indeterminacy and theorises about how and why these two things are of critical importance to professions and professional work.

Three elements - diagnosis, inference and treatment - turn work tasks into known 'professional problems' and form the heart of professional practice. In these three elements are the strengths and weaknesses of professions in the battles for jurisdiction. Diagnosis is based on the abstract knowledge to classify a problem. The logic, clarity and strictness of the diagnosis of a problem can make it more or less open to take over bids by other professions. Treatment also can strengthen or weaken jurisdiction. Obviously treatment failure weakens, but success that is measurable may also weaken, because what is measurable can be copied and may be routinised and thus degraded below professional work. Usually the greater the specialisation of treatment, the greater the professional control unless the market changes and demand vanishes. New treatments can be developed by other professions and professionals can price their treatment out of the market. Inference is necessary when the link between diagnosis and treatment is obscure. This is similar to the indeterminacy ratio of Jamous and Peloille (1970) and is the heart of professional practice. This calls for careful positioning on the part of the profession: too much inference makes it hard for the profession to legitimate its work, too little and it cannot justify itself as a profession and so loses jurisdiction (Abbott 1988).

Abbott takes issue with sociologists who see the knowledge base as synonymous with the profession as he sees the application of such knowledge as its main use. The power and prestige of a profession's academic knowledge supports its jurisdiction, largely because the public does not distinguish between academic knowledge and knowledge in professional practice. The allocation of these jurisdictions Abbott describes as 'settlements' and observes that they are settled internally by changes in diagnosis, inference and treatment and by the external audiences of the jurisdictional claims. Professions have to persuade three separate audiences of their claims to jurisdiction: public opinion, which gives social and cultural authority; the workplace, which gives control over certain kinds of work, but tended to be relatively weak; and the legal system, that is, the state, where claims tend to be specific and enduring.

All professions have jurisdictions over areas of work, which are gained, maintained and lost in jurisdictional battles. There are, in Abbott's view, six kinds of settlements to jurisdictional claims, as not all professions are able to gain full jurisdiction over their area of work. A further jurisdiction is based on client differentiation, rather than the workplace and this, according to Abbott, is often the most important. The jurisdictional settlements are listed below and represent decreasing strength.

a) Full jurisdiction. The aim of all professions, represented by "complete legally established control" over the "heartland" of its work. Such claims are almost always made by "a formally organized group" (Abbott 1988:70) for example, the American Bar Association.

b) Subordinate jurisdiction. A profession with full jurisdiction will delegate work to other professions and thus extend its dominance. For example the medical profession's dominance over nurses and allied health professions.

c) Division of labour, in effect a standoff in jurisdictional claims, often brought about by changes to the work task that bring together previously independent professions. For example architects, engineers, and lawyers.

d) Intellectual jurisdiction, an unstable but common settlement when one profession controls the cognitive knowledge but not the use of it, and it is used by rival professions. For example the dominance of psychoanalytic knowledge over psychotherapy and social work in the USA until the 1970s.

e) Advisory settlement, when one profession claims the right to have an authoritative say in the work that is under the full jurisdiction of another profession. This is often a first move in an attempt to seize jurisdiction. For example trust companies and lawyers in the USA.

f) Workplace settlements are often implicit rather than explicit and are settled by client differentiation. Unlike the first five settlements, these settlements are subject to forces external to the profession, such as client demand for services and, as such, often do not

conform to the other jurisdictional settlements of the professionals

involved.

A basic but obvious point is that, in order to enter the system, an occupation has to claim to be a profession and, to do that successfully, it needs to have a strong organisation, although this can make for inflexibility. The means to control its members reassures the public and a national association helps with public and legal recognition, but not necessarily with jurisdiction. However, the newly-fledged profession then has to find either a vacant jurisdiction, a new jurisdiction, or fight for an existing one. Once gained, it is held by the profession's knowledge and its internal structures.

There are several ways in which jurisdictions can change, some aggressive, some defensive, some reactions to either internal or external changes. Abbott lists seven, some of which can be identified in the history of counselling.

a.   Reduction: the replacement of one profession's diagnosis of a problem

        by that of another. For example, the takeover of Cognitive Behavioural

        Therapy as a treatment for depression and anxiety.

b.   Metaphor: the extension of one profession's model of inference to

        another profession.

c.   Treatment: one profession claims its treatments apply to the

        problems diagnosed by another profession. (See a)

d.   Gradient: The jurisdiction over specialist or extreme cases is

        extended to mild cases in the name of prevention.

e.   Abstraction: can be a lack of content, so that it can refer to many

        subjects interchangeably or formalisation on a limited subject area.

        There is an optimal level of abstraction for each profession.

f.   Amalgamation: the recognition of common bodies of knowledge

        and practice by groups, the historical baggage of the groups means

        this often fails. For example, the Skills for Health project to develop

        National Occupational Standards for the psychological therapies,

        rather than for counselling, psychotherapy and clinical psychology,

        has inflamed rather than ended the differentiation debate.

g.   Division: the result of skill and task specialisations, client

        differentiation and work sites, but usually contained within the

        original group.

Abbott argues strongly that, in the system of the professions, jurisdictional change

"inevitably involved inter-professional contests" (1988:89) and jurisdictional vacancies

do not stay empty for long. Any change in jurisdiction affects the other professions in

the system. Various factors can lead to changes in jurisdiction, some external, such as

changes in client demand, tasks created or destroyed by new technology; others

internal to the professions, themselves, such as divisions arising from new skills or

knowledge. There are many variables that affect the content and control of

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professional work and all professions exist in an inter-related system. Professions vary greatly and these variations are reflected in their status in the system. To Abbott, in the American context, the highest status seems to be reserved for those professionals who have least to do with the practice of work – academics and consultants. Status is also affected by client and workplace differentiation that lead to a wide range of status and income within the profession. This does not, however, seem to have any effect on the public perception of the profession. Client-specific professions are vulnerable to changes in client demand and this can lead to the de-professionalisation or degradation of some work. This and technological changes can also threaten jurisdictions.

Jurisdictional invasions seem to begin in the workplace, move to the public mind and finally to the law. The power of the incumbents of the jurisdiction to slow down the process seems to flow in the other direction, from the law to the public to the workplace. Abbott suggests that an incumbent rarely holds public and workplace jurisdiction without some legal protection. Power alone will not help if the client base goes elsewhere. The power of dominant professions holding jurisdictions is restricted by other dominant professions, clients and the State. Abbott makes the point that power seemed strongest when least used and weakest when most needed.

Abbott argues that external social forces play an important part in changes in jurisdiction, by changes in technology and the organisation of work, the influence of the mass media and state intervention. He also notes the impact of cultural changes on the relationship of professions to their work and identifies three major factors - the

rapid growth and rationalisation of knowledge, the questioning of the legitimacy of professional claims and the expansion of tertiary education.

Changes to technology and the organisation of work have been the major forces in the opening and closing of areas of work for professions in the last 200 years. More areas have been opened than closed; hence the overall effect has been positive for the professions. However, the increasing rationalisation of knowledge leads to its commodification which, in essence, moves abstract knowledge from the abstract to the concrete and, in so doing, weakens the major basis of the jurisdictions of some professions, for example, librarianship. Similarly, changes in technology that lead to machines replacing people also weaken jurisdictions. Social forces also have an impact on the professions, as social problems are identified and lead to new areas of professional work. Some areas of professional work move into a lay domain. Overall, there is not one simple pattern for the effect of these changes on the professions.

There are three audiences for jurisdictional claims: the workplace, the public and legal authority. Over time the dominance of these varies. A change in dominant audience has repercussions on the strategies in the battle for jurisdiction; workplace dominance requires or even creates a loose organisation of the professional association. State and public audiences, especially a public audience of consumers, call for a strong professional association. The legal arena has long been dominant in Europe, but has only emerged as the dominant audience in Britain and the USA in the last fifty years. The use of external state authority has led to the emergence of oligarchic professions with subordinate groups, for example, medicine and the subordinate nursing and

allied health professions. Abbott concludes that changes in dominant audiences have had little real effect on the system of the professions and jurisdictional battles; changes in knowledge have had a far greater impact. The legitimation of professional work differs over time and country as it is influenced by changes in cultural values.

Since "legitimation justifies both what professions do and how they do it" (1988:184), professions need cultural authority to establish and maintain jurisdictions. To gain and keep legitimation the results of successful professional work must be culturally valued, for example, health, and produced in a culturally approved manner for example, with probity and efficiency. Legitimation is also achieved by results, and this has tended to become a legitimacy of techniques with an underlying value on efficiency. Abbott identifies "The major shift in legitimating …from a reliance on social origins and character values to a reliance of scientization or rationalization of technique and on efficiency of service" (1988:195). He points out that these seem to have had little effect on the history of jurisdictions, presumably because all professions have been subject to the same changes.

Abbott summarises his approach as a model that shows how professions both create work and are created by it. He proposes a loose definition of a 'profession' "professions are somewhat exclusive groups of individuals applying somewhat abstract knowledge to particular cases" (1988:318). Any firmer definition, he argues, is dangerous and unnecessary. Societies can institutionalise expertise in people, commodities and organisations. Professionalism can be described as the institutionalisation of expertise and knowledge in people, as opposed to in things or

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rules. Abbott proposes some answers to the question of why societies institutionalise

expertise in people that is, in professionalism. First "the market based occupational

structure favors employment based on personally held resources, whether of

knowledge or of wealth" (1988:324). Second, nearly all kinds of knowledge can be

organised to be resources for individuals. This professionalised knowledge

> "must require enough disciplined judgement to be uncommodifiable,
>
> that it must enjoy enough success to generate continual demand,
>
> and that it must be abstract enough to survive small market shifts,
>
> but not so abstract as to prevent monopoly. …the human problems
>
> susceptible of this professionalized knowledge know few limits"
>
> (1988:324).

Third, other forms of institutionalisation have not overtaken or replaced

professionalism. Abbott's conclusion in 1988 is that, based on the evidence before

him, professions dominate the world.

The work of Halliday and Abbott complement each other. Abbott's overview of the

qualities of the knowledge that are needed to establish professional jurisdiction and

Halliday's analysis of the different epistemological bases of professions' knowledge

together inform study into the histories of different professions. Halliday focuses on

the nature of professional legitimacy and profession-state relationships, Abbott on the

analysis of audiences for jurisdictional settlements. Freidson (1999) adds cultural

authority to Halliday's technical and moral argument and uses all three to analyse the

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differences between the ability of different professions to control the division of labour and labour markets. He compares the narrow technical authority of engineers working in commercial companies with the far wider technical cultural and moral authority of the medical profession.

The rise of the professional society

Perkin (2002) first writing in 1989, interpreted the history of The United Kingdom as the rise of a professional society in the late 19th and 20th centuries, a period when human capital, based in specialised expertise, replaced traditional forms of capital - land and commerce. Perkin argues that this change was supported by the increased equality of opportunity for women in the workplace and the expansion of higher education. Occupations such as social work and counselling benefitted from the increased influence of government in civil life, as the Welfare State led to the provision of state services and therefore employment.

Symbiotic relationship of professions and the state

Johnson (1995) uses Foucault's concept of 'governmentality' in an analysis of the professions as the institutionalisation of expertise. Foucault views the legitimacy of modern democratic government residing in its subjects and is concerned with the "formation of the obedient subject" (1995:12). Knowledge and expertise form part of this governmentality and Johnson argues that "the modern professions were the institutionalized form that such expertise took" (1995:12). Professionalisation and state formation appear symbiotic to Johnson; both emerged as aspects of the same

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social phenomenon and the state in the modern world, where state was taken to mean "the outcome of governing" (1995:13), which includes the professions.

Johnston defines governmentality as "all those procedures, techniques, mechanisms, institutions and knowledge that as an ensemble empower … political programmes" (1995:12). This reflects a major change in Johnson's thinking from the 1970s which saw the professions and the state as two very separate entities with different and sometimes opposing agenda. Johnson (1995) presents Foucault's view of the modern state that relies on popular, rather than divine legitimacy and so needs subjects who will normally be obedient. This is sought by the establishment of uniform definitions of reality, and professional expertise is a system of legitimating such realities and, as such, is a part of governing. Johnson argues that it is more accurate to see the relationship between state and the professions as a mutual interplay. The professions need the state to grant them independence; at the same time the state needs the independence of the professions to support its legitimacy and capacity to govern. Johnson argues that the prized 'neutrality' or autonomy of the professions is the outcome of political processes, rather than some esoteric quality of professions.

If institutionalised expertise is seen as an aspect of governmentality, the perception and understanding of professionalisation changes. Professionalisation can then be seen as beginning with the formation of government policies and objectives, as well as with occupational strategies, that is, with both the political and the technical (technical referring to professional) expertise. The boundary between the political and the technical is constantly moving as governmental objectives change. Professions are

involved in the creation of new political objectives, in that they identify new social problems and their solutions, and they staff the organisations that address these problems. Johnson asserts that, in so doing, "the professions are a key resource of governing in a liberal-democratic state" (1995:12). This argument identifies reasons for both the survival and expansion of the modern professions.

Hanlon (1999) considers the impact on professions of changing government policies, in particular the changes in the United Kingdom from the Welfare State ideology to that of the market in the 1980s. He asserts that "the use of citizenship rather than market forces as a means of allocating resources facilitates the growing influence and power of many professionals" (1999:87-88). He links service professions to the Welfare State. The reduction in the commitment to the Welfare State and the return to the ideology of market forces has two results. It leads to a decline in the power of the service professionals, and also to the introduction of entrepreneurship and commercial skills to some service professions, for example, General Practice fundholding. The increased demand for accountability, for example, by the Office for Standards in Education, Children's Services and Skills (OFSTED) and the National Institute for Clinical Excellence (NICE), is in direct conflict with the professional ideology of autonomy and professional judgement. Some professions and some members of professions embrace the market, but others do not, for example, dentistry contains both.

Both Hanlon (1999)and Perkin (2002) see the service professions as divided between those that wish to return to a social service professionalism and those who wish to continue with commercialism. This division within professions raises questions about

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Johnson's (1995) proposition that professions form part of the wider concept of government – governmentality.

The organisation of expert knowledge in modern societies

Freidson's later work (1999; 2001) focuses on 'professionalism' rather than professions and, like Johnson, attributes more influence to the state than in his earlier work. In his 2001 book, Friedson (2001) uses the term 'professionalism' to develop theoretical models of the organisation of expert knowledge in modern societies. He adds the ideology of professions to the more traditional elements of specialist knowledge, skills, autonomy and state recognition and builds on the earlier theories of Larson (1977) and Abbott (1988). He argues that knowledge, itself, is insufficient as a basis of professional power; economic and political 'capital' is also needed. In Freidson's analysis, only the state has this power. The influence of professions in a society is dependent upon the relationship between the state and the professions.

Freidson argues that professions use an ideology he terms 'professionalism' to persuade the public and the state to grant occupations privileged status. The ideology is the "tool … for gaining the political and economic resources needed to establish and maintain their status" (2001:105). Professionals are able to control their own work; their specialist knowledge gives them a transferability in the labour market. However, a profession needs public and/or state recognition, for with this recognition it can control its own work and intrinsic freedom of judgement.

Freidson outlines five interdependent elements of the ideal type of 'professionalism', that are very similar to the traits identified by earlier sociologists:-

a) occupational status in the economy based on specialised work believed to be based in a body of theoretical knowledge.

b) exclusive jurisdiction over the occupation's area of work which it created and controlled.

c) qualifying credentials created by the occupation.

d) formal higher education in the specialised area leading to qualifying credentials controlled by the occupation.

e) ideology of commitment to doing good above economic gain and to quality, rather than economic gain and to quality, rather than efficiency.

A profession's ideology is used to justify the status and position of its members. The ideology of service that goes beyond everyday service is often presented as unique to the professions. Freidson argues that it is on the grounds of devotion to transcendent and desirable values, such as truth, honesty and salvation, that professions base their right to act on such values independently and from this, the right to independence of judgement and action. He presents the members of professions as a secular priesthood serving the ideology of professionalism. This contrasts with his earlier work on the abuses of professional autonomy (Freidson 1970).

Freidson sees monopoly as essential to the maintenance of coherence in a profession's discipline and thus to the advancement of specialised knowledge and skills. He

defends social closure in the professions as based on competence, and argues that credentialing enables the profession to maintain high standards and thus ensure consumers receive competent service. He criticises economists for presenting monopoly as a "conspiracy against consumers" (2001:199) and sociologists for presenting social closure as inequality and exploitation, and both for ignoring professionalism's commitment to the quality of work and to raising the standards of that work. He argues that these attacks prevent the professions from being seen as "social devices for supporting the growth and refinement of disciplines and the quality of their practice" (2001:203).

Freidson presents professions' elitism as a consequence of the specialisation in the division of labour. Criticism of such elitism is based on the belief that the professional must make choices on behalf of the consumer who is incapable of making informed choices for him/herself. Thus professionals as experts are seen to dominate and exploit consumers. Professions' codes of ethics are the means by which this criticism is addressed, "in order to justify a monopoly over practice it must be assumed that it will not be used for selfish advantage" (2001:215-6). A profession's right to independent judgment covers more than discretion in practice; it also includes the right to independent moral judgments in response to the demand of employers, state or consumers, the right to criticise and refuse to obey when acquiescence would pervert the values and purposes of the discipline itself. Freidson uses the powerful example of medical practitioners being asked to administer lethal injections. Freidson suggests that continued existence and influence of the professions is due to the fact that

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"…. complex, esoteric knowledge and skill is difficult to organize in any other way than by some kind of protective monopoly and expert authority" (2001:208).

Conclusions on the wider theoretical perspectives on the professions

The wider views move away from the critical theories of professions as self-interested occupations, inward-focused and potentially abusive with their power. These authors take a more external view of professions within a wider groups of occupations (Simpson 1985), and a view of professions' relationships with other elements in society, such as the other professions and the state (Abbott 1988; Johnson 1995). They also seek to differentiate between professions on a theoretical basis (Halliday 1985), and between professions and other ways of organising society (Freidson 2001; Perkin 2002). There is recognition of the need to develop a more theoretical approach to the sociology of the professions to enable more comparative studies to be undertaken. Abbott, in particular, makes a plea for sociologists to move away from the search for a 'one size fits all' theory and seek to incorporate diversity and complexity. These authors recognise the complexity and diversity of the professions and the fact that professions do not exist in isolation. They are, however, almost exclusively Anglo-American in their focus, and make no more than passing reference to gender.

"Fog in Channel: Continent isolated"

Ethnocentricity in the sociology of the professions

This phrase used by Burrage (1990:4), describes the Anglo-American ethnocentricity of the study of the professions up to the 1970s. To that date, professions appear to have

been a social phenomenon of the English-speaking world. Attempts to widen research

into professions into Europe met with some academic hostility and criticism. Jamous

and Peloille (1970), in their work on the French university-hospital system write, "with

regard to the concepts suggested by the idea of profession or the theme of

professionalisation, these have turned out to be inadequate .." (1970:111).

Torstendahl (1990) criticises previous research because it "has been fundamentally

chained to the English language and, through the language, to the society where this

language has its current usage. "There is no immediate counterpart to these concepts

in other countries" (1990:59). As a consequence, Burrage (1990) comments that

French and German sociologists do not regard professions as subjects for research and

many do not understand the concept. A more general criticism is that Anglo-American

research on the professions is so implicitly imbued with ethnocentric concepts and

cultural values, that it is an unreliable basis for any generalised theory or analysis in

other societies, a view supported by Foucade (2009).

European research on the professions identifies a major difference in the role of the

state and its influence on professions and professionalisation in European countries

compared to the USA and the United Kingdom. Burrage and colleagues (1990) analyse

the process of professionalisation through the influence and roles of four 'actors':-

practitioners, academics, the state and clients. They propose that in the UK the

process was practitioner led; in the USA there were a series of leading actors, in order,

practitioners, state legislators, and finally academics. In France and the continental

states, professionalisation was state led. Foucade, writing on the history of

economists, identifies different national, social and cultural conditions that influence the development of professions. For example, in the USA, emphasis is placed on credentials and boundary setting; Britain, which she describes as having "public-minded elitism" (2009:16) which looks down on vocational and technical knowledge. McDonald (1995) also analyses the influence of various forms of state on professional development. He notes that in the United Kingdom until recently, university and professional education has been separate. In the USA, the lack of state interference provides more opportunity for market closure by occupational groups, whereas in France, the state retains centralised power and therefore significant control over professional groups. He finds Germany to be the strongest state in terms of control over professions, where professionals traditionally enter public service which enjoyed higher status than professional practice.

The international context of professions

Evetts (1999a) focuses on the professions and professionalisation in both a European and international context. She evaluates three concepts that feature in the sociology of the professions: the professional project; the commonality of interest and professional power and dominance. She considers the current status of these concepts and their place in the study of professions in the context of increased internationalisation. She notes that the monopoly theory of the 1970s has been weakened by empirical evidence as professional monopolies were successfully challenged by the state in the 1980s and, with that, the power of professional associations. She concludes that the dual focus of professions has come to be

recognised. With regard to professional unity, she notes the norm of internal divisions

and specialisations within professions. Evetts calls for a reappraisal of the power of the

professions and their influence on government and a consideration of the historical

fact that modern nation-states and modern professions emerged at the same time.

Although she does not suggest the symbiotic relationship, as Johnson (1995) does,

there is a hint of inter-relationship and the social function of professions.

In the international context, she predicts complex relationships between international

and national professional associations and between these and national states and

international regulators, "… indeed strong state professions may continue to co-exist

as powerful regulatory agencies alongside international professions in some fields of

expertise" (Evetts 1999a:83). In the European context, she sees the European

professional federations as social institutions in the context of international social,

political and economic developments. Evetts concludes that international forms of

professions will be varied, complex and proceed at different rates; in the process,

occupational jurisdictions may change, as may the traditional hierarchy of status of

professions.

The semi-professions, gender, patriarchy and the caring professions

This section considers the sociology of the professions with regard to semi-

professions, the issues of gender and patriarchy in professionalisation and the caring

professions. Gender, as a separate issue, was not considered in studies of the

professions before the 1980s, although it was mentioned in terms of the semi-

professions and sex typing of roles. The concept of 'quasi' or 'semi' 'professions was developed as early as Wilensky (1964), but not in terms of gender. Health and social care occupations have traditionally been regarded as 'the caring professions', counselling is included as a caring profession in this research. Counselling has several features in common with social work and nursing: similar origins, a predominantly female practitioner base, a similar ideology of service and caring and a similar struggle to establish its own abstract theoretical knowledge base.

The semi-professions

Two traits of a profession frequently found in the early work on the professions, for example in Carr-Saunders (1933), Wilensky (1964) and Goode (1957; 1969), are the ideal of service, and autonomy. The ideal of service is represented in the altruism of the professional and the dedication to service and profession above material reward. This service ideal is regarded as essential to any true profession. However, this ideal appears to have less significance as a mark of professional status when found in the semi-professions, that is, the caring professions. The difference can be attributed to the gender composition of the professions and explored in the theories of patriarchy.

The concept of the semi-profession appears early in the sociology of the professions. Wilensky borrows Marshal's phrase "a modern type of semi-professionalism", and concludes that many occupations fail to fit the profession model. Wilensky acknowledges that these occupations are developing higher levels of training and

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performance and increasing dedication to the task and "even some standards of honourable dealing" (Wilensky 1964:157).

However, Wilensky is clear that claims to professional status do not equate to its achievement, and that the trait approach is used to sort the professional sheep from the occupational goats. In addition, he explores other barriers to professionalisation. Rather than use the term 'semi-profession,' he uses 'quasi-professions' to describe those occupations that have come up against the power of entrenched professions in their attempts to achieve professional status, for example, pharmacists, nurses and hospital administrators. He thus identifies pre-existing power structures as barriers to professionalisation, rather than the nature of the work of the aspirant occupation. In addition, he identifies as barriers to meeting the essential service ideal, (an essential trait of a profession) management by non-professionals, low rank, lack of focus on client needs, focus on commercial interests and weakness in the knowledge base of the occupation leading to lack of autonomy. Nowhere is gender mentioned as a factor.

Wilensky also seeks to identify orientations to distinguish professionals from non or semi-professionals, one of which is careerism versus professionalism. This contrasts directly with the conclusion drawn by Simpson and Simpson (1969) that lack of career orientation is a significant factor in preventing semi-professions from achieving full professional status.

Toren (1969) in an analysis of social work in the USA, uses Carr-Saunders hierarchical classification of four types of professions: established professions, new professions,

semi-professions and would-be professions. What distinguishes the semi-professions from the two higher categories in this analysis is the fact that they are employed. They therefore lack autonomy and a primary identification with their profession, including colleagues, professional norms or a professional association.

Goode (1969), writing on the limits of professionalisation, sees the growth of semi-professions arising from changes in occupations brought about by several factors. For example, the semi-profession of social work evolved from non-professional do-gooders in the community. Semi-professions may have a defined set of high level skills or a new technology. Finally, a semi-profession may perform a sub-set of tasks of an established profession.

To make a successful claim to professional status, an occupation must increase its prestige, power and income, as well as reach the levels of knowledge and dedication to service that are epitomised by the established professions. The 'great person professions' in Goode's terms (1969:267) are law, medicine, the ministry and university teaching. Some semi-professions, he concludes, will not make it, and included in these are school teaching, nursing, librarianship, pharmacy, stock-broking and business managers. Goode's examples are not restricted to those with a predominantly female work force.

Etzioni (1969) proposes a correlation between semi-professions and women in a commissioned set of papers on elementary school teachers, nurses and social workers in the USA. Etzioni concludes that the majority of the labour force in the semi-

professions is female. It would have been more accurate to say that the semi-professions considered in the book had predominantly female labour forces, as he does not consider other semi-professions that might not fit this gender pattern.

He takes the semi-professions to task for claiming professional status, which in his view, they know they do not deserve. His dismissal of their claims is based on trait analysis, for example, shorter training, less legitimation of status, little right to privileged communication (the inclusion of this last as an essential trait is interesting as it does not appear in lists of traits by other authors), a less specialised body of knowledge and less autonomy from supervision and societal control. Etzioni makes policy recommendations: that the semi-professions should stop striving for full professional status, an argument based on the premise that semi-professions are usually employed in organisations and, as such, are subject to the administrative authority of the organisation, something which is incompatible with professional status. However, he argues that the tension between professional and organisational principles is, in fact, more to do with the workforce which in the semi-professions has been largely female. "Part of the problem is due to the fact that the typical professional is male when the typical semi-professional is female" (1969:xv). He concludes that the prevalence of women in the semi-profession and the semi-professional status of the work combine to support each other in keeping the work and status semi-professional.

Toren, when considering the status of social work in the USA, concludes that it is a semi-profession largely because it is "difficult to claim fully-fledged professional

standing on the basis of a commitment to help people in need and a concern for

humanitarianism and social reform" (1969:147). As a result, it has no monopoly over

exclusive skills and its areas of competence are less well defined than those of the

recognised professions. This concept is explored more fully later by sociologists of the

caring professions, Hugman (1991) and Abbott and Wallace (1990).

Simpson and Simpson (1969) most clearly link the semi-professions to women in their

study of the organisation of nursing, schools libraries and social work agencies in the

USA in the early 1960s. They argue that the prevalence of women in the semi-

professions makes it impossible for such occupations to achieve full professional

status, for two reasons. First, society's attitude to women means that the public is

unwilling to grant autonomy and authority over men to women. Second, women's

own aspirations, values and attitudes mean that the occupations in which they work

will never achieve professional status.

> ".. a woman's primary attachments is to the family role; women are
>
> therefore less intrinsically committed to work than men and less
>
> likely to maintain a high level of specialized knowledge. Because their
>
> work motives are more utilitarian and less intrinsically task oriented
>
> than those of men, they may require more control" (1969:99).

They expand and support this argument with data collected from the 1960 census and

a questionnaire completed by college and university students in North Carolina in

1963.

For Simpson and Simpson, the fact that women work in bureaucracies is evidence that the occupations in which they work can never become professions, but this is not developed as an argument in terms of the conflict between bureaucracy and professionalism. Rather, they develop it in terms of the qualities and values of women who, they assert, lack career ambitions, want to be of service to people and want to get on well with colleagues. Also, women are both willing to accept control and are in need of such control, want an easy job without the need to make decisions because their primary focus is the home. These values and attitudes make it almost inevitable that semi-professions dominated by women will never achieve full professional status. The apparent contradiction that the service ideal is identified by trait analysts as one of the two key traits of a true profession and the statement that semi-professionals are motivated by desire to serve is not addressed.

It is difficult to read this in the 21st century and remember that it derives from the southern USA in the early 1960s and needs to be read in that social and historical context. In addition, the authors do seem to show some bias in reporting, for example, any evidence that contradicts the argument is under reported, for example, 54% of women stated that they had little or no conflict between the demands of work and home. This is given little attention, but the 47% reporting conflict is emphasised (Simpson and Simpson:207).

There is an assumption that, because this is how semi-professions are organised, this is the only way they can be organised and the only way women can work, i.e. that women are incapable of working autonomously. "Women's values and goals make

many of them tractable subordinates" (Simpson and Simpson 1969:231). The authors

conclude that semi-professional work tends to be in the "helping professions" and, as

such, is an extension of feminine sex roles accepted in society. While the social

structures and attitudes remain, they write, there will be no change in the status of

the semi-professions as these are indissolubly tied to women's' roles attitudes and

values.

Gender

The lack of any consideration of gender as a factor in professionalisation in the work of

Carr-Saunders (1933), Goode (1957; 1969), and Wilensky (1964) for example, can be

explained by the social and cultural assumptions prevalent when they were writing.

Etzioni and his fellow authors (1969) have come in for substantial criticism from later

scholars on the sociology of the professions, in particular the caring professions.

Hugman (1991) criticises Etzioni's acceptance of the trait approach to identify nursing

and social work as semi-professions when the professions that are the origins of the

traits were themselves never subject to any critical analysis. Hugman argues that the

use of inter-personal and domestic skills for professional service, for example, nursing

and social work, leaves these occupations at a great disadvantage in the claims to

professional status, as the social status of such skills is low; they are regarded as

'women's work'. For Hugman, this is the concept that underpins all the debates on

semi-professions. He argues that "there is no inherent connection between women

and caring – it is a social and historical construct" (1991:16). He criticises both Etzioni

and Freidson for the gender bias of their analyses and the Simpson's for their

acceptance of data without analysis. He questions the fact that they do not even consider that professions dominated by women might be considered inferior for the simple reason that they are dominated by women. To him, the development of the semi-professions replicates the patriarchal relationships of women serving men, and is not related to the intrinsic nature of the tasks.

Patriarchy and the professions

Patriarchy as a subject, was not considered in studies of the professions until the 1980s, and, up to that time, there appears to have been unquestioning acceptance of an implicitly patriarchal model of professions. Indeed, as Witz (1992) points out, the very concept of a profession is, itself, a gendered concept – in that it takes as a paradigm professional male occupations at a particular time and in a particular society. Witz argues that, while the sociology of the professions has noticed a connection between gender and professions, it has been in terms of an acceptance of sex role theory or gender specific attributes. There has been no attempt to develop a theoretical understanding of the effects of patriarchy and gender in the professionalisation of female occupations. The early professions are exclusively male – medicine, law and the church - although Witz's research demonstrates women in the health occupations did pursue professionalisation in the 19th century.

The definition of patriarchy used here is that presented by Witz "a gender concept of patriarchy which refers to a societal-wide system of gender relations of male dominance and female subordination in order to explain gender divisions on paid

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work" (1992:11). This includes "the ways in which male power is institutionalised within different sites of social relations in society" (1992:11). Patriarchy in this context is taken to mean male dominance over women in all aspects of society and all areas of male dominance over women. McDonald (1995) describes the discourses of patriarchy in everyday socialisation processes - "Patriarchy runs through those elements of our primary socialisation, like 'Brighton' through a stick of rock" (1995:125).

The first work to consider gender as an issue in the sociology of the profession is that of Simpson and Simpson (1969). This work identifies the semi-professions as female-dominated and attributes their semi-professional status to this fact. Such female-dominated occupations will never reach full professional status. In essence, the argument is that women do not really want to be professionals; their primary focus is on the family and they lack the inherent capacity to be able to work autonomously. This analysis reiterates in another form the trait approach to the established professions. As Witz succinctly puts it, "Women were not men" (1992, p.60). Freidson (1970; 1983; 1994), Larson (1977) and Abbott (1988) pay little or no attention to issues of gender and patriarchy. It is not until the 1980s that sociologists, Crompton (1987), Hearn (1982), Abbott and Wallace (1990) and Witz (1992) begin to explore the underlying patriarchal models of the development of the professions.

Crompton (1987) argues that much of the work in the sociology of the professions links professionalisation to the development of the middle class. Class assignment is based on occupation, so unemployed women are, by default, classless and thus invisible. This is especially true for middle class women in the 19th and early 20th

century. Both Crompton and Witz develop Weber's concept of social closure, Crompton to analyse how women are placed in occupational social structure and culture, Witz to analyse the closure strategies used by women in the processes and struggles for professionalisation. Crompton identifies the concept of status, linking this to Weberian concepts of closure, and observes that status is significant as a way of locating professions in a ranking order, and in that hierarchy, the status of an occupation can sometimes counterbalance gender. She also notes that the ideology of professions is "saturated with status claims" (1987:420). Crompton identifies the issue of professional autonomy versus bureaucratic employment and uses the distinction made by Perkin (2002) between professions where authority is based in bureaucratic position and those where authority is based in knowledge. Crompton also makes a distinction between professions in which all practitioners have the same skills validated by formal qualification and those that are dependent on organisational positions. Both organisational levels and formal qualifications can have gendered criteria that exclude women.

Crompton argues that if the skills involved were "clearly and unambiguously defined in terms of task" (1987:421), then the material reward for practitioners should be independent of the gender of the practitioner. If the skills are applied in an organisational context then there could be gender exclusion at the organisational level. Some skills are sex typed, that is skills found in roles performed by women have lower skill rating because they were performed by women. Such sex typing of skills and roles has significant impact on material rewards. Skill sets are subject to social

values and therefore varied among societies. Crompton does not consider that fact that the value of skills can also vary over time and in different societies. Sex typing appears to be crucial for material rewards; technical skills in a female occupation will have low material rewards. At the time of writing, 1987, Crompton sees medical status overriding low female status. It will be interesting to see if this remains the case with the increasing number of women entering medicine.[2]

Hearn (1982) identifies three neglected issues in the sociology of the professions:- the way the sociology of the professions maintains and promotes patriarchy, the significance of the control of reproduction and emotionality in theories of professionalisation. Hearn sees the semi-professions and the caring professions as instruments in the control of emotionality and the agencies through which "grief, joy, loss, despair are patriarchally socialised" (1982:191). He argues that areas not controlled by capitalism, such as reproduction and emotionality, have become targets for male dominance through professionalisation –citing medicine as an example, together with the sexist ideologies of the nature of women's health and sickness. He notes that medicine, the Church and the Law, the traditional patriarchal professions, effectively control the management of life and death in biological, spiritual and social terms.

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[2] BMJ student Archive 2004 51% of medical students were female in 2002 and 43 % of junior doctors were women 2001

Hearn proposes a five-stage model by which a semi-profession becomes a full profession in which male domination is the end result despite originating in feminist action.

a) Feminist action.

b) Initial incorporation, which might involve serving a man or an existing profession.

c) Setting the status quo, which involves the use of patriarchal terminology and the development of a professional code.

d) Divide and rule; men in membership and the division of markets.

e) Takeover, meaning men in management and the introduction of managerialism and full professionalisation.

This argument weakens the paper, as it relies on infiltration and eventual control of the semi-profession by men, which does not appear to be supported by evidence. More thought provoking and persuasive is the contention that the "whole process of professionalisation is one of the bastions of patriarchy" (1982:197). Thus any feminist action that results in a move towards professionalisation is in fact a move towards the institutions of capitalism and patriarchy.

Witz (1992) proposes that the very concept of profession is, itself, a gendered concept – in that it takes as a paradigm of profession, male occupations at a particular time and society and has not been critically appraised since. She argues that while the sociology of the professions has noticed a connection between gender and professions, this has been in terms of an acceptance of sex role theory or gender specific attributes. There has been no attempt to develop a theoretical understanding

of the effects of patriarchy and gender in the professionalisation of female occupations. Witz focuses on the strategies used by dominant social and occupational groups who have access to greater power resources than occupations hit by such strategies. These strategies are often gendered. Gender and patriarchal power relations explains why women end up encircled and subordinate to male occupations.

Witz looks at the role of gender and patriarchy in relation to what she terms women's "professional projects". She uses the term professional project to describe "strategies of occupational closure which seek to establish a monopoly over the provision of skills and competencies in a market for services. They consist of strategic courses of collective action which take the form of occupational closure strategies *and* which employ distinctive tactical means in pursuit of the strategic aim of goal of closure" (1992:64). In doing this, she deliberately moves away from the traditional attempt to find generic models of professionalisation to identify and analyse the professional projects of midwives, nurses and radiographers in the 19th and 20th century. In keeping with Crompton (1987) and Perkin (2002), Witz links the development of professions with the rise of capitalism and the new middle class.

Witz sees these closure strategies as gendered in several ways; first when done by women, second when the criteria for inclusion or exclusion are gendered and third when the agents are gendered. Women have had to use different closure strategies because they were excluded from access to resources available to men, such as medical training in the 19th century. Gendered collectivist criteria of exclusion such as these have historically been a key plank of closure strategies.

Witz develops neo-Weberian concepts of social and occupational closure to identify typical patriarchal strategies and the strategies used by women's professional projects. Occupational closure is taken to mean the strategies used by occupational groups to gain control over the market for their particular skills, to define who could enter the occupational group, and to establish a monopoly over the provision of particular skills and services. Witz identifies four closure strategies: - exclusion, inclusion (usurpation) demarcation and dual closure, and examines women's professional projects in terms of these strategies. All involve the exercise of power, upwards or downwards, and are in many ways similar to the jurisdictional settlements described by Abbott (1988; Perkin 2002).

Exclusionary and demarcationary strategies are used by dominant groups to establish and maintain their privileged position. Witz uses Parkin's definition of exclusionary closure strategies: "the downwards exercise of power by a social group to secure, maintain or enhance privileged access to reward and opportunities" (Witz 1992:46). The successful achievement of this equates to Abbott's (1988) full jurisdiction. These strategies are used as gendered criteria for exclusion both as collectivist criteria, for example, the exclusion of women from university education and thus from meeting credentialing criteria.

Demarcationary strategies refer to the "control of the division of labour in the market" and are concerned with "the creation and control of boundaries between occupations" (Witz 1992:46). Such boundaries may have operated with horizontal as well as vertical divisions, and resemble Abbott's (1988) division of labour jurisdictional

settlement. However, in women's professional projects, such strategies often result in subordination and de-skilling; women find themselves in 'female' occupations with consequent lower status and rewards, for example, nursing and midwifery.

Inclusionary and dual closure strategies are employed by occupational groups in resistance to exclusionary and demarcationary strategies employed against them. In inclusionary strategies, the occupational group seeks access to the group from which it is excluded, for example, women's struggle to become doctors, or women's fight for ordination in the Church of England. These strategies are also described as usurpationary as they involve the upwards exercise of power in opposition to exclusionary strategies. Witz sees such strategies as inclusionary when they seek to "replace gendered collectivist criteria of exclusion with non-gendered individualists criteria of inclusion" (1992:48-9).

Dual closure strategy involves the simultaneous use of usurpation, that is, upwards power by a subordinate group resisting a dominant group and exclusion, that is the downwards exercise of power by the same subordinate group against other occupational groups to consolidate and protect position. Both resist attempts of demarcation of the dominant group and at the same time seek exclusionary closure to keep out other rival or subordinate occupations. Witz identifies other areas in which gender plays a crucial part in professional projects. The gender of the people involved in professional projects has significant influence on their ability to mobilise various means of closure.

Witz's research indicates that women's professional projects in medicine, nursing and midwifery in the late 19th and early 20th centuries employed different and more complex closure strategies than men's, and often used dual closure strategies. This is not surprising as men's strategies were well established in institutional and social values and many closure strategies in the old professions were specifically gendered. Similarly, simple exclusionary strategies, such as credentialing, a typical patriarchal strategy, were less available to women.

Witz finds that women used inclusionary usurpationary strategies as they sought to become doctors and fought against the gendered exclusionary criteria of the patriarchal medical profession by both the creation of their own credentialing in women's medical schools and by legalistic recourse to state intervention in terms of equal rights. This legalistic tactic was successful in the 1875 and 1876 Acts in Scotland and England, but the reality of patriarchal power remained in the medical profession, a situation referred to by Witz as a "Pyrrhic victory" (p.102). The strategy of using state intervention is found in other women's professional projects. Witz notes that the state is often used in legalistic closure strategies, and is often a weak link in the maintenance of patriarchal power.

The use of the state is one way in which women make use of proxy male power to gain access to institutional power and resources socially and culturally inaccessible to them. In the late 19th century, one group of midwives used some doctors to promote their professional project, by means of accommodation with the medical profession. This led to subordination to the medical profession, but also a demarcation of the division

of labour for midwives (Witz 1992). At the same time, other midwives pursued a more revolutionary closure strategy, what Abbott would describe as a jurisdictional settlement by division of labour. They sought to be a separate and equal profession to medicine (Witz 1992). In many ways, this professional project copies the exclusionary criteria of the 'old' professions; its criteria are gendered in that only women can enter, and also 'classed' as it aims to use credentialing criteria in order to exclude women who are not upper or middle class.

Both nurses and midwives' professional projects have ended in their subordination to medicine. A contributing factor in the case of midwives is the 'discourse' of patriarchy. Midwives are de-skilled as part of their work was 'caring' and 'nursing' and these are gendered as female activities. Nurses' 'professional projects' to achieve occupational control by means of state licensing by a regulatory council had mixed success and was ultimately a failure. The General Nursing Council established by the 1919 Nurses Registration Act had powers over employment and pay and no control over the curriculum (Witz 1992).

Witz finds that in both nursing and midwifery, internal factions, rather than collective action, are common. In her study of the feminisation of radiography, two key points emerge. The first is the tension in an occupation that includes both technical skills relating to apparatus which are therefore, 'male', and caring skills more akin to nursing which are therefore 'female'. Second, the patriarchal attitudes of the male radiographers, who preferred to be subordinate to doctors, rather than to matrons. This can be seen to have contributed to the feminisation of the occupation in the

1930s. Women radiographers were preferred to men as they were often also qualified nurses and commanded lower salaries (Witz 1992).

Women were successful in some demarcationary strategies, and in setting and defending boundaries in the division of labour. For example, midwives and obstetric nurses became clearly identified as discreet groups but these resulted in women being encircled by dominant male occupations and subordinate to them. Women have had more success in pursuing legalistic tactics, such as state sponsorship, than in credentialing. However, in Witz's view, the patriarchal structures of institutions, civil society and the state facilitate the institutionalisation of male privilege in the division of medical work and related occupations.

An issue not addressed by Witz, but stressed by Hearn (1982) is that, by engaging in professional projects at all, women are accepting or colluding in the perpetuation of patriarchal models, structures and strategies. Even the revolutionary midwives, are in fact copying the successful professional projects of doctors. This idea has particular relevance for the caring professions, counselling and psychotherapy. Witz's research implies intention on the part of the occupations studied, that these female professional projects explicitly and deliberately undertook a professional project. It is possible that the 'professional projects' were responses to internal and external factors, and the intentionality was superimposed by the research. Halliday (1987) raises the same question of the monopoly theory of professionalisation.

The caring professions

The caring professions, in the context of the study of the professions, are usually taken to mean nursing, midwifery and social work, and for this study, counselling and psychotherapy. Teaching has been included by some, for example Etzioni (1969) and Nottingham (2007). However, the 'traditional' caring professions all involve dealing with personal, physical, social, emotional or psychological problems, teaching less so, which is therefore not included in this study. The concept of the caring professions derives from that of semi-professions in which gender and patriarchy are important elements, as Witz (1992) demonstrates.

There appear to be two conflicting approaches to such professions: one that they are in the process of becoming 'true' professions, the second that there is a permanent difference in "professional capacity" (Nottingham 2007:455), an theory that makes professional status an unachievable goal (Etzioni 1969).

The early work on the traits of professions by such authors as Carr-Saunders and Wilson (1933) and Goode (1957) identifies traits underpinned by the values found in the caring professions, such as the ideal of service, lack of self-interest and a dedication to the profession taking precedence over personal gain. These traits, which are presented as essential traits of the paradigm professions of medicine and law, have not carried with them to caring professions the status and prestige they conferred on the paradigm professions. The reasons for this are found in the patriarchal values of professions and society.

As scholars of this subject have observed, the caring professions were female professions; the members are predominantly female and the work they do is considered to be 'female" work. (Hearn 1982; Crompton 1987; Abbott and Wallace 1990; Hugman 1991; Witz 1992; MacDonald 1995). The traditional 'professional 'traits have been merged with essentially female characteristics of 'caring' and been devalued in the process. Such occupational groups have lower status and struggle to be accepted as professions.

Abbott P. and Wallace (1990), both feminist sociologists, find the origins of the caring professions in 19th century philanthropy and their expansion with the rise of the welfare state into what have been termed 'professional occupations' concerned with the "regulation and control of problematic areas of social life" (1990:1-2). They note the implicit and explicit use of trait theory in the caring professions' attempts at professional status, especially in attempts to develop an autonomous knowledge base. This use of patriarchal exclusionary criteria by the established professions reinforces the subordinate status of women. Abbott and Wallace argue that the aim of the caring professions is to change or control behaviour within a particular social and cultural context. This makes them powerful in society. The interventions of the caring professions are 'designed to normalise', to make their clients 'conform' to defined norms. Thus, as with the traditional professions such as medicine, it is the caring professions which define the need and the fact that this need can only be met by the expertise of the particular profession. In this, Abbott and Wallace take Johnson's (1972) view of professionalisation as a means of occupational control over consumer–

producer relationships and agree with Larson (1977) that professions support the capitalist state by the maintenance of unequal status. This also follows Andrew Abbott (1988) who presents the professions as agents of social adjustment. Abbott and Wallace observe that both the producer and the consumer in many of the caring professions are women, traditionally middle class producers/professionals with lower class consumers/clients.

Hugman (1991) who takes the caring professions to include social work, nursing and the remedial therapies, agrees with Johnson on professions, describing them as "historical forms of controlling occupations" (1991:82). He makes a valuable distinction between "caring about" and "caring for", and sees the caring professions as "caring about" rather than "caring for" (1991:10-12). He defines 'caring about' as part of a professional enterprise, in which care is demonstrated through the application of knowledge with honesty and trust. Hugman argues that occupations that are seen to be 'caring about' are more likely to be regarded as professional than those which are seen to 'care for', because the emotional and intellectual commitment in 'caring for' is seen as less professional. These involve every day activities that all people do for their friends and family and therefore lack the esoteric knowledge and specialisation that mark out professional from everyday activity, skill and knowledge. He observes that professions that combine 'caring for' and 'caring about' have been less successful in claiming professional status, although the idea of expressed concern for others has importance in moral order.

Hugman identifies a difference in the view of the consumer or client between the caring and the established professions. He suggests that the established professions see individuals as examples of cases or categories, whereas for the caring professions the individual is central. Therefore the professional work, for the caring professions is based on personal relationship and social skills, as opposed to being an instrumental approach.

In the search for higher status, Hugman observes that the caring professions have divorced the 'tending' from the 'caring' work. In the process, they have divorced themselves from their origins. These original activities have come to be regarded as the "dirty work", suitable for the unskilled lower status worker, paid or voluntary, trained or untrained. As a result, many of the elements most involved in caring have been abandoned in the struggle for professional status. Just as the caring professions have established jurisdictions that exclude lower status work, in Hugman's view they, in turn, have taken over the 'dirty work' of the established professions.

Hugman develops the argument made by Abbott (1988) that public opinion plays an important part in the settlement of jurisdictions and identifies a problem faced by the caring professions in this area. The qualities associated with the caring professions in public opinion are socially desirable ones, such as helpfulness, warmth and empathy; these are feminine attributes, but are not the exclusive domain of caring professionals. These qualities are found in everyday relationships. Therefore, Hugman suggests, the public sees a contradiction between caring people and highly skilled professionals, which hinders the caring professions' claims to profession status. Underlying this is the

centrality of patriarchy and power in the caring professions which in his view shapes "both organisation and practice through the definition of the work as 'caring'" (1991:208). He agrees with Hearn (1982) that the caring professions' attempts to gain professional status involve buying into patriarchal assumptions about the skills, knowledge management and values of professions. One outcome of such a process is that outlined by Hearn: the masculinisation of the caring professions.

MacDonald (1995) considers some of the reasons for the lower status of the caring professions. Emotional involvement is regarded as inherently contradictory to objectivity, and this presents an insoluble problem for the caring professions. As he writes:

> "when the overall objective and means of achieving it involve *caring*,
>
> then a dilemma and a source of ambiguity appear...... the concept of
>
> 'vocation' and the expectation of dedication that goes with it require
>
> a degree of involvement that others who come into contact with the
>
> case may perceive as lack of objectivity" (1995:137).

The original purpose of such objectivity and personal distance from clients that is found in lists of the essential traits of the traditional professions, is not to give status or protection to the professional, but rather to protect the client from potential exploitation. This change in meaning and the resultant use in professionalisation, is evidence of the discourse of patriarchy referred to by both Witz (1992) and Macdonald (1995).

MacDonald argues that two aspects of patriarchy, knowledge and indeterminacy, weaken claims to professional status by the caring professions. The caring professions, by definition, involve practical aspects of caring. Initially nursing valued these above the acquisition of more abstract knowledge. An abstract knowledge base and formal education came relatively late to the caring professions, in part because of their social origins, and in part because of the exclusion of women and women's professional subjects from university education. Thus, when seeking professional status, the caring professions are at a disadvantage as such status was and is still largely defined by the patriarchal model of university qualifications.

MacDonald observes that indeterminacy appears to be "largely a masculine province" (1995:136). Indeterminacy meaning "the greater the element of judgement required in the exercise of professional knowledge, the less likely it is that the professional tasks will be open to routinisation and inspection; such a situation will tend to enhance the power of the occupation" (1995:135). Jamous and Peloille (1970) propose the idea of an indeterminacy/technicality ratio (I/T ratio) and suggest that professions have a high indeterminacy ratio. This concept links with the abstraction/concreteness equilibrium of Abbott (1988). These two similar concepts present the caring professions with problems. First, the caring professions have struggled to identify and create a separate formal abstract knowledge base and some elements within the professions have opposed this, viewing practice as more important than the theory (MacDonald 1995). Thus they find it difficult to achieve Abbott's equilibrium. Second, the place of most caring professionals within bureaucratic structures can be taken to mean that the

professionals lack autonomy in the performance of their work, and thus lack the scope

to deal with indeterminacy or to make the kind of professional judgements that a high

level of indetermination requires. The distinctions of the types of knowledge mandates

of different professions proposed by Halliday (1985), addresses this problem. The

caring professions are 'normative' professions as opposed to 'scientific' professions

and, as such, are concerned with matters of value and social behaviour. Thus the

caring professions find themselves clustered with the law and the clergy rather than

with medicine and engineering, all four regarded as long-established 'true'

professions.

