

Counselling Training in Higher Education in the United Kingdom: Challenges and Opportunities for Research

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Abstract

Many Higher Education Institutes (HEIs) in the United Kingdom (UK) now offer undergraduate and postgraduate courses in counselling. However, counselling is a relatively new and developing profession only beginning to nurture a future generation of research active scholars. As such, its development is vulnerable to pressures arising from HEIs preparations for the forthcoming UK Research Excellence Framework (REF). We discuss how counselling is best understood as representing two distinct traditions premised on either a pedagogical or a mental illness discourse. This has implications for how counselling research is situated within HEIs, an understanding of which may help counselling education survive the challenges ahead and find new opportunities to develop and grow. Within HEI's there is a need to be aware of the different ways of conceptualising the activities of counselling. An opportunity exists to reimagine counselling both as a mental health and as a pedagogical profession.

Keywords Counselling; Person-centred; Pedagogical; Research Evaluation Framework, Higher Education, Mental Health

Introduction

The United Kingdom (UK) is currently facing a crisis in the field of counsellor education. A number of courses within Higher Education Institutions (HEIs) have closed in recent years despite their appeal to international students, both home and EU students, and adult learners. Recently, the University of Strathclyde's Counselling Unit was under threat of closure. More recently, Leicester University has announced the closure of its Master Degree in Psychodynamic Counselling, and the University of East Anglia, the closure of its Person-Centred Counselling Diploma in Higher Education and the pathway to Master level training. These closures are in the context of increasing public awareness of mental health issues and a rising demand for talking therapies, especially among young people. The Department for Education (DfE) offers guidance to head teachers (Department for Education, 2016) that every school 'should' provide access to counselling for school pupils and there has been a surge in concern over the deteriorating levels of student mental health at British universities (UUK, 2015). But if there are no counselling courses in HEIs, where will these skilled professionals be developed and where will the next generation of academic researchers of counselling work? The aim of this paper is to reflect on the challenges of teaching counselling in HEIs in the UK and to identify new agendas for research.

Specifically, in this paper, we wish to discuss the challenges presented to counselling education in light of the forthcoming research evaluation exercise across UK HEIs. Currently, counselling research is situated across several assessment panels, namely social work, education, and psychology. This recognises the diversity of the discipline but poses problems that threaten the future of counselling in UK HEIs. Notably, there may be difficulties in evaluating the fit of research to subject

panels and hence eligibility of staff in their institutions for inclusion for assessment.

As a relatively young research discipline within HEIs, the development of counselling education requires strategic support if it is to flourish and able to nurture a new generation of scholars.

First we describe the historical development of counselling and its philosophical underpinnings. The objective is to examine the presuppositions underpinning the teaching of counselling. We show how psychoanalysis and then later psychotherapy initially emerged as sub-disciplines of medicine, followed by the emergence of counselling as a distinct entity, and finally the convergence of counselling and psychotherapy within a single profession. We propose that despite the emergence of a single profession of counselling and psychotherapy, there remain two distinct traditions premised on either a mental illness or a pedagogical discourse. Second, we discuss how an understanding of these challenges is important for the future of scholarly activity in counselling and psychotherapy and for providing opportunities for the development of the profession. Specifically, if staff in counselling education within HEIs are to meet the requirements of the Research Excellence Framework (REF) it is necessary that their work is appropriately contextualised by assessors.

Overview of the history and scope of counselling

Psychoanalysis as it was developed by Freud was based on the idea that symptoms of psychological distress were caused by conflicts between unconscious forces within the person (Ellenberger, 1970). At first psychoanalysis was controversial. But the idea of a talking cure, and a psychodynamic approach that emphasised the power of the unconscious soon captured the imagination of those in the fledgling

disciplines of neurology, psychiatric medicine and clinical psychology. Influentially, in 1909 the psychologist G. Stanley Hall invited the originators of the psychoanalytical approach, Freud, Jung, and Ferenczi to visit Clark University in Massachusetts in the United States (Belloch, 1997).

