

**The social construction of professional counselling practice in UK
embedded higher education counselling services: a Foucauldian
discourse analysis of practitioner perspectives**

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Psychology at London Metropolitan University

by

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Declaration

I hereby declare that the work submitted in this dissertation is fully the result of my own investigation, except where otherwise stated.

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Table of contents

Acknowledgements	8
Abstract	9
Chapter 1. Introduction	10
1.1 Overview	10
1.2 Relevance to counselling psychology	12
1.3 A framework for understanding the context of counselling practices	14
1.3.1 The social role of counselling	15
1.4 Reflexive statement I	16
1.4.1 Researcher positionality	17
1.4.2 Relationship to my research question	19
Chapter 2. Critical Literature review	21
2.1 Search Method	21
2.2 Presentation of the literature	21
2.2.1 Orientation to the UK EHECS sector	22
2.2.2 Allied mental health professionals employed in HE	23
2.3 Counselling for students in UK higher education settings	24
2.3.1 The emergence of student counselling	25
2.3.2 The discursive construction of a professional identity	27
2.3.3 Increasing demands	28
2.3.4 Establishing the professional legitimacy of the counsellor role	28
2.3.5 Counselling methods	31

2.3.6 Acknowledging the influence of the institution	33
2.3.7 Where is the research?	34
2.3.8 The current landscape	36
2.4 Sector specific empirical research: Scoping review and beyond	37
2.4.1 Measuring effectiveness	39
2.4.2 Practitioner perspectives	43
2.4.3 The qualitative research contribution	44
2.5 Student mental health and the discourse of crisis	50
2.6 Summary and conclusions	54
2.7 Research question	56
Chapter 3. Methodology	57
3.1 Overview	57
3.2 Ontology and epistemology	57
3.2.1 Critical qualitative research	61
3.2.2 The goals of constructionist research	62
3.3 Method of analysis	63
3.3.1 Quality and rigour in discourse-analytic research	64
3.3.2 Coherence and clarity	65
3.3.3 Credibility	65
3.3.4 Supporting reflexivity	66
3.3.5 Contribution	66
3.4 Research design	67
3.5 Participants and procedure	68

3.6 Data collection	71
3.7 Data synthesis, analysis and interpretation	73
3.8 Ethics	76
3.8.1 Informed consent	76
3.8.2 Confidentiality	76
3.8.3 Withdrawal from the study	77
3.8.4 Protection of participants	77
3.8.5 Risks to the researcher	78
3. 9 Reflexive statement II	79
3.9.1 Comments on the recruitment process	80
3.9.2 The interview process	83
Chapter 4. Analysis	85
4.1 Overview	85
4.2 The academic achievement discourse	87
4.2.1 Precedence of educational goals sub-discourse	87
4.2.2 Shared pastoral-care sub-discourse	93
4.3 The life-stage discourse	96
4.3.1 Developmental sub-discourse	97
4.3.2 Loco parentis sub-discourse	101
4.4 Mental health crisis discourse	107
4.4.1 Complex needs sub-discourse	107
4.4.2 Risk-vulnerability sub-discourse	111
4.5 Professional counselling practice discourse	114
4.5.1 Managing expectations of mental health treatment	

sub-discourse	114
4.5.2 Flexible practice sub-discourse	118
Chapter 5. Discussion	124
5.1 Overview	124
5.2 Locating the discourses	124
5.2.1 Locating the Academic achievement discourse/s	125
5.2.2 Locating the Life-stage discourse/s	127
5.2.3 Locating the Mental health crisis discourse/s	130
5.2.4 Locating the Professional counselling practice discourse/s	138
5.3 Implications of the current analysis	138
5.3.1 Implications for therapeutic practice, supervision & training	139
5.3.2 Implications for EHECS & HEIs	143
5.3.3 Implications for student-clients	145
5.3.4 Further suggestions	146
Chapter 6. Conclusion	147
6.1 Summary of unique contribution to knowledge development	147
6.2 Contribution to CoP	149
6.3 Limitations	150
6.4 Further research	152
6.5 Reflexive statement III	153
6.6 Concluding remarks	155

References	156
Appendix A: Ethics approval	196
Appendix B: Recruitment emails	197
Recruitment poster	198
Appendix C: Participant Information Sheet	199
Consent form	201
Appendix D: Interview schedule	202
Appendix E: Certificate of Participation	203
Appendix F: Distress protocol	204
Appendix G: Debrief	206
Appendix H: Image of transcripts post coding	207
Samples from transcripts with initial notations x 3	208
Images of discourse theorising process x 2	211

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Abstract

Most UK universities provide Embedded Higher Education Counselling Services (EHECS) as part of their student support offer. However, a wealth of theory based clinical literature belies a long-standing deficiency of empirical research within the UK student counselling sector. Recent research attention concerned with standardised outcome measurement, while important in justifying the value of such counselling services, may nevertheless fail to clarify unique aspects of practice in this context. A social constructionist research framework is advanced to elucidate how counselling practitioners construct the role and functions of their work in EHECS. Semi-structured interviews were undertaken with six student counsellors working across UK universities and the transcripts were analysed using Foucauldian Discourse Analysis (FDA). The study identified four dominant discourses: Academic achievement, Life-stage, Mental-health crisis and Professional counselling practice which were seen to influence the counsellor role as they manifested through a series of sub-discourses including, the Precedence of educational attainment sub-discourse, the Loco-parentis sub-discourse and the Risk-vulnerability sub-discourse. Student counselling was broadly constructed as a highly flexible, time-limited psycho-social intervention aiming to facilitate academic engagement while concurrently attending to the perceived developmental needs of student-clients. This may contrast with the expectations of students as well as other institutional stakeholders with implications for practice, supervision and training.

Chapter 1: Introduction

1.1 Overview

This thesis investigates practitioner perceptions of the role and functions of counselling work in Embedded Higher Education Counselling Services (EHECS) in UK Higher Education Institutions (HEIs). These services are widely reported as being overwhelmed by a high level of referrals and the presentation of increasingly complex mental health problems among the student-clients whom they serve (Mair, 2015; Thorley, 2017). Perhaps surprisingly, despite a wealth of clinical literature reaching back over many decades, only a limited amount of empirical research has been conducted within the UK student counselling sector (Murray et al., 2016) and only a small subset of these studies have used qualitative methodologies or paid attention to practitioner experiences and perspectives (Randall & Bewick, 2015).

There is evidence to suggest that those outside of the UK student counselling sector may have a limited understanding of the nature of counselling practice in EHECS. For example, those responsible for mental health services provided within the National Health Service (NHS) may assume that these services provide equivalent treatment interventions to those delivered in the health care sector (Taylor, 2020). Additionally, those with expertise in young people's mental health may assume that EHECS are well placed to provide treatment services to the young adult cohort which they primarily serve (Quinlivan, 2021).

Experienced practitioners within the sector generally reject these ideas and have emphasised that mental health support services within HEIs cannot be considered a replacement for the care and treatment services that the NHS should

provide to young adults with mental health problems (Caleb, 2014). At the same time, student counselling is promoted as an area of specialist professional practice in its own right, distinguished by the requirement for practitioners to have a practical understanding of the organisational context of their work (BACP, 2016; 2017). This apparent gap between outsider and insider perspectives and the need to elaborate how those who work in EHECS practise counselling, form the backdrop to this study.

Political and social changes, such as the expansion of HE and the introduction of tuition fees, have had a significant impact on UK HEIs over the last 30 years (Barden & Caleb, 2019). More recently, student mental health has risen to the top of the HE agenda becoming a focus for both research and intervention (Barkham et al., 2019). As HEIs increasingly employ additional mental health professionals to support their students, those now employed as student counsellors in EHECS are no longer working in isolation (Brown, 2016; Hughes & Spanner, 2019).

Mair (2015) suggests that one effect of the above changes is that student counselling, over time, has become an intrinsically different intervention and argues for the need to understand how practice is influenced by the current context. In a similar vein, prominent voices in the sector have called on those working in EHECS to reflect upon what they do and why, in this changed landscape (Pointon, 2014). Comparable international calls to consider the role of campus based counselling services, in which counselling professionals are portrayed as struggling with their caseloads, are echoed by concerns about the

wellbeing of staff in UK HEIs more generally (Biancolli, 2021; Brewster et al., 2021).

The points made above draw attention to a potential confusion of purpose and are worthy of investigation in their own right. It is perhaps self-evident that reflexive professionals need to think carefully about what they are doing and why. Research also suggests that a strong professional identity amongst counselling practitioners can act as a protective factor against burnout (Maor & Hemi, 2021). However, the need for such clarification has additional importance.

The extant literature on client expectations of psychotherapy suggests that differences between expectations and experiences can have a negative effect across a range of domains, including perceived benefit, dropout rates, engagement and motivation (April & Nicholas, 1996; Miller, 2009; Seligman et al., 2009). The clarity of the practitioner's understanding of purpose, in relation to their work, within the remit of EHECS could be seen as essential for facilitating their clients' clarity about this purpose and for subsequently supporting student-client expectations in an appropriate way.

1.2 Relevance to counselling psychology

As an area of professional counselling practice student counselling is of general interest to the applied discipline of counselling psychology (CoP). However, at least in the UK, Counselling Psychologists (CPs) are not strongly represented within EHECS or, for that matter, within educational settings generally (Danchev,

2016)¹. Despite this, the student counselling sector is characterised by several features that are of particular relevance to CoP practice.

These features include the predominant age group of the student-clients served by EHECS and the particular skills required to work with young adults in an educational setting. CPs, for example, are familiar with life-span developmental psychology and are able to draw on psychological theories appropriate to the age of the person they are working with (Sugarman, 2003). CPs also have the skills and training to support healthy psychological development and provide time-limited interventions to individuals from diverse backgrounds (Danchev, 2016).

The growing national concern with young people's mental health (NHS, 2018) makes understanding the therapeutic services which aim to support them an important professional remit for CPs. I would also suggest, if the UK student counselling sector is insufficiently researched, the research skills of CPs are not only relevant to the sector but also valuable for its future development.

Kaskett (2016) makes several suggestions for choosing a topic when undertaking research for a professional doctorate in CoP which are of direct relevance to my study. Firstly, it attempts to address questions which are considered important to stakeholder practitioners in a particular field of counselling. Secondly, it attempts to address observed gaps in my own knowledge as well as that of my colleagues within this area of applied

¹ The reasons for this are not clear and it could be due to several factors. The starting salaries of student counsellors in many EHECS tend to be slightly less than those offered to newly qualified Practitioner psychologists in the NHS (BPS, 2023; NHS, 2022). Recruitment practices within the sector historically tend to reproduce teams which favour single modality practice and thus are aimed towards counsellors or psychotherapists with a particular type of training (Birkbeck University of London, 2022), though this seems to be changing in places (London School of Economics [LSE], 2021). Finally, as implied in Danchev's (2016) work, it may be that CPs do not currently think about this sector as an option when considering their employment opportunities.

professional practice. She points out that this not only includes therapeutic practice but also supervision and training. The questions which influenced the development of this study emerged from my own professional experiences and the awareness I developed of such gaps. These are discussed below in Section 1.4.

1.3 A framework for understanding the context of counselling practices

In this thesis I approach the topic of my investigation, the role and functions of professional counselling activities in UK EHECS, from a social constructionist perspective and use Foucauldian Discourse Analysis (FDA) to examine and interpret my data. These positions and the reasoning behind them are dealt with in depth in Chapter 3. However, as it can not be assumed that the reader is familiar with the implications of such a position, in particular the extended role that the literature search performs in a discourse analytic study, it is important here to outline some key points and foreground the constructionist viewpoint on which my research question is predicated.

Discourses can be thought of as a set of statements which provide a language for representing or talking about a topic or object in a particular way. Foucault argued that because important discourses emerged at certain points in time that their influence and development can be tracked (Miller, 2007). One of the major aims of FDA is to explore the discursive construction of an object (the object in this case being student counselling practice in UK EHECS) in a historical way (Langdrige & Hagger-Johnson, 2013).

The literature search, in addition to establishing the current state of research into a topic, thus also forms an important part of the data itself because it

identifies and historicises the sources from which discursive formations are developed and represented in relation to a particular topic or object (Carmichael, 2010). The constructionist position requires that the researcher asks questions such as, what texts seem important in constructing the object of analysis? What texts are produced by the most powerful actors in the sector, delivered through the most accessible channels and received the most widely? (Phillips & Hardy, 2002, p. 75).

In *Psychotherapy in Everyday Life*, Dreier (2008) describes a framework for understanding counselling as a 'social practice' as well as developing a critique of the realist assumptions inherent in mainstream psychotherapy research (see Dreier, 2008, pp. 3-20). This approach has been influential in the development of my ideas for this thesis by highlighting the problem of 'decontextualisation' by which counselling is understood as something that happens in an isolated situation. This has led to a lack of attention being paid to researching the influence of the institutional context in which it takes place. Dreier (2008) argues that counselling sessions are parts of clients' lives and of therapists' institutional work practices. This latter area, the influence of the institutional context on student counselling practice, is key to the formation of my research question. It also necessitates thinking about professional practices from a social perspective.

1.3.1 The social role of counselling

Eisenberg (1998) argues that over time the ideas of a professional group tend to

disseminate into the wider culture and shape how particular professional practices are understood. For example, the beliefs and values which professionals share with other members of their community, through a process of mutual influence, come to determine not only what those professionals do but also what they think they are doing. We can see them as fulfilling assigned social roles embedded in the rationale of their professional discourse and ideology. From this perspective, both the counselling practitioner and the counselling client come to occupy socially constructed roles.

1.4 Reflexive statement I

In this first reflexive statement I describe my understanding of reflexivity, explain my relationship to the topic of my thesis and highlight possible biases shaped by my own experiences and subjectivity. These are important to acknowledge from the outset because of their potential impact on the choices and decisions I have made throughout the research process. The steps I have taken to moderate their influence are discussed further in section 3.3.1. In accordance with my social constructionist perspective I do not believe that this will fully neutralise their influence, nor that this is necessary (Parker, 1992; See Chapter 3). However, my hope is that transparency will enable the reader to contextualise my research and make critical appraisals in relation to its claims and utility.

Reflexivity describes the ability to locate oneself, as a subjective knower, within particular socio-cultural and historical contexts and is a key feature of the training, practice and research activities of CPs (Rizq, 2006; Dixon & Chang,

2019). I undertake this doctoral research through the Top-Up route and although, at this level, I am a novice researcher I have been a working CP for over 12 years.

1.4.1 Researcher positionality

I currently work within the student-counselling sector and have done so, across two EHECS, for almost 10 years. Prior to this I worked in several NHS healthcare settings as both a qualified counsellor and a cognitive-behavioural psychotherapist. My first job in the student counselling sector represented the need of that service to provide Cognitive Behavioural Therapy (CBT) as a therapeutic option to students (who were increasingly demanding this when applying for help).

My professional background as a CP seemed somewhat incidental to my new employer and was not acknowledged in my job title. I resented this, given the significant investment I had made in my training, but I also wanted to gain experience in the sector and so compromised. Unexpectedly, some of my new colleagues exhibited a hostile resistance to CBT. This caused me to feel angry and frustrated at times. It was an unusual dynamic of feeling needed but not wholly welcome.

In this role it was necessary for me to work out my own way of delivering CBT informed counselling to student-clients in an EHECS context. The mostly time-limited nature of the work was less than I was used to in NHS settings and it was certainly not possible to work to the manualised CBT protocols I had been trained to deliver in my previous role. The ways in which I have adjusted my own working practices to this type of context over the years (i.e. the way in which I

have come to practise as a student counsellor) represent a potential area of bias in how I interpret and understand the work of other practitioners in the field.

With hindsight, and subsequent to my acculturation in the student counselling sector I can now see how my entry into the team represented the influence of the Evidence Based Practice (EBP) discourse. This powerful discourse has been influencing the wider UK culture, in relation to psychological therapies from the early years of the 21st century (Layard, 2005). What I entered seemed to me, because of my previous professional experiences, like the last bastion of traditional psychodynamic counselling practice. The entry of a different kind of therapeutic approach and practitioner was perceived as threatening.

My colleagues however were unaware that I was also critical of the influence of the EBP discourse, having experienced its homogenising effect upon counselling in NHS primary care settings. My training and attitude as a CP is more pluralistic in relation to counselling models than any of my previous work roles have allowed me to fully express. I was therefore able to forge good working relationships across some of these divisions over time.

Moving to a larger EHECS service exposed me to similar dynamics but also to a greater variety of colleagues from different professional backgrounds. It has been in this context and from a sense of professional frustration (tempered by respect for the clinical wisdom I have encountered) that my research interest in the role and function of counselling practices in the EHECS context has emerged more clearly.

The relevance of the above is that I have developed strong opinions and have worked to gain professional acceptance in what has been, at times, a challenging environment. I am critical of practice in the sector and my research interest in this sense does contain elements of me wanting to highlight some of these difficulties. I have become more aware of this bias in myself throughout the research process and have endeavoured to remain open to discovery.

1.4.2 Relationship to my research question

My work in clinical supervision both internally and externally for other EHECS has highlighted a gap in my ability to explain, with research-informed diligence, the ways in which counselling in this setting differs because of its adaptation to the HEI context. The need to help practitioners adapt their practice to the HEI environment, especially when coming into it from a healthcare setting has, in this way, also fed into my research interest.

Working across a range of organisational contexts as well as training, not only in different counselling approaches but also in different counselling professions over a long period of time, has led to my broad interest in the relationship between context and practice and the way in which the counsellor's role is socially constructed.

Despite having worked in the student counselling sector for some time much of the literature I discovered in the process of conducting my Critical Literature Review (CLR) was new to me. I have learned a great deal about the development of the sector of which I had not previously been aware. In one sense, the research question I have asked relates to a need for me to understand

my current work and gain perspective on the effects that the HE institutional environment has had on my own professional identity and practice as a CP.

Chapter 2. Critical Literature Review

2.1 Search method

A BACP commissioned scoping review of research relevant to UK counselling in Higher and Further Education (Connell et al., 2006) served as a starting point for my literature searches. I additionally focused on locating relevant material (empirical research, articles and grey literature) published after that date through databases including EBESCOhost and PsychINFO, internet searches using mainstream search engines and full library searches at the University of London and London Metropolitan University. Search terms included ‘student counselling UK’, ‘counselling and Higher Education UK’ as well as ‘student mental health UK’ and ‘student mental health counselling UK’. Citation chaining was employed to locate further materials referenced in the literature (Phelps et al., 2007) which helped me to locate relevant international research.

I undertook a historical search of the British Journal of Guidance and Counselling using the same terms. This journal regards itself as holding the remit for research related to the HE counselling sector in the UK and as such I considered it a potentially important historical source. Similarly, a full search was carried out in the libraries for text books related to the UK HE student counselling sector.

2.2 Presentation of the literature

In the next section (2.3) my aim is to contextualise the UK EHECS sector as a place of employment for counselling professionals and, through critical

examination of key texts, provide enough historicisation of counselling practice in this area to support subsequent data analysis in Chapter 4. Section 2.4 critically examines the empirical research related to UK EHECS and develops the rationale for my own research. I will pay particular attention to the comparatively sparse amount of qualitative research, which examines practitioner experiences within the sector, in order to highlight the gap in the literature to which my research aims to contribute. Section 2.5 presents the literature related to UK student mental health from a critical perspective of the ways in which it is conceptualised, measured and researched. I conclude my CLR with a summary and conclusions (2.6) which clarify my arguments before describing my chosen research question in section 2.7.

2.2.1 Orientation to the UK EHECS sector

The professionals who practise counselling in UK EHECS, as has been the case in the past (see 2.3.4), continue to be drawn from a diverse range of training programmes and courses. The majority however, tend to be accredited members of the main UK counselling and psychotherapy organisations, namely the British Association for Counselling and Psychotherapy (BACP) or the United Kingdom Council for Psychotherapy (UKCP). Membership and accreditation with these bodies bestows access to voluntary accredited registers which are available to the public and subjects practitioners to codes of ethics and accountability processes such as a complaints procedure.

Practitioners of counselling and psychotherapy are not legally required to undertake a standardised training or register with a professional body in the UK

although anyone not meeting the requirements outlined above is highly unlikely to obtain employment as a student counsellor in a university setting. In practice, those employed as student counsellors in EHECS settings have generally achieved a postgraduate level of education and training – usually to masters level. This compares with the high adequacy of counsellor qualifications reported amongst counselling practitioners employed in healthcare settings (Ryan et al., 2019). The Scope of Practice and Education project and recent framework (SCoPEd; BACP, 2022) aims to address problems related to professional standardisation and is discussed more fully in section 2.3.4.

CPs like other applied psychology professions have been regulated by statute, through the mechanisms of the Health and Care Professions Council (HCPC) since 2009. The training route for these psychologists has a standardised curriculum and is an advanced training, delivered to doctoral level for those who have completed an undergraduate psychology degree recognised by the British Psychological Society. The legal framework of protected professional titles allows those who qualify to register and call themselves CPs or Practitioner psychologists. Clinical psychologists are also sometimes employed as student counsellors but, it seems at the current time, in small numbers. Professional titles within the sector are historically controversial for reasons which I also discuss below in section 2.3.4.

2.2.2 Allied mental health professionals employed in HE

The growing concern with student mental health has led to the recruitment of additional mental health support staff who may be located within EHECS or

within adjunct student services teams depending on the preferences and structures of individual institutions. Their presence and numbers will vary across institutions with the biggest growth being in the Mental Health Advisor (MHA) role. This role, according to the University Mental Health Advisors Network (UMHAN, 2023) aims to provide specialist mental health support to students who may be experiencing emotional or psychological distress or personal difficulties due to a mental health condition.

MHAs commonly have a postgraduate qualification in Mental Health or a professional qualification (such as mental health nursing, social work or occupational health) and frequently bring experience gained outside of the HE setting. UMHAN (2023) currently emphasise the MHA function as providing an interface between HEIs own services and external mental health services such as those provided by the NHS. Again the ways in which HEIs integrate these workers into their existing mental health provision, student services and EHECS is likely quite variable across the sector but it inevitably results in increased multi-disciplinary working with the attendant necessity to demarcate the work remit of different professional groups.

2.3 Counselling for students in UK higher education settings

Given the ubiquity of EHECS in UK universities it would be reasonable to assume that counselling is considered an important resource for HE students. This however has not always been the case and as some institutions are now choosing to outsource student counselling, neither is the future of individual EHECS at all certain (Lightfoot, 2018).

As autonomous institutions universities make their own decisions about the nature of the services they provide in order to support student mental health and wellbeing (European Commission, 2017; Office for Students [OfS], 2019). Although minimum good practice requirements have recently been established, through the University Mental Health Charter (Hughes & Spanner, 2019), there is no compulsion for HEIs to provide students with professional counselling services.

EHECS have evolved over many decades in response to individual institutional contexts. Despite this pattern of differential development, membership of national networks and professional bodies, such as the national networking group Heads of University Counselling Services (HUCS) and the British Association of Counselling and Psychotherapy University and Colleges division (BACP UC), tends to influence local policy and decision making. Historical accounts presented within the literature suggest that service evolution has been driven by modality considerations (such as, practitioner preference for specific theories of counselling), ideologies around the role and value of counselling activities both in HEIs and society at large and the perceived needs of the student body within individual institutions (Bell, 1996, 1999, 2014; Mair, 2015).

2.3.1 The emergence of student counselling

A key text in the sector (Bell, 1996) devotes considerable space to describing ‘The historical development of counselling in further and higher education’ (pp. 1 - 52) which is traced back to the emergence of counselling as a professional activity

during the 1960's and 1970's. In tracing the development of professional organisation within the sector, Bell documents how the establishment of the Association for Student Counselling (ASC) laid the foundations for the development of the British Association for Counselling (now the British Association for Counselling and Psychotherapy - BACP), illustrating how student counselling forms one of several strands of emergence (and wider acceptance) of counselling as a professional activity more generally within UK society. This development differs from that which occurred in other countries and cultural environments (see Orlans & Scoyoc, 2008; Dogan, 2000) supporting an argument for localised and contextualised research practices in this field.

A competing version of the origins of student counselling in the UK can be found in *Student Counselling in Practice* (Newsome et al., 1973). This early text claims to describe the first student counselling service, purporting to provide a description of what student counsellors actually do (in that particular service) rather than attempting to make a 'scholarly contribution to the literature of counselling psychology' (Newsome et al., xi). The counselling practice described in this text is predicated on Client-Centred Therapy (Rogers, 1951) and the minimal acknowledgement of this text in Bell's later work may be reflective of the partisan counselling modality politics which characterised the development of the UK counselling professions, in general, up until the the ascendance of the evidence-based practice paradigm in the early 21st century (See Palmer et al., 1996).

2.3.2 The discursive construction of a professional identity

The theme of student counselling as a distinct profession is prominent in the literature from its earliest days up until the present time (Newsome et al, 1973; Woolfe 1996; Bell 1996; Mintz, 2020). The general argument being that practitioners require a sophisticated understanding of the institutional context of their work, how organisational dynamics impact on the stakeholders of an EHECS (e.g. student-clients, counselling practitioners, senior management and academic staff) and on the nature of counselling practice and the aims of therapeutic work itself.

Newsome et al. (1973) deploy discourse/s which, despite the lack of language specifically related to mental health, could be seen as applicable today. They argue that professional student counsellors are needed because; the world is more complex than it was even a short time ago; times are uncertain and old authorities are no longer perceived as relevant; the education system is increasingly competitive, leaving no time for developing the emotional intelligence of students; young people are more concerned about themselves and their relationships than ever before (p. 4).

