

# 1

## Introducing Counselling and Therapy Approaches

I invite you on an intellectual, practical and personal journey through six of the most interesting and important approaches to contemporary counselling and therapy. Though you may not have thought about it this way, you already started your journey as a counselling theorist long ago as you developed ideas about what makes people tick. In this book, I aim to assist you to move further along the path towards developing your theory of human development and gaining practical knowledge about how to conduct counselling and therapy.

### OVERVIEW OF COUNSELLING AND THERAPY APPROACHES

A useful distinction exists between *schools* of counselling and therapy and *theoretical approaches* to counselling and therapy. A theoretical approach presents a single position regarding the theory and practice of counselling and therapy. A school of counselling and therapy is a grouping of different theoretical approaches that are similar to one another in terms of certain important characteristics that distinguish them from theoretical approaches in other counselling and therapy schools.

Probably the three main schools influencing contemporary individual counselling and psychotherapy practice are the psychodynamic school, the humanistic school, and the cognitive-behaviour school. Sometimes the humanistic school incorporates existential therapeutic approaches and then can get the broader title of being the humanistic-existential school. A fourth school, the postmodern school, comprises some more recent approaches. Be careful not to exaggerate the differences between counselling and therapy schools, since there are similarities as well as differences among them. Box 1.1 briefly describes some distinguishing features of the psychodynamic, humanistic-existential, cognitive behaviour and postmodern schools.

### BOX 1.1 FOUR COUNSELLING AND THERAPY SCHOOLS

#### The psychodynamic school

The term psychodynamic refers to the transfer of *psychic or mental energy* between the different structures and levels of consciousness within people's minds. Psychodynamic approaches emphasize the importance of *unconscious influences* on how people function. Therapy aims to increase clients' abilities to exercise *greater conscious control* over their lives. *Analysis or interpretation of dreams* can be a central part of therapy.

#### The humanistic school

The humanistic school is based on humanism, a system of values and beliefs that emphasizes the better qualities of humankind and people's abilities to develop their *human potential*. Humanistic therapists emphasize enhancing clients' abilities to *experience their feelings* and think and act in harmony with their underlying tendencies to *actualize themselves* as unique individuals.

#### The cognitive behaviour school

Traditional behaviour therapy focuses mainly on changing *observable behaviours* by means of providing different or rewarding consequences. The cognitive behaviour school broadens behaviour therapy to incorporate the contribution of *how people think* to creating, sustaining and changing their problems. In cognitive behaviour approaches, therapists *assess* clients and then *intervene* to help them to *change specific ways of thinking and behaving* that sustain their problems.

#### The postmodern school

The postmodern therapies adopt a *social constructionist* viewpoint, assuming that how people process and construct information about themselves and their world is central to their existence. Rather than conceptualizing progress as a departure from and rejection of the past, postmodernism *draws on the past to serve the present*. People's experience of emotions depends on the names that they give to these emotions. People's beliefs about their relationships affect how they interpret the reactions of others and how they respond to them. *Personal behaviour results from* these cognitive processes and is therefore open to change.

Box 1.2 introduces the theoretical approaches included in this book. So that readers can obtain a sense of the history of the development of ideas within counselling and therapy, I have included the dates of the originators of each approach. The descriptions provided in Box 1.2 reflect the position of the originators of the different positions, rather than developments within a theoretical approach stimulated by others.

**BOX 1.2 SIX COUNSELLING AND THERAPY APPROACHES****Psychodynamic school****Classical psychoanalysis** *Originator: Sigmund Freud (1856–1939)*

Pays great attention to unconscious factors related to infantile sexuality in the development of neurosis. Psychoanalysis, which may last for many years, emphasizes working through the transference, in which clients perceive their therapists as reincarnations of important figures from their childhoods, and the interpretation of dreams.

**Analytical therapy** *Originator: Carl Jung (1875–1961)*

Divides the unconscious into the personal unconscious and the collective unconscious, the latter being a storehouse of universal archetypes and primordial images. Therapy includes analysis of the transference, active imagination and dream analysis. Jung was particularly interested in working with clients in the second half of life.