Nottingham's (2007) work on teachers in the late 19th and early 20th century identifies

characteristics and factors equally relevant to modern caring professions and to

counselling. He terms these professions as 'insecure' and characterises nursing, social

welfare work and teaching as professions which struggle to indentify "an area of work

that members are uniquely qualified to perform" (2007:456). However, he chooses to

omit any consideration of gender and patriarchy. In common with Hearn (1982) and

Hugman (1991), he finds that the insecure professions tend to carry out society's

"more uncomfortable transactions" (2007:469). The degree of autonomy over this

work granted to these professions by the state enables the government to avoid full

responsibility. Such state involvement is enthusiastically embraced in the hope that it

will bring status and recognition, which it rarely does. The insecure professions do not

seem to consider the risk to status of being regarded as an agent of the state, which

leaves them open to accusations of self-seeking. Nottingham makes an interesting

observation on the political style of insecure professions, noting that this will "tend to be promotional and diffuse ....reflecting the ambiguities inherent in insecure professional status" (2007:464), in contrast to the defensive and precise style of established professions.

Conclusions on gender and patriarchy and the caring professions

Sociologists writing on this issue reach similar conclusions; gender has played and continues to play a major part in the status of occupations, to the detriment of those occupations that are regarded as women's work or whose workforce is mainly female. In status, reward, public opinion and to some extent state support, patriarchal criteria and the discourse of patriarchy disadvantages these occupations. Indeed, pursuing professional projects can appear to be colluding with patriarchal values. Abbott and Wallace (1990) conclude that occupational groups seek professional status and accept a situation in which their occupation is controlled by externally-defined standards in return for the status they seek. Opponents of professionalisation see professional status as a loss of freedom.

Counselling

Introduction

Counselling is one of the psychological or 'talking' therapies, which include counselling, psychology, psychotherapy and psychoanalysis. It emerged as an occupation in the latter half of the 20th century. There are several historical accounts of the development of professional associations in the UK, often in associations'

journals which include debates on the issues surrounding professionalisation; these are used later in this thesis to explore the processes of professionalisation in the context of counselling.

Abbott (1988) uses the history of the jurisdictional struggles for control of personal services in the USA as an exemplar of the system of professions. Although he focuses only on the USA, his lucid account of the emergence of personal problems as an area for professional activity and the consequent battles for jurisdiction over this area has sufficient similarities to the United Kingdom for the account to be relevant. Studies of the semi-professions and the caring professions, whilst not specifically addressing counselling, have relevance to the study of the professionalisation of counselling. The literature on the professionalisation of counselling in the United Kingdom, found outside of professional association journals, is recent and appears to take the form of responses to external stimuli, rather than theoretical explorations of professionalisation or case studies. There are two main foci, one the philosophical question - Should counselling be a profession or would this result in irretrievable damage to its essence? (Bondi 2004; 2005) The second one is the focus on the regulation of the profession, which although only one aspect of professionalisation, was dominant from 1997-2009 as a result of the New Labour government's stated intention to regulate the psychological therapies. (House and Totton 1997; Mowbray 1997; Totton 1999; Hansard 2001). Halmos's work (1964; 1967) pre-dates this, and can be seen as a basis for a claim to moral authority for the profession.

The personal service professions

Halmos (1964; 1967) argues "that the counsellors (psychotherapists, caseworkers and so on) have extended a substantial moral influence on the so-called *personal service professions* of our time" (1967:13). He proposes that the ideology of the personal service professions will bring about a moral change to both professions and leadership and therefore a major change to the moral climate of society as a whole. This will be achieved by the increase in the number of personal service professionals and the spread of the professional values of the personal services through educational institutions and the professional associations of other occupations. Halmos sees the personal service professions as an amalgamation of the Hippocratic and Christian ideals of service and helping, with the moral principles of clinical psychology and sociology. This will bring about a renewed era of social responsibility, through the agency of the counsellors "those 20th century secularizers of philanthropy" (1967:20). These values will inform all professions and lead to a moral change in society and in particular to leadership. "Indeed the process of professionalisation is the greatest single moral change in our Western industrial communities today" (1967:20).

Halmos regards professions as a positive force in society and, with prescience, as the critical studies of the professions did not appear until the 1970s, criticises the use of objectivity of science and social science. "To the social scientist, being objective meant that he was able to ferret out the mean and mercenary objective, meant that he could be cheerfully sceptical or triumphantly pessimistic" (1967:26). Now it is easy to agree with his self-reflection that he is "a part time optimist" who expected" to be called a

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sentimentalist" (1967:27). Halmos is not entirely alone, the themes of the influence of professionals and professional ethics and moral principles on government and wider society was been addressed by Halliday (1987) and Freidson (2001).

The dominance of Freudian psychotherapy in the USA

Abbott (1988) uses the history of the jurisdictional struggles for control of personal services as an exemplar of his theory of the system of professions, and in so doing, charts the origins and development of the psychological therapies in the USA. Abbott accounts for the emergence of personal problems, as distinct from everyday life difficulties, as a response to the social and economic changes of the mid to late 19th century and the need for social adjustment to such changes. The first battle for jurisdiction over this new area was between the clergy and the medical profession, resulting in a victory for medicine and the emergence of psychiatry as an area of medicine specialising in nervous diseases. Psychiatry then moved into prevention, rather than cure, and swiftly established jurisdiction in the field of juvenile delinquency, defeating social work in the process largely due to social work's failure to develop an adequate theoretical base. In so doing, psychiatry implicitly accepted the public belief in the social causes of mental illness such as a broken heart, and so gained cultural jurisdiction.

Abbott attributes psychiatry's success by the 1920s to its "comprehensive theory of adjustment" which rested on "a sound combination of legitimating values – science, altruism, individualism and above all social orderliness" (1988:298). At this time, psychotherapy was one branch of psychiatry among many. The principle that personal

problems are to be solved by the adjustment of the individual to society still holds sway. Health economist Lord Layard's 2006 plan for 250 therapy centres delivering Cognitive Behavioural Therapy to the mentally ill in receipt of invalidity benefit to enable them to return to the workforce is evidence of this (Layard 2006).

The next development in the personal problems jurisdiction is the emergence and growth to dominance of psychotherapy, in particular of American Freudian psychotherapy. Psychotherapy established cultural and workplace jurisdiction that remained dominant until the 1970s. As Abbott observes, Freudian concepts entered into general public consciousness and became "the foundations of America's perception of its personality" (1988:308). It can be argued that Freudian concepts still retain a measure of intellectual jurisdiction in psychotherapy in the UK.

Abbott identifies the key to the success of American Freudian psychotherapy as the fact that it equates three separate aspects; diseases with psychical symptoms, diseases with a psychic aetiology and diseases amenable to psychotherapy, thus including within the jurisdiction an enormous field of personal problems. Freud's ideas provide a system of diagnosis, inference and treatment that is rigorous and consistent, "Syndromes appeared, but were defined by the causes that generated them - hysteria, obsession, compulsion. The etiologically based syndromes called for an etiologically based treatment, which Freud made working through blocked emotional conflicts" (1988:305-06). There was little opposition in the medical field and psychiatrists then turned this cultural jurisdiction into a "socially structured claim to jurisdiction" (1988:307). Domination spread to the workplace, by allowing lay psychotherapists to

work, as long as they were in analysis with a psychiatrist. Thus medical

psychotherapists achieved workplace jurisdiction over subordinate psychologists and

social workers and ensured the homogeneity of the next generation, who were the

current generation's analysands. Thus "...personal analysis provided absolute

professional control over psychotherapy in the workplace" (1988:307). As Abbott

notes "As a system it was very nearly foolproof" (1988:308). This domination failed in

the 1970s when demand for psychotherapy grew massively and ended the personal

problems jurisdiction of psychiatry and psychotherapy in the US.

The professionalisation of counselling in the United Kingdom

In the United Kingdom, psychiatrists never achieved a monopoly over psychoanalytic

practice and a range of psychological therapies developed, some of which have been

described by their founders as "wild, extraordinary and unsuitable for domestication"

(House and Totton 1997:5). Counselling developed rapidly in the last 40 years and,

with that growth, came a move towards professionalisation. Bondi (2005) found three

reasons for this; the development of systems of voluntary self-regulation by

professional associations, the increasingly academic nature of training and the growth

in paid work in counselling. A further reason was the successive attempts to achieve

statutory regulation made by psychoanalytic and psychotherapy organisations from

the 1970s onwards. (See Table 5).

This desire for statutory regulation gave rise to organisations opposed to such control

and to professionalisation. These arguments focused on the negative changes to the

nature of the therapy which such regulation, voluntary or statutory, would bring about
(House and Totton 1997; Totton 1999). Creativity would be stifled and valuable
effective ways of working would be outlawed as they would not conform to accepted
models. A more substantial argument is the opposition to the attempt to make
therapy conform to the model of the natural sciences, with a knowledge base that was
"reliable, replicable and predictable" (House and Totton 1997:6).

Heron (1997) sees as an inevitable consequence of the achievement of legitimate
protection for the individual, the giving up of responsibility to be an agent of social and
organisational change. For him, social and political conformity appear to be the price
of regulation.

Mowbray (1997), is one of the main opponents of the professionalisation of
counselling and psychotherapy, which he appears to equate with regulation. This
interchangeable use of the two terms makes the arguments presented confused in
places. The grounds for his opposition are primarily that counselling and
psychotherapy are not professions in the traditional model in that they lack a defined
body of knowledge and a defined activity. (This is almost a verbatim repeat of
Flexner's 1915 judgement on social work in the USA.) In Mowbray's judgment,
counselling is "not mature enough to be a profession" (1997:76). He argues that
professionalisation is neither inevitable nor necessary and demands proof that
regulation delivers public protection and that professionalisation is good for both the
public and the profession. Mowbray challenges professional associations for
counselling and psychotherapy to demonstrate to third parties that their actions are

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based on "sound evidence, ethical justifications and intellectual respectability" (1997:81), not motivated by self-interest.

Mowbray's argument that counselling is more to do with the quality of relationship than with a defined body of professional knowledge is shared by many voluntary counsellors opposed to professionalisation.

Voluntary counselling originated in the tradition of philanthropy, egalitarianism, mutual help, peer support and the desire to offer a lay alternative to medical models of psychotherapy. In the 1950s, many voluntary sector counselling organisations adopted the non-judgemental, non-hierarchical client centred approach of Carl Rogers and interpreted this in the counselling relationship in terms of equality in the relationship between client and counsellor (Bondi 2004). Thus the original values of lay help for some voluntary counsellors were in one sense opposed to the very concept of professionalisation.

Bondi's research (2004) with counsellors in the voluntary sector in Scotland, some of whom were paid, others of whom were not, identifies several fears and anxieties about professionalisation. Complementing Mowbrays' work (1997), it highlights a fear of exclusion, a loss of the right to work for themselves and a fear that if in future university training is required, this could deny new counsellors access to the profession. Some interviewees feel that regulation would make the locus of evaluation external and also reduce the sense of accountability of the counsellor which at present rests in the personal integrity of the individual. This perception captures one of the

essential features of professionals identified by Carr-Saunders and Wilson, (1933) that is integrity, trustworthiness and ability to self regulate. Other interviewees fear professionalisation might give a false sense of security of choice to the client who would then rely on paper qualifications, rather than on the quality of the work. There is a sense that some essential qualities of voluntary counselling could be lost if it becomes a professional job. This contrasts with the traditional view of a profession as being full-time employment, and highlights the continuing confusion over definitions of 'profession' and 'professional.'

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Table 5: Attempts to regulate psychotherapy and counselling in the UK

Date	Event
1971	Foster report on the practise and effects of Scientology recommended the regulation of psychotherapy for profit.
1978	Seighart report on the regulation of psychotherapy produced by seven professional associations : Association of Child Psychotherapists, British Association for Behavioural Psychotherapy, British Association of Psychotherapists, British Psycho-Analytical Society, Institute of Group Analysis, Royal College of Psychiatrists and the Society of Analytical Psychology
1981	Graham Bright M.P. brought a private members bill to regulate psychotherapy that failed at the second reading
2001	Lord John Alderdice brought a private members bill in the House of Lords bill to regulate psychotherapy which was rejected by the Government.
2005	Foster review of non-medical professional regulation, included the psychological therapies
2006	A new Psychological Professions Council was proposed by five professional associations: British Association for Behavioural and Cognitive Psychotherapy, British Association for Counselling and Psychotherapy, British Psychoanalytic Council, British Psychological Society and the United Kingdom Council for Psychotherapy. The proposal was rejected by the Department of Health
2007	White Paper: Trust Assurance and Safety: the Regulation of Health professionals. It proposed to regulate psychology, psychotherapy, counselling and other psychological therapies in the Health Professions Council. This was to be a regulatory priority

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The ideology of professionalism

The literature shows that definitions of professionalism change with time; depending on the dominant approach to the study of the professions and that the principles of professionalism are not the exclusive territory of occupations that have achieved professional status. As Freidson (1970) points out, for some 'semi-professions', professionalism may exist independent of professional status and recognition.

This section considers 'professionalism' as an expression of the ideology of professions, that is, the ideas of the essential nature and transcendent values that underpin them. These early concepts of professionals, including the ideal of service, high moral standing, as well as the concept and reality of professional autonomy, were subject to critiques in the 1970s. The principles and ideas used in various descriptions of professionalism often seem to be almost indistinguishable from the characteristics of professions found in the trait approach. Freidson in his early work (1970) defines professionalism as a set of attributes said to be characteristic of professions. However, in his later work, he changes the definition to fit with the theoretical constructs he is now presenting; that is, "the institutional circumstances in which the members of occupations rather than consumer or managers control the work people do" (2001:12). Descriptions of a 'professional' are also used to identify and explain professionalism. Later work calls on different definitions, for example, for Johnson (1972), professionalism was the way in which occupations gained control over work; for Abbott (1988) "professionalism has been the main way of institutionalizing expertise in industrial societies" (1988:324). Professionalism can thus be seen as

embodying the principles that justify the social control of expertise. Halmos employs

Marshall's definition of professionalism, describing it as "an idea based on the real

character of certain services…not the clever invention of selfish minds" (1967:21).

Middlehurst and Kennie (1997), in order to explain the moral ideology of the personal

service worker, propose two definitions of professionalism: the first as particular

groups in society whose membership changed over time and culture; the second as

denoting characteristics expected of members of these groups.

Throughout the early works, professionals are assumed to be needed by, and of

essential use to society, and professionalism is assumed to embody the ideology of

professionalism. The origin of this idea and perhaps the reason for its unquestioning

acceptance by sociologists can be found in Durkheim's proposal, quoted in Millerson

(1964), that all social activities require an appropriate form of moral discipline. Along

similar lines, McDonald (1995) reflects Durkheim's optimistic view of the function of

professions as the moral basis for modern society and as bastions against its moral

breakdown. This theme is developed by Halmos (1964) with regard to the personal

service professions in the 1960s.

Certain assumptions made by the authors adopting this approach can be identified:

that professionals have high moral values and a dedication to service. Carr-Saunders

and Wilson identify the ideal of service and the use of expert knowledge in the delivery

of that service as the two key principles of professionalism: "his duty is to serve the

interests of the public .... he undertakes an honourable calling" (1933:421). According

to Carr-Saunders, the obligation of service is the heart of professionalism and, as the

professional receives intimate secrets of clients, he needs to have a sense of obligation

and responsibility as well as a "duty to serve the interests of the public" (1933:421).

This ideal of service is not advertised, but guides the actions of the professional. From

the early work on the professions, as Johnson (1972) observes, there is a sense that

the professional is someone with higher moral standards than other people. Millerson

makes the assumption that the professional contributes to a valuable public service,

seeing him as a "gentleman' in independent practice dispensing a necessary public

service of a fiduciary nature" (1964:6).

For Wilensky, professionalism is impersonal, objective and impartial, such adjectives

describing the service ideal that appears to be the pivot for the moral claim to

professional status. He proposes that "the professional man adhered to a set of

professional norms" (1964:140), and appears to see the increasing number of aspirant

profession as failing to adhere to this service ideal or to follow the "natural history of

professionalisation," rather jumping first towards the rewards of monopoly

(1964:157). For such "professional norms" prioritise an internal sense of ethical

behaviour towards community over self and economic interest (Jackson 1970).

This idealistic portrait of professionals comes under criticism in the works of Freidson

and Larson in the 1970s. However, the concept that professional work carries within it

an intrinsic reward, separate from economic or social reward and status, is still

proposed by Middlehurst and Kennie (1997) who see the motivation for professional

work as self actualisation. This supports Carr-Saunders' description of the professional

as having an "admirable sense of responsibility" and "pride in service given rather than

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of interest in the opportunity for personal profit" (1933:471). Middlehurst and Kennie (1997) have gone so far as to suggest that professional independence and autonomy is of economic benefit, as it needs no costly monitoring structures and processes, as long as the professionals uphold the fiduciary relationship with client.

Thus professionalism is presented as a belief in the superiority of the professional. There appears to be an expectation that professionalism embodies this superiority. Goode sees the professional standing "at the apex of prestige in the occupational system" (1957:194). Professionals, he believes, have the opportunity to exploit their clients, but do not because of the underlying moral principles they hold, which they acquire through the socialisation process of their lengthy training. Goode (1969) regards an occupation as less of a profession if the client defines his own need rather than the professional defining it for him.

In Goode's view, professionalism means that the profession is given the autonomy to do the work because such work cannot be carried out without autonomy. In return, society trusts the profession to do the work properly and, in so doing, to be governed by the principles of the service ideal. Ethicality is a part of this service orientation - the belief that the professional puts public service before private profit. It follows from this that the professional does not have to justify his judgements and, if ever called to account, it could only be to fellow professionals, as the lay person has neither the expert knowledge nor the means to acquire it. For Goode (1969), the mystery of professionalism is strengthened by the convention that only members of the professions can judge the validity of practice. Professionals are removed from ordinary

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mortals by virtue of their long training, high moral standards and the ideals of service and altruism. This element of mystery is noted by Johnson who sees the professional as a "high priest of an area of knowledge in which he is acknowledged to be competent, engaged in activities normally taboo" (1972:7). While the primary focus of the professional is to the community, he can be trusted and therefore does not have to explain or justify his decisions. He is bound by the principles of professionalism. Millerson (1964) argues that the Qualifying Associations help strengthen public trust in the ideology of professionalism, although such associations can also be viewed as a way to further the selfish aims of its members. Middlehurst (1997) sees professional bodies as having significant influence in the establishment of the concept of professionalism through the expectations of their members.

Professionals deal with the problems a lay person cannot, and in the process learn the intimate secrets of their clientele. Given the professional's superior knowledge and social status, the opportunity for exploitation is clear, and the lay client lacks the knowledge to know if such exploitation is taking place. But professionals are trusted not to exploit their clients. The fiduciary relationship that is at the heart of the professional/client relationship and the principles of service underlying it are taught and absorbed during a lengthy period of training for the profession. This training serves not only to impart specialist knowledge, but also as a socialisation process in which the values and attitudes of the profession are absorbed. It is argued that this lengthy process of socialisation acts as a deterrent against exploitation.

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The belief that professionalism is linked to the superiority of the professional is striking but unsurprising when the focus and source of information is the professions' views of themselves. As Harris-Jenkins (1970) points out, the concept of service might be fallacious but it still exists. Freidson (1999) notes that the ideology of professionalism is the basic ideology of expertise or specialisation. This expertise is of such value to society at large, or its ruling elite, that it must be done well and therefore only by those trained in the area; it is so complex and esoteric that a lay person cannot be expected to understand and make sensible choices for themselves. Such decisions must be made by credentialed members of the expert group. On its own this is not a compelling ideology, so it must be tied to the ideology of service to protect the consumer from exploitation, because market monopoly does not guarantee quality or trustworthiness. The ideology is incomplete without a third element; allegiance to a transcendent value or values such as truth, honesty, health and justice. Otherwise experts are mere mercenaries. A final element of the ideology is the intrinsic value in the work itself and the constant seeking for improvement or expansion of knowledge. Freidson sees the ideology of professionalism as the key to "justifying the privileged position of the institutions of an occupation in a political economy as well as the authority and status of its members" (2001:106).

Conclusions on the sociology of the professions

There has been a call from sociologists of the professions since the late 1980s, among them Abbott (1988), Dingwall (1987) and Freidson (1994), for a focus in future work on theoretical ideas that will be of widespread use to every profession in every culture

and timeframe. Otherwise, "Instead of providing the resources for building a sturdy growing body of knowledge we will have instead a number of scattered straw huts" (Freidson 1999:117). It appears that this is emerging in the form of more systems approaches and in particular the exploration of the interdependent relationship between professions and the state in the interests of 'social adjustment' in its widest sense. This observation is one that will trigger hostility from many in the counselling profession, and is not one of the reasons given explicitly by the opponents of the professionalisation of counselling. There appear to be two interdependent discourses in the sociology of the professions, patriarchy and professionalism and these have particular relevance in studies of the caring professions.

The traits and stages of professionalisation, although discredited as theoretical approaches, are found in the histories of the modern professions such as social work and teaching, and in the criteria for aspirant professions from such regulatory bodies as the Health Professions Council (Health Professions Council 2001). These patriarchal criteria are still accepted unquestioningly by modern professions. Another example of the dominance of patriarchy is the ideology of service, one of the transcendent values of professionalism that has become devalued when attached to female occupations where service is referred to as 'caring'. This is reinforced by Halliday's (1985) differentiation of professions by their knowledge mandates, which would place the caring professions alongside other high status normative professionals such as the clergy and lawyers. There is little reference to social class in the sociology of the professions, although this is a significant factor in the development of some of the caring professions.

Halliday's (1987) and Evetts'(1999a) doubts about the intentionality of "professional projects" are well-founded, and this is evidenced in Baron's remark "I am surprised by the innocence of the journey towards professionalisation…"(Baron 1996a:26). Professions have never operated in isolation from other social and political institutions. The conceptualisation of professions as a system (Abbott 1988) seems to accurately reflect the reality of changing jurisdictions, as is evidenced by the current rise to dominance of Cognitive Behavioural Therapy in the psychological therapies in the United Kingdom (Layard 2006; Perren and Robinson 2010). Freidson's (2001) theoretical model of professionalism as a third way to organise expert knowledge in contrast to the free market and the rational-legal bureaucracy, is less compelling than his earlier work.

In researching the processes of professionalisation in relation to counselling, the most relevant theories have been the jurisdictional systems of the professions, the discourses on patriarchy and gender, the relationship between professions and the state occupational closure strategies and knowledge mandates.

1. Methodology

Research questions

The aim of the research is to conduct an exploration of the origins and development of counselling in the United Kingdom in relation to theories of professionalisation, in order to assess to what extent counselling has become a profession? The first objective is to develop an understanding of the earlier processes, including the social, economic and political conditions in which certain decisions were made and events happened that generated subsequent, perhaps unintended, outcomes. The second, is to examine how such outcomes contributed to the development of counselling and its aspirations to professional status in the United Kingdom in the late 20th and early 21st centuries.

Introduction

The focus of this research is the process by which counselling developed and aspired to professional status. Counselling is an emerging discipline with a small but developing body of research. In terms of research, counselling is often seen as an aspect of health care and therefore much of the research is focused on counselling as an intervention. This research focuses on counselling as an occupation. As a historian by training, I am "an interdisciplinary animal, ... sceptical that one set of explanations is correct to the exclusion of all others" (Bernstein 2004:169). The methodologies of data collection and analysis used in this research are derived from a broad range of well-established disciplines, social and political science and historical sociology. The social, historical and political science research methods used are mainly qualitative rather than

quantitative; that is, the subject of the study is a naturally occurring phenomenon, not

one created by the researcher for the purpose of the research (Stake 1995:93). Such an

approach aims to produce a large amount of data about one phenomenon studied

over time rather than a small amount of data from a large sample group (Gomm,

Hammersley et al. 2000). However, "any methodology is inevitably an exercise in

'impure reason' located within a broader relational domain encompassing diverse

interconnected ways of conducting enquiry" (Hall 2007:93). Judgements on what

constitutes research validity shift with time and it is necessary "to understand the

influence of our present on our theories" (Gillette 1988:309). This chapter describes

and explains the use of case study methods and path dependency concepts, the

rationale for that choice and a critique of the limitations of this methodology.

This study began with the identification of the literature related to theories about the

process of professionalisation in the sociology of professions, which served to identify

and refine the research questions. Initially it appeared that the study could be carried

out using case study methodology with the British Association for Counselling and

Psychotherapy (BACP) as the case. BACP is the largest association in this occupational

field in Europe, and its establishment in the late 1960s and early 1970s coincided with

major developments in counselling in the United Kingdom.

It became apparent that a study of BACP alone, would not provide an answer to my

research questions. The research called for an interpretation of the material in a time

span of more than a century. "Incorporating time into causal accounts allows theorists

to more accurately explain a complex social world" (Bennett and Elman 2006 b:462). It

became necessary to take into account a longer time frame and a wider context to identify the origins of counselling in the United Kingdom, as well as the processes of professionalisation. Therefore, it became necessary to identify a methodology that could be used to address this longer and broader timeframe, identifying key points within it, and providing the basis for an analysis of the narrative account. Path dependency concepts fitted the enquiry and these concepts could be applied to the data.

Objective of the chapter

The objective of this chapter on methodology is, as Hall observes, "to increase confidence that inferences they (scholars) make about the social and political world are valid. The most important of these are inferences about causal relationships, where the object of a methodology is to increase confidence in assertions that one variable or event (*x*)" exerts a causal effect on another (*y*)" (Hall 2003:375). The methodology used in this chapter seeks to provide a mechanism to move from a historical description to an analytical explanation that takes into account the social, economic, cultural and political historical context . The depth of 'within case' detail generated by case study methods makes this methodology well suited to the analysis using path dependency arguments and the notion of critical junctures, self-reinforcing sequences, interactive effects, and possible causal inferences (Bennett and Elman 2006 a:251). Thus, case study methods allow for both "a holistic view of the story and a detailed view of events" (Bennett and Elman 2006 a:57). The challenge is to achieve a

balance between the historical account of the case study and the theoretically based explanation (George and Bennett 2005).

Rationale for the use of case study with path dependency theory

This research into the processes that affected the development and professionalisation of counselling in the United Kingdom requires a methodology that can produce valid explanations of a process over a time span of more than a century; that can address historical complexity and develop causal inferences with reference to theories of professionalisation. Case study methods combined with path dependency theory provide a methodology that can address the complexities of causality and temporality in the development of counselling and the processes of professionalisation - the focus of this study. One issue is the difficulty in establishing whether a casual factor is necessary and sufficient to lead to an outcome; path dependency addresses this problem (Pierson 2004; George and Bennett 2005; Capoccia and Kelemen 2007).

The use of case study allows the collection of detailed knowledge needed to discover the impact of disparate happenings and to explore ways in which causal mechanisms operate in individual cases. The variety of evidence generated by case study methods taken together enables conclusions to be drawn about possible causal mechanisms by demonstrating how processes connect causes and outcomes, including inferences about complex events.

> "Because path dependence invokes causal possibility, contingency, closure and constraint, case study methods are well suited to analyze these kinds of

arguments" (Bennett and Elman 2006 a:257).

Sequencing and interaction effects are clearer in a single detailed case study and the detailed study over time enables the effects of critical junctures and self-reinforcing sequences to be identified. Case study methods help to identify the mechanisms of institutional creation and sustained development (Pierson 2004; Bennett and Elman 2006 a; Duit 2007).

The methodology is used to generate explanations, infer causal mechanisms and chains and to test theories. Processes, themselves, are not directly observable. "The process and its associated mechanisms are believed to exist because of the observable implications of their operation" (Bennett and Elman 2006 a:257). The causal mechanisms of the particular case explored in detail and the use of path dependency as a theory of such causal mechanisms are used "to give historical explanations to cases" (George and Bennett 2005:21).

The combination of case study and path dependency concepts offers a useful means for the close examination of hypothesised causal mechanisms in the theories of professionalisation with reference to a particular case, in this study of BACP and counselling. This methodology has the capacity "for addressing causal complexity" (George and Bennett 2005:19) in that the case study can use theories of causal mechanisms to give historical explanations to cases. For example, counselling's lack of exclusionary measures and control of entry to the profession, both of which are seen as essential factors in professionalisation by many authors, has not prevented a move towards professional status for counselling. Path dependency as a methodology can

explain reduced choices and link decision-making over a long time span, but it cannot

be used to neatly predict the future (Duit 2007). The collection of data from multiple

sources and the identification of long slow-moving processes assist in the identification

and analysis of competing explanations. The methodology also provides a way to

assess if and when correlation becomes causation, by studying the outcomes of the

interactions of conditions and variables over time (George and Bennett 2005).

This study of the development of counselling, the processes of professionalisation and

events involved, requires a classic historical approach and contextual thinking about

how events and processes are related to each other in social, political and economic

dynamics that unfold over an extended period of time. Any event is influenced by its

temporal location, its place in a sequence of occurrences and the interactions with the

various processes unfolding at difference speeds and in addition the agency of key

actors. This historical complexity may have:

> Many unrelated variables that all contribute to the historical explanation.
>
> Sequential development over time.
>
> Inter-dependent causal variables, that is, many unrelated variables that
>
> contribute to the explanation or a sequential development over time (George
>
> and Bennett 2005).

Hall summarises the problem of the possibility of multiple causes as "the possibility

that an outcome may be caused not by the same one or two variables operating in all

cases independently of other variables, but by diverse combinations of factors, each operative in some of the cases" (2003:389).

Path dependency originated in economics and has been used more recently in politics and historical sociology in combination with case studies (Abbott 1995; Mahoney 2000; Thelen 2000; Mahoney 2003; Pierson 2003; Thelen 2003; Pierson 2004; Bennett and Elman 2006 a; Bennett and Elman 2006 b; Capoccia and Kelemen 2007; Ghezzi and Mingione 2007). The utility of the approach is that it can be used to identify and analyse complex causal factors over a long period of time, and include broad social, economic, political and cultural contexts, as well as a detailed 'thick' account of the creation and development of institutions.

Path dependency incorporates temporal and contextual elements with detailed case study evidence (Pierson 2003; Pierson 2004; Bennett and Elman 2006 a; Bennett and Elman 2006 b). It can explain both continuity and change, and identify and analyse long slow-moving processes over a lengthy time span. It provides a mechanism for identifying causal processes that enable the production of a coherent, valid analytic explanation of the processes of professionalisation with regard to counselling. In addition, the methodology facilitates the testing of theories of professionalisation. The identification of the mechanisms at work enables the development of explanation, rather than a narrative of things that happen one after the other (Pierson 2004). The temporal dimension is a key feature of path dependency. "Incorporating time into causal accounts allows theorists to more accurately explain a complex social world" (Bennett and Elman 2006 b:462). It enables wider social changes and contexts to be

taken into account within it. "Path dependency suggests the historicized dimension of social analysis" (Ghezzi and Mingione 2007). The methodology is also used to see if the hypothesised sequences and conjunctures are confirmed or falsified by the multiple sources of evidence.

Outcomes can sometimes only be adequately explained by tracing backwards to the wide range of factors and sequences of events that bring them about (Gomm, Hammersley et al. 2000). Case study methods using path dependency theory provide an appropriate methodology for conducting this research.

Case study

Case studies use naturally occurring phenomena as the subject of research, rather than experiments created specifically for the research. A case study may comprise a single or multiple cases of a single case with embedded units of analysis (Stake 1995; Stake 2000; Yin 2003). Yin regards case study as one methodology for addressing questions of "how" and "why" and, as such, "questions deal with operational links that need to be traced over time" (2003:6). In case study research, the aim is to establish a chain of evidence using multiple data sources in order to understand in depth the particular case studied. To this end, the wider context within which the case exists and operates must be studied to enable the fullest possible picture of the case to be generated. Case study research aims to "…construct a clearer reality, and a more sophisticated reality, particularly ones that can withstand disciplined scepticism" (Stake 1995:101).

Case study method

Case study method allows for inferences to be drawn from complex events and interactions within a single case, in that the 'thick' descriptions in case studies assist in the identification of inferred links between cause and event (George and Bennett 2005; Bennett and Elman 2006 a). There is debate over the generalisations that may be drawn in case study research, especially from a single case. Stake does not regard this as the purpose of case study research (1995). For George and Bennett (2005) generalisations can be narrow and more contingent. Bennett and Elman (2006 a) identify several elements that strengthen the validity of conclusions drawn from a single case; the more that are present, the stronger the validity. Thus validity is strengthened if the case study has suitable start and end points, as few breaks as possible in the story to establish the causal chain and evidence that is consistent with only one explanation. Detailed case study through analogy and comparison can provide a useful picture of the dynamics of attempted professionalisation which can be relevant in other cases or even more generally.

Case studies use multiple sources of evidence to establish a chain of evidence. In order for the analysis phase of the study to produce valid results, all the collection phases of the study must have been well implemented. Yin (2003) identifies six related data sources:- documents, archives, interviews, direct observation, participative observation and physical artefacts. This study uses four of those data sources; documents, archives, interviews, participative observation and adds an important fifth, a reflective research journal. Multiple sources of evidence help in triangulation to test

the validity of inferences, hypothesised causal chains and sequences. The accessible

evidence collected enables the consideration and dismissal of alternative explanations,

if the explanation is not consistent with the evidence. "A single 'smoking gun' piece of

evidence may validate one explanation and rule out another" (Bennett and Elman

2006 b:459). The case studied here will make a contribution to a body of evidence on

the development of professions.

The data sources and collection methods for this case study are considered in detail

below. The data collection and analysis methods used in case studies are well

established and covered in the literature (Jorgensen 1989; Denzin and Lincoln 1994;

Stake 1995; Kvale 1996; Cresswell 1998; Yin 1998; Klein and Myers 1999; Gomm,

Hammersley et al. 2000; Stake 2000; May 2001; Wengraf 2001; Denzin and Lincoln

2003; Yin 2003; Outhwaite and Turner 2007).

Data sources, methods of data collection and limitations

As a volunteer within BACP in the 1980s and a member of staff since 1999, I have

personal knowledge of the association and relationships with several of the key actors.

I have obtained permission to use the private archive papers of Mary Godden and

Cassie Cooper. While this close personal involvement and existing relationships with

informants raises issues of impartiality, which are addressed in the section on the

participative researcher, it has removed any problems of access to data. In addition, I

am also an informant, as my involvement with counselling and BACP began in 1977.

<u>Participative research</u>

The 'historical' self as informant

Behind the research "stands the personal biography of the researcher who speaks from a particular class, gender, racial cultural and ethical community perspective" (Denzin and Lincoln 2003:30) In addition, in my case, there is the personal and professional involvement with BACP since 1977. I have used the records of my activities in the BACP archives and publications from 1977 to 2004, when I began to keep the research journal, to inform the narrative and analysis of the thesis. In addition, I have, so to speak, interviewed myself, using the archive material and interviews with informants as prompts.

The reflective research journal

One data source for my participative research is my reflective research journal and personal notes taken at relevant meetings throughout the period of my research. A research journal acts as the medium that can be used for self-evaluation and reflection, a place to tease out and test interpretations. The participative reflective researcher has to challenge personal assumptions and navigate between the 'Scylla of self-doubt' and the 'Charybdis of self-righteousness' (Gillette 1988).

I kept notes of the external meetings I attended on behalf of BACP. These were rough jottings and included statements by key people present, notes of issues, reactions of attendees and my own reactions and identification of the dynamics in the meeting, emerging covert agenda and any interpersonal tensions I thought I had observed.

These notes were used both for reports to BACP and for my reflective research journal.

I also kept the meeting papers for internal and external meetings. Thus I usually

produced three different accounts of the same meeting. The BACP reports were

factual and recorded issues discussed, decisions made and emerging issues that

seemed to me to be important to BACP. These notes also included my advice on what,

if any, future actions needed to be taken and, as such, formed a source for later

analysis of what actions were taken.

The reflective research journal focuses on the subject of this study and any parts of the

meeting that might be relevant to the professionalisation of counselling and my own

role and reactions in and to the meeting. This reflective account enables themes to be

identified and followed, for example, the lack of any common understanding of the

activity of counselling. In the journal, I attempt to identify my own position and biases

that might have led to my behaviour in the meeting, for example, I was aware of

feeling very protective towards primary care counsellors in the 'Improving Access to

Psychological Therapies Project' (IAPT) meetings, while at the same time being aware

of how BACP had contributed to their undervaluing by failing to establish a clear

professional identity for counselling. I have been a member of two groups producing

National Occupational Standards (NOS) in this area; the Employment National Training

Organisation's (ENTO) NOS for Counselling and the Skills for Health project for NOS for

the Psychological Therapies. In this latter project, I became aware that I was

vehemently resisting a challenge to the concepts of Person-Centred counselling from a

psychotherapy organisation. On reflection in the journal, I found that my responses

were driven by my theoretical training as a Person-Centred counsellor and by my personal intellectual objection to the 'intellectual mush' being proposed.

Participative research offers the researcher intimate access to data, events and groups that might be denied to an external researcher (Yin 1998). However, a researcher is not an inert object; every intervention a participative researcher makes, even the act of capturing data in itself, creates new data. As shown in the above examples, the researcher should also be aware of the effect of the research on his/her own actions. Reflections as a participative researcher affect behaviour and that, in turn, influences events. Coghlan and Brannick (2001) suggest that this is best done by dividing the 'story' into:

> ..."the content- what happens
>
> ...the process - how things are being done
>
> ...the premises - underlying assumptions and perceptions" (Coghlan and Brannick 2001:19-20).

I have used this in my analysis of the reflective journal, together with a thematic analysis based on Miles and Huberman's (1994) methods of data reduction, display and verification. This analysis initially produced several themes which, on further reduction, led to the identification of two self-reinforcing dynamics within BACP. (See Chapter 7)

Two further limitations of participative research are lack of time and insider preconceptions. The first has no simple solution; the latter can be guarded against

through discussions with critical friends. However, the researcher must be vigilant and aware of personal assumptions and biases. Objectivity is impossible for a researcher who cannot guard against unconscious biases and assumptions (Ahern 1999). The best that a researcher can do is to attempt to become aware of the influence of their own experience on the research. Rather than attempt unsuccessfully to eliminate areas of potential conflict, the researcher should record these in the work (Ahern 1999). It is also necessary to be aware of the personal interests, values, thoughts and feelings that influence research and to be rigorously self-reflective in identifying these.

Participative research can be emotionally demanding, Simmons found that conducting organisational research "involves internalizing the conflicting perceptions of the participants" (1988:288). She also experienced unanticipated empathic responses during the reconstruction of the organisation's past, and noted that research into past events can give rise to unexpected emotional responses in the researcher which need to be brought into conscious awareness (1988). Rigorous reflection is needed to make sense of what happens.

In the period late 2004 to late 2005, the political sensitivities in the work I was undertaking with external organisations made it impossible for me to declare my research interests. To do so would have been a conflict of interest. I decided that to carry out participant observation covertly would be unethical. Therefore, I have used only documents relating to that project (2004-05) that are in the public domain or BACP archives. I did, however, record my personal reactions.

Since 2006, I have been able to inform people in meetings of my research subject and have answered any questions that they might have. I have not used the data collected from meetings, which is not in the public domain in this study without the permission of the people present. The main use of my research journal is to identify my own role and actions and interpretations and to use that record to cross-check the consistency of any causal or path dependent inferences with the evidence.

I have become aware of a triangular process in myself during this research. I have read and reflected upon the theories, applied these to my observations and interpretations and then applied both in the interventions I have made. This has, therefore, had an influence on the processes I have been researching. I have then observed the impact of my interventions and linked this back to the theories.

Documents and archives

Documents and archives need to be understood and interpreted in the context of the purpose for which they were written, the person they were written by, the audience for whom they were intended and the level of their accuracy. Official documents often do not resemble the complex realities out of which they were produced (Simmons 1988). Denzin and Lincoln (2003) refer to the use of hermeneutics and the importance of understanding the prejudices that shape both the production and interpretation of texts.

The primary archive data of BACP is in the form of minutes of meetings, reports and reviews produced for internal use from the Annual General Meetings (AGMs) Annual

Reports, Board of Governors minutes, Consultative Committee, Fellows Forum, internal committees and working groups. There are also BACP publications, some restricted to members and some for general public use, such as the Association's journals, information sheets, annual reports and accreditation criteria.

Formal minutes are at best incomplete records, vulnerable to the 'not for minuting' of the many significant asides and issues. It is important to know the historical context of both the researcher and the texts (Jorgensen 1989; Denzin and Lincoln 1994). The archival data is incomplete, especially for the early 1970s. However, I have been fortunate in finding some of the missing records in the personal archives. Many internal records are in the form of minutes of meetings with tantalising entries such as 'a full discussion took place' which are inexplicit, but hint at possible divergent views on the agenda item. One of the limitations of documentary sources is the lack of a record of any emotion expressed. The minutes in the early years were taken by committee members untrained in minute-taking. In some cases these are more extensive than 'professional' minutes, but also subject to the personal agenda of both the minute taker and Committee Chair.

Publications

These include a wide range of relevant publications covering the period 1971-2009, from Government departments, cognate professional bodies and Sector Skills Councils, and regulatory councils. These documents provide evidence of the external factors and are used to create hypothesised critical junctures at which these external sequences

intersect with internal ones. For example, there are a series of Department of Health

Publications on the delivery of psychological therapies in the National Health Service

beginning in the 1990s.

Government publications are produced to meet a particular political agenda for

specific purposes and must be interpreted in the light of such agenda. When the

historical perspective is taken into account, it is probable that these publications are

influenced by both the political and personal agendas of their creator. High profile

official documents may set the cultural context for discussion and decision-making

within the organisation. Cross referencing with my research journal can be used to

check this.

Interviews

The interviewees in this study span the development of counselling from the late

1960s to the present. Appendix 1 contains brief biographies of the seven interviewees;

Lord John Alderdice, Nicola Barden, Judith Baron, Cassie Cooper, Richard Evans, Mary

Godden and Audrey Newsome. Those informants from the earlier periods were

identified from the archives, and from the recommendations of each other as potential

useful sources of information on decisions taken and views held on counselling. Most

were major players and office holders in BAC. As such, they represent a source of

historical evidence. Those currently involved are people actively involved in the

delivery of psychological therapies in the National Health Service and the statutory

regulation of the psychological therapies in the early 21st century. They were identified

from the groups with whom I currently work. In all cases, interviewees were known to me. Some were interviewed in their homes, some over the phone and some in neutral venues. The criterion for selection was that the individuals had substantial involvement either with the association or with the development of counselling in the United Kingdom.

Semi-structured interviews lasting between an hour and an hour and a half were used in all cases and all interviews were audio-recorded and transcribed. In advance of the interview, each was approached and the research questions were outlined to them, together with the areas to be covered in the interview. This first contact was followed up with a letter stating the purpose of the research/interview, the scope and range of the research and a request for permission to use and or quote from material arising from the interviews and a consent form. The letter also contained an undertaking to submit any text quoting or referring to the interviewee to that person for comment and approval before submission of the thesis.In some cases, copies of the minutes and reports were sent to the interviewee in advance to act as memory prompts. The questions were not identical for each interview, but relevant to the period in which the interviewee was actively involved in counselling. For example, with Cassie Cooper, Mary Godden and Audrey Newsome one topic was the origin of the Standing Conference for the Advancement of Counselling in the late 1960s. With Lord John Alderdice, one subject was the work relating to his 2000 Private Members Bill for the regulation of psychotherapy. Time was allowed for informants to talk about what they regarded as key issues. Common questions on the development of counselling as a

profession, and the nature of the external and internal influences during the time that

the person was actively involved were asked at all interviews. Both the interviews and

the research journal were analysed using Miles and Huberman's (1994) methods of

data reduction, display and verification. Themes were identified in each interview and

cross checked with other data for verification and reduction.

There is a risk that the researcher will unconsciously impose meaning, and this must be

constantly guarded against at the time, and later by checking with informants (Robson

2002). Interviews as a reliable source of data, especially for events in the past, have

serious flaws, as memory is an unreliable witness. Interviewing about past events, the

complex thoughts and emotions of the time have degraded and been changed in the

memories of the people who were there and are now recalled through their present

thoughts and feelings. Memories are "highly selective, opportunistic, contextually

encoded, frequently reinterpreted fragments that represent the 'truth' only slightly"

(Simmons 1988:293). Informants' 'facts' are in reality personal interpretations. Kvale

(1996) regards this element in interviews as a valuable means of collecting different

perspectives and interpretations. There are questions about the validity and reliability

of using such data; this can partly be addressed by corroboration with other sources,

by checking personal accounts with documentary record and with accounts from

others of the same events or time period (Yin 2003). Such a practice can also identify

changes in perception and meaning that have taken place.

Selection has its consequences; in choosing people I already knew they might recall

what they thought I wanted to be recalled. More pragmatically, the selection of

informants for the earlier period depended on the people still being alive and able to be contacted and interviewed. Some informants have remained actively involved in the Association and the profession and their personal views of counselling have changed over time. What is recalled of past debate and decisions is recalled through present knowledge and accepted norms. This inevitably colours their recollections of past events.

I know that memory is unreliable from personal experience. For example, I do not recognise my earlier self in the minutes of meetings, and I do not recall the debates and decisions taken under my Chairmanship of the BACP Accreditation committee. So I have no illusions that my informants are going to be any more reliable as witnesses to past events and meetings than I find that I am, myself. However, they may be able to recall the nature of the debates and the rationale for decisions and thus add to the 'thick' picture from which causal inferences can be drawn and self-reinforcing sequences hypothesised.

Path dependency concepts

Path dependency theory derives from economics and politics, and in political research has been used particularly in studies in institutional development. Path dependency has been defined as "social processes that exhibit positive feedback and thus generate branching patterns of historical development" (Pierson 2004:21). Where the data produces two or more plausible explanations, the concepts of path dependency can be used to identify critical junctures that lead to the identification of the more valid

explanation. Capoccia and Keleman describe a critical juncture as "the point at which there is a range of plausible actions" (2007:341). The choice made from that range closes off alternative options and generates a self-reinforcing dynamic. In this thesis the term 'self-reinforcing' sequence rather than 'path dependent' sequence is used as the term is more self-explanatory.

Once a self-reinforcing tendency is established, critical junctures are more likely to reinforce the chosen path, that is, strengthen an existing self-reinforcing sequence, than to bring about change. This has been the case within BACP. Therefore, one result of a self-reinforcing process is constraint on future choices, that is a 'lockediness' to particular pattern within an institution. Early events tend to have a greater impact than later events in the development of such patterns. At such junctures, it may be important to take into account the influence of actors, (Katznelson 2003) either individual or collective, for example, the membership of the group that first met to create the Standing Conference for the Advancement of Counselling. Path dependency theory posits that early events may have large random effects and small events may have large and lasting effects depending on when they occur.

This research uses the following concepts in path dependency in data collection and analysis - 'self-reinforcing sequence', 'critical junctures', 'timing and sequence', 'long slow moving processes' in combination with case study methods (Pierson 2004; Bennett and Elman 2006 a; Bennett and Elman 2006 b). The terms used in path dependency theory are explained below.

Critical junctures and self-reinforcing sequences

A critical event occurs when a choice of options is made that has lasting consequences; (See Figure 1) these may be the result of a conjuncture of sequences. Such junctures tend to be of short duration in comparison to the self-reinforcing sequence they instigate (Capoccia and Kelemen 2007). A conjuncture is the intersection of sequences or options. Not all conjunctures have lasting consequence, nor do they necessarily result in change to a self-reinforcing sequence. (See Figure 2) Initially, a range of potential paths exist and one is chosen. A self-reinforcing dynamic makes it more and more difficult over time to move from this path and return to a position where alternative paths are available; even if the chosen path has become inefficient. Katznelson (2003:291) describes these as "mechanisms of persistence." An example of such a self-reinforcing sequence of is the initial choice of the United Kingdom Council for Psychotherapy (UKCP) in 1993 of organisational rather than individual membership. This decision took the United Kingdom Council for Psychotherapy (UKCP) down a path which limited growth and openness to change, because a move to individual membership would reduce the power of the organisational members. (See Figure 1)

A self-reinforcing sequence occurs when, once an option has been chosen, for example, an institutional arrangement, this choice is reinforced over time and constrains future choices, for example, the British Psychoanalytic Council's (BPC) criteria for approval of training institutions which restricted both the growth of the BPC and the viability of the training organisations. Initially, a self-reinforcing sequence may lead to a period of institutional stability, but later it can lead to inertia. A reactive

sequence is a chain of "temporally ordered causally connected events" (Mahoney

2000:509), where each event is a consequence of the former event leading to a

particular outcome.