The idea that student counselling itself could be regarded as a distinct profession, with specialised student counsellor training programmes, was later viewed to be lacking in credibility (Crowther, 1984). The trend has since been to construct student counselling as a specialism for those with generic counsellor and psychotherapy (and more recently counselling psychology) training backgrounds.

2.3.3 Increasing demands

In the mid 90's Woolfe (1996) identified an emerging crisis in the UK student counselling sector due to the pressure on services to prove themselves effective. He also noted increasing numbers of students presenting with high levels of psychological distress (he cites presentations such as, sexual abuse, self-harm and suicide attempts) which reflects the findings of later empirical research (see 2.5). In this paper the student counsellor role is explicitly constructed as being 'remedial, preventive, and developmental' (p. 228).

Citing Ratigan (1989) Woolfe explains that the functions of student counselling are to act as a specialist source of help or referral, provide consultation in relation to problematic procedures and practices within a HEI, and to provide a kind of bridge between the lived experiences of students and the demands of the institutional setting. From these descriptions, EHECS and student counselling practitioners are positioned as 'the emotional heart of the institution' (Rogers, 1993 as cited in Woolfe, 1996), a compelling, though I would argue, rather idealised role construction.

2.3.4 Establishing the professional legitimacy of the counsellor role

The need to justify the relevance of the professional student counsellor may emerge, in part, from the perceived ambivalence of academic colleagues towards this new role within their workspace and the need to establish the legitimacy of the practitioner's training and professional status. Illustrating some of the negative attitudes around at the time, a review of Student Counselling in Practice (Newsome et al, 1974) described above, is scathing about the presumptions of

‘the lay psychologist with clinical aspirations’ (Sim, 1974, p. 502).

Demonstrating the long-standing nature of these professional rivalries and insecurities, over twenty years later Bell (1996) cautions student counsellors that ‘Those who practise what would be recognizable as student counselling in Britain must be trained as a psychologist in every other European country apart from Britain and Ireland’ but seeks to emphasise (and thus minimise the potential professional differences between counselling practitioners in the sector) that ‘... the experience of those working in HE [in the UK] is that there is no difference in training and title between student counsellors, psychologists and psychotherapists’ (p. 146).

This seems unlikely given that within the counselling and psychological professions, there has and continues to be considerable disagreement around professional equivalence. Consider for example the relationship between clinical and counselling psychology, sister disciplines with differing historical identities and an ongoing, at times contentious debate about their equivalence (Henriques, 2016). Or the arguments espoused by psychotherapists, never fully resolved, about the difference between what constitutes the practices of counselling versus psychotherapy (UKCP, 2022).

My own view is that Bell is here attempting to smooth over a long running and ever emerging conflict within the sector between practitioners’ attachment to their core professional training, with its concomitant tribalism and status related issues, and their employment as student counsellors. Harrison & Gordon, (2021), for example, explain that it remains an important fact that the term ‘student counsellor’ is a job title which is used to describe all those working

in this role but does not necessarily imply similarity in their professional training and background. A process which, perhaps, serves to minimise differences amongst the counselling professionals potentially competing for work.

Early surveys of the sector identified 45 different counselling qualifications among the 378 student counsellors who responded to a survey sent to all UK HEIs (Breakwell, 1987). As new professional groups, especially CPs and CBT practitioners have joined EHECS teams over the last two decades, as well as more recent adjunct professionals such as Mental Health Advisors (MHAs), the hegemony of traditional professional groups (counsellors & psychotherapists) within the sector has been more directly challenged and perhaps viewed with suspicion at a local level.

The SCoPEd project (see BACP, 2022) is a relatively recent initiative led by UK experts in counselling and psychotherapy and constituted through the co-operation of six UK professional bodies in the field. This project emerged to initiate the creation of a shared professional standards framework across the diverse training pathways for counselling practitioners. Practitioner competencies have now been mapped to the framework at different levels and are likely to influence recruitment of counsellors and psychotherapists in the same way that current accreditation standards already do, though more consistently.

These newer professional standards will inevitably influence the EHECS sector through recruitment processes but given the already high level of training required for practitioners in most EHECS settings (see 2.2.1) this change may not be highly significant in terms of changing the potential workforce. The necessity for the SCoPEd project does speak to the ongoing nature of the historic difficulties

relating to standardisation within the counselling professions in the UK discussed above.

It remains to be seen whether this standardisation process will lead to statutory regulation and protection of titles as has happened in the applied psychology professions but I think it could positively influence the EHECS sector by reducing the current emphasis on counselling models, through its promotion of generic competencies and feed into a potential post modality pluralistic discourse (see 5.3.1) which prioritises effective student counselling intervention above the type (e.g. psychodynamic, CBT etc.) of counsellor seen.

2.3.5 Counselling methods

Bell (1996) acknowledges that theoretical orientation was a key theme of the ASC agenda and demonstrates throughout her text a strong bias for psychodynamic theory and practice when presenting the role of a student counsellor. Although there are contributions from humanistic practitioners, the vignettes and anecdotal case material presented tends to represent this bias in statements made about counselling work. For example, ‘the counsellor, as even an experienced counsellor might have done, found it hard not to be fascinated by so transparent an acting out of an oedipal conflict’ (p. 45) and,

Experienced student counsellors do not ignore or become frustrated by these demands of time, the necessity to perform and the rigours of the assessment processes. Instead, they work with them as real issues, as well as helping students to understand their deeper, unconscious,

significance. (p.85)

She acknowledges that the first specialised training course in the sector ‘maintained an uncompromising psychodynamic perspective’ (p. 8).

Cognitive and behavioural approaches are mentioned with the acknowledgement that these are useful as a practical adjunct to psychodynamic work. It seems that the number of student counsellors not practising psychodynamic counselling (at least up until the mid 1990’s) is small though Bell stipulates that there are no national figures available at that time and that there is anecdotal evidence that many practitioners supplement their training with therapeutic practices from other modalities and are ‘happy to switch methods if it is necessary’ (p. 93).

This position is taken further in ‘Clinical Counselling in Further and Higher Education’ (Lees & Vaspe, 1999) where a cognitive behavioural approach is outlined as a way of ‘Focusing the Work’ (Ross, 1999, pp. 75-86). Like Bell’s book the emphasis is on theory rather than on data or any specific empirical research related to student counselling itself.

Student counsellors represent a relatively small professional community and as such may have been easily sidelined in the mainstream psychotherapy research literature. The texts discussed above can be seen as a forum for highly experienced, and networked, clinicians to disseminate the wisdom they have gathered over years of practice in the field and, as such, are a rich source of discursive formations in relation to the professional practices of the sector.

2.3.6 Acknowledging the influence of the institution

Within the literature so far discussed we can see a concern with specific therapeutic methods and perhaps, a tension around the constraints necessitated by the specific characteristics of the HEI environment. This is exemplified by May (1999) when he asserts that ‘the institutional task is not the same as the job for which, in the main, counsellors have been trained to do’ (p. 14). This theme is repeated 20 years later in a sector guidance document published by the BACP UC (University and Colleges division of the BACP descendant of the ASC) which explains that tensions can arise between an HEIs expectations and the professional requirements of counselling practitioners working in EHECS (BACP, 2017). An example would be an academic department’s request for some input around a vulnerable student and the counselling practitioner’s duty to maintain confidentiality.

The overt construction of the role of counselling in an HEI, within these texts, is as a support to the educational tasks of the institution through undertaking therapeutic work. Supporting students with particular issues (for example, self-harm and suicidal ideation, transitions and providing support to international students in a new cultural environment) are engaged in with the hope that doing so will ultimately help students to succeed in their studies.

Again, the therapeutic tasks are defined as preventative, for example, helping students to prepare for and manage exam anxiety and developmental, in the sense of helping students transition to a new environment and different life-stage (Bell, 1996). Newsome et al. (1973), conversely, explicitly construct the student counselling role as one of an educator, emphasising the value of

expertise in study skills and vocational guidance and only secondarily as a therapeutic resource in the traditional sense.

In addition, it is hypothesised that the availability of EHECS serves an institutional function to contain ‘the inevitable anxieties about insanity or suicide’ (May, 1999. p. 15) and provide relief to other institutional stakeholders that ‘difficult situations with students are being managed’ (p. 21). The existence of an EHECS is here constructed as fulfilling institutional and organisational needs as much as providing a service to individual students.

2.3.7 Where is the research?

The texts discussed also highlight by omission a general lack, at this time, of empirical investigation into student counselling work or the EHECS setting. Counselling activities are, of course, always located in particular social and cultural environments and counselling services, additionally, function within particular institutional contexts. While mainstream research interests tend to focus on outcome and process research (see 2.4), the influence of these contexts upon practice has been, and remains, a neglected area of formal research (McLeod & Machin, 1998). With the exception of recent research by Firth et al., (2019) which is discussed below (2.4.1) this would seem to remain as true today as it was 25 years ago.

Although the key texts discussed have not been updated as second editions they remain influential in the UK student counselling sector and *Clinical Counselling in Further and Higher Education* has been re-issued as a first edition reprint relatively recently (Lees & Vaspe, 2016). A more recent sector specific

review conducted by the British Association for Counselling and Psychotherapy – Universities and Colleges division (BACP-UC) emphasised the importance of practitioners developing their specialism through the experience of working in ‘the student context’ (BACP, 2017). The BACP has also developed a competency framework for counsellors working in further and higher education which highlights the importance of developing ‘specialist’ skills relevant to working with students in embedded services (BACP, in press).

The former document represents a wide ranging overview of the university and college counselling sector and provides detailed information on best working practices (BACP, 2017). Its broader purpose, to promote the value of maintaining embedded counselling services in HEIs to stakeholders within these institutions, seems to emerge from a perceived sense of threat to EHECS and the counselling professionals working within them which BACP-UC represent. In a stake for professional territory the authors argue that counsellors, by virtue of their ‘rigorous professional training’ are better placed to respond to increasingly complex clinical presentations than wellbeing workers and that counsellors in embedded services ‘know the institutions culture’ and are thus better placed to ‘act as a resource for the wider institution’ (p. 7).

The latter document is notable for its shift away from modality positions promoting instead generic therapeutic competencies for student counsellors, which is perhaps helpful for uniting the sector. While both documents are concerned to promote student counselling as a specialism and EHECS as specialist services of high value to their institutions (see also Broglia et al., 2018) there is a failure to acknowledge the diversity of counselling professionals now

working in such services.

CPs and CBT practitioners for example, though increasingly employed within the sector, are generally not affiliated with the BACP as they are represented by their own professional organisations. Some of the former have clearly worked in the sector for a long time and have made important contributions in relation to research informed practice and the importance of contextual factors (see Wolfe, 1996; Danchev, 2016; Chelms, 2020).

2.3.8 The current landscape

A key textbook in the sector edited by David Mair (2015) '*Short-Term Counselling in Higher Education*' exemplifies the changes which have now become standard practices in EHECS across the UK. The practicalities of managing busy services and the increased importance of evidence based practice seem to have overtaken concerns about pure modality based approaches and CBT is explicated more fully as a way of 'Working with depression and anxiety' (Meyer, 2015) alongside psychodynamic approaches to short-term work (Coren, 2015). There is also a greater emphasis on the role of initial assessment (Dufour, 2015) and changes in language which seem to reflect the influence of the NHS since the introduction of the Improving Access to Psychological Therapies (IAPT) programme (Clark, 2011). The overall sense is of a move towards a more medicalised 'treatment' discourse of counselling practice emphasising a greater concern with 'research, evaluation and audit' (Mair, 2015, p. 88).

The influences described above will be considered further in section 2.4 but a final emerging trend to note in Mairs' text is the description of a newly

developed model of very brief therapeutic intervention (Cowley & Groves, 2015). This is the proposal that offering a single session of ‘counselling’ may be the answer to resource issues within the sector. It is an idea which has gained currency in some HEIs and is also being promoted in the wider student counselling sector literature (Dryden, 2020b; Jenkins 2020).

This is a significant development in a sector which has been historically suspicious of brief interventions (Cowley & Groves, 2016), perhaps due to the profound influence of traditional therapeutic models already discussed. However, this shift also represents a pragmatic response to significant resource difficulties and highlights a problem with long waiting lists which may see some students unable to access a student counsellor within the space of an academic year.

2.4 Sector specific empirical research: Scoping review and beyond

A major aim of the BACP scoping review was to initiate the process of building an accessible evidence base for the activity of student counselling and, by implication, acknowledged the reliance on theoretically driven practices prevalent within the sector (at least in the UK) over the preceding decades. The document explicitly acknowledges the generally poor culture of audit and evaluation within the sector (Connell, et al., 2006). The authors proposed adopting quantitative research methods linked to the ‘evidence-based practice’ and ‘practice-based evidence’ knowledge paradigms in order to strengthen the sector and legitimise its position in the culture of the HE environment in which it operates (Connell, et al. 2006, p.9) .

This approach aimed to replicate the way Layard’s (2005) then recently

proposed plan, that the NHS should implement the delivery of psychological therapy in primary care based on best available evidence, was beginning to shape thinking in relation to talking therapy provided by the NHS and which, subsequently, led to the development and implementation of the Improving Access to Psychological Therapies (IAPT) programme across the UK (Clark, 2011).

An argument for directly transposing the medical model of managed healthcare onto EHECS service settings makes sense from a realist ‘evidence based practice’ point of view but, because it fails to account for the influence of the institutional context upon therapeutic practices, I suggest, has been limited in application. For example, the evidence base for psychological therapies, as they are implemented in healthcare settings, is primarily based on Randomised Control Trial (RCT) studies which generally compare a specific manualised treatment protocol (defined by therapeutic approach as well as number of sessions etc.) against an alternative or no treatment, in order to assess the effectiveness of an intervention (Cooper & Reeves, 2012; Hofmann, et al., 2012).

The resulting recommendations are generally hard to implement in EHECS that offer time limited contracts which are frequently disrupted by the requirements of the academic framework, the educational goals of an HEI and the priorities of the student client group. EHECS work within a framework of semesters and vacations which is not the same for the services which serve the general population (Broglia et al., 2018).

UK academic terms average 12 weeks with students managing significant transitions at particular points in time. Student-clients are likely to need support

managing acute stressors such as assessment deadlines, applying for jobs and internships as well as preparing to graduate and leave university in their final year. I would argue that these factors, in practice, tend to supersede the structure of therapeutic work based on the standardised treatment approaches developed for the treatment of common mental health problems delivered in healthcare settings.

Macaskill's (2013) study, which is discussed more fully below in section 2.5, found broadly similar levels of common mental health problems amongst students and the general population though Neves and Hillman (2017) found they tended to have lower levels of general wellbeing. This, most obviously, may be related to the pressurised and transitional environment in which HE students find themselves. Students, from this point of view, become a distinct client group because of the particular nature of the goal focused endeavour in which they are engaged at a certain time in their lives. There is also an institutional commitment which organises around helping them to succeed in achieving these goals.

The way that these contextual factors shape the counselling process has always been assumed as important within the sector literature (Newsome et al., 1973; Bell, 1996; Mair 2015). However, investigating the influence of the organisational context upon practice (in terms of how it might shape the role and function of the counselling process) has not yet been approached as a viable research question in its own right.

2.4.1 Measuring effectiveness

The effectiveness of EHECS has been linked to two main outcomes in the empirical literature. The first is the extent to which students accessing EHECS

can be shown to demonstrate reliable improvements in their mental health and wellbeing. This approach relies on the accurate gathering of pre- and post-counselling scores using validated measures, the favoured tool in the sector being the Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM: Evans et al., 2002). This kind of evidence, for the sector as a whole, is relatively limited due in part to significant variation in the data which is collected across services, making it difficult therefore to establish benchmarks for comparison (Broglia, et al., 2018). Where sufficient data is available research has suggested that the level and type of problem presentation in EHECS (level of ‘caseness’) is similar to that found in patients presenting for counselling in primary care services (Wallace, 2012) and that student counselling has a broadly equivalent positive impact on clinical outcomes (Wallace, 2012; Murray et al., 2016; Broglia et al., 2021).

The Student Counselling Outcomes Research and Evaluation (SCORE) consortium (see Barkham et al., 2019) has carried forward this research agenda by encouraging EHECS across the UK to adopt validated clinical outcome measures and pool data. Even now many EHECS do not routinely collect this type of data though recent research, conducted by the consortium across EHECS at four HEIs which do so, corroborates the effectiveness findings discussed above (Broglia et al., 2021).

While this research agenda is clearly important, within an evidence-based knowledge paradigm, the reliance on quantitative measurement tends to emphasise the uniformity and equivalence of student counselling with those counselling interventions provided in healthcare settings rather than elucidating

what is different or 'specialist' about them.

The second outcome which has been considered an important measure of effectiveness for EHECS is the impact that counselling has for students in relation to academic issues such as, performance and retention (Caleb, 2010; Murray et al., 2016). These outcomes are arguably of high interest to HEI stakeholders as they represent the value of having embedded counselling services for the students of an individual institution. From this perspective EHECS can be seen as supporting an HEI in its primary educational goal. The creation of an additional measure, the Counselling Impact on Academic Outcomes (CIAO) aims to capture relevant data and can be added to the standard CORE-OM (see Wallace, 2012).

A weakness of this approach is that the research derived from this data does not directly compare a student's perception of being helped to their actual academic performance, or then, compare these variables with counselling outcomes for students seen in non-EHECS contexts. It does not eliminate the possibility that a student-client who saw a counselling professional in, for example, a primary care setting would have given a similar response, if surveyed with similar questions.

A study carried out in an Italian university counselling service (Biasi, et al., 2016) did monitor student's study progress as part of their research design. As well as finding positive impacts upon mental health and wellbeing, they found that students accessing the embedded counselling service at Roma Tre University did, on average, take one more examination compared to those students in a wait list comparison group. This provides preliminary evidence of a potential link between student counselling and study performance though the authors

acknowledge the need for replication.

I would also add a caution around potential allegiance effects (Leykin & Derubeis, 2009) given that the main author is also the clinical manager of the counselling service in the study, though this research is promising in supporting the sector internationally. However, it also does not address the possibility that students might experience similarly beneficial results (in relation to academic outcomes) from accessing counselling in private therapy or healthcare settings which I think is a crucially overlooked matter in the UK student counselling sector.

A final effectiveness study has importance in accentuating the rationale for my own research interests. Firth et al., (2019) investigated the effect of treatment context and location on psychological therapy outcomes, across the UK. One of the clinical contexts used in this comparison study were EHECS settings (alongside others including NHS, voluntary sector and private practice). Sample data was gathered from the CORE National Research Database for 26,888 patients across 462 therapists and 30 different clinical settings). Using a Multilevel Modelling Analysis statistical framework the researchers described a ‘clinic effect’ which represents the structured differences in client characteristics, service access pathways, therapist practices, institutional resources and differences in training between sectors and clinicians which they linked to a substantial effect on outcome data.

The authors acknowledge potential problems and limitations with relying on routinely collected data for research purposes. However, their conclusion that the effectiveness of therapy is related to the broader sociodemographic,

socioeconomic, and geographic context in which the patient lives and in which the therapy is provided (p. 354) seems important in relation to my own research position. That is to focus on practitioners' potentially distinct, culturally embedded practices and their relatedness to a specific type of clinical or institutional setting in order to shed light on neglected areas of counselling research.

2.4.2 Practitioner perspectives

Only three studies reported in the scoping review (Connell et al., 2006) consider practitioner perceptions and none of these aimed to investigate counselling practices as such (Untch, 1997; Matthews et al., 1998; Benton et al., 2003). Both Untch (1997) and Benton et al. (2003) attempted to investigate a question of relevance to my study. Both utilised quantitative research designs and archival data of therapist clinical assessments in an attempt to determine whether perceptions of an increase in the severity of students-clients presenting problems were accurate. The third (Matthews et al., 1998) was concerned to address the question of whether student counselling services were doing enough to address alcohol problem drinking and is not directly relevant here.

Untch (1997) did not find a measurable increase in the severity of presenting problems over a specified time period (1980-1995). However, this study was based on data collected in a single student counselling service and the author cautioned against its generalisability. A possible conclusion drawn from the data, described by the author as the 'boldest' interpretation was that the increased severity trend was mostly a perception of counselling centre managers and staff (p. 65).

Benton et al., conversely, did report an increase in the complexity and severity of student-client presentations over a comparable time period (between 1988 - 2001). Interestingly the latter authors suggested that contextual factors such as media attention directed at specific issues as well as changes in mental health practice and delivery tended to coincide with the changes they observed in the data. They also described changes to counselling practice implemented in order to manage such trends. These included shorter counselling contracts and increased liaison with other stakeholders. Again, their study was located in one particular student counselling centre in the US.

Although the above studies are now relatively out of date they do point, I would argue, to the potential value of qualitative research enquiries which attempt to elucidate processes which are not easily quantifiable but which potentially influence professional perceptions and practices. Additionally, such research could play a valuable role in helping professionals to keep pace with a fast changing and dynamic environment with a view to practising in ways which best serve the clients they work with.

2.4.3 The qualitative research contribution

Connell et al. (2006) identified only four studies which used qualitative methods and were deemed of sufficient quality for inclusion in their scoping review. Two of these studies aimed to investigate the reasons why students stop attending therapy sessions (Ellingson, 1990; April & Nicholes, 1996). Both made use of a sample of previous student counselling service clients who had prematurely ended their sessions.

Elligson conducted interviews with 10 participants and used grounded theory methods to analyse the data. Connell et al. (2006) caution against the possibility of bias, particularly in Elligson's study as it was carried out within the service in which he worked, and also around the applicability of international (US) findings in relation to the UK student counselling sector. However, the results of this research are likely of high interest to practitioners as they suggest that termination of counselling support was not related to dissatisfaction with the counselling but rather for reasons related to the students' own appraisals of their improved situation.

Similarly, April & Nicholas' (1996) survey questionnaire based research also found a generally high level of satisfaction with the counselling process as reported by 20 respondents who had accessed student counselling services. This study identified the presenting concerns (mostly academic & social) of students while acknowledging that these reports might not equate with practitioner perceptions of those presenting problems. However, while important for boosting the credibility of student counselling, neither piece of research aimed to elucidate the specialist aspects or distinct nature of this work.

A further two qualitative studies (Risler, 2002; Ramsey-Wade, 2005) investigated students' subjective experiences of therapy. The Risler study utilised an innovative method known as Consensual Qualitative Research. The research data, gathered through interviews with nine participants, was analysed independently by four researchers before coming together to negotiate consensual conclusions about the meaning of the data. This research highlighted the qualities of the therapeutic relationship and aspects of the therapists approach which clients

valued but focused less on the reasons for needing help and the HE context of the intervention.

Ramsey-Wade's (2005) exploratory research with eight students utilised Interpretive Phenomenological Analysis (IPA) and aimed to understand the experience of therapy as a student-client. It involved some analysis of how client's thought therapy worked for them and assisted with their studies. However, it mostly focused on important qualities of the therapeutic relationship and the personal benefits this brought, for example, greater self-acceptance and self-confidence. Ramsey-Wade argued in her study that research into mental health is biased towards a practitioner perspective in order to justify the importance of her own attention to the student-client perspective. While I would entirely agree with that point, it is also important to note that understanding practitioner perspectives in relation to counselling practices, from a critical point of view, represents quite a different research lens (to that used by traditional mental health researchers) and, I would argue, is essential for understanding counselling practices in context.

The omission of a high quality study published in the *British Journal of Guidance & Counselling* (Wheeler & Hewitt, 2004) investigating the experiences of lone student counsellors (i.e. not those working in EHECS teams but as individual practitioners) in UK HEI settings is perhaps indicative of the explicit outcome focused (evidence enhancing) agenda of the scoping review but, I would suggest, missed an opportunity to affirm the important influence of the HEI context upon counselling practice. Using a contextual analysis methodology the researchers concluded that 'the significance of the counsellor's involvement in the

organisation was not to be underestimated' (p. 533) highlighting the complexity of the role and the flexibility required to navigate this.

While this study shares common ground with my research project it does not investigate the perceptions of practitioners working in teams, potentially failing to account for the influence of professional colleagues and group service identity, upon student counsellors, in a formalised service context (an EHECS). This could be important as such relationships are thought to have an important effect upon professional identity formation (van den Broek et al., 2021). The experience of working as an independent practitioner is clearly different from working within a team service context and conceivably influences counselling practices in different ways. Wheeler & Hewitt's (2004) study also does not attempt to understand the development of practice from a social constructionist perspective which I have posited as a framework for investigating these potentially complex processes.

More recently, two further qualitative studies have been published and bear relevance to the development of my own research rationale in different ways. Firstly, Randall & Bewick's (2015) exploration of student counsellors' perceptions of changes to 'service pathways' within one particular UK EHECS used a thematic analysis methodology to analyse interview data gathered from five participants. This research is firmly situated within a UK EHECS context and describes some of the recent changes in the way that the service is delivered and evaluated. The study sheds light on practitioner perspectives which the authors argue are insufficiently documented in the empirical literature and again identifies a tension between the implementation of specific ways of working

against the perceived need for flexibility in the HEI context.

