

Three approaches to counselling



The good life is a process, not a state of being. It is a direction, not a destination. (Rogers, 1961, p. 186) The MentalHealthFoundation (2012, Talking Therapies) refers to certain therapeutic approaches as talking therapies. These therapies include: Cognitive Behavioural Therapy (CBT), Psychodynamic Therapy and Person Centred Therapy (PCT).

The Foundation says, ‘ Talking therapies give people the chance to explore their thoughts and feelings and the effect they have on their behaviour and mood’. In attempting to describe some of the ways that the Person-Centred approach differs to Cognitive Behavioural and Psychodynamic approaches to counselling it may be helpful to acknowledge that that binds them. The British Association for Counselling and Psychotherapy (BACP) identifies that, ‘ there is evidence that the relationship between the counsellor and the client is more important than the approach the therapist uses.

BACP (2011). This does not presuppose that counsellors working within differing paradigms practice in an entirely different way to their counterparts or that those working within each approach operate in exactly the same way either. Indeed, it is within the relationship between the counsellor and the client that many of the differences in the therapeutic approaches can be identified. Nelson - Jones (2011, p1) warns us to, ‘ be careful not to exaggerate the differences between counselling and therapy schools since there are similarities and differences among them. Worsley et al. (2011, p. 25) believe that, ‘ the Person Centred Approach is a basic philosophy of living, and not a technique for therapy’. Worsley’s view does highlight a potential schism between the Person Centred model and the Psychodynamic and CBT approaches; that of, ‘ feeling over process’ (Bowyer 2011). Mearns and

Thorne (2008, p. 9) provide some welcome professional credibility to this viewpoint by identifying a link between the experience of living out the tenets of the Person Centred approach (on both a philosophical and professional level), with the counsellor's own ability to 'grasp a hope that seems to lie beyond despair'.

This raw awareness helps translate towards a natural realisation of some of the therapeutic conditions (namely: empathy, congruence and unconditional positive) regarded by Person Centered practitioners as critical to achieving positive change. Branch and Dryden (2008, p. 33) see this as the most significant point of divergence between the Rogerian (Person Centred) and CBT therapeutic approaches, in that Rogers considered the Core Conditions (Rogers 1957, pps. 95 - 103) to be both necessary and sufficient whilst CBT purists recognise the conditions as desirable and necessary but not sufficient to bring about client change.

In purist terms therefore, it can be seen that CBT, 'focuses on eliciting and restructuring maladaptive goal-impeding thinking (Branch and Dryden 2008, p. 24) whilst the Psychodynamic approaches are sometimes called the 'uncovering' therapies (Dryden and Mytton 1999, p. 42) which, 'aim to take the lid off that seething cauldron and bring the contents of the unconscious into conscious awareness. CBT and psychodynamic therapies may therefore be regarded as being focused on identifying and challenging behaviours and beliefs, whereas from the counsellor's perspective, the Person Centred model assumes no such prescriptive agenda.

Dryden and Mytton (1999, p. 203) acknowledge that the Psychodynamic approach focuses on the client's past experience 'whereas the Person

Centred approach focuses on the here and now. Care must be taken not to assume that this is a one size fits all definition. For some counsellors and therapists working within each therapeutic paradigm may well ‘borrow’ methods and strategies from other approaches in order to help effect positive change. There is one tenet however which differentiates Person Centred therapy from the two other approaches; control.

Whilst there is a communality of approach insofar that relationship is critical to all approaches, it is the hierarchy within the relationship which acts as differentiator. Within the Person Centred relationship, the client retains control; determining where and at what pace the relationship develops and what is explored and what remains unsaid. The non-directive approach taken by the counsellor allows the client freedom to hold his ‘comfort blanket of self-structure’ intact (Bowyer 2010) until such time that he feels able to begin a journey towards eventual self-actualisation (Goldstein 1940, p. 258). Tolan (2010, p.) sees self-structure as being everything a person holds about herself and about the world. Following on from the concept of non-directive client control, the Person Centred practitioner does not consider himself to be the expert, the client is. The division between the three approaches is further widened by the atmosphere in which the counselling session takes place. Russell and Jarvis (2003, p47) identify a difference between humanistic (e. g. Person Centred) and other therapies (including CBT and Psychodynamic), in that the former refers to ‘clients’ whereas the latter regard those in therapy as ‘patients’.

This reinforces the view of humanistic based therapies (including Person Centred) that regard the therapist and client as equal partners. On the

client's journey towards personal fulfillment therefore, Dryden and Mytton (1999, p. 89) feel that the counsellor or psychologist 'acts as a companion, not a guide'. In the absence of a professional 'expert' comes a dynamic shift of personal responsibility. Within the psychodynamic and CBT approaches, the therapist, albeit somewhat tacitly does seek to effect positive change and sees this as a professional responsibility and not one which the client is capable of undertaking on their own.

To this end, it is the practitioner who assesses the need and determines the outcome(s). CBT is based on finding solutions to issues or problems identified by the counsellor. In turn, the Psychodynamic approach assumes long held conflict between the conscious and unconscious state and sees its role as 'bringing the unconscious thoughts and feelings into conscious awareness to help individuals make sense of their current problems, of past memories, and of dreams (Dryden and Mytton 1999, p. 4). These somewhat presumptive approaches when coupled with a 'fix it' mentality (particularly prevalent within the time to cost driven NHS/CBT approach) seem somewhat at odds to that of Person Centred Therapy which works in the immediate and holds true the belief that 'all clients have within themselves vast resources for development' (Mearns and Thorne, 1988, p. 16). Mearns and Cooper (2005, p. 60) provide a meaningful insight into a comparison of therapeutic approaches, 'While inexperienced therapists tend to differ widely and are easily identifiable by their adopted approach, experienced therapists tend to become more close in their working and are not so easily identified by approach... it probably means that therapists are

learning from their clients and are gradually being shaped by their clients to offer a relationship that is meaningful. I have so much to learn.