

Counseling theories



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Counseling Theories Jessica A. Williams Salem College Counseling

Theories Counseling theories exist so that counselors and therapists have a means with which to better help and understand their clients. Counseling “theories help organize and provide guidelines for the prevention and intervention efforts of counselors and therapists” (Capuzzi and Gross, 2011). It is important for the counselor to know the advantages and disadvantages of the theories that they are using where they can use it flexibly and discriminatingly (Shoben, 1962). Some of the theories are similar and build off each other while others have very little in common. An examination of person-centered theory, Gestalt theory, psychoanalytic psychotherapy, and Jungian analytical theory reveals the similarities and differences among these four theories. Discussion Person-centered theory was first developed by Carl R.

Rogers (Capuzzi and Gross, 2011). Rogers believed that each person saw the world from their own perspective which he called a phenomenological perspective (Capuzzi and Gross, 2011). Person-centered therapy is client-directed and assumes that the client is motivated to make the necessary changes in his or her life (Rochlen, 2007). The key beliefs of person-centered therapy all involve the client’s ability and motivation to move in a more desirable direction (Capuzzi and Gross, 2011). The person-centered theory revolves around a helping relationship between counselor and client.

The relationship should be good, constructive, and trustworthy (Capuzzi and Gross, 2011). The counselor strives to be empathic with the client and hopes to see the world as the client does (Rochlen, 2007). The counselor seeks to

value the client, which is more than simply tolerating or feeling comfortable with the client.

Valuing is a ??? combined expression of empathy, respect, and genuineness that is individually tailored to the idiosyncrasies of the client??™ s experiences??? (Glauser and Bozarth, 2001). In order for person-centered therapy to be effective, the client must understand that the client is a person with feelings, too. The client may share personal feelings and experiences with the client (Capuzzi and Gross, 2011).

Because each person is different, person-centered therapists cannot use the same intervention or technique with each client, the techniques and interventions are as unique as each client is. Rogers did not think that techniques and interventions were important during therapy sessions. Person-centered therapists avoid ??? doing counseling??? and encourage the client to find his or her own method of healing (Glauser and Bozarth, 2001). The intervention strategies implemented by person-centered therapists include being genuine, actively listening, reflecting content and feeling, immediacy, self-disclosure, and personalized actions (Capuzzi and Gross, 2011). These methods maintain focus on the client and the client??™ s motivation and direction to promote healing. The strengths involved in person-centered therapy are extensive and include multicultural considerations as well the ability to counsel whole groups.

Because person-centered therapists seek to be empathic with their clients, they can understand the views of people with different backgrounds and form a more trusting relationship with them (Glauser and Bozarth, 2001).

Person-centered therapy is also frequently used in group counseling sessions sometimes involving families (Capuzzi and Gross, 2011). Person-centered therapy has several weaknesses that make it difficult to incorporate in counseling sessions. Primarily, this type of therapy can take long amounts of time to complete.

Due to time constraints set forth by insurance companies and government agencies, it is difficult to use this type of therapy on clients who require many sessions (Capuzzi and Gross, 2011). Another weakness in person-centered therapy is that these types of therapists do not diagnose illnesses or diseases. Again, with the demands of insurance companies and government agencies, problems can arise when there is no label to the problem a client is claiming to have (Capuzzi and Gross, 2011). Another weakness is that a counselor using person-centered theory may have a false sense of security during therapy sessions because it seems to be so simple since there are no techniques to remember and it appears to only involve listening and reflecting (Capuzzi & Gross, 2011). Gestalt theory was made known by Fritz Perls, and later carried on by his wife, Laura Perls, and an acquaintance, Paul Goodman. Like person-centered theory, gestalt theory is focused on the client's phenomenological perspective also (Capuzzi and Gross, 2011).