In the history of psychology, the first clinical practitioners worked under the direction of medically trained psychiatrists. The main role of these early clinical psychologists was to administer tests rather than conduct therapy, which was carried out by the psychiatrists themselves, who at that time were influenced by psychoanalysis. This led clinical psychologists to adopt the assumptions of their psychiatric counterparts (Maddux, Snyder, & Lopez, 2004). But these early practitioners of psychology were not permitted to provide psychotherapy - as a specialised subject within medicine, other professionals were restricted from practising psychotherapy.

But as the discipline of clinical psychology developed throughout the 1940's, its practitioners diversified to develop other forms of psychological assistance and to offer direct interventions in their own right. By the 1950's, the psychodynamic approach had been largely replaced by a behaviourist approach (Belloch, 1997). Behavioural psychologists reacted against the ideas of Freud which were seen as unscientific. Freudian psychology was seen as unscientific because of the subjective nature of its ideas and the difficulties inherent in putting these ideas to the test of science. Behaviourism as proposed by its exponents such as Watson (1913) and Skinner (1953) was grounded in observable, and thus measurable behaviours that could form the basis of a new science of psychology.

Several decades on various forms of psychological helping exist to this day that are descended from these earlier developments in psychoanalysis and

behaviourism and ontologically based in the medical model (Joseph, 2010). Most notably, it remains commonplace for psychologists and psychiatrists who specialize in psychotherapy to use the Diagnostic and Statistical Manual of Mental Disorders (DSM: American Psychiatric Association, 2013) to diagnose their patients in order to provide the recommended treatment, or at least to use the terminology of psychiatry to describe the problems of their patients and to formulate interventions.

In contrast to the psychotherapy informed by the medical ideology, counselling did not emerge in the shadow of psychiatry but in opposition to it. As behaviourist psychology became the dominant trend in psychology its limitations, because of its rejection of the subjective experience of the patient, and that of psychoanalysis because of its lack of scientific rigour, led to interest by some scholars in a new third form of psychology called humanistic psychology. Humanistic psychology, as pioneered by Abraham Maslow (1954) attempted to provide a more scientifically rigorous approach to subjective experience. Specifically, Maslow mapped out a new psychology that described people as self-actualising beings, striving toward achieving their unique potential (Maslow, 1962). Humanistic psychologists recognized that it was a mistake to ignore the subjective aspects of human experience but recognizing that traditional scientific methods were limited in this respect, they also promoted a phenomenological approach (see, Sutich & Vich, 1969)..

In contrast to psychoanalysis which was referred to as depth psychology, because its aim was to explore and bring to consciousness the darkest recesses of the human mind, Maslow's humanistic psychology became known as height psychology, because its aim was to explore what people could achieve when at their very best (Sutich & Vich, 1969). Thus, from its beginnings the humanistic

psychologists took a different stance from the psychoanalytic and behaviourist traditions. Rather than be concerned with the alleviation of specific problems they were concerned with the full development of human beings.

A contemporary of Maslow was Carl Rogers, a practising clinical psychologist, who came to exemplify the new humanistic approach and had developed these ideas into a new form of therapy (Rogers, 1951). Frustrated by the fact that the term psychotherapy was reserved only for those with a medical training, Rogers used the term counsellor to signify a non-medical but psychological professional. Specifically, he was critical of how these earlier approaches to helping had looked upon people's 'problems in living' as akin to medical conditions. In keeping with humanistic psychology, Rogers developed a new approach to psychotherapy. This – which he referred to as client-centred therapy– was based on a contrasting ontological assumption to the mental illness discourse favoured by psychiatrists and many clinical psychologists. Rogers instead proposed an ontological view that people are born with a natural tendency towards exploration, growth, and achievement of their full potential. What is otherwise seen as mental illness is a result of normal human development becoming thwarted by controlling and conditional socialisation processes (Rogers, 1951). Rogers' theory was a radical approach to human development and learning based on a broadly socially constructive view of human nature. As such the client-centred therapist is explicitly rejecting the idea that therapy is a medical intervention designed to treat psychological disorders; rather they offer themselves as facilitators of human growth and development.

