

PERSPECTIVES ON THE ACADEMY: EDUCATIONAL COUNSELLING AND STIGMA

ERIC BEACH

Abstract

This paper aims to examine person centred and psychodynamic counselling and in regard to students in a Further Education setting. Two main theoretical approaches to counselling are discussed with reference to the educational context, showing the relationship between the theoretical and the practical in light of the problems encountered by four students with very different backgrounds and difficulties. I look at the effects of personal difficulties on the learning experience of four students with uniquely differing emotional problems and how person centred and psychodynamic counselling could be utilised to help them. The relationship between counselling services for students and associated stigma is also examined.

Keywords: *person centred counselling, psychodynamic counselling, further education, personal difficulties*

Introduction

To Freud (1958) the treatment he offered was always a form of learning: it is only by learning that we develop and grow and this was also the view held by Rogers (1979), expressed in his writings about the ‘actualising tendency’. Rogers believed in the individual drive towards growth and that if obstacles to this were removed an individual would develop and grow as a person (Rogers 1951). To both Freud and

Rogers the drive towards learning and development is innate: it is our capacity to be reflective on our past experiences that singles us out as being uniquely human.

I would like to reflect on these two widely used approaches: person centred and psychodynamic counselling, in the context of the learning experiences of four students in a Further Education college.

Counselling and the reasons for people accessing counselling attract a certain amount of stigma (Barwick 2000. Bennett 2005. HUCS 1999. Komiya *et al.* 2000) towards the client/student and I discuss this in the context of person centred and psychodynamic counselling.

Review

a. Person centred counselling

At the heart of person centred counselling is the belief that each person is a unified whole with the tendency to develop each part of their being and become self-actualised (Rogers 1959). Rogers spoke at length about an individual's intrinsic drive towards self-actualisation, analogous to a vital life-force: the motivational tendency of water causing it to flow. Rogers maintained that humans have an innate capacity to order internal and external experience in such a way as to make personal development and growth possible (Rogers 1959). This concept of cooperation, trust and of 'coming alongside' and working together is fundamental (Mearns and Thorne 1998).

Tutor and student as 'counsellor and client'

Therefore, if a classroom can be seen as beneficial, then the student and tutor, like counsellor and client, are cooperating, are working together, coming alongside as

it were, towards their identified aims, or what Rogers (1959) would call self-actualisation.

Being consistent with the other, corresponding to, or as Rogers (1951) puts it, being 'congruent' involves the counsellor being open and self-aware – the counsellor must *genuinely* be themselves and this genuine presence should extend to the student, so that, with any student will reduce their anxieties and/or fears they have: in this sense the student/tutor relationship becomes therapeutic. Empathy to Rodgers (1986) is the most 'potent aspect' of therapy: 'if a person can be understood', 'they belong'.

This is reflected in the classroom between tutor and students and student themselves. For example, student A was isolated by her psychological problems (she had an eating disorder) but *became understood* as other students in the class developed a group relationship with her and began to understand better her condition/situation and its effect on her behaviour: empathy became the key to her acceptance by the group and was a key motivator in her educational development.

b. Psychodynamic counselling

The Freudian school focuses on the importance of the workings of the unconscious; dream analysis; relationships and free association (Rose, Loewenthal and Greenwood 2005).

The basic ideas of Freud's ideas on the structure of the 'mind' include the concepts: id, ego and superego. The 'id' refers to the instinctual, primitive, unconscious mind, demanding immediate satisfaction and operating on the 'pleasure principle': the mind of a new born child is a mass of instinctual impulses which demand immediate satisfaction for basic needs, food, drink, warmth, etc. The 'ego',

by which Freud meant a sense of self, operates on the 'reality principle' and gratifies the demands of the 'id' in such a way that will benefit the child in the longer term and allay distress. The 'ego' mediates between the 'id' and the 'superego', modifying the demands of both but allowing them to express their desires in realistic and socially acceptable ways. The 'superego' can be thought of as a type of conscience, our sense of morality, operating in contradiction to the aggressive and primitive urges of the 'id'. These three components, the id, ego and superego, effectively create a choice between alternatives which develop the 'personality' but endogenously may lead to psychological conflict, anxiety and distress, which will be expressed behaviourally. Subsequently, psychological dissonance arising from these conflicts both becomes conscious or unconscious and is inherently destructive.