**Humanistic school****Person-centred therapy** *Originator: Carl Rogers (1902–87)*

Lays great stress on the primacy of subjective experience and how clients can become out of touch with their organismic experiencing through introjecting others' evaluations and treating them as if their own. Therapy emphasizes a relationship characterized by accurate empathy, respect and non-possessive warmth.

**Gestalt therapy** *Originator: Fritz Perls (1893–1970)*

Individuals become neurotic by losing touch with their senses and interfering with their capacity to make strong contact with their environments. Therapy emphasizes increasing clients' awareness and vitality through awareness techniques, experiments, sympathy and frustration, and dreamwork.

**Cognitive behaviour school****Cognitive therapy** *Originator: Aaron Beck (1921–)*

Clients become distressed because they are faulty processors of information with a tendency to jump to unwarranted conclusions. Therapy consists of educating clients in how to test the reality of their thinking by interventions such as Socratic questioning and conducting real-life experiments.

**Postmodern school****Solution-focused therapy** *Originators: Steve de Shazer (1940–2005) and Insoo Kim Berg (1934–2007)*

Theories of causation are irrelevant to the process of achieving goals and resolving problems. The therapist is responsible for directing the conversation towards the client's goals and acknowledging their difficulties. Specific uses of language and styles of questioning are used to encourage creativity and flexible thinking around the relevant issues.

So far I have presented the different schools and theoretical approaches as though they are separate. In reality, many counsellors and therapists regard

themselves as working in either eclectic or integrative ways. A detailed discussion of eclecticism and integration is beyond the scope of this book. Suffice it for now to say that eclecticism is the practice of drawing from different counselling and therapy schools in formulating client problems and implementing treatment interventions. Integration refers to attempting to blend together theoretical concepts and/or practical interventions drawn from different counselling and therapy approaches into coherent and integrated wholes.

## COUNSELLING AND PSYCHOTHERAPY

The word therapy is derived from the Greek word *therapeia* meaning healing. Literally psychotherapy means healing the mind or the soul. Nowadays, most commonly the meaning of psychotherapy is broadened to become healing the mind by psychological methods that are applied by suitably trained and qualified practitioners. However, as illustrated in this book, there are different approaches to therapy and, consequently, it is more accurate to speak of the psychotherapies rather than a uniform method of psychotherapy. Moreover, there are different goals for therapy including dealing with severe mental disorder, addressing specific anxieties and phobias, and helping people find meaning and purpose in their lives. Each of the different therapeutic approaches may be more suitable for attaining some goals than others.

Does counselling differ from psychotherapy? Attempts to differentiate between counselling and psychotherapy are never wholly successful. Both counselling and psychotherapy represent diverse rather than uniform knowledge and activities and both use the same theoretical models. In 2000, the British Association for Counselling acknowledged the similarity between counselling and psychotherapy by becoming the British Association for Counselling and Psychotherapy. In Australia, the Psychotherapy & Counselling Federation of Australia exists.

For the most part I use the terms therapy, therapist and client. Therapy refers both to the theoretical approach and to the process of helping clients. Therapist refers to the providers of therapy services to clients, be they psychoanalysts, psychiatrists, clinical psychologists, counselling psychologists, counsellors, social workers or other suitably trained and qualified persons. Client refers to the recipient of therapeutic services whether inside or outside of medical settings.

## WHAT IS A COUNSELLING AND THERAPY THEORY?

A theory is a formulation of the underlying principles of certain observed phenomena that have been verified to some extent. A criterion of the power of a theory is the extent to which it generates predictions that are confirmed when

relevant empirical data are collected. The more a theory receives confirmation or verification, the more accurate it is. Facts strengthen rather than replace theories.

## FUNCTIONS OF COUNSELLING AND THERAPY THEORIES

What do counselling and therapy theories do? Why are they useful? Therapists cannot avoid being counselling and therapy theorists. All make assumptions about how clients become and stay the way they are and about change. Three of the main functions of counselling and therapy theories are: providing conceptual frameworks, providing languages, and generating research.

### THEORIES AS CONCEPTUAL FRAMEWORKS

Therapists are decision makers. They continually make choices about how to think about clients' behaviour, how to treat them, and how to respond on a moment-by-moment basis during therapy sessions. Theories provide therapists with concepts that allow them to think systematically about human development and the therapeutic process.