The research approach, however, can be viewed as uncritically realist in its assumptions, portraying counselling as a standardised technical practice and implicitly constructing it as a generic mental health intervention (i.e. not a social practice constructed by participating individuals). This is perhaps not surprising given the authors' psychiatric medical backgrounds and is not a criticism of the quality of the research which seems important to the sector. It acknowledges the HEI context in terms of how it has a practical impact on the delivery of the intervention, noting for example that 'NHS services are often not equipped to deal with the timescales of the university calendar' (p. 97), but not how this context may shape practitioner perceptions of the role and functioning of counselling itself as well as counsellor behaviours. The authors do call for further research across services and for better location of that research within the organisational context, which I would agree is essential to understanding such processes.

The second and most recent piece of qualitative research in the sector (Harrison & Gordon, 2021) is more directly related to my own research interests and focuses on practitioner experiences of providing counselling to students in HEIs in Ireland. The research is more contextualised and reflective. The use of Interpretative Phenomenological Analysis (IPA) highlights counselling practitioners' lived experience of their role and highlights the complexity of this role in a changing work environment. The authors identify a superordinate theme of 'fighting for Recognition' (p.5) which as discussed in 2.3.2 is a long standing theme within the sector literature. They also identify a second theme termed 'zigzagging' which describes how practitioners 'need to respond flexibly and

creatively to meet student needs in a context that is unpredictable and evolving' (p. 1), again corroborating the emerging theme of flexibility within the empirical qualitative literature.

The recent qualitative research contributions, discussed above, demonstrate the value of using different methodologies appropriate to the questions being asked but also highlight the lack of empirical research investigating practitioner perspectives across UK EHECS. Harison & Gordons (2021) research highlights ways in which student counsellors make sense of their lived work experiences in Irish university counselling services. In doing so I think it makes an important contribution to understanding the 'specialist' aspects of this work, including perceptions of the growing complexity of the counsellor role and how this is managed.

While the potential social and cultural differences between Ireland and the UK warrant the need for similar and localised research relating to UK institutions I would argue that the IPA methodology does not lend itself so well to investigating the social processes which influence the conduct of counselling. Furthermore, I think this is a gap which remains unaddressed in the research literature, perhaps for counselling and psychotherapy research in general but for student counselling in particular. While the sparse amount of qualitative research suggests that counselling practice is shaped by the HEI context the ways in which this influence operates has not been explicitly investigated.

Before describing my own research question there is one further area of research literature relevant to counselling professionals working in EHECS and that is the mental health of their student-clients.

2.5 Student mental health and the discourse of crisis

The concern with the mental health of students links directly to some of the issues currently influencing discourse in UK EHECS. In order to understand the constructionist processes at work I will attempt to adequately historicise the described objects (student mental health and wellbeing), within the relevant literature, from the turn of the century up until the present day.

The emotional and psychological wellbeing of students in HE, though long considered part of a HEI's remit and general duty of care, has now emerged as a prominent and explicit concern across universities in the UK (Barden & Caleb, 2019; Brewster et al., 2021). The UK Government's calls to prioritise student mental health and wellbeing (Gyimah, 2018) has consolidated this focus and follows wide reporting of increased levels of emotional distress, mental health problems (both common and complex) and the numbers of university students (both internationally and within the UK) requesting professional help with these difficulties (Auerbach et al., 2016; Mair, 2015; Thorley, 2017).

Noting an increased concern with student mental health in the international literature Macaskill (2013) undertook research to assess levels of 'mental illness' in UK undergraduate students using the General Health Questionnaire 28 (GHQ - 28) as a screening measure. An explicit aim of the study was to test the hypothesis proposed in the Royal College of Psychiatrists 2003 publication, '*The mental health of students in higher education*' (RCPsych., 2003), that the British government's widening participation agenda would lead to increased representation of mental health problems in the student population. University students had traditionally been composed of individuals from economically

privileged backgrounds considered to be a protective factor with regards to mental ill health (Macaskill, 2013). She concluded that rates of ‘mental illness’ amongst her student sample were equivalent to that of the general population although with much less ‘treatment’ intervention than the non-student population. She was also able to observe a peak in undergraduates’ reporting of psychiatric symptoms in their second year of study.

In assessing the respondents current state in comparison to their usual state, it is perhaps not surprising that the GHQ-28 reveals symptoms of psychiatric disorder at times of peak stress in the student experience (second year undergraduate students on standard three year degrees tend to think that their academic performance has become more important to their overall achievement goals than it has been previously). The GHQ-28 is also sensitive to short-term psychiatric disorders rather than the long-term characteristics of respondents and this heightens the risk of overdiagnosis.

If we screen for psychiatric symptoms amongst a population subject to academic and other significant life stressors (e.g. financial strain, transitioning to independence etc.) then we are, of course, likely to find them but this is not the same as being able to say that respondents are suffering from untreated mental health disorders. Macaskill’s research does contextualise the student experience and discusses the potential impact of the environmental factors on students’ experience of their mental health, though this is secondary to the analysis of identifying the prevalence of mental ill health.

An additional difficulty with the data from this research is that Macaskill uses a sample from ‘a very large modern university in the north of England’ (p.7).

While it is likely that the widening participation agenda has been an important factor in the development of this type of institution over the past few decades, we would need to know that this factor is also a significant reason for the increased distress of students at elite institutions in order to support such a conclusion. Such institutions have arguably changed less, in demographic terms, over the same amount of time, yet still report very large increases in demand for mental health support services and counselling (Broglia et al., 2017). Overall however, Macaskill's research can be viewed as a precursor to the more recent international research (Auerbach et al., 2016) which has established the prevalence of common mental health problems, as measured by standardised self-report measures, in an international student population which is likely to correlate with the experience of UK students.

Thorley's 2017 report for the Institute for Public Policy Research (IPPR) is a useful document for the HE sector as it presents key research findings and makes clear recommendations. We learn, for example, that 'levels of mental illness, mental distress and low wellbeing among students in higher education in the UK are increasing, and are high relative to other sections of the population' (Thorley, 2017, p.3). This leads to recommendations for HEIs to collectively adopt student mental health and well-being as a priority issue, with individual institutions being asked to develop their own 'whole-university' approaches subject to NHS style clinical governance structures and drawing upon best practice in the field (Thorley, 2017, p. 67).

Through a thorough process of systematic review Thorley presents data from a wide range of published sources, conducts a survey with 58 HEIs and

reports data derived from qualitative stakeholder analysis (interviews with senior university staff across both academic and student services). On one level the research discussed provides us with data and statistics which confirm and add to the perception of the crisis in students' mental health. It seems clear that students have been reporting high levels of distress for some time. This includes more of them saying they have been diagnosed with depression or anxiety (presumably by their GPs or adolescent mental health services which they have engaged with prior to commencing university) as well as more disclosures of suicidal ideation, self-harming behaviour and the established fact that there have been large increases in the numbers of students seeking counselling from EHECS.

A major difficulty identified with quantitative research on student mental health, and 'wellbeing' in particular, are the inconsistencies in the use of measures and definitions across different different studies and student populations (Dodd et al., 2021). The General Health Questionnaire - 12 (GHQ-12), for example, which is generally considered well validated and reliable does exhibit response bias due to item wording (Hankins, 2008) and there remains debate around exactly what is being measured (Hystad & Johnsen, 2020). This can lead to both over identification (Anjara et al., 2020) or under identification (Brown et al, 2018) of common mental health problems depending on the context of use.

Despite being over 20 years old a report undertaken by the Heads of University Counselling Services (HUCS) (Rana et al, 1999) continues to be cited in the sector literature in relation to student mental health. Although the stated intention of this working group was to promote discussion and raise awareness of increased levels of disturbance among the student population it also produced a

number of recommendations. These included good practice guidance for EHECS. The report linked the increase in students presenting with more severe psychological problems to government policies such as ‘widening participation’ and the increase of students from ‘non-traditional’ backgrounds entering HEIs. It was argued that this shift to increasing the number of people studying at university had not been accompanied by additional resources for supporting them.

It is perhaps important to note that the report described above emerged from perceptions of managers in EHECS services which were increasingly busy with presentations of concern to clinicians. Shortly afterwards Universities UK (UUK, 2000) produced its own *Guidelines on Student Mental Health, Policies and Procedures for Higher Education* followed quickly by *Reducing the Risk of Student Suicide: Issues and responses in Higher Education* (UUK, 2002). The former document was later updated into a good practice guide (UUK, 2015). We could speculate that the distribution of these documents to managers of EHECS is one of the ways in which the perception of risk, in relation to the extremes of poor mental health amongst the student population, has become central to discourse within the student counselling sector.

2.6 Summary and conclusions

In this chapter I have attempted to show how the development of EHECS and the student counselling sector was intrinsically linked to the overall development of counselling as a professional practice in the UK. Much of this development occurred before the emergence, in the UK, of CoP as a distinct discipline and profession. It seems there has been relatively little (given the timeframe)

empirical research conducted within the UK EHECS / student counselling sector.

The current research priorities of the sector continue to focus on trying to establish the basic legitimacy and value of providing professional counselling for HE students within their institutions. I have tried to show however why it may be that key stakeholders (such as students and wider university staff) are less focused, at the current time, on this knowledge than on coping with the apparent mental health crisis emerging within the student population. I have additionally critiqued the exclusively realist and mostly positivist approach of the research paradigms adopted within the sector.

From this background I have argued three main points. Firstly, we cannot assume that professional counselling practices remain static and separate from the institutional context in which they are performed. Secondly, there is a need for further context sensitive research which accounts for and attempts to theoretically incorporate the social processes which influence counselling practices in the EHECS sector. Thirdly, that a focus on the role and purpose of counselling in this context, from a practitioner perspective, has so far been overlooked as a serious research question.

This may be partly due to the need to use suitable methods and theoretical frameworks to ask this kind of question and to interpret the resulting data. It also requires an interest in clarifying perceptions of counselling practice in EHECS which may have been assumed to be obvious and thus underrated as a research topic (see Dreier, 2008). For these reasons I have highlighted the need for a qualitative research approach and in particular one which is able to deconstruct professional counselling practices whilst acknowledging the influence of the

context in which they operate.

The expertise which CoP brings to researching counselling practice represents a potentially valuable opportunity to contribute to a 'specialist' area of practice from such a position. One of the documented aims of UK CoP research, for example, is to bring attention to the constructed nature of assigned roles in a wider social context (Gran, 2019). The constructionist foundations of Foucauldian Discourse Analysis (FDA) and the flexibility of its methods make it a strong choice for my study and I will articulate my methodology, including a detailed consideration of the crucial epistemological issues, in Chapter 3.

2.7 Research question

My research question can be framed within the following assumptions to illustrate this epistemological position; if counselling is understood as a social practice and viewed from a social constructionist perspective, how do practitioners of student counselling construct the role and functions of their work in UK EHECS? How do counselling professionals working within EHECS talk about their practice and what does this tell us about how they understand the role and purpose of their professional activities in this environment?

The adoption of a social constructionist position requires that the last question takes into account the discursive resources available to individuals (counselling professionals) when talking about the constructed object (their professional counselling activities) and that consideration is given to how these constructions are mediated by historical and current social conditions (Langdrige & Hagger-Johnson, 2013).

Chapter 3: Methodology

3.1 Overview

In this section I present the research philosophy that underpins my study and describe how this links to the chosen methodology, Foucauldian Discourse Analysis (FDA). I attempt to explain and justify my research decisions throughout, including the elimination of alternative methodologies and issues of quality and rigour pertinent to the anti-positivist stance which I articulate (3.2 - 3.3.1). The practical aspects of the research process are described in some detail (3.4 - 3.7) including ethical and risk considerations (3.8 - 3.8.5) before concluding with a second reflective statement (3.9) which aims to further embed reflexivity within the research process.

3.2 Ontology and epistemology

Many questions of interest and relevance to CoP, being concerned with subjectivity, can not be investigated using methods which emerge from the positivist epistemology of mainstream psychology (see Tolman, 1994, pp. 132-144). The early adoption of a social constructionist theoretical position (see section 1.2) provided a framework for understanding the context of counselling practices and influenced the formation of my research question. What follows aims to make sense of this decision to eschew a positivist / deterministic research framework.

Contemporary social constructionist theory emerges from a range of post-structuralist philosophical assertions which, while representing a varied and

complex area of philosophical thought, tends to coalesce around the view that objectivity and truth can never be fully attained (Harland, 1987). This is partly due to the ways in which language is implicated in the transmission of knowledge, values and meanings which in turn influence all aspects of human social behaviour. From this perspective the language we use is viewed as constructing social 'reality' rather than revealing its true nature (Phillips & Hardy, 2002).

Language processes serve to reproduce culture and define the ways in which we think and furthermore, are able to think about the world (Belsey, 2002). Unlike the earlier structuralists who theorised the existence of underlying structures to explain human thinking and behaviour, post-structuralism suggests that these language processes are, in themselves, enough to explain the way that social experience is organised (Hollway, 1989).

Post-structuralists assert that the language we use to speak about 'the world', especially the social world, is a product of the meanings we learn in the process of socialisation (i.e. learning the attitudes, values and acceptable behaviours of a particular culture) which are then reproduced by implicit (we might say unexamined or unquestioned) mutual agreement. The way in which language is implicated in this process of 'reality' construction becomes most apparent when we look at the cultural and historical variation of the concepts and categories which humans use to describe the world (Burr & Dick, 2017).

To illustrate, psychological counselling as a practice emerged during the twentieth century in a particular historical period (McLeod, 2001) and now takes place in a range of social contexts (e.g. healthcare settings, private practice, specialised charitable organisations) and, for a range of purposes (e.g. treatment

for depression, personal growth, relationship problems). The practical application of a post-structural social constructionist position, for this study, is that it allows us to consider questions about the discursive construction of counselling as an activity (or social practice) in a specific context (an EHECS), a practice more generally described as *student counselling*.

Social practices can be thought of as behavioural patterns which enable members of a group (in this case the professionals who practise counselling in EHECS) to create, distribute or manage a particular resource, ostensibly professional psychological help, due to their connection to specialised knowledge and shared meanings (Haslanger, 2018). From this epistemological position we would understand the counselling theories, which constitute a substantial part of training for counselling practitioners, as professional tools which serve to facilitate dialogue around human problems and experiences. This is in contrast to a positivist paradigm conception which tends to present counselling theories as reflecting objective facts or ‘real’ models of the human mind’s psychological structures (McLeod, 2001, p. 596).

Foucault’s (1926-1984) approach shifted attention from the micro analysis of language to understanding the role of *discourse* (Hall, 2001) which, for Foucault, refers to sets of related statements that represent the knowledge of a topic at a particular time and place. Foucault (1972, p. 31) called these *discursive formations* and argued that they ‘systematically form the objects of which they speak’ (p. 49).

Foucault was able to demonstrate, through his examination of particular historical periods, how the *episteme* of the time governs what knowledge can be

established and how the power (or influence) of this knowledge is manifested in the social practices of that time (see Foucault, 1975). Crucially, Foucault emphasises the connections between language and social practices through the influence of discourse in a particular context (Harland, 1987).

The position I have outlined so far represents a subjectivist epistemology in which the research findings must be understood as co-constructions produced by myself, as the researcher, and my participants (Lincoln et al., 2018). There is however debate about subscribing to a relativist ontology which would imply that knowledge, generated through the research process can only be thought of as local and context specific. Parker (1992), for example drawing on theorists such as Bhaskar (1989) argues for psychologists to ground their work in critical realism.

The critical realist position accepts that language constructs our social realities while acknowledging that this process is also shaped by material constraints and possibilities which are non-discursive (Sims-Schouten & Willig, 2007). Willig (2016) argues that the kinds of research questions, generally, asked by psychologist researchers represent realist assumptions and aspirations and suggests that it is possible to combine a constructionist epistemology with a realist ontological position.

I present the above arguments to demonstrate my awareness of debates within the CoP literature (see Willig, 2016) rather than to align myself with this position. I lean towards a relativist position and have asked a research question which attempts to unlink counselling practice from realist assumptions. I think it is also important to note that Foucault himself did not deny the existence of material reality, or its constraints, but rather argued that even these can only

become meaningful (transformed into something knowable / knowledge) through discursive language processes (Hall, 2001).

With reference to my study, I would argue that the analysis derived from my research can have utility without needing to make claims towards objective truth. The onus is rather on the reader, particularly those with an interest and experience in the EHECS sector, to decide whether this analysis is relevant to their own contexts and experiences.

3.2.1 Critical qualitative research

Mainstream qualitative methods, although now well established within psychological research, tend to be concerned with generating insight into the meaning and experience of social reality rather than with elucidating how it is produced (Willig, 2013; Phillips & Hardy, 2002). The emphasis on the active role of language itself in discourse analytic methodologies, and for some the paradigm shift that this represents, has made discourse analysis the defining approach of critical qualitative research (Braun & Clark, 2020).

Although now more common within psychology I would argue that discourse analytic approaches such as FDA still occupy a relatively marginal position due to the radical implications of Foucault's ideas and the resulting difference in research aims (see section 3.2.2) which they inspire. Other, well established, qualitative methods were rejected in relation to the current research question and research aims.

Phenomenological methods such as Interpretative Phenomenological Analysis (Smith & Osborne, 2003) could provide important insights into the lived

experience of being a counselling professional in an HE context, indeed they already have (see section 2.4.3), but would not explicitly pay attention to the macro process patterns which influence practice in the sector. Additionally, phenomenological methods tend to assume that the language of study participants reflects the reality of their lived experience which is problematic from a constructionist perspective (Langdrige & Hagger-Johnson, 2009).

Grounded theory methods (Glaser & Straus, 1967; Charmaz, 2006) can potentially explain social processes, however, they do not directly address how discourses shape professional identities and practice. An overarching aim of my research is to contribute to the student counselling sector by increasing awareness of the discourses influencing practice and to support effective messaging about EHECS. Grounded theory research, generally, better informs those who need theory to design more effective interventions (Starks & Brown, 2007).

3.2.2 The goals of constructionist research

Constructionist research from a Foucauldian perspective aims to show, through the deconstruction of texts, how discourses are implicated in presenting us with a particular way of seeing the world (Burr, 2015) enabling us, ‘to ask reflexive questions from alternative standpoints’ (Gergen, 2009, p. 22). To be interesting, and thus of value, this kind of research might demonstrate that things we thought were one thing are in fact something else, or at least can be thought of differently (Phillips & Hardy, 2002). This perspective shift can also potentially enable us to extend or develop new discourse/s in relation to constructed objects.

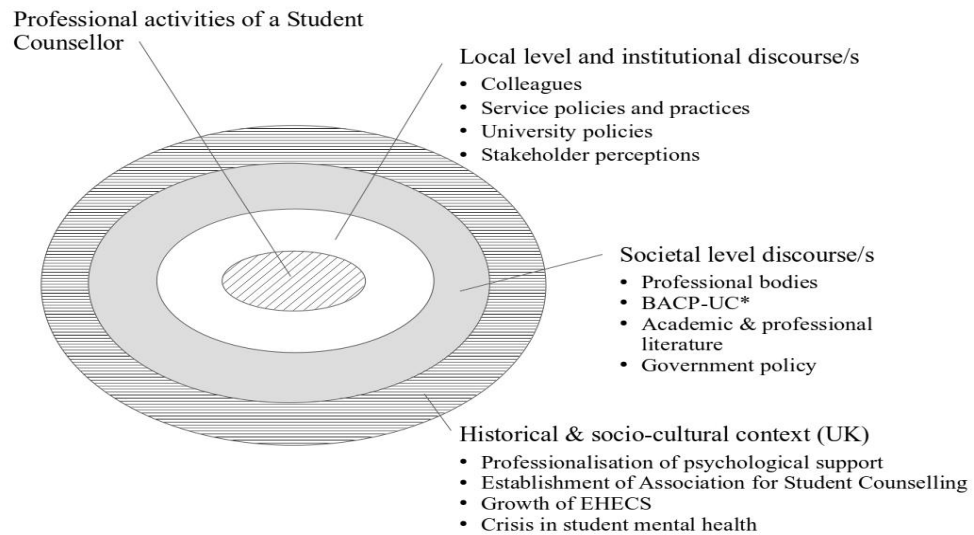
3.3 Method of analysis

FDA attends to the discursive construction of social practices paying particular attention to the discursive resources available within a particular context (Langdrige & Hagger-Johnson, 2013) and importantly, for this research, FDA allows for consideration of the relationship between discourses and institutions, the history of particular discourses and how they change over time, as well as how power is exercised through dominant discourses in a particular field (Willig, 2013).

Other approaches to discourse analysis such as discursive psychology share commonalities with FDA, for example a concern with how language contributes to the construction of social reality (Willig, 2013). However, discursive psychology attends more specifically to the content of what is said in order to understand what people are doing with the language they use rather than paying attention to the larger social and political context (Potter & Wetherall, 1987).

Figure 1. (below) illustrates how student counselling in EHECS may be influenced by various levels of discourse each linked to potential sources of discursive formations. Local discourse/s are influenced by societal level discourse/s which, in turn, are situated within wider historical and socio-cultural discourse/s in the UK context.

Figure 1. *Connection between discourses and counselling practice in UK EHECS*



*British Association for Counselling and Psychotherapy – Universities and Colleges Division

3.3.1 Quality and rigour in discourse-analytic research

The epistemological assumptions I have outlined are not compatible with the positivist concepts generally used to legitimise research undertaken from realist perspectives. Concepts such as validity and reliability do not, of course, make sense when asserting that there is no ‘real’ world to discover beyond the one which is constructed through discourse and a constructionist research position maintains that there are multiple possible readings of a situation thus denying the possibility of reproducible results (Phillips & Hardy 2002).

FDA, in common with other approaches to Discourse Analysis, is not concerned with data homogeneity nor is the sample size related to generalisability. Decisions in this area are concerned rather with what data is available and its

applicability to the research question (Potter & Wetherall, 1987). Despite there being long established criteria for evaluating qualitative research in general (see Lincoln & Guba, 1985) recent arguments highlight the importance of using strategies which are appropriate to the particular method employed rather than simply using a tick box approach to implementing quality checklists (Morse, 2018). With the above in mind I have incorporated the following strategies and practices into the research process.

3.3.2 Coherence & clarity

An important aspect of rigour involves demonstrating methodological and theoretical coherence which provides a strong conceptual framework for a clearly stated research question (Morse, 2018; Johnson et al., 2020). I have also attempted to present my material in a way that I hope will resonate with other counselling professionals (Willig, 2013).

3.3.3 Credibility

Johnson et al. (2020) stipulate that research credibility emerges from the transparent disclosure and management of biases and other potential confounders such as the researcher's training and previous experiences (see Reflexive statement I), personal connections to the background theory (see Reflexive statement II) and access to the study population (a standardised recruitment of participants external to my own workplace was employed to reduce the biases created by my own EHECS work context).

I referred to others (especially colleagues and other researchers using

different methodologies) to support credibility checking (Willig, 2013) and embedded reflexivity (see below) throughout the research process. Additionally, I have grounded my main analysis in examples of the data (Willig, 2013).

3.3.4 Supporting reflexivity

During the research process I engaged in a formal practitioner researcher peer supervision group with two colleagues (see acknowledgements). This was an important forum for discussing ideas, obtaining feedback and reflecting on my own position. I also made use of informal discussion wherever possible. I have used my supervisor's feedback to reflect upon why I have made certain choices during my writing up process.

Rather than aiming to 'bracket' my own views, a practice advocated by some qualitative research methodologies, in discourse analysis the aim is rather to examine one's own place within the discourse/s (Starks & Brown, 2007). Keeping notebooks and reflecting on my own language use has helped with this process.

3.3.5 Contribution

My aim has been to conduct a study which will be of interest and relevance to those working in the UK EHECS sector, particularly fellow counselling professionals, and which contributes new knowledge and perspectives to this area of practice (see discussion Chapter 5).

3.4 Research design

The research design reflects a formal attempt to gather data of sufficient quality to provide access to *discursive formations* relating to the topic of student counselling in an EHECS context. That is a body of language used by practitioners when discussing their work. Ideal data for this study would be transcriptions of naturally occurring (formal and informal) discussions between counselling professionals working in UK EHECS in the course of their everyday work (Willig, 2013). As it would not, of course, be ethically or practically viable to collect such naturalistic data in this context, in common with much discourse analytic work, data was gathered by conducting semi-structured interviews with a number of individual practitioners (HE student counsellors) working in EHECS teams within UK universities which were then transcribed and analysed using FDA.

From the theoretical and epistemological positions adopted in this study ‘actors’ in this type of context will be drawing upon discourses which connect to wider *texts* (manifestations of these discourse) which are located in the broader historical and social context (Phillips & Hardy, 2002). The participants can be thought of as providing a link to the discourses operating in the sector. It was therefore possible to conduct a macro-level analysis, identify specific discourses implicated in the construction of student counselling and consider how these discourses influence the thinking and practice of counselling professionals (Langdrige & Hagger-Johnson, 2013).

This approach is aligned to early Foucauldian theoretical insights where

the aim is always to move beyond the individual subject to an analysis of the discourses implicated in their constructions of the objects they are talking about whilst acknowledging the potential for new discourses which this analytic process generates².

What counts in the things said by men is not so much what they may have thought or the extent to which these things represent their thought, as to that which systematizes them from the outset, thus making them thereafter endlessly accessible to new discourses and open to the task of transforming them.

Michel Foucault, (1975, preface, xix)

3.5 Participants and procedure

The following procedure was used to recruit qualified counselling professionals (counsellors, psychotherapists or psychologists) currently employed in an UK EHECS for at least two years. The differing professional training backgrounds represent the reality of employment in the student counselling sector as discussed in Chapter 2.

The participants were required to have had at least two years of experience in the EHECS context in order to ensure some acculturation to sector discourse.