An example of this was illustrated by student C who has attachment disorder, the fact of which was reported by the student herself. This woman had applied for an Access to Higher Education course. However, increasing levels of anxiety from cognitive dissonance arose when she found herself in the learning situation some years after leaving school, which she reported as highly traumatic for her, i.e. due mainly to bullying from class peers, isolation within the class and among her peer groups and the effects of hypercritical parenting. Such an emotionally intense prior experience had created destructive mental imagery and consequently led her to withdraw from the course in order to resolve her anxiety.

The term 'attachment disorder' may be the 'medicalisation' of a naturally occurring phenomenon. Attachment is the deep and enduring connection established between a child and caregiver in the first years of life, typically regarded as being from birth to

four years old. Attachment profoundly influences the person's affective, cognitive and behavioural traits.

Attachment disorder is identified medically as 'reactive attachment disorder' and is recognized as a mental and emotional condition where a person has problems in forming and maintaining relationships. Research shows that it is caused by an interruption of emotional development in the early years and though usually diagnosed in childhood is a lifelong continual, reciprocal relationship phenomenon. The theoretical framework for 'reactive attachment disorder' is attachment theory, mainly associated with the work of Bowlby (1960, 1989) and Ainsworth (1978). A defining characteristic of 'reactive attachment disorder' is early chronic maltreatment, meaning any of physical, psychological or sexual abuse and neglect.

Person centred and Psychodynamic counselling.

Empathy, transference and congruence are crucial to both forms of therapy but are handled differently in both (Eysenck and Wilson 1973. Means and Thorne 1978).

Empathy and transference

On empathy, Rogers (1959, 1979) states that the counsellor should be egalitarian, with the client: although not explicitly acknowledging the importance of empathy in the relationship, Rogers (1959) advocates getting to know the client as they know themselves (Dorpat 1977): the same may be true of tutor and students and allows the tutor and student/s within the educational context to articulate negative feelings about the learning experience, to interpret these and to work through them in a positive manner. The tutor is not a counsellor but can work with the students in an educational context to identify difficulties and constructions solutions to these.

Central to both theories is the idea of the ‘relationship’; it is also a central tenet of being a tutor. An inherent difficulty to empathy however, is that it can lead onto transference, *albeit*, an acceptance that both tutor and students/ have established the learning relationship. The possibility however is always present is this it can become destructive.

Congruence

Although not accepting congruence as part of the process, the contradiction in psychodynamic counselling, is that the counsellor is in fact examining facets of his/her own psyche in response to the client (Quinn 1993) clearly, reflecting the principle that the tutor learns from the student as much as the student from the tutor.

Reflections on Person centred and Psychodynamic counselling

To Rogers (1951) the ‘self-actualised person’ is congruent, has achieved a singular self-concept which reflects and is harmonious with their true self. To the Freudian counsellor however, this is not an achievable state in an ever changing internal continuum of thought and feeling, imagery and symbolism and unconscious motivation.

This contradiction can be resolved by the fact that in a non-threatening, accepting presence of an empathetic ‘other’ (tutor/counsellor) growth and development through the educational experience can be identified.

The result of Freudian ‘incongruence’, this inner conflict, is seen in attachment disorder, where it is outwardly expressed as resistance and aggression; or else avoidant behaviour and anxiety, as in student C (above). Here there were barriers between the student’s self-concept and their environment and so incongruence led to

dissonance: consequently this student, as stated later, withdrew from the course to resolve her anxiety.

