

Consciously uncoupling from counselling practice

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Abstract

This Notes from the Front Line article outlines the reasons for one counsellor's decision to leave counselling practice indefinitely. Four reasons are given for this decision: counselling is not an apolitical act, economic inequality, systemic superficial support for diversity, and burnout. It is contended that too often the counselling profession neglects the socio-political context, and that both therapists and clients can suffer from this oversight. To overcome this, a call for unity in the profession is made to advocate for systemic changes to improve inclusivity and equality for therapists and clients alike.

KEYWORDS

burnout, counselling, politics, psychotherapy, social justice

In July 2018 I decided to take a temporary break from practising as a trauma counsellor specialising in working with refugees and asylum seekers. By June 2019 I had decided to stop practising indefinitely. What happened in almost a year to radically change my mind about a profession I had joined just five years before as an eager trainee?

From the early stages of my training as an integrative counsellor I had often felt a subtle discomfort, centred around what I now see as a two-tiered system, one predicated on class and economic advantage. However, it wasn't until my recent break from practice—when I had the opportunity to step back and see counselling from a different perspective—that these feelings solidified and led to action.

For the purpose of transparency, I begin by presenting two caveats: first, that although I have experienced societal power differentials by being a working-class woman, some of which is explored in this article, I still benefit from white privilege. Second, my reasons for leaving counselling practice will not, of course, be applicable to all who read this. However, I feel this reflective piece contains some universal themes of class and racial inequality and explores the tensions that can arise when personal politics clash with professional standards.

This is my personal lived experience of a seldom-discussed topic: the conscious decision to uncouple myself from counselling practice and theory, which was motivated by social justice concerns. Here are my reasons.

1 | COUNSELLING CANNOT BE APOLITICAL (ALTHOUGH IT OFTEN TRIES TO BE)

This is the fundamental reason, and the others that follow are consequences of this central “truth.” I came to question whether counselling operates as a method to facilitate the acceptance of one’s circumstances. In other words, is it a form of oppression in itself? For example, a client attends counselling because they feel depressed, and time may be spent in session looking at how to deal with the depression, manage symptoms, and engage in self-care. But how much time is spent looking at the socio-political context? Does the therapist typically acknowledge that feeling depressed may be a normal reaction to navigating an ableist, patriarchal, heteronormative, and white-dominated society? There is a risk—often much more than a risk—that mental health can be individualised and isolated from the “bigger picture” of the historical and socio-political context that consciously and unconsciously informs our thinking about what is “normal” and “abnormal.”

I would argue that the socio-political context cannot be divorced from a person’s mental health, yet therapy has been accused of separating the clinical side from the socio-critical side (Samuels, 2006). Indeed, this is not a new argument: others such as Costigan (2004), Kearney (1996, 2018), Proctor, Cooper, Samuels, & Malcom (2006), and Totton (2006) have long recognised the political dimensions of counselling. While these arguments are not “new,” they have yet to be adequately resolved by being widely recognised, challenged, and changed. They continue to trouble therapists—both qualified practitioners and trainees—if/when they come to see their work with political awareness.

In my own practice, political dimensions were clearly evident in my work with survivors of domestic and sexual abuse. My clients were dealing with psychological trauma, but also the additional trauma of victim blaming, a judicial system that fails them, and a society that does not prioritise the resources to support them. I saw Black, Asian, and minority ethnic communities discriminated against in all strata of society, including the mental health system (Bhui, 2002; Fernando, 2017). I witnessed colour-blind ideology as the dominant narrative of white counsellors, whereby the lived experiences of people of colour are erased under the often well-intentioned mantra of “I don’t see colour, I see people.” Although this has been challenged in the UK (BAATN, 2019; Lago, 2006; Ryde, 2009; Tuckwell, 2002) it can feel—and indeed, I feel—that there is some way to go in achieving an integrated approach to these issues.