²Discourses are meaningful only through understanding their relationship to other discourses and the texts (documents, speech, symbols etc.) in which they are enacted. They are 'not produced without context and are always connected to other discourses which were produced earlier, as well as those produced synchronically and those produced subsequently.' (Fairclough & Wodak, 1997, as cited in Phillips & Hardy, 2002, p. 4).

Two years rather than one was chosen as a cut off to account for the fact that many practitioners in the sector work part-time. An assumption was made that even on a part-time basis, two years of being connected to an EHECS team would ensure enough familiarity with the context to be a useful participant.

1. A list of all UK universities (including member institutions of the University of London but excluding my own work setting) was used to search for counselling services through their individual websites. Non-university institutions with degree awarding powers were excluded due to them being too numerous.
2. Contact details were obtained for as many services as possible and an email (Appendix B) was sent to either their main contact address or a named person within the service. A study recruitment poster was attached to this email (Appendix B). By this method I contacted 40 services across the UK. The personal and demographic characteristics of the participants were not considered of special importance in the recruitment process because the data of interest for the study was the language used to construct the role and functions of professional counselling activities in an EHECS context rather than the individual characteristics of those generating that language (Potter & Wetherall, 1987). However, basic information was gathered at the interview stage (see point 5) to help contextualise the participants for a potential future audience.
3. Concurrently, the same poster was distributed on the BACP-UC mailing list (JiscMail) by a member of that organisation's research committee. This meant that recruitment materials had a high chance of being seen by

potentially suitable participants though some services may have received them twice.

4. Seven potential participants established contact at which point I responded with an invitation to arrange an interview (Appendix C) and a participant information sheet (Appendix D), a consent form was sent once an interview time had been arranged (Appendix D).
5. Interviews were conducted online through a secure video conferencing platform. I sent a link for the participant to join me in a virtual research meeting room. At the arranged time the initial part of the interview was used to gather information (Table 1 below) and confirm that the participant met the eligibility criteria outlined in the recruitment poster (Appendix B). At this stage one of the potential participants described working as a lone practitioner and was not therefore included in the study.
6. Six full interviews were conducted, each around an hour in length (see 3.6). At the end of the interview participants were invited to ask questions or raise any concerns that they had. Directly after concluding the meeting participants were sent a de-briefing e-mail (Appendix F - see 3.8.3)

Table 1. Description of participant characteristics

Participant pseudonym	Professional background	Age	Length of experience in the student counselling sector	Main counselling model	Size of current HE institution*
Adam	Counsellor / Psychotherapist	45-54	5 years +	Psychodynamic	20,000
Lizzy	Counselling psychologist	45-54	5 years +	CBT	22,000
Paul	Psychotherapist	35-44	2 years +	CBT	10,000
Luca	Psychotherapist	45-54	5 years +	Person-centred	15,000
Janine	Counsellor / Psychotherapist	45-54	5 years +	Psychodynamic	33,000
Uma	Psychotherapist	55-64	15 years +	Integrative	17,000

* Approximate rounded figures

3.6 Data collection

Focus groups are generally considered the optimal way of collecting data for FDA (Phillips & Hardy, 2002). However, as the participants for this study were drawn from diverse locations and were unlikely to know each other, the primary advantage of this method in relation to the research question (creating a more naturalistic discussion) would likely have been lost. Given the significant practical difficulties of organising focus groups I decided to opt for collecting data by individual semi-structured interviews adapted to produce data more suitable for discourse analysis (see below). The participants were then interviewed through a

secure video conferencing platform.

One of the difficulties with traditional interviewing styles are the constraints imposed on participants and the consistency in responding patterns that this encourages (Langdrige & Hagger-Johnson, 2013). For discourse analysts interviews are seen more as a conversational encounter with the interviewer as an active participant aiming to create both variation and consistency in the responses of participants. Interviewing style and technique aims to facilitate rather than eliminate diversity (Potter and Wetherell, 1987). This is likely to increase the range of *discursive formations* used to talk about the objects of investigation.

The aim of discourse analytic research is not to understand how participants' psychological processes are expressed through language (Langdrige & Hagger-Johnson, 2013). The interest of the analysis is in the language itself, how it constructs objects and the origins or consequences of such constructions (Potter & Wetherell, 1987). The researcher's contribution in the interview is also included as part of the analysis (Langdrige & Hagger-Johnson, 2013).

A semi-structured interview schedule was constructed from the research questions (Appendix C). The aim was to conduct a wide-ranging discussion of the topic under consideration. This interview schedule would not have been suitable for some other methodologies, for example thematic analysis, as the questions led participants to discuss certain topic areas. However, for my purposes the aim was to generate discussion which provided enough discursive material to facilitate an understanding of the ways in which the speakers

constructed the object of my investigation (student counselling) in their particular EHECS context (see Table 2. below).

Table 2. *Comparison of traditional versus discourse analytic research interviewing style **

Traditional research interview	Discourse analytic research interview
Interviewer as a speaking questionnaire.	Active role of interviewer. Explicit use of the discussion to generate data.
Technique aims to maintain consistency.	Techniques aims to facilitate diversity - <ul style="list-style-type: none"> ● Active intervention ● Use of questions to take the conversation further and challenge ‘common sense’ assumptions about reality (e.g. Socratic questioning)¹ ● Information exchange (about the topic being discussed)
Neutrality and formal style.	Professional but also informal.
Interviews are viewed as independent of one another.	Interviews are viewed as interrelated to one another and the context through the available discourses shared by participants.

*Adapted from Bondarouk & Ruel (2004)

¹ Brinkmann (2007)

3.7 Data synthesis, analysis and interpretation

There is no standard way of conducting FDA³. I worked backwards from

³Michel Foucault (1926-1984) actively avoided providing a systematic method of analysis in relation to his ideas (Foucault, 1972, p. 19) leaving us with a more generalised theoretical approach. According to Bowman (2007) Foucault provides us with a methodology of ‘suspicion and critique’ towards the objects of knowledge that we investigate (p.138).

Willig's (2013) six stage method and Langdrige & Hagger-Johnson's (2013) twenty step process, to Parker's (1992) original guidelines from which the former two sets of guidelines are abridged. I also consulted Potter & Wetherell's (1987) seminal text which Parker drew upon when formulating his suggestions. Potter & Wetherell (1987) emphasise however that discourse analysis is 'dependent on craft skills and tacit knowledge' (p. 175) and that procedural guidelines while serving as a starting point are not meant to be followed like a recipe.

With the above in mind my procedure remained systematic but flexible. Willig's (2013) method proved most useful at the beginning of the analysis due to its clear directions for coding the data.

1. I listened and watched back each interview and carefully transcribed the audio verbatim. The video enabled me to note important body language (particularly participant's gestures as they were talking) as well as see myself and reflect upon how I influenced the interview situation. I then re-read each transcript and made some preliminary notes.
2. Once I was familiar with the transcripts, on the basis of my research question, I highlighted all parts of the text which contained explicit or implicit role and function constructions in relation to student counselling practice (Willig, 2013 - see Appendix H).
3. I cut all the highlighted material from the text and organised the resulting statements around their similarity and differences. Following this, I began to theorise the broader discourses in which these constructions of counselling practice were located (Willig, 2013).

4. At this stage I mapped preliminary ideas for Dominant and constituent sub-discourses and discussed these with others (see 3.3.1). It is considered important to reflect upon everything that comes to mind in a process of free association in this early stage of FDA . In addition I used my own cultural knowledge of counselling and the student counselling sector to interpret meaning and generate ideas (Langdridge & Hagger-Johnson, 2013; Parker 1992).
5. The nature of the process from this point was less structured and involved moving back and forth between steps five and eleven (Langdridge & Hagger-Johnson, 2013), particularly mapping a picture of the world presented by the discourses, identifying overlap and referring to other texts to elaborate the discourse. It involved a great deal of reading and re-reading the extracted text in order to appreciate and check details (Potter & Wetherell, 1987).
6. I began to consider how the discourses positioned subjects. Additionally, It was possible to think about the emergence of discourses and make links back to the materials examined in my CLR (Chapter 2).
7. My focus gradually moved towards the institutional and socio-cultural aspects of the analysis. This part was closely connected to my writing process, free associating ideas and reflecting upon the ways in which the discourses I identified seemed to operate within the institutional context. Again, feedback was important in developing and refining my ideas.
8. I attempted to consider Parker's (1992) auxiliary criteria which are intrinsically concerned with ideology, power and how institutions operate.

These aspects of the analysis were woven in where they seemed relevant to my investigation.

3.8 Ethics

The principles outlined in The Code of Human Research Ethics (BPS, 2021) were used to think about conducting the research in a way which respected potential participants (particularly in relation to privacy and confidentiality), maintained scientific integrity and minimise risk to any participants or stakeholders. Prior to recruitment, I obtained approval to conduct this study from the Research Ethics and Review Panel (RERP) at London Metropolitan University (Appendix A).

3.8.1 Informed consent

A transparent approach was taken in relation to the discussion topics and the requirements of participation were made available in order to inform potential participants' decision (Appendix B,C). Participants were given a chance to ask questions and clarify their understanding at the start of the interview. All participants completed a consent form prior to interview (Appendix B - section 3.5 for procedural information).

3.8.2 Confidentiality

As a practitioner I am bound by several additional professional codes of ethics which address both professional practice and research activities. These codes relate to being a Chartered Psychologist (BPS, 2018), a Registered Counselling

psychologist (HCPC, 2021), an Accredited Cognitive and Behavioural Psychotherapist (BABCP, 2017) and inform understanding around the management of confidential information and related personal and professional behaviour. This includes familiarity and compliance with a range of local workplace policies in student counselling services and the legal requirements of General Data Protection Regulation (GDPR, 2018).

All participants were accredited or registered practitioners and were deemed to have some understanding of the nature, importance, risks and limits around confidentiality. The Interviews commenced with a reiteration of the information provided in the Participant Information Sheet (Appendix B) about how confidentiality would be managed in relation to the recording and subsequent transcription of the interview.

3.8.3 Withdrawal from the study

Participants were advised of their right to withdraw from the study without needing to give a reason through the participant information sheet (Appendix B) and verbally prior to taking part in the interview. A time limit of two weeks was given for withdrawal, with instructions of how to do so, in the debrief email (Appendix G). No participant asked to withdraw from the study.

3.8.4 Protection of participants

The area of my study is not generally considered a sensitive topic for professionals working in the field and it was concluded that taking part in this research would not subject participants to greater risk than they face in their

everyday life (i.e. their work role). However, I had no awareness of participants' personal circumstances and a protocol was designed to account for the possibility that they could experience an increased level of emotional arousal or distress which would require sensitive management to reduce the risk of harm (Appendix F). Additionally, the interviews took place online and the participants location was their own decision which I was unaware of until we met.

I am an experienced Counselling psychologist with both professional staff counselling and primary care psychology experience. I routinely support people experiencing high levels of emotional distress (including by the time of conducting my research interviews in an online context). I am also experienced in providing clinical supervision to those working in the student counselling sector. I thus felt confident of my ability to offer appropriate support to participants if they felt unexpectedly distressed or to signpost them to appropriate help.

3.8.5 Risks to the researcher

I conducted my research interviews either from my home or work office online and did not meet with participants in person. In *Expanding on Notions of Ethical Risks to Qualitative Researchers*, Stahlke (2018) identifies other areas of potential risk which are relevant to my study design. These include exposure to 'disagreeable statements' (p. 3) from fellow members of a profession and the potential of professional marginalisation inherent in conducting research that explores the workings of power within the context of professional practice when the researcher is also a practitioner. I was stimulated by the interviewing process (as it induced much reflection - see 3.9) and used my practitioner researcher

meetings to debrief around my experience.

3. 9 Reflexive statement II

My earliest conceptions of this research project did not consider FDA or a purely constructionist theoretical framework as methodological options for my doctoral thesis. This was due to my cursory knowledge of such approaches and also thinking that they remained marginal in acceptability as well as being difficult in application. I was reassured by the literature that this was not necessarily the case (Spong, 2010; Willig, 2013; Langdrige & Hagger-Johnson, 2013) and also by the research contributions of other counselling psychologists, which I was able to access in my university's repository (Hore, 2014; Seabrook, 2017; Gallo, 2020).

I have since discovered a rich framework for exploring my research interests which I now realise, through a process of evolving awareness, has always involved asking questions which challenge realist assumptions. Social constructionism, with its call to adopt a sceptical stance towards all claims to truth (Burr, 2015), inherently appeals to my sceptical nature.

This is possibly linked to my subjective sense of difference, as a gay man, but also one who has benefited from the changing social constructions of homosexuality within my lifetime, at least within my own cultural environment. Destigmatising discourses of homosexuality, the resulting wider acceptance of same-sex relationships and marriage equality have all had a significant effect on my personal life and opportunities.

Key writers in social constructionist theory (Burr, 2015; Gergen, 2015; Holstein, 2018) each acknowledge the unsettling effect that social constructionist

ideas can have as we adjust to their implications for the way we perceive and understand the world around us. Gergen (2015) describes in some detail the resistance he has encountered in many students new to constructionist thinking and he spends time outlining and refuting common objections to the constructionist position. My own reaction to constructionist thinking has been one of excitement. However, I am aware this brings the danger of being uncritical and minimising the limitations of my research framework.

3.9.1 Comments on the recruitment process

Prior to commencing I had assumed that recruitment to my study would be relatively straightforward. However I was also appreciative of the time commitment and its potential to discourage. With this in mind I had explicitly reminded potential participants, through my recruitment poster, that participating in research can be counted towards the continuing professional development requirements of most professional bodies (see Appendix B). Despite my optimism the process was more difficult than I had anticipated and warrants some reflective consideration of what this could suggest about attitudes and dynamics within the EHECS sector in relation to engagement with research.

There was a general lack of responsiveness from individual EHECS regarding my research project. This mostly manifested in the lack of any response at all to my initial enquiry but there were also some explicit refusals to foster participation. For example, I received emails explaining that the practitioners in particular services would be too busy to participate. It was not clear whether my recruitment poster had been shared with individual student counsellors within

those services but I would assume that it had not. It is, of course, difficult to imply tone from the text of a message but the negative responses I received were noticeably curt.

One of my study participants disclosed that they had been told that they could not participate in research during work time and had made the choice to participate in their own time. They explained that their manager was particularly concerned about monitoring counsellor activities for fear of them losing face to face time with student-clients. Any other use of time presumably being viewed as wasteful.

The apparent lack of interest from individual practitioners might be partially explained by a lack of interest or engagement with research in the student counselling sector more generally. This could link to the historical focus on theoretical formulation over data gathering and analysis which I have described in Chapter 2. It is possible that practitioners do not see the value of research for their practice or are even (perhaps less consciously) avoidant of the perceived scrutiny a research lens implies.

The lack of interest may also speak to resource issues and the pressure to maximise an employee's time for delivering counselling sessions. It does however, belie a lack of understanding (or attention to) the wider professional responsibilities of practitioners. From this perspective a lack of commitment to research inhibits the development of practice within the student counselling sector and, I would argue, is antithetical to the ethical requirements of any mainstream healthcare profession.

Those with management responsibility for EHECS in universities are not

always drawn from the counselling professions themselves. Managers within universities may come from varied backgrounds within broader student services and as such may prioritise what they perceive as actual service delivery. They may not always appreciate the importance of activities such as research as they relate to the clinical governance frameworks which are more routinely implemented in healthcare settings.

The above points are particularly important as they speak to a general lack of understanding and support for practitioners in relation to their therapeutic work role. Research in the psychotherapy literature, for example, suggests that such dynamics can lead to the development of defensive practices, which reduce therapeutic effectiveness, amongst practitioners who work in organisational contexts (Gait & Halewood, 2022). I think these difficulties could be partly linked to a misunderstanding of therapeutic processes, the importance of reflexivity and thinking space for practitioners as well as an assumption of counselling as a technical rational process (Dreir, 2008). In an organisational context it may also link to modern employment practices which tend to require individuals give credible and measurable (observable) accounts of what they are doing with their time at work.

A disadvantage of my 'insider researcher' position (Costley et al., 2010) were my assumptions of similarity and of meaning in relation to the local context of my participants. It became clear to me that the local experience was shaped markedly by local management practices and the individual service set-up. The descriptions of client work itself did seem familiar and it was easy to over identify with what my participants were describing. I do think the strategies described in

sections 3.3.2 - 3.3.5 helped me reduce the impact of my own biases both during the interview stages and beyond into the subsequent analysis.

An advantage of the 'insider researcher' position was that I could draw upon my own cultural knowledge of the context and also had people working in the student counselling sector all around me. The forums within my own EHECS, where counselling work is spoken about (clinical meetings, supervision, team days), became even more interesting spaces for me as I paid attention to the usual discussions with an awareness informed by my ongoing research process.

During the interview process I felt that I was able to develop a good rapport with my participants. However, while I am experienced in conducting therapeutic interviews I have limited experience of research interviewing and noticed myself reverting to counselling skills. Recognising this enabled me to adjust my approach and try to implement the ways of responding I have written about in section 3.6. It helped to keep in mind my research question consistently to remind me that my real interest was in my participants' language use and not in their lived experiences of working in EHECS.

3.9.2 The interview process

Although I had read about the disadvantages of the structured interview situation and implemented ways in which to moderate this impact there were times when these disadvantages were very apparent. This was exemplified by the comment of one participant who expressed that they were not sure if they were giving me what I wanted in the interview and hoped that their answers were useful. This sense of wanting to give me the correct answers seemed present throughout. I learned to

anticipate this and I think that my skill developed noticeable even within the six interviews that I conducted, though I think it would take considerably more practice to develop a level of expertise.

Finally, the lack of a prescriptive protocol made the thought of conducting FDA on my data feel both liberating and anxiety inducing. I felt liberated because I think that the creative and constructive aspects of conducting qualitative research are more honestly recognised by the inherent flexibility of this approach. My anxiety was related to maintaining academic rigour, integrity and enough critical judgement to produce a convincing analysis. The structure of producing the detailed transcriptions and initial coding was reassuring because of its similarity to the processes involved in qualitative research in general.

Chapter 4: Analysis

4.1 Overview

In this chapter I present four dominant discourses with their constituent sub-discourses and discuss them in turn⁴. These discourses were used by the study participants when discussing their work in an EHECS context and are implicated in the way they construct the role and functions of their counselling work. Each discourse is introduced with a brief description of the world-view to which it speaks.

The criteria for including discourses in the analysis was their consistent representation across the text. It is my contention that the dominant discourses emerge from the wider socio-cultural context within the UK and may also be cross-cultural to a significant extent. The influence of the dominant discourses within the UK EHECS context manifests through the identified sub-discourses. Language choices are important in discourse analysis and these are discussed further in Chapter 5.

Transcript excerpts are presented and analysed to illustrate how participants, explicitly and implicitly, construct the role and functions of their counselling practice in an EHECS context from within the subject positions offered by particular discourses. Minimal editing of the verbatim transcripts has been used to facilitate readability but care has been taken not to alter meaning.

⁴ Discourse-analytic researchers have generally found it useful to differentiate between different levels of discourse for the purpose of analysis (Knobel, 1999). The dominant discourses in this instance are akin to Gee's (1990) conception of Discourses (with an upper-case D) in that they are widely recognisable in terms of their social meaning and the subjectivity they create, for example, recognisable social identities or subject positions. Sub-discourses here refer to expressions, through language use, of the dominant discourse in a particular type of institutional context. This is comparable to Gee's (2014) conception of discourse (with a lower-case d).

Table 2 below has been adapted from Gallo (2020) to provide a summary representation of the analysis.

Table 2. Overview of dominant discourses and constituent sub-discourses with data examples

4.2 Academic achievement discourse		4.3 Life-stage discourse	
4.2.1 Precedence of educational attainment sub-discourse	<i>“really the degree or the course .. influences everything you do so much in the consulting room .. and you know .. it’s all going, broadly speaking, towards that goal” (Uma, L27- 29)</i>	4.3.1 Developmental sub-discourse	<i>“you know eighteen to twenty five is particular .. life experience issues around .. entering adulthood, leaving behind adolescence, all of the developmental stuff that goes with that ..” (Adam, L231-232)</i>
4.2.2 Shared pastoral care sub-discourse	<i>“part of my job is helping them see where all the other different types of support are, and help link them up with the appropriate people.” (Lizzy, L65-69)</i>	4.3.2 Loco-parentis sub-discourse	<i>“so parents have an expectation that the university’s going to take care of their children ..” (Luca, L231)</i>
4.4 Mental health crisis discourse		4.5 Professional counselling practice discourse	
4.4.1 Complex needs sub-discourse	<i>“one of the things that surprises me about working in this field is how complicated and severe the presentations are that we see” (Lizzy, L6-7)</i>	4.5.1 Managing expectations of mental health treatment sub-discourse	<i>“they treat it exactly like they might in the NHS they come and they’re just like I have all these problems and they’re not expecting even necessarily that I will erm refer them” (Lizzy, L21-23)</i>
4.4.2 Risk-vulnerability sub-discourse	<i>“so it always feels like someone’s got eyes on that student, to make sure that they’re okay, you know” (Paul, L320-322)</i>	4.5.2 Flexible practice sub-discourse	<i>“I can understand there probably is a demand, in some ways, for that flexibility or that ability to work longer, or just to have that one-off ” (Paul, L81-84)</i>

4.2 The academic achievement discourse

This discourse reproduces a social world in which academic achievement, within educational institutions, is closely linked to perceptions of an individual's success. HEIs generally provide the highest level of formal education as well as conferring the skills needed by individuals to undertake professional roles within society. As such, they are inextricably bound with the distribution of knowledge, power and status (Côté & Furlong, 2016). EHECS are situated within this organisational context potentially serving a range of stakeholders, including students, as well as the institutional mission to support academic success and negate failure.

4.2.1 Precedence of educational goals sub-discourse

This sub-discourse (hereafter referred to as the Precedence sub-discourse) shapes counselling practice in an EHECS setting through its influence on the goals of student-clients and the practical demands of the educational context. It positions the student counsellor as a remover of obstacles to academic achievement and potentially creates a tension with broader therapeutic goals.

Adam states:

“The job of the university is education .. it's students getting degrees .. you know .. that's what the business of the university is about .. it's not about providing mental health support. That's not a core function of the university .. so we're . . . [mm ..] I guess I feel like we're an add on [mm ..] but I think we're a .. an essential one.” (*Adam, L206 - 210*)

And proceeds:

“I think we’re essential .. in many ways and I think .. you know .. a lot of academics are grateful we’re there, I think a lot of students are grateful we’re there .. but our remit and .. our purpose is different from the institution’s purpose” (*Adam, L12 - 215*)

Later he says:

“I’ll help think through some of the academic implications of how the institution works .. [yes] .. with the student, to try and help them .. because I do feel a big part of the role is about helping with academic risk” (*Adam, L315 - 317*)

Here Adam firstly contrasts the ‘business of the university’ with the provision of ‘mental health support’ and alludes to a cross purpose between a therapeutic remit and the wider goals of the institution in which it exists. He goes on however to construct a ‘big part’ of his role as mitigating academic risk and by implication facilitating students to succeed in their attainment goals. From within this sub-discourse he views his role as helping students to understand the operations of the institution and helping them to achieve their academic potential.

From the subject positions offered by this sub-discourse, the role and functions of counselling practice in an EHECS context appear to be explicitly linked and subordinated to the primary educational tasks of the institution. Adam highlights an inherent conflict when he construes counselling provision as both supplementary, an ‘add on’, and yet ‘essential’ at the same time. He emphasises

the value of student counselling work, which potentially justifies this compromise, by linking it to the gratitude of other institutional stakeholders, suggesting that it serves valued functions within the wider organisation and for students themselves.

His use of the word business is perhaps telling as it speaks to the changes which have taken place over the last couple of decades in UK HEIs, most notably the business model which now underpins the delivery of education within the sector (Collini, 2012).

Later in the interview Adam returns to this tension when he makes the following statement:

“If a student comes to me and says ‘I hate my course. I want to leave.’ .. you know .. I might get them to think it through but I’m not trying to persuade them to stay for any .. academic value .. for the institution .. I’m thinking about what’s right for my client [mm hm ..] .. but I think .. you know .. we get a lot of the anger because we’re .. you know .. we’re delving into the unconscious work and I think it’s sometimes a bit dangerous actually” (*Adam, L456 - 462*)

Here Adam seems to switch out of the Precedence sub-discourse to construct his role as providing a neutral space for the benefit of the person he is working with and juxtaposes the needs of his client with those of the institution. It is interesting that he introduces the word ‘client’ (*L458*) whereas previously he has used the word ‘student’. His choice here perhaps reflects an internal switch

that enables him to practise in a way which helps him to maintain his subjective sense of professional and ethical integrity.

The tension between a traditional (or perhaps professional) construction of counselling practice and the influence of the institutional context seems to be further highlighted when he speaks of the negative emotions this switch can elicit. In construing the effect as potentially ‘dangerous’ he conveys the impression of moving into sensitive territory and needing to defend himself from possible attack or criticism. We could see this defensive subject position as emerging from the contradictory discourses he has to manage in his role as a student counsellor in this particular institutional context (See chapter 5 for further exploration of this inherent tension).