To the psychodynamic counsellor the process described above with student C occurred endogenously; but to the person centred counselling it was an exogenous reaction between the student and her environment. The symbolism intrinsic to psychoanalysis could explain this as feelings of guilt, indicative of some inner conflict, but to the person centred counsellor such feelings developed from the conflict between the student's desire for approval by others and her need for personal development. Attachment disorder is comparatively rare but interpreting such behaviour in students as indicative of their needs may well remain beyond tutors: it is clear to understand the needs of a student with overt emotional distress, say in reaction to a bereavement, but not one where the key element is that is by definition endogenous.

Roger's views conflict here with Freud's, which maintains that each person in the relationship has a fixed role. It is debatable whether the tutor and students in adult education have fixed roles. In practice their roles change in response to a number of factors: the scheme of work, each topic and the development of individual lesson and the ages and life experiences of the students. For example, valuable information was given by non-Caucasian student D when discussing the nature of prejudice in a psychology class and by student A with an eating disorder in a biology class.

The tutor here abdicates the role of expert to the student, just as the person centred counsellor abdicates the same role to the client. The Freudian idea of fixed roles will not work in this context; the tutor/counsellor cannot be 'the expert' on other

people's learning development; each student develops as an individual. Consequently the tutor by necessity has to abdicate the role of 'expert' to facilitate the students understanding.

Reflecting the counsellor and client, to a certain extent the student comes to the tutor; the tutor is the expert who gives knowledge to the student who receives it; the tutor assesses the student's work and grades it, *fait accompli*. There will always be an inequality between student and tutor, counsellor and client. It is not a journey of equals.

The Freudian fallacy

Freud describes fictional elements of the mind which have no basis in fact. Most of the processes described by Freud cannot be directly observed and are open to misinterpretation or alternative explanations. In itself this makes hypothesis testing difficult: not only can the hypothesis not be supported, it cannot be refuted (Popper 1959).

There are other problems in validating Freud's theory. How for example, can id-ego conflicts be measured accurately and who measures any improvement in the client's condition, the client, or the counsellor, or both? Freud used no quantitative or qualitative data, no statistical analysis to support his work. Initially his theories were based on his clinical experiences with a limited number of clients and the accounts of these sessions were not written up until sometime later: as Eyesenck and Wilson (1973) point out, they could contain inaccuracies and superfluities, or be selective.

This is Freudian theory concerned with symbolism. Freud developed a fantasy world, a world where the unspeakable could be spoken and where the ritual of therapy

aimed to bring out past experiences, in an attempt to heal childhood traumas: a form of learning and development.

The Rogerian fallacy

In person centred counselling the structure of the mind is not described in detail and significance is on the subjective experience of the person. People however, are rarely fully aware of the truth about themselves (we cannot see ourselves as others see us) and so this reliance on a clients' self reporting may be misguided and contain inaccuracies and be selective.

In psychodynamic counselling the assumption is that self-awareness leads to insight, which in turn changes destructive behaviour: in person centred counselling the assumption is an imprecision that simply to be 'accepted' by the counsellor leads to a change in behaviour.

Reflections on the academy: counselling and stigma in the educational context

Is this reflected in the classroom? It is true that some students respond effectively to a tutor who develops a 'therapeutic' or learning relationship - in the sense of improving the student's confidence and self-image so that they achieve their qualification. Clients come to a counsellor not because they are well, but out of despair; to a tutor because they need guidance to learn and develop.

The person centred counsellor accepts the internal despair of the client as a catalyst from which to develop and grow, seeing how present unhappiness can be resolved into a future which is positive and healthier: just as the tutor accepts the student's lack of knowledge and aims to increase it to bring about change.

The psychodynamic counsellor sees unhappiness and depression as symbolic of childhood experiences, which created an inner frame of reference, which in turn affected the clients' thoughts, emotions and behaviour. Accordingly student C (above) can be seen as being shaped, in the Freudian sense, from childhood experiences and has developed (amongst other things) learnt helplessness, a feeling of worthlessness and a sense of never being able to achieve anything worthwhile, educationally or otherwise. In effect they become victims of their own psyche.

Person centred counselling accepts the importance of conflict, but differs from psychodynamic counselling as it sees it not developing from *past* life experiences, but from the client's *present* maladaptation to society.