Those researchers grounded in the mental illness discourse continued to develop their interests, most often in departments of psychology and psychiatry, whereas those grounded in the humanistic tradition were as likely to find themselves

in other contexts such as education and social work. Influenced by Rogers, and also by political developments such as the Civil Rights Movement and feminism (Lane & Corrie, 2006), a profession of counselling emerged in the UK from the 1970's onwards which was neither situated within psychiatry or psychology, but offered trainings to people from a variety of backgrounds. To be a counsellor it was no longer seen as necessary to have first trained in medicine or psychology. Many such courses were developed in the UK within the context of private institutions, and further education, and to a much lesser extent within higher education.

Counselling as a new profession developed independently. The British Association for Counselling (BAC) was formed in 1977. For the subsequent two decades counselling and psychotherapy largely co-existed as separate disciplines in recognition of their different historical trajectories, with separate professional organisations, namely the United Kingdom Council for Psychotherapies (UKCP) and the BAC. Over time, however, the meaning of the term counselling expanded in such a way that its distinction from psychotherapy became less clear cut. This was largely because theoretical orientations that had previously been associated solely with the term psychotherapy also began to use the term counselling to describe their practice. For example, psychodynamic counselling and cognitive-behavioural counselling also became familiar terms in addition to person-centred counselling. This led to the common use of the term counselling to refer to a form of practice in many ways indistinct from psychotherapy. Recognizing the similarities as forms of helping people in distress through talking, in 2000, the BAC changed its name to the British Association for Counselling and Psychotherapy (BACP).

The BACP remains the largest UK organization representing counsellors and psychotherapists., although the differences and similarities between counselling and

psychotherapy remain a topic of contention. Most contentious is the different ontological stances as represented by the medical model on the one hand, and the humanistic approach, on the other (Wood & Joseph, 2007).

The above discussion provides only a brief sketch of the development of this complex profession in the UK and its relationship to other bodies, and to theory, but it sufficiently serves our purpose to make the specific point that counselling is not just one set of activities, but in essence, broadly represents one of two competing traditions, that of either mental illness or a growth-oriented pedagogical discourse. Understanding that some forms of counselling are predicated on a pedagogical discourse rather than a mental illness discourse has important implications for how counselling is positioned not only in society broadly, but especially within HEIs as we shall discuss below.

The Challenges

Many HEIs in the UK offer education in counselling. But as counselling is a relatively young and developing profession, programmes in counselling are usually situated within larger departments, schools, or faculties that represent longer established disciplines. Typically, these are departments, schools, or faculties of mental health, nursing, psychology, social studies, social work, education, or some combination of these disciplines. Counselling education therefore takes place in a variety of contexts of learning, each with its own broader subject-specific disciplinary history.

To those outside the profession of counselling the challenges that are raised by the context in which counselling education takes place may not be apparent. How is a programme of counselling education situated within a department of psychology different from that of one within a department of social work or a department of

education? However, to those inside the profession of counselling the context is a matter of serious concern with implications for career development and the future of counselling education in HEI's.

Although it can be seen as confusing to an outside observer that counselling is so differently situated across university departments, it is actually theoretically consistent for some forms of counselling to be within, for example, a department of psychiatry and psychology, and others to be within social work or education. As will be discussed below, these different disciplines as represented in University departments are often grounded in their own ontological view of the person, either implicitly or explicitly. As a generalisation, it is not unusual for psychology and psychiatry departments to promote and engage with research that actively promotes a medicalised ideology and for departments of social work and education to promote and engage with research which adopts a more social constructivist approach.