Uma also provides explicit examples of the Precedence sub-discourse in her interview. She states:

“Of course students often want to have better relationships and want to stop feeling so depressed, but really the degree, or the course .. influences everything you do so much in the consulting room .. and you know .. it’s all going, broadly speaking, towards that goal” (*Uma, L26 - 29*)

And some time later says:

“we might well be focusing on childhood abuse ... but nevertheless we’ve always got an eye .. to the academic side of things .. and you

have to because someone can come in with their relationship with their mother and they're in floods of tears at the session and it's really intense and difficult .. the next session they'll be into .. 'aargh I've got to get this assignment in and I just can't work on it, I'm completely frozen' .. so you, you need to be able to switch .. like that .. into the academic side of things .. that's always there, and it can pop up as foreground at any moment ” (*Uma, L229 - 242*)

Here Uma deploys the Precedence discourse early on in her interview when she subordinates self-evident wellbeing goals, 'better relationships', 'stop feeling so depressed' to the educational ones shaped by the institutional context. Later, it is interesting to see that this discourse positions a serious topic such as 'childhood abuse', which in another context may be construed as the primary focus for therapeutic work, as secondary to educational attainment goals within an EHECS.

Uma constructs this ability to 'switch' and prioritise academic goals as one of the skills of a counsellor in an EHECS setting and conveys, with her language choices, the sense of the institutional remit being ever-present in the environment. She speaks confidently about this aspect of her work suggesting that she views it as something to work with rather than a dilemma as such. It may be important that she has considerable experience in the sector and is likely highly acculturated to the discourse/s and their implications for the role and functions of her counselling work.

Luca offers an illustration from another strand of the Precedence sub-discourse when he states:

“if somebody comes and says ‘I’ve just seen the GP and they’ve given me Citalopram’ .. well now you’re eligible for a learning support plan erm so I would then say to them .. get a letter from the GP saying that you’ve been diagnosed with this, have an appointment with the wellbeing advisor .. and you’ll get that plan [yeah] .. And I would always say to people absolutely get the plan because it lasts until you graduate .. even if you stop taking the tablets [okay, okay] (laughing)”
(Luca, L141 - 148)

The guidance that Luca provides here implicitly acknowledges the primacy of educational goals where poor mental health is seen as an impediment to learning. What cannot be articulated, from within the confines of the precedence sub-discourse however, is how the pressure of the HEI context may be implicated in the deterioration of a person’s mental health in the first place.

The support function constructed by Luca in this passage is one of helping students to pass through a testing time and reach graduation by drawing upon whatever resources are necessary to accomplish this task. It is likely that these aspects of the discourse are shaped by the student-clients own counselling goals which, of course, are shaped by the educational setting in which they are immersed and invested.

The meaning of Luca's joke and laughter at the end of his statement is not clear but it may reflect the recognition of the circular links between mental health, academic achievement and the support systems which this discourse creates within his EHECS context. The links between counselling practice and these support systems manifests more fully through a related sub-discourse identifiable within the interview texts which I will now describe.

4.2.2 Shared pastoral care sub-discourse

This sub-discourse shifts the emphasis back towards supporting emotional and welfare needs but maintains a focus on the student-client as a learner in an educational setting. It seems to shape the role of the counselling practitioner as a co-operating member of the wider institutional staff team.

Uma states:

“I think the days of counselling services in their silos are long gone. We're always thinking university wide with people .. you know .. are there other departments that could help these students?” (*Uma, L52 - 56*)

Uma here constructs the counselling role as facilitating student engagement in a broader sense, for example, directing students to other places within the university and emphasises its position as one form of support amongst others in this context. This view is positioned as contemporary in current EHECS

counselling practice by her implied criticism of historical ‘silo’ occupation with its suggestion of isolationist practices.

Danchev (2016) explains that the student counselling role in HEIs has gradually expanded in scope, over several decades, to replace the pastoral care that was once largely the domain of academic staff. Here this sub-discourse shapes the counselling practitioner’s role as actively guiding students through the HE system, within a particular institutional setting, and sharing a concern for their welfare with other actors in the local environment.

Lizzy states:

“people come to you with issues that are maybe more properly dealt with by a GP .. that are more properly dealt with .. like .. disability, that are more properly dealt with .. with advice .. or whether it’s EC [Extenuating Circumstances] type stuff .. they come to you and they kinda don’t want to go to all these different people sometimes [yes] .. but part of my job is helping them see that .. what I do and what I can do is like this .. and help them see where all the other different types of support are, and help link them up with the appropriate people.” (*Lizzy, L61 - 69*)

In this statement Lizzy describes needing to support people who have arrived in the wrong place and constructs her role as ascertaining their needs and signposting them to other teams or individuals who carry out specialised functions within the institution. Her language, as she recalls in the moment these different

sources of support, perhaps conveys a sense of the ad hoc nature characteristic of a pastoral care role (Jones-Davies, 2019).

Later in the interview Lizzy constructs this pastoral role explicitly after contrasting it with her previous work experience in an NHS (healthcare) setting:

“it’s a bit more from that pastoral role or from like, okay look, this is what you need to do, you need to go here and do this, you need to go there and do that, in a way in which we wouldn’t tend to normally do as counsellors”
(Lizzy, 210 - 221)

The subject position which this discourse provides seems to allow Lizzy to be more directive in practical ways as she deviates from ‘normal’ counselling practices, which are presumably influenced by traditional therapeutic training discourse/s. The quality of the directive language she uses may overlap with the life-stage discourse (see 4.3), evocative as it is, of naivety or inexperience in the student-client she imagines.

In Adam’s interview the influence of this sub-discourse becomes apparent when talking about how he works with students who disclose academic difficulties to him:

“and then I feel I’m almost becoming, far more, an academic mentor or something like that and that’s the stuff where I get to think ... is this counselling? I’m not sure it is” *(Adam, L261-263)*

In this example, like Lizzy, Adam acknowledges the tension between the subject position offered by this discourse and more traditional therapeutic discourse/s of counselling practice. Adam questions whether what he is doing is actually counselling at all when he gives more practical directions. However, it could be that this is an example of how counselling practice is shaped by the specific institutional context and thus differs from other settings in which counsellors might work.

The above examples are representative of discursive formations found throughout the interview texts. The counselling practitioner's role is overtly constructed as supporting a student-client's mental health in order to facilitate their ability to engage with their academic goals in a contingent fashion. A further aspect of the counsellor's role is expressed in the signposting function shaped by a Shared-pastoral care sub-discourse which is present in the HE institutional environment. I now turn to another significant area of discourse observable within the interview texts.

4.3 The life-stage discourse

This discourse, drawn upon in different ways by all participants, constructs a world where being a student in HE is considered a crucial transitional experience, especially for those attending at the age of 18 or 19 years old. It links to wider cultural ideas around becoming an adult member of society. In this sense, it exhibits the qualities of a rite of passage which shapes the expectations of students before they arrive at university. It is construed as both an exciting and challenging time, the latter of which relates directly to a counselling support remit.

4.3.1 Developmental sub-discourse

This sub-discourse constructs the counselling role as helping student clients to navigate difficulties in their social and emotional lives for which they are not yet able to manage on their own.

Uma explains:

“client autonomy is .. you know .. the thing and emphasised a lot .. well actually with this age group you don’t wait for things to emerge necessarily, you get in there .. you’re quite dynamic erm .. you can be quite challenging, in, in a nice way, at times .. erm .. and also you offer advice at times, it’s not off limits .. you know .. sometimes people need that ..” (*Uma, L133 - 137*)

And states later:

“eighteen year olds .. they’re very impulsive .. they haven’t got their pre-frontal cortex developed yet .. they miss things .. they’re scatty .. I sympathise because I’m much older and I’m still scatty (mutual laughter) .. supervisors will say ‘oh you know, they’re messing you around’ .. no (emphatic) .. they’ve just had all their timetable changed” (*Uma, L249 - 261*)

In her first statement Uma constructs the counselling role as especially interactive and directive in contrast, perhaps, to traditional counselling practices which emphasise ‘client autonomy’. She justifies this approach in her second

statement by deploying a neuroscientific developmental discourse. Uma's slightly defensive language 'it's not off limits' and 'sometimes people need that' imply such practices may be viewed as transgressive by those observing this kind of counselling practice without a knowledge or understanding of the context.

The self-depreciation and mutual laughter in the second excerpt accentuates the sense of compassion Uma displays towards her student clients and contextualises the 'challenging' aspects of the intervention she initially described. These more active behaviours are thus construed as a skilled way of working with young adults subject to developmental challenges rather than rogue counselling practices. She also seems to construct a protective role / function in relation to the negative impact of institutional processes, as they are presumably administered by other university staff.

The subject position which this sub-discourse affords the counsellor, in addition to that of a professional helper, is of an experienced adult or authority figure within the institutional setting. The risk of this position could be that the counsellor becomes someone who knows best and takes on a more parental role (see 4.3.2). Although here, Uma suggests dynamism is an important feature, suggesting she can switch position depending on client need, which would then connect this discourse with the Professional counselling practice discourse (see 4.5.2).

Paul also draws from this discourse when constructing his role as a student counsellor:

“there’s a lot that’s going on at the age that they are, when you know, financially it’s independence, it might be being an international student, away from home and finding places to belong, or you know, there’s just so many different issues that can crop up erm .. you know, along with your general mood and anxiety ..” (*Paul, L366 - 369*)

Here he describes supporting important life-stage transitions alongside the function of addressing the ‘general mood and anxiety’ problems which presumably can accompany them. He describes his student-client group as having ‘a lot that’s going on’ and ‘so many different issues’ demonstrating how the developmental sub-discourse would intersect with the Professional counselling practice discourses, particularly the Flexible practice sub-discourse through the need to address several problem areas concurrently (see 4.5.2).

Finally, in this excerpt from Janine’s interview she articulates the complexity of the counsellor role in this context and explicitly deploys the Developmental sub-discourse in constructing the role and functions of her work:

“James: Can you say a bit more about that ‘cause I’m wondering if that might be different .. to say, your other work?”

Janine: Yeah .. well I think they want help within the institution .. sometimes but not always .. [okay] .. so I think some students come with a clear view that they want help, as a student, they might be struggling with work or, you know, they might be .. if they’re, if they’re new students, first years, they might be struggling with being away

from, from home. So I think some students, it's about the student experience ... but I wonder if increasingly, it's not .. really about the student .. it's about mental health .. it's about, you know erm .. you know, it's about the developmental stage that they're in, it's, it's about adolescence ..

James: What, what makes you think that, that there's a change?

Janine: Erm ... I think the change is perhaps more in my expectation than reality. So perhaps when I became a student counsellor I thought it was going to be more about being a student and then, quite quickly, it was about being a young person erm ... yeah .. so I feel like I'm almost contradicting myself as I'm, as I'm thinking through but I hope that's okay ...

R: It's really interesting (nodding) ..” (*Janine, L42 - 61*)

Here Janine seems to be working out, in the moment, her thoughts about how her practice is influenced by the EHECS context by trying to articulate her sense of what her student-clients need from counselling. She considers role and function constructions which might fit; providing help ‘within the institution’; supporting the ‘student experience’; supporting ‘mental health’; she finally deploys the Developmental sub-discourse to bring it together, characterising what is similar about her clients with the adolescent ‘developmental stage that they’re in’.

This sub-discourse has important implications for the construction of counselling practices if we consider that counselling professionals are generally

trained to work with adult clients. They are likely to have developed this additional skill set in their work environments (which are not located within healthcare settings). Young people receiving mental health treatment, in fact, are routinely discharged from Child and Adolescent Mental Health Services (CAMHS) when they turn 18 and frequently fall out of statutory mental health services at this point (Belling, et al., 2014). Some of the conflicts and confusion Janine acknowledges may relate to the way this discourse positions the counselling role as supporting pre-adult mental and social development amongst an increasingly broad demographic of young adults.

4.3.2 Loco parentis sub-discourse

This sub-discourse constructs the counsellor's role, in relation to student-clients, as acting in the place of a parent. It seems to shape counsellor behaviours, such as active advice giving and an enhanced subjective sense of responsibility towards the needs of the student-client. Luca states:

“you know, for the parents it's like their babies, their eighteen, nineteen, twenty ... they're still their babies and they're furious with the university for not informing them”. (*Luca, L214 - 215*)

Then later in his interview:

“so parents have an expectation that the university's going to take care of their children .. and the university has an expectation that the

children .. that, that the adults get on with it and manage themselves .. and that doesn't always happen.." (Luca, L231 - 234)

And then:

"if you manage to get hold of those kids in therapy .. err .. it's, it's some pretty tough therapy for six weeks .. to pull them up into a reality .. of understanding the situation that they're in .. erm ... so .. [what do you think they don't understand?] .. erm .. they don't understand the requirement for them to manage themselves as a university student" (Luca, L238 - 242)

In these statements Luca seems to describe a dynamic which positions the counsellor as a recipient of parental responsibility through the perceived expectations of parents and, the lack of autonomy apparent in the newly arrived student-client. The language he uses 'babies', 'children', 'kids', moves it beyond the developmental sub-discourse outlined previously and potentially sets up a reciprocal subject position, for the counsellor, which is more active and directive (as opposed to facilitative). It is, by now, apparent that this kind of active stance intersects with the other discourses that shape practice in this context but here it takes on a distinct quality because of the subjective experience it infers.

From this position the function of counselling becomes helping to 'pull them up into reality', reminiscent of the role parents might play in helping their children transition to adult responsibilities and expectations, albeit in an HE context.

Luca goes on to say:

“I think one thing that’s really important is not to get caught up in the parental transference (laughing) .. [can you say some more about that?] .. maybe .. it’s like you can’t act like these children’s .. like these clients’ .. you can’t start acting like their parents ... erm .. and often there’s a huge pull for them to be taken care of, looked after erm ... and it’s never good news if you feel like you want to ..” (*Luca, L290 - 295*)

This statement highlights the tensions and the perceived risk of occupying the subject position which this sub-discourse offers. Firstly, it risks contravening established discourse/s of therapeutic practice (in this case the psychodynamic theory of transference). Luca’s laughter at this point may be because he recognises the difficulty of this position which he goes on to exemplify when he uses the word children and then quickly corrects himself to client recognising perhaps, in the moment, the power of the language we use in shaping our subjective reality and experience. He is also being interviewed by a fellow counselling professional and may feel the need to account for his practice. Lizzy constructs her role from within this sub-discourse when she says:

“So if somebody was having a stressful time they literally had to go to someone, say I’m having a stressful time and someone would write, they’re having a stressful time (handing over motion) .. and then that

would be evidence. We didn't allow a student to just be like .. 'look, things are stressful .. I need an extension here' .. you know .. there's a weird paternalistic thing with that .. kind of .. needing evidence" (*Lizzy, L138 - 144*)

And later:

"when people are severely severely unwell [yeah] you're like okay, they really need to be hooked in "sometimes you're being very proactive, sometimes you're giving advice, sometimes you're being more supportive, it's just like, I think .. [How might that work, what .. in what ways might you be required to give advice or ..?] well I just find with some students they just might need a little more help in terms of, literally what to do, they just might come to you almost like childlike, you know" (*Lizzy, 213-218*)

In her first statement Lizzy is talking about the counsellor's role in validating a student-client's presenting difficulties for the purpose of obtaining some sort of academic mitigation from their department. She conveys a scenario in which the counsellor has to write a letter confirming the difficulties the student-client has disclosed. Although on the surface she is describing a bureaucratic problem, I would suggest the image evoked by this statement is like that of a parent writing a note to a schoolteacher, on behalf of their child, in order to validate a difficulty and excuse them from a task.

Lizzy identifies the ‘weird’ subject position the loco-parentis sub-discourse offers and links it, in a critical way, to the wider ‘paternalistic’ institutional context. At the same time the tone of her language conveys a sense of the wasted effort, and perhaps frustration, in relation to the largely meaningless performance to which it leads. In her second statement Lizzy continues to construct the counsellor’s role as more active. When asked to clarify the practical implications of this approach she explicitly recalls the ‘childlike’ quality of her imagined student-client and by implication suggests that this leads to an almost inescapable loco-parentis position. In Janine’s interview she states:

“we don’t want to get into just being their mum or something [mm hmm] .. erm .. (small laugh) ... but to be a bit of a voice ... and with the students permission perhaps .. contact one of these other parts of the university really that they could .. feel supported by, and sometimes they don’t know about, or they do know about, they’ve tried, they haven’t really got anywhere .. so it’s just having .. a bit of a .. a voice of .. wow .. dare I say authority .. but sometimes it does work like that you know” (*Janine, L133 - 143*)

In this excerpt Janine explicitly disavows the ‘mum’ role but her laugh suggests that she is aware of the significance of this position and its potential pitfalls. She goes on to describe actively stepping in to help student-clients navigate their environment before reluctantly, and with surprise, admitting that

this involves the counsellor becoming a person of authority in the service of her client. The connection to the discourse is made obvious by her language choices.

Janine's apparent discomfort with disclosing this aspect of student counselling practice is of note here. Although she seems to deploy her 'authority' in a way which is intended to empower her student-client her caution perhaps stems from traditional, and conflicting, therapeutic discourse/s around boundaries and transference as was apparent in Luca's excerpt.

Uma is confident in how she constructs the role and function of her counselling work, from within this sub-discourse, and again it may be significant that she is the most experienced study participant in the sector. She states:

"I mean, you know, they're eighteen .. and the whole mentality of a student .. you have to take that into account, they're not always clued up on what to do. You can't overemphasise autonomy because you just leave them at sea and then they don't do it .. and then this disaster happens so .. sometimes you've got to just get in their and be a bit of a parent" (*Uma, L155 - 159*)

Uma here constructs the role of the counsellor as substituting for good parental guidance where this might be necessary and judged helpful. Her language links this stance back to the wider Life-stage discourse capturing both the psychological, 'whole mentality of a student', and social, 'they're not always clued up on what to do', aspects of the previous developmental sub-discourse. In

this way she presents a therapeutically sophisticated and positive example of how this discourse can shape counselling practices in this context.

4.4 Mental health crisis discourse

This discourse constructs a world in which young people, in particular, are viewed as struggling with significant levels of mental illness and disorder. The discourse is characterised by the use of psychiatric and diagnostic language when describing negative psychological experiences (symptoms) thereby influencing how people think about these experiences in themselves and others.

4.4.1 Complex needs sub-discourse

This sub-discourse constructs the presenting problems of student-clients as generally needing more support and intervention than can be provided within an EHECS setting, thus influencing the role and functions of counselling in this context.

Adam states:

“often presenting concerns that aren’t really appropriate for brief therapy .. things like sexual trauma, you know .. childhood sexual abuse ... we’re having to kind of .. work with what we can do to .. sort of stabilise .. [what does this do to you as a practitioner .. and as a service .. how does that .. given that increased pressure?] .. yeah well .. I think vicarious trauma is the first thing I’m gonna say there” (*Adam, L376-380*)

And later:

“I’ve noticed on my caseload I’m working with far more students where .. it doesn’t feel we’ve worked through something .. this has just been a holding place [yes ..] .. and that’s changed .. I used to feel like I was doing therapeutic work that had a conclusion .. [yeah] .. which I less often (emphasis) feel now .. I often feel like .. well look we’ve done something .. this is a bridge to maybe you need some more therapy”

(Adam, L. 402 - 407)

In Adam’s statements the language terms ‘trauma’ and ‘sexual abuse’ explicitly emphasise painful suffering of a different order to the academic stressors prevalent in the HE context. They are the kinds of issues for which people are likely to seek help regardless of their academic status. The role of the counsellor is constructed as helping to ‘stabilise’ and ‘hold’ student-clients which can function as a possible ‘bridge’ to more therapy.

Adam conveys a general sense of disaffection with this situation as the therapeutic space does not allow him to get a sense of having ‘worked through something’. The subject position available to the counsellor here is potentially one of impotence which could be undermining if not well managed or supported within the structure of the service. Adam references the therapeutic discourse of ‘vicarious trauma’ to emphasise this risk he feels to himself.

Paul and Lizzy state:

“you get to the point of assessment and realising that this person’s got quite err, complex needs or quite complicated circumstances, but we’ve now got Mental Health Advisors who can then support them, you know, normally on a longer-term basis and perhaps more with like check-in’s and stuff, so I think we definitely get less of the need to be like oh, we’re probably not the correct place for you to be, which obviously is less distressing for, the student” *(Paul, L242 - 251)*

“one of the things that surprises me about working in this field is how complicated and severe the presentations are that we see .. in my mind I had this sense that it’d be people who were like stressed about exams, who wanna come and like have a little chat with you about that” *(Lizzy, L6 - 10)*

“when people are severely severely unwell [yeah] you’re like okay, they really need to be hooked in with serious mental health and wellbeing services erm .. and they won’t really go do something else, while they’re still sort of seeing you, but you know that you’re really doing the work, you’re kind of still in that, sort of, holding, kind of thing with them” *(Lizzy, L306 - 311)*

In Paul’s statement he discusses the importance of student-clients being effectively triaged so that they do not end up in the wrong place. In doing so he

constructs student counselling, within his service, as only suitable for some types of problems, that is, not for those with ‘complex needs’. The constructed role here is to recognise when therapeutic intervention in the EHECS context is contraindicated because it would likely cause more distress than it could alleviate.

Lizzy’s statements consolidate both Adam and Paul’s positions. She firstly contrasts the reality of being a student counsellor with how she had imagined the role from the outside. Later in her interview she acknowledges the obvious need to support people in accessing appropriate mental health services but also describes the difficulty of managing this, particularly in the presence of resistance from student-clients. She then explicitly constructs a ‘holding’ function which emerges as a consequence of this dilemma.

While it may seem obvious that people need to access the right services to meet their needs, the width of the student counselling remit, the historically open access referral pathway and the student-client’s desire to see someone within their institutional setting may commonly lead to this kind of ‘holding’ scenario. It is not clear from the text what Lizzy means by ‘serious mental health and wellbeing services’ but it is possible she is referring to secondary care statutory mental health services which have been under considerable pressure and are at the present time difficult to access (Gilbert, 2015). The pressure experienced by EHECS practitioners, in this situation, may be considerable.

Luca also draws explicitly from this sub-discourse when he states:

“it’s a rare person that comes and moans about their dissertation and feeling anxious about it.. They are few and far between .. err .. it’s a lot more complex” (*Luca, L373 - 374*)

Luca’s statement echoes Lizzy’s about greater complexity and together they seem to be emphasising, perhaps to an audience outside of the sector, that this work does not just involve helping student-clients with academic stress. This serves, perhaps, to draw attention to the stressful aspects of student counselling work but may also highlight practitioner frustrations related to their HEIs understanding of their role versus the expectations, and presenting problems, of student-clients (which becomes more explicit below in 4.4.2). In this way the Complex needs sub-discourse can contribute to a subjectivity characterised by professional stress.

4.4.2 Risk-vulnerability sub-discourse

This sub-discourse constructs student-clients as a particularly vulnerable group and characterises student counsellors as having to work with high levels of risk behaviour and suicidal ideation. The identification of this sub-discourse does not mean that risk or vulnerability are not important factors to consider but rather that it tends to amplify concerns around emotional distress in a generalised way with the potential to generate fear and overreaction. The subject position offered by this sub-discourse is one of worry about students coming to serious harm and the resulting sense of responsibility (from all parts of the institution) to mitigate this.

“I do think .. particularly around suicidal risk erm but also displays of distress .. students get sent or advised to go for counselling .. I think academics and other staff within the institution don’t know what to do with that and feel quite scared by it and hope that we can contain that and .. fix it .. actually” (*Adam, L93-97*)

“I think sometimes we see such high levels of risk. I wasn’t necessarily prepared for that. A lot of risk, a lot of self-harm a lot of, just like harmful behaviours and suicidal ideation and I don’t think that the institution really understands the complexity of the work we do sometimes” (*Lizzy, L368 - 372*)

“We’ve got, like a university wide risk register that is shared between teams, and then we’ve got our own register which is private and confidential, and so it always feels like someone’s got eyes on that student, to make sure that they’re okay, you know” (*Paul, L319 - 322*)

These statements from the interviews of Adam, Lizzy and Paul demonstrate some important elements of the risk-vulnerability sub-discourse and how it positions the counsellor and shapes the EHECS remit within the institutional context. Adam, for example, identifies a process whereby ‘scared’ staff members usher distressed students towards the counselling service. In doing so he constructs the role of the counsellor as a first responder to potentially dangerous emotional distress with an EHECS providing a soothing or containment

function for both the individual student and the wider staff team within the institution.

The threat of suicide and self-harming behaviour loom within Lizzy's statement as she also makes a link between her role and the institutional context. Here though she decries the lack of understanding in the wider institution for the complex and difficult nature of the work she has to carry out. The emphasis on the lack of understanding from the wider institution in both statements is interesting as it evokes a sense of institutional helplessness about what to do when students are expressing emotional distress especially when this distress is perceived as extreme.

The consequence could be a shunting of these difficulties to the counselling service but perhaps without due consideration being given to the context of an individual's problems and the inherently stressful nature of the academic environment which they may be reacting to. When deployed uncritically this sub-discourse offers students a subject position lacking in any personal agency mirroring the helpless subject position it offers to the institution.

Paul's statement, while emerging from the risk-vulnerability sub-discourse, constructs a role which, perhaps more helpfully, intersects with the shared pastoral care sub-discourse (4.2.2). His statement seems to moderate the sense of risk through the 'keeping an eye on' role construction rather than emphasising some kind of direct and immediate intervention. However the focus of vulnerability remains as he conveys the need for monitoring risk across the institution.

4.5 Professional counselling practice discourse

This discourse demarcates support activities such as lay counselling, guidance and peer support from that delivered by trained counselling professionals. It is a broad discourse in the wider culture and constructs talking therapy as a primary treatment or intervention for mental health problems (NHS, 2021). It creates a world where professional counselling is construed as a means to dealing with, or obtaining support around, a wide range of human problems and experiences.

