Relational approach to counselling

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The Relational Approach to Counselling I this essay I intend to demonstrate my understanding of the Relational Approach and its underlying theory. I will show throughout this essay that it is essential to understand relationships, their development and impact on humans. I am also going to discuss the concept of secure base and repeating relational patterns. I will then consider the implications of working with a culturally diverse population and how this effect the counsellor‘ s way of being with the client. At the heart of the client’s and counsellor relationship is empathy.

I will look at the importance of empathy being applied within the therapeutic relationship. I will illustrate this essay using examples from my own client base as well as referring to my own life experiences. Relational model of counselling is a synthesis of both humanistic and psychodynamic theories. A central defining assumption of this approach is the importance of relations in the development of self, especially childhood and infancy. Environmental factors also play a crucial part (Stephen Mitchell 1988, 1993: Greenberg & Mitchell 1993).

The relational approach looks at the sum total of an individual’s relationships from early childhood through to adulthood, i. e. the present. In order to create the therapeutic alliance, an atmosphere of comfort should be established. Trust and reassurance become critical and mutual agreement must take place. Client and counsellor can best work together with a particular emphasis on clear contracting and clear stating of boundaries (Kahn 1991). Throughout an individual life span personal development will be affected by the relationships with other people and objects.

A person’s sense of self develops through relations with others (Rogers. 1961, Winnicott. 1990: Stern. 1985: Brazelton &Cramer. 1991). Relations in the development of self are central to this theory as Holmes noted, and “ physical and psychological dependency in infancy and childhood ensures the crucial importance of caregivers”. It is a relationship bond that develops between a child and the primary caregiver and is defining as “ attachment” (Homes 1996). People are generally born into a well-built and loving relationship (Mean&Cooper 2005).

Defining oneself is especially influenced by relationships (Cooper 2005). However relationship can also be harmful. For example if a negative criticism comes from within the relationship. It can be detrimental especially coming from one who is supposed to love and understand. Individuals are very skilful when it comes to relationships, especially if they feel the desire to shield themselves from such relationships. They do this in many ways such as isolating themselves, through silence or even breaking of the relationship (Cooper 2005).

In fact they are capable of great self destruction in such circumstances. Ultimately, this is most harmful, particularly for their self steam and general wellbeing. This type of attitude is known as “ self filling prophecy” and also the wish to destroy the other person (Cooper 2005). A positive sense of self emerges and evolves when developmental needs are met in an appropriate way. This is not without conflict as the child needs a secure bond with his/her parents while striving for autonomy.

Parents can provide for their children lovingly whilst perusing their own life as well (Holmes 1996). Pathological relationships occur when the child feels rejected or disdained (Bowlby 1988). According to Holmes if parents cannot deal with problems among their children, the problem continues and the cycle reinforced (Holmes 1996). Winnicott (1990) suggests that children who experience parents who cannot deal with their own difficulties will end up with the same problems themselves. “ Maternal and the parental” insecurity results in complications across generations (Holmes 1993).

It has been well established that the early relationship with parents or care person impacts the development of a child's cognitive ability, shapes its capacity to modulate affect, acquire the ability to empathize with the feelings of others, and it is suggested that even the shape and functioning of a child’s brain will be influenced (Greenspan (1997), Schore (1994), and Siegel (1999)). It is for that reason that the attachment and care giving systems are at the heart of that crucial first relationship. Attachment theory is the key to understanding relational patterns (Kahn 1991). Mary Ainsworth(??? states that the whole bases of a successful childhood should come from curiosity, questioning and explorations. Infants are inevitability closely attached to their parents. Attachment theory was developed by John Bowlby during his observation of evacuated children during World War II and it describes the dynamics of long term relationships. Its most important tenet is that an infant needs to develop a healthy relationship with at least one primary caregiver for social and emotional development to occur normally and that further relationships are built on the patterns developed in the earliest relationship (Bowlby 1988).