Counselling and therapy theoretical approaches may be viewed as possessing four main dimensions if they are to be stated adequately. In this context behaviour incorporates both observable behaviour and internal behaviour or thinking. The dimensions are:

- 1 a statement of the *basic concepts* or assumptions underlying the theory;
- 2 an explanation of the *acquisition* of helpful and unhelpful behaviour;
- 3 an explanation of the *maintenance* of helpful and unhelpful behaviour; and
- 4 an explanation of how to help clients *change* their behaviour and *consolidate* their gains when therapy ends.

When reading about the different counselling and therapy approaches, you may observe that many if not most have significant gaps in their conceptual frameworks. They are partial rather than complete or comprehensive theoretical statements. Arguably, some of the missing concepts in the theories are implicit rather than explicit. Theorists select for more thorough treatment those dimensions of a theory that they consider important.

### THEORIES AS LANGUAGES

Swiss psychiatrist Carl Jung (1961) used to stress that, since all clients are different individuals, therapists require a different language for each client. Another function of theories is similar to that provided by languages. Languages are vocabularies and linguistic symbols that allow communication about phenomena. Like the major spoken languages of English, Spanish and Mandarin Chinese, the different theorists develop languages for the phenomena they wish to describe, for instance: cognitive, psychoanalytic or person-centred languages. Language can both unite and divide. It can encourage communication

between people who speak the same language, but discourage communication if they do not. Each theoretical position has concepts described in unique language. However, the uniqueness of the language may mask common elements among theories, for example: the meaning of conditions of worth in person-centred therapy overlaps with that of super-ego in Freud's psychoanalytic therapy, though you would not know this from the language!

The therapy process is a series of conversations requiring languages. In any therapeutic relationship there are at least four kinds of conversations going on, namely: therapist and client inner and outer speech. All therapists who operate out of explicit theoretical frameworks are likely to talk to themselves about clients in the language of that framework. In varying degrees their therapeutic practice will match their language. Therapists do not always act according to how they think. Furthermore, in varying degrees therapists share their theoretical language with clients. For example, unlike in cognitive therapy, the language in which person-centred theory is expressed tends not to be shared with clients. Instead, person-centred therapists try to reflect and match clients' outer speech.

Clients are also theorists, though usually without the sophistication of their therapists. Approaches like cognitive therapy actively try to influence the language in which clients talk to themselves so that it becomes helpful rather than harmful. In a sense the therapist's language is being exported to and imported by clients so that they can better assist themselves once therapy ends.

### THEORIES AS SETS OF RESEARCH HYPOTHESES

Theories can be both based on research and stimulate research. For example, cognitive behaviour therapy is based on research into how people think and into how both people and animals behave. Furthermore, cognitive behaviour approaches, such as cognitive therapy, have stimulated research into their processes and outcomes.

Theories also provide therapists with frameworks within which to make predictive hypotheses during their practice of therapy. Whether acknowledging it or not, all therapists are practitioner-researchers. Therapists make hypotheses every time they decide how to work with specific clients and how to respond to single or series of client utterances.

Clients are also practitioner-researchers who make predictions about how best to lead their lives. If valid theories of counselling and therapy are transmitted to clients, they may increase the accuracy with which clients can predict the consequences of their behaviours and, hence, gain more control over their lives.

### LIMITATIONS OF COUNSELLING AND THERAPY THEORIES

All counselling and therapy theories should carry the psychological equivalent of health warnings. They can be used for ill as well as for good. The following are some potential disadvantages of theories.

### RESTRICTION OF FOCUS

A criticism of many theories is that they present partial truths as whole truths. For instance, Rogers posits a unitary diagnosis of all clients' problems, namely that there is incongruence between self-structure and experience, and sees six relationship conditions as necessary and sufficient in all instances (Rogers, 1957). Freud emphasizes uncovering unconscious material through the analysis of dreams, but says little about developing specific effective behaviours to deal with everyday problems. The trend to eclecticism among many therapists, who draw upon aspects from different theories, attests to this negative aspect of some major theories.

### THERAPIST RIGIDITY

A function of theory is that it meets insecure therapists' need for certainty. Instead of acting as effective practitioner-researchers who test their theoretical hypotheses, such therapists allow theory to interfere with the accuracy with which they assess and treat clients. However, a beneficial side effect of theoretical faith may be that it provides therapists with confidence that is then transmitted to clients. Unfortunately, such confidence can be misplaced. Theoretical rigidity is fostered when language differences lead therapists only to talk with those speaking the same language rather than to more broadly sharing their knowledge and experience.