4.5.1 Managing expectations of mental health treatment sub-discourse

This sub-discourse positions counselling professionals in EHECS settings as needing to mitigate the expectations of student-clients and other institutional stakeholders in relation to the effects of the wider discourse described above. It constructs student counselling as a place for acknowledging and assessing problems as well as serving a bridging function into more appropriate services.

Lizzy states:

“in my mind they .. they treat it exactly like they might in the NHS .. like they come and they’re just like, I have all these problems .. like and they’re not expecting even necessarily that I will .. erm refer them .. even though maybe sometimes they’re just like ‘okay here’s my problem, like help me out (laughing)” (*Lizzy, 21 - 26*)

And later:

“I do have to get them into the right thing and sometimes they’re very resistant to that right, they’ve finally have opened up to me, or they don’t want to go to someone else or just the attachment thing’s quite difficult, and so it’s that line where I’m trying to give them a good experience, so that they will .. you know .. so that they don’t leave thinking that therapy is not helpful at all, or people just don’t support them” (*Lizzy, 325 - 330*)

Here Lizzy is talking about her experience of student-clients accessing her EHECS with the expectation that it is a mental health treatment service that can address their difficulties in a comprehensive way. Her contention seems to be that counselling is viewed as an all-encompassing intervention for a range of poorly defined problems. The idea of counselling (and what it is for) is too general and somewhat misunderstood by student-clients presenting for the first time. This discourse places the counsellor in a mildly defensive position from the outset, in a state of preparedness to manage any unrealistic expectations of the counselling process that may be present in the interaction.

Lizzy’s laughter in this part of her interview seems to have a dual effect. In one way it emphasises her sense of these unrealistic demands and her perception of her student-clients’ naivety, about the role and function of her work, by meeting them with humour. However, it could also be read as indicating a level of stress, below the surface, in the face of unrealistic demands from distressed people who arrive in her office asking for help.

In her second statement Lizzy constructs the function of her work, when she can not provide the kind of therapeutic intervention she deems necessary, as instead providing ‘a good experience’ so that student-clients who are naive to the processes of therapy develop a good impression of professional therapeutic practice. The language she uses highlights her desire not to disappoint her clients. She wants them to leave with the idea that therapy can be helpful, even if this is not the right place to have it. There are suggestions of the pressure which this can have on her as a practitioner, needing to manage ‘attachment’ by which she is presumably referring to psychological theory around managing therapeutic relationships within a constricted environment.

Paul states:

“we get a lot of students who have perhaps had some therapy before, or some counselling or some CBT on the NHS before, erm .. and we have to be really explicit because we are a short-term service and there’s only so much we can offer” (*Paul, L23-25*)

And later:

“It can be seen as a bit of a panacea like, ‘oh go for some CBT and it’ll sort your life out’, erm, which is not (laughing) the case” (*Paul, 283 - 285*)

Here Paul talks about those student-clients who have experience of therapy from external agencies or from within the healthcare system and who then present

at the EHECS where he works. Again, he employs language which emphasises limits and boundaries which students do not necessarily expect. He advocates explicitness and emphasising the limits of therapeutic work which can be provided within this context in order to manage student-client expectations.

Later on in his interview Paul is discussing the limits of his particular counselling model and in a similar way to Lizzy uses humour in response to the unrealistic expectations he encounters. He is, at the same time, making a serious point which presumably has to be managed within his therapeutic relationships. The perceived breadth of the counselling remit is explicitly debunked within this sub-discourse.

Janine is more explicit in constructing part of her role from this particular sub-discourse:

“managing the students’ expectations .. and that might mean .. you know .. being very up front and clear and saying look well let’s have some sessions, let’s see how things go, let’s see if things improve .. I’ll always be thinking if .. you know perhaps some more sessions .. maybe in the NHS .. might be more helpful. So yeah I think it is .. it’s .. which you don’t really do in private practice .. you don’t .. well obviously you don’t really say you’re gonna cure anyone or .. change their life .. [what happens in private practice .. because it sounds quite different?] .. well I think it’s just a different type of language and vocabulary” (*Janine, L287 - 295*)

Here Janine constructs the counsellor role as managing expectations and functioning as an extended assessment process. She constructs the EHECS counselling role as a more tentative intervention, holding in her mind throughout the question of whether it might be more helpful for her student-client to access therapy elsewhere (particularly a health care setting). It is interesting to note that when I question Janine about her sense of the difference between counselling practice in this context and the private practice context in which she also has experience, she says that she thinks it is about ‘a different type of language and vocabulary’. She is alluding, perhaps, to the operation of different discourse/s in that context.

4.5.2 Flexible practice sub-discourse

This sub-discourse articulates the value of adjusting counselling practices to match the needs of student-clients in relation to the HE institutional context in which they are situated. It offers subject positions which support the practitioner in deviating from their original therapeutic training models as well as promoting practical flexibility in matters such as contracting the number of sessions.

Adam states:

“I think that is something that maybe traditionally trained therapists would need to learn .. that they need to .. be flexible with their model .. move beyond it .. and understand the context and the human experience of the students they’re gonna meet” (*Adam, L527-530*)

Here Adam deploys the Flexibility sub-discourse when suggesting the need to ‘move beyond’ ways of counselling informed by a particular model. He could be advocating the use of alternative models but rather seems to be using it to justify practices that he perceives as deviating from standard therapeutic procedures more generally. Adam sounds confident when speaking from this discourse which contrasts significantly with the statement he made earlier in his interview ‘... is this counselling? I’m not sure it is’, (Adam, L261-263 - see 4.2.2). I would argue that this demonstrates the power of the discourse to shape practice in this context and shows how the subjectivity of individuals is influenced when speaking from within it.

Lizzy contrasts general flexibility of practice with the more specific discursive formation identified by this sub-discourse:

“you have to be really flexible .. and more flexible I think than we ever would be in the NHS .. when I’ve worked in different setting like that”
(Lizzy, L93 - 102)

...

“so all of the decisions a university makes impact on the students and then impact on the things their bringing to counselling” (Lizzy, L110 - 112)

She then alludes to how this links back to the influence of institutional processes, specifically the impact of institutional decision making upon students.

Paul (a less experienced practitioner in the sector) expresses his initial resistance to the subject positions offered by the Flexible practice sub-discourse:

“I was, sort of, a little bit resistant to it, my supervisor was as well .. but .. you know .. I can understand there probably is .. err .. a demand, in some ways, for that flexibility or that, you know, that ability to work longer, or just to have that one-off” (*Paul, L81 - 84*)

He seems to approach the Flexible practice sub-discourse cautiously, perhaps because of the dictates of his training and the resistance of his clinical supervisor, yet understands how it works in this context. The interesting point is that this sub-discourse seems to challenge ideas about what counselling is and how it is delivered as a direct influence of the ‘demands’ of HE institutional context and its effects upon individual stakeholders.

Uma (a service manager) draws heavily from this discursive formation in part of her interview discussing the recruitment of new staff members:

“James: When you said you were careful about recruitment .. which is .. a good thing I’m guessing .. what kind of things would you want to eliminate in a counsellors’ practice .. or not think was suitable for this kind of environment?

Uma: I think people who seem quite inflexible in their approach .. who see counselling is this ... and it’s not that .. I mean obviously there are things counselling is and there are things it’s not .. but there’s one thing

about HE is .. counselling in HE is so very different from counselling in other settings .. it's very different from private practice .. it's very different from other agencies .. it is more holistic, it is much more responsive, in the moment erm .. you know .. so people with very rigid boundaries I think .. don't do well within our service .. people .. you know .. who are very wedded to one particular approach .." (*Uma, L98 - III*)

Here Uma deploys the Flexible practice sub-discourse to justify differences between EHECS counselling practices and those in other settings. The main emphasis in the statement is on the need for practitioners to be open to being influenced by the HE institutional context. She describes this as being more 'holistic' and 'responsive' which are constructed as positive ways of working in contrast to practitioners who work with 'very rigid boundaries'. The sub-discourse permits positive constructions of flexibility and problematises inflexibility. This potentially creates difficulties for new practitioners who are likely to have been trained to work within particular therapeutic frameworks and may experience such flexibility as a threat to maintaining therapeutic integrity.

This problem is illustrated by Uma's later statement about practitioners who have not been able to thrive in her EHECS context:

"a few years ago we .. we seemed to have a lot of people applying for jobs who were like IAPT refugees .. so they were CBT therapists and they were finding IAPT quite difficult .. and they came to .. they

thought well it'll be a different environment .. so they came to work with us erm .. none of them lasted longer than a year .. and .. because they get really frustrated that they couldn't deliver a treatment protocol”
(Uma, L293 - 299)

In this story of unsuccessful recruitment to her team Uma highlights the potential pressure that the requirements of the EHECS context can place upon practitioners who are not flexible in their ways of working. She uses the word ‘refugees’ to describe practitioners coming from a healthcare setting with the hope of finding a better place to work but struggling when they were unable to practise in the ways they had been trained. However by describing their ‘frustration’ within the EHECS context she implicitly constructs student counselling as an area of specialist practice in its own right and not a place where therapeutic practices from other contexts can be directly transplanted.

A further role construction of interest, because it is woven throughout the text, is the indication of a certain kind of active behaviour in the counsellor which requires a flexible approach to ideas about practice. This is perhaps most succinctly captured in a statement Janine makes in her interview after she has had some time to process her thoughts:

“in terms of maybe going back to the previous question about the university environment .. erm .. I think you can be a bit more directional .. you know .. maybe you could try this .. have you done this .. you know .. so erm .. there was an adaptation both in terms of letting

that twelve session structure go .. and .. you know in very simple terms I just talk more in student counselling [okay] (laughing) .. I just say more [yeah, yeah yeah ..] I've waffled on .." (*Janine, 328 - 334*)

This statement is important for several reasons. Firstly it is apparent, from her language and the manner in which she is expressing herself, that she is constructing her ideas about counselling practice in her EHECS setting during this part of the interview process and has not pre-planned what she will say. She talks about being more 'directional' with her student-clients and giving them advice before going on to talk about 'letting go' of the kind of 'structure' (we could read therapeutic framework) with which she is familiar.

The language she uses suggests that speaking from this Flexible practice sub-discourse is, at least initially, not a comfortable experience and finally involves just talking more with her student-clients than she would when working in a different context. Her laughter at this point and her final somewhat self-denigrating comment 'I've waffled on' are perhaps suggestive of the discomfort she experiences when 'letting go' and acting more spontaneously. The kinds of behaviour I would argue are shaped by this sub-discourse.

In the next section of this thesis I will further discuss the implications of the discourses which have been identified and described in the above analysis and link them back to the dominant discourses from which they emerge. I will additionally consider the broader implications of my analysis for student counselling practice.

Chapter 5: Discussion

5.1 Overview

The purpose of my discussion chapter is twofold. Firstly, to frame my analysis within the existing research literature and consider its implications. Secondly, to move beyond the data to produce a greater breadth of discourse analysis overall (Parker, 1992). To achieve these aims the dominant and sub-discourses identified in the analysis, in accordance with FDA principles, are further explored in relation to their historical and cultural location (5.2). My discussion then concludes with a consideration of the possible implications of my analysis for EHECS, practitioners and the student counselling sector more generally (5.3).

5.2 Locating the discourses

Discourses emerge from historical and social contexts and are always connected to other discourses (Phillips & Hardy, 2002). To understand the role of an EHECS based counselling practitioner it is important to understand the economic and political goals of the institutions in which they work (Zeeman & Simmons, 2011). Cultural and political discourse/s shape the configuration of UK HEIs through their influence on those who run, work and and study within them (Mair, 2015).

In the discussion which follows I have tried to hold in mind the following questions which Gergen (2015) proposes are key to the constructionist research position: How have these views of the world come to be held; if they seem obvious then why; what do they do for us or how do they operate?

5.2.1 Locating the Academic achievement discourse/s

The Academic achievement discourse permeates educational institutions and has, arguably, come to be seen as one of the most important aspects of their function in recent times. Its influence upon counselling practice within HEIs while superficially obvious may nevertheless be underappreciated. In my analysis the psycho-social focus of traditional counselling practices were implicitly and explicitly compromised by the institutional requirement to support student-clients with their academic achievement goals.

“students often want to have better relationships and want to stop feeling so depressed, but really the degree, or the course .. influences everything you do” (*Uma, L26 - 27*)

In relatively recent history we might consider the UK government’s push to improve educational achievement in schools through the introduction of Standard Attainment Tests (SATs) in the early 1990’s (Sainsbury, 1996), alongside the adoption of targets to increase the numbers of people entering HE in the early 2000’s (Barden & Caleb, 2019) as turning points in the expression and influence of this discourse within UK culture. The introduction of tuition fees for HE has concurrently contributed towards a business model discourse within HE, shaping students’ subject position as both learner and customer. This has arguably led to narratives of value and return on investment in relation to the educational process (Berkhout, 2018).

The implications for EHECS seem to manifest, particularly, in the

Precedence of educational attainment sub-discourse (4.2.1) which was consistently deployed by study participants.

“The job of the university is education .. it’s students getting degrees .. you know .. that’s what the business of the university is about ..”
(Adam, L206 - 207)

In terms of counselling practice this process may align with a shift from the importance of the therapeutic relationship within student counselling, to the prioritising of organisational imperatives and a more practical emphasis in the counselling work. It links directly to the organisational context through a focus on the students’ experience within the institution.

“it’s a bit more from that pastoral role or from like, okay look, this is what you need to do ..” (*Lizzy, L210*)

“I feel I’m almost becoming, far more, an academic mentor or something like that ..” (*Adam, L261*)

My analysis showed how the Precedence sub-discourse shifts to the Shared pastoral care sub-discourse influencing counsellor behaviours (see 4.2.2). In positioning the student counsellor as sharing responsibility with other staff, it also tends to construct the counsellor (or even the EHECS team as a whole) as holding the mental health expertise within the organisation. Through its links to

the Mental health crisis discourse and particularly the Risk-vulnerability sub-discourse (see 5.2.3) there is potential for significant pressure to be placed upon practitioners within an EHECS setting. This may be especially apparent in relation to decisions about which functions of the counselling role are to be prioritised (for example, risk management and mental health treatment versus academic attainment).

While recent research has identified the experience of role tension for student counsellors in an international context, particularly feeling underappreciated or misunderstood within their organisations (Harrison & Gordon, 2020), the contribution of my study has been to identify and explicate the possible processes (through the identification of conflicting discourse/s) which may underlie such tensions in UK EHECS.

5.2.2 Locating the Life-stage discourse

The Life-stage discourse is shaped by cultural ideas related to ageing and maturing and the scientific theories of Western psychology (Timimi, 2005). The influence of psychodynamic counselling models within UK EHECS while historically influential (see Chapter 2) seems to have broadened in scope. The developmental sub-discourse, for example, seems to influence counselling practices because of the way it shapes practitioner perceptions around the needs of their client group within their cultural, social and interpersonal context.

“eighteen year olds .. they’re very impulsive .. they haven’t got their pre-frontal cortex developed yet .. they miss things .. they’re scatty ...”

(Uma, L249 - 250)

“there’s a lot that’s going on at the age that they are, when you know, financially it’s independence, it might be being an international student, away from home and finding places to belong” *(Paul, L366 - 367)*

The above examples suggest that the subject positions created for all actors by the developmental sub-discourse are influenced by the understanding of what it means to be a young adult in a particular time and place and the responsibilities they can be expected to take on.

The Loco-parentis sub-discourse emerged unexpectedly in my analysis. Once recognised, I chose language which aimed to capture both the subject position experienced by the counselling practitioner and the quasi legal associations which potentially link to ideas about an HEIs ‘duty of care’ towards its students (Jenkins, 2015). This sub-discourse and the subject position for the counselling practitioner seem related to an enhanced sense of responsibility towards student-clients who are not yet viewed as capable of exercising adult judgement from one point of view and yet historically have, at this age (and legally), been construed as adults. The result seems to be an emergent tension of differing expectations between various actors (university staff, students, counsellor and parents).

“so parents have an expectation that the university’s going to take care of their children .. and the university has an expectation that the

children .. that, that the adults get on with it and manage themselves”
(*Luca*, 131 - 133)

Two ideas have been suggested to explain the perceived cultural shift in how HE students are characterised in relation to the identified sub-discourses. One is that parenting practices have changed so that those commencing university after completing formal education are now in a period of extended adolescence in comparison to people of a similar age in the past (Percy 2014, as cited in Danchev, 2016).

Secondly, it has been proposed that the changing economic impact of course fees has led to greater parental involvement in the HE process. Barden & Caleb (2019) argue, for example, that as HE has come to be viewed as an expensive financial investment, parents (or parental figures) have become increasingly involved in all decisions from the choice of university to the management of university life.

It may also be of note that as a result of the Education and Skills Act 2008 (enacted in September 2013) it became compulsory for young people to continue in education, employment or training until the age of 18. Previously formal education legally concluded at age 16. These politico-legal changes within the wider UK culture may have influenced (or conversely have been influenced by) shifting perceptions of when a person is considered a full adult.

EHECS practitioners, generally, come from professional backgrounds where they are trained to work primarily with an adult population and work with younger people usually requires additional specialist training. From within these

sub-discourses counselling practices may become (in some instances) more like those which characterise work with a younger demographic (for example, a much greater focus on managing risk) and it may be that EHECS practitioners, where they have not already done so, will need to update their skills.

5.2.3 Locating the Mental health crisis discourse

This discourse is located within the context of a significant increase in the recognition of mental illness in the UK which has been accompanied by an increase in the recognition of student mental health problems within universities (Stallman, 2010; Auerbach, et al., 2019; Barden & Caleb, 2019). The idea of a crisis within young people's mental health is represented both within the professional literature (RCPsych., 2021) and within a wide range of popular culture and media articles (Lawton, 2019; Hall, 2022; Sohn, 2022). However, it remains unclear whether HE students are at greater risk of suffering from common mental health problems than the general population (Lewis, et al., 2021).

In this discussion my aim is to draw attention to some of the potential effects of this discourse rather than to support or contest its truth claims. To achieve this I will draw attention to critiques which challenge taken-for-granted assumptions about the nature of the objects constructed by the discourse. These being chiefly mental illness, student vulnerability and counselling practices in the EHECS context.

Critiques which explore the social construction of mental illness tend to focus on the problematic nature of diagnosis and classification and the influence of an uncritical positivist / biomedical worldview which underpins these processes

(Eisenberg, 1988; McCann, 2016). From this perspective all diagnosis relies on clinical judgements, the boundaries and definitions of which are moderated by groups of professionals and may well be highly sophisticated, yet they are always socially constructed (Timimi, 2020).

The above provides a background against which the diverse emotional experiences, especially of the young, are too easily pathologised (Timimi, 2020). Through cultural feedback loops the language of common mental health problems influences how people think about and seek help for problematised emotional states. The complexities of youth come to be viewed more in diagnostic and less in developmental terms (Biancolli, 2021). Diagnostic and therapeutic language, depression, trauma, O.C.D. (Obsessive Compulsive Disorder), which was previously the preserve of psychiatry and professional psychology has in many instances become part of common everyday speech (Waldman, 2021).

“in my mind they .. they treat it exactly like they might in the NHS .. like they come and they’re just like, I have all these problems ..” (Lizzy, L21 - 22)

The processes described above are implicated in the development of both sub-discourses identified in the analysis, Complex needs and Risk-vulnerability, named because they enhance the subjective experience of both complexity and vulnerability in relation to an individual’s mental health. For example, the student experiencing the anxious transition to university now easily self-diagnoses Social anxiety disorder and seeks appropriate counselling / treatment. Or, what may

have previously been thought of as the experience of homesickness and loneliness may now be construed as an episode of depression.

Two significant institutional critiques highlight the need to critically appraise and deconstruct the Mental health crisis discourse and its manifestation in the sub-discourses identified in my study data. Firstly, Ecclestone & Hayes (2019) argue that therapeutic ideas have filtered into popular culture and have come to dominate social thought and policies. They express particular concern about how this ethos has come to dominate the education system including UK HEIs.

Secondly, Furedi (2016) argues that both British and American universities have sacrificed maintaining a vigorous approach to academic freedom in favour of treating their students as vulnerable children. In a similar vein to Ecclestone & Hayes, he argues that an overemphasis on the safety and emotional wellbeing of students has led to a process of institutional infantilisation. He suggests that students are now treated as if they are not capable of carrying out the responsibilities associated with adulthood.

Broadly speaking, both critiques propose that institutional processes are producing a diminished view of people and their capacity for resilience with particular implications for an individual's sense of personal agency (leading to vulnerable and helpless subject positions). This seems to link particularly with the Risk-Vulnerability sub-discourse (4.4.2) identified in my analysis and emerges, perhaps, from the ways in which student-clients are presenting their problems to counselling practitioners.

Lastly, other actors within the HEI environment are also likely to be

concerned about the risk of harm to students (a significant current fear being student suicide).

“I do think .. around suicidal risk but also displays of distress .. students get sent or advised to go for counselling .. I think academics and other staff within the institution don't know what to do with that and feel quite scared by it and hope that we can contain that and fix it ..”
(*Adam, L93-97*)

A genuine concern for the young people studying within their institution and (I would argue) an additionally perceived organisational risk of being sued for negligence, may lead to significant anxiety within UK HEIs. Others may thus experience a sense of relief if they believe that a difficult situation is being managed by mental health professionals (May, 1999 - see p. 27). However, in addition to the longstanding containment function the implication here is one of active treatment, Adam says ‘and fix it’. It is possible that the increased professional status of counselling practitioners (over a significant period of time) may be influencing a change in academic colleagues and students’ attitudes towards them.

If an EHECS service is positioned as holding the expertise in mental health there is potential for it coming to be thought of as a crisis intervention service. Which is more likely, I would argue, if the role and functions of student counselling are not clearly defined and articulated to those who do not share an inside understanding of how counselling is practised in this context.

It has been acknowledged that a lack of access to appropriate NHS mental health services may lead to more complex presentations within student counselling services (RCPsych., 2011; Randall & Bewick, 2016). However, the identification of an internal process, linked to prevalent risk concerns within HEIs and the current functions of EHECS, may have come to prominence (or been amplified) through the influence of the Mental health crisis Discourse/s described above.

5.2.4 Locating the Professional counselling practice discourse

The Professional practice discourse is widely located within the wealth of sector-specific literature which constructs student counselling as a professional specialism (see for example, BACP 2016; 2017). The most recent professional literature tends to summarise and refine what has gone before. Streatfield (2019), for example, cites the above and earlier sources such as the RCPsych. (2011) and concludes that HE counsellors are characterised by their understanding of the connection between academic and psychological difficulties (p. 149).

In another article *celebrating 50 years of student counselling* he writes:

While homesickness and course pressures are, of course, very real issues for students, the reality is that HE counselling offers an impressively high level of response to a broad range of students - representing diversity and difference in terms of culture, age, ability, sexual identity ... and so on - and complex and demanding presenting issues (Streatfield, 2020, p. 17)

These constructions of student counselling as a professional practice essentially converge with Mairs' (2015) ideas and locate the current discourse largely within the remit of the BACP UC through its publications (University & College Counselling) and special interest groups (SIGs), for example, BACP Universities & Colleges Research SIG (see Turner, 2020).

The sector related literature has long acknowledged potential conflicts between counselling practice and the HE institutional setting, some of which I have cited previously. I have also already described and commented upon the links between the student counselling sector and the development of professional counselling generally in Chapter 2. The remainder of this section thus focuses upon locating the Managing expectations of mental health treatment and the Flexible practice sub-discourses identified in my analysis (4.5.1; 4.5.2).

The Managing Expectations sub-discourse speaks to a potential change in the established role and functions of student counselling in an EHECS context and suggests that, at least some of the time, mental health risk and support issues are surpassing the importance of academic risk for practitioners in this setting. Certainly this interpretation would link clearly to the Mental health crisis discourse/s.

The impact of relatively under-resourced EHECS and more strictly time-limited counselling contracts (Mair, 2015) also help to make sense of the emergence of this sub-discourse within the sector. Speaking from within this sub-discourse the practitioners in the study seemed to characterise their student-clients as having high hopes for the relatively small amount of counselling

on offer.

“they’re not expecting even necessarily that I will refer them ... they’re just like ‘okay here’s my problem, like help me out’ ..” (*Lizzy, 22-23*)

Student-clients’ expectations of counselling are, of course, likely to be influenced by their wider cultural experiences prior to commencing HE. Their experiences of previous mental health support (school, NHS treatment services for children and adolescents) may also have informed their expectations for ongoing mental health support. If it is difficult to access this support within overstretched NHS adult mental health services then the expectation of ongoing treatment may be transferred to the HEI.

It may be important to recognise a possible cultural shift in the way that young people think about and understand their emotional experiences and mental health generally. The self-identification of mental health problems and widespread influence of diagnostic terminology has a potential pathologising effect and creates expectations for the formal treatment of diagnosable conditions (Foulkes, 2021; Timimi, 2020). Alongside this process Biancolli (2021) suggests that while more students seeking mental health support represents a positive change, there is also a less helpful idea that every emotional crisis that one experiences requires professional support (p. 2).

The difficult subject position created for the student counselling professional is a conflict between culturally shaped expectations and the realities of counselling work, both in terms of resources but also in terms of counselling

practices. The expectations of a medical intervention type effect from what is broadly constructed as a brief (or very brief) intervention aimed at psycho-social factors (e.g. loneliness, social integration, impact of environmental stressors) represent different ‘images of reality’ (Mikaels, et al., 2015, p. 5). This may initially be disappointing or confusing for student-clients who may come to think they are not being properly supported with their difficulties.