For the student referred to counselling there is inevitably a history of internal and external conflict: conflict in the students own mind and conflict with their environment. Perhaps because of their history it is inevitably such people become stigmatised.

If a student does attend for counselling then in itself this can lead to stigma, which leads to bullying, which leads to mental health problems. Since bullies require a victim, risky behaviour produces such a victim, so that the conditions are laid down for stigma before the student even attends counselling. Boulton, *et al* (2007) found that students expressed concerns about stigma associated with counselling but also valued advice given on dealing with bullying.

Stigma exists against those who present themselves for counselling, since to attend for counselling is often seen as signs of 'weaknesses. How can counselling help students who are in need and what issues do they have?

Barwick (2000) identified a number of items that affect the lives of people, including bullying, bereavement, family break up, child and substance abuse and the effect being to disrupt school life and compromise learning. Such childhood trauma obviously continues with the adult returning to education, for example, student A with anorexia/bulimia: it is known that any or all of the above contribute to an eating disorder.

Although one in five young people experience mental health problems (Mental Health Foundation, 1999) research suggests that as few as one in four 5-15-year-olds with mental health problems are referred to specialist mental health services (Office of National Statistics, 1999, cited by Baruch, (2001). Baruch (2001) goes on to suggest that children would find mental health service services more useful if they were located within schools.

However, when asked about reasons for not accessing the school counselling service, the majority of the groups talked about the social stigma attached to seeing a counsellor.

Stigma is linked inevitably with the question of confidentiality: Fox and Butler (2007) looked at 415 pupils from 5 secondary schools in the UK and suggest that in general, young people seemed to value having access to a school counsellor. Most were aware of the school counselling service, although a substantial number (21%) indicated a lack of awareness. Just over one third of the pupils stated that they would go to see the school counsellor, and girls were more likely to do so than boys. The confidentiality of the service was perceived to be one of the benefits. It was noticeable that males were more concerned than females about confidentiality issues.

Confidentiality seems to be a male issue. In a study of 311 college students by Komiya, Good and Sherrod (2000) looking at emotional openness and seeking counselling, males were less likely to seek counselling than females and stigma was more of a concern to males. This attitude is also confirmed by Bennett (1995) who found that adult males were less inclined to come forward for counselling than females. This is probably indicative of faulted masculine notions of strength so that going to see a counsellor is perceived as weakness, which in turn promotes stigma against that student.

Pope (2002) found a dissonance in young males between traditional ideas of masculinity and those of expressing emotion. Noticeably the top four responses were bullying (31% of responses, 68% of participants); home issues (25%, 56% of participants) ; school issues (14%, 31% of participants) and risky behaviour, e.g. 'sex', 'drugs', 'shoplifting' (7%, 15% of participants).

Denial (a Freudian concept) is also a problem highlighted in the Fox and Butler (2007) study, where 22% responded that they didn't have a problem, yet 18% of these said they would go to see a counsellor if they 'ever got any problems'.

The idea of having someone to turn to besides a form tutor is seen as important. Surf and Lynch (1999) discovered that the counselling relationship was critical in encouraging young people to make greater use of counselling. The key to this was again confidentiality (Surf and Lynch, 1999). The form tutor was seen as having a number of pupils to attend to at any one time, where a counsellor sees people on a one to one basis and confidentiality should be guaranteed (Fox and Butler, 2007).

Would a study of counselling within colleges in *intra-city* rather than *inter-city* areas produce different results? In just one city there is a variation in areas where

education is valued to those where it is not. Cooper (2004), in an evaluation of counselling in Glasgow schools did find that a significant number of pupils valued the opportunity to be listened to, regardless of type of college or school or sociological area.

A relatively new development which may reduce stigma is online counselling. Online counselling was studied by Chester and Glass (2006). Of 67 participants (counsellors) it was found that online counselling is conducted by relatively experienced primarily Western-based practitioners and is characterised by the use of email. Correlating with face-to-face counselling, online clients are mainly female and receive relatively short-term interventions.