### DEPOWERING CLIENTS

Some theories may lead to focusing more on what is wrong rather than on what is right with clients. They can make clients' problems out to be more severe than they are. For instance, psychoanalysts can view aspects of learned ineffective behaviour as symptomatic of deeper underlying conflicts.

The language of theories can also create a power imbalance between therapists and clients. Therapists who think in a special theoretical language that they do not share can put themselves in superior–inferior relationships with clients. Furthermore, the language of some theories does little to empower clients once they end therapy. Ideally, the language of therapy is that of self-helping. Clients unable to articulate what to think and do when faced with problems after therapy are less likely to maintain gains than clients who can instruct themselves appropriately.

### SUPPORTING THE STATUS QUO

Possibly all the theorists in this book insufficiently take into account cultural differences. In addition, theorists can either ignore or underestimate how socio-environmental conditions like poverty, poor housing and racial discrimination may contribute to explaining ineffective behaviour. Though feminist and gender-aware theorizing is attempting to redress the balance, most theorists insufficiently take into account the influence of sex-role conditioning. In addition, theorists tend to assume heterosexuality and insufficiently take into account the needs of gay, lesbian and bisexual clients.

## CREATING YOUR OWN THEORETICAL APPROACH

Each of you reading this book is engaging in the process of creating your own theoretical approach. Theory creation is both a subjective process of making sense of material as well as an external process of reading, learning, researching and practising therapeutic skills. How can you make yourself a better theorist and hence a more effective therapist? The following are some suggestions.

### WORK WITH THIS BOOK

Though largely based on the writings of the original theorists, this book is a secondary source. Nevertheless, it should provide you with a faithful overview of some of the main counselling and therapy theories. To understand any theory you need to master its basic concepts. It is insufficient just to read about them. You will need actively to work on understanding and memorizing them. At the end of each theory chapter I provide review questions that test your knowledge of basic concepts.

### GET PERSONAL

Jung observed: 'My life is a story of the realization of the unconscious' (1961: 17). What about your life's story and what are you trying to realize through your interest in counselling and therapy? Applying the different theories to your own life is one way to make learning more personal, involving and interesting. What do the theories say that seems applicable to you and why? Another way to understand the theories is to think how applicable they are to past, present or future clients. What in different theories might prove useful in your practical work and why? You can also compare and contrast different theories in an attempt to critically evaluate their strengths and weaknesses for you as a person and as a therapist. At the end of each chapter I provide personal questions so that you may apply your learning and insights to yourself.

Another way to learn about the theories is to try to develop a theoretical approach of your own. For over 25 years I asked counselling and counselling psychology students taking my theories classes to write a paper presenting their current theoretical approach.

### READ PRIMARY SOURCES

Primary sources are books and articles written by the theorists themselves. Ultimately, there is no substitute for reading primary sources. You will get a much broader and deeper impression of the different theories if you read widely the works of their originators. You can also learn about how the originators applied their counselling and therapy theories by reading case studies of their



work. I include a section on case material towards the end of each chapter on the different therapies. In addition, after describing the work of each theorist, I provide a brief annotated bibliography plus other primary source references.

## READ SECONDARY SOURCES

You can read secondary sources other than this book. Some secondary sources are counselling and therapy textbooks and here you should always look out for the most recent editions. My *Theory and Practice of Counselling and Therapy* (Nelson-Jones, 2011) includes descriptions of ten more theoretical positions in addition to the six presented in this book. *Current Psychotherapies* is a widely respected edited therapy textbook containing a mixture of primary and secondary sources (Corsini and Wedding, 2008). All major therapy approaches beget many secondary source books: for instance, Mearns and Thorne's (2007) *Person-Centred Counselling in Action*.