The challenges arise for counselling, and the evaluation of research, when there is dissonance between the discourse represented by the type of counselling a course or faculty are aligned to, and the discourse represented by its host department. This may give rise to tensions between one's professional self as a teacher in higher education of counselling and the demands of the work context in which one is employed. Such tensions may originate from a misalignment between the institutional understanding of what counselling is and one's own understanding. For example, such dissonance could be represented by a professional training in counselling influenced by humanistic principles situated within a department of psychology and psychiatry which is predominately staffed and managed by those whose own work is based in a medical ideology. On the other hand, a professional training in counselling that requires skills in diagnosis situated within a department of

education or social work that is predominately staffed and managed by those who adopt a more pedagogical or antipsychiatry approach could be experienced as dissonant. In other cases, the dissonance may be more perceived than real, given the general misunderstandings that exist around the nuanced nature of the counselling profession, but either way creating uncomfortable tensions for those staff who have to make a case for their research output.

The issue is of immediate concern to both the profession of counselling and to HEIs that provide a home to counselling courses at both the undergraduate and postgraduate levels. The reason for concern is that the theoretical relation between counselling as a profession and that of the discipline of its larger host department is not always clear, presenting challenges to staff and students in how they position themselves and their research work. Specifically, of concern is the way in which the context has implications for whether staff who teach and research in counselling are perceived as research returnable. This is because counselling research did not have a designated panel in the previous REF conducted across UK HEI's, but could be submitted to a variety of panels. On the one hand, the fact that staff can be returned to different panels accommodates differences in how counselling training is situated in HEI's, on the other, it can lead to confusion about what constitutes appropriate research, in terms of methodology, topics, and type of journal. Such confusion has implications for career development, morale, well-being, and the ability to nurture research informed teaching. It is another example of how the use of metrics, originally introduced to ensure quality, inadvertently shapes the agenda of scholarship and teaching (Oravec, 2017) and in this case the very existence of a scholarly discipline. A primary reason given for the closure of those courses mentioned at the beginning of this article is the inability of academic staff to be

included in the research assessment. In part this is likely to be due to the problem of misalignment.

In the 2014 REF conducted across UK HEIs, researchers in the field of counselling were not returned to one designated panel but could be potentially submitted to a variety of panels, i.e., Allied Health Professions, Dentistry, Nursing and Pharmacy; Psychology, Psychiatry and Neuroscience; Business and Management Studies; Social Work and Social Policy; Sociology; and Education (<http://www.ref.ac.uk/panels/unitsofassessment/>). Without a dedicated panel for counselling research the diversity of work that is carried out by counselling researchers cannot be as fully appreciated as for other subjects. For example, researchers in the field of counselling and psychotherapy apply their work in different contexts with different populations, are concerned with issues ranging from the sociology of the helping professions, policy, and the psychology of practice, to psychometric measurement. However, it is also a challenge to the development of counselling as a research-based profession that it has no single designated panel that recognizes the diversity of interests and the interrelationship of these different research interests.

For individual members of staff and research groupings across institutions of higher education there was also the implication that they would not automatically be considered for return in their own departments, schools or faculties, which are likely to be more closely aligned to one specific panel. The decision to which panel work would be returned was based on a variety of factors, most notably the context of the work or the population under investigation. For example, for those counsellors who are employed in departments of education there may be a stipulation that counselling research must have an 'education focus' for it to be recognised by the

education assessment panel. Even then, the research still has to be considered as having academic relevance by those inside their department who are responsible for carrying out mini reviews within HEIs prior to the main REF assessment exercise. There is a growing acceptance of having counsellors working in schools to support the emotional and psychological needs of children and adolescents. Recent years has seen a surge of research activity and interest into what is effective in counselling for children and young people, their mental health, and the applications of counselling within schools (Cooper, Rowland, et al. 2010). Much important work is of this nature and such work as that above would clearly be seen as relevant to education because of its clear context. However, many academics who work in departments of education do counselling research that is not so directly and obviously related to education in this way. For example, research into the process of psychotherapy outcomes would be a more typical line of investigation and on the surface, seemingly irrelevant in terms of context to the field of education. Such a scholar may therefore face demands on them to research in areas that are deemed as more suitable or be returned to a different panel such as psychology, psychiatry and neuroscience. The problem is that those making these important decisions over others' careers are themselves often ignorant of the nature of counselling education and that its relevance needs to be judged not only in terms of the context of the work but its ontological status.