Figure 1: Start of a self-reinforcing sequence. (Mahoney 2000:514)

A

B ⟶ B ⟶ B, B, B

C

Period 1.	Period 2.	Period 3.
Initial Conditions	Critical Juncture	Self-reinforcement
Alternative choices are available.	Option B is chosen.	Option B capitalises on initial advantage and is reproduced over time
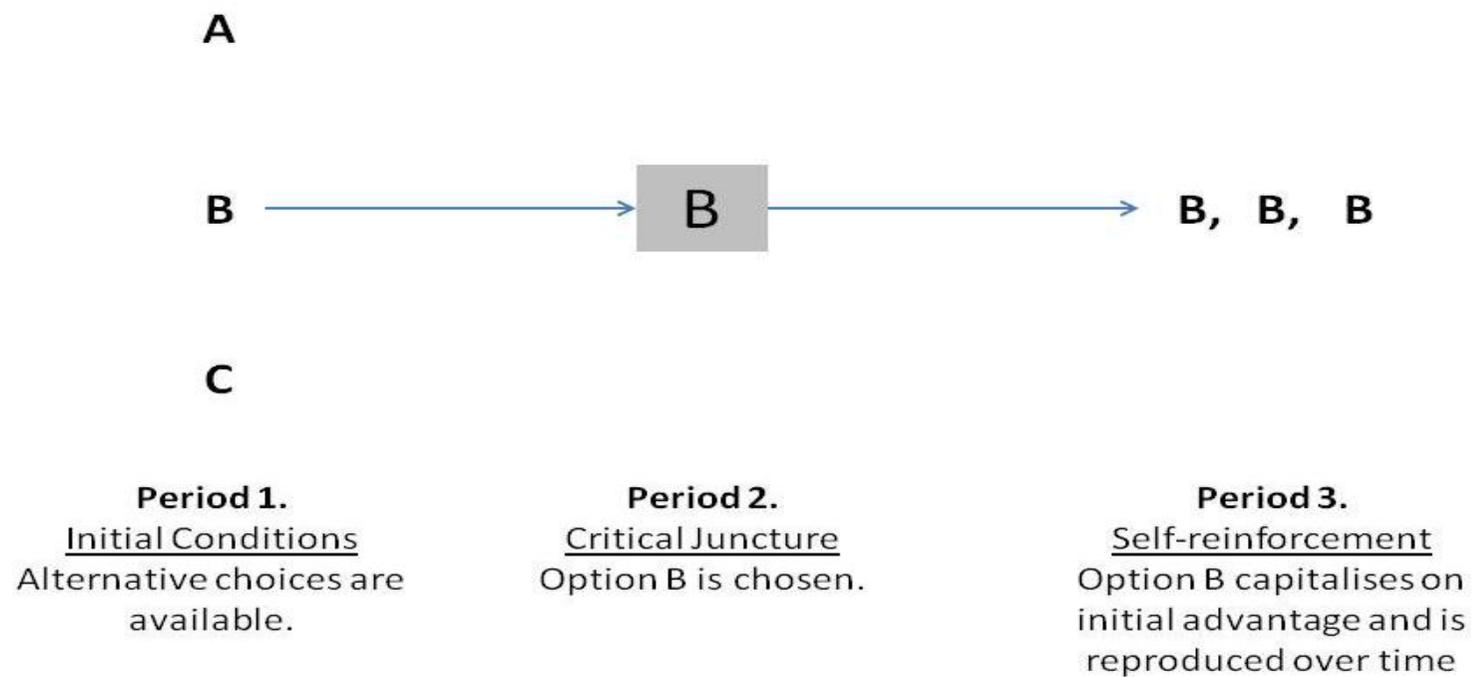
Figure 2: Sequences with no consequences
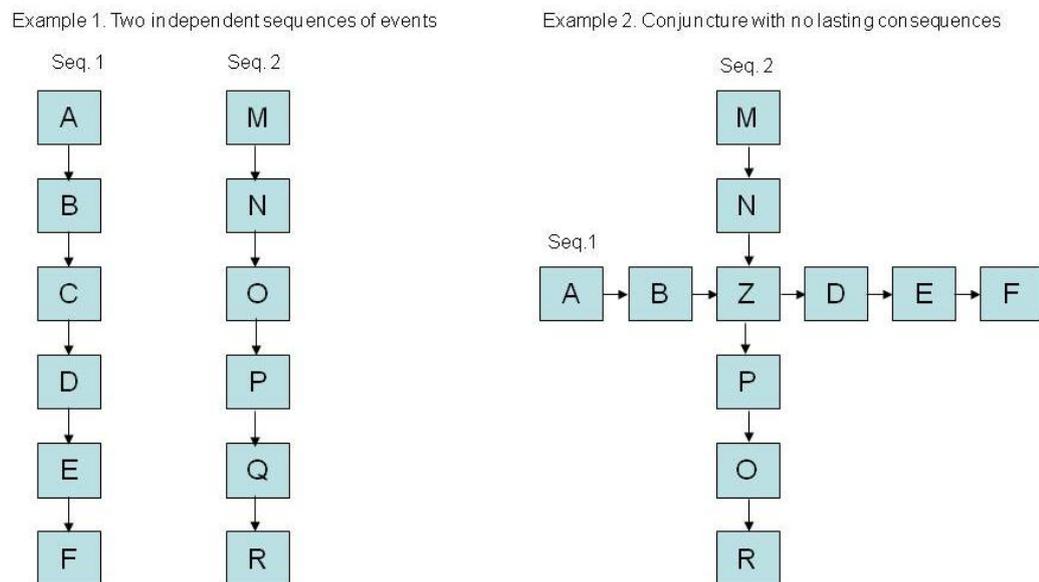
Timing and sequence

What actually happens and the order in which things happen are critical to analysis.

The social, economic, political and cultural conditions of the time will determine the

possible responses to an event or process and, once chosen, the self-reinforcing

dynamic will lead to a distinctive long term path. "When things happen affects how

they happen" (Pierson 2004:77). A different ordering of the same event or process

could produce a different outcome, for example, the attempts to regulate

psychotherapy by the psychotherapy organisations in the 1970s failed, though similar

attempts in the 2000s appear likely to succeed, because the psychological therapies

have become part of mainstream healthcare in the interim.

The point at which critical junctures occur is significant as the impact and long term consequences will vary, depending on when the interaction took place. The temporal order of events is critical in determining which developmental path will emerge as a self-reinforcing dynamic leading to a closing off to alternative paths. For example, it could be argued that the critical juncture of the incidence of shellshock in the officer cadre in World War One and the development of psychoanalysis led through a long sequence to the 2006 Improving Access to Psychological Therapies (IAPT) programme. Goldstone (2003) warns that one should not assume that actions always bring the intended consequences. It is important to understand the knowledge, intentions and the circumstances at the time that decisions were made.

Using 'counterfactuals' as a method used to test the validity of hypothesised critical junctures and path dependent sequences helps with this process. A counterfactual develops the alternative history that would have happened if an alternative had been chosen at the critical juncture and demonstrates that this would have led to very different outcomes (Griffin 1993). This is especially powerful if theoretical constructs indicate that the alternative should have been the chosen option (Mahoney 2000). In order for path dependency to be a valid approach, "there need to be some different feasible histories" (Bennett and Elman 2006 a:252). For example, in 1977, BAC could have chosen to follow the criterion for membership used by the established psychoanalytic organisations, that is, the completion of an approved training qualification. A different choice was made.

Figure 3: Critical junctures with lasting consequences. (Mahoney 2000 p 529)
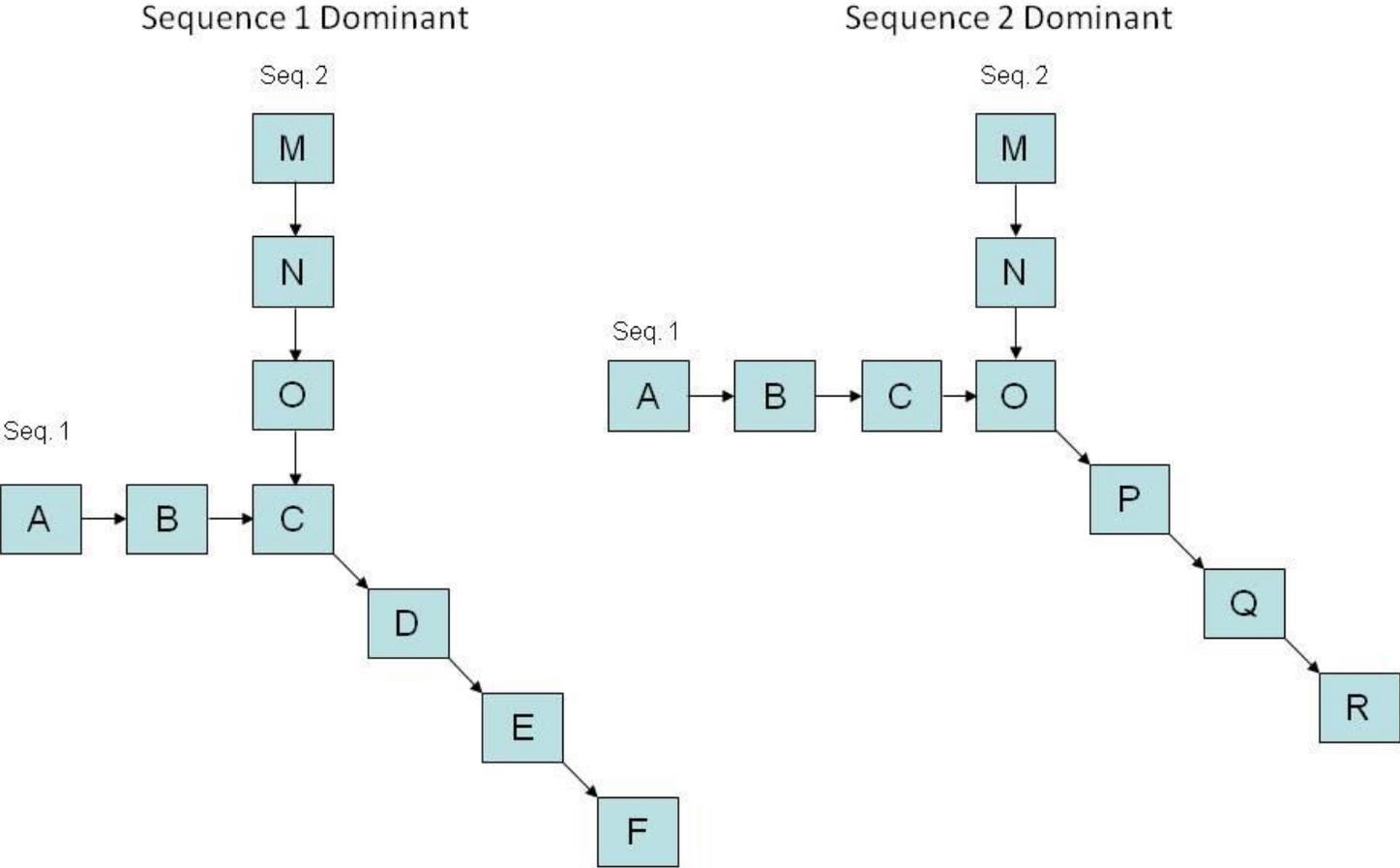
Long slow-moving processes

Slowness cannot be correlated with unimportance. Within slow processes there may be incremental changes which result in an observable outcome only when a threshold effect is reached. One feature of such long slow-moving processes is unintended consequences (Goldstone 2003). There may be a long time lag between the appearance of the key causal factor and the outcome. This pace may depend upon social and cultural factors. "Events of equivalent causal importance just don't always take the same amount of time to happen" (Abbott 1988:174).

Institutional creation and development

Path dependency, with its focus on longterm outcomes and long slow-moving processes, suggests that the effects of institutional choices should be seen as the product of the social processes, rather than the goal of social actors (Pierson 2003; Pierson 2004). "If an actor is not viewed as an atomized individual he/she must be located in different social, cultural and cognitive contexts, which are the outcomes of diversified historical processes of change, innovation and adaption" (Ghezzi and Mingione 2007:19). Thelen (2003) argues that key players adapt their expectations and strategies to the institution, not the other way round. Both Thelen (2003) and Pierson (2004) emphasise actors' investment in particular institutional arrangements, and also that some actors are excluded because of this. It has been argued that actors have more influence at critical juncture times, and structure more influence at times of stability (Ghezzi and Mingione 2007).

<u>Issues in using path dependency theory</u>

Scholars developing path dependency theory are aware of the potential weaknesses: the risk of discarding data that does not fit (Duit 2007), of assuming that path dependency at an early stage will necessarily determine the outcome of a process with a long timeframe (George and Bennett 2005). A narrow focus of small events can lead to the omission of the larger social, economic and political factors within which the specific study operates (Katznelson 2003). The agency of actors can also be omitted or discounted (Thelen 2003).

Issues of reliability, validity and generalisation

Explanatory studies are vulnerable to inaccuracies and incompleteness (Robson 2002). One weakness of the single case study is that of inaccurate inferences because of omitted variables. The methodology does not produce causal inferences that can have validity across a range of settings. Path dependency produces inferences, but it is not clear to what extent these are significant beyond the particular, to what extent they are representative and therefore generalisable (George and Bennett 2005).

It is necessary to use methods that are explicitly developed to address these key contextual issues. Multiple data sources are an advantage in that they can increase validity, reliability and facilitate triangulation, but they also have disadvantages in that they can be confusing and contradictory (Wengraf 2001). A methodology that seeks to establish causal relationship must be cautious in its propositions as causal relationships may not be directly observable and are likely to be complex (Gomm, Hammersley et al.

2000). There is the danger in a single case, of seeing correlation as causation. Bennett and Elman (2006 a) identify several elements that strengthen the validity of conclusions drawn from a single case; the more that are present, the stronger the validity. Validity is strengthened by suitable start and end points, with as few breaks in the story as possible to establish a causal chain and evidence consistent with only one explanation. This thesis has established two causal narratives supported by evidence; one, the development of counselling, the second, arising from this, the development of BACP, the professional association for counselling. These are used to explore and analyse the processes of professionalisation.

Reliability

Several forms of reliability are used in qualitative research, some of which are applied in this methodology. The focus on issues of temporality and sequencing make the concept of reproduction and repetition reliability inappropriate. "In a complex social world cases are at some level unique and causal stories are likely to be knowable only after the fact" (Bennett and Elman 2006 b:458). There are other forms of reliability in qualitative research. Mason (1996) proposes reliability in terms of accurate research methods and techniques and the integration of data from multiple sources. Reliability can also be enhanced by the triangulation of data sources, methods and theories. Chains of evidence also increase reliability (Yin 2003). Case study reliability is based on the triangulation of the review of records, interviews and member checking.

<u>Validity</u>

Validity in qualitative research has been described as the quality of the link made between description and explanation (Janesick 1994). If these lead to converging lines of enquiry, the validity of multiple data sources is enhanced and discrepant data is accounted for (Yin 1998). In this methodology, validity can be assessed in terms of the plausibility of the explanation over other possible explanations, as well as the plausibility of the proposed causal chains. The validity of a hypothesis of a self-reinforcing process calls for multiple sources of evidence supporting one explanation and eliminating others. Using a single case raises the issue of the validity of causal inference and selection bias. This can be mitigated by using multiple data sources for the same event or period. 'Member checking' is used in this study as informants' accounts are checked against each other and the researcher's account is sent to informants for feedback for accuracy of both events and inferences.

The subjective bias of participative research can be addressed by multiple observers and/or participants observation. Feedback discussions after meetings with colleagues provide some informal observation checking. Triangulation of data sources, where these are in the form of interviews and documents, can be vulnerable to self-reporting bias and ideological distortion (Bickman and Roy 1998). Researcher inferences of causality need to be validated by checking against other forms of evidence, discrepant and missing evidence as inferences of causality are often drawn from more than direct observation. Kay (2003) makes the point that there are omissions in this methodology

as path dependency does not explain why systems sometimes develop in a path-dependent way.

Generalisation

Path dependency produces inferences, but it is not clear to what extent these are significant beyond the particular, to what extent they are representative and therefore generalisable (George and Bennett 2005). In this sense, the approach may lack representativeness. The explanations of causal sequences, self-reinforcing sequences and critical junctures can test theories of professionalisation, especially in the area of the difference between necessary and sufficient causal factors (George and Bennett 2005; Ghezzi and Mingione 2007). Attempts at generalisation often suggest that "explanations are contingent on complex and variable conditions" (Mahoney and Rueschemeyer:10).

Conclusion

I have been fortunate in having access to the whole range of archival material in BACP. I have obtained written permission to use the BACP archive for the purposes of this research. Case study using path dependency theory is an appropriate methodology to use in this research because it enables the identification of critical junctures and self-reinforcing tendencies that both limited and contributed to the process of the professionalisation of counselling over a period of more than a century. This methodology also makes it possible to evaluate theories of professionalisation in the context of the specific profession. The use of case study methods makes best use of

the evidence available and the access I have to data and informants. It is investigation of causal processes in the real world (Gomm, Hammersley et al. 2000) that enables the identification of the development of self-reinforcing causal sequences in long slow-moving processes. I believe that the use of case study and path dependency to identify self-reinforcing dynamics and causal sequences makes possible the construction of a valid narrative of the processes at play in the development of counselling and its moves towards the professionalisation in the United Kingdom.

2. 1890 to 1971: The emergence of counselling in the United Kingdom

Introduction

This chapter presents a narrative of demand and supply and of changing popular discourse (De Board 1991; Furedi 2004) in relation to the emergence and development of the activity and occupation that has become known as counselling in Britain up to 1971. It outlines the historical context and explores the events and factors that made it possible for counselling to emerge as a distinct activity with aspirations to professional status. It summarises the key factors from each of four time periods and presents an analysis of the process in the conclusion.

The chapter draws from various threads that contributed to the emergence of counselling as a separate and distinct occupation. In so doing, it touches on, but does not explore in detail, many different areas: the history of psychoanalysis and the development of the various psychoanalytic schools in the UK and USA, including group analysis and therapeutic communities; changes in the understanding and treatment of mental illness; the development of the human relations school of management; the anti-psychiatry movements of the 1960s; the emergence and influence of user groups; the histories of clinical psychology, social work, mental health nursing, industrial welfare work, pastoral care and careers and educational guidance. It does not explore the informal helping interactions of the clergy, doctors, nurses and others which are carried out as part of another role. It concentrates on the emergence of counselling as a deliberate psychological intervention. It can be argued that the activity that is known

as counselling happens naturally as part of human relationships in families and friendship and work groups, but at some point counselling became differentiated from these everyday conversations. This chapter traces the history of this differentiated activity.

Chapter outline

This chapter outlines the emergence and development of the ideas and activities that are today described as 'counselling' in the period from 1890 to the foundation of the Standing Conference for the Advancement of Counselling (SCAC) in 1971. It is divided into four time periods: 1890-1914, 1914-1939, 1939-1960 and 1960-1971. In each period, the social, economic, political and cultural trends and changes relevant to the emergence of counselling are identified. It teases out separate threads in specific contexts and activities that contribute to the development of counselling, threads that were first woven together in the Standing Conference for the Advancement of Counselling (SCAC) in 1971. It identifies indicators of professionalisation in the groups delivering these activities from the early twentieth century onwards.

Sources

The sources for this chapter are derived from theoretical concepts of the sociology of the professions and social history; information obtained from interviews, archive material from the Standing Conference for the Advancement of Counselling (SCAC) and the British Association for Counselling (BAC), published articles, and government publications.

Oral evidence comes from three interviewees: - Audrey Newsome, Cassie Cooper, and Mary Godden, who were involved in the counselling world since the late 1950s and early 1960s. A fourth informant, Jane Rosoman, provided a written account of her professional history. (Brief biographies are found in Appendix 1) Cassie Cooper and Audrey Newsome with Nick Malleson and Hans Hoxter were four of the founder members of SCAC in 1971 (Cooper 2007).

Theoretical concepts

The main theoretical concepts employed in this chapter are those of Abbott (1988; Abbott 1995) on the jurisdictional disputes between professions and the establishment of professional boundaries; Perkin (2002) on the rise of professional society in twentieth century Britain; Halliday (1985) on the influence of the different knowledge mandates of professions in their development; Rose (1985) on the development of the psychological complex, that is, the set of professions dealing with the psyche: psychology, psychiatry, psychoanalysis, psychotherapy, psychiatric nursing, and psychiatric social work; Miller and Rose (1988) on the government of subjectivity and Hearn (1982)and Witz (1992) on the influence of patriarchy in the development of professions.

Descriptions and definitions of counselling

The term 'counselling' cannot be used with any historical accuracy in Britain before 1945. I am using the term 'counselling in this thesis when referring to the population and organisations that are engaged in and with the activity of counselling, in the same way

as 'medicine' and 'the law' are used to describe both population, organisation and activity. 'Counselling' rarely appears in the literature and accounts of the activities that are the precursors to counselling, for example the case work of psychiatric social workers. It was, however, used in the USA, for example, in the Hawthorne experiments in the 1930s (Roethlisberger and Dickson 1993). Dryden (1984) states that Rogers was using 'counseling' to describe his work in the USA in the period when psychologists were not allowed to practice psychotherapy, and Roger's 1942 book was titled 'Counseling and Psychotherapy.' In the USA, it was used in terms of educational and vocational 'counseling' in the Masters programmes established after World War Two (personal correspondence from Dr Tom Sweeney). Carl Rogers' choice of 'counseling' to describe his client-centred therapy in the 1940s and early 1950s in the USA gave counselling its current therapeutic meaning. In Britain 'counselling' appeared as a term referring to helping relationships after 1945, for example, in Marriage Guidance Counselling, and became more widely used in the 1960s usually with a contextual adjective, for example, school counselling, pastoral counselling, abortion counselling. In Britain in this period, the definition remained vague and incorporated a wide range of activities and people (SCAC 1974). In the 21st century, counselling is understood to mean a formal confidential relationship entered into by a person seeking psychological help with a personal problem; the aim of the relationship is to facilitate psychological change and the medium used is talking.

1890-1914

Overview: social, economic, political and cultural trends

The social and political changes that began in this period created the pre-conditions for counselling activities to develop. These activities are found predominantly involved dealings with the lowest classes of society and were delivered by the middle class. Perkin (2002) refers to the upper and middle classes' fear of the working class in this period; activities of the charities, courts and asylums can be interpreted as ways to counteract that threat, as can the raft of legislation introduced by the Liberal Government in the first decade of the twentieth century.

Poverty and the resultant poor physical condition of many of the working class became an important issue both for Government and employers, as it constituted a threat to productivity and the defence of the nation. This concern resulted in a raft of social legislation in the first decade of the twentieth century which foreshadowed the welfare state of the 1940s (e.g. 1902 public secondary schools, 1905 creation of juvenile courts, 1906 school meals, 1908 Children Act, Non-contributory pensions) (Perkin 2002; Barham 2004). Before this, interventions to improve the conditions of the poor had been the formal responsibility of the Poor Law officers and the voluntary activities of charitable organisations, most of them religious in origin (Cooper 1983).

This state intervention to improve the health and productivity of the poor took place in the context of increasing class hostility and the beginning of organised labour, and

strikes. In politics, socialist ideas were expressed in such organisations as the Fabian Society and the Socialist League and the Labour Party, founded in 1900 (Perkin 2002).

The origins of counselling

Philanthropy and religion

The relief of poverty among the deserving poor was the focus of charitable organisations, many of them religious, based on a belief system of philanthropy and a sense of duty and service to the less well-off (Smith 2002). One of the most influential organisations was the London-based Charity Organisation Society (COS) founded in 1869 (Bosanquet 1914). The COS's concern was with 'deserving' poor; this early form of social work was carried out by employed middle class women (Hugman 1991). Perkin (2002) describes the work of the COS as combining paternalistic responsibility with the professional treatment of poverty. The COS's contribution to the origins of counselling lay in the development of 'case work' in the late 19th century. Social casework had originated in the USA in the 1890s, and comprised detailed home assessment, practical help and the influence of the professional social worker on the behaviour of the individual recipient. The 1895/6 COS report noted the attention given to individual cases - "....cases of all kinds are visited and supervised, often for a very long time. The plans of treatment are more complete and thought out with more originality" (Bosanquet 1914:80).

The Church of England contributed to the origins of counselling through its moral welfare officers and police court missionaries. These men and women were appointed

to deal with the offending and 'at risk of offending' poor. Several voluntary societies, led by the Church of England Temperance Society, appointed missionaries to the London Police Courts with the focus on drinking offences. As early as the 1890s, these missionaries had been involved in attempts at reconciliation in cases of marital disputes (Home Office 2007). The work was firmly based in Christianity, "court missionaries armed with their bibles toured courts, factories and police stations" urging offenders to give up "the demon drink" and sign the pledge" (Home Office 2007:4).

Mental illness

In the 19th century, mental illness was interpreted in the light of eugenic beliefs, mental illness was understood as socially deviant behaviour, the result of a 'tainted gene pool.' This gene pool was also believed to be the source of other socially deviant behaviours (Pilgrim and Rogers 2005). Psychiatry established that the mentally ill were both suffering from mental disease and were themselves the sources of that disease. The mentally ill were therefore segregated from society and from members of the opposite sex in mental asylums overseen by psychiatrists and managed by attendant nurses, whose status was lower than general nurses. These attendant nurses often developed close relationships with the patients and deep understanding of their problems; from the 1890s there was increased emphasis on the therapeutic relationship between the attendants and their patients (Nolan and Cheung 1996).

Workplace

In the workplace from the late 19th century, the paternalistic relationship between employer and workers buffered by Victorian moral values had led to the appointment of female welfare officers, mainly middle class, in large factories such as Cadbury, Boots, Colman, Robertson, Rowntree and others (Evans 2006). These welfare officers founded the Welfare Workers Association in 1913 with 34 members, 29 of whom were women (Evans 2006). Their role was twofold, to see to the protection and morals of women and girls and to maintain productivity by reducing sickness and absence. Although motivated by a concern with production and profit, the work of these relationships presents another origin of counselling.

Psychoanalysis

In the period 1890 to 1911, Freud developed and published a series of ideas on the origins and treatment of neurosis which formed the basis of psychoanalytic treatment; he first used the term 'psychoanalysis' in 1896 (Maddox 2006). Psychoanalytic theory was based on the assumption of unconscious mental processes and the idea that unconscious conflicts arose in childhood. Adult neuroses could be understood as defences against the anxiety and helplessness resulting from these unconscious conflicts. Neuroses could be treated by bringing these into consciousness as part of the analysis (Abbott 1988). The Interpretation of Dreams published in 1900 "established Freud as the founder of the theory of the unconscious" (Maddox 2006:50). Freud's ideas were first published in English in Ernest Jones's Papers on Psycho-Analysis in

1912, and quickly reprinted. The influence and use of psychoanalytic ideas is covered later in this chapter.

The significance for the future development of counselling rested in three elements - the fact that treatment comprised listening and talking to the patient, that the individual's subjective experience was central to the treatment and that the relationship between analyst and patient was the medium of treatment.

Professionalisation

The first signs of professionalisation are found in the fact that the court missionaries and COS workers were employees and undertook training for their work. Social work training began in 1903 in the School of Sociology and Social Economics in London, and was from the outset university-based. Probation officers undertook the same training. A fundamental principle of the training was "that of combining practical work with the teaching" (Bosanquet 1914:405). In 1912, the school was merged with the London School of Economics (LSE) which guaranteed its continued existence, as the LSE had government funding. Working class social workers, called 'case workers,' did not receive the same training or undertake the same work. Middle class social workers, mainly women, were employed to do case work and held supervisory positions; working class case workers, who had less training, were found in workhouses and police court missions (Hugman 1991).

The 1907 Probation of Offenders Act amalgamated the roles of moral welfare officer and court missionary into the one role of probation officer (Home Office 2007). This

statutory role saw the beginning of a move away from the concept of religious mission. (At the time the Church of England employed 124 missionaries and 19 mission women.) The Act widened the work to include all offenders and included among the specified duties to "...advise, assist and befriend. He will be a friend to you" (Home Office 2007:vi). The courts would release offenders on condition that they kept in touch with the court missionaries and accepted guidance from them.

These helping professions founded associations early in their existence, the Almoners Committee 1903, the National Association of Probation Officers (Home Office 2007) and the Welfare Workers Association in 1913 (Evans 2006). In 1915, the Flexner report in the USA denied American social work professional recognition on the grounds that it both lacked its own body of knowledge and did not control entry by means of restrictive training (Flexner 1915; Dominelli 2004).

Key features from the period 1890-1914

The recipients of the helping relationship in this period were the working class and the poor, the deserving, the undeserving and the mad. There were systematic attempts to help through personal interventions, the "befriending" of the 1907 Probation Act (Home Office 2007) and the "influence" of the professional COS social worker (Bosanquet 1914). These interventions and relationships made by social workers, probation and welfare officers with their clients can be see as the precursors to counselling.

The charitable and welfare work provided opportunity for both middle and working class women to enhance their education and participation in society (Payne 2005; Nottingham 2007). Payne regards this development as free from patriarchy. However, as Dominelli (2004) points out, the management of the COS was male, also most Welfare Officers held low status jobs in comparison to their male Labour Officer counterparts (Evans 2006). Professional identity was important to these groups, as evidenced through the demand for training and the formation of the professional associations already mentioned.

1914-1939 World War One and the inter-war years

Overview: social, economic, political and cultural trends.

Perkin (2002) describes this time as a transitional phase between Victorian class-structured society and the emergence of the professional society. Barham (2004) sees in it the first impact of universal education, introduced in the 1870 Education Act, the consequent beginnings of consumer consciousness, a sense of entitlement and the importance of dignity and self respect. The years from 1918 to the General Strike of 1926 were characterised by a fear of working class revolution for the upper and middle classes, a fear fed by the rise of communism and the revolutions in China, Ireland, Austro-Hungary, Turkey, Russia and Germany. This included the fear that the new Labour Party would seek to lead such a revolution in Britain. Returning troops from World War One found promises made during the war were not met and they faced unemployment and hardship, as well as the physical and psychological consequences

of the conflict (Perkin 2002; Barham 2004). The war had revealed the physical frailty of working class conscripts and the psychological frailty of the officer class which led to changes in the understanding and treatment of mental illness (Stone 1985). In addition, it was in this period that concerns with industrial efficiency led to attention being focused on the workforce, both in terms of productivity and welfare. Social and political changes reflect the beginnings of a move towards greater equality. The 1918 Education Act introduced compulsory education up to the age of 14. In 1929, the franchise was widened to include women over 21, rather than over 30. At the same time both women's skirts and hair became shorter, representing for Perkin "that outward witness to the inner aspirations of society" (2002:19).

The origins of counselling

Philanthropy

One trend noticeable in this period was the change in the provision of help from the charitable and religious organisations such as the COS and the Church of England Temperance Society to more formal employed state services (Perkin 2002). For example, court missionaries had become probation officers in 1907 and in 1925 it became a requirement of the courts to appoint probation officers (Home Office 2007). In 1936, the Harris Committee recommended an end to the link with the Church of England which was still the employer of probation officers, and the establishment of a state service (Home Office 2007). The COS continued its work with the poor until the 1929 Local Government Act, which abolished the Tudor Poor Law (Payne 2005). After

this, the COS's casework merged with Poor Law administration, and both became part of local government social work (Cooper 1983).

<u>Mental illness</u>

Attitudes towards mental illness and its treatment began to change after World War One, but the scale of the change and the causes are the subject of debate. Stone (1985) argues that shellshock itself, rather than the use of psychoanalytic methods of treatment, was responsible for the changes. Maddox (2006) restates the argument that Freudian theory became accepted because of its success in treating shellshock and this led to its widespread acceptance in the 1920s and 1930s. Barham (2004) argues that both cases have been overstated and that the changes attributed to the shellshock and psychoanalytic ideas were already underway before the Great War. The changes towards mental illness, in his view, are largely attributable to public opinion. He argues that it was public opinion, especially in the area of pensions for mentally ill ex-servicemen, that was influential in bringing about change, in that the payment of such pensions marked an acceptance of "the emotional origins of mental disturbance" (Barham:151).

The incidence of shellshock, in all ranks but particularly among officers, challenged the prevailing orthodox beliefs on mental illness. That is the theory that mental illness was found only in the feeble-minded who should be segregated from society. Barham (2004) argues that the significance was not the acceptance of neurosis as a common mental illness in all classes of society, as argued by Pilgrim and Rogers (1994), as this

had already begun to be accepted; but the demand for equality of diagnosis and treatment for all ranks, that is, all social classes. Diagnosis and treatment reflected the social and class divisions of the time. W.H.R. Rivers, a Freudian psychiatrist (Maddox 2006) and a "supposedly progressive military doctor" (Barham:4), believed that servicemen regressed to lower evolutionary levels than officers and thus should receive different treatment (Barham).

Psychotherapy based on Freudian principles appears to have been the basis of much treatment for shellshock. Rivers wrote in 1917 that the war had enabled Freud's theories on the production of "mental and functional nervous disorders" to be tested (Stone 1985). Batches of 50 doctors at a time were given three months training to meet the demand (Stone 1985). One consequence of the high volume of shellshock patients requiring continuing treatment was a pragmatic move from residential hospitals to outpatient clinics.

Freud's psychoanalytic concepts provided a new theory of the origins of neuroses and their treatment which found acceptance among a small number of doctors in Britain in this period. Psychoanalytic training schools opened in Britain, for example, the London Psychoanalytic Society (founded 1913) became the British Psycho-Analytic Society in 1919 at which time it had 39 members. In 1925, it was the largest such society in the world. It is difficult to equate such a small organisation with the claim to the transformation of the treatment of mental illness. In 1919, the British Psychological Society (founded 1901) opened its first section, the medical section, which was dominated by shellshock doctors (Pilgrim and Treacher 1992).

Psychoanalytic training in Britain was open to lay as well as medically qualified trainees; lay analysts seem to have been called psychotherapists, rather than analysts. One outcome of this was the availability of private practitioners offering psychoanalysis to people able to pay. It would appear that treatment or analysis was the preserve of the middle and upper classes; it "was not for the poor": Ernest Jones charged at least 1 guinea an hour (Maddox 2006:119).

In Europe, psychoanalytic ideas developed and splits occurred as a result of disagreements over both theory and practice. In Britain, the disagreement between Freudians and Kleinians split the psychoanalytic community from the 1920s. In the 1930s, analysts, many of whom were Jewish, fled Europe and sought to settle and work in Britain and the USA. In the USA, and New York in particular, lay analysts were not allowed to practice; in both countries there was a reluctance on the part of some established analysts to add to what was perceived to be an overcrowded field (Maddox 2006).

The Tavistock Clinic was founded in 1920 by a group of psychiatrists who had worked with shell-shocked soldiers and sought to use these treatment ideas with civilian patients (Dicks 1970). The Tavistock was one of first outpatient clinics offering "systematic major psychotherapy, based on psychoanalytic concepts to outpatients with neuroses… who could not afford private fees" (Dicks 1970:1). Dicks, writing of the Clinic in the 1920s and 1930s, describes the patients as "the 'educated poor': the students, the clerks, the overworked housewives of the middle class …." (1970:17).

These patients received a range of therapeutic interventions from full analysis to "analytic counselling with liberal doses of suggestion or persuasion" (1970:29). Dicks was writing in 1970, so it is impossible to know if he was using the term 'counselling' retrospectively.

The British government's determination to avoid the effects of the shellshock of the First World War led it to take preventative action before the Second World War broke out.

> "A measure of the newly found legitimacy of psychodynamic ideas within official psychiatry and government was that the psychoanalyst and director of the Tavistock Clinic J. R. Rees, was appointed as Head of the Armed Psychiatric Services in 1939" (Pilgrim and Rogers 1994:524).

There was probably also a financial motive for this, as in 1939 thousands of shellshock pensions were still being paid by the government (Stone 1985; Barham 2004).

The dominant concept in mental health in the 1920s and 30s was the Mental Hygiene Movement which was the vehicle for governmental social and economic initiatives designed to promote mental health, productivity and stability (Miller and Rose 1995; Crossley 1998). There had been a shift in emphasis from mental illness to mental health "which meant something more than the absence of mental illness" (Crossley 1998:469). The Mental Hygiene Movement was concerned with positive mental health and the prevention of maladjustment, which stemmed from problems in child rearing.

The premise was that early intervention in minor problems, with both children and parents, could prevent the development of insanity, social deviancy and maladjustment and aid economic efficiency. Within this, was a concern for social conditions and the stigma of mental illness. This would require an expansion in psychiatric services to be delivered by a range of professional agencies (Crossley 1998). The Child Guidance Council opened clinics, juvenile courts were established and a network of professionals radiated out from the clinics, social workers, probation officers and educational welfare officers working predominantly with working class families (Miller and Rose 1988). The clinics were based on the model of the Tavistock Clinic's own child department with its psychoanalytic concepts and practice. Indeed many of the clinics were staffed by Tavistock graduates (Dicks 1970).

This movement introduced a new idea into mental health, the management of human development and family life by therapeutic interventions. Crossley (1998), writing from the perspective of working class user groups, argues that the developments that took place at this time, including for example, the setting up of the Child Guidance Clinics, had the effect of imposing the values norms and standards of middle class Protestant culture. That is, that "….their concern with mental health was part of a wider concern for moral order and social and economic efficiency" (1998:467).

The significance of the work of the clinics for the development of counselling was the employment of lay as well as medical staff. The normal core staff of a Child Guidance Clinic included a psychiatrist, a psychologist and a psychiatric social worker. The social worker worked with the parents using an approach described as psychodynamic

casework, which was sometimes called 'counselling' (Payne 2005). The specialist role of psychiatric social worker came into being largely as a result of the Child Guidance Clinics.

The 1930 Mental Treatment Act brought about important changes in the treatment of mental illness. It widened the range of conditions that could be treated and emphasised voluntary and outpatient treatment and community care. It gave some recognition to the social implications of mental illness (Timms 1964). This suited the new psychotherapeutic models which were based on voluntary outpatient work and whose objective was "not merely controlling disordered conduct but also ameliorating its associated emotional pain" (Pilgrim and Treacher 1992:12).

Workplace

Counselling emerged in the workplace as a concern for industrial production and efficiency, as well as the moral welfare of the workers. The origins of this concern lay in Victorian values of philanthropy and paternalism and the Quaker values of such companies as Cadbury and Rowntree (Cannell 2007).

The initial workforce, like the COS, and social work were women, and the original focus was the welfare, both physical and moral, of working class women and children. Although the first factory welfare officers were appointed at the end of the 19th century, numbers did not rise until the First World War and in 1916 it became a requirement that all Ministry of Munitions operations had a welfare worker. (This requirement was introduced by Seebohm Rowntree as Director of Welfare in the

Ministry of Munitions (Crichton 1968).) These welfare workers or officers were usually middle class women, often graduates or women with good education, and were often known to employers and invited to take up the roles. By 1918, there were approximately 1,000 welfare workers, although this number fell in peacetime (Evans 2006).

In the USA, the Western Electrics Hawthorn factory was the site of an experiment on worker productivity conducted by Elton Mayo and colleagues (Roethlisberger and Dickson 1993). An in-house counselling service formed part of the experiment and operated in the factory from 1936 to 1955 (Torrington 1995), embodying many of the principles and practices that are found today in workplace counselling services. The counsellors were full-time and had no position of authority in the company management hierarchy. That is not to say that they did not have influence in the company as it was hoped that their work would "stimulate more effective action on the part of the various other agencies in the structure, whose formal function it was to deal with the particular problem under consideration" (Roethlisberger and Dickson 1993:599). They worked through confidential interviews with individual employees, men with men, women with women and spent most of their time on the shop floor.

The training was similar to current counselling skills training; counsellors were taught to be non-judgemental, to refrain from giving advice, to use empathic responses and open questions. Their aim was "to lead the employee to a clear understanding of her problem such that she herself comes to realize what action to take and then assumes responsibility for taking it" (Roethlisberger and Dickson 1993:599). Roethlisberger

(1993) notes that the some workers found emotional release through the interview process. He describes the counselling as an experimental scheme and doubts whether it could be transferred to other factories.

In Britain, some employers and labour managers were influenced by the Western Electric research. Northcott, the labour manager at Rowntree in York, regards the unstructured interview, like those used in the Hawthorn factory, to be one of the remedies to a range of production problems such as boredom, low morale an fatigue, as the interview process usually uncovered the cause of the problem. He describes one of the roles of the personnel department "To carry out research and advise upon the psychological factors affecting the output of the work or the contentment and well-being of the worker" (Northcott 1945:11-12).

Mayo's Hawthorne Factory experiment was one of several research projects in the USA on worker motivation and productivity begun in the 1930s which gave rise to group theorists such as Lewin, Likert and Lippitt and individual theorists such as Herzberg and Kelly. Lewin's sensitivity groups, later to become T groups, influenced counselling as well as management training (De Board 1991). In Britain the link between workers' health and their efficiency had been established in the First World War. Psychological research grew in Britain in the inter-war years in the Industrial Health Research Board and later the Medical Research Council, which explored such areas as vocational guidance and the impact of stress and boredom on the workforce from a psychological perspective (Northcott 1945; Pilgrim and Treacher 1992).

Professionalisation

Once established as occupations, both probation and social work aspired to professional status. In 1927, there was mention of higher salaries for graduate probation officers (Home Office 2007). In 1930, the Home Office established experimental training courses for probation officers, and in 1935 the Association produced its first handbook "A Handbook of Probation and Social Work of the Courts" (Home Office 2007). Social work casework training was based on the concepts of psychoanalytic theory, and focused on the individual (Timms 1964). This may have been as a result of working with the psychoanalytically-based Child Guidance clinics, such as the Tavistock Clinic, and/or a response to the Flexner paper on American social work which stated that social work lacked the written body of knowledge and educationally communicable techniques to qualify as a profession (Flexner 1915; Dominelli 2004).

Industrial welfare work made an initially successful move towards professionalisation. Welfare work began as an occupational role for women, rather than a voluntary one, and recruited from the same upper and middle class categories as the COS workers who later became the social workers. It did not follow social work into medical patriarchal subservience as social work did in its adoption of psychoanalytic practice. Predominantly female welfare workers established the Welfare Workers Association (WWA) in 1913. In 1917, the Association changed its constitution to absorb independent regional associations and added 'Industrial' to its name to distinguish it from social work. In the aftermath of the Great War, the demand for industrial welfare

officers fell, but the Association remained active. In 1920, a professional journal was

published and in 1924 the Association gained licence of incorporation from the Board

of Trade and the Institute of industrial Workers (Evans 2006). From the 1920s, training

was available in the form of a university diploma in Social Studies, which included

some elements of personal counselling and practical training in working class areas

(Crichton 1968). By 1927, the Association had been merged into the predominantly

male Labour Officers Association; a merger brought about by one of the few male

members of the WWA, despite the opposition of female members (Cannell 2007).

Hearn (1982) argues that female occupations seeking professional status often find

themselves infiltrated and eventually controlled by men; that the price of professional

status is patriarchal and capitalist control. This argument seems to be borne out in the

case of industrial welfare work. Welfare concerns were marginalised in the labour

management movement; female welfare officers held low status posts compared to

male labour managers. The role of welfare diminished in the organisation and in the

workplace following the merger (Evans 2006). In the main, welfare work did not

recover its independent occupational status and was absorbed into personnel and

labour management.

Key points from the period 1914-1939.

The changes that took place in this period arose from the slow but steady social reform

of the time, among it the 1870 Education Act and the social legislation of the pre-war

government. They speeded up as a result of the Great War and the need for a healthy

and productive armed services and domestic work force. The three areas of greatest

relevance to the emergence of counselling were:- the emerging demand for psychologically or psychoanalytically-minded treatments and the supply of those treatments; the changes in the treatment of mental health and the promotion of mental health. These made possible the later emergence and development of counselling as a distinct activity.

The acceptance of Freud's theories of neurosis and its treatment by psychoanalytic techniques "brought neurosis into the mainstream of mental medicine and economic life" (Stone 1985:266). Neurosis, as well as psychosis, was recognised as mental illness and the prevalence of neuroses throughout society was acknowledged. The acceptance of mental illness as a phenomenon that could happen to anyone immediately increased the potential patient population and therefore the demand for treatment. In addition, Barham (2004) identifies the growing sense of entitlement among ordinary people, a demand for equality of diagnosis and treatment for the ranks, as well as the officers, in the case of shellshock. To meet this demand, Stone (1985) argues that the treatment of neuroses was moved from residential mental hospitals to outpatient clinics. However, this change was limited as asylums remained (Pilgrim and Rogers 1994; Barham 2004).

In Britain, psychoanalytic training schools accepted lay as well as medically trained students. This was, however, the exception and most analysts were medically trained, if not already psychiatrists (Maddox 2006). Many of these analysts worked in private practice treating the neuroses of the wealthy. The medical analysts also treated the poor in hospitals and outpatient clinics (Pilgrim and Rogers 1994; Barham 2004;

Maddox 2006). The psychoanalytic world was subject to splits from the early 20th century. In Britain, the main division was between supporters of Freud and Klein (Maddox 2006). The new occupation of psychoanalyst appeared, delivering psychotherapy outside medical settings. This represents one of the threads from which counselling emerged.

The 1930 Mental Treatment Act formalised some of these changes, with its emphasis on voluntary patients, outpatient clinics and a widened range of conditions that could be treated (Pilgrim and Treacher 1992; Pilgrim and Rogers 1994). Psychoanalysis was able to establish a claim to be a normative profession through its influence in areas outside of direct treatment of mental illness, for example in social work and youth justice, through the Mental Hygiene Movement (Halliday 1985). Normative professions are those whose epistemological base is more descriptive than prescriptive, related more to values than technical expertise. Normative professions therefore have a broader scope of influence than their technological base (Halliday 1985).

Research into the workplace provided evidence that environmental and social factors could impact on individual workers and that psychological interventions with those individuals could address the problems. For Patterson (1959), writing on the development of counselling and psychotherapy in the USA, the significance of this was the recognition of the importance of understanding people.

A further consequence of these changes was the move from voluntary towards employed roles in the areas in which psychological help was offered and the

emergence of psychological help within these roles. There were attempts by these

occupations to achieve professional status. Social workers, probation officers and

welfare officers had university training in place at an early stage of the development of

their occupations. Some sought professional status. American social workers were

unsuccessful in 1915 (Flexner 1915), whilst British welfare workers achieved Board of

Trade recognition in 1924, but failed to maintain their independent status (Evans

2006).

Figure 4: Changes in the treatment of mental illness

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┌──────────────────────────┐      ┌──────────────────────────┐
│  Shellshock recognised as an │      │  Freud's theory of neurosis │
│           illness            │      │          accepted            │
└──────────────────────────┘      └──────────────────────────┘
              ⇓                                  ⇓
┌────────────────────────────────────────────────────────────┐
│      Neurosis accepted as prevalent in 'normal' population    │
└────────────────────────────────────────────────────────────┘
                              ⇓
┌────────────────────────────────────────────────────────────┐
│      Public pressure for treatment of neuroses in all social classes │
└────────────────────────────────────────────────────────────┘
                              ⇓
┌────────────────────────────────────────────────────────────┐
│      Demand leads to outpatient not residential treatment     │
└────────────────────────────────────────────────────────────┘
                              ⇓
┌────────────────────────────────────────────────────────────┐
│  Psychoanalytic treatment delivered by lay analysts and social workers │
└────────────────────────────────────────────────────────────┘
                              ⇓
┌────────────────────────────────────────────────────────────┐
│   Psychoanalysts, medical and lay deliver private practice    │
└────────────────────────────────────────────────────────────┘
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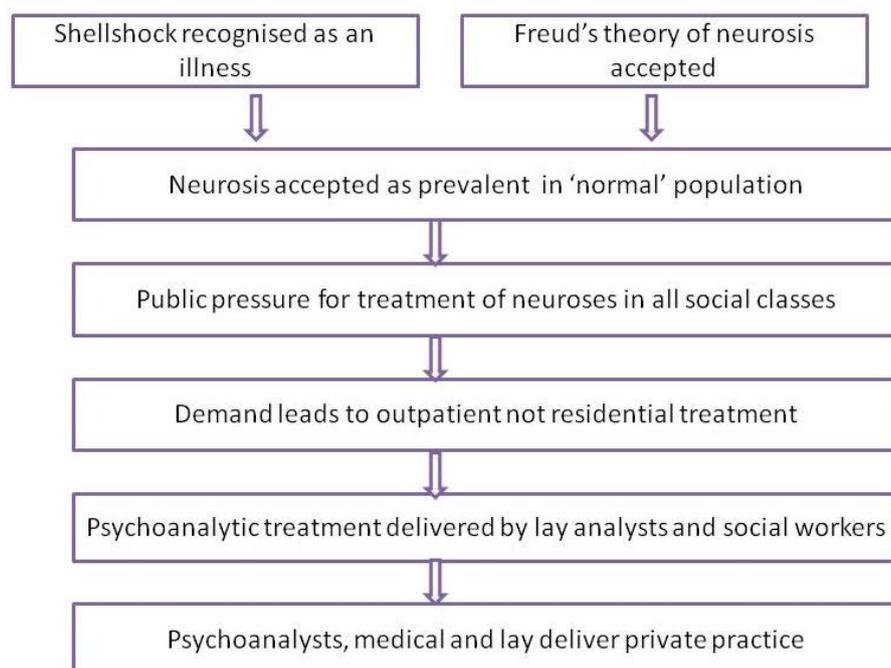
Thus by the 1930s, some of the foundations for the emergence of counselling were in

place:

a) The recognition of the incidence of neurosis in the general population.

b) A growing demand to have treatment.

c) Treatment by lay and medical practitioners in outpatient settings, both statutory and private.

d) Acceptance of talking therapy (psychoanalysis) as a mode of treatment.

1939-1960

Overview: social, economic, political and cultural trends.

The involvement of both the civilian and military population in World War Two had required social and economic integration and this prepared the way for a continuation of state control. The war had shown "that state intervention and mutual responsibility between citizens on a large scale could work" (Perkin:407). This paved the way for the implementation of Keynesian economics in terms of state interference in the economy (Bernstein 2004). This sense of social integration continued in the early 1950s as a "collective sense of deliverance" (Hennessy 2007:131).

The values of post-war Britain, as expressed by politicians, "consciously pursued the ideal of a welfare state - society accepted responsibility for the minimum support, health, accommodation, environmental cleanliness, education and even employment for every member" (Perkin:406). The Labour government of 1945-51 introduced a raft of legislation that completed the introduction of the Welfare State by 1948. Perkin (2002) argues that the philosophy of the Welfare State, in taking responsibility for the welfare of its citizens and using state intervention to do this, is a major contributor to

the rise of professions delivering such interventions. One of the major changes he observes is the acceptance of ability and expertise as the basis for authority and responsibility, rather than inherited wealth, as well as a belief in equality of opportunity. One consequence of the introduction of the Welfare State was the expansion of jobs within it, especially in health and social services.

The period was marked by a decline in religious belief, as well as by increased affluence and social permissiveness. Hennessy (2007) makes the point that the Welfare State could be perceived as taking away many of the purposes of the Church. The 1944 Education Act introduced universal secondary education, albeit based on selection, and financial support to attend university. It was argued that the potential for world destruction as represented by the atomic bomb, helped to make Christianity appear less relevant in the face of such a fear, certainly religious observation declined (Furedi 2004; Hennessy 2007). This was also a period intense anxiety. Fear of the 'H' bomb and the beginning of the Campaign for Nuclear Disarmament in 1958, the start of the Cold War, the Korean War and the invasion of the Suez Canal and the very real fear of atomic war pervaded the psyche (Hennessy 2007).

The emergence of counselling

The 1950s in the USA saw the creation of a wide range of theories of personality and therapeutic change which began to challenge the jurisdiction of Freudian psychoanalysis (Abbott 1988). These were in the main developed by men, many European pre-war refugees, and were not restricted to the medically trained. Harper

(1959) identified 36 different theoretical approaches available in the USA in the late 1950s, the majority of which were based on Freudian psychoanalysis, although the theories of Carl Rogers (Client-centred counselling) and Fritz Perls (Gestalt therapy) are included. Some of these new approaches spread to Britain, in particular Rogers' Client Centred counselling. In Britain, psychoanalysis was dominated by the Freudian and Kleinian schools (Maddox 2006) with no therapeutic alternatives until the late 1950s. In the late 1950s, behaviour therapy was developed at the Maudsley Hospital London by Joseph Wolpe and Hans Eysenck, building on Skinners' work in the USA on the operant conditioning of psychiatric patients. Behaviour therapy saw itself as different from psychoanalytically-based therapies as its roots were in science not practice (Dryden 1984).