A warning about reading secondary sources. Choose carefully because some secondary source writers do not really understand the theoretical positions they present. Following are three more traps into which secondary source textbook writers can fall. One trap is to mix the writings of the original theorist together with recent developments in theory, so the student has difficulty in knowing which is which. A second trap is to merge the writings of different theorists into the same chapter: for example, to have a chapter combining either psychodynamic theories or humanistic theories. A problem with this approach is that no theory gets presented thoroughly. If you doubt this point, look at the next two chapters on Freudian Psychoanalysis and Jung's Analytical Therapy and see how well nigh impossible it would be to combine them so that readers obtain a good introduction to both Freudian and Jungian theory and practice. A third trap is for the secondary source writer only to present case examples of their own work. A risk here is that this secondary source case material does not truly reflect how the originator practised or practises therapy.

## WATCH AND LISTEN TO AUDIO-VISUAL MATERIAL

You can obtain a further insight into the different theorists by watching films and CDs and also listening to CDs and audio-cassettes of them discussing their theories and working with clients. For instance, audio-visual material is available for theorists like Beck, Perls and Rogers.

## ATTEND TRAINING COURSES AND WORKSHOPS

You may expand your knowledge and skills in the different theories by attending training courses and workshops run by competent adherents of the different approaches. Introductory theories of counselling and therapy courses are likely to be limited in presenting different approaches both by time constraints and by

lecturer preferences. You may get a much more thorough introduction to any single approach if you attend workshops and courses run by specialists in it. However, when considering training courses and workshops, be careful about spreading yourself too thinly.

## UNDERGO SUPERVISION

A good way to learn about the theory and practice of a counselling approach is to be supervised by a practitioner skilled in it. For instance, you can learn the theory and practice of one therapeutic approach more thoroughly by being supervised by someone knowledgeable and competent in that approach. Then you can broaden how you work by obtaining supervision from practitioners of one or more different approaches. For those practising counselling and psychotherapy, many consider that supervision is essential throughout their careers.

## UNDERGO PERSONAL THERAPY

If a counselling and therapy approach particularly appeals to you, one way to learn about its theory and practice is to become a client of a skilled practitioner in the approach. For some approaches, e.g. psychoanalysis and analytical therapy, a training analysis is an integral part of learning the approach. Where personal therapy is not a requirement of a particular approach, the need to develop self-awareness and reflective skills about your practice is important.

## EVALUATE THEORETICAL APPROACHES

In creating your own theoretical approach you will undoubtedly undergo a process of evaluating the existing theoretical approaches. Many considerations go into evaluating theoretical approaches: for instance, how well you understand the theoretical approaches you are trying to evaluate, how thoroughly each approach is researched, and how their goals differ. I leave a more detailed discussion about evaluating counselling and therapy approaches to this book's final chapter.

## REVIEW AND PERSONAL QUESTIONS

### REVIEW QUESTIONS

- 1 How would you define the terms counselling and therapy?
- 2 To what extent do you consider the terms counselling and therapy describe different activities and why?
- 3 What are the functions of counselling and therapy theories?
- 4 What are some potential limitations or disadvantages of counselling and therapy theories?

## PERSONAL QUESTIONS

- 1 Do you consider yourself a prospective counsellor and/or a prospective therapist and why?
- 2 Describe your present preferences regarding counselling and therapy theoretical approaches?
- 3 How can you best learn about counselling and therapy approaches?
- 4 How can you best develop a theoretical position to guide your counselling and therapy practice?

## ANNOTATED BIBLIOGRAPHY

Corsini, R. J. and Wedding, D. (eds) (2008) *Current Psychotherapies* (8th edn). Belmont, CA: Thomson Brooks/Cole.

This book is a mixture of primary and secondary sources. Chapters on cognitive, existential, multimodal, person-centred and rational emotive behaviour therapies are written by their originators, sometimes with co-authors. Secondary source chapters review psychoanalytic, Adlerian, analytical, behaviour, gestalt, family, contemplative and integrative therapies.

Nelson-Jones, R. (2011) *Theory and Practice of Counselling and Therapy* (5th edn). London: Sage.

In addition to covering the six approaches contained in the present volume, this book has further chapters on transactional analysis, reality therapy, existential therapy, logotherapy, behaviour therapy, rational emotive behaviour therapy, multimodal therapy, narrative therapy, multicultural therapy and gender therapy.

## REFERENCES AND FURTHER READING

Corsini, R.J. and Wedding, D. (eds) (2008) *Current Psychotherapies* (8th edn). Belmont, CA: Thomson Brooks/Cole.

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