Although Maheu and Gordon (2000) found that initially most online counsellors were male, more recently Chester and Glass (2006) found an increasing female presence, which may reflect the increasing use of the internet by females.

A drawback to online counselling, as opposed to face-to-face work, is that it mainly takes the form of 'education' and 'advice' rather than more in-depth and profound counselling (Maheu and Gordon 2000) and 'education' and 'advice' is what college based counsellors/learning and in fact tutors already offer.

There is evidence that a counselling service in schools and colleges is needed (Baruch 2001; Barwick 2000; Cooper 2004; and others). In recent years, with a growing emphasis on the individual reaching their full potential (or 'self-actualising', as Roger's would have it) there has been a massive increase in student numbers in higher education. Consequently an increase has been noted in the number of students attending for counselling, both during an academic year and at peak times, for example, exam periods and the starting and ending of courses with many young

students adjusting to living away from the secure base of the family home for the first time. Reduced funding and pressures of work also add to these problems.

Conclusion

In this paper I outlined two major counselling approaches: person centred and psychodynamic counselling and their influence on four adult education students with very different problems which affected their learning. These four were chosen as representative of a wide ranging student body, which is increasing in numbers in adult education. What I have not addressed here for reasons of space are the issues of gender, class and counselling.

The Heads of University Counselling Services (1999) report showed an increase in the number of students with severe psychological problems presenting themselves to university counselling services. To take an extreme example, student suicides, have increased from 2.4 (1983-1984) to 9.7 per 100,000 (1993-1994) (Mental Health Foundation 2001). It has been said (Murray-Parkes 1998) that suicide is the final expression of an individual to their experience of being depersonalised and stigmatised by society, whether it is student A with on-going emotional/family/social problems: student B who has obsessive/compulsive disorder: student C with adult attachment disorder, or student D whose first language is not English.

The risk that every counsellor takes is that, when they feel their 'self' is threatened, when the damage lying deep in their unconscious becomes conscious, (Freud 1936) as in student B; when they feel they do not 'belong' (Rogers 1980) as with students C and D, such people will perform the only act of self-determination left to them: and that is a sad indictment of our society.

References

- Ainsworth, M. D., 1978. *Patterns of Attachment - A Psychological Study of the Strange Situation*. New York: Lawrence Erlbaum Associates.
- Baruch, G., 2001. Mental health services in schools: the challenge of locating a psychotherapy service for troubled adolescent pupils in mainstream and special schools, *Journal of Adolescence*, 24, 549-570
- Barwick, N., 2000. *Clinical Counselling in Schools*, London: Routledge
- Bennett, M., 1995. 'Why don't men come to counselling?' Some speculative theories, *Counselling, (BACP)*, 6 (4), 310-313
- Bloom, J.W, 1998. The ethical practice of web counselling, *British Journal of Guidance and Counselling*, 26, 53-59
- Boulton, M. J., Trueman, M., Bishop, S., Baxandall, E., Holme, A., Smith, S., Vohringer, F. and Boulton, L., 2007. Secondary school pupils' views of their school peer counselling for bullying service. *Counselling and Psychotherapy Research*, 7 (3), 188-195
- Bowlby, J., 1969. *Attachment and Loss. Vol. 1.. Attachment*. London: Penguin.
- Burton, M. and Suss, L., 2000. Psychotherapeutic (Freudian) Counselling and Psychotherapy. In: Palmer, S., ed. *Introduction to counselling and psychotherapy*. London: Routledge
- Chester, A. and Glass, C.A., 2006. Online counselling: a descriptive analysis of therapy services on the Internet. *British Journal of Guidance and counselling*, 2, 145-160
- Cooper, M., 2004. *Counselling in Schools Project: Evaluation Report*, Counselling Unit. Glasgow: University of Strathclyde
- Dorpat, T.L., 1977. On neutrality, *International journal of psychoanalytic psychotherapy*. 6, 39-64
- Eysenck, H.J. and Wilson, G.D., 1973. *Experimental studies of Freudian theories*, London: Methuen.
- Eysenck, H.J., 1952. The effects of psychotherapy: an evaluation. *Journal of Consulting Psychology*, 16, 319-24
- Fox P, Caraher, M & Baker H 2001 Promoting Student Mental Health *Mental Health Foundation Update* 2,11.