Marriage Guidance counselling

The immediate post-war period saw the emergence of counselling services delivered by charitable and voluntary organisations, some with religious affiliations. The focus of their work was no longer on the alleviation of poverty and moral education, but rather on the alleviation of emotional distress. By 1945, the London Citizen's Advice Bureau found itself overwhelmed with people presenting with marital problems and requested training for its staff in marriage counselling. In 1949, the Attlee government funded the establishment of a Marriage Guidance Training Board to administer grants for the selection, training and administration of marriage guidance counsellors to three marriage guidance organisations - London Marriage Guidance, Catholic and Jewish Marriage Guidance Councils. This was in response to government anxiety about social

breakdown, with a large number of marriages under stress in the aftermath of the war and the demobilisation of servicemen (Hennessy 2007). "Marital breakdown associated with the separations and stresses of war was noticeable and easy to gauge" (Hennessy 2007:130).

This high demand for help in marriage problems in the immediate post-war years led to an expansion of Marriage Guidance Councils, and by 1946 there were Councils in 100 towns and cities, with equivalents for the Catholic and Jewish communities.

Marriage guidance had its roots in the moral welfare work of the organised religions, probation and social work. Informal help for marriage problems for all classes had been provided by the clergy, doctors and lawyers, as well as family and friends. Probation officers and social workers dealt formally with the matrimonial difficulties of the poor and socially deviant. Probation officers were the first professional group to carry out marriage counselling, this having become a specific part of their role in 1937 (Herbert and Jarvis 1970:ix).

The London Marriage Guidance Council, founded in 1938 by the clergyman Herbert Grey, arose from the work of a committee of the British Social Hygiene Council, one made up of social workers, doctors and members of the clergy, with the support of probation officers (Wallis and Booker 1958). The original aim was to give sex education and help in preparation for marriage. From the outset, it was described as a "counselling service" (Wallis and Booker:5), and offered free clinics staffed by doctors.

By 1944, the London Marriage Guidance Council had abandoned the biological approach of the Social Hygiene Movement and focused on providing practical help to people with marriage problems. The counsellor was seen "as something like a First Aid Worker, whose job it was to be available quickly and to discover approximately, the nature of the difficulties facing the marriage" (Wallis and Booker:11). Herbert and Jarvis (1970) write of the marriage counsellor: "He is the creation of modern society" (1970:6). It was considered important that counsellors should not engage in deep therapeutic work. It was also recognised that this led to frustration for experienced counsellors who wished to work with the underlying causes of the problems. Many underwent further training at their own expense (Wallis and Booker 1958). This was one of the factors contributing to the emergence and development of counselling.

From early in the post-war period, there was a concern over standards of training and practice of marriage guidance counsellors. In 1946, the selection and training of counsellors became national and by 1947, counsellors were not accredited until they had undertaken a year's satisfactory work. The early training had been entirely academic comprising 48 evening lectures. This changed and began to incorporate the principles of social work casework (Herbert and Jarvis 1970). Wallis (1958) describes in detail the early tentative and exciting introduction of such training methods as role-play and tape-recorded sessions into training. From 1949, the National Marriage Guidance Board also oversaw the training standards of the volunteer counsellors.

The service offered was by volunteers, rather than employed professional staff, and in this regard, it represented some continuity with the philosophy of the earlier work of

organisations like the COS. The counsellors were predominantly middle-class women in early middle age (Godden 2006; Cooper 2007). Cassie Cooper, a Marriage Guidance counsellor and trainer 1957-1965 recalls: "A friend who was a GP was going to go to the selection day, she persuaded me to go with her" (Cooper 2007:3).

This 'professional' relationship is not found in all the counselling-related voluntary organisations that emerged at this time. For example, the Cruse widows clubs set up by Margaret Torrie in 1959 were self-help groups. The Samaritans founded by Chad Varah in 1953 to help suicidal people, was described as providing 'befriending' not 'counselling.'

Social Work

The introduction of the Welfare State brought with it an implicit assumption that the provision of people's personal welfare was part of the role of the state, and this was to be provided by social workers, along with probation workers. (Cooper 1983; Perkin 2002). With this public perception of their right to treat social problems, social workers increased in number (Perkin 2002).

Perkin (2002) sees social work as a profession invented by social workers, and this can be clearly seen in the case of psychiatric social work. Psychiatric social work had begun to emerge from the Mental Hygiene Movement and Child Guidance Clinics as a new occupational group just before World War Two, heavily influenced by the training and practice of American psychiatric social workers (Dicks 1970). After the war, psychiatric social workers played a significant part in the development of counselling. The

Psychiatric Social Worker had been a specialist, post-qualification role, with additional training since the late 1930s, when psychiatric social workers formed part of the professional team in Child Guidance Clinics, together with a psychiatrist and a psychologist. They also worked in mental hospitals. Numbers remained very small until after the end of the war (Timms 1964). Post-qualification training expanded and three new training courses – in Edinburgh, Manchester and Liverpool - were opened between 1945 and 1957 to join the one at the LSE.

Table 6: Number of psychiatric social workers trained. (Timms 1948, p.48)

Date	1930-4	1945-9	1950-4	1955-9
Student Numbers	59	224	236	224

The immediate post-war period also saw an influx of men, although the field remained predominantly female. Training included psychoanalytic theory and practice with a focus on work with the emotionally disturbed. The casework undertaken was often called 'counselling' (Payne 2005). Timms (1964) argues that social workers needed a theory to deal with the unstructured situations in which they found themselves and that psychoanalysis was the only theory sufficiently developed theory to meet that need. The result was the introduction of psychoanalysis into social work, a trend criticised in the Younghusband Report (1959) which highlights the narrow focus of specialist social workers. In the 1950s, psychiatric social workers had begun to widen their practice to take into consideration the influence of settings and wider client groups on their work (Timms). Timms makes the point that their practice advanced to

meet the needs of a particular client group which he describes as "intelligent neurotics"(1964:256).

Psychoanalysis

Psychoanalysis had demonstrated during the war that psychological models were useful in the recruitment, selection, training and treatment of troops. After the war, such models were further used in industrial relations, group therapy and in the treatment of the mentally ill (Miller and Rose 1988). Analysts and medically trained psychotherapists worked with neuroses in outpatient clinics and private practice, leaving the treatment of psychosis to the asylums. Pilgrim (1992) argues that medical psychotherapists dominated the provision of mental health services in the new National Health Service. However, the old asylums remained in existence throughout this period. The Tavistock Clinic split in 1947, with one part – retaining the name of the Tavistock Clinic - becoming part of the National Health Service and the Tavistock Institute for Human Relations evolving as an independent organisation to extend its work from children to adults and organisations. In part, this was the result of the experimental group work carried out during the war at the Northfield Psychiatric hospital by Bion, which led to the development of a theory of group and organisational behaviour which became the focus of the institute's work (Dicks 1970; De Board 1991).

Clinical Psychology

Clinical psychology emerged as a new discipline in mental health after the war, led by Hans Eysenck at the Maudsley hospital in London. During World War Two,

psychometric tests had been developed by psychologists for use in the selection, recruitment and training of troops as one of the attempts to minimise the effects of shellshock (Rose 1985; Pilgrim and Treacher 1992). Initially, clinical psychology focused on research and psychometrics, including the development of intelligence and personality tests. Clinical psychology regarded itself as a scientific, research-focused discipline with no role in treatment (Pilgrim and Treacher 1992). However, in the 1950s, clinical psychologists moved into the treatment of neuroses, through behaviour therapy, challenging the medical and psychiatric jurisdiction over the treatment of mental illness, as well as the primacy of psychoanalytic psychotherapy as the method of treatment (Pilgrim and Treacher 1992). A major difference between the two was the focus of behaviour therapy on changing the behaviour in the present.

Key points from the period 1939-1960

The social changes arising from the war led to a rise in expectations and personal aspirations, the achievement of which was supported by the introduction of the Welfare State. Employment for the professionals in the various agencies of the Welfare state increased, for example, the numbers of probation officers, social workers and psychiatric social workers (Perkin 2002). With this came a growing public acknowledgement that social and, by implication, personal problems required treatment by a professional (Perkin 2002; Furedi 2004).

In the USA, new therapies were developed which created opportunities for lay people to train as therapists and the public to have greater choice in access to therapeutic

help. In the 1950s, American insurance companies began to make third-party payments for psychotherapy and, as Abbott points out, it is difficult to know if this was the result of increased demand for therapy or if this, in itself, created the supply of more therapists (Abbott 1988).

In Britain, marriage guidance counselling is the first example of an explicit counselling service and the first example of counselling being used by government to achieve certain objectives. Marriage counselling was not a service for the mentally ill or the poor, unlike earlier forms of psychological help. It operated outside medicine and so avoided the jurisdictional conflicts faced by nursing and social work. The government supported marriage guidance as a means of restoring social stability, given the unrest and rising divorce rates of the immediate post-war period, a policy that enabled this service to be offered more widely. Marriage counselling, clinical psychology and psychiatric social work and the clients of these services began to bring psychological ideas into every day discourse. There was increasing psychological-mindedness in the general population (Miller and Rose 1988). However, private therapy remained available only to the wealthy (Pilgrim and Rogers 1994).

The psychodynamic casework undertaken by psychiatric social workers focused on the individual client, with little or no reference to their social and economic environment. This approach carried with it the implication that clients were responsible for their own problems and for their capacity to bring about change in their lives. The non-medical new profession of clinical psychology launched a jurisdictional attack on medical psychoanalytic psychotherapy's control over the treatment of neuroses

(Abbott 1988; Pilgrim and Treacher 1992), a struggle that had a wider significance in that its non-medical, non-analytical nature opened the way for other therapeutic approaches.

1960-1971 The development of counselling

Overview: social, economic, political and cultural trends

"The 1960s seemed a transforming decade to those who lived through them – 30 years later they still do" (Bernstein 2004:447). This was the decade when counselling emerged and began its aspiration to professional status. The 1960s was a decade of contrasts. The early 1960s were dominated by the fear of the bomb and the Cuban missile crisis. Daws, in a personal reflection, describes the early 1960s as a period "dominated by fear of the bomb, super-power confrontations and brinkmanship politics" (1976:7). It was a zeitgeist accurately captured in the words of Tom Lehrer (quoted in Daws 1976:7):-

> "With complete participation
>
> in that grand incineration
>
> We'll all go together when we go"

The later years of the decade saw the emergence of radical youth culture, violent demonstrations in Europe, Britain and the USA against authority and the Vietnam war (Bernstein 2004). This was also the beginning of the 'permissive society,' with its focus on respect for the individual and the growth of social self-awareness and the end of deference (Daws 1976; Bernstein 2004). In America, the 'Beat Generation' and in

Britain the 'Angry Young Men', were eager "to jettison the social restrictions and political conservatism of the war years and to speak out on a pressing range of social issues" (Nolan and Hopper 1997:336). In a decade of challenge to existing conventions, the anti-psychiatry movement challenged accepted assumptions on the nature of mental illness (Pilgrim 1997; Crossley 1998). Counter-culture stressed the right of individual expression (Nolan and Hopper 1997) and "personal happiness and self-gratification rather than self-discipline and self-denial became guiding moral principles of life" (Bernstein 2004:16).

The impact of the 1944 Education Act became clear as education expanded; between 1955 and 1965 the proportion of 16-18 year olds in education doubled (Lytton and Craft 1974). Young people of the 'baby boomer' generation faced more choices and more decision-making than those in previous generations in the areas of education, careers, contraception and politics, gaining in 1969 the vote at 18 (Goodey 1973). Women had more choice with the availability of contraception and abortion after the 1967 Abortion Act, and they used this choice to enter higher education and the workplace. One result was that fewer women were available to care for dependant relatives at home which led to increased demand on state services (Cooper 1983). The 1960s was also the first decade to see the spread of mass communication through television and the emergence of a separate 'youth culture' (Perkin 2002; Bernstein 2004).

More people entered secondary and higher education, and as the middle class grew, there was an increase in what Furedi describes as the professionalisation of everyday

life, that is "…the perception that individuals are not able to manage important aspects of their life without professional guidance" (2004:98).

Perkin (2002) notes the rise of secular morality and the decline of religious belief. Halmos (1967) suggests that the conditions existed that would give rise to the need for a new professional expertise – counselling. This secularisation of philanthropy was also taking place in social work and marriage guidance. He observes that politicians came to regard counselling as having an "essential part in furthering welfare in society" (1964:29). The counsellors whom Halmos mentions in 1964 are social care workers, clinical psychologists and psychiatrists, rather than the kind of counsellors we know today. Halmos's analysis of the occupational field in 1960 found a total of 5,650 'counsellors' from these groups (1964:44). It appears that this analysis was restricted to employed 'counsellors' as no mention is made of Marriage Guidance or private practice. He notes that almost all are psychoanalytic in their approach.

By the end of the 1960s, many more people had been exposed to, and had absorbed "an individualised state of psychological mindedness about their existence" (Pilgrim and Rogers 2005:91). Furedi observes that "Increasingly the professional management of emotion was accepted as a crucial task by both the private and public sector"(2004:84).

The development of counselling

The 1960s saw the start of an increase in demand for counselling in Britain. Several explanations are proffered. Abbott (1988), writing of the USA, links the trend to the

increased level of education in the population. Perkin (2002) argues that the professionalisation of society resulted in the use of professionals in more aspects of life, a change in attitude exemplified in the belief that the state was responsible for all aspects of life. Furedi (2004) sees it as part of the infantilising of the population and Rose (1985; 1996) regards the 'psy' complex (the professions dealing with the psyche: psychology, psychiatry, psychoanalysis, psychotherapy, psychiatric nursing and psychiatric social work) as evidence of Foucault's theory of governmentality by the introduction of self-surveillance through therapy. New counselling approaches, developed in the USA, arrived in Britain, many of which were based in humanistic rather than psychoanalytic theory, the most influential of which was Roger's client-centred counselling.

Marriage Guidance counselling

Marriage guidance counselling continued to attract volunteers. The training for voluntary counselling was usually conducted in-house by the organisations involved and was the minimum thought necessary for the counsellors to do their job. Mary Godden (2006) recalls her training in the late 1960s as comprising six residential weekends over two years, with counselling practice beginning after the first weekend. The selection process was rigorous.

British society may have started to become more secular, but pastoral expertise still resided in the church and expanded to include counselling in the skill set. In 1969, The Westminster Pastoral Foundation (WPF) was established by Reverend Kyle to train

members of the Methodist Church in the counselling skills needed to work with parishioners (WPF 2007). In 1958, Frank Lake a Christian psychiatrist, had begun to hold training seminars in pastoral counselling that led in 1962 to the formation of the Clinical Theology Association (CTA) (Peters 1989).

Mental illness

In the National Health Service, the recommendations of the 1959 Mental Health Act (Department of Health 1959), along with the introduction of drug treatments, began to take effect in the shape of a move from care in a psychiatric hospital to community care. The change was propelled by an increased demand on an overloaded crumbling hospital system and the change in treatment emphasis to individualised care which the hospitals were considered unable to deliver (Nolan and Hopper 1997). It was also driven by the war-time experiences of rehabilitation in therapeutic communities; the Northfield hospital experiments of Wilfred Bion during the Second World War had great influence on future group therapy and work with organisations (De Board 1991). In the context of the development of counselling, it added to the discourse of relationship and therapy. This change in the delivery of mental health brought mental health nurses into the community where they found themselves carrying out a similar role to social workers, a trend which both groups found threatening to their professional identities (Dingwall, Raffertty et al. 1988).

In the 1960s, mental health services in the National Health Service (NHS) were divided between psychodynamic psychotherapy, delivered by psychiatrists and psychiatric

social workers, and behaviour therapy, delivered by clinical psychologists. The battle

between the two for jurisdiction over the treatment of neuroses continued. Outpatient

clinics were the main venue for the delivery of therapy. The 1962 Family Doctors

Charter marked the start of the employment of counsellors in General Practices as

General Practitioners (GPs) were able to claim reimbursement for 70% of the cost of

ancillary staff. The first primary care counsellors were social workers, community

psychiatric nurses, marriage guidance counsellors and nurses (Eatock 2000).

Anti-psychiatry movement and the National Association for Mental Health

Two other movements contributed indirectly to the development of counselling in

their attack on traditional psychiatry and drug treatments: the 'anti psychiatry

movement' and the social movement organisations (Samson 1995; Crossley 1998;

2006). The anti-psychiatry movement, representing professionals from both within and

without psychiatry, attacked the perceived oppression of psychiatrists, drug and

electro-convulsive treatments and supported the talking therapies (Pilgrim 1997;

Crossley 2006).

The social movement organisation that played the greatest part in the development of

counselling was the National Association for Mental Health (NAMH) (now MIND),

formed as a result of the 1939 Feversham Report on voluntary mental health services.

NAMH was the result of the recommended amalgamation of the National Council for

Mental Hygiene (1922), the Child Guidance Council (1927) and the Central Association

for Mental Welfare (1913). NAMH moved from its roots in the Mental Hygiene

movement to campaigning in the 1960s on the concerns of service users, attacking perceived abuses in psychiatry and removing the stigma attached to mental illness (Rose 1990; Crossley 1998).

The anti-psychiatry movement of the 1960s was an international phenomenon that attacked psychiatry as patriarchal and coercive, which fitted well with the counter-culture of the decade. Some proponents used a phenomenological philosophical base to question the existence of mental illness, including in Britain the psychiatrists R.D. Laing and David Cooper, who established the Philadelphia Association and were major figures in its alternative therapeutic communities. "That Laing inspired many 'patients' and young mental health workers is beyond question" (Crossley 2006:255). Crossley (2006) argues that the movement brought into public debate for the first time issues of conventional psychiatric diagnoses and treatment. However, though the movement was short-lived in Britain, its anti-psychiatry stance continues through authors such as Pilgrim.

Social Work

The number of social workers had grown in the 1960s, a trend that appeared to be a response to the problems revealed by each new piece of welfare legislation (Perkin 2002). Casework was the method of practice taught and thus social workers worked with the individual, rather than with the families in which the problems often originated (Perkin 2002). Casework also carried the greatest prestige within the profession (Hugman 1991) and social workers increasingly specialised in work with

particular types of client groups, for example the elderly, despite the criticism of such specialisation in the Younghusband report (Younghusband 1959; Perkin 2002).

Psychiatric social workers did not identify with the mental health service delivered by other social workers, despite most having undertaken a first training in social work. The training was heavily influenced by American clinical social work:

> "many British social workers had travelled to the States on Fulbright scholarships during the 1950s and 60s and studied at Smith (College) as well as working in the US and they wanted to bring the training here" (Rosoman 2007:1).

Jane Rosoman writes of her training in the late 1960s that it included

> "…the process of learning to engage in a working alliance, structure of process and allow the free expression of feeling and to contain emotion through the uses of boundaries. …Anna Freud's influence was huge, both here and in the States. Ego psychology dominated and we studied her seminal text 'ego and the mechanisms of defence'. ..Donald Winnicott and John Bowlby both made the journey up from London as they thought the course was worth supporting.   ……and we all failed to recognise we were in the presence of greatness" (Rosoman 2007:2).

This therapeutic focus was regarded as a threat by some psychiatrists and criticised as potentially dangerous to patients: "What happens when half-baked social workers

half-trained in analytical techniques apply them indiscriminately in the delicate task of social guidance can best be left to the imagination" (Royal College of Psychiatrists quoted in Timms 1964:1). Unlike the situation in the USA, British psychiatric social workers were not required to undergo analysis with medically trained analysts (Abbott 1988; Rosoman 2007).

The 1968 Seebohm report into local authority social services made recommendations that were to transform the organisation and delivery of social work (Seebohm 1968). It criticised the individualistic focus of social work, especially psychiatric social work and its use of psychoanalytic theory. The report recommended that social work become an integrated profession contained within a single government department with a single generic training. At the time, social workers saw this as professional recognition and, as such, something to be celebrated. The British Medical Association saw social work as a profession supplementary to medicine and opposed the move to local government (Cooper 1983). Dicks of the Tavistock Clinic makes a self-congratulatory comment on this: " ... timorous psychiatrists are now attributing the 'upstart' claims of social workers reflected in the Seebohm report to our pernicious influence on them" (Dicks 1970:293). Psychiatric social workers were soon to be disillusioned when they came under local authority management and the therapeutic aspects of their work were reduced, if not removed. Rosoman writes "… social workers were employed by Camden (instead of the hospital) and the change was immediate…They didn't want the therapy part….. So I moved on" (Rosoman 2007:3). Rosoman moved to the Tavistock Clinic and then to the Westminster Pastoral Foundation where she found "all those

Jungians, who had started as social workers with similar training to myself notably at LSE" (Rosoman 2007:3). Many social workers moved into counselling at this period in response to the loss of therapeutic work.

Workplace

In the same period, workplace counselling was absorbed into personnel management and was seen by some employers as a role of managers in appraisals and staff development (Royal College of Nursing 1978).

Education: school counselling

In the field of education, all sectors began to introduce counselling in response to the needs of young people for more than careers advice (Lytton 1974; Newsome 2006). "No educational innovation has ever appeared in this country with such startling suddenness as the counselling movement" (Daws 1976:6). The Newsome report (1963) recommended that there should be a counsellor in every school. Hans Hoxter, Audrey Newsome and Nick Malleson, later founder members of the Standing Conference for the Advancement of Counselling, were influential in the establishment of counselling in schools and universities in the 1960s (Bell 1996; Newsome 2006; Cooper 2007).

Hans Hoxter, in an interview in 1989, said of guidance professionals in the late 1950s,

> "They felt that providing effective educational and vocational
> guidance was no longer adequate to meet the needs of the young
> people who were coming out of our schools and colleges. We needed
> to understand people at a much deeper level than we had previously

envisaged" (Ivey 1989:246).

Lytton argues that school counselling came into being as a result of three new factors: the anxieties provoked by changes in post-war society, in particular the decline of the extended family, the political ideology of the Welfare State, specifically the expansion of education, and the increased emphasis on the individual.

In 1963, the National Association for Mental Health (NAMH) seminar on counselling in schools and the Newsome Report both proposed counsellors in schools to aid young people in decision-making and help them develop their potential. Hoxter and Newsome were instrumental in obtaining Fulbright support for the first two training courses in school counselling at Keele and Reading (1965), support which continued in the form of visiting counsellor educators until 1975 (Daws 1976). Other courses followed at Aston and Exeter. The training was based on the American model of three functions - educational and vocational guidance and personal counselling (Lytton and Craft 1974). Teachers were seconded to the courses on full salary and their fees were paid (Ivey 1989).

The theoretical approach of the courses was person-centred. Maguire (1975) suggests that this was to lessen the likelihood that psychiatry would see counselling as a threat and also that the person-centred approach was fashionable at the time. According to Newsome (2006), Hoxter wished to widen the therapeutic approaches to more than psychoanalysis. Initially, these courses were restricted to experienced teachers who then returned to their schools as counsellors, but this criterion was not tightly enforced. Daws, senior tutor on the Keele course, notes that there was opposition to

this: "…for teachers at this time, counselling was an activity vaguely therapeutic and undeniably transatlantic. Few liked the sound of it, nor did they think it was needed" (1976:13). The focus of school counselling from the start was on the normal pupil and on prevention rather than treatment (Maguire 1975). In 1967, a NAMH working party reinforced the multiple and preventative role of the school counsellor and their professional training and status (National Association for Mental Health 1967). Not all local education authorities followed the recommendations and the provision of school counsellors was always patchy (Baginsky 2004).

Education: student counselling

The development of student counselling in Britain Is described by Bell (1996) as a river with many tributaries. Concern with student wellbeing was initially located within University medical services, under the umbrella of the British Student Health Association (1951). One pioneer of student counselling was Mary Swainson who had a background in Child Guidance Clinics and a psychoanalytic training. In 1948, she took up an academic appointment at University College Leicester and developed an informal counselling service which became the Psychological Advisory Service offering psychodynamic work (Bell 1996). Three other key figures in the development of student counselling were Hans Hoxter, Nick Malleson and Audrey Newsome. Together they represent the two strands – health and guidance - that were found in early student counselling services. All three believed that academic achievement depended on both psychological and emotional wellbeing (Bell 1996). In 1962, Audrey Newsome set up the Keele University Appointments and Counselling Service to meet the needs

of students for more than vocational guidance (Newsome 2006). A General Practitioner, Nick Malleson, ran the University of London Student Health Service, bringing together in the counselling service there a group of therapists who went on to set up a range of university services and training courses in the London area in the 1960s and beyond (Cooper 2007). These included Cassie Cooper, Derek Hope, Ellen Noonan and Wyn Bramley, among others. All were psychoanalytic in orientation, but set up 'counselling' services at, for example, City University, University College London, Middlesex and Harrow. Cooper (2007:10) recalls that 'counselling' seemed more acceptable to university authorities than 'psychotherapy' which was thought to indicate long-term work. Student counselling benefited from the growth in higher education in the Local Government funded Polytechnics, which had student service departments offering guidance and counselling to students, as well as professional employment for counsellors.

A national organisation for counselling

In 1968, the first collaborative effort in the field of counselling began when a group of people representing the various interested sectors - marriage guidance, educational counselling, pastoral care and social work - came together to discuss the future development of counselling and standards of counselling. The group was facilitated by John Sutherland with the support of the National Council for Social Service (NCSS) (Dryden, Mearns et al. 2000; Cooper 2007). It is clear from the wide membership of this group and the publications of the later Standing Conference for the Advancement

of Counselling (SCAC) that counselling at this point lacked any clear definition (SCAC 1974).

Key points from the period

The 1960s can best be described as a fertile time for counselling in Britain. It is in this decade that counselling services appear in distinct sectors and that reference was first made to the provision of counselling in government documents, for example the 1963 Newsome Report. However, the field of mental health at this time was riven with internal jurisdictional competition (Abbott 1988). There were battles between psychiatry and clinical psychology, psychoanalytic psychotherapy and clinical psychology, social work and medicine, and between social work and mental health nursing. At the same time mental health and social work were undergoing externally-imposed restructuring and coming under attack from outside. Some professionals left and moved into the newly developing field of counselling and counselling training, for example Jane Rosoman and Bridget Proctor. Also at the same time, the anti-psychiatry movement, though short lived, brought alternative views of mental illness and its treatment into high public profile, and questioned psychiatric orthodoxy.

The expansion of education led to the recognition of the need of young people for guidance and counselling and resulted in the establishment of professional training courses and counselling services in schools, colleges and universities. However, the restriction on entry to the university-based counsellor training courses, limited the direct contribution of these courses to the development of counselling as a profession.

Conclusions 1890-1970

This conclusion draws together the threads that up to 1945 created the pre-conditions for the later emergence of counselling and from 1945 constituted the main developments of counselling in various sectors. "The explanation of social processes must be both dynamic and historical…..society is a process and it continues to change. But these transformations do not have a single cause, nor a single direction; their course cannot be predicted…." (De Swaan 1990:2). The emergence of counselling is consistent with De Swaan's observations.

Abbott (1995) argues that, before any profession can come into being, the activities which will later come under its auspices are carried out in a range of settings and by a range of people under different names and often within existing professions. Over time, coalescence occurs among some of these groups. The activities become more defined and some groups cease to perform them. In this way, the boundaries of a profession are drawn. Counselling began this process in the period covered by this chapter. Some of the areas in which early forms of counselling activity took place, such as welfare work in factories, did not go on to develop into more defined counselling. Others took up a different focus, for example organisational and management relations. In the post-war period, new areas appeared, some for the first time, under the title 'counselling,' for example educational and marriage guidance counselling.

Mental health, medicine, charitable organisations, social and probation work and industrial welfare work contributed to the emergence of counselling in the early part

of this period. It is in these areas that developments and changes took place that would later enable counselling to emerge as a separate and distinct activity. Figure 5 shows the origins of one counselling service.

The introduction of the Welfare State meant that charitable and religious organisations lost many of their voluntary functions to the public services and subsequently moved into new areas, one of which was counselling. In addition, the drop in religious observation alongside the growing interest in the psychotherapeutic approaches to pastoral care, led members of the established Christian churches to move into the counselling field, such as the Clinical Theology Association (1962), the Westminster Pastoral Foundation (1969) and the Highgate Counselling Centre (1960).

The most significant changes in mental health medicine in the treatment of mental illness were the move from hospitals to outpatient clinics, the recognition of the prevalence of neurosis in the general population and the adoption of psychoanalytic principles in its treatment. These changes increased the potential demand for mental health services and the opportunity to meet this demand.

Figure 5: Origins of Nottingham Counselling Service. (James, Howell et al. 1985)

Counselling – an insecure profession?
A sociological and historical analysis
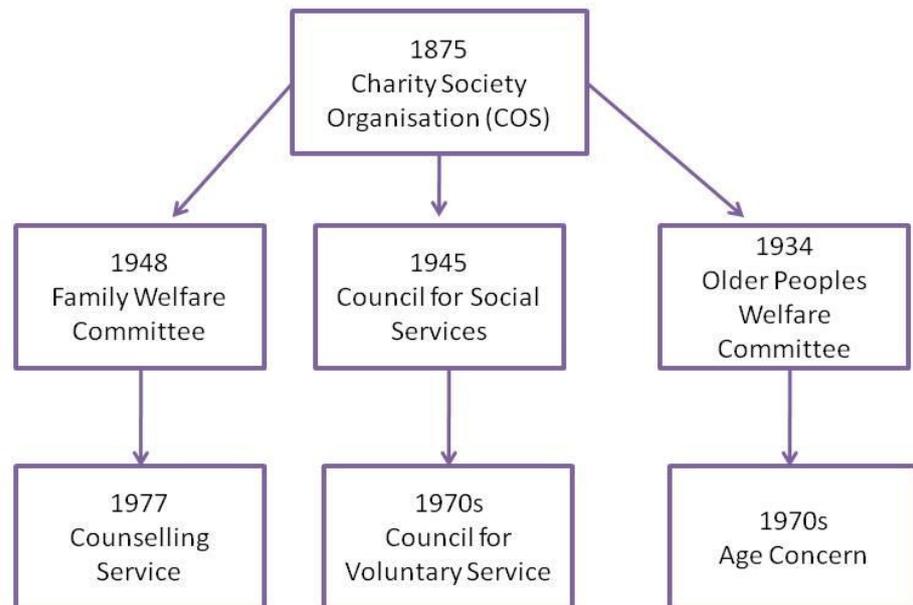
1890-1971

Table 7: Origins of Counselling

Period	Health Service	Charitable Organisations	Religion	Employers	Government
1890 -1918	Mental hospital attendants	COS workers	Church missionaries, Probation officers	Factory & munitions Welfare Officers	Poor Law Officers
1918-1939	Psychoanalytic psychiatrists	COS workers & Social workers	Probation officers	Welfare Officers Personnel Managers	Probation Officers
1939-1959	Psychoanalytic psychiatrists and Psychiatric social workers	Marriage guidance counsellors			Probation Officers
1960 -1969	Psychiatric social workers	Marriage guidance counsellors	Ministers of religion & pastoral care workers		School college & university counsellors

The medical profession's lack of control over the training and delivery of psychoanalysis resulted in growth in the numbers of lay analysts and analytically-trained social workers. Therapy was not the preserve of the medical profession, and analysts worked in private practice, as well as in employment, creating the new occupation of psychotherapist. The emergence of the new profession of clinical psychology after World War Two strengthened the jurisdictional claims of non-medical professions to the treatment of personal problems (Abbott 1988). Counselling, therefore, did not have to fight jurisdictional battles with medicine in its early stages of development, probably because, unlike clinical psychology, it was not regarded as a threat, and also because many psychiatrists were also analytic psychotherapists.

The 1920s and 1930s were marked by the move to the concept of mental health, as opposed to mental illness, with the focus on preventative work with children, promulgated by the Mental Hygiene Movement in the 1920s and 30s and the spread of these ideas through Child Guidance Clinics. The result of this was the spread of the use of psychoanalytic treatment principles to social work and the spread of this discourse to the workers' clients.

A consequence of the use of psychoanalytic theories was the implication that the individual was responsible for his/her problems. This was therefore little different to the Victorian attitudes towards the undeserving poor, except that the problem now resided in the individual's psyche rather than in their social and economic conditions. The rise in the importance of the individual self was a feature of post-war society (Rose 1996). The development of psychometric tests by clinical psychology for intelligence

and personality after World War Two added to the psychological-mindedness of the population and to the development of the psychology of the individual. This was a major background contribution to the development of counselling. Rose (1985) explores the creation of the 'psy complex' with reference only to psychology, but the psy complex must now be seen to include counselling and psychotherapy. All of these were instrumental "In providing the means of thinking and talking about human development and human troubles in psychological terms ……." (Miller and Rose 1988:178).

The origins of counselling were in the help offered to the poor, the socially deviant and the mentally ill. In the period up to 1939, poverty and mental illness were the twin keys to receiving help. In the post-war period, the Welfare State and the National Health Service expanded expectations and the provision of psychological help to all who need it. The changes in the nature and organisation of this help were important factors in the emergence of counselling.

Counselling was not welcomed in all areas. Members of some established professions, such as social work and teaching, opposed the emergence of a new profession, which appeared to be encroaching on their jurisdictional areas (Dicks 1970; Daws 1976; Abbott 1988).

The Seebohm report on social work (1968) recommended that psychodynamic casework with individuals be replaced by generic social work focused on families. This left vacant the jurisdiction over psychological treatments of personal problems.

However, this jurisdictional area was ill-defined and no occupational group laid claim to it for a while (Abbott 1988). Counselling at this time comprised an imprecise set of activities, sometimes an adjunct to other recognised professions, sometimes used as an undifferentiated way of helping in a wide range of voluntary settings. It lacked any recognised knowledge base, a single academic training or clear definition of itself or of its practitioners, few of whom were identified as 'counsellors.' That is, it lacked a 'heartland' from which to claim status or jurisdiction (Halliday 1985).

The development of counselling as a distinct occupation was just one element of a much wider social change resulting in the growth in professions and professionals, a trend started in the latter part of the 19th century. Social change in the 19th century - the diminution of social and community solidarity and norms - produced a new set of personal problems for people (Abbott 1988; Furedi 2004). It also created new problems of social control for governments. After World War Two, the introduction of the Welfare State, increased access to Higher Education, and the growth of the middle class accelerated these (Perkin 2002; Furedi 2004). Perkin (2002) argues for the emergence of a professional, rather than a class society, in which trained experts and the services that they deliver become more important than inherited advantage. He regards the philosophy of the Welfare state - in taking responsibility for the welfare of its citizens and using state intervention to do this - as a major contributor to the rise of professions delivering such interventions. People came to rely more on professionals to assist them with everyday matters and counselling became part of the process for

dealing with personal problems. This process has come to be described as 'the professionalisation of everyday life' (Furedi 2004).

The evidence shows that the interests of the state in the maintenance of economic and social stability resulted in interventions that played a part in the emergence and development of counselling. Examples of this are the requirement in 1916 for the presence in factories of Munitions Welfare Officers, the establishment of outpatient clinics under the 1930 Mental Treatment Act, the Attlee Government's funding of marriage guidance counselling in 1949, the government funding in the 1960s of counselling training for teachers and financial support for the establishment of the Standing Conference for the Advancement of Counselling (SCAC) in 1971. This is not to imply that the recognition of counselling as a distinct profession was the aim or intention of any of these government interventions, but they inadvertently created some of the pre-conditions for aspirations to professional status. A Foucaultian view would interpret this differently, as evidence of governmentality (Rose 1990; Johnson 1995).

The changes that occurred in society during this period, 1890-1970, resulted in psychological help no longer being reserved for the poor, the socially deviant and the mentally ill. Jurisdictional changes in the same period opened the treatment of the mentally ill to non-medically trained staff. Counselling was a source of help for non-medical as well as some traditionally medical problems such as depression and anxiety. Together, this created the two conditions required for counselling to flourish; demand for counselling services and the supply of potential counsellors.

There are two main elements in the emergence of counselling as a separate occupation. The first was the appearance, development and transformation of counselling-like activities in several distinct areas, some of which coalesced to form current therapeutic counselling. The second was the changes taking place in many apparently unrelated areas, as a result of which counselling evolved into a distinct occupation during the period 1945-60 in response to demand. By the late 1960s, counselling had become well enough identified for interested individuals and organisations to come together in the Standing Conference for the Advancement of Counselling (SCAC) to consider its future development and for the government to support it financially.

3. 1971-1999: The establishment of counselling in the United Kingdom

Introduction

This chapter presents the establishment, development and recognition of counselling in the UK in the latter part of the 20th century. It outlines the ways in which counselling became recognised by government departments and by the general public as a therapeutic activity delivered across a range of occupational contexts by both waged and unwaged practitioners.

The chapter identifies the process of the professionalisation of counselling and the issues arising from this process. It traces the separation of and differentiation between guidance and counselling and the distinction made within the therapy world between counselling, psychotherapy, psychoanalysis and counselling psychology. The process of differentiation and the tensions contained within it are considered. The professionalisation of counselling is explored by means of a case study of the Standing Conference for the Advancement of Counselling (SCAC) which in 1977 became the British Association for Counselling (BAC), and the subsequent growth of BAC. It identifies the factors that led counselling to become the largest occupational group providing therapy by the end of the century and the BAC the largest counselling organisation in the United Kingdom and Europe[3] (See Figure 6).

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[3] The 1999 BAC individual membership exceeds the 2009 combined membership of the other major psychotherapy associations.

Figure 6: Graph showing the growth in membership of BAC 1977-1999
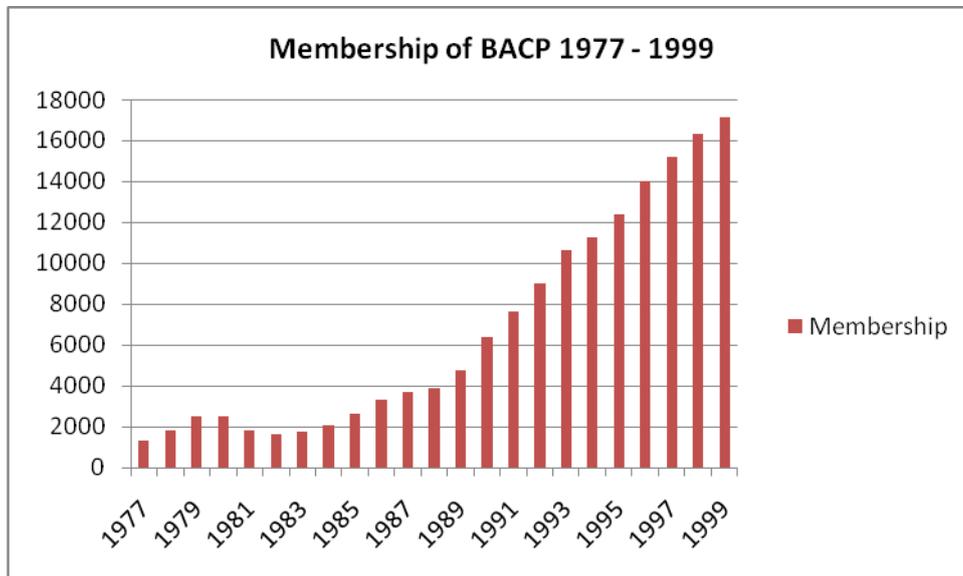
Critical junctures, self-reinforcing patterns and causal relationships are identified to illustrate the emerging dynamics in both the organisation and counselling in this period. These are explored in more depth in the discussion in chapter 7. The chapter touches on, but does not explore in any detail, concurrent developments and events in similar occupational areas such as psychoanalysis, psychotherapy and counselling psychology, and the impact of these groups, if any, upon counselling and BAC. Table 8 outlines the growth of professional associations in the field in the United Kingdom and Europe.

Chapter outline

The chapter is divided into three sections: 1971-1979, 1980-89 and 1990-99. In each period, the social, economic, political and cultural trends are identified, as well as the

changes relevant to counselling. Indicators of professionalisation are traced in counselling and allied occupational groups.

Sources

The sources for this chapter were derived from theoretical concepts from the sociology of the professions, case study, path dependency theory and social history. Information was derived from interviews with key actors of the period: - Lord John Alderdice, Nicola Barden, Judith Baron, Richard Evans, Mary Godden and Audrey Newsome. (Brief biographies are found in Appendix 1). Written records include archive material from SCAC and BAC and the personal archives of Mary Godden and Cassie Cooper. Published material includes, Counselling News and Counselling, the British Journal of Guidance and Counselling and government publications and reports.

Table 8: The development of the psychological professions in the UK and Europe

Date	Counselling in the United Kingdom	Allied Fields in the United Kingdom	Europe
1970	Association of Pastoral Care and Counselling		
1971	Standing Conference for the Advancement of Counselling (SCAC) Association for Student Counselling (ASC)	Foster report on Scientology	
1972		British Association for Behavioural Psychotherapy	
1973		British Journal of Guidance and Counselling published	
1974	Northern Ireland Standing Conference for the Advancement of Counselling		
1975	National Association of Young Peoples' Counselling & Advisory Services (NAYPCAS)	Careers Research and Advisory Centre (CRAC)	
1977	British Association for Counselling (BAC) formed from SCAC (Standing Conference for the Advancement of Counselling)		
1978		Association of Graduate Careers Advisory Services (AGCAS) formed from SCUAS Seighart Report on the regulation of psychotherapy	
1982		Rugby Psychotherapy Conference	
1988		Standing Conference of Associations for Guidance in Educational Settings	

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1971-1999

Year			
1989		**Standing Conference for the Advancement of Psychotherapy formed from the Rugby Psychotherapy Conference**	
1991	**Counselling in Primary Care Trust**		**European Association for Psychotherapy European Federation for Psychoanalytic Psychotherapists in the Public Sector**
1992	**Association of Christian Counsellors**	**British Confederation of Psychoanalysts (BCP) formed by psychoanalytic organisations leaving the UKSCP**	**Introduction on the single European market**
1993		**United Kingdom Council for Psychotherapy (UKCP) formed from UKSCP Universities Psychotherapy Association (UPA)**	**European Association for Counselling**
1994		**UKCP Register Independent Practitioners Network National Advisory Council for Careers & Educational Guidance**	
1995		**Counselling Psychology Division in British Psychological Society**	
1996	**Department of Health review of NHS psychotherapy services, including counselling**		
1997	**United Kingdom Register of Counsellors**		**European Certificate of Psychotherapy developed by European Association for Psychotherapy**

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| 1998 | **Association of Counsellors & Psychotherapists in Primary Care Level 3 National Vocational Qualification in counselling** | **UKCP became national awarding organisation for the European Certificate of Psychotherapy UPA became Universities Counselling & Psychotherapy Association (UPCA)** |
| 1999 | **National Institute for Clinical Excellence** | **Lord John Alderdice convened psychotherapy organisations to work for statutory regulation** |

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1971-1999

The 1970s: The creation of a professional association for counselling
Overview: social, economic, political and cultural trends

The 1970s, as a decade, contained contradictions and is recalled as a time of economic and civil unrest, industrial disputes and IRA terrorism . However, the New Economics Foundations Measure of Domestic Progress, which measures national social, economic and environmental well-being, found that 1976 was the best year since 1950 (Becket 2009:2). In the 1970s, Britain came to the end of a period of a steady rise in affluence that had begun in 1945, and entered a period of national economic decline and unrest (Perkin 2002). The economic decline led to conflict between successive governments and the Trade Unions, with strikes, particularly by the National Union of Mine Workers, national emergencies; the three day week (1974) and the so-called 'winter of discontent' (1978). Inflation and unemployment rose; house prices rose then collapsed and the Yom Kippur war (1973) led to an international oil crisis (Perkin 2002; Becket 2009).

By the middle of the decade, wages for most people were higher than ever before. In 1971, two thirds of people had three weeks annual holiday or more and 52% owned cars. Social attitudes appeared to have changed; deference had decreased as social and economic expectations had increased (Perkin 2002). The economic unrest and strikes of the 1970s can be seen as evidence of this. In particular, women's expectations changed and became similar to those of men in terms of life opportunities. In 1971, 52% of women aged between 20 and 64 were working. Such expectations were supported by the emergence of feminism and the dissemination of

feminist ideas by Spare Rib magazine (founded 1972) and the Women's Liberation movement (Perkin 2002; Becket 2009). In parallel, following the decriminalisation of sex between men in 1967, the Gay Liberation Front began in London in 1970 with its publication Gay News (Becket 2009). By the early 1970s, Britain saw itself as a more permissive society, with the rise of a secular rather than religious morality (Perkin 2002).

A continuation of the liberalising legislation of the 1960s and the growth of opportunities for women set in place social changes that would impact on the development of counselling. The Lane Report on the 1969 Abortion Act recommended that counselling be available to all patients (Gill 1975). Other legislation included the Matrimonial Property Act 1970, the Sex Discrimination Act 1971, the Equal Pay Act 1974 and the Employment Protection Act 1975. However, employers found ways to evade implementing much of the legislation (Perkin 2002; Becket 2009). Perkin argued that a major impact of this legislation was the 'feminization of poverty;' in that most households headed by a single adult were headed by a woman. This, together with the rise in unemployment, created greater demand for social support services from the welfare state and searing criticism when these 'caring services', including counselling, provided by the state, failed to deliver to expectations (Perkin 2002).

The Standing Conference for the Advancement of Counselling

In 1971, the Standing Conference for the Advancement of Counselling (SCAC) was established with funding of £9,000 over three years from the Gulbenkian Foundation.

The grant was made "on the understanding that the widest possible range of interests would be reflected in the direction and activities of the conference" (Gulbenkian Foundation 1973:128). This condition may have been one of the origins of the self-reinforcing tendency towards inclusivity (*SRT1)* which, for the next 40 years, undermined moves towards any professionalisation of counselling, for example the introduction of membership criteria that might lead to a form of occupational closure. Such a view was strengthened by articles such as that by Grey (1979) who wrote that BAC was a charity and, as such, members should get no financial reward from membership.

The Standing Conference was the outcome of "two years of discussions by a working party which had been set up by the National Council for Social Service in 1968" (Grey 1979: 12). SCAC (later BAC) was housed in the National Council for Social Service (NCSS) offices in London until 1978. Cooper recalls that in 1968/9

> "There was a suggestion that we all got together; student counsellors, marriage guidance counsellors, chaplains in universities, nurse tutors and anyone who was connected with working with people. So we got together had a big meeting in London" (Cooper 2007:2).

Among the key actors were Hans Hoxter, Nick Malleson, Audrey Newsome and Sir George Haynes. Hoxter and Newsome came from educational and vocational guidance, Malleson from medical psychotherapy and Haynes was the Director of the National Council for Social Service. For Cooper, Nick Malleson was the driving force

behind this, motivated by a concern for standards. "We were very psychoanalytic; the others were a bit loose" (Cooper 2007:3). The Marriage Guidance Council was also "a bit worried about others setting themselves up as (marriage guidance) counsellors when they were really ministers of religion" (Cooper 2007:3). For Newsome, Hoxter was the key player (Newsome 2006). Cooper agreed to some extent that Hoxter was "the man with the hands on the funding and the government connections" (Cooper 2007:7). It is clear from these two interviewees that Malleson and Hoxter were both strong personalities who did not always agree, and that Hoxter was believed by some to have a second agenda - the creation of the International Round Table for the Advancement of Counselling (Cooper 2007:7).

Hans Hoxter concurred that the initial driving force had been a concern with standards of training for counsellors. He laid sole claim to the creation of BAC "… I was able to set up the British Association for Counselling and the International Association for Counselling" (Hoxter 1999:347).

The 1974 Executive of SCAC reflected this broad church, with the Chair Nick Malleson, a General Practitioner from a University Student Health Service and Nick Tyndall, the Deputy Chair from the Marriage Guidance Council. The top two positions represented one of the dichotomies in counselling; the health-oriented professional and the social-welfare oriented volunteer. The remainder of the executive represented advice and guidance, pastoral care, family planning and third sector organisations. University services were proportionally over-represented (SCAC 1974). Figure 7 shows the broad

range of interests of member organisations and the heavy representation from the educational and pastoral sectors.

A definition of 'counselling'

The need for a definition of counselling that was more than a description of the activity was a recurrent theme throughout this period. This symbolized the tension and ambivalence about any boundary setting that would result in some being excluded (Abbott 1995).

An SCAC publication illustrated the lack of boundaries around both the activity and those who performed it. The list started with those who would today be described as people using counselling skills and ended with professional counsellors. Perhaps this was an indication of the view of the counselling world held by the executive of SCAC. This can be interpreted as the beginning of a self-reinforcing tendency towards inclusivity (Mahoney 2003; Pierson 2003). **(SRT1)**

> "Counselling takes place when one person accepts responsibility for helping another to decide upon a course of action or to understand and change patterns of behaviour which distress him, disturb his relationships or affect his social behaviour. … Who are the counsellors? Teachers, clergy, doctors, nurses, lawyers, people working with the disabled, volunteers, befrienders, people who recognise a counselling component in their work, people who have counselling as a specified part of their work such as teacher and

careers advisor and people who are counsellors as their work who

are described by occupation setting and client group for example

youth, marriage guidance, school counsellors" (SCAC 1974:1).

From the outset, SCAC aimed to expand its influence beyond the area of its technical

expertise (Halliday 1985). The appropriateness and legitimate range of such activities

was debated in the Executive. It gave its views on government initiatives and

responded to consultations and select committees, for example, the Select Committee

on the 1968 Abortion Act which became the 1974 Lane Report. SCAC also produced a

range of publications including a Newsletter.

The failure to receive Home Office funding in early 1973 led to a subsequent successful

request to the Gulbenkian Foundation. One of the conditions for this grant was that

SCAC should obtain "maximum contribution for the members themselves" (Gulbenkian

Foundation 1973:129). The conditions of the second grant and the financial problems

of SCAC led to a review of the categories of membership. As SCAC had been set up as

an organisation for organisations, membership applications from individuals had

presented an administrative problem. The Secretary, Joan Burnett, not knowing what

to do with them, had placed them in a desk drawer, where they remained until the

introduction of individual membership in 1977 (Godden 2007). By the mid 1970s, the

SCAC executive decided that the organisation should change to give greater

significance to the individual member and two meetings were held in the autumn of

1975 to discuss this. Three reasons were given for the introduction of individual

membership: the success of a meeting for individual counsellors; concern about standards and public recognition, and the dire financial position of SCAC.

This change in membership categories presented an opportunity for occupational boundary drawing. A chance to introduce exclusionary standards that would have represented a move towards occupational closure, professionalisation and with it the process of starting to define counselling (Wilensky 1964; Witz 1992; Abbott 1995). As such, it represented a critical juncture in the development of SCAC and the professionalisation of counselling. *(SRT1 CJ)* Mary Godden's handwritten notes on committee papers show that the following possibilities were discussed by the executive over the establishment of a British Association for Counselling in 1975:

- "categories of membership"

- "Inclusive/exclusive – standards, and professional accreditation"

- "Counselling not counsellors" (Godden 2007)

Grey (1979) wrote of proposals for individual membership that required training and supervised practice, approved by special interest groups, but these were never implemented. Had these been introduced, the structure of BAC would have had a parallel to psychotherapy organisations but would have been sub-divided according to occupational context e.g. young people, marriage guidance, rather than by theoretical orientation as in the psychotherapy world. SCAC/BAC did not take this direction. The path taken was that of open and general individual membership, perhaps as a result of the original conditions of the Gulbenkian grant and the heavy representation of

voluntary agencies in the association. This was a critical juncture, which strengthened a self-reinforcing tendency of inclusivity that had long term consequences, both positive and negative, for BAC and counselling.