The Opportunities

In light of the above discussion, we propose that it is necessary to look beyond the obvious research context or population of study in determining how counselling research is to be evaluated and to consider whether it represents the

medical or pedagogical discourse. For those adopting a pedagogical discourse such work may be considered as contributing to education in the same way as other research on classroom management and learning, vocational skills training, forest schooling, or other non-school based learning processes. Unless this is clearly understood, this leads to confusion as to which is the appropriate panel to return such research outputs in counselling, with the consequence that staff may be returned in different units from the department in which they are employed or not returned at all.

So dominant is the medical model view of counselling that for both those inside and outside the profession of counselling it is difficult to comprehend the competing discourses; including colleagues who work alongside teachers in counselling in HEIs and those who make these decisions regarding whether research work is returnable to REF, it can be difficult to understand that certain forms of counselling are simply not akin to a medical intervention but rather are better viewed as a form of pedagogy (Murphy & Joseph, 2018) designed to facilitate people in becoming their own agentic and social selves. This seemingly trivial observation is actually a profound paradigm shift that changes how one views an entire profession and how it fits or does not fit alongside other more established academic subject areas. Like the well-known ambiguous image in which a duck or a rabbit can be seen, but not both simultaneously, it requires one to understand these two competing paradigms to understand that counselling can be seen in these two different ways. While the mental illness discourse is widely assumed, it poses problems for those researchers who adopt the pedagogical discourse in having their research understood.

Having the goals to assist people in taking self-initiated action and to be responsible for their choices, and so on, reflect the pedagogical discourse and stand in stark contrast to the goals that are typical of counselling that has a mental illness discourse. A mental illness discourse is concerned with such goals as the alleviation of depression, anxiety, and so on. Any other goals that may be set such as encouraging self-initiated actions are in the service of these other goals, rather than in their own right as the only goals for the client as in the person-centred approach. Such a perspective leads us not to think of therapists as offering treatments, interventions, or cures, but to see therapists as facilitators, guides, or social pedagogues (Murphy & Joseph, 2018).

Positioning some forms as therapy as a pedagogical process over a treatment process is a shift in paradigm and needs to be set in a context outlining what an education consists of. Debate about the aims of education can, of course, be traced back as far as the Greek and Chinese classics (Bosanquet, 1901), as well as in more recent literature: we approach it here using a classic of higher education literature, Newman's (1910) *Idea of a University*. First delivered as lectures in 1852, and in circulation under various titles from 1854 (Turner, 1996, p. xiii) this 'has remained a constant point of reference' in debates about the purpose of higher education 'right up to the present' (Collini, 2012, p. 40). Newman saw education as meant to produce well-rounded people ('gentlemen'), ready and capable to think clearly, to reason and to act upon their senses using more than simply what is available to them. It is the ability to think and to use knowledge not simply acquire it. The philosophy of education proposed by Newman considers the development of the mind to be the most important aspect of education and the particular subject itself to be of less concern. Education is therefore seen as a vehicle by which personal

development is made possible. To consider whether education in this sense can be positioned as a form of what we now consider counselling it is worth stating exactly what Newman proposed as constituting developing the mind.

