



Scotland's
Professional Body
for Counselling &
Psychotherapy



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COUNSELLING AND PSYCHOTHERAPY

COSCA's DESCRIPTION

Introduction

Counselling and psychotherapy are ways of responding to a wide range of human needs. Counselling and psychotherapy provide opportunities for those seeking help to work towards ways of living in more satisfying and resourceful ways.

In their current form, counselling and psychotherapy are less than 100 years old, but they have roots in much older ways of providing help and care. Counselling and psychotherapy have developed in order to respond to modern circumstances. They are living practices which are open to change and which evolve in response to changing needs. Consequently, it is impossible to define counselling and psychotherapy once and for all. So, instead of attempting to define them, this statement describes:

- What counselling and psychotherapy are about
- How counselling and psychotherapy differ from other activities with which they are sometimes confused, and
- Views about the differences between counselling and psychotherapy.

What are counselling and psychotherapy all about?

Counselling and psychotherapy are ways of responding to a wide range of human needs. These include distress associated with what are sometimes called “problems in living”, and deeply felt need to make changes in one’s life. The kinds of issues that prompt people to turn to counselling and psychotherapy for assistance include lack of self-confidence or self-esteem, relationship difficulties, work-related stress, bullying, difficult transitions, problems associated with one’s own or someone else’s drinking or drug use, bereavement, mental health problems, vague feelings of unease, desire for personal change, and many more. The aim of both counselling and psychotherapy is to provide opportunities for those seeking help to find their own ways towards living in more satisfying and resourceful ways.

Although the variety of issues that people present with may be vast, what is common is that people seeking counselling and psychotherapy feel distressed, confused, uncertain, unhappy or in turmoil, in ways that can be alleviated and transformed by confidential, therapeutic methods.

Central to all forms of counselling and psychotherapy is the therapeutic relationship in which the practitioner offers the client conditions that facilitate therapeutic change. These include attentive and active listening; non-judgementalism; and the capacity for genuine, honest and open communication. As well as communicating through conversation, counsellors and psychotherapists may use a variety of other methods including the use of art materials and drama, music, therapeutic play, body and movement. Respect for the autonomy of the client is a core principle of counselling and psychotherapy. This means that counsellors and psychotherapist approach their clients as unique individuals with unique needs, bringing their skills to bear in flexible ways.

Underlying counselling and psychotherapeutic responses to distress is a commitment to deepen our understanding of ourselves in order to enable us to harness our diverse and considerable energies. Counselling and psychotherapy are, therefore, not only ways of healing distress and enabling change, but also democratising processes that aim to empower people by fostering self-awareness.

Counselling and psychotherapy require highly developed skills on the part of practitioners. Listening attentively and empathically to others is demanding work, as are the other methods that practitioners use. Being able to respond sensitively and effectively to clients who may be deeply distressed, or who may disclose powerful and disturbing feelings and fantasies, requires a high level of self-awareness on the part of practitioners, as well as specific therapeutic skills and theoretical knowledge. Consequently, counsellors and psychotherapists undergo lengthy training, often lasting several years. Their work is always supervised by another practitioner who helps them to process and reflect on the issues of concern to their clients.

Differentiating counselling and psychotherapy from other activities that draw on related principles and skills

Many of the skills and principles that underpin counselling and psychotherapy are used in other activities as well, but these other activities do not constitute counselling and psychotherapy, either because there is no explicit agreement or contract to meet for the purpose of counselling or psychotherapy, or because the agreement or contract takes a different form. Counselling skills are used by many professionals in the course of their work helping or caring for others.

Examples include nurses, doctors, social workers, youth workers and teachers all of whom need to apply good listening skills in the course of their work. However, this work does not constitute counselling or psychotherapy because they are operating with a different purpose and theoretical frame, as well as the absence of explicit agreements to enter into counselling or psychotherapy relationships with their clear time and confidentiality boundaries. The following activities are examples of some other “relatives” of counselling and psychotherapy. The descriptions explain how counselling and psychotherapy differ from these other activities.

Friendship and befriending. Counselling and psychotherapy differ from **friendship** and **befriending** because the sharing associated with the former focuses solely on the clients' concerns. Counsellors and psychotherapists offer opportunities for clients to talk about things that they would not wish to disclose to friends. This may include how clients feel about making friends, including difficulties in making friends. Thus, counselling and psychotherapy may help clients to work on issues about friendship but do not in any sense substitute for friendship.