The British Association for Counselling

"Forward on the BAC of SCAC" was a cry heard at the 1976 SCAC Annual General Meeting. The British Association for Counselling was inaugurated in November 1977, a year later than planned. The delay was due to problems with the Charity Commission and the government which opposed the establishment of an organisation that might be a trade union for counsellors (BAC 1977b). Cooper recalls one of the reasons for the change of name: "I think what then happened was people then decided that instead of calling it the Standing Conference they would change it and call it the British Association to give it more clout" (Cooper 2007:8). The original intention was for a four-nation federal structure to be in place by 1979: until then people were to join BAC. At the inaugural meeting, Professor Douglas Hooper urged BAC to develop a political voice as counsellors were not seen as necessary for the common good (BAC 1977a). Nick Tyndall, the first Chairperson of BAC, wrote in the Times in November 1977 that the most important outcome from the formation of BAC would be the provision of a better service to clients. Sub-sections called Divisions were encouraged to give structural representation to specialised areas of counselling. (See Figure 8). The resulting identification of counsellors according to work context rather than theoretical orientation led to the subsequent assumption that counselling had no theoretical base. This was to have long term consequences.

Figure 7: SCAC member organisations by sector

Figure 8: Titles and dates of the inauguration of Divisions on BAC in the 1970s

Association for Student
Counselling
July 1977
(founded 1971)

Association for Pastoral
Care & Counselling
1977
(founded 1970)

Counselling in
Medical Settings
October 1977

Counselling in
Education
June 1978

British
Association for
Counselling
1976/7

Youth Counselling
run by NAYPCAS
December 1977

Counselling at Work
November 1978

Personal Sexual
Marital & Family
March 1978

The battle for survival

The mid 1970s were dominated by impending financial disaster; original trust funding

ended and in 1977 the deficit was £2,000. An application for funding from the

Voluntary Services Unit of the Home Office was rejected because BAC's work was

judged to be of "insufficiently high social priority" (BAC 1977b). The National Council

for Social Services asked for the return of its office space in Bedford Row. The

Executive, under Audrey Newsome's leadership, took the decision to move out of

London and into accommodation offered by the Marriage Guidance Council in Rugby.

This decision both to leave London and move into the premises of a member

organisation was unpopular. Thirty years later, Newsome still remembered the

opposition she faced (Newsome 2006). The financial position improved in 1977 with

grants of £8,000 from a range a charitable trusts and in 1978 a grant from the

Voluntary Service Unit for £12,000 per annum for two years (BAC 1978a).

Developments in the wider therapy world in the UK.

There were several indicators of the recognition of counselling and psychotherapy

outside SCAC and BAC, some of which indicated a move towards professionalisation.

SCAC and BAC were among several counselling and psychotherapy organisations

founded in the 1970s. (See Table 8.) The emergence of professional associations was

regarded by some sociologists of the professions as one of the necessary stages in

professionalisation (Millerson 1964; Wilensky 1964; Leggatt 1970). However, they

were not universally welcomed: "There is a danger in the proliferation of formal

associations representing such counsellors and this can only damage the development

of professionalism" (Lewis and Murgatroyd 1976). This comment seems to have arisen

from the perceived threat of counselling to the more established area of vocational

guidance (Watts and Kidd 2000).

In 1973, the arrival of a new publication, The British Journal of Guidance and Counselling, indicated that there was a large enough readership to justify an academic journal. The title, itself, was a reflection of fluid occupational boundaries at the time, with counselling seen as both a competitor to more traditional guidance in education and as an essential element within guidance (Watts and Kidd 2000). The editorial in the first edition remarked on the rapid development of counselling over the last decade: "Today one may fairly speak of a *'counselling movement'* in Britain" (Daws, Bolger et al. 1973:2). The growth was attributed to the Marriage Guidance Council and NAMH, in particular NAMH's work in school counselling and the increasing use of counselling in vocational guidance and youth work. In the 1970s, there were nine postgraduate training courses for school counsellors (Baginsky 2004).

Government involvement and regulation

In the late 1960s, government disquiet had arisen over the activities of Scientology and an attempt by Scientologists to infiltrate the executive of NAMH (later MIND). There was public unease over the methods used with individuals such as "auditing and processing" (Seighart 1978:22). Sir John Foster was commissioned to investigate and in 1971 published "Enquiry into the practice and effects of Scientology" (Seighart 1978:25). This called for the regulation of medical psychotherapy, that is, psychotherapy that was done for reward (Seighart 1978). As a result of this report, seven psychotherapy organisations came together under the chairmanship of Paul Seighart to produce proposals for the statutory regulation of psychotherapy. The Seighart report (1978) called for a statutory Council for Psychotherapy to be set up to

maintain a register of psychotherapists and to have the power to regulate the profession. It proposed that the government recognise the existing psychotherapy bodies which would form the Council and approve registrants who would be graduates of their training schools. The British Association for Behavioural Psychotherapy objected to the use of training as an entry qualification, arguing that membership of a bona fide professional association and accountability to a code of ethics was sufficient (Seighart 1978). The Guardian reported in June 1977 that this dissent might cause delay, and that there was no immediate likelihood of such legislation. The government did not act upon the recommendations in either the Foster Enquiry or the Seighart Report and a private members bill to regulate psychotherapy, brought by MP Graham Bright, was defeated in 1981. (See Table 5)

Summary

By the end of the decade, there was a national association for counselling representing all sectors in which counselling was delivered, but lacking any clear definition of the activity. In the 1974 publication "What is Counselling", professional counsellors were placed last in an long list of 'who does counselling' after teachers and counselling skills users (1974). There was growing provision and demand for the caring services provided by the welfare state, including counselling (Perkin 2002). The government had considered and rejected two attempts to introduce the statutory regulation of psychotherapy, deterred perhaps by a similar lack of definition and boundaries in psychotherapy.

The 1980s: The growth of counselling and the British Association for Counselling

Overview: social, economic, political and cultural trends

The decade of the 1980s was dominated by the policies of Margaret Thatcher's three Conservative administrations and the consequences of those policies. These policies had unintended positive consequences on the development and acceptance of counselling in the United Kingdom. In the early 1980s, it appeared to some that British society was on the verge of breakdown. There were inner city riots, rising inflation, unemployment, IRA violence and terrorist attacks. "Unemployment haunted British culture in the early 1980s" (Vinen 2009:125). In 1981, the Peoples March for Jobs from Liverpool to London copied the Jarrow March of the 1930s and numbered 15,000 when it reached London (Potter 1981). Manufacturing industries declined and the new jobs that emerged after the recession of the early 1980s were in the service sector and demanded mental not manual skills. This presented more employment opportunities for women than the male unemployed workforce

The Conservative philosophy of the free market and individual responsibility led to changes in social attitudes and expectations in the later 1980s (Perkin 2002; Furedi 2004; Marr 2007). Thatcherites saw the market as moral, encouraging individual virtue and responsibility (Vinen 2009). It has been argued (Furedi 2004) that this was a way in which government shifted people away from a focus on shared political grievances and causes to a focus on personal problems and individual personal responsibility for dealing with those problems. This in turn led to the growth in therapy to assist

individuals in this process. Furedi (2004) used as evidence for this argument, government investment in counselling for the unemployed and the Trade Unions' support for workplace counselling. The deregulation of credit control, the wider availability of mortgages, the sale of council houses at a discount, the privatisation of nationalised industries and building societies all contributed to a widespread sense of 'money for nothing.' Marr described this as a "culture of excess and conspicuous display" (2007:428) that led to increased inflation, rising levels of personal debt and unrealistic expectations.

Conservative policy was to reduce central state support and state intervention in society and therefore to shrink the welfare state. The Welfare State expanded as a result of demands made upon it by increased unemployment and the emergence of Acquire Immune Deficiency Syndrome (AIDS). In real terms, expenditure on the Welfare State increased between 1978/9 and 1985/6 (Perkin 2002).

AIDS and its cause, Human Immunodeficiency Virus (HIV), appeared in the early 1980s, initially in the gay community. The extent of the potential threat was quickly realised (Marr 2007). Given the attacks on homosexuality in the 1980s, such as the BBC's ban on public service broadcasts by homosexual counselling services (Bottomley 1985) and in 1988, Clause 28 of the Local Government Act prohibiting the promotion of homosexuality by teaching or publishing materials (Davies 1988a), it might have been expected that the government would make a moral response to AIDS. However, the response was pragmatic rather than moral, and resources were invested in public awareness raising and medical advice and support (Grey 1986; Marr 2007).

In 1986, the Government established the National Council for Vocational Qualifications (NCVQ) to develop a comprehensive system of vocational qualifications based on competences and related to the needs of employers. This development had major implications for counselling and BAC. BAC's involvement in this and the consequences are addressed later in this chapter.

Developments in the wider therapy field

Although the government did not support the statutory regulation of psychotherapy, the response to the Seighart report (1978) set in motion initiatives that were to shape the future organisation of counselling and psychotherapy in the United Kingdom. In 1981, the Minister of Health convened a meeting of psychological therapy organisations to discuss the possible statutory regulation of psychotherapy as a result of the Seighart report. No consensus was reached on the need for registration.

> "It is in the first instance for the relevant professions themselves, not
>
> the Department, to achieve consensus about the need for and nature
>
> of any regulation of the practice of psychotherapy" (Hansard 1981b).

It was made clear that the government's priority was the protection of the client from exploitation and the encouragement of best practice (Godden 1982). MP. Graham Bright's private members bill for registration of psychotherapists fell at the second reading in 1981 due to lack of government support and the wide-reaching powers of the proposed Psychotherapy Council (Hansard 1981b). (See Table 5)

"The Council of Psychotherapy shall have the power to proscribe the

use of any psychotherapeutic psychoanalytic or other professional

technique or method of treatment, by persons not on the statutory

register or not medically qualified" (Hansard 1981a).

The Rugby Psychotherapy Conference

Michael Jacobs, the BAC representative at the Ministry meeting, recalled suggesting

that perhaps interested parties would benefit from a residential meeting and proposed

that BAC organise and fund such a meeting (Jacobs 2000), a fact acknowledged in

Hansard (1981b). The outcome of this meeting was the annual Rugby Psychotherapy

Conference, supported and administered by BAC throughout the decade. The original

membership comprised 30 psychoanalysis and psychotherapy training organisations,

originally from the analytic tradition and the behaviourists. The group widened to

include organisations from other theoretical approaches, some of whom had

'counselling' in their title. Discussion focused on training standards and statutory or

voluntary regulation (BAC 1986). In 1989, a constitution was agreed and the Standing

Conference for the Advancement of Psychotherapy (SCAP) was formed (Jacobs 2000).

In many ways, this mirrored the process counselling had followed a decade earlier with

a Standing Conference for the Advancement of Counselling that evolved into the

British Association for Counselling. However, SCAP developed differently. This was

perhaps a reflection of the long established structures of some of its member

organisations, for example the British Psychoanalytic Society, founded in 1913, and the

Tavistock Institute, founded in 1920 (BPC 2009). SCAP adopted a federal structure,

divided by theoretical approach, and restricted membership to training and accrediting

organisations which, in effect, excluded BAC from membership. It was intended that

this structure would enable it to develop into a broad profession for all the

psychological therapies (BAC 1986). In fact, the structure restricted the size of the

organisation and became a self-reinforcing dynamic that stifled change and growth

(Mahoney 2000; Pierson 2003). The development of BAC's relationship with the Rugby

Conference is covered later in this chapter.

Counselling psychology

The British Psychological Society (BPS) appeared to recognise that counselling was

establishing jurisdiction in an area which it believed was rooted in psychology and

chided itself for not paying enough attention to the 'needs of less disturbed people'

(BPS 1979). As a result, a working party was set up to consider counselling and make

recommendations about its place within the BPS. A group whose members identified

themselves as counselling psychologists began the slow process towards recognition as

a separate psychological occupation.

> "..... of course there was a lot of sibling rivalry…big sister Clinical
>
> Psychology (CP) got more spending money and elder brother CBT was
>
> a bit of a bully and a know all. There was also an older cousin called
>
> Counselling (C) who was always around" (Woolfe 2006:2).

The group held annual conferences from 1985-1993, and became a British

Psychological Society special group in 1989 (Woolfe 2006).

The British Association for Counselling

Overview

In the 1980s, there was a contradiction between the external presentation and the internal dynamics of the British Association for Counselling (BAC). Externally, BAC presented itself as the authoritative voice of counselling in the United Kingdom; an association with something valuable to offer both in terms of an intellectual response and a skilled workforce. Internally, the Association struggled to find a clear identity and purpose. Baron describes the 1980s as "the dancing years" (2009:6). The central question addressed was: should BAC be a membership body, or a policy-making body with a more external focus (Baron 1988)? Both internal and external activity contributed to the professionalisation of counselling. These issues are addressed in more detail later in this section. The internal tensions did not impact negatively on membership numbers which rose from 1,600 in 1980 to 4,700 in 1989. (See Figure 6)[4]

Internal development

Organisationally, the Association restructured between 1984 and 1986 in order to modernise and professionalise the way it operated (BAC 1987b). In 1987, the first strategic plan was produced (BAC 1987b). In 1988, the Association became a charitable company limited by guarantee, thus removing the personal liability of the trustees and giving more decision-making powers to the executive (Davies 1988b; Baron 2009).

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[4] The numbers fell in 1981-3 during the economic recession.

The Association had internal Divisions that represented work settings. (See Figure 9)

However, more than 60% of its members held no divisional membership. The

membership profile identified in the 1980s was of a white (98%) female (73%) most

likely to work part-time (73%) under the title 'counsellor' (79%) (O'Sullivan 1989). A

survey in 2005 found little change in comparable variables; 81% were female and 75%

worked part-time (Focus 2005).

Internal tensions

Internal tensions in BAC were expressed as the organisation worked to define its

identity and purpose. Some members wished it to be a professional organisation for

professionals; others wished it to include all those practising or interested in

counselling or the use of counselling skills. Since the change to individual membership

with the founding of BAC in 1977, the Association had had an open membership based

on self-selection of membership category. In 1981, the response of the Executive to a

request to advertise membership was revealing: "BAC membership confers no

standing in the profession because it is neither a professional nor training

organisation" (BAC 1981:2). **(SRT2)**

Figure 9: BAC in the 1980s showing the Divisional structures.
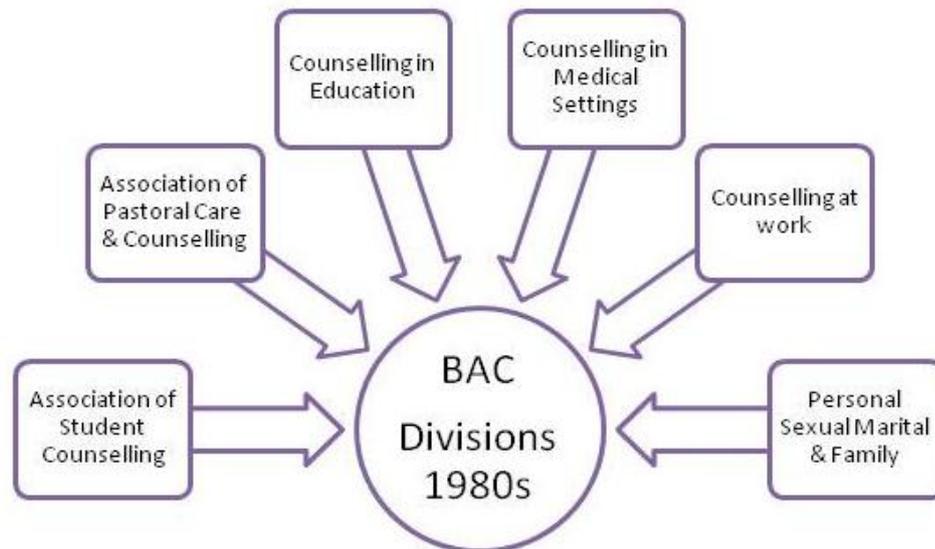
BAC struggled to identify its membership and draw boundaries, both internally and for

the occupation of counselling (Simpson 1985; Abbott 1988; Abbott 1995). These

tensions and divisions remained unresolved in the period. This self-reinforcing

tendency of inclusion was one of the strongest factors that restricted the

professionalisation of counselling. **(SRT1)** Audrey Newsome, Chair of the Association,

wrote of the aim of keeping the paid and voluntary worker together in the association

"which is an enormously difficult but not impossible task" (Newsome 1980:3). Others

saw the greatest tension as lying between the areas of counselling and counselling

skills. It was the view of David Charles-Edwards, (Executive Officer 1982-87) that "BAC

could only abandon its commitment to this diversity by abdicating from its role as the

national counselling organisation" (Charles-Edwards 1988:4). Both Richard Evans and

Judith Baron recognised this as an issue at the time:

" …. the membership of BAC is a muddle of people who are just

interested in counselling, people who are using counselling skills and

people who are practising as counsellors ..... but I'm not sure (BAC)

has ever really come to grips with it effectively" (Evans 2009:10).

"It was chaotic because if you look at counselling as a movement,

which is what a lot of people have said it is as opposed to a

profession, counselling as a movement, and it reflected the growth of

that kind of interpersonal work …. it was people coming together

from all sorts of different backgrounds with this interest in talking

therapies be it narrative, be it psychodynamic" (Baron 2009:3).

Opportunities for professionalisation through occupational closure

The literature on professionalisation identified two common ways to establish

occupation closure: a formal academic qualification as an entry requirement and

exclusionary membership criteria (Millerson 1964; Wilensky 1964; Abbott 1988). In the

1980s, BAC had opportunities to do this.

In the early 1980s, as a direct response to the Seighart Report (1978), the decision was

made that the Association should have an accreditation scheme and a code of ethics.

(See Table 9). Mary Godden's speech as Chair to the 1980 AGM addressed the issue of

standards: "if an objective of BAC is to raise standards, it should say what those

standards are" (BAC 1980). Accreditation was not a new concept within BAC; two BAC

divisions, the Association for Student Counselling, and the Association for Spiritual and

Pastoral Counselling, had been operating their own accreditation schemes for several years.

The introduction of the BAC accreditation scheme for counsellors in 1983 exemplified the tension around boundary setting and exclusion (Abbott 1988; Abbott 1995). There was the opportunity for BAC to move towards professional closure by restricting full membership to those who became accredited. Mary Godden's personal notes of the Executive meetings show that this was seriously debated and rejected (Godden 1982-3). This is evidence of an internal self-reinforcing dynamic of inclusivity that responded to prevent or restrict moves towards professional closure (Mahoney 2000; Pierson 2003; Bennett and Elman 2006 a).

The accreditation scheme for individual counsellors began as a peer assessment process for the experienced counsellor and had no requirement for applicants to have undertaken counselling training. The scheme was reviewed in 1986 by Brian Fosse, Professor of Psychology, and a former President of the British Psychological Society. He noted that accreditation was seen by the public as evidence of competence and that "a revised scheme should aim to move towards examining and assessing competence" (Aldridge 1987:3). The Fosse review recommendations were a clear steer towards professionalisation, for example, criteria for training were produced. The opportunities for structural moves towards professionalisation through closure measures in membership categories appear to have been defeated by the self-reinforcing tendency towards inclusivity (*SRT1*) (Thelen 2000; Pierson 2003). "Professionalism is a word that

can arouse some anxieties in BAC. If some are accredited will not others inevitably be excluded" (Taylor 1981:1)?

The scheme for the recognition of counsellor training courses was accepted at the 1987 AGM. It was already too late for BAC to establish an exclusionary monopoly over counselling training, and therefore over entry to the profession (Wilensky 1964; Freidson 1970; Larson 1977; Witz 1992). Training courses existed in universities and private organisations and were soon to be joined by vocational qualifications under the National Council for Vocational Qualifications.

The trend towards professionalisation continued in the development of further accreditation schemes and codes of ethics. Attention was also given to the area of research, especially into the effectiveness of counselling (Research Committee 1989). (See Table 9)

These changes in the Association in the 1980s appeared to be moves towards professionalisation, especially since all had to be voted for at Annual General Meetings and could therefore be thought to have had the support of the membership. The accreditation scheme was represented as a response to requests from members. However, there was evidence of significant opposition to accreditation in the low take-up, critical correspondence and AGM motions. As Chair of the Accreditation Sub Committee in 1987-90, I recall consistent criticism by members, a memory shared by Barden: "There was much dissent among the members. It was seen as heavy handed, interfering. Who are you to judge us?" (2010:1)

At the time, there was an assumption within BAC that most members were counselling skills users and volunteers. The assumption was based on the fact that since less than 10% of the membership were accredited, the others could not be working as counsellors (Bond 1989). This assumption was found to be false in the membership survey of 1989 which showed that almost 80% of respondents were working as counsellors and 53% were fully paid and a further 28% paid for some of this work (O'Sullivan 1989). The belief about the predominance of counselling skills users in the membership was so deeply rooted that the membership survey report was seen by the Management Committee as flawed in this particular area (Bond 1989). The low percentage uptake of accreditation was a constant feature of BAC membership, evidence of this ambivalent attitude towards professionalisation.

The establishment of the National Council for Vocational Qualifications (NCVQ) in 1986 presented BAC with a dilemma over whether to be involved. The issues were clearly stated by the General Manager (Davies 1989). The work of the NCVQ presented counselling with the opportunity to define itself as a distinct occupation; to fit into a framework of nationally recognised standards of training and practice. However, the levels of qualification were below those usually required by existing professions. In addition, defining a profession by competencies was seen as inappropriate (Frankland 1998). BAC decided that it was better to be involved in and influence any development involving counselling by taking part and exerting influence, rather than having something imposed on it. Throughout its history, the Association appears to have

taken a stance of active involvement in external initiatives, especially state-funded ones.

The Rugby Psychotherapy Conference

BAC's relationship with the Rugby Psychotherapy Conference, later the Standing Conference for Psychotherapy, provided evidence of a lack of clear sense of identity. BAC hosted, administered and supported the establishment and development of the Rugby Conference throughout the 1980s. The relationship between BAC and this nascent psychotherapy organisation was ambiguous and subject to regular debate at BAC Management Committee meetings (BAC 1986).

At times, BAC was seen as a potential member, but more often took an observer role, together with the Royal College of Psychiatrists and the British Psychological Society. The BAC Newsletter contained regular reports of the annual Rugby Psychotherapy Conferences. Mary Godden's report to the Management Committee clearly outlined the threats to BAC from the development of a separate organisation for psychotherapy (Godden 1986). The decision was made that it is "essentially pragmatic and politically realistic to see BAC and the Rugby Conference developing their networks and identity as separate organisations" (BAC 1986).

In 1989, the Rugby Conference became the Standing Conference for Psychotherapy and BAC decided against joining. "BAC is a very large umbrella organisation and it would not seem sensible to place ourselves under someone else's umbrella" (BAC 1989). Baron recalls that as a new member of the Management Committee,

"I hadn't taken a lot of notice of it. I don't think any of us had really

thought through what it meant. One discussion I do remember was

David (David Charles-Edwards the Executive Officer) saying they

really don't see themselves as part of counselling, that they don't feel

part of our membership. I am sad it happened" (Baron 2009:11).

She now wonders if "maybe the Management Committee, shouldn't have given them

the money and waved them off quite so generously" (Baron 2009:12). This was a

critical juncture in the history of counselling and psychotherapy in the UK (Mahoney

2000; Pierson 2004; Bennett and Elman 2006 a). **(SRT2 CJ)** Despite its open

membership and self-reinforcing tendency of inclusivity, BAC appeared to give no

consideration to expanding itself to incorporate psychotherapy.

BAC as the national voice of counselling

Externally, the association was campaigning and innovative and had begun to establish

jurisdictional claims (Abbott 1988; Eatock 2000). As a normative profession, it

extended its influence beyond its technical area of expertise and responded to a wide

range of government consultations and initiatives. Counselling and counsellors were

employed in a range of contexts such as Primary Care, Youth Training and Manpower

Service Commission Schemes, universities, colleges and schools. In 1986, a BBC

programme described counselling as a growth industry (Halliday 1985). Changes to

Primary Care services lifted the restrictions on the numbers of ancillary staff allowed to

General Practitioners and provided for 70% of counsellors' pay to be met by Family

Practitioner Committees. This resulted in a growth of counsellors in Primary Care and more funding of counsellors in primary care (Leary 1986; Eatock 2000). Richard Evans recalls the reason why he founded the Artemis Trust and gave financial support to counselling organisations in the 1980s.

> "I had begun to grasp the scale of need, recognising the fact that while poverty in our society in the sense of material poverty was very much a thing of the past with the creation of the welfare state, emotional poverty was a major social problem. I saw counselling, psychotherapy psychological therapies as being a way of contributing to that" (Evans 2009, p.1).

> "I needed to focus funding on trying to make things happen at a national level. So that accounts for why I gave grants to BAC, Relate and helped set up UKCP" (Evans 2009:4).

The Artemis Trust enabled BAC to computerise the office and set up the Information service, which contributed to BAC's growing external reputation in the wide range activities in which it was involved:

1986   Guidelines on advice and counselling through the broadcast media (Bottomley 1986; Eatock 2000)

1986   Guidelines for telephone helplines

1987   Aids and Counselling Pack produced by BAC for, and funded by, the Scottish Health Education Authority (Pickard 1987)

1989   Herald Assistance Unit network, set up following the ferry disaster

In the area of campaigning, BAC was instrumental in the lifting of the ban on broadcasts by gay and lesbian counselling agencies, and the removal of Clause 28 on the promotion of homosexuality in materials used in schools. In 1986, BAC convened a meeting of counselling organisations to consider whether the organisations "should seek through BAC, a more effective way of joining together on issues of national concern..." (Bottomley 1987:11). The Artemis Trust funded a feasibility study into the establishment of a counselling and psychotherapy trust. The findings revealed that BAC could not command recognition and status from peers as the national organisation representing counselling. There was an unwillingness to fund such an initiative (BAC 1987a; Baron 2009). Thus, although BAC was recognised as the foremost organisation for counselling, it appeared that the Association could not command the confidence and support required for the setting up of a trust for public education on counselling and psychotherapy. This undoubtedly reinforced a tendency towards self-effacement (**SRT2**) as an attempt to assert leadership and authority had failed.

Summary of the 1980s

During the 1980s, counselling and counselling services came to the attention of government in a range of governmental White Papers, reports and reviews, usually in a positive light. For example, the 1982 Thompson Report on the Youth Service in England recognised the role of counselling in the youth service (Roberts 1983). The inclusion of counselling in the inspection brief of Her Majesty's Inspectors of Further and Higher Education led to a focus on the status of counselling as a profession in terms of the confidentiality of the work (Jones 1987). Investments in counselling services, such as the Manpower Services Commission, Youth Training Schemes, Primary Care and a national Aids Helpline were seen by government as means of mitigating the impact of economic recessions and containing social unrest (Johnson 1995; Pilgrim 1997).

The decision by BAC to become involved in the work of the National Council for Vocational Qualifications represented a critical juncture, the implications and consequences of which did not become apparent until the 21st century (Griffin 1993; Pierson 2003).

One of the traditional indicators of professionalisation is the setting of boundaries for entry to a profession, that is, 'closure' usually by means of qualification-based entry (Carr-Saunders and Wilson 1933; Abbott 1988; Hugman 1991; Witz 1992; Greene 2000). However, the lack of consensus over the purpose and identity of counselling meant that BAC was unable to move towards this. The development of BAC in the 1980s demonstrated the continuation of the internal dynamic that prevented or

restricted moves towards professional closure. I, as Chair of the Accreditation Sub-Committee, wrote an article in favour of a policy of inclusiveness and against BAC becoming an association for accredited members only (Aldridge 1987). For Baron, the introduction of the code of ethics and the complaints procedure in the 1980s, were major moves towards professionalisation.

> "The key to profession is the development between 1986 and 1987
>
> of the complaints procedures and ethical framework and that I think
>
> is absolutely key, because you've got to have a way of getting people
>
> out with a reason behind it" (Baron 2009:32).

Insecurity over professional identity (Nottingham 2007) was expressed in BAC's apparent lack of confidence and assertiveness when dealing with other organisations in the field, as evidenced in its relationship with the Rugby Psychotherapy Conference. In such a forum, BAC operated as if it saw itself as a handmaid to external organisations, not a mistress.

The initiatives and developments in the 1980s had a profound influence on the direction taken by counselling and psychotherapy organisations. All the psychological therapy organisations were involved in a search for identity and the structures to support that identity. By the end of the decade, the map of organisations involved in the psychological therapies, that is, psychoanalysis, counselling, psychotherapy and psychology, was drawn. Two new groups had emerged; counselling psychology and non-analytic psychotherapy. The government's rejection of the case to regulate

psychotherapy contained in the Seighart report (1978) and the Bright Bill (1981) resulted in internal moves towards professionalisation within and across the counselling and psychotherapy associations. It is not clear if this was understood at the time as a move towards professionalisation and the accountability that involved, or as a way to gain status and recognition.

The 1990s:- The recognition of counselling

Overview: social, economic, political and cultural trends

The decade began with an economic recession; a rise in unemployment towards two million and a steady fall in popularity of the Conservative government. There were riots against the poll tax and a fall in house prices that left many homeowners in negative equity, particularly white collar workers in the South East (Marr 2007). The overall sense of depression was compounded by the double-figure interest rates needed to try to maintain membership of the European Exchange Rate Mechanism (ERM). The gloomy economic climate contributed to a sense of personal vulnerability. During this decade, therapy emerged as a cultural discourse in the United Kingdom (Furedi 2004).

Margaret Thatcher resigned in 1990, after eleven years as Prime Minister, to be succeeded by John Major. Internal divisions over Europe weakened John Major's administrations as the United Kingdom joined the single European Market. The following years saw the slow decline in the popularity of the Conservative government, despite the economic recovery that followed the withdrawal from the Exchange Rate

Mechanism in 1992. By the end of the decade, standards of living were higher than those in many other European countries (Perkin 2002). In 1997, New Labour came to power to the anthem of 'Things can only get better', but came to be seen as 'Thatcherism with a human face.' The encouragement of private enterprise, begun by Thatcher, continued under Major and Blair: private finance initiatives, private health insurance and insurance-based pensions (Perkin 2002:xi).

Thatcher had stressed individual responsibility and accountability. Although not referring to counselling directly, this contributed to the rise in popularity of counselling as an acceptable way to deal with life's problems. The New Labour Government (1997) continued the culture of accountability and introduced regulation through target setting and outcome measures, imposed centrally across state services such as schools, hospitals and police forces (Perkin 2002).

The 1990s saw a change in attitude towards the professions by both government and the public, characterised by a lack of trust and a demand for public accountability and transparency. This was translated into central control and regulation. The Conservative governments of Thatcher in the 1980s and Major in the 1990s used the internal market as a mechanism to attack the established professional hierarchies, especially in the public services, with an emphasis on value-for-money and accountability (Marr 2007). Major's government developed this culture of accountability with the introduction of standards of performance measured by target and league tables in the public services (Allsop and Saks 2002; Larkin 2002). New Labour continued the attack, but added to value-for-money, risk management and public safety achieved by an increase in

accountability and transparency. This was to be achieved by the introduction of regulation through target setting and outcome measures, imposed centrally across state services such as schools, hospitals and police forces (Hennessy 2001; Marr 2007). The National Institute for Clinical Excellence (1999) was an example of this, established to assess new treatments for efficacy and cost effectiveness; mental health interventions were included in this remit.

Furedi saw the 1990s as the decade in which therapy became a powerful cultural force in the United Kingdom, a means of helping people deal with the problems of low self-esteem and psychological weakness. He identified this through the sudden expansion of therapeutic references in the press and the spread of therapeutic terms into everyday language. In 1993, there were fewer than 500 examples of 'counselling' in the newspapers, compared to over 7,000 in 1999; in 1980 there were no press references to 'self esteem,' but over 3,000 by 1999 (Furedi 2004).

"Tony Blair arrived in power in 1997 in a country spangled and sugar-coated by a revived fashion for celebrity" (Marr 2007:514). The rise of this celebrity culture was a feature of the 1990s, as was the emergence of 'jackpot' professionals, such as footballers, fashion models, pop stars.[5] Women benefited from this widening of ideas of merit without the need for formal education (Perkin 2002). The carefully made female pop group, The Spice Girls, who with their song "Wannabe" (1996), achieved wealth and fame very quickly, personified much of this popular culture. Hello magazine

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[5] A 'jackpot' profession is one that many people aspire to and few succeed

was launched in the same year that Labour came to power and a few years later, the television programme "Have I Got News for You?" made politics a form of entertainment (Milton 2006).

The rise of an individualism based on "assertion and achievement" was noted at the time (Marr 2007). This was accompanied by the expectation that counsellors would be on hand to mitigate the impact of disasters such as the Dunblane school massacre (Hooper 1990). The public expressions of grief at the death of Diana, Princess of Wales, in 1999 marked the growth of a culture in which it was acceptable for both men and women to show emotion (Furedi 2004). The rapid growth in counselling and psychotherapy training courses ensured that there were therapists available to assist (Longman 1998; Dryden, Mearns et al. 2000).

One significant change in this decade was the inclusion of counselling in government reviews and initiatives in the areas of health, employment and education. The 1992 Health of the Nation Report identified mental health as one of five key areas. The Department of Health invested in reviews of the provision of psychotherapeutic services (including counselling) in the National Health Service in England and the Department of Employment (later also Education) funded work on the development of vocational qualifications (Russell, Dexter et al. 1992; Parry and Richardson 1996).

The 1992 single European Market, seen as an attempt to speed up European economic integration, was not universally welcomed in the United Kingdom (Marr 2007). The European single market affected counselling in two areas: the future mobility of labour

and the need for a common European framework of professional qualifications to support this. Two European Union directives on professions were to influence developments within the professional associations of counselling, psychology and psychotherapy. These two directives divided professions between those requiring a degree and those requiring a lower qualification (Nicholychuk 1992).

The United Kingdom workforce had a low level of skills and qualifications in comparison to other countries which reduced economic competitiveness (Oakeshott 1996). This presented problems for the future mobility of labour in the European Community. The National Council for Vocational Qualifications had already been set up to develop a national framework of vocational qualifications across all occupational areas. (See Figure 11 and **)** The impact of the National Vocational Qualifications initiative on counselling and BAC is addressed in more detail later in this chapter.

Developments in the wider therapy field

During the 1990s, three areas in the wider field impacted on the professionalisation of counselling: the development of other counselling and psychotherapy organisations, the beginnings of collaborative work between those organisations and the advent of the European single market.

British Confederation of Psychoanalysts

The psychoanalytical organisations left the UKSCP in 1992 to establish a separate organisation - the British Confederation of Psychoanalysts. The reasons for this seemed

to revolve around issues of the perceived seniority and different training requirements

of the analytic organisations (BAC 1994; Jacobs 2000).

United Kingdom Council for Psychotherapy

The United Kingdom Standing Conference on Psychotherapy constituted itself as the

United Kingdom Council for Psychotherapy (UKCP) in 1993 and opened a register in

1994 (Pokorny 1992; BAC 1993a). This register was a direct response to two perceived

jurisdictional threats: the first from the European single market; the second from the

psychoanalytic organisations. Jacobs attributed the change to a response to the

founding of the British Confederation of Psychoanalysts (BCP), rather than a response

to entry into the European single market, which was the public rationale given by UKCP

(Jacobs 2000). The membership structures of both organisations limited future growth,

unlike that of BAC. (See Figure 10)

The aim of the UKCP was to establish psychotherapy as an independent profession in

the United Kingdom in contrast to its position in Europe as an adjunct to psychiatry

and psychology (Pokorny, Van Deurzen et al. 2009). BAC had funded and administered

the Rugby Standing Conference for Psychotherapy from 1982 to the early 1990s. The

funding for the establishment of the UKCP came from Richard Evans:

> "UKCP – it was the initial funding to enable UKCP to happen at all.
>
> They had a rather strange problem in that they had to find the legal
>
> fees and everything just to create themselves but none of the

organisations had enough money to put into it. .... I don't think UKCP

would have happened at all without it" (Evans 2009:4).

The relationship between UKCP and BAC became more distant after 1993. "Many

people have since regretted the artificial split this suggested" (Jacobs 2000:459).

Figure 10: Diagram of the organisational structures of BAC, UKCP & BCP
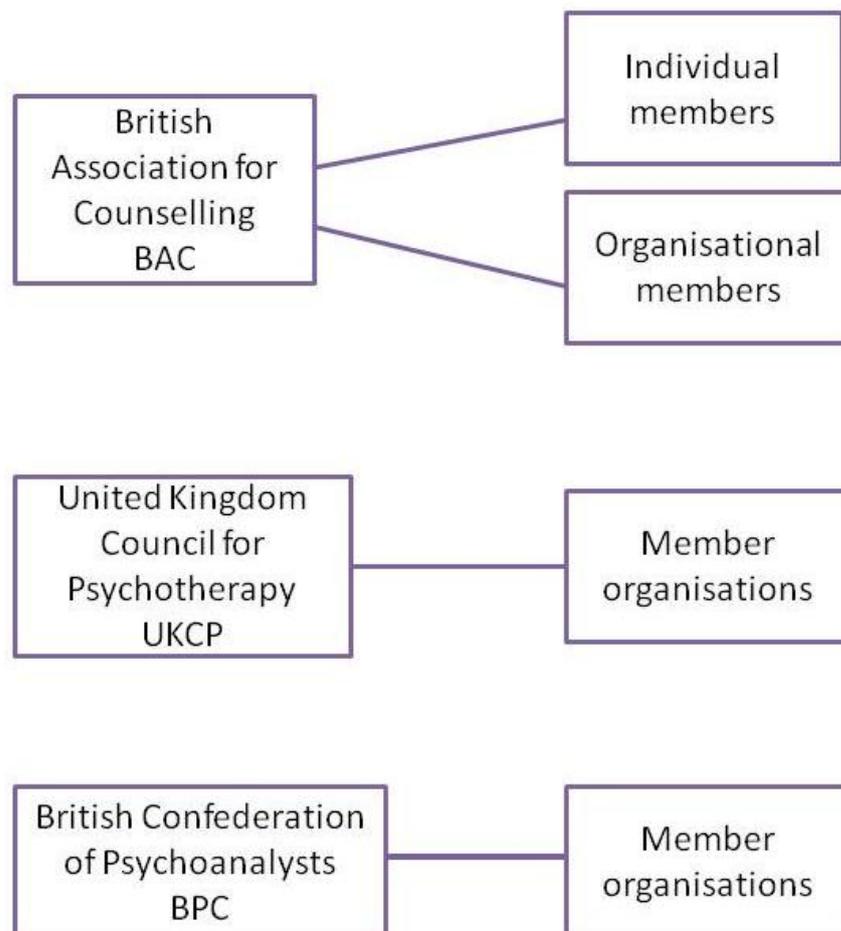
UKSCP, later to become UKCP, opted for the European Directive One on professions that required graduate entry (van Deurzen 1991:133). The UKSCP hoped to become the national designated and competent authority for psychotherapy; to further this UKSCP became the United Kingdom Council for Psychotherapy (UKCP) in 1993. The 1994 UKCP Annual meeting debated whether the organisation should join the Lead Body for Advice Guidance and Counselling (CAMPAG), and decided that it should, despite opposition to the concept of 'competencies'. This decision was motivated by fear that otherwise it would 'leave the field to counselling' (Randall 1996). UKCP therefore joined CAMPAG in 1995 to develop National Vocational Qualifications (NVQs) that would be covered by the second Directive on professional qualifications (Sauve 1995).

The emergence of counselling psychology

Meanwhile, Counselling Psychology continued its progress towards recognition as a distinct professional group in the British Psychological Society. Initially it was rejected for divisional status on the grounds that "there was not a defined area of practice and discipline that merited such status" (Lane and Corrie 2006:12). In 1992, the entry threshold and a defined discipline was established by the creation of a post-graduate Diploma in Counselling Psychology (Wilensky 1964; Larson 1977). In 1995, Counselling Psychology was awarded divisional status and therefore chartered status for its graduate members (Woolfe 2006). In the late 1990s, Chartered Psychologists from

several sections of the BPS came together to create a Register for Psychologists Specialising in Psychotherapy, but this group failed to gain full recognition and divisional status from the Society (Milton 2006).

Collaborative projects

Despite the emerging rivalries, there were attempts at cooperation and collaboration. In 1994, there was a joint conference in London of the European and national Associations for counselling and psychotherapy (Cox 1994; Tantam 1997; Pokorny, Van Deurzen et al. 2009) on the future of health care in Europe. In 1996, the Department for Education and Employment set up a network for counselling and psychotherapy which was established and managed by the University of Sheffield. The aim of this network, one of 35 nationally, was to identify the training and workforce needs of employers in the specific occupational area. The network delivered a map of all the university training courses in counselling and psychotherapy (Tantam 1997).

In 1999, Lord John Alderdice convened a group of psychotherapy organisations to develop proposals for the statutory regulation of psychotherapy. Lord Alderdice achieved a level of collaborative working for the first time since the Seighart Report. BAC and counselling was initially excluded from this group.

Lord Alderdice recalls:

> "…being able to get UKCP, BCP as it was then, Association of Child
>
> Psychotherapist, the Royal College, BPS , all of these organisations in

the one room to sit down and talk with each other when they've

absolutely refused to talk to each other for quite a period of time. …a

certain taboo about speaking to each other had been broken so to

me that was important" (Alderdice 2009:15).

He was aware that BAC considered that they should have been included.

"What I had decided at a very early stage that I was going to focus on

what I knew best which was psychotherapy and which had itself, I felt

at that time, made sufficient progress that regulation looked

possible, counselling seemed to me as a much more complex world.

….. When I met BAC at that stage they were kind of worried about

what was going on and I said look I'm not talking about regulating

what you are describing and if there are any of your people who are

psychotherapists of course they would be able to be regulated. ….

Whether they thought I wasn't being straight with them, which I

was" (Alderdice 2009:13).

The European dimension

The counselling, psychology and psychotherapy professional associations responded to

the advent of the European single market in very similar ways (van Deurzen 1991;

Nicholychuk 1992). Two European Directives of professions led to the belief in BAC

that "EU member states want to be able to discriminate regulated training which in the

United Kingdom and Scotland, NVQs and SVQS are" (Nicholychuk 1992:64). The two

directives divided professions between those requiring a degree and those requiring a

lower qualification (Nicholychuk 1992). The psychologists and psychotherapists

positioned themselves with Directive One on professions, while BAC saw itself as

fitting with Directive Two, despite the fact that there were at the time 30 postgraduate

university courses in counselling, compared to 20 in psychotherapy (Tantam 1997;

Hooper 1999). The British Psychological Society became the national competent

authority for clinical psychologists and the Association of Child Psychotherapists for

child psychotherapy in the NHS, both under the first Directive (Nicholychuk 1992). The

UKCP hoped for similar status for psychotherapy (Jacobs 2000).

The Strasbourg Declaration on Psychotherapy (1990) led to the establishment of the

European Association for Psychotherapy (EAP) in Vienna in 1991 (Nicholychuk 1993).

The psychoanalysts also set up a European Federation the same year. In 1997, the EAP

developed a European Certificate of Psychotherapy, funded by the European Union

Leonardo da Vinci programme that could be awarded by the recognised national

psychotherapy body (Hooper 1998). The certificate was intended to be a qualification

to practise psychotherapy within the European Union and required four years training

after an initial cognate degree. This certificate was an attempt to counter the

occupational restrictions already in existence in many European countries where the

practice of psychotherapy was restricted to medical doctors and psychologists. The

UKCP became the one national awarding body for the European Certificate of

Psychotherapy in the United Kingdom. The EAP achieved its aim of recognition by the

Council of Europe as a Non-Governmental Organisation (NGO) (Hooper 1998), as did

the International Association for Counselling (IAC). Both the IAC, previously IRTAC, and

the World Council for Psychotherapy, a development of the European Association for

Psychotherapy, became a United Nations Non-Governmental Organisations (NGOs).

Counselling and the British Association for Counselling

Overview

During the 1990s, the development and recognition of counselling was paralleled by

the development of the British Association for Counselling. The Association underwent

substantial internal changes in both structures and staff. The changes to the internal

structure and governance resulted in an increase in paid professional staff and a

reduction in volunteers, especially in the areas of accreditation, professional conduct

and research.

In the external world, BAC became a major player in initiatives to develop standards

and increase the provision of counselling through its work with the Counselling

Advocacy Mediation Psychotherapy Advice & Guidance Lead Body (CAMPAG) in the

development of National Occupational Standards, (NOS) as well as the establishment

of the United Kingdom Register of Counsellors (UKRC). Views both for and against the

professionalisation of counselling were openly expressed in the journal and at AGMs.

There was opposition to the professionalisation of counselling on the grounds that it

took counselling away from its volunteer egalitarian ideals in order to meet the needs

of counsellors, and thus raised issues of elitism. Those who backed it saw

Counselling - an insecure profession?
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professionalisation as essential to protect clients by raising standards (Frankland 1996).

The ambivalence about professionalisation was expressed in members' attitudes towards accreditation for individual counsellors. In 1991, the Chair wrote in response to criticism and a review of the accreditation scheme, "I believed a new system must be inclusive rather than exclusive" (Hope 1991:81). In 1996, in response to the BBC Watchdog programme that revealed BAC's open membership, the Chair's letter to all members stated that accreditation was a licence to practice, while membership was not (Bond 1996). There was opposition to the individual accreditation scheme for its rejection of some applicants. In 1991, as Head of Accreditation, I addressed the impossible demand of members for an accreditation scheme that was non-judgemental. It was inevitable that members would have to accept the judgemental nature of accreditation or abandon the schemes (Aldridge 1990). This was a further example of the ambivalence towards professionalisation and the occupational closure that would result. Perhaps the strongest evidence of a self-reinforcing tendency towards inclusivity **(SRT1)** and therefore against professionalisation by means of occupational closure was the persistent opposition to tighter membership criteria. Baron, as General Manager, herself supported an inclusive organisation and still does.

> "I don't think it was until I sat in that office in 1991 that I thought of it
>
> as a professional organisation and I was certainly for inclusion rather
>
> than exclusion even beyond that. Even now and since I've sort of left
>
> the management of it now where you have to show your

qualifications to be a member I go whoa because I've got so used to

inclusion" (Baron 2009:31-32).

The ambivalence towards professionalisation remained a powerful force within BAC and the wider counselling community (House and Totton 1997; Howard 1998; Totton 1999; Dryden, Mearns et al. 2000; Bondi 2004).

Internal areas of activity

The issue of identity challenged BAC, as it had the counselling psychologists in the BPS. Van Deurzen, in the keynote address to the annual conference, urged BAC to make a clear definition of counselling in relation to counselling psychology, psychiatry and psychotherapy (1991).

There was an emphasis on the need for professionalism within the Association meaning "responsible high quality and accountable activity, not restrictive practices or exclusivity" (BAC 1993b). The professional liability insurance scheme for members opened in 1991, provides evidence of this (Baron 1995b). Tim Bond, in his address as outgoing Chair, reflected that professionalisation was the price counselling must pay for its rapid growth and success (Bond 1996:242). Hall, in a guest editorial, challenged counsellors to measure their effectiveness, become theory-based and contribute to the development of professional knowledge. "If counselling wants to be a profession, it must grow up, bite the bullet and act like one" (Hall 1997:242). Chairperson McDevitt, referred to the probability that "counselling and psychotherapy will become formally regulated" (McDevitt 1999:273).

There was internal tension over participation in the development of National Vocational Qualifications (NVQs), with their focus on the identification of competences which were seen by many as the antithesis of counselling and psychotherapy (Parry and Richardson 1996; Frankland 1998).

During the decade, BAC had moved from being a professional association run by the members for the members on a voluntary basis, supported by a few administrative staff, to become a professional organisation for counselling run by professional staff with voluntary member input. Judith Baron reflected on what she found when she became General Manager in 1992:-

> "We made the agenda up for the meeting on the day and there were
>
> so many arguments. What should and shouldn't go on, from which
>
> theoretical perspective it came and from which division. So how we
>
> ever got any work done I don't know" (Baron 2009:9).

Change was implemented by a series of five-year strategic plans and changes to the memoranda and articles. The 1998-2003 strategic plan recognised that the Association's reliance on volunteers could not continue (BAC 1998b).

> "… whole structure is creaking beneath the weight of increased
>
> activity and the demands being put upon the volunteer members is
>
> vast and untenable. There is consensus that there must be change
>
> and the voluntary activity cannot continue in its present format"
>
> (Norman 1998:2).

Specialist staff were appointed; initially these posts were support roles (finance, marketing and publications) to committees of members working on a voluntary basis. Later there were profession-specific posts in training and accreditation. The Association recognised the value of research and the need to demonstrate evidence of effectiveness of counselling - and it invested in research (BAC 1996) (See Table 9). "BAC is classed as a learned society and it has been argued that it is our research-related functions that constitute our most learned aspect" (Goss and McLeod 1999:291). By 1999, the committees had been reduced from 14 to 5 and much of the work of the Management Committee had been transferred to the staff team (Barden 1998). In that year, the practitioner heart of the association, the accreditation schemes, were professionalised by the appointment of a Head of Accreditation in the form of myself and several salaried assessors.   Barden, who was Chair of the Accreditation Committee at the time, recalls:

> "We realised that it was becoming impossible to fulfil the role of assessment in a coherent and consistent way with voluntary assessors and I think the final straw when we realised in the annual training day for assessors, when the case study that we put forward for them as a model, they actually failed. I do think that was quite a mark of BAC acknowledging that we had moved to needing more professionalism, if you like, in our work. Then you came and with you, the committee changed and progressed into becoming the

> Professional Standards Committee as it is now. Also assessors
>
> became professional assessors" (Barden 2010:1).

Changes to the governance of the Association increased the authority and responsibility of the Management Committee and reduced that of the members, for example, after 1999, accreditation criteria were no longer voted on at AGMs (BAC 2000b). The changes during the 1990s were not welcomed by all members; some opposed the loss of democracy and saw institutionalisation as a possible consequence of professionalisation (Lilley 1996; Mearns 1999).

Externally, BAC gained recognition and extended engagement and influence beyond counselling. This wider engagement was recognised internally in the creation of formal groups on peace, disability, trauma, Europe and race. In 1994, the VAT Appeal Tribunal upheld BAC's appeal against any VAT charge on subscription to members on the grounds that BAC was a learned society concerned with the advancement of knowledge (Goss and McLeod 1999). It is noteworthy that the ruling stated that only "accredited members of the association could be said to practise a profession" (Tribunal. 1994:1494).

One requirement for a profession establishing a jurisdictional claim was public recognition (Abbott 1988); media coverage provided one source of evidence of this in the 1990s. Professor Douglas Hooper, BAC President, wrote in 1991: "the counselling fraternity … must not oversell their skills and capacities," warning of the hostile media attention that could result (1990:2). A BBC programme in 1996 stated that the

popularity of counselling had led to it being described as 'the new religion', when in fact it was irresponsible and unscientific (Longman 1996).