“we get a lot of students who have perhaps had some therapy before .. on the NHS .. and we have to be really explicit because we are a short-term service and there’s only so much we can offer” (*Paul, L23-25*)

Brief therapies are constructed as inherently more active in terms of in-session counsellor behaviour (Coren, 2016). Prosaically, less time for therapeutic exploration necessitates a more focused approach to any discussions between counsellor and client. While the literature over the past few decades consistently constructs student counselling as an increasingly time-limited endeavour (Coren, 1999; Mair, 2016) this trajectory seems to reach its zenith with the emerging single session model (Dryden, 2020b). I would argue, it also begs the question of when therapeutic counselling morphs into an entirely different kind of social practice.

The Flexible practice sub-discourse constructs student counselling practices as highly malleable to match the needs of student-clients in relation to the dynamic HE institutional context in which they are situated. This is

particularly apparent in areas of contracting such as the number and purpose of sessions. This discourse is visible within the most recent sector related research and literature. Harrison & Gordon (2021), for example, identify a theme which they label ‘zigzagging’ in their qualitative research of counselling practice in Irish universities. They define this as the ‘need to respond flexibly and creatively to meet student needs in a context that is unpredictable and evolving’ (p. 1).

Finally, the construction of student counselling as a particularly responsive and flexible intervention conflicts with the kinds of counselling interventions described (or perhaps prescribed) for specific mental health difficulties. These being particularly structured and, as far as possible, manualised in order that therapeutic counselling practices in healthcare settings are delivered in specified and consistent ways (National Institute for Clinical Excellence [NICE], 2011). While the Flexible practice sub-discourse may serve HEIs to provide visible support within the organisational context they also need to be clear about the limits of the support they are willing or able to provide.

5.3 Implications of the current analysis

Understanding the implications of my research and analysis requires consideration of several areas. These include most importantly implications for understanding and developing the therapeutic practice as well as the supervision and training of counselling professionals working in the university counselling sector. There are potential implications for the EHECS sector as a whole, the student services departments in which they are located and individual HEIs. There are additionally potential implications for student-clients and perhaps the HE student

population more generally. I will discuss these areas in turn and also make some suggestions towards addressing some of the issues raised.

5.3.1 Implications for therapeutic practice, supervision & training

The most recent definition of CoP practice from the British Psychological Society states that:

Counselling psychologists are a relatively new breed of professional applied psychologists concerned with the integration of psychological theory and research with therapeutic practice. The practice of counselling psychology requires a high level of self-awareness and competence in relating the skills and knowledge of personal and interpersonal dynamics to the therapeutic context. (BPS, 2023)

The latter half of this definition could equally be applied to the counselling professions in general although the standardisation processes implemented by the SCoPED project (see 2.3.4) will likely take this forward in a more comprehensive way. In discussing my implications I am here referring to therapeutic practice within EHECS as it is generally undertaken by the range of counselling professionals who participated in my research.

Most importantly my constructionist framework and subsequent analysis opens up to challenge the tacit ways in which counselling practitioners are influenced by the institutional context when constructing their professional role and the function of their therapeutic practices (Spong, 2011). The question which

arises, from this perspective, is what kinds of therapeutic practice does the analysis invite (see Gergen & Ness, 2016).

I would argue that my analysis suggests EHECS practitioners manifest a particular style of therapeutic relationship, shaped by the institutional and wider cultural context of their work, that is particularly active, flexible and characterised by higher levels of directivity than that which they may be accustomed to in their previous training or working contexts.

This style seems to be shaped both through the Developmental discourse/s which emphasise the recent child status of most student-clients and position the practitioner as an authoritative adult within the institutional setting and the Professional practice discourse/s which speak to the need for very explicit management of student-client's expectations and the ability to help them field a range of concurrent exigencies. The therapeutic task, influenced by the pervasive Academic achievement discourse/s (which, of course, are core to the HE institutional setting), is both implicitly and explicitly characterised as helping to facilitate academic engagement while simultaneously attending to life-stage related developmental needs. This would seem to take precedence over the treatment of mental health problems as a primary objective although this seems to be increasingly challenged by the influence of Mental health crisis discourse/s (discussed further below – 5.3.2) which perhaps explains some of the sense of professional crisis felt within the sector.

Some counselling models (for example cognitive behavioural therapy and brief solution focused therapy) may more naturally embody this style of relationship interaction. I would suggest, however, that this relationship style

itself, rather than the particular counselling model, might be the more important factor in the EHECS context.

Although there is certainly precedent for this idea within the broader counselling and psychotherapy literature (Clarkson, 2003) the approach within the sector (and perhaps much more widely in the counselling and psychotherapy professions as a whole) continues to prioritise the fidelity of particular counselling models and theories in its recruitment processes and in the framing of the therapeutic offer to student-clients.

The discipline of CoP with its pluralistic training stance differs in this respect to much counselling and psychotherapy training, though this position has begun to have wider influence for at least the last decade (Cooper & McLeod, 2007) and more recently has been specifically advocated for the student counselling sector (McLeod, 2019). Regardless of these developments, EHECS still tend to recruit practitioners based on their therapy model and I would suggest that advancing the sector involves addressing these processes directly (see below 5.3.4).

It seems of particular importance that those providing clinical supervision to practitioners are experienced and knowledgeable about the sector in terms of the characteristics of the client group, the influence of the institutional context and the influence which these factors have upon the key therapeutic tasks and relational style. Inflexible supervisory support which prioritises fidelity to a particular counselling theory or model over these factors may fail to serve the support needs of practitioners. My analysis suggests, for example, that helping new student counsellors, and trainees on placements, to understand the practice

implications related to the Academic achievement and Professional counselling practice discourses/s may support a more effective transition to working and succeeding in this context. This would be particularly important where the mission of previous institutional work environments differs from that of HEIs.

The creation of training opportunities which support the development of those working as student counsellors in the EHECS context is something which has been addressed by Turner (2022). She argued that student counsellors are often left to follow their own interests when choosing Continuing Professional Development (CPD) training opportunities and may choose to follow modality based interests rather than training related specifically to the context of their work. She suggested developing CPD opportunities aimed specifically at sector professionals and surveyed BACP-UC members for ideas about areas of CPD they would like to pursue.

I think one problem with this approach is that it potentially continues the process of reproducing the existing culture as well as not accounting for the needs of those who are not BACP members. Many CBT practitioners coming into the sector, for example, are likely to be members of the BABCP. Likewise CPs will not have access to BACP-UC resources and networks unless they pay fees to join the organisation. Turner's ideas have, as yet, not been progressed although some initial moves were made to instigate a programme. It is possible that while significant priorities, such as standardisation within the counselling and psychotherapy sector more generally, have not yet been achieved the implementation of a more standardised CPD programme for those working in student counselling is easily deprioritised.

Based on the discourses identified in my analysis there are several areas in which specialised training could be usefully developed and delivered in ways which might enhance practice in the sector. For example understanding the therapeutic relationship in student counselling or learning about the interaction between young adults and their mental health in the HE context. This could conceivably include developing skills for assessing more complex mental health difficulties (Mental health crisis discourses/s) to support effective referrals and working with other mental health professionals. Another crucial area, based on my analysis, would be developing skills in brief therapeutic interventions tailored to the HEI context.

5.3.2 Implications for EHECS & HEIs

Experienced EHECS managers have recently re-iterated the concern that ‘senior management [within HEIs] ... just do not understand what [their] counselling services do and provide’ with their work only appreciated by service users (Hughes, 2021, p. 2). This is an important criticism but also speaks to the necessity of robust and confident engagement with institutions so that greater clarity can be achieved. One aim of my research was to contribute to helping in this area and it is incumbent on sector professionals generally to advocate their skills and delineate the limits of their responsibilities and expertise.

EHECS managers have choices and need to actively engage with making them. They could, for example, challenge the drift towards emulating health care service provision and work with their institutions to promote and implement the specialist student counselling support which they can deliver or they can choose to

focus more on mental health triage and case management. Either way the tendency to neglect the importance of data and research is no longer acceptable for healthcare professionals working in any context. EHECS managers could rather champion and encourage research led, context sensitive reflective practice within their services and promote this within their institutions in order to better serve both their local student population and academic stakeholders.

To help in addressing some of these difficulties it seems important for EHECS managers and practitioners to consider the clarity of the counselling offer they make to stakeholders outlining a clearer demarcation between student support and mental health treatment. Developing appropriate and viable referral pathways could be helpful in this respect and is something which is clearly happening in some services already (Randall & Bewick, 2016). One aspect of this process includes actively clarifying the student counselling specialism to the allied mental health professionals now also working within HEIs.

HEIs, more broadly, have a responsibility to understand the work and professional responsibilities of the people they employ to deliver services to their students. My analysis points to areas of occupational stress for counsellors in EHECS possibly linked to an increased tension between the influence of an Academic achievement Discourse and a Mental health crisis Discourse which shapes how the needs of student-clients are perceived and responded to. The construction of student counselling as highly flexible intervention may well be a specialism related to the context of work but could also be problematic if it serves to help HEIs overstretch a limited resource (Mair, 2015), at an extreme it could risk unduly pressurising practitioners rather than helping them work effectively

with the specific needs of student-clients.

It is not feasible or fair for HEIs to expect more from EHECS and counselling professionals without increasing resources adequately to support this work. An expectation of more for less carries risks for both the quality of services and for the mental health and well-being of individual practitioners and teams. Appropriate resourcing includes areas such as having enough administrative support, providing ongoing training and time for research activities so that practitioners can fulfil their professional and ethical responsibilities. These responsibilities, as is the case for other healthcare professionals, may go beyond the specific job role they hold within a particular HEI. The influence of the SCoPEd project (see 2.3.4) may help in this regard with its potential to increase the professional status of counselling professionals with possible attendant effects upon practitioner confidence to assert their views relating to therapeutic practice.

5.3.3 Implications for student-clients

Although client expectations of counselling are likely to be informed by cultural factors beyond our control, HEIs can be clear about the role and functions of their EHECS at the earliest stages of their relationship with new students. Psychoeducation and transparency could support student-clients to make informed decisions and take some responsibility (where possible and as legal adults) for obtaining appropriate mental health support as well as reducing the sense of pressure on EHECS counselling practitioners to act as primary treatment providers. Potential university students should know, for example, that they will not receive treatment services for long standing mental health problems as part of

their university experience.

5.3.4 Further suggestions

In order to support the professional development of practitioners within the sector I think there is scope for new publications which illustrate the implications discussed above. For example a book of case studies in student counselling could be edited to emphasise the importance of relationship style with a range of different student-clients relevant to current practice. This could help to clarify and spread good practice and further develop emerging post theoretical modality / pluralistic discourse/s within the sector.

The Division of Counselling Psychology (DoCP) hosts a series of member-led networks for specialist areas of practice within counselling psychology. I would suggest the initiation of a new network within the DoCP for CPs working in the university counselling sector as their numbers increase. This platform could be used to forge links with members of the BACP-UC to, for example, co-operate in disseminating relevant research and literature.

Finally, EHECS managers could demonstrate strong leadership and review their recruitment processes. The purpose of this would be to innovate practice by routinely employing from a broader range of counselling practitioners (including the recruitment of CPs) rather than selecting practitioners based on theoretical models and allegiances which serve rather to reproduce the status quo. In extending this idea they might consider defining the therapeutic offer in terms of a high quality generic student counselling intervention rather than linking it with specific types of counselling.

Chapter 6. Conclusion

The aim of this study was to investigate the question: How do professional counselling practitioners working in UK EHECS construct the role and functions of their work? Six counselling professionals (a counsellor, psychotherapist or Counselling psychologist) discussed their work in semi-structured interviews which were transcribed and used as the empirical basis for conducting FDA (Cruickshank, 2012). Its contribution to answering my research question and to CoP is summarised below (6.1, 6.2). The limitations of my study, and possibilities for further research are discussed in section 5.6 and 5.7. My thesis ends with a final reflexive statement (5.8) and concluding remarks (5.9).

6.1 Summary of unique contribution to knowledge development

My analysis suggests that student counsellors construct the role and functions of their work from within four dominant Discourses. These were expressed through the deployment of eight constituent sub-discourses which related specifically to the context of their practice (Table 2, p. 80). From this perspective, my study demonstrates how student counselling practice in EHECS can differ from counselling practice in other settings because of the particular characteristics of its organisational (a university) and institutional (educational) location. It challenges the idea of standardised practices which can be directly transplanted from one context to another with implications for the actors and stakeholders invested in the provision of professional counselling within UK EHECS.

To conduct such an investigation it was necessary to formulate a

contemporary social constructionist position which can explain both how counselling practices and the ways in which practitioners think about their work (subjectivity) develop in their social contexts (Weinberg, 2014).

It is situated within the small amount of research which investigates practitioner perspectives on student counselling practice within UK HE institutional settings. However, it moves beyond the research which investigated lone counsellor experiences in such contexts (Wheeler & Hewitt, 2004) to focus on those now working in EHECS team settings, which have developed significantly in scope since that time (Randall & Bewick, 2016). It is more closely related to Harrison & Gordon's (2021) recent research of practitioner experiences in Irish universities but also moves beyond this to provide a social perspective on counselling practice previously missing from the UK student counselling research literature.

Importantly, my study identifies possible reasons for the student counselling role becoming more complex and demanding over time (Harrison & Gordon, 2021). It suggests that this could be partly related, at least in the UK context, to the interaction between an increasingly pressurising Academic achievement Discourse and Life-stage Discourse/s which lengthen the adolescent development of student-clients and extend perceptions of responsibility to appropriate adult professionals. This seems to be occurring in conjunction with a Mental health crisis discourse which positions student-clients, in the minds of those holding such responsibility, as an especially vulnerable group.

My research adds empirical support to the idea that a high level of flexibility, in relation to counselling practices, is an important component of the

specialism of student counselling work yet highlights some of the difficulties which this can create. It points to a need to make the role and function of counselling in this context more transparent to both student-clients and other stakeholders.

6.2 Contribution to CoP

The implications for therapeutic practice, supervision and training have been discussed above and will not be reiterated here. However I think it is important to mention that by encouraging a critical reflective practitioner stance towards counselling practice this research contributes to an important feature of the CoP discipline (Hanley & Amos, 2017; Gran, 2019). The impact of reading critical research (in my experience and opinion) has an important impact upon reflexivity which feeds into practice and yet tends to be relegated, as a primary research aim, to secondary importance within the mainstream research literature. As Gran (2019) suggests, supporting this critical reflexivity in an ongoing manner can be important for exercising one's 'counselling psychology muscle' (p. 3).

My study contributes to an under-researched area of UK counselling practice in which CPs are beginning to establish themselves in increasing numbers (both as trainees and employed professionals). It therefore provides a source of material which they might consider in relation to their therapeutic practice and other work. For example, by developing insight into how counselling operates as a social practice it potentially helps practitioners, including those supervising and training others, to contextualise EHECS work. It is my hope that it can support reflexivity

in EHECS contexts, within practitioners and across their roles. Within the broader social structures and processes which influence it.

6.3 Limitations

Acknowledging the limitations of this study requires both general and specific critique. The former relates to what are considered the general limitations of social constructionist and discourse-analytic research while the second relates to the specific methodological choices I made during the research process. Additionally, the inherent limitations of qualitative research methodologies in general, such as the influence of my own experience, pre-existing expectations, hopes and desires are important and have been discussed in my reflexivity sections 1.4, 3.9 and 6.5.

The status of social constructionist thought and FDA as a method are ongoing matters of debate which are well articulated in the broader literature (Willig, 2013). I think it would be accurate to say that although many researchers in counselling and CoP would acknowledge a role for a constructionist epistemological position, the potentially radical implications of the implicit paradigm shift remain marginal within the mainstream literature. My understanding of these general limitations are discussed further below in 6.5 as they link to my critical psychology perspective and the knowledge claims of my study.

The specific limitations relate to the recruitment of participants, the decision to conduct interviews and the influence of my own subjectivity. In my aim for theoretical consistency, I have attempted to articulate my epistemological

understanding as clearly as possible and maintain a sceptical position toward truth claims. However, it is inevitable that my position as a practitioner researcher within the student counselling sector increases the risk of reproducing my own biases within my research (the ways I attempted to reduce this risk were described in Chapter 3).

My sampling strategy was purposive and the sampling frame relatively broad. This fitted with my methodological approach and research aims but of course can be critiqued from research perspectives which embrace the aim of being able to generalise 'findings'.

My study was conducted with only one stakeholder group (practitioners) and yet much was inferred about students themselves from the counsellor's perspective. It is important to acknowledge that this does not mean that student-clients themselves would draw upon the same discourses (use the same kind of language) when speaking about their understanding of the role and functions of student counselling practices. This rather highlights the importance of further research with student-clients and perhaps other stakeholder groups within a UK HEI context (see below 5.7).

Finally, the scale of my project excluded the possibility of conducting an additional focus group as an extra component of the study. This can be one way of enhancing the credibility of discourse analytic research especially if the group is conducted without the researcher's presence (O'Driscoll et al., 2016). I do think that this would have been a useful addition to my study and highlights the difficulties of being an individual researcher with limited resources.

6.4 Further research

From one perspective the relative lack of empirical research in the UK student counselling sector means that there is scope for a fairly wide-ranging research programme. For example, HEIs could utilise data from their own EHECS and forge links across institutions with a view to developing specialised interventions and CPD for practitioners. This approach is common in international settings with organisations such as the Collegiate Centre for Mental Health (Xiao, 2022) and at a developing stage in the UK through the ongoing work of the SCORE consortium (Broglia, et al., 2021). This important research agenda could be complemented with ongoing smaller scale qualitative research linked to local contexts.

Two important questions naturally arise from my own analysis and could be usefully investigated using focus group and discourse-analytic methods. The first relates to understanding student needs and their expectations of counselling support provided within their HEIs and the second relates to finding out what HEIs (the various actors working within them) want from either EHECS or counselling services in general. The difficulty in addressing these questions lies in the fact that the answers may differ across institutions and particular student cohorts, supporting an argument for localised and contextually situated research.

From the perspective of stakeholders within the UK student counselling sector it seems that research which convincingly highlights the valuable aspects of EHECS to their institutions, as well as the specialism of their practitioners, is important to the future of UK EHECS. Having the time to address such questions, however, may be dependent on the amount of resources which institutions are

prepared to invest in their counselling services (see Caleb, 2016).

6.5 Reflexive statement III

I began this research with a very general knowledge of social constructionism (though I now realise I have been an intuitive social constructionist for a long time) and only a cursory knowledge of discourse analytic methods. Although I am familiar with the role of internal reflexivity, as a therapeutic practitioner, I was not sure how to manage my own subjectivity in relation to conducting FDA. My experience, as a practitioner and insider researcher, has been both more challenging and enriching than I could have anticipated.

The most helpful approach has been to acknowledge my own subjectivity as a valuable resource while simultaneously attempting to self-critique its influence on my analysis (Seabrook 2017, Hore, 2014, Parker, 1992). Soliciting and responding humbly to critical feedback from others and reading other FDA based research projects has also served to maintain a sense of rigour and develop my analytical skills.

The analysis and discussion chapters of my thesis have been the most challenging and difficult to complete. I have struggled, for example, with a desire to stay very close to the data (for fear of my own biases overly influencing the analytic process) which caused me to become too descriptive. On the other hand, especially in my discussion, I veered initially towards interesting but much too broad speculation. Discourses also naturally overlap and contradict one another (Phillips & Hardy, 2002) which makes it difficult when trying to present an analysis in a coherent fashion. In the final edit I have tried to moderate these

difficulties using the strategies outlined above.

To remain consistent with my theoretical position and related methodological choices I cannot now switch to a positivist position and claim to have made discoveries or ‘findings’ which represent objective facts in the ‘real’ world. I have rather produced an analysis which tells us something about the way the people I interviewed talked (to me) about their work in UK EHECS settings. My analytic results represent an incomplete and open-ended kind of knowledge (Dreier, 2008) which may not, of course, prove satisfying to those who are acculturated within realist paradigms.

However, I would draw attention to the significant difficulties reported within positivist psychological research (for example, the ‘replication crisis’) and recent arguments for greater cross fertilisation between traditional psychological science and sociological approaches to knowledge (Flis, 2019) in defending my approach. I believe there is great value in contributing to knowledge production from many different perspectives.

The enriching aspects of the process are related to strengthening my ability to absorb and respond to critical feedback, especially when I have been feeling defensive, incompetent or doubtful about my ability to complete a worthy piece of doctoral research. I am aware that my work has been developed further, with the help of others, when I am able to remain open to challenge and recognise when I have a biased attachment to certain ideas. Being located in an EHECS work environment with interested colleagues has been very helpful in maintaining my reflexivity and will hopefully continue into the future.

6.6 Concluding remarks

I am aware that my analysis represents one reading of the data I gathered in order to answer my research question. I hope that I have provided enough information for the reader to find my analysis credible and to make sense of the decisions I have made throughout the process. This study represents a moment in time in what is clearly a changing landscape in relation to both mental health and service provision within the UK student counselling sector.

I believe CPs have a valuable role to play here and that it is important to forge co-operative relationships with counselling professionals across the sector who may be members of other professional bodies and perhaps less likely to network with each other outside of their workplaces. I hope my research has contributed to clarifying how student counselling professionals practise in an EHECS setting and that it draws attention to the specialist nature of this work.

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Appendix A

Ethics approval



James Robert Oliver <jro007@my.londonmet.ac.uk>

Ethics form DProf in Counselling Psychology approved

Angela Loulopoulou <A.Loulopoulou@londonmet.ac.uk> 20 April 2021 at 13:16 Reply-To: A.Loulopoulou@londonmet.ac.uk

To: James Oliver <jro007@my.londonmet.ac.uk>

Cc: Raffaello Antonino <r.antonino1@londonmet.ac.uk>

Hello James,

please find attached your fully approved Ethics application form.

Kind Regards,

Angela

Dr Angela Ioanna Loulopoulou PhD; AFBPsS; FHEA (she/her) | HCPC Registered Practitioner Psychologist; EMDR Therapist | Principal Lecturer in Counselling Psychology; Programme Director of the Professional Doctorate in Counselling Psychology | School of Social Sciences

Member of the Global Diversities and Inequalities research centre | Chair of Subject Standards Board for PG Psychology | Chair of Ethics Review Committee for PG Psychology | Lead for Postgraduate Psychology

Recent Publications:

1. Callman S. and Loulopoulou, A. I. (expected publication 2021) Male UK Problem Gamblers and their Relationship to Money. *Addiction Research and Theory*.
2. Da Silva, P. and Loulopoulou A. I. (expected publication 2021) The Lived Experience of Second-Generation, Indian, Hindu Women in a Cross-Cultural Romantic Relationship: An Interpretative Phenomenological Analysis. *Sexual and Relationship Therapy*.
3. Tarabi, S.A., Loulopoulou, A.I. and Henton, I. (2018) "Guide or conversation?" The experience of Second-Generation Pakistani Muslim men receiving CBT in the UK. *Counselling Psychology Quarterly*, 33 (1). pp. 46-65. ISSN 1469-3674
4. Loulopoulou, A. I (2017) CBT Approaches. In Galbraith, V. (ed) *Topics in Applied Psychology: Counselling Psychology*. London: Routledge.

Office hours 9.30-16.30 Monday to Friday

Please email me if you would like an appointment.

Postal address:

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Appendix B

Recruitment emails
Recruitment poster

Recruitment email

Dear colleague,

I hope this email finds you well and that you do not mind me attempting to contact you through your university counselling service. I have obtained your contact details online as part of my research process.

I am undertaking research on counselling practice in embedded HE services and I was hoping you would take a look at my flyer (attached) and consider participating or passing it around to other members of your team – I am interested in speaking with practitioners of all therapeutic modalities.

Any help would be much appreciated and thank you for looking at this.

Kindest regards,

James Oliver
Top-up DProf in Counselling Psychology candidate

Response to potential participant email

Dear ,

Thank you for getting in touch. Your participation in my research would be highly valued and much appreciated.

I am trying to be as flexible as possible around timings. Mondays are good for me but if you have good availability for a particular time within the next few weeks I will try to accommodate. The interview would take around an hour of your time.

I have attached my participant information sheet. If we can agree on a time I will send you my consent form and a link for a virtual meeting room which you can access through your web browser.

Again, many thanks and I look forward to hearing back from you.

James Oliver
Top-up DProf in Counselling Psychology candidate

Investigating the role and functions of counselling in embedded Higher Education services

Does working in an embedded HE counselling service impact upon the process and practice of counselling work? Does work in this setting differ from work in other clinical settings? Would you be willing to discuss your views in a one to one interview as part of my doctoral research project at **London Metropolitan University**?

Counselling services in HE are considered, in some quarters, to be experiencing a crisis due to increased volumes of work and more complex student presentations. Through this research I am aiming to explore practitioner perceptions of the role and functions of their professional practice in embedded HE counselling services.

What will the interview be about?

I am recruiting counselling professionals (counsellors, psychotherapists, psychologists) currently working in embedded HE counselling services, and with at least two years of experience in the sector, to discuss their views and opinions of work in this setting. Examples of the discussion topics include: *How is counselling work influenced by the university environment* and *what might counselling professionals need to understand when coming to work in this setting for the first time?* If you meet this criteria and would be willing to take part **please contact me, James Oliver, at the email address below.**

What is expected of participants?