It also uses principles from psychoanalytic theories and focuses on improving the client's awareness or subjective experience (Capuzzi and Gross, 2011). Gestalt theory is holistic and seeks to examine the whole person and not just the parts that make up the person (Rochlen, 2007). Field theory is important in gestalt therapy because it is a method of exploring that

describes the whole field of which the event is currently a part rather than analyzing the event in terms of a class to which it belongs by its “ nature” or a unilinear, historical, cause-effect sequence??? (Yontef, 1993). Gestalt therapists believe that their clients have the strength and capacity to grow and develop and, by using these strengths, they will become who they are meant to be (Capuzzi and Gross, 2011). Gestalt therapists require their clients to be present in the moment, they are very concerned with the ??? here and now??? and encourage their clients to be aware of feelings and emotions that they are experiencing at the current moment (Rochlen, 2007). Other important principles to gestalt therapy include content, awareness, the paradoxical nature of change, contact, and the cycle of experience (Rochlen, 2007). Interventions included in Gestalt therapy are numerous.

Most of the interventions and techniques encourage the client to focus on the here and now. The strategies include setting up a dialogue with another person is who not really present, imagining encounters, reliving experiences, role playing, and many other dramatizations to help the client feel emotions at the moment (Capuzzi and Gross, 2011). Gestalt theory has several strengths that make it a form of therapy that can be used with different clients. Gestalt theory deemphasizes the abstract so that clients can become aware of themselves and of their problems It also helps a client to work with the past as it relates to the here and now. An emphasis is places on doing and not just feeling (Capuzzi and Gross, 2011). The weaknesses associated with gestalt theory are that it is a lengthy process like person-centered theory (Capuzzi and Gross, 2011).

Also, like person-centered theory, it is difficult to ??? classify??? clients causing problems with insurance companies and government agencies (Capuzzi and Gross, 2011). Gestalt theory is seen as a combination of many different theories, therefore there have developed many ways of doing Gestalt therapy, diluting the practice of the theory (Capuzzi and Gross, 2011). Gestalt therapists should be very well trained before attempting to use Gestalt techniques; therefore, it can be an expensive form of therapy for clients (Capuzzi and Gross, 2011). Psychoanalytic psychotherapy is based off of the concepts of Sigmund Freud. Freud believed that individuals are unaware of the causes of their behavior (Capuzzi and Gross, 2011). He thought that early childhood experiences affected aspects of personality (Capuzzi and Gross, 2011). The goals of psychoanalytic psychotherapy are self-awareness and understanding the influences of the past in order to correct the client??™s distortion (Capuzzi and Gross, 2011).

Psychoanalytic psychotherapists believe that personality is formed through early childhood experiences and that by recognizing these experiences, the client can begin to heal (Rochlen, 2007). The id, ego, and superego are the main constructs of psychotherapy. Therapists want to bring the id into consciousness so that it can be addressed and understood (Capuzzi and Gross, 2011). Freud was very concerned with psychosexual development. He focused on stages of development of children and coined phrases such as anal retentive, oral fixation, penis envy, and the Oedipus complex (Capuzzi and Gross, 2011). Freud also thought that life instincts were a basic drive for human behavior and called the energy created by these instincts libido (Capuzzi and Gross, 2011). He also believed that death was the ultimate goal

of all of life saying that everyone has an unconscious desire to die (Capuzzi and Gross, 2011). Freud proposed a number of defense mechanisms that he believed people used in order to cope with stressful events during their lifetimes (Capuzzi and Gross, 2011).

Transference and countertransference are important concepts of psychoanalytic psychotherapy. Transference is the transferring of feeling and attitudes from the client to the counselor and countertransference is the counselor's emotions reactions to the transference (Capuzzi and Gross, 2011). Interventions used during psychoanalytic psychotherapy include analyzing transference in which the counselor maintains a blank screen and stays neutral in the therapeutic relationship (Capuzzi and Gross, 2011).

This is different from the person-centered relationship where the counselor becomes involved and tries to feel and see as the client does. Psychoanalytic psychotherapists may also use analyzing resistances, posthypnotic suggestions, free association, and dream analysis as interventions for their clients (Capuzzi and Gross, 2011). All of the interventions seek to interpret the past and what happened to cause a client to feel and act the way they do in the present. This is different from Gestalt and person-centered theories because both of them are focused on the here and now. Although Freud's theories seem farfetched to many therapists, they do show some similarities to other counseling models. His theories do delve deep into the explorations of personality development making some of his practices useful (Capuzzi and Gross, 2011). This theory is useful in understanding the basis for resistances, which may present as missing appointments, refusing to engage

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in introspection, and being reluctant to examine the use of defenses???