> "Counselling, psychotherapy and psychoanalysis with their belief in the talking cures have been primarily responsible for our confidence in the reparative power of self expression. The media, more than anything has turned this belief into a cultural norm" (Longman 1998:2).

By 1999, there was evidence of the widespread recognition of counselling by the growth of therapeutic references in the press and the spread of therapeutic terms and concepts into everyday language, including 'finding oneself' 'empathic', 'relationship', 'self-awareness'. For Halliday (1985), this is an indicator of success for a normative profession. The media at once praised counselling for its positive outcomes and attacked it as a dangerous activity that prospered from peoples' misery (Dryden, Mearns et al. 2000).

The United Kingdom Register of Counsellors (UKRC)

In 1991, BAC set up a European working party to investigate the potential impact on counselling of entry into the single European Economic Market in 1992.

> "It all came out of a paper by Richard Evans …. do we want to be doing counselling sitting in Tuscany sipping our glass of wine and being able to practice throughout the Common Market?" (Baron 2009:24)

There was concern over the mobility of labour and the possible European regulation of counselling (Nicholychuk 1992). Each country would have a European Union-designated competent national authority for a profession that would set standards and confer recognition (Lefebure 1996).

It was decided to invite other large counselling organisations to join BAC to explore the desirability and feasibility of setting up a National Register for Counselling, to be called the United Kingdom Register of Counsellors (UKRC) (Baron 1993). It was thought that this would go some way towards addressing criticism of counselling as an unregulated profession (BAC 1995). This register would be "a single national government-recognised system of professional self-regulation" (Baron 1994b:252-3). The United Kingdom Register of Counsellors aimed to deliver public protection and professional recognition (Baron 1994b). It was already known that the United Kingdom Standing Conference for Psychotherapy, soon to be the United Kingdom Council for Psychotherapy, was planning to seek this status for its register of psychotherapists through government recognition (van Deurzen 1991).

BAC worked in partnership with the Confederation of Scottish Counselling Agencies (COSCA), Relate and the Westminster Pastoral Foundation (WPF), on the development of the register, although BAC alone provided the resources[6] (Baron 1993). During this period, the archives provide evidence of a constant friction between BAC and the

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[6] In 1995/6 BAC put £170,000 from reserves into the UKRC. By 1997/8 the UKRC had a deficit of over £48,000.

other organisations over control and resources. There are repeated references to BAC being only one partner among equals, including references to BAC's counsellor accreditation scheme as one among many. BAC appears to have accepted this position. *SRT2***)**

The standard adopted for individual registration was BAC and/or COSCA individual accreditation (Baron 1996b); this position was backed by the VAT Tribunal decision which regarded only accredited members as professionals (Tribunal. 1994). However this excluded the majority of counsellors, so a second category of occupational registration was developed for counselling organisations which were recognised by the UKRC to enable them to place their staff on a counselling register. (**SRT1 CJ**) The UKRC did not have its own code of ethics and practice or conduct procedure, but relied on registrants being disciplined by their professional or employing organisations (Baron 1994c). The Register was launched in 1997 (BAC 1997); initially it attracted registrants both in the form of individuals and organisations. However, this was not followed by sustained growth. Despite its early ambition, the UKRC was little more than a list of lists. There was no willingness in the counselling world to unite in a single register and no obvious benefit to be achieved by so doing. In a meeting in 1996, the Government made it clear that statutory regulation was not on the political agenda and that it did not have its support (Baron 1996c).

There were several reasons why the UKCP's register succeeded and became recognised as the main United Kingdom register for psychotherapists while the UKRC failed to achieve the same position for counsellors. The UKCP register was created at

the same time as the Council itself and contained within it most training and accrediting organisations. It created a system of mutual benefit and dependence between the central register and the member organisations. Thus it achieved a form of occupational closure from the start; only graduates of its member organisations could register and the maintenance of registration required continued membership of the training organisation. Later attempts to change this in the 21st century demonstrated a very powerful self-reinforcing tendency.

The UKRC was set up in reaction to external forces and had no authority over standards. Its failure to thrive can also be attributed to the internal dynamic. Relate and WPF were some of BAC's founding partners in the late 1960s and early 1970s: the attitudes and behaviours in the UKRC steering groups could be seen as unwillingness to see the 'child' outgrow the 'parents' and also evidence of BAC's inability to use its authority. (**SRT2**)

External areas of activity

Externally, three areas of BAC involvement contributed to the recognition of counselling as a profession in the 1990s, the first two of which were seen as closely interlinked (Baron 1996c):

      National Occupational Standards for Counselling and Psychotherapy

      European Association for Counselling

Department of Health reviews on counselling and psychological therapies in the

NHS

The two European Economic Community (EEC) directives on professions represented a

division between the academic and the vocational (Nicholychuk 1992). BAC's

commitment to the NVQ project placed it in the vocational arena, despite the fact that

many counselling training courses were delivered in universities (Tantam 1997).

There were high expectations of the implications of the National Vocational

Qualifications framework for counselling:

"I think they have the potential to affect counselling as a profession

and counselling in Britain and Europe" (Baron 1994a).

The archive evidence makes it clear that BAC saw the NVQ project as a way to establish

counselling as a profession. The work of the NCVQ was in line with the European

Directive on vocational training and BAC hoped to be able to establish itself as the

'national competent authority' in counselling for the implementation of this directive

(Baron 1994b):

"It was how can we be recognised in the European Community as

being a profession and getting our status in a proper way and to be

recognised? To go across transparent borders you to had to be

recognised by your government in some way and a voluntary

register, if it was recognised by the government as statutory

registered, would be one way, by chartering, having an NVQ might be

another way because those were being set up by the government"

(Baron 2009:21).

Figure 10 shows the structure created by the National Council for Vocational

Qualifications to deliver the national qualifications framework. shows the

organisational structure and development of national vocational qualifications in

counselling.

The entry of psychotherapy into CAMPAG in 1995 raised the issue of boundary setting

between counselling and psychotherapy that contributed to divisions within the field

(Frankland 1998). The archives show that the involvement of psychotherapy,

represented by the UKCP, was a constant challenge. "…for obvious reasons,

psychotherapists would find any suggestion that they seek to qualify by acquisition of

an award with the word 'counselling' in its title totally unacceptable" (Letter 15 July

1999 Derek Hill, Relate to Elaine Sauve CAMPAG). In 1999, Psychotherapy withdrew

from CAMPAG and sought to join another Lead Body-Healthworks UK, with the aim of

developing a Level 5 NVQ in psychotherapy (CAMPAG 1992-2000). The British

Psychoanalytic Council did not take part in the development of National Vocational

Qualifications as NVQS "were not appropriate for the learning processes involved in

psychoanalytic psychotherapy" (Jacobs 2000:462).

Figure 11: The organisational development of NVQs

```
┌─────────────────────────────┐
│            1986             │
│      National Council for   │
│    Vocational Qualifications│
└─────────────────────────────┘
              ↓
┌─────────────────────────────┐
│ Industrial Training Organisations│
│  Occupational Standards Councils │
│          Lead  Bodies           │
└─────────────────────────────┘
              ↓
┌─────────────────────────────┐
│    Awarding Bodies offering │
│    vocational qualifications│
└─────────────────────────────┘
              ↓
┌─────────────────────────────┐
│ National Vocational Qualifications│
│      for specific occupations   │
└─────────────────────────────┘
```

In the early 1990s, BAC held Awarding Body status for a diploma and advanced diploma in counselling, although the association awarded no qualifications. When the Department for Employment and Education (DfEE) undertook a review of the criteria for Awarding Bodies in 1996-97, BAC decided to try to maintain Awarding Body status in order to protect the status of, and demand for, the course recognition scheme (Norman 1998). The DfEE identified deficiencies in the management and quality assurance systems in that these were delivered by volunteers. BAC therefore was unable to pursue the renewal of Awarding Body status beyond 1997 (Norman 1998). There was at the time no awareness of the potentially negative impact on BAC's national position of retaining Awarding Body status. As an Awarding Body, BAC would have been one of several commercial organisations providing qualifications and would have thereby lost its role as a neutral consultant above the Awarding Bodies.

The national Lead and Standard Setting Bodies were replaced in 1999 by a smaller number of National Training Organisations (NTOs). CAMPAG applied unsuccessfully to become a National Training Organisation (CAMPAG 1992-2000; Pickles and Sartain 1999). BAC briefly considered making an application to become a National Training Organisation, but in the event decided against it (BAC 1998a). The loss of a specialist NTO for counselling and psychotherapy was to have future negative consequences on the professionalisation of counselling.

The NVQs in counselling, therefore, did not create a recognised career and qualification framework for counselling, nor did they become the entry standards to the profession of counselling, as BAC had envisaged.

"I sometimes worry that all that work got completely lost. So what a

waste of taxpayers' money! It was just meeting after meeting,

process after process, never getting anywhere. Everyone standing up

and arguing about it" (Baron 2009:22).

The qualifications failed to attract training providers or students. There were several

reasons for this. There were already a wide range of more recognised and accessible

qualifications; the emphasis on competences in NVQs was unpopular with many in the

field (Parry and Richardson 1996; Frankland 1998).The NVQ assessment structure was

intensive and expensive and, as a result, the qualifications were not attractive to

Awarding Bodies or students.

"The majority of BAC members were not attracted to this type of

qualification, … if you look at our membership they are people with

degrees and higher education. They are not going to want to do

NVQs anyway" (Baron 2009:23).

Figure 12 : The development of NVQs in counselling
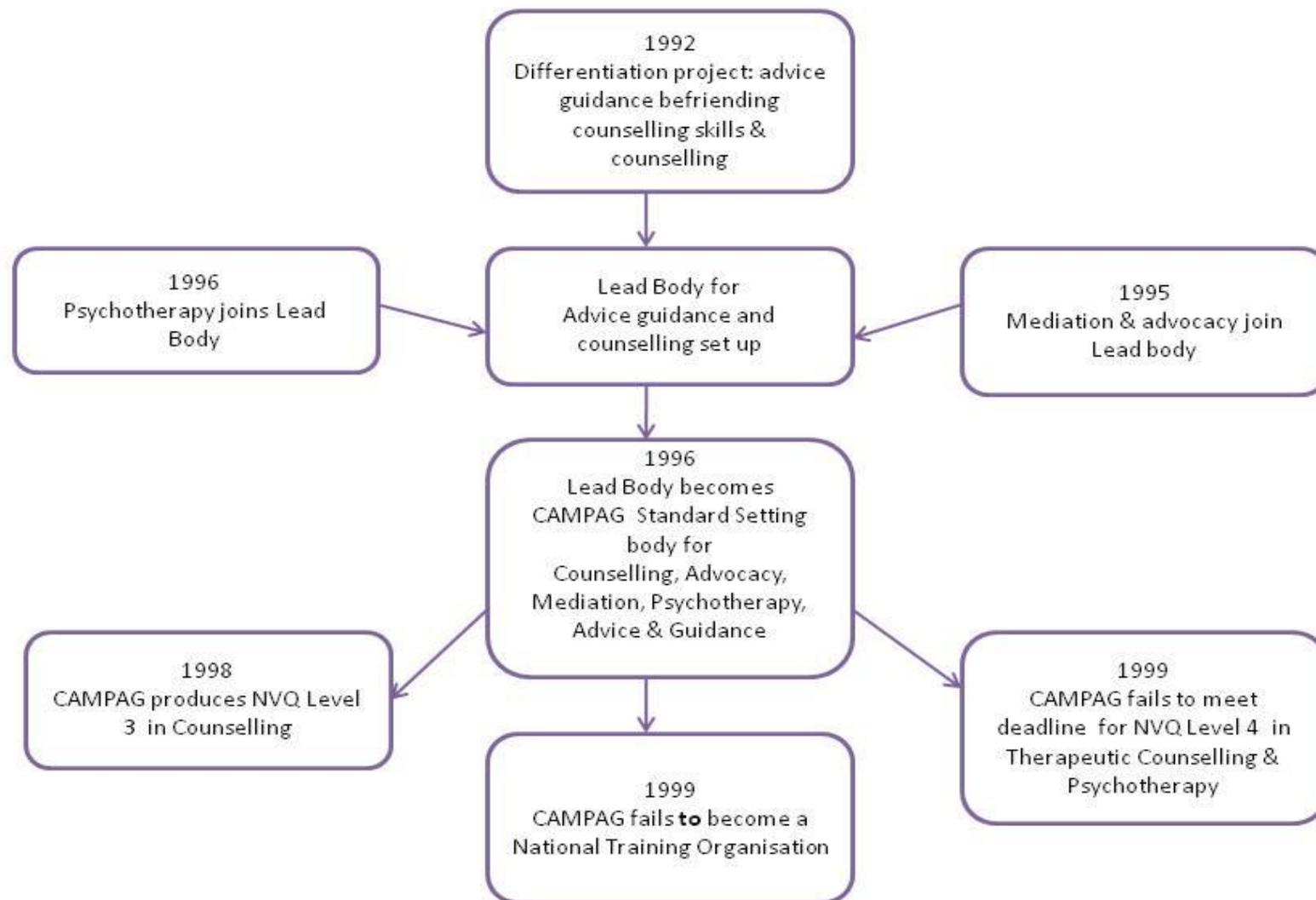
The Awarding Bodies responded to this lack of demand for NVQs by developing Vocationally Related Qualifications (VRQ) in counselling which did not require strict adherence to either the National Occupational Standards or the assessment regime. This resulted in the rapid development of counselling qualifications in the vocational sector that had long-term implications for the professionalisation of counselling in the 21st century. Evans recognised the significance at the time.

> "I learnt from the NVQ debacle. It was clear to me that, to survive, counselling and psychotherapy had to have a recognised system of undergraduate and post graduate qualifications" (Evans 2009:10).

International areas of activity

The International Association for the Advancement of Counselling

In 1966, Hans Hoxter had created the International Round Table for the Advancement of Counselling (IRTAC), following a disagreement with the International Association for Guidance and Counselling that he had established in 1950 (Cooper 2007). This reflected the differentiation that developed between guidance and counselling in the latter half of the 20th century. Hoxter, together with Newsome, allied himself with counselling.

The European Association for Counselling

In her address to the BAC conference, van Deurzen urged BAC to establish a European Association for Counselling and Psychotherapy (1991). In 1993, BAC, with funding from

the European Professional Development Foundation, organised the founding meeting of a European Association for Counselling (EAC). Representatives from 11 countries attended (Nicholychuk 1993). This initiative was a response to anxiety about the single European market and the mobility of labour. In addition, there was a fear that the recent founding of the European Association for Psychotherapy might marginalise counsellors in Europe (Baron 1995a). By 1996, 24 countries were involved in the EAC, but in 1997, only five countries had recognised national associations: Eire, Greece, Italy, the Netherlands and the United Kingdom.

The lack of both a clear definition of 'counselling' and the role of a 'counsellor' in European countries limited the success of the European Association for Counselling. To van Deurzen, the work undertaken by British counsellors would be seen as psychotherapy in many European countries (van Deurzen 1991).

The Department of Health

By the mid-1990s, counselling had "...reached that dangerous but exciting stage when it has become 'significant' – its head is above the parapet" (Dryden, Mearns et al. 2000:477). Counselling was identified as a separate professional activity within the range of psychotherapies delivered in the Health Service. The 1996 Review of Strategic Policy for NHS Psychotherapy Service in England presented a three-part typology of psychological and psychotherapeutic treatments. Counselling is included in Types A and B interventions, but presented as eclectic or a-theoretical in comparison to psychotherapy (Parry and Richardson 1996). In addition, there was a research review

into the efficacy of the psychotherapies (Roth and Fonagy 1996). A second report looked at how training in the psychotherapies was commissioned and funded and discovered that the current state was 'chaotic and haphazard' in terms of workforce, service delivery and training (Damon 1997). In 1998, the Department of Health established a clinical guidelines group to conduct a systematic review of the evidence on counselling and psychological therapies and to produce clinical guidelines for such work in primary care (Baron and Syme 1998).

Opportunities for professionalisation through occupational closure

Occupational closure, that is the restriction of entry to a profession usually by means of a qualification, is one recognised way to establish professional status (Wilensky 1964; Larson 1977; Witz 1992). The two reviews of BAC membership categories in this period offer opportunities for tighter criteria for membership. The first came after the reactions to the BBC Watchdog programme (1995) on Bernard Manning's successful application for membership of the Association; the second in the strategic plan 1998-2003 (Bond 1996). The attack of the Watchdog programme and other media attacks were based on the belief that the public took membership of BAC as a qualification in counselling, that the public regarded counselling as a profession, with membership based on qualification (Millerson 1964; Wilensky 1964; Goode 1969; Jackson 1970; Johnson 1972; Larson 1977; Torstendahl 1990).

On both occasions, which can be seen as critical junctures, BAC chose to retain a very open membership and not to restrict full membership to accredited counsellors,

despite some internal opposition. ".... a mass membership will not be conducive to the activities of a professional body" (Wheeler 1999:386). There appeared to be a fear of excluding from or creating hierarchies within the membership (Griffin 1993; Mahoney 2000; Pierson 2003); the low take-up of, and hostility towards accreditation have already been mentioned as examples of this. This can be seen as an expression of the self-reinforcing tendency towards inclusivity. *(SRT1)*

A second opportunity was the introduction of the recognition scheme for training courses. The scheme set no qualification level as part of the criteria and thus lost an opportunity to create a single entry requirement. A further opportunity was lost when no clear link was made between the individual and the course recognition schemes. This meant that it was not necessary to complete a recognised course to gain individual accreditation. Evidence that this was a loss to further professionalisation is shown in Figure 13 which highlights the rapid growth in training courses in the 1990s and the fact that only a small number of these were recognised by BAC. The rapid expansion of courses in the 1990s arose with the development of Awarding Body qualifications in counselling. These courses ranged from introductory counselling skills to NVQ level 3 courses. The archive data does not distinguish the levels.

The UKRC could have been a means for establishing workplace jurisdiction (Abbott 1988) and occupational closure if the initial criteria of accreditation for registration had been retained. The initial criteria for registration were intended to be the vehicle for the statutory regulation of counselling (UKRC 1993-2001; McDevitt 1999). The reasons

for the lack of success compared to other registers in the field have already been

addressed.

Figure 13: Training courses in counselling in the 1990s
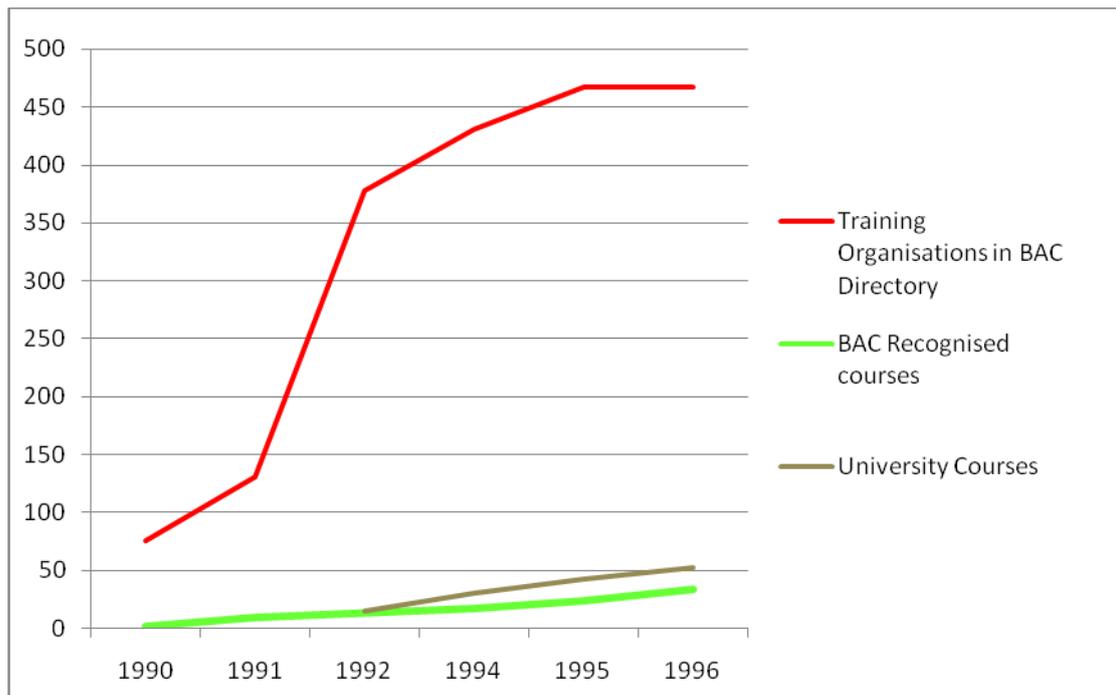
Summary

In the 1990s, counselling became recognised as a distinct occupation and was referred

to as a profession both within BAC and externally. Meanwhile BAC, as the professional

association for counselling, changed in parallel with the growth in recognition of and

demand for counselling. The struggle for jurisdiction over the talking therapies which

had begun in the 1980s, became more obvious and focused in the 1990s. The 1998

Strategic Plan stated BAC's jurisdictional aim to be "the professional body for

counselling and the automatic reference point for anyone seeking information of

counselling in the United Kingdom" (BAC 1998b:3).

A hierarchy of status had emerged, with counselling at the bottom beneath psychology, psychoanalysis and psychotherapy (See Figure 14). This hierarchy was inversely related to the size of the three groups. A feasibility study in the early 1990s had estimated that the counselling workforce in the United Kingdom numbered over 600,000 (Russell, Dexter et al. 1992).

The internal changes resulted in BAC becoming more efficient and better able to promote counselling. Evans considers

> "the introduction of good professional management as pretty important, and in addition, BAC did a lot to raise the profile of counselling. It did conferences as a way of bringing counsellors together giving them some sense of unity."

> At the same time, he saw the association as "much too oriented towards the individual member" (Evans 2009:7).

However, the ambivalence within the association about the implications of professionalisation continued. One expression of this was the conflation of the non-judgemental accepting stance taken by counsellors towards clients, with opposition to the process of professionalisation. Professionalisation, through the implementation of standards, would involve making judgements about individual members and as such, was perceived as antithetical to counselling. There was opposition to any attempt to draw boundaries and therefore exclude, whether in membership categories or accreditation decisions.

The introduction of the single European market in 1992 had a major impact on the development of a professional identity for counselling, boundary drawing and attempts at occupational closure by means of qualifications. None of these was decisive. BAC may have seen the NVQ project and the EAC project as indissolubly linked, but both failed to thrive.

Figure 14: Perceived hierarchy of therapy in the 1990s

Psychoanalysis
(BCP) c. 1200

Psychotherapy
(UKCP)
c. 6500

Counselling
(BAC)
c. 18000
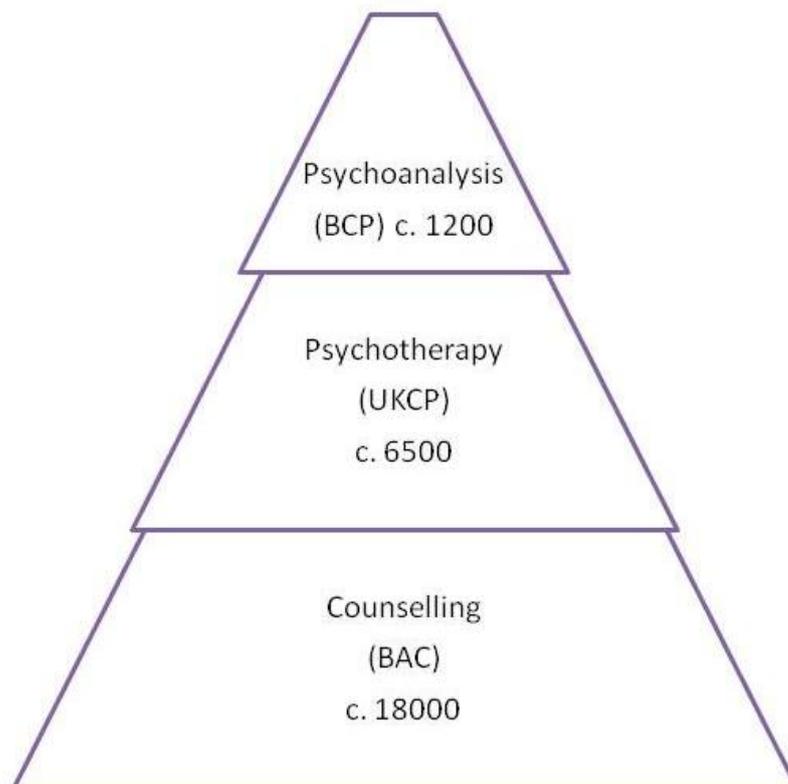
BAC did not consider the implications of placing counselling in the vocational, rather than the academic qualifications framework. One result of this was the development of lower level counselling training courses in the vocational sector which, by the end of the decade, comprised almost 50% of all counselling training (Aldridge and Pollard 2005). This was to have a negative impact on the professionalisation of counselling in the 21st century.

The loss of Awarding Body status strengthened BAC's position as a professional association and elevated it above the Awarding Bodies, as well as such training and service delivery organisations as Relate and the WPF. It enabled BAC to operate in future in a consultancy role on training to organisations such as the Qualification and Curriculum Authority (QCA) and the Department of Health. However, despite this, the association failed to own and use its authority; the development of the UKRC is an example of this. Syme, in her last AGM address as Chairperson, refers to the association coming from a position of fear, specifically a fear of making mistakes (Syme 1999). BAC appeared to have taken Hooper's advice that counselling should not to get above itself (Hooper 1990).

By the end of the decade, counselling provision had been institutionalised in the health, education and penal systems, the workplace, voluntary agencies and in private practice for those who could afford it (Dryden, Mearns et al. 2000). The recognition and attention given to counselling by the Department of Health was to be of particular importance in the 21st century. A popular culture of celebrity and self-exposure was

developing from which counselling benefited by a reduction in stigma (Furedi 2004; Marr 2007).

1970-1999 Indicators and contra-indicators of the professionalisation

Growth in the demand and supply of counselling in the period 1970-99 created an environment in which counselling became professionalised to some degree, despite itself. Several explanations have been offered to account for this. Counselling was included in the general professionalisation of everyday life that was a feature of the later 20th century; the counsellor was seen, alongside the painter and decorator, as someone who carried out the tasks that busy middle class professionals no longer had the time or skills to do for themselves (Perkin 2002; Furedi 2004). A second argument suggested that counselling had replaced religion and traditional morality (Halmos 1964; Halmos 1967; Perkin 2002). A further argument proposed that the Thatcherite shift towards individual responsibility had left the individual responsible for the maintenance of social order, with the counsellor the agent of social control (Rose 1996; Furedi 2004). It was possible to see the influence of therapy, alongside that of medicine and the law, in the vocabulary of everyday life. This influence and recognition contributed to a sense of the professionalisation of counselling (Halliday 1985; Abbott 1988; Abbott 1993).

Table 9: Indicators of professionalisation in BAC

Date	Accreditation & Registration	Ethics and Conduct	Research	Other indicators
1981	AGM decision to set up an accreditation scheme for counsellors	AGM decision to produce a Code of Ethics for counsellors		
1982		Code of Ethics for counsellors adopted at AGM		
1983	Accreditation scheme for counsellors Advertising membership of BAC restricted to accredited members	Complaints procedure added to Code of Ethics at AGM		
1985		Code of Ethics for Trainers adopted at AGM		
1984	First counsellors accredited			
1986	Criteria for course recognition drafted Appointment of first paid employee for accreditation schemes		BAC Research panel established NHS Training Authority funded BAC research project into uses of counselling in the NHS	
1987	Course recognition scheme & Recognition of Supervisors Scheme adopted at AGM			

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1988	Recognition of supervisors scheme adopted at AGM	Code of Ethics and Practice for the supervision of counselling adopted at AGM		
1989	First re-accreditation of counsellors	Code of Ethics and Practice for Counselling Skills Users adopted at AGM		
1990	Trainer accreditation scheme pilot	Revised code of ethics for counsellors adopted at AGM		
1991				BAC members Liability Insurance Scheme
1992	Trainer accreditation scheme adopted at AGM	Complaints panel became a BAC Sub-Committee Standards and Ethics Committee given budget for legal advice		
1993/4			Research Sub Committee renamed Research & Evaluation Sub Committee to emphasise the value of research to all counsellors Special edition of Counselling featured research	
1994			First Research Conference Research Committee asked to produce a report on False Memory Syndrome for BAC	VAT Tribunal recognises BAC as a learned society
1995			Guidelines for research evaluation and monitoring in counselling produced	Fellowships

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1996		**Decision to appoint a legally qualified person to service the Complaints Committee** **Revised Code of Ethics for Trainers adopted at AGM**	**'Research Matters' section in Counselling, the journal of BAC** **Proposal to appoint a Research Officer and establish a research network** **BAC representative on working party to develop Practice Guidelines for Psychological Therapies in the NHS**
1997	**Scheme to accredit trainers in Counselling and Counselling Skills** **Revised scheme for the recognition of supervisors** **United Kingdom Register of Counsellors (UKRC) opened**		
1998	**Decision to appoint a full time Head of Accreditation and a team of paid assessors**	**Appointment of Head of Complaints. Working party to look at creation of a unified code**	**Part time Research Officer appointed. Research portfolio set up**
1999	**Accreditation Committee renamed Registration Committee**	**Complaints Committee renamed Professional Conduct Committee**	

4. 2000-2009:– the 'Noughties'

Introduction

This chapter covers the first decade of the 21st century; a time period during which I was employed by the British Association for Counselling and Psychotherapy (BACP) and as such was an active player in many of the events and initiatives covered in this chapter. Government intervention in the delivery and regulation of counselling and psychotherapy resulted in the professional associations collaborating and at the same time competing for dominance. Themes from earlier periods re-emerged; the government use of therapy to mitigate social and economic problems, rival jurisdictional and status claims. In this period, counselling[7] struggled to establish a separate identity; BACP continued the self-reinforcing patterns of inclusiveness, self-effacement and demonstrated identity insecurity.

Outline of the chapter

The chapter presents a brief summary of the wider social, economic, political and cultural trends, such as the growth of a culture of anxiety and governmental focus on risk management and regulation. There are two overviews; the first on the position of counselling in society in the 2000s, the second on the moves towards statutory regulation. The two subject areas are then addressed in more detail, together with the

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[7] I am aware that 'counselling' cannot struggle. I am using the term 'counselling' in this way when referring to the population and organisations that are engaged in and with the activity of counselling, in the same way that 'medicine' and 'the law' are used..

role of BACP and the other cognate professional associations. Central to the chapter are the consequences for counselling of government policy towards professions and mental health. The professionalisation of counselling is considered in terms of the issues, processes, indicators and contra-indicators of professional status. In some places, direct quotations from the journal I kept from 2004-09 are used in the text, in others cross-reference is made to the journal extracts in Appendix 2.

Sources

The primary sources are interview informants - Lord John Alderdice, Nicola Barden and Richard Evans, brief biographies of whom are found in Appendix 1; BACP archive material; papers from the external projects and groups of which I was a member. A further primary source is the reflective journal I kept from 2004-2009. Secondary sources include BACP's Journal, Therapy Today, the journals of other professional associations, government reports and records and media coverage.

Overview: social, economic, political and cultural trends

Footman (2009) characterises the two defining themes of the first decade of the 21st century or 'Noughties' as 'technology and fear', both global phenomena. The fear and anxiety was triggered by the 2001 terrorist attacks on the United States, which were followed by terrorist attacks on civilian targets worldwide, including Madrid in 2004, London and Bali in 2005 (Marr 2007).

The century had opened with an unfounded fear that 'the millennium bug' would crash computer software worldwide. This did not slow the spread of the World Wide

Web or the resulting increased globalisation of communications and information. In 2003, almost half the households in Britain had an internet connection (Marr 2007). By 2009 this had risen to 70% (ESDS 2010). People used the internet to research conventional and alternative treatments for disease and ill health; one result was increased demand for therapy (Future Foundation 2004; Goldstone 2010).

The 2008 world banking crisis and recession added to a sense of insecurity which was already increased by fear of global warming, floods and other natural disasters. Until 2007, low inflation in the United Kingdom, steady growth in employment and the economy meant most people felt better off and assumed that this state of affairs would continue (Marr 2007; Footman 2009). However, this changed with the global economic crisis of 2007–2008 and the consequent world recession, triggered by the collapse of the sub-prime mortgage market in the US and the consequences of this on the global financial system (Shah 2009). In the United Kingdom, the crisis began with the run on the Northern Rock bank in September 2007 (BBC News 2007); subsequently the government nationalised Northern Rock and gave billions of pounds to keep other banks from collapse (BBC News 2009; Shah 2009). This worldwide financial crisis led to recession and a global 'credit crunch;' banks would not lend to each other, nor to businesses or house buyers. One result was the loss of consumer confidence in banks and in the market to regulate itself (BBC News 2009; Footman 2009). The Financial Services Authority, established in 2001, regulated the financial services industry, taking a risk mitigation approach, but this offered no protection against a global financial crisis.

The period of New Labour governments from 1997 to 2010 was marked by an increase in regulation in all spheres of life; limitations on civil liberties and reduced rights to privacy (Marr 2007; Footman 2009). This enabled the government to be seen to be active in risk management. Britain was becoming a surveillance society, with the loss of individual privacy justified on the grounds of collective security (Furedi 2004; Marr 2007; Footman 2009). Complementary to this was the exposure of private lives through the use of the internet in the form of blogs, Twitter and social networking sites such as Facebook (Footman 2009). This breaking of the boundary of personal privacy assisted in reducing the barriers to accessing therapy (Future Foundation 2004). Footman sees this as the "manifestation of a general desire for self-expression and self-determination" (2009:76).

As Prime Minister, Tony Blair continued Thatcher's anti-professions policy towards the

> "three ancient professions who considered themselves beyond criticism, the clergy, the law and medicine..... The sins of these professions were held to be: a contempt for profit and the market, the drive to monopoly and the closed shop ..... which became a cover for all sorts of malpractice ....." (Perkin 2003:4).

Lawyers robbed miners of their industrial compensation, cases of clergymen's sustained sexual abuse of young parishioners were exposed, as were those of doctors found guilty of a range of unethical behaviours from the extremes of Harold Shipman's murders, through Ayling, Kerr and Haslam's abuse of patients, and the secret retention

of foetuses and babies' organs at Alder Hey Hospital (Perkin 2003; Donaldson 2006;

Marr 2007). The ineffectiveness of the General Medical Council to discipline its

members came under scrutiny in the Chief Medical Officer's Report 'Good Doctors

Safer Patients' (Donaldson 2006). Social workers were found to have failed vulnerable

children in cases such as Victoria Climbie (Lamming 2003) and Baby P (2009). This

relative lack of restraints and sanctions against abuses of professional privilege and

number of restrictive practices, led to a decline of public trust in certain positions

previously regarded as beyond reproach.

In 2009, with the expenses scandal, it was the turn of the politicians to come under

scrutiny and lose public trust.

> "There is scarcely a profession that has not been vilified for
>
> malpractice ..... The professions can only exist on the fiduciary
>
> principle, on the trust they inspire in the client or employer. Once
>
> that trust is lost, their whole raison d'être collapses, and with it their
>
> claim to status and unquestioned income" (Perkin 2003:3).

A form of statutory regulation that separated standards and discipline from the

professions appeared to be a potential solution to rebuild trust in professions and

impose effective sanctions. The caring professions of nursing, social work and the

psychological therapies and politicians themselves were included in this. (See Table 5)

Overview of counselling in the 2000s

Two factors affected the professional status of counselling in this period: a lack of definition and a growth in demand and provision.

Lack of definition of counselling

There was a lack of definition as to what constituted 'counselling' or a 'counsellor.' A Labour Market Intelligence Survey carried out for the Employment National Training Organisation (ENTO) concluded "The counselling sector is difficult to define. It is an occupational area that spans the health, public and private sector and beyond to include voluntary and community organisations" (ENTO 2008). Research carried out by BACP on behalf of the Qualifications and Curriculum Authority (QCA) estimated the counselling workforce at between 60,000 and 70,000 in 2006 (Mann 2006). The Labour Market Intelligence Survey (2008) found no Standard Occupational Classification or Standard Industrial Classification for counselling; using proxy measures, it estimated that in 2006, approximately 69,000 establishments were operating within the scope of counselling, and around 467,800 workers were employed in counselling occupations across the UK, accounting for 1.7% of total employment (ENTO 2008). These widely different figures resulted from different definitions of 'counselling'. The New Ways of Working for Psychological Therapists project found a similar lack of workforce data in the Health Service in 2009 (Aldridge and Duffy 2010). Lord John Alderdice, describes counsellors in Northern Ireland at the turn of the century thus:

> "counsellors were generally people who either had another

profession in which counselling people was an important attribute ,...

a lot of people that were doing this had relatively little in the way of

training but were generally well-disposed, good, thoughtful people...

Some people were very, very good indeed, getting a lot of training, a

lot of experience and then other people were getting into it and they

really weren't as good, there were others who frankly were exerting

their authority on people in a different kind of way" (Alderdice

2009:6-7).

Growth in demand and provision

During the 2000s, the demand for therapy continued to grow. In 2004, the Future

Foundation (2004) found 21% of people surveyed had had therapy and 61% would

consider it; by 2009, 95% thought counselling a good idea (Goldstone 2010). A senior

civil servant in the Department of Health, in a keynote address to the BACP

conference, stated that "counselling is now something that the public rightly expects

to have" (Richardson 2001). This was seen by some, such as the Archbishop of

Canterbury, as detrimental to society, leading to the encouragement of egotism and

lack of personal responsibility (quoted in Barden 2000:467). The editor of BACP's

journal CPJ (Counselling and Psychotherapy Journal) drew the conclusion that

counselling and psychotherapy had been absorbed into the mainstream of society as

the provision of counselling was so widespread (Browne 2004a). In addition, the value

of counselling was recognised more widely; counsellors were employed as consultants

in war zones and after natural disasters (Browne 2004a). Evidence of the attractiveness

of counselling was found in the provision of training courses in counselling and

psychotherapy. The 2005 survey found 570 counselling and psychotherapy training

courses (Aldridge and Pollard 2005), a number that had grown since the 1990s. (See)

The first decade of the 21st century saw a governmental impetus towards greater

control over the delivery of the 'caring' professions, including counselling and

psychotherapy. (See Table 5) In the context of the psychological therapies, there was a

steady move towards the regulation of the psychological therapies in the period 2001-

2009: the National Occupational Standards projects and National Institute for Clinical

Excellence (NICE) guidelines set detailed standards for the nature and methods of

delivery. This process and its consequences for counselling and BACP are outlined in

greater detail later in this chapter.

Overview of Government involvement in counselling

One pervasive theme of this decade was the active Government involvement in the

delivery of counselling and psychotherapy through the investment in mental health

and the introduction of statutory regulation.

Mental health was a government priority as one in six of the population was found to

suffer from mental health problems such as depression and anxiety (Department of

Health 1999). This had led to the setting up of the Improving Access to Psychological

Therapies (IAPT) programme to address common mental health problems, which is

covered later in this chapter. The government used psychological therapies to attempt

to ameliorate the worst impact of the 2008 world economic collapse and recession.

For example, £1 million was invested in Relate for services to families and couples affected by the recession (Relate 2009). A National Health Service (NHS) Choices telephone recession helpline was opened. The IAPT programme was expanded and extended to include employment advisors (Helm 2009). As Evans remarks, "The fact that the Government puts £300 million into talking therapies is at least staggering actually. …. it does mean a public governmental recognition of the role of talking therapies" (Evans 2009:14).

Three organisations external to the professional associations influenced the development of counselling and psychotherapy in this period: the Department of Health, Skills for Health - a Sector Skills Council and the Health Professions Council (HPC), a statutory regulator. Within the Department of Health, two separate sections had dealings with counselling and psychotherapy organisations; the regulation of new professions section was responsible for the implementation of government policy to regulate the professions; the other designated team was that responsible for the implementation and management of the IAPT programme in England. The other organisations - Skills for Health and the Health Professions Council - were 'arms length bodies'. Skills for Health was the Sector Skills Council for health and health care with a remit to produce a skilled workforce for the sector, including the development of National Occupational Standards. The Health Professions Council (HPC) was a multi-professional regulator identified in the 2007 White Paper as the appropriate regulator for counselling and psychotherapy (Department of Health 2007a). The objectives of these organisations were discrete and sometimes contradictory; the

professionalisation of counselling and psychotherapy was not an overt objective of any of them. However, traditional elements of professionalisation could be seen in the outcomes of these projects, such as occupational closure, jurisdictional challenges, state recognition of professions; a mutually beneficial state-profession relationship (Carr-Saunders and Wilson 1933; Wilensky 1964; Johnson 1972; Larson 1977; Freidson 1983; Abbott 1988).

The committees and working groups of these three organisations varied in composition. The Regulation of New Professions section of the Department of Health had no formal groups, but held informal meetings with, and initially commissioned work from, the professional associations. The IAPT programme set up several committees whose membership comprised English civil servants from the Department of Health who chaired the meetings, individual stakeholders such as Lord Layard, a health economist and Labour Life Peer, representatives of service users and professional associations from psychology, psychotherapy and counselling.

Skills for Health and the HPC invited nominations and applications for membership of the working reference groups from stakeholder groups which included the professional associations. The latter two organisations were United Kingdom-wide and therefore included representation from all four home countries. In Skills for Health, civil servants from all four countries were members of the management group. The HPC similarly had home country representation in its council membership, as did the Professional Liaison Group for the regulation of psychotherapy and counselling.

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Analysis of the membership of the various groups shows that a small number of individuals from the professional associations appear consistently across these groups. As a result, networks of personal relationships developed that facilitated communications across organisational boundaries. However, this also led to the establishment of entrenched positions. Table 10 shows the principal participants in the projects of the four organisations. My journal also records a growing awareness of internalised patriarchal assumptions underpinning the actions of the IAPT Programme Management Board, observations also made of the Skills for Health project and the HPC Professional Liaison group. The phrase "men in grey suits" appeared in several places in my journal (Appendix 2, Reference 1) and became a phrase used in BACP meetings as shorthand for the patriarchal attitudes of superiority over counselling and the jurisdictional challenge of cognitive behavioural clinical psychologists in the IAPT programme, NICE and the Skills for Health National Occupational Standards project. BACP representatives, including myself, found it difficult to catch the attention of the chairs and to speak in these meetings. I recall discussions of how to deal with this by developing relational rather than confrontational strategies (Appendix 2, Reference 2), which I now perceive to be partly the result of the internalisation of BACP's self-reinforcing tendency of self-effacement. *(SRT2)*

Figure 15: Government involvement in counselling and psychotherapy

Statutory regulation

Health Professions Council

Relationship between government & professions

NHS Mental Health Policy

Improving Access to Psychological Therapies

New Ways of Working

Government Involvement

Economic & social factors

NICE guidelines

2008 recession

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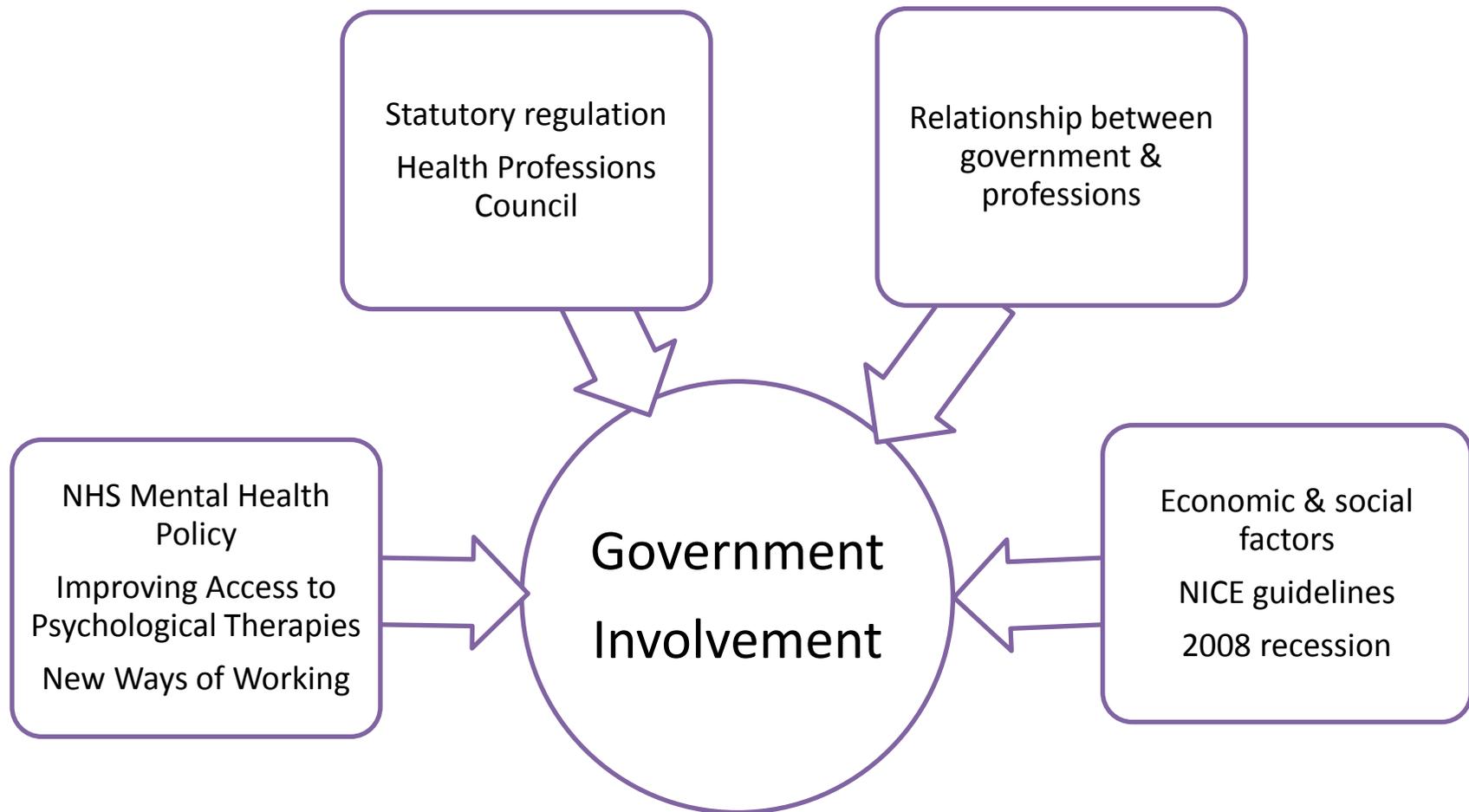
Government Initiatives relevant to counselling

The Government's decision to invest in psychological treatment for common mental health problems was based upon the hypothesis that this would reduce costs by reducing benefit payments and increase social wellbeing (Layard 2006). The government adopted a dual strategy to manage the risks attached to this expansion of psychological therapy in the National Health Service[8]; to regulate psychology, psychotherapy and counselling (Hansard 2001; Richardson 2001; Department of Health 2007a) and to commission only NICE-recommended psychological interventions (Department of Health 2008). The regulation of these groups fitted the already outlined government position that professions could not be trusted to regulate themselves. The decision that the regulator was to be the Health Professions Council gave rise to philosophical, political and practical issues for counselling and BACP that are considered later in this chapter. The 1999 National Health Service Framework for Mental Health made reference to regulation as part of the quality assurance processes (Department of Health 1999). This set the regulatory focus on work in the National Health Service, despite the fact that 70% of counsellors and psychotherapists worked outside of the Health Service (Aldridge and Pollard 2005).

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[8] Being alone with a patient and working outside of a managed environment represent higher risk in the Department of Health risk assessment criteria. The Regulation of non-medical professions. Department of Health 2007

The governmental impetus towards greater control over the delivery of the 'caring' professions, including counselling and psychotherapy was paralleled by the desire of the majority of psychotherapy and psychology organisations for statutory regulation as a form of recognition (Johnson 1972; Abbott 1988). These initiatives are outlined in Table 5.

Lord John Alderdice's view is that:-

> "The regulation of psychological therapies is part of a wider movement of regulation which has been going on over a long time and which the government has been looking round and saying this and this and this and is there anybody we haven't regulated yet"?
>
> (Alderdice 2009:15)

Within the Department of Health, two separate sections were responsible for implementation of these two initiatives: the first, the section responsible for the regulation of non-medical professions; the second, the workforce planning section which included the Improving Access to Psychological Therapies (IAPT) programme. At times these were incompatible. The Mental Health Workforce Strategy 'New Ways of Working' initiative aimed to remove professional boundaries via the concept of teams and roles based on competence to do the job, rather than professional designation (Department of Health 2007b). It was observed that "professional bodies can be

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Table 10: Consistent participants in counselling and psychotherapy projects

Department of Health: Regulation of new professions department 2004 -	Improving Access to Psychological Therapies 2006-11	New Ways of Working:(Department of Health) 2008-09	Skills for Health (National Reference Group and Modality Expert Reference Groups) 2007-09	Health Professions Council Professional Liaison Group 2008-09
	Lord Richard Layard			
Chair of UKCP	Professor Peter Fonagy (UCL)	Professor Peter Fonagy (UCL)	Professor Peter Fonagy (UCL)	Professor Peter Fonagy (UCL)
Sally Aldridge (BACP)	Sally Aldridge (BACP)	Sally Aldridge (BACP)	Sally Aldridge (BACP)	Sally Aldridge (BACP)
	Nancy Rowland (BACP)	Nancy Rowland (BACP)	Nancy Rowland (BACP)	
Malcolm Allan (BPC)	Malcolm Allan (BPC)	Malcolm Allan (BPC)	Malcolm Allan (BPC)	
	Professor Tony Roth (UCL)	Professor Tony Roth (UCL)	Professor Tony Roth (UCL)	
	Steve Pilling (UCL)	Steve Pilling (UCL)	Steve Pilling (UCL)	

protective of current boundaries" (NIMHE 2004). However, the Government's chosen regulator, the Health Professions Council, worked to a model of clear professional boundaries and protected titles.

The development of NICE guidelines for psychological treatments was based on evidence derived from the outcomes of randomised controlled trials (NICE 2009). This presented a double challenge to the recognition of counselling: the first was opposition by counsellors and psychotherapists to the positivist medical model implicit in randomised controlled trials and NICE guidelines (Bondi 2004; Rowland 2007). This opposition saw the medical model of mental health as focused on the disorder itself, as opposed to the person, for whom the disorder was an expression of a problem. The second challenge was the lack of an academic and research base in counselling and psychotherapy to carry out such trials (Aldridge and Pollard 2005). 'Counselling' was unable to present randomised controlled trial evidence to compete with that of cognitive behavioural clinical psychologists. As a result, the NICE guidelines recommended cognitive behavioural therapy as the primary intervention[9].