Recognising this disconnect between the personal and the contextual, I became engaged with feminist and social justice counselling theory, particularly Chung and Bemak (2012), in an attempt to challenge power imbalances. In practice, I found that actively engaging with the client’s social positioning could be a potentially emancipatory first step. It could lessen the internal stigma and shame associated with mental health and trauma by verbalising that mental ill health is not a personal failing but a normal reaction to challenging circumstances. I also reflected on my own positionality and personal socio-political context, with emphasis placed on how this impacted the therapeutic relationship. When working with refugees and asylum seekers this was an ongoing process, as I felt compelled to assess and re-assess what I represented as a white counsellor working with clients from countries that had been colonised by the British Empire. In being a white “expert,” was I somehow replicating colonial power dynamics through the Eurocentric theories I was taught and continued to use? Being politically engaged was also vital, particularly during the refugee crisis of 2015 (followed by Brexit and Trump’s election in 2016). However, this took an emotional toll. I felt continuously “switched-on” to world politics and despairing at moves toward populist and nationalistic narratives, whilst simultaneously witnessing the effect this was having on my clients (who were experiencing racial abuse and feeling both unwelcome and powerless).

We do not work in a political vacuum, and yet I found that, when I tried to engage fellow counsellors in conversations about the political climate, I was invariably met with silence. There are concerted efforts to counteract this apolitical aspect from UK-based membership organisations such as Psychotherapists & Counsellors for Social Responsibility (PCSR, n.d) and the Alliance for Counselling and Psychotherapy (n.d), both of which perceive therapy as a highly political activity and engage in political activities to challenge the status quo. Critical scholarly

work (Brown, 2018; Samuels, 2018; Totton, 2006) and models which place social justice at their core (Chung & Bemak, 2012; Goodman & Gorski, 2015) are also key welcome steps towards advancing the socio-political dynamic of therapy. However, arguably they are only reaching those who are already politically engaged. Ways of engaging practitioners who are not aware of these factors is vital. I believe this should begin, but not end, in training.

2 | ECONOMIC INEQUALITY

Counselling takes place in a neoliberal economy, where mental health is becoming a capitalist commodity—thus creating a contentious issue. On the one hand, counsellors have invested economically and emotionally in their training, and financial remuneration for such investment is the function of a neoliberal society. How could anyone live without money? On the other hand, there exists an ethical dilemma in charging fees for socially mediated trauma(s) (if you see them like this). Either way, counselling fees are a complicated issue (Tudor, 1998).

However, a two-tiered counselling system exists—meaning there are individuals who have (or can find, one way or another) the disposable income to pay for private therapy and others who do not. Those who cannot pay for private sessions are often members of society who experience considerable vulnerability and oppression, resulting in potentially the most traumatised being the least likely to be able to pay.

The alternative is statutory services—with their medicalised model and six sessions of Cognitive Behavioural Therapy (CBT). There is criticism that such services have become “industrialised” in the UK via IAPT (Improving Access to Psychological Therapies; Jackson & Rizq, 2019) or the third sector.

Third sector organisations, which can sometimes offer longer-term therapeutic work than IAPT, have long waiting lists and face funding challenges. In addition, the counselling service will probably consist of inexperienced trainee counsellors. Placing inexperienced counsellors in this situation is, in my view, potentially harmful to both client and trainee. The client will be engaged in a therapeutic relationship that they have had to wait a long time for, with little autonomy over whom they see and when (with the unspoken idea that they should be “grateful” for having free sessions) and they are at potential risk of being retraumatised by an inexperienced counsellor (although I do recognise that the possibility of retraumatising clients is not exclusive to trainees, nor do I seek to tar all trainees with the same brush—my point is primarily about experience as a therapist and what this might mean for particular clients bringing particular life experiences). Trainees are also in a vulnerable position as they are inexperienced in this role, yet expected to work with complex mental health needs thus potentially risking their own wellbeing. Organisational support tends to vary from placement to placement, and there are also insecure future employment opportunities for trainees to contend with—not to mention the pressure to get their qualifying hours.

I have volunteered for organisations where the political climate permeates the work in overt ways: clients whose benefits have been stopped, asylum seekers whose claims have been rejected by the Home Office further impacting their trauma, and survivors of sexual and domestic violence retraumatised by the criminal justice system. This is compounded by pervasive uncertainty around funding for the organisations themselves: holding onto this uncertainty as a volunteer is challenging as supervision and travel expenses are stopped and morale drops amongst paid staff members who constantly have to chase funding. There are also unspoken ways in which the political climate pervades: within these organisations, I have had conversations with experienced counsellors about recognising one's own whiteness and the importance of cultural awareness and social justice—only to be met with a lack of interest. Well-meaning white people are therefore replicating the dominant white-culture narrative (Sullivan, 2014; Trepagnier, 2016).