(Capuzzi and Gross, 2011, p. 70).

Freud is criticized for many of his beliefs in psychotherapy. For example, his lack of focus on the present and future and also the inability to apply his theories across cultures and a couple of the criticisms he receives (Rochlen, 2007). Also, like person-centered and Gestalt theories, psychoanalytical psychotherapy can be lengthy and costly for clients (Capuzzi and Gross, 2011). As in Gestalt therapy, counselors must be extensively trained to perform the interventions requires of psychoanalytic psychothereapy (Capuzzi and Gross, 2011). Freuds theories are also based more on case studies and less on qualitative research, making it difficult to treat patients because the validity is limited (Capuzzi and Gross, 2011). Many therapists disagree with Freud??™s theories on personality traits that he believes are developed as children (Capuzzi and Gross, 2011). Jungian analytical theory was founded by Carl Jung (Capuzzi and Gross, 2011).

Jung had many of the same beliefs as Freud when it came to counseling clients because they worked together for many years developing theories; therefore, there are many similarities between Jungian analytical theory and psychoanalytical psychotherapy. Jungian analytical theory focuses on analyzing dreams and fantasies and attempts to bring thoughts from the unconscious mind to consciousness (Capuzzi and Gross, 2011). Jung believed that the unconscious had two parts: personal unconscious and collective unconscious. The personal unconscious comes from one??™s individual history and how one perceives his or her own personal events. The collective unconscious comes from one??™s ancestral heritage (Day, 1990). The

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collective unconscious consists of several archetypes which make up the psyche; some well-known archetypes are persona, shadow, anima/animus, and Self (Day, 1990; Capuzzi and Gross, 2011).

Similar to Freud, Jung grouped the developmental stages, but he only named four stages: childhood, adolescence, middle age, and old age (Capuzzi and Gross, 2011). Because Jungian theory is so similar to psychoanalytical psychotherapy, the interventions are also similar. Jungian therapy uses dream analysis just as Freud did. Jung also used transference and countertransference like Freud. Jung developed word association, which is now very popular among Jungian therapists (Capuzzi and Gross, 2011).

Play therapy for children is also a common technique used in Jungian therapy (Capuzzi and Gross, 2011). Jung also created and used many assessments for classifying his clients' illnesses (Rochlen, 2007). The strengths of Jungian theory are very similar to those of psychoanalytic psychotherapy also. Like Freud's theory, Jungian therapy works very well with clients with serious mental illnesses. Also, like person-centered theory, Jungian theory works well in group counseling sessions. Jung many times would treat entire families at one time (Capuzzi and Gross, 2011). Dream analysis is a popular intervention in many counseling theories, as well as several of Jung's other techniques (Day, 1990). Just as the other theories discussed have weaknesses, so does Jungian theory.

As with the other three theories, Jungian theory requires advanced training which can be costly. Also, there is not a significant amount of data that supports the efficiency of the Jungian approach (Capuzzi and Gross, 2011).

Conclusion Person-centered theory, Gestalt theory, psychoanalytic psychotherapy, and Jungian theory have all been used for many years in counseling. Although they can all be beneficial to clients, they each have weaknesses that can hinder the improvement of clients. Each theory has its own set of benefits; however, they all lead to the well-being of the client. It is up to the counselor to determine which theory to use, and this can depend as much on the client as it does the counselor. If a counselor does not believe in the benefits of a certain theory, the outcome will not be as desirable.

Person-centered theory and Gestalt theory are more related to each other in that they both believe in the phenomenological perspective of people. They both focus on the ??? here and now??? and depend on the motivation of the client to get better. Jungian and psychoanalytic psychotherapy are more related to each other because they both focus on the unconsciousness of the client and helping to recognize how the past influences the present. The constant limitation with these four theories is that using them can take many sessions over a long period of time costing the client, insurance companies, or government agencies a significant amount of money. These theories also require that the counselor experience extensive training in order to accurately perform the interventions and techniques, which again can be costly. References Shoben, E. J.

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