Increasingly in this period, the term 'psychological therapies' appeared in Government documents and programmes meaning counselling, psychoanalysis, psychology, psychotherapy and self-help; at times counselling was identified as a separate activity (Department of Health 2001). On World Mental Health day 2009, the Prime Minister spoke of the 'talking therapies and counselling'.

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[9] The 1999 guidelines also recommended counselling and inter personal therapy.

Table 11: Government-funded initiatives relevant to counselling

Date	Project	Department of Health section
2006-2011	IAPT programme	Workforce
2006-2009	Skills for Health NOS for Psychological Therapists	Used by IAPT
2008-2009	New Ways of Working for Psychological Therapists	Workforce
2008-09	HPC PLG for the regulation of psychotherapists and counsellors	Regulation

As the process and implications became clearer, the counselling and psychotherapy

organisations drew together in opposition to the proposed regulator, the Health

Professions Council. The opposition focused on the argument that it was not

appropriate to choose a body which regulated National Health Service-based

professions to regulate the psychological therapies. The Health Professions Council's

generic Standards of Proficiency, which were applicable to all its regulated professions,

were seen as an expression of the medical model, and it was argued by several groups

of therapists that therapy was not a medical intervention (Arbours Association,

Association for Group and Independent Psychotherapy et al. 2009). However, whilst

most agreed on this, various 'psychological therapy' organisations competed with each

other for status and recognition; a trait of professionalisation noted by several

sociologists of the professions (Millerson 1964; Wilensky 1964; Harris-Jenkins 1970;

Larson 1977; Crompton 1987; Witz 1992). Crompton describes the ideology of

professions as "saturated with status claims" (Crompton 1987:429). Such saturation

was evident in relationships between the associations, in the development of the proposed Psychological Professions Council and in the meetings of the Health Professions Council Professional Liaison Group (Appendix 2, Reference 3).

Government policy on statutory regulation

The reasons for the decision to regulate the psychological therapies have already been addressed; the policy was announced in response to Lord Alderdice's House of Lords Private Members Bill to regulate psychotherapy (2001). Lord Hunt stated that the government was minded to regulate psychologists, psychotherapists and counsellors; he said civil servants would initiate talks with the professional associations (Hansard 2001). The difficulty of this was recognised in that "getting psychotherapists, counsellors and psychologists together is like herding cats" (Richardson 2001).

The model of statutory regulation operated in the United Kingdom changed at the end of the 20th century. Previously, some professional associations had been given state recognition to set the standards and the disciplinary procedures for the members of the profession, as was the case with the General Osteopathic Council established in 1993. However, mistrust of professions led to the establishment of independent regulatory councils which effectively separated the regulatory functions from professional association functions in the Health Professions Order (Department of Health 2002).

The 2001 Health Professions Order created the Health Professions Council (HPC) to replace the Council for Professions Supplementary to Medicine, established 1960

(Department of Health 2002). Initially, each regulated profession in the HPC retained representation through a council member, however, the 2007 White Paper removed direct professional representation by the introduction of the appointment of regulatory council members by the Public Appointments Commission (Department of Health 2007a).

The regulatory model of the HPC legally protected the use of the professional title in any context, that is, it was not restricted to National Health Service staff. The HPC criteria for aspirant professions resembled the trait and process models of professionalisation (Table 2 and Table 3), for example, the requirement for externally validated qualifications; a single professional body covering the majority of professionals; a single entry route to the profession (Health Professions Council 2001). Counselling and psychotherapy did not meet all the criteria for aspirant professions and therefore were not in a position to apply for regulation in the HPC (BACP 2008).

In 2004, BACP called national accrediting and registering counselling and psychotherapy organisations, 17 in all, to a meeting at which the Department of Health and the HPC presented proposals for the regulation of counselling and psychotherapy in the HPC. The model of regulation was that of entry by approved qualifications and protection of professional title (Department of Health 2002).

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Table 12: Government regulatory activities related to the caring professions

Date	Government regulatory activity related to the 'caring' professions	British Psychological Society	Counsellors and Psychotherapists	Joint Actions
2000	General Teaching Council England & Wales established			Lord John Alderdice's House of Lords private members bill to regulate psychotherapy
2001	Government response to House of Lords Private Members Bill to regulate psychotherapy recognised need & stated intention to regulate psychology psychotherapy & counselling General Social Care Council England and equivalent Councils in Northern Ireland, Scotland & Wales established		BACP gained admission to group meetings on the regulation of psychotherapy convened by Lord John Alderdice	

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2002	Nursing & Midwifery Council replaced United Kingdom Central Council for Nursing Midwifery & Health Visiting	BPS applied to be regulated in the Health Professions Council	
	The Health Professions Order set up the Health Professions Council	John Hutton, Minister of State for Health confirmed the regulation of psychologists	
	Health Professions Council replaced Council for Professions Supplementary to Medicine		
2003	Council for Healthcare Regulatory Excellence established to oversee the existing nine regulators of health professions		
2004			**BACP** sponsored a meeting on statutory regulation of all national accrediting and registering organisations

| 2005 | Draft Section 60 Order on the regulation of applied psychologists

Foster Call for Ideas on a review of the regulation of non-medical health care professions

Donaldson review of medical regulation | BPS opposed Section 60 proposals for regulation in HPC | DH commissioned a project to be carried out by BACP and UKCP to map training in counselling and psychotherapy and codes of ethics & conduct processes of the professional organisations | PPAG constituted itself - Psychological Professions Liaison Group (BABCP, BACP BPS BCP & UKCP) |
|---|---|---|---|---|
| 2006 | Foster & Donaldson Reports. Both stated there would be no new regulatory councils. New professions would be regulated in the Health Professions Council | BPS disagreed with DH and HPC over thresholds for entry to the register, medical model of HPC, position of academic psychologists. | | Proposal for a new stand alone Psychological Professions Council made to DH developed by nine organisations |

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| 2007 | House of Lords debate on the regulation of psychologists, psychotherapists & counsellors.

White Paper: 'Trust, Assurance & Safety: the Regulation of Health Professionals in the 21st Century' stated the regulation of psychology, psychotherapy counselling and other psychological therapies were a priority. Regulation would be in HPC | Continued struggles between BPS and DH

Second draft section 60 Order on the regulation of psychologists published

HPC set up a Professional Liaison Group (PLG) to develop standards of proficiency for applied psychologists | BACP Board of Governors accepted that HPC would be the regulator | |
|------|------|------|------|------|
| 2008 | Section 60 Order for the regulation of applied psychologists accepted in Westminster and Scottish Parliaments

DH delegated preparatory work for the regulation of counselling & psychotherapy to the HPC

Health and Social Care Act set up the Care Quality Commission as new regulator for Health and Social Care reformed professional regulation | | BACP represented on HPC PLG | HPC set up Professional Liaison Group for the regulation of psychotherapists and counsellors

BABCP, BCP, UKCP, Skills for Health, and CPCAB represented on HPC PLG |

| 2009 | HPC Register for applied psychologists opened

Department of Health informed by HPC that HPC is able and ready to regulate counsellors and psychotherapists | Alliance for Counselling and Psychotherapy against State Regulation formed

Major proposals of the Professional Liaison Group of the HPC for the regulation of counselling and psychotherapy rejected in consultation |

This meeting represented a critical juncture in that it had three unplanned outcomes that influenced future developments:

1) The Department of Health funded a mapping project of counselling and psychotherapy;

2) The Psychological Professions Alliance Group emerged;

3) The breakdown of a collaborative relationship between the professions and the Department of Health.

Each of these is addressed in more detail below.

The Mapping Project 2004-05

In 2004, the Department of Health commissioned a project to be carried out jointly by BACP and UKCP to map training courses, the codes of ethics and practice and conduct processes in counselling and psychotherapy. The Department of Health's Regulation of New Professions section made the required outcomes clear in an 'Open Letter' to participating organisations.

> "The professions of psychotherapy and counselling cover a number of different roles. In order to meet the criteria for statutory regulation, the first step is to map the number of different roles within psychotherapy and counselling" (BACP 2005a).

The Department of Health focus on 'role' identification and competences (Mead 2005) did not match the Health Professions Council's mode of regulation by professional title

(Department of Health 2002), nor did it match the work patterns of counsellors and

psychotherapists identified by the mapping project (Aldridge and Pollard 2005). The

contrasting approaches are outlined in Table 13.

Table 13: Contrasting approaches

Health Professions Council	Department of Health regulation of new professions section 2004-07
No modality or theoretical orientation differentiation	Based on differentiation by modality/theoretical orientation
No role differentiation, generic professional titles	Role differentiation
Qualification level differentiation	No qualifications levels (in National Occupational Standards)

The mapping project required BACP and UKCP to work together to a tight deadline.

The project had a management group and two co-ordinators, myself and James

Pollard. Liaison group meetings were dominated by status-seeking and jurisdictional

challenges, making the co-ordination roles difficult. Due to a conflict of interest, I was

unable to take the role of participative observer in this project; hence the journal

entries for this project are personal reflections. (Appendix 2, Reference 4). The project

produced no evidence of a link between qualification, professional title and job role

and therefore did not support the model of regulation proposed by the Department at

that time (Aldridge and Pollard 2005; Mead 2005). In 2006, the Department of Health

commissioned Skills for Health to produce a competences map of National

Occupations Standards (NOS) for the psychological therapies[10] (IAPT 2007). One of the

stated aims of this project was that the standards would form the basis for regulation.

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[10] ENTO NOS for counselling had been in existence since the late 1990s

This Department of Health statement was one of the contributing factors to the creation of The Alliance for Counselling and Psychotherapy against State Regulation (ACPASR 2009). This project and the reactions to it are discussed later in this chapter.

The Psychological Professions Alliance Group

The second outcome from the 2004 meeting was the establishment of the Psychological Professions Alliance Group (PPAG) of the five major professional organisations: the British Psychological Society (BPS), the British Association for Cognitive and Behavioural Psychotherapy (BABCP), the British Psychoanalytic Council (BPC), the British Association for Counselling and Psychotherapy (BACP) and the United Kingdom Council for Psychotherapy (UKCP). The early focus (2006) was one of opposition to regulation in the Health Professions Council and took the form of a proposal for a new Psychological Professions Council in 2006-07 (BPS 2006). From 2007, the group met with the Department of Health, both ministers and civil servants, to discuss the issues involved in regulation in the Health Professions Council. Correspondence from 2007 in the BACP archive shows that the professional associations found the DH unresponsive (BACP 2007a). The significance of the PPAG group lay to a large extent, in its continued existence, despite the professional rivalries. Later it became a forum at which the inter-organisational conflicts were expressed (BACP 2009c).

Breakdown of the relationship with the Department of Health

The difference between the Department of Health's position and that of the professional associations over the nature of the activity and therefore the structure of regulation became increasingly apparent in the period 2005-2007. The response of the Department of Health to the Counselling and Psychotherapy Reference Group in 2007 angered the counselling organisations by stating that the Mapping Project had not attempted to identify theoretical differences or modalities in counselling training courses[11] (BACP 2005b). The Department of Health interpreted counselling to be a-theoretical, defined by context, whereas psychotherapy was understood to be defined by theoretical approach or modality (Appendix 2, Reference 5) (Mead 2007).

In 2007, in a House of Lords debate initiated by Lord Alderdice, the Minister, Lord Hunt of Kings Heath, was briefed that responsibility for delay in regulation rested with the professions in their failure to either to co-operate or identify clear leadership.

> "My officials have worked with those bodies since 2001. It is
> noticeable that many of these bodies have very different ideas about
> what constitutes good practice. Therefore, it is very difficult to get
> any acceptance of leadership from within the field, on the grounds
> either of lack of knowledge or appreciation of each other's approach.
> In 2004, my department funded two umbrella organisations, the

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[11] Page 34 of the Interim Report states that most counselling and psychotherapy courses specify a theoretical orientation; it provides an analysis of counsellor training courses by theoretical orientation.

British Association for Counselling and Psychotherapy (BACP) and the

UK Council for Psychotherapy (UKCP), to map training courses and

the standards applied to them as a way of identifying training for

different roles. This was unsuccessful in identifying the content of

courses or scope of practice of roles although it provided valuable

information on the number and classification of training courses.

Many organisations in the field were unwilling to share details of

their training with each other. We engaged Skills for Health to co-

ordinate a competence framework. It launched its competence

framework consultation in December last year and it is due to end on

23 February[12]" (Hansard 2007).

This was not well received by the professional associations, (Appendix 2, Reference 6)

in particular by BACP and UKCP, as they had not been commissioned to map the

content of courses and had produced data on the roles undertaken by counsellors and

psychotherapists. The Skills for Health Project referred to by Lord Hunt is covered later

in this chapter.

Opposition to regulation in the Health Professions Council was reinforced by the British

Psychological Society's poor experience of negotiating entry and resulted in the

already mentioned alternative proposal for a new Psychological Professions Council in

2006 (BPS 2006). The proposal, which was drafted by the BPS, BACP and UKCP with the

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[12] In fact this project ended in March 2010.

support of six other professional bodies, was fuelled by the BPS's hostility to the HPC.

The proposal was rejected by the Department of Health on the grounds that the

proposing associations had not understood the regulatory process, but rather

represented the protection of vested interests and status-seeking. It was also alleged

that the professional associations were out of touch with modern regulatory practice

and the proposal was merely expressing professional protectionism (BACP 2007b). I

was not surprised when the proposal for a new Psychological Professions Council was

dismissively rejected by the Department of Health in 2007 (Appendix 2, Reference 7). I

was however shocked by the attitude shown to the professions shown in the response

below.

> "1.3 A Psychological Professions Council could establish roles and
>
> standards based on professional vested interests, not on service
>
> users and providers needs" (BACP 2007b).

> "1.14 It is not in the public interest for professional bodies to set
>
> standards which may be based on protecting professional status and
>
> commercial interests" .

This view of the professions as protectionist had already been expressed by the

Department of Health representative at the 2006 Reference Group meeting: "roles

must reflect what service users and providers need, not just what professions provide

or aspire to (BACP 2006).

In 2008, a group of psychotherapists used the Prime Minister's petition web site to lobby for the separate regulation of psychotherapy. The government's response appeared to provide evidence that the Department of Health planned to impose its own model on the counselling and psychotherapy professions for the purposes of regulation and thereby increased the opposition to regulation.

> "Our view of a comprehensive mental health programme is that it should provide three main modalities. These are psychoanalytical or psychodynamic, cognitive behavioural therapy, and family or systemic psychotherapy. Most other modalities are variants of these or post-basic specialisms" (Office of the Prime Minister 2008).

A meeting between BACP and the new Director of non-medical regulation led to the withdrawal of this statement in May 2008 and the renewal of the collaborative relationship between the Department of Health and the professional associations (Appendix 2, Reference 8).

The 2007 White Paper, 'Trust Assurance and Safety' made the regulation of psychology, psychotherapy, counselling and other psychological therapies a government priority and reiterated that the Health Professions Council (HPC) would be the regulator (Department of Health 2007a). In so doing, the Government gave counselling the de-facto status of a 'profession' on state terms. Regulation by the HPC had been the consistent position taken by government since 2001 (Hansard 2001). By 2008, the professional associations, including BACP, came to recognise that this was not open to negotiation. The White Paper and its acceptance by BACP was critical to

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the professionalisation of counselling. As Abbott observes (1988), state recognition is essential for any lasting jurisdiction. The White Paper and the steps taken towards its implementation made the differentiation between counselling and psychotherapy a public jurisdictional battle.

The HPC Professional Liaison Group for the regulation of psychotherapy and counselling

The 2007 White Paper commitment to regulate obviated the need for the professions to demonstrate that they had met the Health Professions Council criteria for the regulation of new professions (Health Professions Council 2001). These criteria appeared to be drawn from the traditional trait and process views of professions (Wilensky 1964). (See Table 2) The Department of Health delegated the preparatory work for the regulation of psychotherapy and counselling to the Health Professions Council. In 2008, the Health Professions Council invited applications for membership of a Professional Liaison Group to work on the regulation of psychotherapy and counselling. The group comprised eleven representatives who were stakeholders in the professions and five Council members; it was chaired by the Arts Therapists Council member. (See Table 14) Six of the representatives of the professions were male and five female, a proportion inconsistent with the gender balance in the occupational field, for example 80% of BACP members are female (BACP 2009b).

Two themes dominated the Professional Liaison Group (PLG) meetings; jurisdictional battles expressed in professional rivalry for status and superiority between counselling and psychotherapy and the difficulty of distinguishing between counselling and

psychotherapy. The lack of definition of counselling presented problems to a group

tasked with identifying exclusionary criteria (Larson 1977; Abbott 1995). One result of

this was the debate within the HPC over whether or not it would be possible to legally

protect the title 'counsellor' as it was so ill-defined and widely used. "It seems that

now it has been established that there is a professional activity but not what it can

legally be called" (Aldridge 11 February 2008).

In reflecting on the processes within the PLG, I came to the conclusion that the

representatives of the professional associations were seeking to use the PLG to

establish separate professional identities, and within that status and work jurisdictions

(Abbott 1988; Thorne 2002; Nottingham 2007).

The PLG struggled to develop separate standards of proficiency for counselling and

psychotherapy. Regulation by modality titles had been rejected as

Table 14: Representative organisations on the HPC Professional Liaison Group

Organisation	Nature of organisation
British Association for Cognitive and Behavioural Psychotherapies	Professional association for a specific theoretical approach
British Association for Counselling and Psychotherapy	Umbrella professional association for counselling and psychotherapy in the United Kingdom
British Psychoanalytic Council	Professional association for psychoanalysis
COSCA – Counselling in Scotland	Professional organisation for counselling in Scotland
CPCAB – Counselling and Psychotherapy Central Awarding Body	Awarding body that accredits government approved vocational qualifications in counselling
Queens University, Belfast Northern Ireland	Delivers post graduate counsellor training
Relate	Delivers services and post graduate training in couple counselling and psychosexual therapy
Skills for Health	Sector Skills Council for health and health care, responsible for the development of NOS for psychological therapy
United Kingdom Council for Psychotherapy	Umbrella professional association for psychotherapy
We Need to Talk Coalition	Confederation of organisations representing service users

impractical at the first meeting of the PLG and in the HPC consultation (Health

Professions Council 2009b), yet such difference as existed lay in the details of specific

theories (Appendix 2, Reference 9). I interpreted the lack of differentiation between

the two as evidence of failed occupational boundary drawing and failure to achieve

any measure of occupational closure (Freidson 1970; Larson 1977; Abbott 1995). This

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both produced, and was the product of, insecure professional identity (Nottingham 2007). The failure of the PLG to agree on differential Standards of Proficiency further reinforced this insecurity in both groups (Appendix 2, Reference 10).

In July 2009, the HPC published a public consultation paper on the regulation of psychotherapy and counselling that proposed the separate regulation of counselling and psychotherapy with different threshold entry levels and differentiated standards of proficiency. These proposals were rejected by approximately 90% of respondents (Health Professions Council 2009a). The consultation provided opponents of the HPC and regulation in general with the opportunity to attack the medical model explicitly in the generic standards of proficiency. However, in December 2009, despite the unresolved issues, the HPC informed the Department of Health that it could proceed with the regulation of counselling and psychotherapy (Browne 2009b; Health Professions Council 2009b).

There were two other initiatives in progress that were interlinked with statutory regulation; all three had an impact on counselling. These were the Improving Access to Psychological Therapies project and the Skills for Health project to develop National Occupational Standards for psychological therapies.

Improving Access to Psychological Therapies (IAPT)

In 1999, the New Labour Government made mental health one of its priority areas for investment and, within this, access to psychological therapy in both primary and secondary care. One of the aims was to reduce expenditure on pharmaceuticals and

benefits by enabling more people with common mental health problems, such as

depression and anxiety conditions, to stay in work or return to work (Department of

Health 1999; Layard 2006; McCrone, Dhanasiri et al. 2008). The IAPT programme was

developed to implement this government policy. Lord Layard had produced an

economic model that demonstrated economic gain in terms of reduction in the

payment of welfare benefits as a result of a national provision of short-term cognitive

behavioural therapy delivered in the stepped care model which had been

recommended in the NICE guidelines on depression and anxiety[13] (NICE 2004; NICE

2009). The hypothesis was that depression and anxiety cost the taxpayer £7 billion a

year, "including incapacity benefit and lost tax receipts" (Layard 2006:6). Layard

argued that investment in the provision of therapy in the NHS for depression and

anxiety would pay for itself – "the money which the government spends will be fully

offset by the money the government saves" (Layard 2006:8).

The IAPT programme was developed to deliver cognitive behavioural therapy for

depression and anxiety disorders. This presented most of the professional associations

with a dilemma which was clearly articulated by Nicola Barden:

> "How did we get to the place where £173 million investment in the
>
> provision of psychological therapies in the NHS was not only good

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[13] The 2004 NICE guidelines for Depression had recommended other approaches but not as strongly as

cognitive behavioural therapy. The 2009 NICE guidelines also recommended counselling if other

approaches had failed, or patients requested it, but patients were to be told that there was no evidence

of effectiveness

news?" (Barden 2008:11)

All professional associations supported an expansion of government-funded therapy and the public recognition this implied, but objected to the restriction to a single theoretical approach. BACP came under strong criticism from members whose services were de-commissioned as a result of the IAPT programme (Haydon 2009; Perren 2009).

The IAPT programme, based as it was on NICE-recommended therapy for specific disorders, represented a claim to full jurisdiction over the delivery of psychological therapies by cognitive behavioural clinical psychologists (Appendix 2, Reference 11) (Abbott 1988).

In 2008, the Department of Health recognised the risk of withdrawal of support by professional associations, who used this bargaining power to challenge the single approach of cognitive behavioural therapy. The professional associations offered public support for the IAPT programme in the New Savoy Declaration (Clarke 2008) in return for the commissioning of the other NICE-recommended approaches in IAPT services (NICE 2004; Browne 2007; NICE 2009). The government undertook to widen the range of evidence-based therapies in IAPT services to include Interpersonal Therapy, counselling, brief psychodynamic therapy and couples therapy (Browne 2008). This appeared to be a successful challenge to the full jurisdiction sought by the cognitive behavioural therapists (Abbott 1988; Witz 1992).

National Occupational Standards for the psychological therapies

The development of National Occupational Standards for psychological therapies was seen by the regulation section of the Department of Health as providing the basis for statutory regulation, following the inability of the 2005 mapping project to find roles linked to specific competences (Aldridge and Pollard 2005; Mead 2007). The project also derived from the work already undertaken to create national standards for cognitive behavioural therapy for the IAPT programme (Roth and Pilling 2007). This set a template for standards development based on a medical model of disorder, diagnosis and treatment, with a narrow evidence base of clinical trials and research, rather than practice-based evidence. Lord John Alderdice, the Chair of the National Reference Groups for the project, reflected that whilst

> "somewhat sceptical about the idea of NOS for this kind of work;
> what it does is, it takes some resource from the government to clarify
> that there are different therapeutic approaches and that it's not just
> a questions of CBT" (Alderdice 2009:5).

The project became an arena for four issues that would dominate the relationships between the professional organisations in the decade; first, the issue of differentiation of counselling and psychotherapy (Appendix 2, Reference 12); second, the imposition of the medical model on therapeutic practice (Appendix 2, Reference 13); third, the selection of four out of 400 theoretical approaches for the development of standards,

with the implications of exclusion[14] and fourth, the internal status and recognition

conflicts within the psychodynamic and humanistic groups (Reference 14 page 4

Appendix 2.) (Skills for Health 2008-09; Fonagy, Alderdice et al. 2010).

The reference to the future use of the NOS in the regulation of the psychological

therapies indicated a difference of opinion or understanding over the nature of

statutory regulation between the Department of Health and the HPC. Professional

associations objected to the approach and to the limited evidence base used for the

development of standards. At the same time, practitioners of the excluded approaches

objected to their exclusion, particularly as two of the included approaches, cognitive

behavioural therapy and family systemic therapy, had been found in the 2005 Mapping

Project to represent only 12% of the occupational field (Aldridge and Pollard 2005).

However, the professional associations, including BACP, provided members of the

working groups for the project in order to have some input into the final versions of

the National Occupational Standards (Fonagy, Alderdice et al. 2010).

Revised National Occupational Standards for counselling 2006-07

The National Occupational Standards for Counselling were subject to revision in 2006-

07. BACP used its authority to block the approval of the first revision as these appeared

to reflect the needs of the Awarding Bodies, rather than the wider needs of the

profession (Barden 2006). Whilst this expression of BACP's authority effectively

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[14] The approaches were cognitive & behavioural, psychoanalytic/psychodynamic, family & systemic and

humanistic therapy.

changed the NOS, the Association's major contribution to this project was not recognised externally. BACP engagement without recognition appears to be a pattern. The counselling National Occupational Standards were generic, rather than theory-specific and, in this respect, they were more closely aligned to the HPC model of regulation. The revision of the counselling standards led BACP to commission the University of Leicester to produce a set of core competences that in turn, became a BACP core curriculum for counselling and psychotherapy training (Wheeler 2006; Randall 2008).

In 2008, five of the NOS for counselling were transferred from the Employment National Training Organisation (ENTO) into the Skills for Health Mental Health National Occupational Standards without any consultation with the professional associations (Hale 2008). This added to a sense that counselling was regarded as something separate to and different from psychological therapy, despite the fact that the same professional organisations and practitioners developed the ENTO and Skills for Health National Occupational Standards.

Table 15: Theoretical approaches and qualification levels of projects.

Organisation	Programme/project	Theoretical perspective	Academic Level	Title
Employment National Training Organisation	National Occupational Standards for Counselling	Generic	No level	Counselling
Skills for Health	National Occupational Standards for Psychological Therapies	Theory specific	No level	Psychological therapy
Department of Health	Improving Access to Psychological Therapies NICE recommended interventions for depression and anxiety conditions	Theory specific e.g. cognitive behavioural and disorder specific e.g. panic disorder	Post graduate	High Intensity Therapist Psychological Wellbeing Practitioner
Health Professions Council	Professional Liaison Group on the regulation of psychotherapy and counselling	Generic	Threshold level for safe effective practice	Counsellor Psychotherapist

The British Association for Counselling and Psychotherapy

There are indicators of the professionalisation of counselling in three aspects of BACP's development and activities; the 'professionalisation' of the organisation's staff and structure, the internal tension over issues of statutory regulation and professionalisation, BACP's participation in external projects and the reputation established through this. Much of BACP's activity in this period was in response to the governmental projects discussed above.

Professionalisation of the organisation

Throughout the decade, BACP membership continued to grow, (See Figure 20) and the additional resources were invested in premises and staff. BACP was by far the largest professional association for counselling and psychotherapy in the United Kingdom. (See Figure 16) The organisation changed its structure between 1999 and 2008 in ways which made it better able to deal with the external challenges; professionally-qualified staff were employed in research, marketing, regulation, healthcare, media relations and policy.

This change had two benefits to the Association. It gave BACP an advantage over other associations that relied on members' voluntary participation in external initiatives. BACP, through the permanent staff, was able to present a consistent presence and message in external groups; this raised the profile and reputation of the organisation. It also facilitated the development of networks of personal contacts. The Association was able to develop and hold knowledge across the whole field of initiatives, identify areas of conflict and opportunity, such as the differing views of the role of NOS held by the Department of Health and the HPC, and had the chance to lobby for the commissioning of approaches other than cognitive behavioural therapy in the IAPT services. At times the imbalance within the Association between the knowledge and authority of the senior staff who were employed for their specific expertise and the Board of Governors who were elected volunteers, led to a tension common in associations with volunteer governors and full-time officers. This paralleled the tension

in the membership between those who supported the professionalisation of counselling and those who opposed it.

Tension was also evident around the argument by some members that the Association should behave as if it were a counsellor, rather than an authoritative professional association.

> "The Association is required to replicate the essence of the ethos of the process of counselling itself, into the ways in which the Association does its business with members, Divisions and allied associations" (Beasley 2002:4).

BACP's collaborative, facilitative inclusive mode of operating could be seen to be partly derived from this position. BACP's apparent reluctance or lack of confidence in using its authority was identified by BACP members in focus groups in 2009, who described the association as a 'sleeping lion' that needed to wake up (BACP 2009b). This pattern is sufficiently well-established to be described as a self-reinforcing tendency *(SRT2)* (Mahoney 2000; Thelen 2000; Pierson 2004).

BACP - internal tensions

In November 2000, the Annual General Meeting voted to change the name of the association from the British Association for Counselling to the British Association for Counselling and Psychotherapy (BAC 2000a). The rationale given was that this would better reflect the 25% of the membership who described themselves as psychotherapists and would ensure BACP was involved in future discussions on

statutory regulation (McDevitt 2000). The addition of 'psychotherapy' to the Association's name was a direct response to BACP's exclusion from the stakeholder group on Lord John Alderdice's private member's bill to regulate psychotherapy, (McDevitt 2000). Lord Alderdice's view of his Private Members Bill is that

> "although there's a considerable overlap between what some psychotherapists do and what some counsellors do and there are also areas of difference nevertheless it is possible to, if not define certainly clarify out certain difference so it wasn't a thought that counselling didn't need as much regulation as psychotherapy or it wasn't appropriate or one wasn't interested it was simply well you take one bite at the cherry first and see where you go from there"
>
> (Alderdice 2009:13).

He was aware at the time of the reaction of BAC to his decision to exclude counselling.

> "I had decided at a very early stage that I was going to focus on what I knew best which was psychotherapy, counselling seemed to me as a much more complex world. When I met BAC at that stage they were kind of worried about what was going on and I said look I'm not taking about regulating what you are describing and if there are any of your people who are psychotherapists of course they would be able to be regulated. They were kind of edgy about that. Whether they thought I wasn't being straight with them, which I was, I don't know. Well it all felt very familiar coming from Northern Ireland

really" (Alderdice 2009:13).

BAC's addition of psychotherapy to its name, could be seen as, and was experienced as, a usurpationary strategy (Witz 1992) or jurisdictional challenge towards psychotherapy (Abbott 1988). "They then changed their name to BACP and then there was a whole kind of difficulty around some of the organisations" (Alderdice 2009:13). The decision represented a critical juncture that had unforeseen consequences. In the event of statutory regulation, it would give BACP members legally acquired rights to the titles of both counsellor and psychotherapist, which amounted to an overwhelming jurisdictional challenge to the far fewer psychotherapists (Abbott 1988). (See Figure 16) The move was interpreted as a hostile jurisdictional challenge by the UKCP which then created a section for 'Psychotherapeutic counsellors' in 2003 (Potter 2004). Despite the name change, BACP remained identified with counselling rather than psychotherapy, another indicator of identity insecurity (Nottingham 2007).

The inability or unwillingness to set clear boundaries continued. In 2004, BACP removed one of the few boundaries it had set; the restriction to accredited members only of advertising membership. "…this is not fair as many non-accredited members operate at equally high level as accredited members" (Browne 2004b:46-49). This can be seen as a critical juncture in the self-reinforcing tendency of inclusivity. (Mahoney 2000; Capoccia and Kelemen 2007). *(SRT1 CJ)*

In 2000, in answer to a charge that adding 'psychotherapy' would lead the Association into direct competition with other organisations, the Chair responded by stressing BACP's inclusive and cooperative way of being: "BACP assisted at the birth of the

UKCP, the European Association for Counselling and funded the establishment and running of the United Kingdom Register" (McDevitt 2000:538). This metaphor for BACP as a midwife is indicative of a self-reinforcing tendency towards self-effacement within BACP. BACP is the major organisation representing counselling. BACP is seen as facilitating not creating for itself; of being about caring; and caring is work that anyone can do, with the low status that implies, rather than a profession with unique specialist skills (Hearn 1982; Abbott and Wallace 1990; Hugman 1991; Nottingham 2007).

Regulation, its nature and opposition to it, became the focus for issues of professionalisation in this decade. BACP had consistently supported statutory regulation: "regulation should be across the talking therapies ... all the professional bodies on the field should cooperate in working towards appropriate regulation" (McDevitt 2000:539). The Association therefore, welcomed the Government's decision to regulate psychology, counselling and psychotherapy (Hansard 2001). BACP stressed the positive aspects of regulation. Regulation was recognition of counselling as a profession; it would present to the public a coherent field with shared verifiable standards and fair consistent mechanisms to deal with complaints (Barden 2001). BACP took initiatives to facilitate regulation by setting up a symposium meeting of the major professional associations to discuss regulation in 2001; this led to the 2004 expanded Reference Group previously discussed (Clarke 2005).

Opposition to boundary setting and regulation among BACP members

The self-reinforcing tendency towards inclusivity *(SRT1)* both reflected and created opposition to boundary setting within BACP. This was linked to the opposition to the

professionalisation of counselling. Both found expression in opposition to the development of a core curriculum at graduate level (Casemore 2007) and the entry criteria to the HPC. There were multiple strands of opposition to statutory regulation. Some BACP members opposed regulation on grounds similar to the arguments against professionalisation (Thorne 2002; Proctor 2008); regulation in the Health Professions Council was seen as accepting and working within a medical model, as opposed to the relational model of counselling (Johnston 2009; Shannon 2009). It is possible to interpret this as opposition to a traditional model of a profession with its implicit patriarchal assumptions about the nature of professions and professionals (Hugman 1991; Witz 1992; MacDonald 1995). Some members, in particular voluntary counsellors, opposed regulation per se as contrary to the ethos of counselling, (Decker 2002; Bondi 2004) believing it would destroy the essence of the relationship and the creativity of counselling. It was a view shared by members of the Alliance Against Regulation and the Independent Practitioners Network, many of whom were also members of BACP (House and Totton 1997; Totton 1999; Postle 2007). Some believed that it represented self-seeking for power, status, financial reward and monopoly by members and the Association (Thorne 2002; Musgrave 2006).

BACP's relationships in external projects

BACP is represented by staff more than members on external committees. This is partly a reflection of resources, partly the move towards the professionalisation of the Association already mentioned. The aim has been to create collegial and collaborative relationships, unlike some of the other professional associations which took a more

oppositional approach. (Appendix 2, Reference 15). The BACP staff on external committees were able to draw upon and offer research evidence and factual information, such as the outcomes of scoping reviews and training mapping. As a result, the Association became regarded as a reliable source of information which increased BACP's influence. A second outcome was that, through this consistent representation, BACP had a unique overview of all the initiatives in the field. BACP came to be seen as the main representative of counselling in the United Kingdom by such organisations as Skills for Health, the Health Professions Council and the Department of Health and as such, was invited to join committees and working parties (Guthrie 2008; Lyall 2009).

BACP was able to use this influence at times; to stop the approval of the revised ENTO National Occupational Standards for Counselling in 2006 (Barden 2006), to lobby for the commissioning of other theoretical approaches in IAPT services 2009-10. On the occasions where BACP did exert its authority, that authority was usually based on resources or knowledge, rather than on an internalised sense of authority, for example, the use of the BACP data base of all counselling and psychotherapy training courses in the Health Professions Council's Professional Liaison Group. BACP's offer of help to the Department of Health to deliver the Government's "Universal Offer" of psychological help in the recession brought no reward or recognition (Appendix 2, Reference 16). Nottingham identifies this as a common pattern in insecure professions (2007).

Developments in the wider therapy field

The British Psychological Society

The British Psychological Society (BPS) applied to the Health Professions Council for the statutory regulation of psychology in 2002, despite the fact that it had held a Royal Charter since 1965 and many of its Chartered Sections did not regard themselves as working in 'health'. The BPS saw itself as a partner with government in statutory regulation in the kind of state/profession partnership suggested by Johnson (1972). However, the relationship with the Health Professions Council did not match the Society's expectations of a fully negotiated entry (BPS 2002). As the terms of the engagement with the Health Professions Council became clear, the leadership of the BPS attempted to withdraw from the process and allied itself with the counselling and psychotherapy associations (BPS 2006). In 2006, this alliance produced the unsuccessful proposal to the Department of Health for a Psychological Professions Council discussed earlier in this chapter. Both the leadership of the BPS and many of its members opposed regulation in the HPC from 2006 onwards. This opposition, which included parliamentary lobbying, was ineffective, and the HPC Register for Applied Psychologists opened in July 2009. The 2009 Register for Applied Psychologists had nine protected titles: the complex range of threshold entry standards reflected the battles between the BPS and the HPC.

The United Kingdom Council for Psychotherapy

The structure and constitution of the United Kingdom Council for Psychotherapy (UKCP) had been based on organisations, rather than individual registrants, since inception in 1993. In 2008, the UKCP introduced individual membership (UCKP 2008) and thus ended the oligarchic control of member organisations that had rejected previous attempts at structural change to the Council. This self-reinforcing tendency was broken in response to the external threat to the continued existence of the UKCP posed by statutory regulation. This critical juncture produced unintended consequences. In 2009, individual registrants elected as Chair of the Council, Andrew Samuels, an opponent of the government's proposal for statutory regulation in the Health Professions Council (Browne 2009a).

British Association for Cognitive Behavioural Psychotherapies

The status of the British Association for Cognitive and Behavioural Psychotherapy (BABCP), many of whose members are clinical psychologists and nurses, was enhanced by the NICE recommendations of cognitive behavioural therapy as an effective treatment for depression and anxiety conditions (NICE 2004; NICE 2009). Part of the jurisdictional challenge made by cognitive behavioural therapists was the decision of the BABCP to leave the UKCP and create a separate register. By 2010, the BABCP had overtaken the UKCP as the second largest therapy association in the United Kingdom. (See Figure 16)

Figure 16: Membership figures April 2010
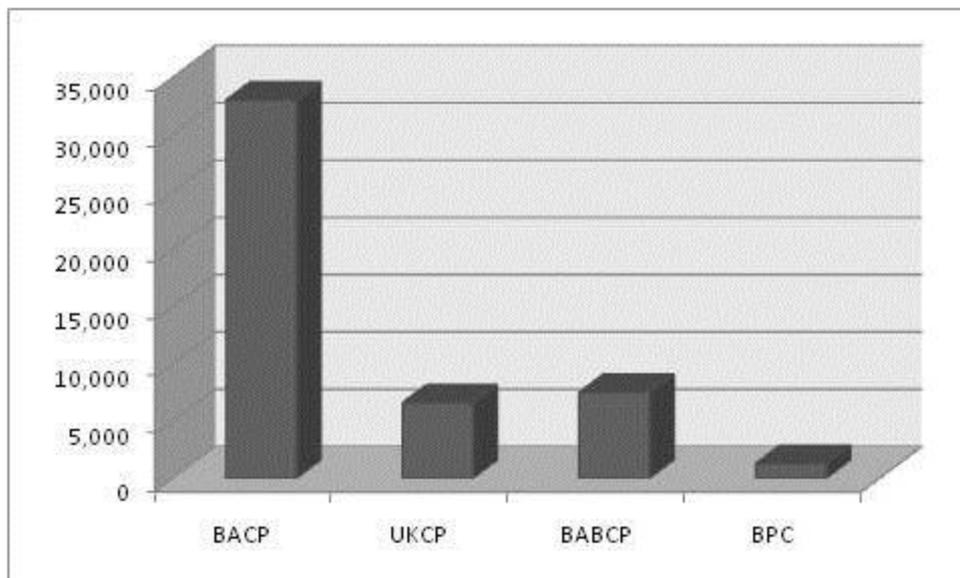
Opposition to statutory regulation

In 2008, the professional associations, including BACP, decided to work with the government to progress regulation in the Health Professions Council, leaving opponents unrepresented. The opponents formed a loose coalition which named itself the Alliance for Counselling and Psychotherapy against State Regulation (ACPASR 2009). This coalition comprised people who opposed any regulation and those who opposed regulation in the Health Professions Council. It shared some of the philosophy and values of the opponents to the professionalisation of counselling. The original founders of the opposition movement were the Independent Practitioners Network and Lacanian psychoanalytic psychotherapists, both of whom opposed any external authority as antithetical to their practice (ACPASR 2009). The Alliance campaign could be seen as maintaining status through the autonomy and self-regulation of the traditional concept of the self-employed self-regulating professional (Carr-Saunders

and Wilson 1933). The Alliance began a campaign to petition the government that achieved some media success: "Sessions of Freudian analysis will be illegal under regulations being introduced by the Government" (Copping, Sunday Telegraph 13 July 2008). The Alliance's campaign had little impact on the New Labour government; any impact on the policy of the Coalition government on the regulation of counselling and psychotherapy remains unclear as yet.

The professionalisation of counselling: indicators and contra-indicators

The indicators and contra-indicators of professionalisation in the development of counselling and BACP during this period are considered below.

Boundary setting and occupational closure

Two boundary setting issues were significant: the lack of definition of the counselling workforce and the disputed boundary between counselling and psychotherapy. The lack of definition of the 'counselling' workforce, made it impossible to define who did the work, therefore, making occupational closure impossible (Larson 1977; Abbott 1995). BACP had opportunities to move towards occupational closure, but did not take them. There was the belief that many BACP members were not 'counsellors,' but counselling skills users. Therefore, to introduce this form of closure would have excluded many members from full membership and individual accreditation. By contrast, the psychotherapy and psychoanalytic associations restricted entry to their registers to graduates of the training courses they approved. This resulted in a degree

of occupational closure as the majority of psychotherapy and psychoanalytic training courses sought approval (Aldridge and Pollard 2005).

Within BACP, the proponents of professionalisation saw statutory regulation as an opportunity to set boundaries; accreditation as the threshold for entry to the statutory register, counselling as a graduate profession (Browne 2001). Occupational closure was sought in the development of a core curriculum (2008) at graduate and post-graduate levels (Randall 2008) and the application for Quality Assurance Agency (QAA) benchmarks in 2009.

Status was recognised as a trait in professionalisation by sociologists, but after the 1970s was given little further attention in the research on professions (Millerson 1964; Wilensky 1964; Freidson 1970; Harris-Jenkins 1970; Crompton 1987; Witz 1992). (See Chapter 2) The status of professions had however become part of the political discourse (Perkin 2002). However, status was the dominant underlying issue in the conflict over differentiation between counselling and psychotherapy in both the Skills for Health National Reference Group meetings and the Health Professions Council Professional Liaison Group meetings (Appendix 2, Reference 17). BACP held a research-based position that there was no difference between the two activities, but was unable to convince others in the wider field.

Jurisdiction over work

There were three battlegrounds for jurisdictional disputes over work in this period; the NICE Guidelines for depression and anxiety, the Improving Access to Psychological

Therapies Programme and the Health Professions Council Professional Liaison Group

for the regulation of counselling and psychotherapy.

The IAPT programme was initiated to implement the NICE guidance on depression and

anxiety conditions which recommended cognitive behavioural therapy (National

Institute for Mental Health in England 2004; NICE 2009). The IAPT programme

presented an overt jurisdictional claim to the delivery of psychological therapy by the

adherents of cognitive behavioural therapy and, as such, a challenge to the jurisdiction

of counselling in primary care (Artemis Trust 2008). The de-commissioning of

counselling services may have been an unintended consequence of the IAPT

programme (Perren 2009). Nevertheless many were decommissioned and the

jurisdictional claim of cognitive behavioural therapists was strengthened (Abbott 1988;

Witz 1992). The differentiation between counselling and psychotherapy was a major

area of jurisdictional and status disputes in the Health Professions Professional Liaison

Group, to such an extent that one HPC Council member remarked that the profession

was not fit to be regulated and should get itself organised (Aldridge, 3rd May 2009).

State recognition

State recognition, implicit in the government's decision to regulate counselling, was

one of the key indicators of professionalisation (Etzioni 1969; Freidson 1970; Johnson

1972; Abbott 1988). The purpose of state recognition changed in this decade; it was

used by government as a means of risk management, rather than professional

recognition (Department of Health 2007a). If a profession was subject to statutory

regulation by an independent Council, the accountability for that profession would rest

with the regulating council, not the government. The rationale for extending

professional regulation in all areas was that it increased public protection (Department

of Health 2007a). In practice, this policy gave de facto professional status to

occupations subject to statutory regulation, such as paramedics.

Resistance to professionalisation

Resistance to regulation was increased by a series of statements by the Department of

Health in 2007 which, together with the NICE Guidelines, appeared to be the start of

state control. There was strong opposition to professionalisation through statutory

regulation in the Health Professions Council, which was seen as imposing a medical

model of disease and treatment on counselling and psychotherapy. 'Stalinist' was a

phrase used to describe such regulation. This opposition was led by the Alliance for

Counselling and Psychotherapy against State Regulation (ACPASR), but opposition to

the medical model was shared by many BACP members (ACPASR 2009; BACP 2009a;

BACP 2009d).

De-professionalisation

The IAPT stepped care model for the delivery of the psychological therapies

threatened to de-professionalise the delivery of therapy in a way that undermined

counselling in particular as 80% of the IAPT clinical work was carried out by low

intensity workers with brief training in interpersonal and therapeutic skills (Richards

2007; NICE 2009). It was suggested by the IAPT management that these low intensity

IAPT workers were equivalent to counsellors and should be regulated as such in the

Health Professions Council (Mead 2007). The proposal was rejected by HPC (Health

Professions Council 2008). This suggests that the HPC regulatory model may provide

the support counselling needs to have greater identity security. The implication of the

proposal was that little training was required to become a counsellor. It also

highlighted the implications of the lack of definition of what a counsellor is, and does.

Footman described the Noughties as a decade "of paradox and duality" (2009:165).

The same can be said of the professionalisation of all the psychological therapies. Two

contradictory concepts of 'profession' were operant: the traditional concept of

respectful partnership between profession and government for the benefit of both,

and the concept of professions in need of control and discipline by an external agency.

The former was held by the British Psychological Society and the psychotherapy

organisations, the latter by the Government and its regulatory councils. The

government used the psychological therapies to achieve social and economic

objectives, for instance through the IAPT programme and funding to Relate during the

recession. Historically this had been regarded as a form of professional recognition

(Johnson 1972; Simpson 1985; Abbott 1988; Perkin 2002). However, this investment

increased the drive towards accountability through statutory regulation. The failure of

the proposal for a new Psychological Professions Council should be understood in the

context of the lack of trust in professions to regulate their members and the

government desire for accountability (Department of Health 2006; Hansard 2007;

Improving Access to Psychological Therapies 2007).

Conclusion

Two major themes emerged in this decade: government involvement in the delivery of counselling and the jurisdictional competition between the professional associations to establish boundaries in order gain status and government recognition.

BACP chose active engagement with government programmes, a tendency noted by Nottingham (2007) as common in insecure professions, and came to be recognised as a relevant stakeholder. The size of the Association gave it power through its considerable resources and representation; the self-reinforcing tendency towards inclusion contributed to the growth in members and resources. At the same time, BACP struggled internally to contain the divergent views of its members and present a consistent external voice, a constant problem for large diverse professional associations, as Halliday (1987) identified in the US in the 1980s.

Figure 17: Themes identified in the period 2000-2009
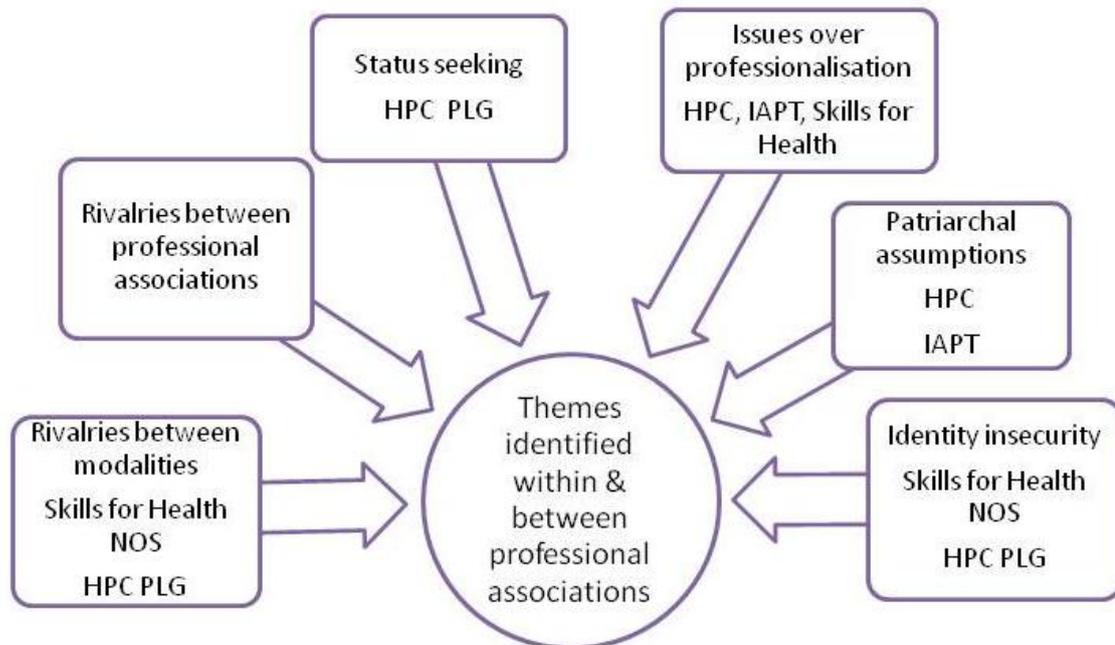
A second self-reinforcing tendency of self-effacement restricted the association's capacity to behave with authority as a stakeholder (Hugman 1991; Nottingham 2007). BACP tried to take an evidence-based consensus seeking position consistent with the self-reinforcing tendency of inclusivity and self-effacement, which could also be described as maternal, non-judgemental and facilitative.

The theme of government involvement included the social and economic priorities of the government, the implementation of the government's mental health policy, the relationship between the state and professions, issues of professionalisation and de-professionalisation. (See Figure 15) The second theme of jurisdictional challenges

included rivalries between professional associations and theoretical approaches; identity insecurity; status seeking and patriarchal assumptions.

A separate analysis of BACP identified ambivalence about professionalisation, a lack of assertiveness, an inability or unwillingness to use its authority and the impact of internalised patriarchal assumptions on status issues.

The major themes of this decade are presented in Figure 17 . These themes derived from observations made during participation in projects which have already been described in this chapter and the theories of professionalisation outlined in chapter 2 and referenced in this chapter. Although these have been identified as separate themes for the purpose of this analysis, in reality they were interconnected. The projects in which these themes appeared could be seen as different cakes. Only when the recipes were read, was it apparent that the ingredients were the same.

By the end of the decade, it appeared that government's policy on professional regulation might create the occupational closure that BACP had been unwilling to do and, in so doing, provide counselling with a state-imposed identity.

5. Discussion and conclusions

Introduction

This chapter describes the research process and the resultant analysis of the development of counselling. The aim of the research was to explore the origins and development of counselling in the United Kingdom in relation to theories of professionalisation, in order to assess to what extent counselling has become a profession. The theories of the sociology of professions outlined in chapter 1, and the methodology described in chapter 2, are used to analyse the evidence presented in chapters 4, 5 and 6 on the historical development of counselling. The case study of the British Association for Counselling facilitated the identification of powerful self-reinforcing tendencies which have both enhanced the growth of the association and at the same time hindered the professionalisation of counselling, often as unintended consequences. The patriarchal assumptions that continue to underpin the nature of professions in the United Kingdom raise the question of whether this is an appropriate model of professionalisation for counselling. This has been less powerful than the quest for status and workplace jurisdiction that professionalisation is believed to deliver. There is a discussion of alternative approaches to the research, and areas for further developments.