A healthy attachment leads a happy, secure base for a child (Holmes 1993). Positive attachment occurs where the parents are consistently attentive to the needs of the child and provide a secure base from which the child can confidently explore the world and it’s surrounding (Bowlby 1988). Inevitably, a worried child with problems will complain and distanced (Bowlby 1988). This pattern reinforces itself and will continue into the next generation (Bowlby 1989). Mary Ainsworth suggests that provided a child has a secure base it is free to be curios and explore its world.

Children with emotionally accessible parents will stand a greater chance of developing into an emotionally aware adult and with healthy meaning for relationships (Holmes 1993). Mary Ainsworth identified three types of attachment. One is the secure base attachment. This means the child will be happy and secure in responding when a difficult situation arrives. This gives them confidence to learn to explore and find out. The second pattern is the anxious/resistant attachment. This means the child is unsure if a response will be available. This will result in anxiety and separation and he/she will be apprehensive in exploring.

The third pattern is avoidant and anxiety. This means that the infant has absolutely no confidence in their parents to help or to assist in times of need and expects to be neglected. The child will grow up without love or support. In addition Main and Solomon described disorganised and disoriented behaviour as a forth pattern of attachment (Main and Solomon (1990). The lack of a clear and consistent pattern of response to attention from their caregivers is symptomatic in those babies. Such babies often even avoid or

resist approaches to them. Other reactions are being scared or being still in the event of an attentive approach.

Once a pattern of attachment has started it tends to continue and this is due to the way the parents look after the child. Each situation can reinforce the patterns (Bowlby 1988). It is this repeating negative relational pattern that often leads a person to seek counselling and it goes from one generation to the next. The client brings into the therapy her accumulated life experiences, both positive and negatives (Bowlby 1988). It is important to understand psychological defences. They are the way we keep ourselves safe in relationships. It also means the characteristic behaviours or psychological mechanisms that we use o ward off unwanted feelings. This includes unpleasant relational experiences or known as “ security operations”. Teyber (2000) described three coping styles: Moving towards others . i. e. pleasing, placating. Moving away from others: i. e. emotionally withdrawing, physically avoiding, being self-sufficient. Moving against others: i. e. seeking to be in control of self and others, being angry and confrontational. In working with defences, counsellors need to help clients feel safe enough to explore their fear and the ways they protect themselves. They must try to respond in ways which do not reinforce their fears to repeat past hurts.

They must be accepting and non-judgmental; remain empathic, when the client’s behaviour is difficult and look behind it to their core vulnerability. In recognising defences, they must listen to the story and understand the feeling which she/he habitually avoids. In addition they must help to see their defences developed und to understand why they need to protect themselves in this way-their fears in relationship. My own experience in

dealing with clients is confirmed by Ainsworth. For example person A had a very difficult upbringing. She was neglected by her parents. She was emotionally abused and often forgotten.

There was a break down in trust and because of that she suffers depression. She believes there is nobody there to love her. She sought out counselling after her boyfriend left her. A clear example of repeating patterns of behaviour leading to feelings of neglect and rejection were demonstrated by the client. After several sessions she began to realise that negative relationship patterns had been formed in and she tended to seek out men are emotionally distant like her parents. She feels she has been rejected by her parents all over again, and this reinforces negative emotions and thought patterns.

Having understood the theory of Bowlby and Freud's theories, I attempted through therapy to break these repeated patterns and cycles. Throughout the sessions I encouraged the client to address unresolved issues with her parents. Freud called this the repetition compulsion and this should be taking into consideration within the therapeutic relationship. Freud believed that repeated relational patterns occur as an individual tries to understand negative early experiences and this fixated on relations that will steer them towards similar negative experiences (Kahn 1991).

Within the therapy is important to recognise as Freud discovered that transference can occur affecting the therapeutic relationship. Transference is the way in which the client seeks and responds to the therapist and the reactions they set out to provoke. According to Freud there are two

tendencies. In the first they perceive the relationship to be synonymous in their earliest one and secondly, they will try to recreate this within the therapeutic relationship.