Fox, C.L. and Butler, I., 2007. "If you don't want to tell anyone else you can tell her", young people's views on school counselling. *British Journal of guidance and counselling*, 1, 97-114

Freud, S., 1936. *The ego and the mechanisms of defence*. London: Chatto and Windus.

Freud, S., 1958. On beginning the treatment, *In, The standard edition of the complete psychological works of Sigmund Freud, Vol.2*, 121-144, London: Hogarth press

Heads of University Counselling Services (HUCS)., 1999. *Degrees of Disturbance: the New Agend.*, BAC: Rugby.

Jung, C., 1962. 1963. Memories, dreams, reflections, *In: Shelburne, W. A., ed. Myths and Logos in the Thought of Carl Jung: The Theory of the Collective Unconscious*. SUNY press

Komiya, N., Good, G. E. and Sherrod, N. B., 2000. Emotional openness as a predictor of college students' attitudes toward seeking psychological help, *Journal of counselling psychology*, 47 (1), 138-143.

Maheu, M. M. and Gordon, B. L., 2000. Counselling and therapy on the Internet, *professional psychology, research and practice*, 31, 484-489.

Mearns, D and Thorne, B., 1998. *Person centred counselling in action*. London: Sage.

Means, D., 1997. *Person centred counsellor training*. London: Sage.

Mental Health Foundation., 1999. *Bright futures: Promoting children and young people's mental health*. London: Mental Health Foundation.

Murray-Parkes, C., 1998. *Bereavement: studies of grief in adult life*. London: Penguin.

Pope, P., 2002. Youth-friendly counselling. *Counselling and Psychotherapy Journal (BACP)*, 13, 18-19.

Popper, K., 1959. *The logic of scientific discover.*, London: Hutchinson.

Quinn, R.H., 1993. Confronting Carl Rogers: a developmental-interactional approach to person centred therapy. *Journal of Humanistic psychology*, 33, 6-23.

Rogers, S. R., 1975. The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21, 95-103.

Rogers, C.R., 1942. *Counselling and psychotherapy*. Boston: Houghton Mifflin.

Rogers, C. R., 1986. Rogers, Kohut and Erickson: a personal perspective on some similarities and differences. *Person centred review*, 1, 125-140

Rogers, C.R., 1959. A theory of therapy, personality and interpersonal relationships as developed in the client centred framework. In. Kirschenbaum H. and Henderson, V. eds. *The Carl Rogers reader*, 1989.. London: Constable.

Rogers, C.R, 1980. *A way of being*. Boston: Houghton Mifflin.

Rogers, C. R., 1951. *Client centred therapy*. Boston: Houghton Mifflin

Rogers, C.R., 1959. *On becoming a person: a counsellors view of psychotherapy*. London: Constable.

Rose, T., Loewenthal, D. and Greenwood, D., 2005. Counselling and psychotherapy as a form of learning: some implications for practice. *British journal of guidance and counselling*, 33, 441-456

Surf, A. L. and Lynch, G., 1999. Exploring young people's perception relevant to counselling: a qualitative study. *British journal of guidance and counselling*, 27 (2), 231-243.

Taylor, E., 1992. Transpersonal psychology: It's several virtues. *The humanistic psychologist*, 20 (2), 285-300.

Thorne, B., 1992. *Carl Rogers*. London: SAGE.

About the Author

Eric Beach is a research student in the Ed.D programme in the School of Education, Communication, and Language Sciences at Newcastle University. His interests include the effect of adult attachment on learning; the influence of gender and class on learning, and empowerment and education.

Any questions or comments on this literature review can be sent to:
eric.beach@ncl.ac.uk