The interviews will take place online using a secure video conferencing platform and will last for between 60 to 90 minutes (face to face interviews will also be an option if preferred and practically possible). The interview will be recorded and then transcribed for analysis. All of your identifiable information will be anonymised or removed from the transcript.

Why should you participate?

There is very little formal research which examines the views of counselling professionals working in HE institutions. If you choose to participate you will be able to reflect on your views and contribute to understanding the discourses which inform practice in our sector. As the research is directly related to your professional practice you can count the time as CPD and you will be provided with a certificate to reflect this.

How will it benefit the sector and HE counselling professionals?

It is hoped that this research will provide a complementary lens to the current quantitative and outcome focused research in the field. I am interested in what makes being a counsellor in HE a professional specialism and also how the HE institutional setting shapes practice. This research could be of high interest to all professionals working in the sector and could be of special value to those who provide clinical supervision and those responsible for service delivery.

Lead researcher: James R. Oliver
Supervisor: Dr. Raffaello Antonino

Contact: jro007@my.londonmet.ac.uk
Contact: r.antonino1@londonmet.ac.uk

Appendix C

Participant Information Sheet Consent form

Investigating perceptions of the role and functions of counselling in UK Higher Education settings: A Foucauldian discourse analysis.

You are invited to take part in a research interview about the role of professional counselling activities in Higher Education (HE). This is being conducted in partial fulfilment of a Professional Doctorate in Counselling Psychology (Top-Up) by James Oliver under the supervision of Dr. Raffaello Antonino.

The purpose of the study is to understand how the role and functions of professional counselling practice are shaped by the HE context for practitioners working in embedded student counselling services.

You are being asked to participate in an individual research interview. This would be online by secure video conferencing (a face to face interview could be arranged if practically possible). The interview will take between 60 and 90 minutes, including a brief introduction before the interview and a chance for you to ask any questions afterwards.

I would like to discuss the following areas with you:

- (1) How you think the students you work with view the role of the professional counselling provided to them at university.
- (2) How your counselling work is influenced by the university environment.
- (3) How you think the student counselling service fits into the wider structure of the university.
- (4) Your opinion about any differences between counselling work in an HE setting and counselling work in other contexts.
- (5) What you think counselling practitioners might need to understand when coming to work in this setting for the first time.

Recording and confidentiality and data management

Our discussion will be recorded on a password protected device. This recording will be transferred to an encrypted USB memory stick and the original recording destroyed. The discussion will be transcribed verbatim to create a text for analysis. The secure recording will be stored until completion of the study (by September 2023) and then destroyed. The transcript will be archived (as an

electronic document) and kept securely for five years (year end 2027) in order that it can be checked for quality and validity by relevant experts should this be required for pre-publication review. Electronic data will be destroyed using data erasure software and any physical documents will be shredded.

A pseudonym will be assigned during the transcription process for confidentiality. Extracts of the interviews and fragments of text will be used to illustrate points made in the written analysis but it will not be possible for a third party to identify you from this. The personal data you provide (for example, your name & signature, contact details which may indicate where you work and your occupation) will be kept confidential and stored separately from the interview transcript. I will only use your details to contact you to arrange the interview, send you the debrief information and respond to any communication from yourself. I will then erase them.

Risks of participation

No specific risks have been identified with participation in this research as the topic is not generally considered personally sensitive. However, reflecting on your work could raise issues that you have not previously considered and this can sometimes be an uncomfortable process. It is not anticipated that any potential discomfort would be higher than what you might normally expect to experience in your role.

Benefits of participation

It is hoped that this research will be of professional interest to all participants and promote useful reflection upon the issues discussed. As the research is directly related to your professional practice you will also be issued with a participation certificate which will indicate the time you have invested and can in most cases be counted towards professional CPD requirements (BACP, HCPC).

What if I change my mind during or after the study?

You may withdraw from participation in the interview at any time without having to give an explanation. You may also withdraw your interview data up to two weeks after having taken part. After this time your interview will have been anonymised and collated with other interviews for analysis. I will send you debrief information to remind you of this after the interview.

Lead researcher: James R. Oliver
Supervisor: Dr. Raffaello Antonin

Contact: jro007@my.londonmet.ac.uk
Contact: r.antonino1@londonmet.ac.uk

Research interview consent form (electronic version)

Investigating perceptions of the role and functions of counselling in UK
Embedded Higher Education Counselling Services: A Foucauldian Discourse
Analysis.

I agree to participate in a research interview with James Oliver of London
Metropolitan University to aid with the above research project.

I have read the Participant Information Sheet and am aware of the topics
to be discussed.

I am aware that I will remain anonymous throughout the data analysis
and that I have the right to withdraw from the study without giving a
reason.

I am aware that data collected will be stored securely, safely and in
accordance with the Data Protection Act (2018).

I am aware that I am not obliged to answer any question, but that I do so
at my own free will.

I agree to have the interview recorded, so it can be transcribed and
collated with other interviews for analysis. I understand that the
recording will be destroyed at the end of the project and the transcript will
be archived.

I am aware that I can make any reasonable changes to this consent form.

Please type your name

Appendix D

Interview schedule

Interview focus: The role and functions of professional counselling in a Higher Education setting?

- (1) How do you think the students you work with view the role of the professional counselling provided within their university?
- (2) How is your counselling work influenced by the university environment?
- (3) How do you think the student counselling service fits into the wider structure of the university?
- (4) Are there differences, in your opinion, between counselling work in an HE setting and counselling work in other contexts?
- (5) What might counselling professionals need to understand when coming to work in this setting for the first time?

Socratic style prompt examples to further the conversation and elicit response variation:

<ul style="list-style-type: none">➤ What makes you say that?➤ Can you be more specific?➤ What would be an example of ...?➤ What experiences lead you to think that?➤ What do you mean by ...?➤ How does ... relate to ...?➤ Could you put that another way?➤ Let me see if I understand you, do you mean ... or ...?➤ Could you explain that further?	<ul style="list-style-type: none">➤ What would ... say about that?➤ Is that always the case?➤ How does that fit with ...?➤ Any more thoughts on that?➤ What are your reasons for saying that?➤ What would you say to someone who said ...?➤ What would happen if ...?➤ How do you think about this type of situation?
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Appendix E

Certificate of Participation

Certificate of Participation

For:

In a research project investigating the role and functions of counselling in a Higher Education setting

___ CPD hours

**Conducted by: James Oliver, CPsychol
jro007@my.londonmet.ac.uk**

Appendix F

Distress protocol

Protocol to follow if an individual becomes distressed during participation in the research interview:

The area of study 'Investigating perceptions of the role and functions of counselling in UK Higher Education settings' is not generally considered a sensitive topic for professionals working in the field. This protocol has nonetheless been designed to account for the possibility that participants could experience an increased level of emotional arousal or distress which would require sensitive management to reduce the risk of harm.

The researcher is an experienced counselling psychologist with both staff counselling and primary care psychology experience.

Observed signs of distress:

- A participant indicates they are experiencing a high level of stress or emotional distress OR
- Exhibits behaviours suggestive that the discussion is stressful such as crying, shaking, shouting etc.

Action response 1:

- Remind the participant that they may end the interview at any time and ask if they wish to continue?
- If participant feels able to carry on; resume interview and monitor.
- If participant is unable to carry on Go to Action response 2:

Action response 2:

- End interview - if face to face accompany the participant to a quiet area. If online check where the participant can obtain local support or respite.
- Assess level of participants distress:
 - How are you are feeling right now?
 - Do you feel you are able to go on about your day?
 - Do you feel safe?
- Signpost to appropriate support: E.g. Employee Assistance Programme, GP or mental health provider if appropriate OR offer, with participant consent, to make contact with someone on their behalf.
- In extreme circumstances utilise appropriate emergency services.

Follow up:

- If participant has given consent then follow-up with a courtesy communication.
- Encourage participant to make contact if they experience further difficulties related to participation in the research.

Appendix G

Debrief

Investigating perceptions of the role and functions of counselling in UK Higher Education settings: A Foucauldian Discourse Analysis.

Researcher: James R. Oliver - Debrief

Please accept my thanks for taking part in my research. As you know the study aims to explore how student counselling professionals construct the role and functions of their practice in the context of embedded HE counselling services. I will now transcribe the interview, take care to anonymise it and conduct Foucauldian Discourse Analysis on the data. I hope to identify discourses related to the role and function of student counselling in the UK.

If you have any further questions about the study I would be more than happy to answer them. You can contact me at jro007@my.londonmet.ac.uk

If you would like to withdraw your data from the study you may do so within the next two weeks by contacting me in the same way. Alternatively you can contact my research supervisor Dr Raffaello Antonino at r.antonino1@londonmet.ac.uk

If you have any further concerns, that you would rather not discuss with me, or you wish to make a complaint then please contact my supervisor.

If I do not hear from you within two weeks I will erase your personal data (contact details, name etc.) from my computer.

Should you experience any distress as a result of your participation, the following organisations are useful sources of help and support. You may also want to discuss your experiences with your clinical supervisor:

British Association for Counselling and Psychotherapy (BACP)
www.bacp.co.uk Telephone: 01455 883300

The British Psychological Society (BPS)
www.bps.org.uk Telephone: 0116 2549568

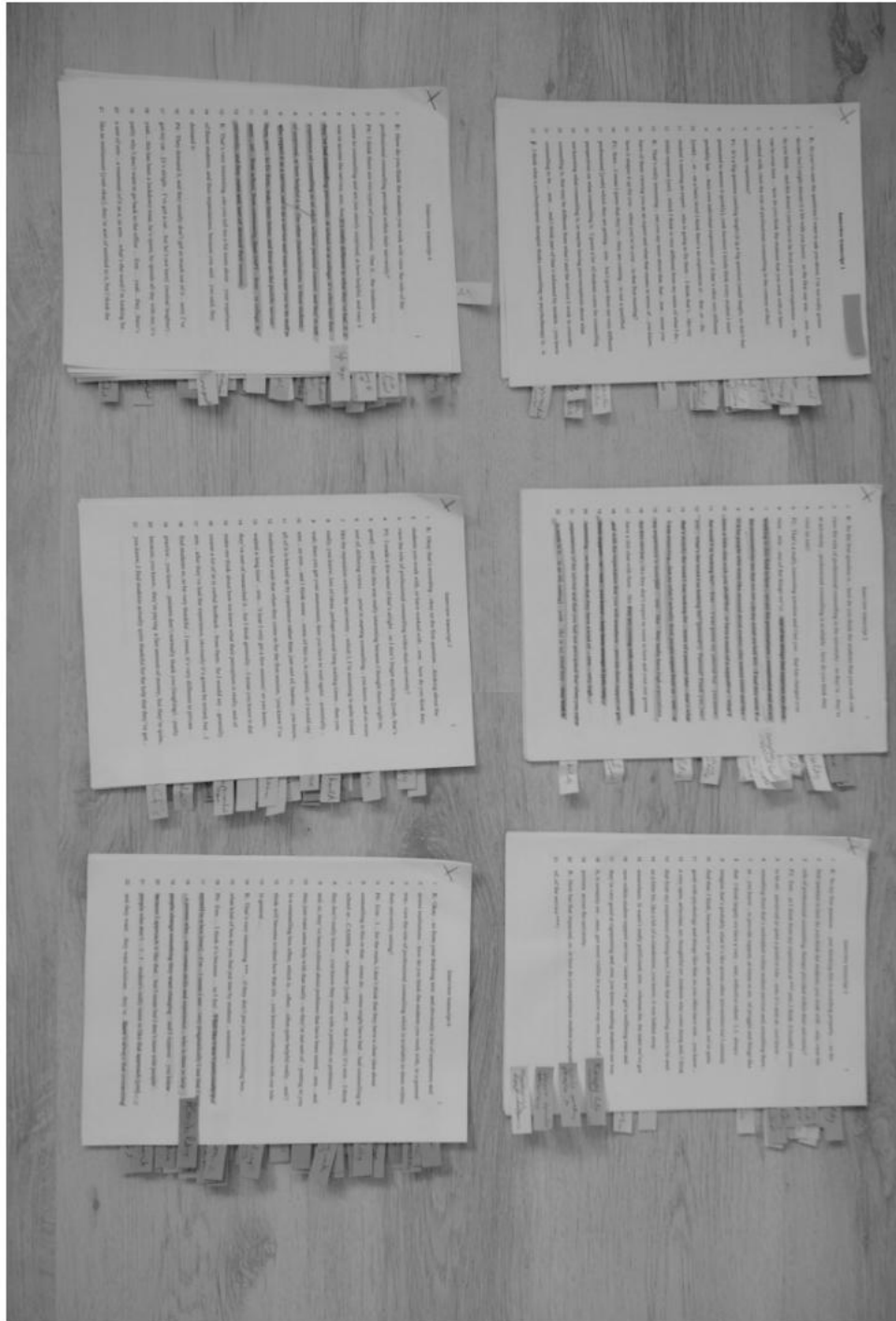
Samaritans (24 hours a day)
www.samaritans.org Telephone 116 123

Mind (includes work / employee related resources)
www.mind.org.uk Telephone: 0300 123 3393

Thank you again for giving up your time to aid me in my research.

Appendix H

Image of transcripts post coding
Samples from transcripts with initial notations x3
Images of discourse theorising process x2



Interview transcript 1

1 because I'm not saying it in a nasty way .. [no sure] .. look if you .. if you .. don't
2 hand in this work, you're not going to pass your degree right .. and then what
3 happens? .. and I will sometimes sort of push them to .. well let's think about it ..
4 what does that mean if you .. if you .. don't do your dissertation, if you then fail your
5 degree .. what .. what .. what are the implications? .. Let's think that through ... and
6 what do you need in order .. if you don't want that outcome .. maybe that outcome's
7 okay for you .. but if you don't want that outcome .. what needs to happen? What do
8 you need in order for that to happen? .. What .. what are the resources? .. you know ..
9 we have extenuating circumstances .. if you apply for that .. maybe that's gonna give
10 you an extended deadline .. might push it back to September instead of June .. could
11 that work? .. You know .. so I'll help think through some of the academic
12 implications of how the institution works .. [yes] .. with the student, to try and help
13 them .. because I do feel a big part of the role is about helping with academic risk ..
14 [yes .. it sounds really .. important so .. contrasting to .. say your work in other areas
15 where maybe, if your working in a bereavement service or a private practice .. it
16 sounds like this is something distinct about this area (P1. nodding in agreement) ..
17 would you say .. is that ..?] .. yes, yes .. it is distinct because you've got the life blood
18 of the institution .. whereas when I was in a bereavement service this was just ..
19 people from the public who've been referred to a bereavement service .. so not part of
20 a (emphasising with hand gestures) .. broader institution [yes] .. I think the
21 counselling service in a university is ultimately there .. to get students to successfully
22 complete their academic work .. I think that's ultimately our remit .. [yes] .. I look
23 beyond that sometimes .. I think .. but you know .. if a student's not going to pass

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'Children'

1 P4: I think it's qualitatively different because of the age of the .. of the clients ..
 2 of the students .. err, err .. the age and the expectations .. so parents have an
 3 expectation that the university's going to take care of their children .. and the
 4 university has an expectation that the children .. that, that the adults get on with
 5 it and manage themselves .. and that doesn't always happen.

6 R: How, how does that .. so what's that create for therapist, counsellor in that
 7 context. What do you have to do?

8 P4: Erm ... well it's a, it's, it's a .. well ... what do we have to do .. I mean, if
 9 you, if you manage to get hold of those kids in therapy .. err .. it's, it's some
 10 pretty tough therapy for six weeks .. to pull them up into a reality .. of

11 understanding the situation that they're in .. erm ... so .. [what do you think they
 12 don't understand?] .. erm .. they don't understand the requirement for them to
 13 manage themselves as a university student .. err, and I think that this has a, sort
 14 of, broader implication for education as a whole .. 'cause I think my experience
 15 is .. kids are often like, totally out of control and shocked when they arrive at
 16 university, because GCSE's and A'levels are taught in .. like you are told what
 17 to learn .. you are told what you're gonna get assessed on .. and you, you know,
 18 you get on, and you do that work and you know what books you've gotta read,
 19 and you what the, you know, you know what you're gonna, it's very directive
 20 ... and you come to uni and the tutor says to you .. 'well you've got a library
 21 card' ... and they're not ready, they're absolutely not ready [yes] for it .. [yeah,

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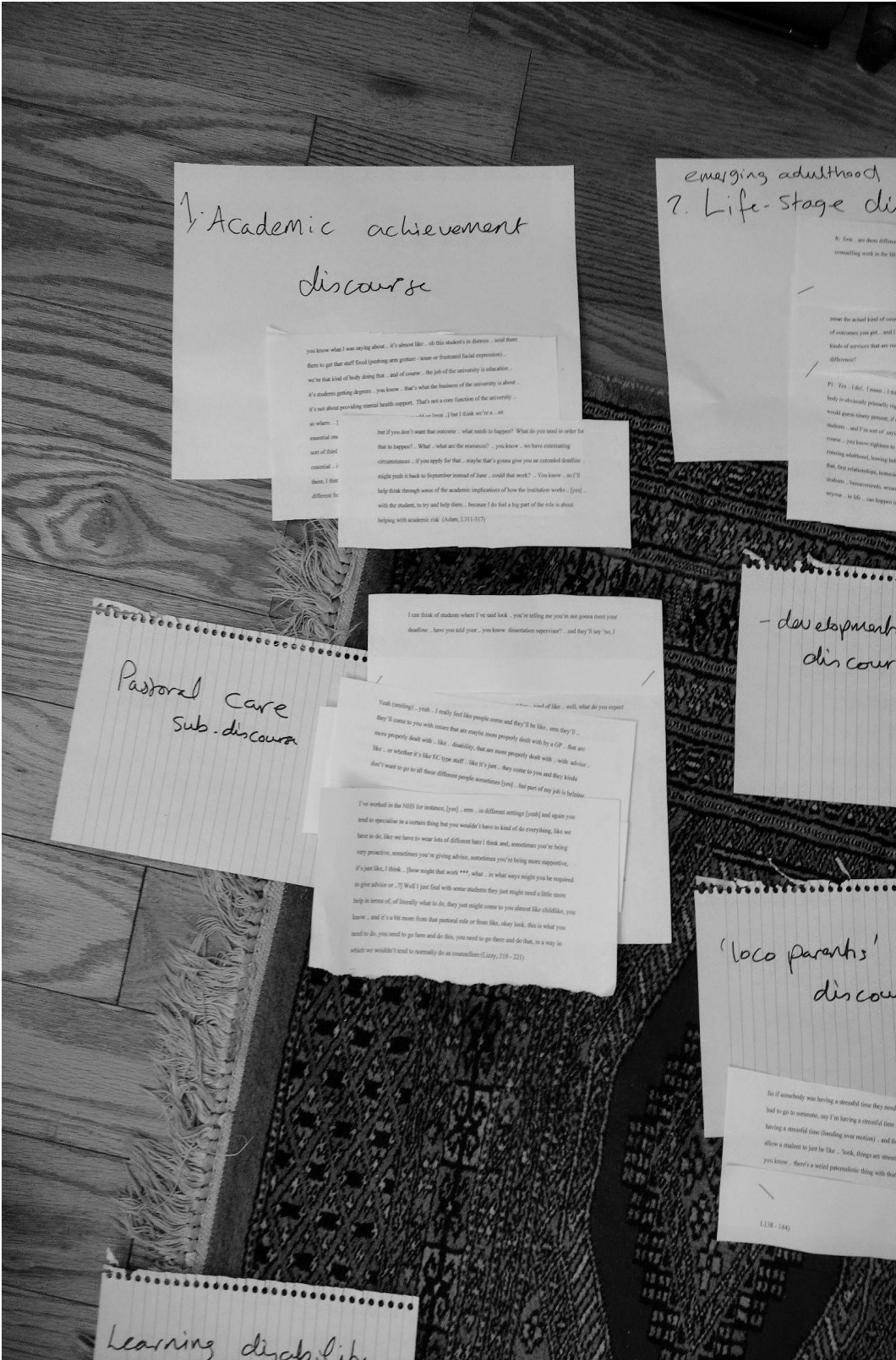
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Interview transcript 6

7

1 who've been in private practice and they have that sort of emergent .. err ..
2 approach .. they're very .. client autonomy is, is .. you know .. the thing and, and
3 emphasised a lot .. well actually with this age, age group you don't wait for
4 things to emerge necessarily, you get in there .. you're quite dynamic erm .. you
5 can be quite challenging, in, in a nice way, at times .. erm .. and, and also you
6 offer advice at times, it's not off limits .. you know .. sometimes people need
7 that so .. I think we're very very flexible in that way.
8 R: Can you tell me a bit more about that process *** where you might erm ..
9 give advice, or what kind of advice you give?
10 P6: Well, you know, there's all sorts of advice like .. from, from basic stuff like
11 .. 'oh I don't know what to do about this .. I'm late with my assignment' and ..
12 you know .. well have you thought about getting extenuating circumstances ..
13 you know .. I mean that, sort of .. the advice you're constantly having to give in
14 a university setting. So you're constantly having to say .. signpost people .. so
15 oh have you been to .. you know .. student advice .. oh have you .. you, you .. so
16 that's a necessary part of your work. It's not off limits erm .. you know ..
17 sometimes people .. you know people .. erm .. I mean people ask for all sorts of
18 advice and I think .. you know .. with this age group I wouldn't .. you know .. I
19 wouldn't spend most of the session giving advice .. that's not .. most of the
20 session is exploratory, most of the session is .. uncovering what the problem is
21 and how .. it can be addressed .. but .. you know .. people say 'oh what' ..
22 people often say 'oh what should I do about that?' .. I mean, you know, their

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1. Academic achievement discourse

2. Life-stage discourse

you know what I was saying about... it's almost like... oh this student's in distress... send them there to get that stuff fixed (pushing arm gesture - some or frustrated facial expressions)...

but if you don't want that outcome... what needs to happen? What do you need to order for that to happen? ... What are the circumstances? ... if you apply for that... maybe that's gonna give you an extended deadline...

Pastoral care Sub-discourse

I can think of students where I've said look... you're telling me you're not gonna meet your deadline... have you told your... you know dissertation supervisor?... and they'll say 'no, I

Yeah (smiling)... yeah... I really feel like people come and they'll be like... once they'll... they'll come to you with issues that are maybe more properly dealt with by a GP... that are more properly dealt with... like... disability... that are more properly dealt with... with advice... like... or whether it's like EC type stuff... like it's just... they come to you and they kinda don't want to go to all these different people sometimes (yeah)... but part of my job is to help...

I've worked in the NHS for instance, [yeah]... in different settings [yeah] and again you tend to specialise in a certain thing but you wouldn't have to kind of do everything, like we have to do, like we have to wear lots of different hats I think and, sometimes you're being very proactive, sometimes you're giving advice, sometimes you're being more supportive, it's just like, I think... [how might that work?], what... in what ways might you be required to give advice or...? Well I just find with some students they just might need a little more help in terms of, of literally what to do, they just might come to you almost like childlike, you know... and it's a bit more from that pastoral role or from like, okay look, this is what you need to do, you need to go here and do this, you need to go there and do that, in a way in which we wouldn't need to normally do as counsellors (Lopez, 219-221)

- developmental discourse

'loco parents' discourse

Learning disabilities

So if somebody was having a stressful time they need that to go to someone, say I'm having a stressful time having a stressful time (handing over notes) and to allow a student to just be like... 'look, things are okay you know... there's a weird paternalistic thing with that' (Lopez, 164)

4. Specialist counselling practice
preference discourse

it is distinct because you've got the life blood of the institution ... whereas when I was in a bereavement service this was just ... people from the public who've been referred to a bereavement service ... so not part of a (emphasising with hand gestures) ... broader institution [yes] I think the counselling service in a university is ultimately there ... to get students to successfully complete their academic work ... I think that's ultimately our remit ... [yes] ... I look beyond that sometime

I do have to get them into the right thing and sometimes they're very resistant to that right, they've finally have opened up to me, or they don't want to go to someone else or just the attachment thing's quite difficult, and so it's that line where I'm trying to give them a good experience, so that they will ... you know ... so that they don't leave thinking that therapy is not helpful at all, or people just don't support them (Lizzy, 325 - 330)

important ... (Adam, 1.321)

flexibility
discourse

yeah, so it can sometimes be really great 'cause your like, you can be really clear and on-the-bull and very, sort of, laser focused on what you are dealing with, but yes ... sometimes there's those frustrations that you can't quite get, you know, get to the parts where you might want to or, or the student might want to (Paul, 1.68 - 72)

I was, sort of, a little bit resistant to it, my supervisor was as well ... but ... you know ... I can understand there probably is ... err ... a demand, in some ways, for that flexibility or that, you know, that ability to work longer, or just to have that one-off (Paul, 1.81 - 84)

... can't be too like, we see clients four sessions, 'cause it's like no, sometimes we have people who are really unwell or really vulnerable and we might need to see them longer. So you need to use your professional

I think, to kind of figure out when is it appropriate to see someone longer, when is it appropriate to be more directive, when is it

when you work in an NHS setting or something, you might be doing this, you might offer CBT for example but if it's quite, you know what you're doing, the clients will come, and you'll have that time to do that thing, but here they like, just come and who knows (raised any) what they're gonna bring [exactly] and you've got to create it and it's really ... I think (Lizzy, 1.362 - 367)

number of years ... [yeah] that that's really use to ... able to embody that kind of flexibility (Lizzy, 1.278 - 281)

Post
Modality
discourse