Outline of the chapter

There is a discussion of the assumptions of the processes of the professionalisation of the caring professions derived from the literature review and the major theories used

in this thesis. Internal and external factors that influenced the attempts to professionalise counselling are identified and the current status of counselling as a profession is described. The external elements that influenced the professionalisation of counselling are examined using the theories of professionalisation, focusing first on the influence of the state/government and then on the influence of the cognate professions of psychotherapy, psychoanalysis and psychology. Reference is made to the methodology, in particular the use of the researcher as both a historical data source and a participative observer. Self-reinforcing tendencies are indentified within counselling and BACP, which together contribute to produce an insecure professional identity for counselling.

The chapter presents the contribution to knowledge made by the research and, in addition, areas are identified that remain to be addressed and alternative approaches to the subject considered. Possible topics for future research are identified. A summary of the substantive conclusions drawn from the research is presented.

Discussion of the assumptions about the professionalisation of the caring professions

A range of assumptions about the nature and professional status of the caring professions, such as nursing, social work, primary school teaching and counselling, are documented in the literature, both general and those specifically focused on the caring professions. The membership of caring professions, sometimes referred to as semi-professions or insecure professions, tends to be predominantly female. BACP's

membership has consistently been over 70% female (O'Sullivan 1989; BACP 2009b). Assumptions that caring is what women do naturally present a challenge to valid claims to professional status as a profession is usually defined as a discrete activity requiring specific knowledge and skills. This has resulted in low status, subordinate jurisdictional settlements and difficulty in achieving professional credibility. These assumptions derive from a patriarchal model of society and professions, based on the established professions of medicine and law. This, in turn, has led to those caring occupations aspiring to professional status, such as nursing and social work, to gradually raise the entry requirements to graduate qualifications and by so doing, accept the implicit patriarchal assumptions about professions. The literature also provides evidence of a consistent ambivalence within the caring professions towards professionalisation, of an opposition to professionalisation on the grounds that it is self-seeking and antithetical to the ethos of caring. The major theories that have proved relevant to this research are those of Abbott, Halliday, Johnson, and Witz.

Factors influencing the professionalisation of counselling

Internal factors: self-reinforcing processes

Analysis of the development of counselling and BACP identified two self-reinforcing processes within BACP. Firstly that of inclusivity, as opposed to exclusivity, which has prevented boundary setting and occupational closure; and secondly self-effacement expressed in the inability of BACP to assert authority. These are presented below in more detail.

The self-reinforcing tendencies are identified in the text as *(SRT1)* and *(SRT2);* critical junctures are indicated by *(CJ)*. The critical junctures in the self-reinforcing processes are shown in figures 21, 23 and 24. These two self-reinforcing tendencies combine to produce an insecure professional identity which leaves counselling unwilling or unable to set exclusionary boundaries, define itself, assert its authority or maintain any stable jurisdiction. (See Figure 20)

Self-reinforcing tendency of inclusivity *(SRT1)*

The conditions laid down in the Gulbenkian Foundation grant to set up the Standing Conference for the Development of Counselling (SCAC) in 1971 began a self-reinforcing sequence of inclusivity, some of the consequences of which took over thirty years to emerge. SCAC comprised a very wide range of groups and organisations, all of whom had an interest in 'counselling.' (See Figure 7) Some were 'professional' organisations with trained and employed staff, some were agencies run entirely by volunteers. Each had their own understanding of 'counselling.' It is therefore not surprising that the definition of counselling published by SCAC in 1974 is all-inclusive. (See Chapter 4) This publication marked an early critical juncture in the self-reinforcing tendency of inclusivity, (See Figure 18) a tendency which recurs throughout BACP's history.

Whenever a critical juncture arose at which other viable options were available, the inclusive option was chosen. Figure 21 and 23 provide examples of these in the period 1983-2000. At these junctures, the Association chose not to set standards that would exclude anyone from membership. For example, accreditation has always been

voluntary. In 1996, this lack of criteria for membership was 'exposed' by the BBC Watchdog programme. Despite the evidence that the public and the media equated membership of BACP with a qualification in counselling, the Association chose not to introduce exclusionary membership categories. A second example is found in the 1997 United Kingdom Register of Counsellors (UKRC), where the potential for setting accreditation as the exclusionary boundary for registration was undermined by the creation of the category of organisation-sponsored registered counsellor, whose only criterion was 'counselling' in the organisation.

The self-reinforcing tendency of inclusivity persisted as there were incremental positive returns in the form of increasing membership and therefore resources. In addition, the association was free of the conditions imposed by funding from external agencies. Membership continued to grow over the period, even during the 2007-09 recession. (See Figure 22) By 2009, BACP was the second largest counselling association in the world, second only to the American Counselling Association, and significantly better resourced than other associations in the field. This produced benefits in terms of the resources, size and status, both of which might be risked if exclusionary boundaries were drawn, thus further reinforcing the tendency.

The self-reinforcing tendency towards self-effacement *(SRT2)*

The BACP archive papers, informant interviews, members meetings and reflections in my journal entries indicate that status as a profession sits uneasily with some

counsellors. This is reflected within BACP, a feature noted in some of the literature on the caring and counselling professions generally.

Some of the values of counselling, for example, the belief in the centrality of the relationship and the respect for the client as an equal human being, have helped to create a culture in BACP in which it is difficult for the Association to act assertively. There appears to be a desire to have non-judgemental acceptance as a key value throughout the organisation. Critically, this is in direct opposition to BACP behaving as a powerful, authoritative organisation promoting professionalisation. In the view of some members, the Association should act as if it were a counsellor in its relationships with members and other organisations, facilitating growth and change, but without making demands. A self-reinforcing tendency of self-effacement has emerged, meaning the tendency to facilitate rather than to lead, to fail to assert authority and thus to take a subservient position, to 'not get above oneself.' This can be described in terms of stereotypically traditional 'female' characteristics. In fact, in 1999, McDevitt, Chair of the Association, described BACP's role as a midwife. This lack of assertiveness leads to a lack of recognition and further erosion of self-confidence. This brings into focus the incongruence between the resource strength of BACP and its inability to assert its authority. During this research, I have become aware that I have also internalised this tendency in some of my external and internal dealings. This has been an uncomfortable insight. Figure 24 shows critical junctures in the development of this self-reinforcing tendency.

Professional Identity Insecurity

Concern over who was calling themselves a counsellor, an indicator of an uncertain and insecure identity, can be seen as a driving force behind the creation of the Standing Conference for the Advancement of Counselling (SCAC) in 1971. However, SCAC itself contributed to, rather than reduced, this insecurity. (See Figure 25)

The two powerful self-reinforcing tendencies, further contributed to the insecure professional identity, as boundaries are essential to establish identity security, and self-effacement invites jurisdictional challenges. In addition, several decisions made by the Association to impose structure and raise standards had unintended consequences which inadvertently increased this identity insecurity. These are shown in figure 25.

Figure 18 The creation of professional identity insecurity

Counselling – an insecure profession?
A sociological and historical analysis

Discussion and Conclusions
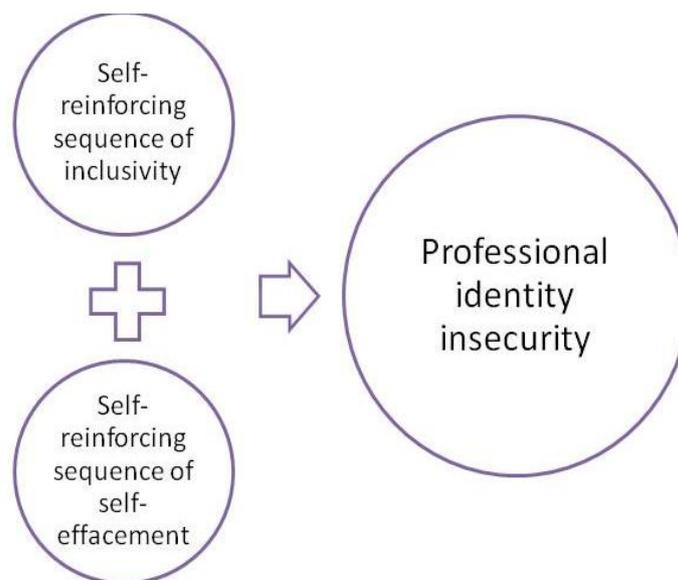
Figure 19: Beginning of self-reinforcing tendency of inclusivity

1. 1971 Critical event

•inclusivity a condition of Gulbenkian grant to fund SCAC

2. 1974 critical juncture

•"What is counselling?"
•no boundaries set

3. 1976/7 critical juncture

•individual membership
•no occupational closure

Counselling – an insecure profession?
A sociological and historical analysis

Discussion and Conclusions
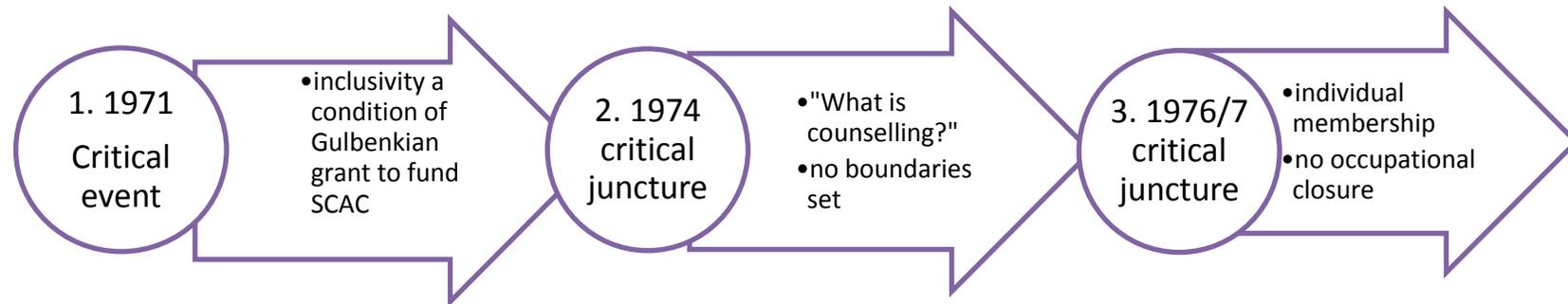
Figure 20: BACP membership 1977-2009
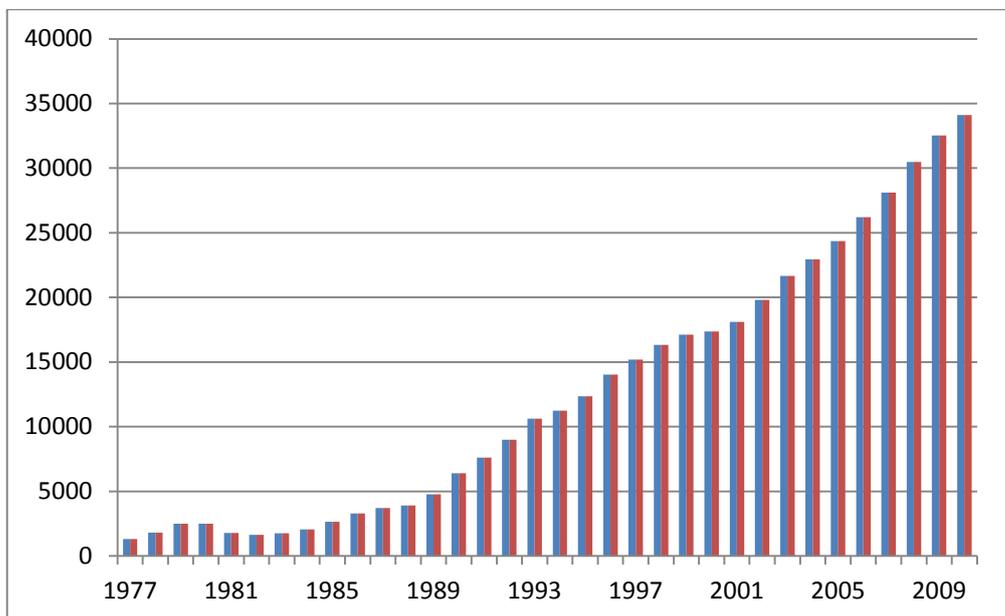
Statements by Presidents and Chairs of the Association throughout the period and informants, mentioned in Chapters 5 and 6, indicate that both self-reinforcing tendencies became absorbed into a culture that maintained professional identity insecurity. This supports Thelen's (2003) contention that, though the actions of key players may be significant, they are likely to have adapted to the expectations and strategies of the institution, rather than the other way round, meaning that institutional culture is often more influential than individual players. This insecure identity has resulted in a lack of clear definition for counselling, leaving it open to external agencies, such as the Department of Health and the Sainsbury Centre for Mental Health, to describe counselling as they chose, usually inaccurately. This in turn added to the identity insecurity.

Figure 21: Critical junctures in the self-reinforcing sequence of inclusivity

1983
- Individual accreditation introduced.
- BAC does not take opportunity to set exclusionary boundaries

1986
- 1986 Fosse review of accreditation proposes moves towards professionalisation
- BAC does not take opportunity to set exclusionary boundaries

1995 -6
- Membership categories review: membership remains inclusive

1997
- Hooper review of accreditation proposes moves towards professionalisation
- BAC does not take opportunity to set exclusionary boundaries

1997
- United Kingdom Register of Counsellors opened
- BAC does not take opportunity to set exclusionary boundaries

2000
- BAC adds psychotherapy to title to become BACP
- BAC does not take opportunity to set exclusionary boundaries for use of title psychotherapist

Counselling: an insecure profession?
A historical and sociological analysis.

Discussion and Conclusions

Figure 22: Critical junctures in the self-reinforcing tendency of self-effacement

1981	• BACP facilitates and resources the Rugby Pyschotherapy Conference
1987	• BACP fails to act alone to set up a Counselling and Psychotherapy Trust because a survey indicates that it would not be supported by cognate bodies to take this leadership role.
1989	• BACP supports and funds the creation of a separate United Kingdom Council for the Advancement of Psychotherapy to be set up. BACP does not take the lead in this body or prevent the split.
1993-7	• BACP does not impose its authority over the managment of the UKRC, but accepts being treated as a partner rather than leader, even though funds the entire operation
2008-09	• BACP does not assert authority in Health Professions Council Professional Liaison Group for the regulation of Psychotherapy and Counselling

Unintended consequences

The long time frame, from 1890-2009, covered by this research makes possible the observation of unintended consequences of the decisions and self-reinforcing processes within BACP. Such outcomes may be far removed from an original decision, which may appear relatively unimportant at the time. Four examples are given below:

One example of this can be seen in the establishment of a divisional, rather than a modality-led, structure of BACP in 1977. This led to the perception that counsellors are defined by work setting and that counselling is a-theoretical, a perception that is a consequence of the contrasting structures of counselling and psychotherapy organisations. This view can be identified in Department of Health publications and

Figure 23: The development of professional identity insecurity

1974 SCAC publication "What is Counselling?"	• This makes no differentiation between specialist counsellors and counselling skills users
1977 BAC creates internal divisional structure based on work contexts	• This creates the impression that counsellors have no theoretical base to their work
1992 BACP takes part in the NVQ initiative to develop National Occupational Standards for Counselling	• NVQs seen as a way to gain status for counselling. In fact leads to expansion of low level training courses • NVQs are generic not theory specific, thus reinforces perception that counselling has no theory

National Institute for Clinical Excellence (NICE) guidelines in the last two decades. However, in reality there is no link between the internal structure of an organisation and the theories its members use to inform their work. The fact that counselling has allowed this non-sequitur to persist is evidence of both self-effacement and identity insecurity.

The second example is the failure when individual membership was introduced in 1977 to impose traditional entry requirements such as a qualification in counselling. This consequence of the self-reinforcing tendency of inclusivity presented BACP with a problem in 2009 over defining entry levels to the HPC statutory register.

The third example is found in the National Vocational Qualifications (NVQ) project of the 1990s. BACP saw the development of National Occupational Standards for Counselling and the subsequent National Vocational Qualifications in the 1990s as a way to enhance the status of counselling by placing it within a national framework of qualifications. The consequence, however, was the creation of substantial commercial vested interests, the Awarding Bodies, and an expansion of low academic level training provision in the Further Education sector. By the end of the twentieth century, these courses represented half of all counselling training. The impact was to undermine claims to professional status in such arena as the Health Professions Council Professional Liaison Group as a significant amount of training was at a low skills level, with little theory underpinning it.

The final example is the loss of Awarding Body status in 1997. This enabled BACP to move to a higher status with external agencies, divorced from the commercial

interests of training providers and Awarding Bodies. For example, BACP was invited to act as external auditor of Qualification and Curriculum Authority (QCA) counselling qualifications in 2000-2001. In 1997, however, this loss of Awarding Body status was seen by BACP as a negative outcome thus demonstrating limited ambition.

Unintended consequences imply a lack of intentionality, and in this research, it has been important to avoid attributing intention retrospectively. For example, the New Labour government's 2007 White Paper made the regulation of counselling, psychology and psychotherapy a priority, not in order to give professional status, but to impose standards and external accountability in the interests of public protection and, by so doing, reduce government accountability. The non-alphabetical ordering of the professions in the Health Professions Council's Professional Liaison Group for the Regulation of Psychotherapy and Counselling was probably not consciously intended to reinforce the professional identity insecurity and lower status of counselling. However, this was the effect.

The influence of external agents on professionalisation

The professionalisation of counselling has been subject to two main separate sources of external influence: the state/government and the professional associations of the cognate professions of psychology, psychotherapy and psychoanalysis. These are considered below.

The influence of government on the professionalisation of counselling

In theories of professionalisation, state recognition in some form is seen as essential to the achievement and maintenance of professional status and jurisdiction over work. Throughout its history, BACP, like most insecure professions, has been enthusiastic about government involvement in the hope that this would lead to the rewards and status attained by the established professions, though this has rarely been the case.

Counselling, alongside the caring professions, did gain in an expansion of work from the introduction of the Welfare State and the increased public acceptance of and demand for therapy during the latter half of the 20th and early 21st century. Counselling, along with other psychological therapies, has been recognised and used by the state as a means of addressing social unease and economic issues, but it has been unable to use this to establish the kind of professional monopoly described by Larson or the kind of beneficial state/profession partnerships presented by Johnston in his early work. The centrally-controlled IAPT programme (1997-2011) of the New Labour government came closest to this, but counselling was unable to benefit from this directly because of the jurisdictional control of cognitive behavioural clinical psychologists over the programme.

Collaborative relationships between counselling and government sparked opposition to the use of counselling as an agent of social conformity. This, in turn, provoked opposition to the professionalisation of counselling as a self-seeking process removed from the values of counselling, concerned only with power and control.

The failure of counselling to gain more state recognition can also be attributed in part to the fact that the profession's tendency to see itself as subordinate was reinforced by the patriarchal working models and assumptions of the Health Professions Council in its criteria for new professions, as well as those of the IAPT commissioning guidelines. These took no account of the particular needs of counsellors who are mainly female, part-time workers. The lack of counselling's own sense of its professional identity appears to have been absorbed by outside agencies. I remember in 2009 a senior civil servant in the IAPT programme asking me, as the BACP representative, to answer the question "What is counselling"?

The professional recognition and status offered by the New Labour Government (1997-2010) in the 2007 White Paper 'Trust Assurance and Safety' must be understood as an exercise in risk mitigation, rather than a more traditional valuing of professions, when set in the context of the IAPT multi-million pound investment in psychological therapy. Such an investment, to be delivered by an unregulated workforce, called for the imposition of some form of accountability. Statutory regulation offered the means to achieve this. The effect was to offer counselling the status of a profession and, in so doing, bring into the open opposing views within BACP and the wider counselling world.

The influence of cognate professions on the professionalisation of counselling

The influence of the cognate professions can be understood in terms of Abbott's (1988) system of the professions (which pays little attention to gender issues) and Witz's (1992) work on patriarchy and women's professional projects. Abbott sees

professions seeking to establish and maintain jurisdiction over specific areas of work. Claims to jurisdiction are settled by three audiences: the state, the public and the workplace. Witz finds that female-dominated professions have often had to settle for subordinate status under male-dominated professions, as shown in the position of nursing in the world of medicine.

The case study of BACP provides evidence of the difficulty of establishing counselling as a distinct activity on a par with the other psychological therapies. For example, the Chair of the Skills for Health National Reference Group for National Occupations Standards in Psychological Therapies wished to restrict the project to psychotherapy and exclude counselling as 'something else'.

Counselling's lack of a secure identity has hindered claims to jurisdiction, but at times this has worked to its advantage. For example, BACP was able to add 'psychotherapy' to the Association's title in 2000 without any definition or criteria. This move gave BACP entry to the wider group of psychological professions: psychology, psychoanalysis and psychotherapy, a move opposed by the psychotherapy associations. (See Chapter 6) It was in relationships between these groups that the jurisdictional battles were fought in the 1990s and 2000. (See Chapters 5 and 6) Psychotherapy had been seeking jurisdiction through state regulation since the early 1970s, psychology since much earlier. Both saw regulation as the means to state recognition as established professions with the consequent status and rewards, whereas the government saw it as an exercise in management of public risk and liability avoidance.

The work within Psychological Professions Alliance Group (PPAG) and the Health Professions Council's Professional Liaison Group (PLG) for the regulation of psychotherapy and counselling can be interpreted as attempts to impose subordinate jurisdictional settlements on counselling in order to create a hierarchy within the group. Counselling would be placed at the bottom of such a hierarchy, below psychotherapy and psychoanalysis. (See Chapter 6) BACP's evidence-based position that there is no difference between counselling and psychotherapy, seemed to go unheard in the Health Professions Council's Professional Liaison Group which pursued a search for difference.

BACP has unintentionally countered the tendency towards self-effacement by seeking influence through the provision of information to key players, information gained through the use of its resources. These include: an annual database of counselling and psychotherapy training courses, a research series of systematic specific scoping reviews of research evidence for counselling and psychotherapy on such topics as suicide prevention, older people, children and young people and the creation of a set of core competences to support the Employment National Training Organisation's (ENTO) revision of the counselling National Occupational Standards. This has resulted in BACP being seen as a useful source of such information, but rarely credited for it, thus reinforcing both self-reinforcing tendencies of inclusivity and self-effacement and failing to reduce the identity insecurity.

Counselling appears to have a relatively clear identity and jurisdiction with the public, to such an extent that many trained psychotherapists are employed under the title

'counsellor' as this is seen as more accessible. In the early 2000s, counselling had established jurisdiction in Primary Care, but this was subject to attack by the cognitive behavioural IAPT programme after 2007. However, the IAPT programme does not appear to have reduced the public's positive perception of counselling. Thus, whilst counselling may be seen to have won the jurisdictional claim with the public, it continues to fight for jurisdiction within the psychological therapies.

As a historian by training, my unique access to both individual and organisational archives has provided knowledge and understanding. In addition, the opportunity to interview some of the contributors to the written archive has provided the opportunity to learn at firsthand how often the consequences of decisions are unintended, and how the researcher must guard against the post-hoc attribution of motive. My own contribution to the data has been multi-dimensional. I have found myself in the archives, in BACP publications and latterly as a participant observer. I know and have worked with most of my informants. This potential for boundary problems parallels the history and development of counselling.

As part of the analysis required for this thesis, I have reflected on the experience of being in the role of participative observer. At times I have experienced flexible role boundaries, as when physically I have been in a BACP meeting but psychologically reflecting on the research elements of the event. For example, in the development of the Psychological Professions Council proposal in 2007 and later in the identification of counselling's professional insecurity in the Professional Liaison Group. At other times, the observer role has been swept aside by a powerful personal identification with

counselling. My journal has provided me with a place to record and reflect on these feelings.

In this research, I have found it important to be aware of the hermeneutic cycle and its implications in interpreting historical data. I have tried to keep in mind the influences on any archive material, the purpose for which it was written, the authorship, the intended audience and the circumstances at the time. In my interpretations of both past data and the contemporaneous records, I have inevitably been influenced by the insights into professionalisation I have gained since I made the entries. In addition, I have had to take into account my 'historical rootedness,' my current position and the influence of these on my understanding and interpretation.

The process of participative observation is not one-way; the knowledge, observation and reflections influence the everyday work of the participative observer. My growing knowledge and understanding has directly influenced the advice I have offered to BACP. For example, I understood before many colleagues in the other professional associations such as the British Psychological Society (BPS) and the United Kingdom Council for Psychotherapy (UKCP), the changed nature of the relationship between government and the professions: risk management and control rather than collegial partnership between profession, regulator and state.

Journal entries provide evidence of change in my reactions from the concrete and specific to the more theoretical and analytic. For example, the Mapping Project 2004-05 produced exasperated comments about the Steering Group behaving like children as the meetings regularly involved heated arguments over the number of

representatives attending from each organisation. In 2007-8, similar behaviour between members of the organisations drew reflections on jurisdictional challenges. By 2009, when observing similar behaviour, the journal commented on the lack of professional identity and status seeking. (The relevant journal extracts can be found in References 18-22 in Appendix 2)

A further iteration enabled me to identify and understand the insecurity of counselling as a profession and locate this within implicit and internalised patriarchal assumptions about professions in general and the caring professions in particular. My judgement in 2009 that counselling would be disadvantaged in a regulatory council for the psychological therapies (counselling, psychology, psychotherapy and psychoanalysis) arose from these internalised beliefs. It has at times been an uncomfortable journey of discovery, for example, the realisation that I have at times internalised the self-reinforcing tendency of self-effacement. Identifying this has helped me in the struggle to find an authoritative voice.

My journal entries on the relationships with other professional bodies show a similar change from reaction to overt behaviours, to reflections on the meaning of the behaviour and links to theories of sociology of the professions and the development of organisational cultures. In 2005, I regarded the analytical associations' refusal to participate in the Mapping Project as evidence of their arrogance and assumed superiority. Later, I understood the response as a reaction to a usurpationary project by counselling and psychotherapy against psychoanalysis and the behaviour of the analytical associations as a defence of their jurisdiction and status. By 2009, my

reflections were about the lack of professional identity and the impact of BACP's self-reinforcing tendencies towards inclusion and self-effacement as demonstrated by the inability to use its authority. In writing this chapter, further reflection has revealed the extent to which I had absorbed and perpetuated these self-reinforcing tendencies in the Professional Liaison Group, finding myself unable to abandon an inclusive position.

My research into the history of counselling has identified previous times when psychological therapies were used by governments to mitigate social and economic problems. (See Chapters 4-6) The additional funding to the Improving Access to Psychological Therapies programme (IAPT) and to Relate during the 2008-9 recession therefore fitted into this historical pattern, as did the request to BACP for assistance, which the Association eagerly offered. I became aware that this giving of help with no recognition or reward was a self-reinforcing tendency in BACP that I attributed to a subservient identity associated with female helping roles of the caring professions. This insight, deriving from the literature on the sociology of the professions and path-dependency theory, enabled me to take a more distanced view of BACP's organisational assumptions and behaviours and to make these explicit to the Board of Governors and the senior management team.

BACP, on behalf of its members, fought for recognition and status in the Skills for Health National Occupational Standards project, the IAPT programme, the Health Professions Council Professional Liaison Group. The words "battle" "struggle" and "fight" recur in my journal entries for these meetings. My journal records that I felt "like the only BACP sheep being sent into several wolves' dens, one after the other"

(June 2009). This reflected the fact that I was often the single representative of BACP

in groups which regarded counselling as an ill-defined activity, in no way equal to the

other psychological therapies. The Association and its staff were also recipients of

hostility and rudeness from members, especially on issues of inclusion and exclusion, a

process which I see as in some way a reflection of aspects of the struggle that can

occur within a therapeutic relationship over the power that the counsellor holds,

including the counsellor's own ambivalence about owning this power. This may have

contributed to the inability of BAC to own its authority, a self-reinforcing tendency in

the Association.

The contribution of this research

This thesis makes a substantial contribution to the history of counselling in the United

Kingdom as the first study to consider the counselling field as a whole, within the

wider social, economic, political and cultural contexts. No single theory of

professionalisation offered a sufficient explanation for these processes as they

affected counselling. This research led to a synthesis that integrated the four most

relevant theoretical concepts on professionalisation. These were: the abiding influence

of patriarchy in professions (Witz 1992); successive governments' use of the caring

professions (Johnson 1995); the wider contexts of interactions with other professions

(Abbott 1988) and the social, economic, cultural and political conditions (Perkin 2002) .

It became apparent during the research that the trait and stages theories of

professionalisation, dismissed by sociologists since the 1970s, in fact still formed the

basis of the model of professionalisation current in the United Kingdom. As these

theories were built on late 19th century and early 20th century professions, their patriarchal assumptions have also survived.

The thesis takes a wide view of the occupation over a long timescale, 1890-2009, in order to identify patterns of development using a case study of the British Association for Counselling and Psychotherapy with path-dependency theory. This placing of counselling within the broad social economic and political context and within a long timeframe produces an analysis which locates the occupation of counselling firmly within the processes of professionalisation undergone by other occupations. Other female-dominated caring professions, such as nursing and social work, have gone before, nursing to a subordinate jurisdiction under doctors and social work to low status, despite state recognition. Counselling has absorbed refugees from both. Therefore, counselling is not unique or special. The thesis identifies the internal and external challenges to counselling in its aspirations to professional status.

The combination of methodologies used - historical, documentary, interviews and participative observation - is unusual, and does provide rich insights into the processes of professionalisation. The emergence of counselling and the ways in which it developed can only be understood in relation to the particular temporal, social, economic, political and cultural contexts.

Limitations

The long timescale and the word length restrictions of this thesis have inevitably meant some loss of detail, some thinness in the coverage. There is also no comparison

of the development of counselling in other countries, either English-speaking or within

the European Union; or with psychotherapy and psychoanalysis. An alternative

strategy would have been to begin this research with the advent to power of the New

Labour Government in 1997 and therefore be able to make much fuller use of my

active engagement in BACP, cognate professional associations and other external

agencies from 1999 onwards, both in the United Kingdom and internationally.

However, then much would have been lost of the earlier history that set the stage for

contemporary developments.

During the interviews, I became party to confidential and sensitive information at

times which I have not included in this thesis, on the requests of the informants.

However, such disclosures gave me a better understanding of a particular project or

institutional dynamic.

It was originally planned to carry out interviews with a wider range of more external

informants on their perceptions of counsellors and counselling as a profession. Such

potential interviewees included key players from the cognate professional associations

such as Michael Pokorny and Digby Tantum from the UKCP, Dr. Graham Powell past

President of the BPS; Lord Richard Layard, proponent of the IAPT programme, Gavin

Larner, the civil servant in charge of the regulation of new professions. In addition the

views of opponents of statutory regulation such as Nick Totton and Richard House

would have added depth to the arguments presented in the literature review. The

decision to re-convene the HPC Professional Liaison Groups for the regulation of

counselling and psychotherapy to meet in 2010 and 2011, made it impossible to

interview Professor Diane Waller, the Chair of the PLG, while that group was in session and before the conclusion of this research.

Areas for future research

The limited coverage of certain areas mentioned in the previous paragraph provides opportunity for future research, for example the decline of the Welfare Officers Association in the 1920s, the role of National Association for Mental Health (NAMH) in the development of school counselling in the 1960s and the impact of devolution on the development of counselling in the four home countries. A further area would be a parallel study on the United Kingdom Council for Psychotherapy. Comparative studies on the development of counselling in other countries could explore similarities and differences in the development of counselling between English speaking countries and those within the European Union. The literature review could be further developed by the inclusion of feminist theory for example on non-patriarchal models of professionalisation that focus on unity and synthesis rather than dichotomy and hierarchy (Fook 2000), and feminist critiques of the nature and validity of knowledge (Fawcett, Featherstone et al. 2000); the development of anti-oppressive practice in the caring professions (Dominelli 2004).

Conclusions

The thesis raises some unanswered questions. In the current political and socio-economic climate, what are appropriate forms of occupational or professional organisation? Do they differ from the traditional model? Should a caring profession, such as counselling, be seeking to conform to a patriarchal model of professions? Is

Postle (2007) right to see this as the chickens marrying the fox? Does recognition by the Department of Health imply that counselling has become an agent of social conformity? Was it ever anything but that?

The professionalisation of counselling in the United Kingdom has been hindered by its insecure professional identity. The case study of the British Association for Counselling and Psychotherapy indentifies two powerful self-reinforcing tendencies of inclusivity and self-effacement that contributed to this professional insecurity. At the same time, the self-reinforcing tendency of inclusivity has been responsible for the numerical and financial strength of BACP, locking the governance and strategies into this self-reinforcing dynamic. In relationships with external agencies, government, and cognate professions, BACP is seen as a useful source of information and a pool of volunteers willing to take part in committees. And it is respected for this. Much like a midwife, it is respected when needed, but not seen as equal to the physician.

In 2007, it appeared that the New Labour Government had conferred professional status on counselling by means of statutory regulation in the Health Professions Council, a regulatory council based on the trait model of professions. This regulatory regime would have imposed occupational boundaries in the form of protected titles and introduced exclusionary measure in the form of approved entry qualifications, thus doing what BACP had been unable to do. The policy of the Coalition Government (2010) on professional regulation may be different.

In conclusion, powerful self-reinforcing tendencies within the counselling field have worked against the achievement of professional status from the start. These have

resulted in ambiguity over counselling's aspirations to professional status, arising from
and reinforcing a lack of clear boundaries and definition for the occupation. This is as
much a result of internal ambivalence towards power and professionalisation as of
rival claims to jurisdiction. These self-reinforcing tendencies of inclusivity and self-
effacement, have led to an insecure sense of professional identity and an inability or
unwillingness to exert authority. Both have combined to produce professional identity
insecurity that has been reinforced by the patriarchal attitudes and the assumptions
about counselling and counsellors of external agencies and projects.

Counselling has failed to identify and define its 'heartland,' that is its unique area of
work, and therefore has no established jurisdiction. The fact that the workforce is
predominantly female and the perception that counselling is an undifferentiated
activity that anyone can do, allies counselling with other female-dominated
therapeutic and caring professions and militates against it being recognised as a
profession. The result is the persistent jurisdictional and status battles between the
cognate therapy professions which show no signs of resolution in 2010.

If BACP and counselling are to attain professional status in the traditional sense it
should be less self-effacing and more assertive and confident. It may have to follow the
sister occupations of nursing and social work into the traditional model of entry, based
on state-approved qualifications in order to gain professional status. Counselling is a
relatively young profession and there are slow-moving processes towards
professionalisation within it. At present it is unclear if these will accumulate to a point
where the self-reinforcing patterns will become open to change. In 2010, counselling

can fairly and accurately be described as an insecure profession or occupation–seeking

but not yet having acquired full recognition.

Appendix 1

Lord John Alderdice

Lord John Alderdice, a psychoanalytic psychotherapist, is a Liberal Democrat peer and spokesperson on Health in the House of Lords. He was previously speaker of the Northern Ireland Assembly. In the late 1990s, early 2000s he drafted an unsuccessful Private Members bill for the regulation of psychotherapy. He was the chair of the Skills for Health project for National Occupational Standards for the Psychological Therapies, 2008-10.

Nicola Barden

Nicola Barden is Head of Counselling Services at the University of Portsmouth. She has worked in the Higher Education field since 1991, prior to which she was in alcohol counselling following training as a social worker. She is a Fellow and Senior Accredited member of the British Association for Counselling and Psychotherapy and a Registrant with the United Kingdom Council for Psychotherapy. She edited the BACP Journal, was Chair of its Professional Standards Committee from 1995–2003 and Chair of the BACP from 2005-08. Nicola is a Fellow of BACP.

Judith Baron

Judith Baron trained and worked as a social worker in the 1960s and 1970s in child care, pregnancy counselling and the British Epilepsy Association. Her association with BACP began as a member in 1979. She quickly became involved in the management of

the Association, first through the Counselling in Medical Settings Division, then through general management.(See table 16). In 1991 Judith became the General Manager of BAC, leaving in 1998 to take a management role at ICAS, an employee assistance provider. Judith was also active in the development of the British Infertility Counselling Association (BICA). Judith is a Fellow of BACP.

Dr. Cassie Cooper

Cassie Cooper is a psychoanalytic psychotherapist and psychologist who also trained as a Marriage Guidance counsellor in the late 1950s in London and continued to work as a trainer until 1965. Cassie was a founder member of SCAC and BAC. She then worked with Nick Malleson as a Kleinian psychotherapist at the University of London Medical Centre, before moving to be head of student services and trainer at Harrow College, and later counselling course director at the University of Westminster. Cassie is a Fellow of BACP.

Mary Godden

Mary Godden trained as a marriage guidance counsellor in the late 1960s and early 1970s. She was actively involved in the development of the Standing Conference for the Advancement of Counselling (SCAC) and the early days of BAC, both as Deputy Chair and Chair (See Table 16). In 1977 she was asked to set up a Division for marriage counsellors in the about-to-be set up BAC. Mary widened the remit of this Division to be more inclusive, as reflected in its name, the Personal-Sexual-Marital-Family

Division. In the 1980s she acted as the BAC representative to the Standing Conference

for the Advancement of Psychotherapy. Mary is a Fellow of BACP.

Richard Evans

Richard Evans set up the Artemis Trust in 1976, having made a very large profit from

the sale of a software management system. Richard believed that counselling could

make a valuable contribution to society and the Artemis Trust became a vehicle to

support this. The Trust has made grants to support a wide range of counselling

organisations, WPF, Relate, BAC, and UKCP. Richard served on the BAC Management

Committee from 1990-1992. His later focus has been on counselling in the NHS, and he

was instrumental in setting up the Counselling in Primary Care Trust. Aware of the

need to demonstrate the effectiveness of counselling he became involved in the

development of CORE to produce routine outcome measures.

Audrey Newsome

Audrey Newsome began her career in youth work and career guidance. Her lack of

satisfaction with the service she was providing to young people led her to training in

guidance, counselling and psychology in the USA on a Nuffield Grant in the 1950s. On

her return she took the position of Appointments Officer at the University of Keele and

transformed the service from an allocation of people to jobs to a comprehensive

educational, vocational and personal counselling service to assist students to make

informed choices about their futures. A meeting with Hans Hoxter at the National

Association for Mental Health (NAMH) conference on school counselling in 1963 led

directly to the establishment of university-based counsellor training courses in the mid

1960s. Audrey was a founder member of SCAC and BAC, and during her time as Chair

moved the Association from London to Rugby. Audrey is a Fellow of BACP.

Jane Rosoman

Jane Rosoman initially trained as a psychiatric social worker at the University of

Bradford in the late 1960s early 1970s and regards this as indistinguishable from a

therapeutic training. She moved out of social work to the Tavistock Clinic in the 1970s

when the Seebohm report on social work was implemented and as a result therapy

was no longer regarded as part of the job. Since that time Jane has worked as a

counsellor in Primary Care and as the Clinical Lead in the Integrated Primary Care

Mental Health Service in Ealing. She is a Non-Executive Director of Counsellors and

Psychotherapists in Primary Care.

Table 16: Positions held within BACP by interviewees

Position	Audrey Newsome	Mary Godden	Judith Baron	Richard Evans	Nicola Barden
Executive/Management Committee member		1976	1983-1984	1990-1992	
Deputy Chair	1976,1977	1978, 1979	1985, 1986		2002-2005
Chair	1978-1980	1981-1983	1987-1989		2005-2008

APPENDIX 2

Reflective Journal 2004-2009

This appendix contains extracts from the reflective journal which I kept from April 2004 to December 2009. These take two forms: verbatim quotes made by participants in meetings, and my comments and reflection written during and after the meetings. The journal is referenced in Chapters 6 and 7. Table 17 shows a summary of the projects and meetings attended 2004-2009.

Journal Extracts

Reference 1. Comments on patriarchy and patriarchal assumptions.

IAPT meetings

27/10/2006. It seems to be dominated by clinical psychologists. It seems we are there but not listened to.

12/11/2006. Those at the top seem mainly male and arrogant.

11/02/08. The institutions and projects we are involved in seem to be leading us (counselling) into a patriarchal set up of male dominance and female subordination, and we will find ourselves encircled by dominant male occupations like clinical psychology and its medical model.

24-26/08/2008. Sometimes I loathe men in grey suits.

16/04/2006. Going into the HPC seems to be buying into patriarchy and medical control and domination.

Reference 2. How to deal with patriarchal attitudes in meetings.

IAPT meetings

29/06/2007. I think my job is now to get on and keep on good terms with as many people as possible outside of the organisation, so as to be able to present the BACP/counselling view and to be heard.

Reference 3. Status seeking.

Skills for Health National Reference Group

09/01/2008. Verbatim report. The UKCP representative: "We have had a HIPS section for years so it must be included in the 4th modality". The Chair of the Strategy Group: "That isn't really an argument for inclusion".

14/05/2008. I bet they get what they want, although it will make a mockery of the criteria for the inclusion of approaches - that they must have an evidence base. It is amazing how arrogant they are - thinking that a small section of a small professional body should decide how and what NOS are developed. I can't decide if it is arrogance or ignorance of anything outside their small section, or more likely their own insecurity.

Health Professions Council Professional Liaison Group

03/03/2009. Verbatim report. A Lay Council member: "You can't invent difference to differentiate psychotherapy. That is trade protectionism". Journal comment. But that is what is going on – jurisdictional struggles.

Skills for Health National Reference Group meeting

14/05/2008. Well the fights are not limited to the 4th Modality. The Lacanians and the College have put in a Freedom of Information request over the establishment of the psychoanalytic/psychodynamic expert reference group, claiming it is dominated by BPC members. This is Andrew Abbott in the flesh.

19/09/2009. The problem with psychotherapy is that it sees itself as too good to be counselling and not good enough to be analysis.

Reference 4. Relationship with other professional associations.

Personal reflections after DH Project Liaison Group meetings

6/11/2004. UKCP want to tell all the others this is how to do things, BACP wants an inclusive sharing project.

11/01/2005. UKCP has a sense of grandiosity and an internal obsession with their modality differences. UKCP wants to be dealt with as an adult, even as the senior partner, but behaves like a toddler.

24/04/2005. After a BACP internal discussion over whether or not to walk out of the next meeting; followed by heated discussions over the numbers attending.

I cannot see this partnership working, but we mustn't be dragged down into childish fights. ...Is this a way to behave?

References 5 and 6. Breakdown in relationship with the DH.

18/11/2005. Reference Group meeting at which the DH representative presented psychotherapy as divided by modality and counselling by context.

How dare she imply counselling has no theory to it? She hasn't even read the report.

Dinner Hour debate in House of Lords on the regulation of psychotherapy

5/2/2007. We were all so angry at the briefing Hunt had been given it united us in a sense of outrage and helplessness – of course he has to trust his civil servants.

9/02/2007. If we are not careful counsellors will be de-professionalised and seen as doing work of too low a level of intensity to be regulated. This is what Hunt implied.

Reference 7. The Psychological Professions Council proposal.

12/8/2006. How do we make this not look as if it is professional protectionism? Can the objections to the HPC be expressed in terms of public protection? It is almost impossible to come up with arguments against the HPC that don't sound like professional protectionism and self-interest. Are we making history or just wasting a lot of time and effort?

Reference 8. The DH meeting with BACP over PM's petition response.

Summary of meeting

30/04/2008. Reference was made to the previous hostile attitude towards the professions, which has now changed, but some civil servants may not have realised this yet. This went back to a previous era and other Ministers. Clearly the PM petition website response has caused a lot of embarrassment.

Reference 9. The differentiation of counselling and psychotherapy.

Health Professions Council Professional Liaison Group

8/03/2008. It seems that there is now a direct confrontation facing us between the evidence that finds no difference between counselling and psychotherapy and the political view, that there is a difference even if we don't know what it is.

Reference 10. Attempts to differentiate between counselling and psychotherapy.

Health Professions Council Professional Liaison Group meetings

3-4/05/2009. So what went on in the May PLG? Counselling and psychotherapy were pushed to define themselves as separate professions. The representatives couldn't agree. We were all fighting for difference but couldn't say what it was.

5/06/2009. Counselling couldn't win because of lack of boundaries and existence of low level training – result of inclusivity.

Reference 11. Jurisdictional claims.

IAPT meeting

15/04/2007. This seems like an attempt for the medical profession and clinical psychology to get jurisdiction over psychological therapy? Just when counselling had more or less established itself as a separate jurisdiction in primary care.

Reference 12.The difference between counselling and psychotherapy.

Skills for Health National Reference Group meetings

8/03/2009. Verbatim report. Chair of National Reference Group "This project is only for psychotherapy. Counselling is outside and different" I am sure this is not the brief he was given, and checked with Marc – no it wasn't. But that (psychotherapy) is all he has ever been interested in.

5/04/2009. The Chair insisted again that counselling and psychotherapy are different. Mary and I told him in no uncertain terms that this project included both - why else had we (Bacp) put people into the modality reference groups and got counselling services to test the draft NOS? I was so angry. He is always trying to exclude us.

Reference 13. Imposition of a medical model on therapy.

Skills for Health National Reference Group meetings.

14/05/2008. The NICE criteria for evidence are being used or rather imposed on all the ERGs, The justification is that the project is funded by the DH so should use a

methodology the DH accept. Seems to me a way to try to undermine the approaches other than CBT, by hoping they don't have the evidence. Also the criteria are based on the medical model, privileging RCTs, so come with a lot of patriarchal and positivist assumptions.

10/09/2008. Long discussion about how leaving out certain competences could do harm to the public then a long discussion over the absence of transference from the CBT competences. Is this an attack on CBT by the analysts in the group?

Reference 14. Status and recognition conflicts in counselling and psychotherapy.

Skills for Health National Reference Group meeting

15/10/2009. The 4th modality! The UKCP HIPS section is trying to insert transference into the humanistic competences. What an intellectual mush! As Andy says. They are so concerned with their own status and insecurity that they can't see they are damaging the credibility of the whole humanistic and person centred field of practice.

Reference 15. Behaviour of professional associations.

Skills for Health National Reference Group meeting

05/04/2009. There was criticism of the tone taken in letters and emails to the Chair of the Strategy Group about and from the 4th Modality, that is from UKCP. Such insecurity about recognition.

Reference 16. Active engagement with government.

16/10/2006. Reflection on statutory regulation. If we want therapy to be the treatment of choice and accessible, I think this is the price we will have to pay.

05/06/2009. Meeting with IAPT DH officials. IAPT - Jam tomorrow over commissioning other approaches, as usual. So we plod on - will we achieve anything? So we go backwards and forwards, same old games - if you go to the press about counsellor job losses we won't commission the other approaches.

Reference 17. Status and identity seeking in external groups.

Health Professions Council Professional Liaison Group meetings

03/03/2009. A psychotherapy representative claimed that psychotherapy was different from other training because people entered it as a professional training at a greater level of complexity. Oh dear, this is the start of mine is better than yours.

08/03/2009. A psychotherapy representative claimed that all newly qualified psychotherapists competent to work with people with severe and enduring mental health problems from their first day at work. When challenged privately said was prepared to make the claim to gain status for psychotherapy.

4-5/05/2009. The differentiation psychotherapy is aiming for - dealing with severe mental health problems - will push them into a medical model of diagnosis and treatment which is what a lot of the opposition to HPC in UKCP is about. So will they sell out to this for status? Are we going down the same route?

Reference 18. The behaviour of Mapping Project Liaison Group.

24/04/2005. We must not be dragged down into childish fights.

Reference 19.Jurisdictional claims. Chapter 6 page 2

14/05/2008. Skills for Health National Reference Group. Arguments over the 4th modality and the meaning of 'integrative psychotherapy' - one description given in the meeting was "A ragbag bunch of psychotherapists has designed a new model by integrating bits of other models - still growing; as opposed to a group who have used an integrative approach for years, from the phenomenological tradition." That was like a red rag to a bull to the UKCP representative.

Reference 20. Identity insecurity.

11/10/2009. World Mental Health Day 10th October 2009. Both Phil Hope and Gordon Brown mention the 'talking therapies and counselling'. What do they think counselling is if it isn't a talking therapy?

9/12/2009. Health Professions Council meeting. Listening to the discussion of the PLG work at the Council, it strikes me that we have all been using the PLG as an arena to try to establish our identities and make jurisdictional claims in front of outside people.

Reference 21. Loss of observer distance as a participative observer. Chapter 6 page 2

24/05/2005. Mapping Project Liaison meeting. I am aware of being very protective of the BACP research department.

14/05/2008. Skills for Health National Reference Group meeting. Verbatim comment by the Chair in a discussion on the inclusion of integrative psychotherapy in the 4th Modality. "Well if we're on this, what's this person-centred then? That's not a therapy; it's all over the NHS."

This led me to make a heated defence of person-centred counselling, my own approach.

Reference 22. Changing interpretation of events.

30/04/2005. The analysts see regulation as about status, whereas I see it as the anti-professions move begun by Thatcher.

14/11/2005. The role of the state has changed with regard to professions. Every occupation that has a risk to the public in what it does is to be regulated.

26-27/01/2007. Fascinating how the political agenda of widening access to therapy seems to be driving professionalisation, both directly and indirectly.

Table 17 External projects and internal meetings attended

Date	External Projects	BACP Committees & Working Groups
2004	Symposium of counselling and psychotherapy organisations Reference Group of national registering & accrediting professional organisations DH Mapping Project ENTO Counselling NOS ENTO Sector Qualifications Strategy	Professional Standard Committee Strategic Development Committee Attendance at Board of Governors
2005	DH Mapping Project Reference Group of national registering & accrediting professional organisations ENTO Counselling NOS ENTO Sector Qualifications Strategy	Professional Standard Committee Strategic Development Committee Attendance at Board of Governors
2006	ENTO/QCA counselling NOS QCA project Adoption legislation Foster Call for Ideas BPS, Psychological Professions Council proposal Skills for Health NOS for Psychological Therapies IAPT Workforce Reference Group RCP audit of psychological therapies	Professional Standard Committee Strategic Development Committee Attendance at Board of Governors Members regional meetings Core curriculum for counselling & psychotherapy
2007	Psychological Professions Council proposal IAPT Workforce Reference Group Skills for Health NOS for Psychological Therapies White Paper Trust Assurance and Safety House of Lords Dinner Hour debate of regulation	Professional Standards Committee Strategic Development Committee Attendance at Board of Governors Members regional meetings Core curriculum for counselling & psychotherapy

2008	**IAPT Workforce Reference Group** **IAPT Educations and Training Committee** **Skills for Health National Reference Group** **Skills for Health Expert Reference Group Humanistic Therapy** **HPC Professional Liaison Group** **DH Stakeholder Group for Extending Professional Regulation**	**Professional Standards Committee** **Strategic Development Committee** **Board of Governors** **Regional Members meetings**
2009	**IAPT Workforce Reference Group** **IAPT Educations and Training Committee** **Skills for Health National Reference Group** **HPC Professional Liaison Group**	**Professional Standards Committee** **Strategic Development Committee** **Board of Governors** **Regional Members meetings**

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