According to Newman (1910), if the aim of an education was to develop the mind then having done so a person will be able to foster a 'clear conscious view of his own opinions and judgements, a truth in developing them, an eloquence in expressing them, and a force in urging them' (p. 178). Such as person, he continues (in the unthinking sexist language of his day):

is at home in any society, he has common ground with every class; he knows when to speak and when to be silent; he is able to converse, he is able to listen; he can ask a question pertinently, and gain a lesson seasonably, when he has nothing to impart himself; he is ever ready, yet never in the way; he is a pleasant companion, and a comrade you can depend upon; he knows when to be serious and when to trifle, and he has a sure tact which enables him to trifle with gracefulness and to be serious with effect. He has the repose of a mind which lives in itself, while it lives in the world, and which has resources for its happiness at home when it cannot go abroad. He has a gift which serves him in public, and supports him in retirement, without which good fortune is but vulgar, and with which failure and disappointment have a charm. (Newman, 1910, p. 178)

For Newman, liberal education is not to be seen 'in terms of what students learn or even of the acquisition of any particular set of skills', but rather 'in the relationship in which they come to stand to their knowledge, the manner in which they dispose of it, the perspective they have on the place of their knowledge in a

wider map of human understanding.’ For Newman, ‘the opposite of being educated is not so much being ignorant as being one-sided, in the grip of partial knowledge, over-zealous and lacking in that calm meditateness which is the mark of philosophic cultivation.’ (Collini, 2012, pp. 49-50).

Simply taking this idea, that a person is educated when they are able to be aware of what they think, to be able to represent this view in conscious awareness, clearly without the effects of the views of others impinging upon it, and to then be able to express this and also act on it, it is hard to think of a better description of the process of becoming, as described in counselling by Rogers (1959). Rogers also recognised that the therapeutic process he was describing could be applied to education in his book *Freedom to Learn* (1969), in which he set out his philosophy of education: that human beings have a natural urge to learn, that this most readily happens when the subject matter is perceived as relevant to the student, that learning is best achieved by doing, that the most lasting learning takes place in an atmosphere of freedom in which students were trusted to be autonomous learners. It becomes clear when seen in this theoretical light that counselling is a form of education as envisaged by early thinkers such as Newman. Indeed, Hyland (2009) argues that some educational processes are the same as those that increase mental health and that certain forms of teaching are identical with some forms of psychotherapy.

The point is that our understanding of what counselling is can be varied and at some point, it intersects with different disciplines that are represented by either mental illness or pedagogical discourses. As such, how the BACP moves forward to position the profession of counselling has important ramifications. If counselling is thought of solely as a health profession this has the implication that those who see

themselves first and foremost as educators rather than health professionals become disenfranchised, and their job to develop their space within HEI's becomes ever more problematic, if even the wider profession no longer recognises the two traditions of counselling.

The question of whether counselling and psychotherapy refer to the same or different activities has been controversial in the past, and remains so to some extent despite the change in name by the BACP in 2000, with counselling often seen as a short term activity, lasting only weeks or months, requiring fewer hours of training and less specialised knowledge of what are considered serious psychological problems than psychotherapy (Joseph, 2010). The BACP in collaboration with the British Psychoanalytical Council (BPC) and the UKCP are currently working on a new project to set out the training requirements and practice standards for counselling and psychotherapy, in which the aim is to map '...existing competences, standards, training and practice requirements within counselling and psychotherapy. It is using an evidence-based approach to identify the different and overlapping competences between them.' (see, <https://www.bacp.co.uk/news/2018/16-april-2018-a-framework-for-counselling-and-psychotherapy/>). While the BACP also state that the aim of the project is not '...to create a 'hierarchy', rather it's aiming to make training pathways clearer for anyone who is considering training within the profession, and for clients looking for appropriately trained therapists' (see, <https://www.bacp.co.uk/about-us/contact-us/scoped-project/>) it is implicit in the aim to identify differences between counselling and psychotherapy which could reopen historical and ontological fault lines, with the implication of creating a hierarchical structure that privileges medicalised conceptions of mental illness over pedagogical ones. Alternatively, the project could potentially lead to new imaginings of the

profession that challenge this traditional hierarchical structure but what this would look like given the wider cultural context in which medicalised views of mental illness dominate is hard to foresee.