Mentoring and coaching. Counselling and psychotherapy differ from **mentoring** and **coaching** in that counsellors and psychotherapists do not provide advice or set goals. Clients sometimes use counselling or psychotherapy to explore their feelings about advice or goals set by others, or about setting their own goals, or about their need to rely on other people's advice. Counsellors and psychotherapists work to support clients to identify their own needs, aims and resources, as well as to address how they feel about seeking help from others.

Advocacy. Counselling and psychotherapy differ from **advocacy** in that counsellors and psychotherapists do not usually speak for or represent their clients. Clients may use counselling or psychotherapy to explore their capacity to speak for themselves and to work with others, including advocates, as well as their feelings about relying on themselves or on others.

Mediation. Counselling and psychotherapy differ from **mediation** in that counsellors and psychotherapists work in ways that focus on their clients' needs and not on resolving disputes between two or more people in conflict. Couples counselling/psychotherapy, family therapy and group therapy may focus on conflicts and disputes within the couple, family or group. Work of this kind generally aims to foster clients' capacities to address and work through conflicts but, unlike mediation, it does not necessarily aim to reach agreements between those in conflict. Counselling and psychotherapy with individual clients and with couples, families and groups may address how clients feel and respond to conflict with others, but does not intervene directly in the conflict itself.

What is the difference between counselling and psychotherapy?

There is a good deal of debate about the difference between counselling and psychotherapy. Many people argue that they are overlapping activities with some differences but a lot of features in common. However, some people argue that there is no difference at all, and others argue that they are two completely distinct activities. Debate about whether, and if so how, counselling and psychotherapy differ draw attention to the following features:

- **Training.** Those who argue that counselling and psychotherapy are more different than similar often emphasise differences in training, and especially the requirement for extensive personal therapy as an integral part of psychotherapy training. All those involved in this field agree that self-awareness and commitment to personal development are of great importance for good practice. There is, however, no consensus about the most effective methods for fostering and assessing these attributes. Consequently, all training courses include

elements that aim to develop self-awareness but the amount and proportion of time devoted to this, as well as the format, vary.

- **Qualities of therapeutic work.** Some people argue that psychotherapy involves working at greater depth than counselling. However, others argue that the intensity and depth of therapeutic work can be just as great in counselling as in psychotherapy. Psychotherapy sometimes involves longer-term contracts or more frequent sessions than counselling, but this is not necessarily the case.
- **Different but related traditions?** An issue that attracted less attention in the published debates is a more historical interpretation of the relationship between counselling and psychotherapy. While both counselling and psychotherapy developed during the twentieth century, their trajectories are somewhat different. In Scotland, and elsewhere in the UK, psychotherapy began with the arrival and development of psychoanalytic and psychodynamic ideas in the 1920s, joined later by a variety of other approaches. These various approaches to psychotherapy developed in the private sector, and initially psychodynamic ideas also secured a place in the medical speciality of psychiatry, although when the National Health Service was established, practitioners without medical qualifications were forced out. Psychotherapeutic ideas also influenced other professions and professional training, including teaching and social work. Through the middle of the twentieth century, psychotherapy flourished in the public sector and in the private sector, with training offered primarily in the independent sector. Recently there has been a partial shift in the location of training into universities. Training fees are paid either by trainees' employers (e.g. public sector bodies such as the NHS) or by trainees themselves.

Counselling services and counselling training began to develop in the 1950s, with both originating in the voluntary sector. In contrast to this, with rare exceptions, psychotherapy services and training have not developed in the voluntary sector. The first counselling services to be developed were offered by voluntary sector organisations, with the counselling delivered free of charge by trained volunteers. Among those involved in the development of counselling services and counselling training in the voluntary sector were professionals who had previously worked in the increasingly bureaucratised public sector (in social work and education as well as the health service). They sought to create services capable of responding to needs that could not be met by the public sector or the private sector. For example, counselling sought to de-medicalise and widen access to therapeutic interventions, and to challenge the notion of the practitioner as professional expert. Until the 1980s counselling training was entirely located in the voluntary sector, although it has since shifted partially into further and higher education.

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