Trainees experience considerable economic demands (course fees, CPD, personal therapy, clinical supervision, insurance, etc.). This means that counselling is a profession dominated by those who can afford to do it: namely,

white middle-class people and people prepared to become indebted in order to study. This intersection of class and counselling has been powerfully recognised by Kearney (1996, 2018). Working-class trainees can feel excluded from the profession, and this is furthered post-qualifying, when jobs are scarce, and some practitioners may need to continue to volunteer as a necessary step to gaining practice hours for professional accreditation. Only those in a position of economic security or who can continue to incur debt can practise in such a way. The classism in counselling needs to be openly addressed, as low-income counsellors and clients are being excluded in different ways but for the same reason: money.

3 | SUPERFICIAL SUPPORT FOR DIVERSITY

The BACP's training guidelines (BACP, 2012), ethical framework (BACP, 2018) and "Good Practice in Action" guide (BACP, 2019) all mention diversity but fail to specify the content and extent of its teaching. Therefore, training about gender, race, sexuality, and disability can vary from course to course. They can be grouped together in a standalone seminar on "difference" (with the implication that any form of diversity is an aberration of the "normal"), or interwoven throughout course modules. My own training took place within a year group that was open to debate, yet during the one seminar we had on diversity the group was quiet and disengaged. I wondered whether this was due to indifference toward the topic or a fear of "getting it wrong" in discussion. This is reflected in practice when therapists may avoid discussing race, fearing it may harm the therapeutic relationship (Bhui, 2012). This planted the seed for my PhD topic: white trainee counsellors' understandings of "race" and racism. The vague regulatory instructions (BACP, 2012) feel like a symbolic gesture rather than an opportunity for systemic inclusion. Therefore, an integrated understanding of equality, diversity, and social justice is reliant on the stance of the individual and their modality. Failure to integrate diversity and inclusive practice into training results in clients from minority groups experiencing a disparity in diversity awareness from counsellor to counsellor. This is particularly so for those who have little choice in their counsellor, as explored above.

4 | BURNOUT

This reason is more personal, but it is the consequence of working in a system where reasons 1–3 felt intolerable. Indeed, I have spent most of the past year under the misapprehension that I was an oft-told case of "trauma counsellor burnout": I gave everyone all I had, and had nothing left. However, the process of writing this article gave me an opportunity to untangle the long-held discomfort I have carried since training. It was revelatory to discover that the burnout was not due to the client work. Moreover, I now understand that it was related to the lack of support I felt regarding the previous reasons, and of working within a system that felt ethically incongruent but not quite being able to articulate why. Further, I recognised that the personal consequences of working in this system led to physical and emotional exhaustion. I now have greater insight into systemic silencing, but it has been a painful process involving self-blame and feelings of powerlessness. I reflect now that my own experience is in some small way similar to that of clients who feel exhausted from living in structural conditions that do not recognise or address their needs. The difference is that I have made a conscious choice not to participate in a system that is unequal at best and discriminatory at worst. This decision is an example of my privileged positionality, because I have the choice of an alternative path by moving into academia.

5. FINAL THOUGHTS

The reason for my decision to leave counselling can be reduced to a single word: power. More specifically, I am refusing to participate in a profession where power differentials may be addressed dyadically (by individual socially conscious practitioners) but not systemically. Power dynamics have been a long-term issue in counselling, as notably explored by Proctor (2002, 2017). But, despite this recognition, has enough structural change taken place? I argue

that change needs to begin with counselling pedagogy, more specifically by the integration of social justice and politics into all stages of training.

It leads me to ponder that if I feel like this, a woman privileged in many ways, how does it feel to be a counsellor from a minority group working within this system? I am not claiming moral superiority in leaving practice—quite the opposite. Part of me feels cowardly for not staying and challenging the status quo from within. However, for my own wellbeing I need to step outside of counselling and advocate for a reappraisal of its theoretical, pedagogical, and practice norms.

As counsellors we are given privileged access to people's innermost lives, their pains and their struggles. We are at the frontline, experiencing the consequences of governmental, judicial, educational, and societal neglect. As a profession, we are potentially culpable of similar neglect if we do not face the source of the client's pain, recognise their historical and socio-political context, and articulate the fact that so-called mental ill health is not a personal failing but a collective and societal one.

Simply put, counselling can be a means of both oppression and emancipation. As a profession and as practitioners, we need to learn how to recognise the distinction and collectively advocate for change.

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