Either way, historically there have been differences between counselling and psychotherapy. But these differences need to be understood separately from the distinction we are referring to which is between therapists who think of counselling as a form of education and those who think of it as a form of treatment. In this sense there are two historical fault lines that run through all dialogue about the development of the profession (see Table 1): the historical difference in the use of counselling and psychotherapy to refer to different activities requiring different levels of training and expertise, and the difference between therapy as referring to the treatment of mental illness as opposed to a form of education of the whole person. The opportunity therefore is to develop a competency framework that equally privileges the different discourses about the nature of counselling.

Table 1: Two fault lines running through the profession

	Mental illness discourse	Educational discourse
Psychotherapy	In this column are those therapies that are based on the notion of treating, fixing, or curing people, often using psychiatric diagnostic terminology, and from an expert stance, in which the root of the difficulties lie within the individual.	In this column are those therapies that are based on a pedagogical view in which therapy is a means for releasing potential within people, from the stance that people are their own best experts, in which the root of the difficulties lie within society.
Counselling	Counselling in this column is seen as different from psychotherapy, and the terms used specifically to denote practitioners trained at a less advanced level and less competent to work with patients in severe difficulty and are unable to make diagnoses.	Counselling in this column is generally seen as the same activity as psychotherapy in a pedagogical discourse and these terms used interchangeably.

We have written this paper specifically in the context of the current challenges facing academic staff who work on counselling programmes in the UK, but the positioning of counselling as a pedagogic process rather than a medical intervention raises questions about the direction of development of the profession of counselling and psychotherapy beyond the immediate focus of the REF, and beyond the confines of the UK. There are similar issues elsewhere and we hope our discussion will prove helpful to others who may wish to develop these ideas further in relation to their own context.

Conclusion

The aim of this paper was to sketch out some of the challenges facing counselling education in UK HEIs and opportunities for its development and growth. We hope to have demonstrated that there is clearly a need for informed debate and discussion

about the place of counselling within HEIs and how it will be considered in any future research evaluation. Counselling education is an important social good but only those courses situated in HEIs that are committed to providing such education are likely to survive the current challenges presented by REF. The issues for research assessment and academic identity in new and emerging professions are important for developing a stable environment in which subjects and disciplines are able to grow, but pressures of research evaluation are likely to force counselling education out of HEIs.

Counselling education, in one form or another, has been available since the 1970's, but for the most part offered by private institutions and colleges of further education rather than HEIs. As such, while there are many practitioners in counselling throughout the UK there are relatively few who are also nationally and internationally recognised academics. The future of counselling as an evidence based profession depends on its success as a subject area in HEI's as that is where the research and scholarship takes place. But counselling is only beginning to establish itself as a research-based discipline. To develop within HEIs the profession of counselling needs to be able to nurture a new generation of practitioners who are also able to contribute to the research agenda of the modern university, and this presents new challenges that the profession must confront. Counselling courses may be popular among students, but they are expensive to run, requiring additional practice work alongside the academic work, and additional demands on staff to produce research, but if counselling is to become a research-based profession it must be taught in HEIs. Counselling is a diverse profession. Recognition of the competing discourses underpinning counselling, as either a mental health or an education profession may help it to secure its different places within HEI's. As form

of mental health treatment, the values of counselling may best fit alongside mental health nursing, clinical psychology, and psychiatry, but as a pedagogy its values may fit best alongside social work, social psychology, and education.

As such, we propose that counselling educators turn some of their attention to raising awareness of the specific challenges facing them in HE, in the attempt to develop new structures that will help nurture rather than thwart the development and growth of counselling education, and for researchers to look outside the confines of counselling to how they can contribute to broader debates on educative processes. It is our hope that this paper will provoke much needed discussion in advance of the forthcoming REF on the place of counselling education in HEIs.

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