To avoid this situation arising it is important for the therapist to ensure that they do not respond in a way that reinforces the negative relational patterns. This is called counter transference (Kahn 1991). “ The laws of counter transference dictate that therapists will sometimes feel strong pressure to responding this way, it is necessary to be vigilant and keep a watch post on counter transference”. (Kahn1991). According to Khan (1991) people have strong desires to create and replay situations within relationships that have caused them great pain and anxieties in their childhood.

Rogers is credited with bringing the therapists concern with regards to the quality of the therapeutic relationship into the centre of attention which emphasises the client as the therapist’s main concern (Kahn 1991). “ Rogers’s belief is that human beings need to be loved, and when their need is not met, the result is confusion and pain” (Kahn 1991). Thus, if the therapist successfully conveys the experience of this love, the client will enable to pursue directions as they desire (Kahn 1991). Congruence, unconditional positive regards and empathy are three essential ingredients in the rational approach to counselling.

Congruent means that the therapist muss be mindful of their own personal feelings, emotions, attitudes and behaviour. Rogers suggested that therapists who lack this will not be able to help clients in overcoming their difficulties. It is also essential that the therapist not be defensive but instead

be open, accepting and treat the clients with respect in a non judgmental manner (Kahn 1991). According to Kahn (1991) “ Clients are worthwhile human beings struggling gamely to find their way back to their birthright of growth and self-development, and as such, should be prized”.

Mearns & Thorne (1988) suggested: " Unconditional positive regard is the label given to the fundamental attitude of the therapist towards her client. The therapist who holds this attitude deeply values the humanity of her client and is not deflected in that valuing by any particular client behaviours. The attitude manifests itself in the therapist's consistent acceptance of, and enduring warmth towards her client. " Empathy denotes the ability to truly enter the client’s inner thoughts and emotions (Rogers 1961).

Being receptive to the client’s emotions in itself creates a new experience to the client and enables therapeutic change (Rogers 1961). Offering the client a sensitive understanding when they express their inner feelings is a powerful means of actually making clients realize that they have those feelings which they often was not even fully aware (Kahn 1991). Therapeutic empathy obviously requires the ability to adapt to the client’s mind set. It, however, should not go as far as to suppress and restrain the client’s inner world.

As Kahn puts it: “ To have empathy is to experience the client’s world the way the client experiences it, but to experience it without getting lost in it” (Kahn 1991). The relational approach also embraces the wider social/political context of the therapeutic relationship. The understanding of social processes becomes of particular importance when working with clients from

diverse social, cultural or ethnic backgrounds. Lago suggests that therapists should acquire a particular awareness of the “ specificities” of various cultures to gain a level of competence for working with the culturally different (Lago 1996).

It is common place that race, class, gender, sexual orientation and the way those are perceived in society have an impact on the development of a client’s personality. Awareness of such attributes is important for a successful client relation. The way those influences are played out for each individual is, however, diverse and by no means pre-determined. Personal experiences may differ individually and may interfere with numerous other influences such that assumptions which are solely based on social or cultural categorisations (Lago 1996). There are no knowable characteristics attributed to specific heritage, sexuality or genders that the psychologist can depend on to interpret the client’s experience” (Lago 1996) The implementation of the relational model has a bearing on the approach the therapist should take in setting the frame for the client relationship. The desired emphatic and sensitive interaction between therapist and client requires an environment and atmosphere that facilitates the sharing of emotional experiences and feelings. At the base of the relational model hese past childhood relationships will be “ exerting unconscious effects on the present” (Kahn 1991). The relational approach requires awareness of transference and counter transference. In the therapeutic relationship the client will be re-experiencing issues of past relationships. Therefore, the notion of a psychodynamic power imbalance will be inhibitive. The therapist should avoid being perceived by the client as asserting authority over

him/her. Notwithstanding its indispensable value, in the relational approach, the therapists must deemphasise his professional knowledge, experience and skill.