The development of contemporary counselling

Introduction

McLeod (1998) suggested in order to understand the development of contemporary counselling, and to distinguish the significance of the current patterns of the way counselling is practice within the Western culture now, it is important to examine how counselling has evolved over the past 200 years and how it has helped mould modern civilisation in today's fast paced world. This essay will be discussing the theories of psychoanalysis and examining how they have informed ideas on the origin of behaviour and approaches from Freud's psychoanalysis to traditional psychodynamic, psychotherapeutic, person-centred and humanistic approaches also comparing both these approaches. After this, Gestalt therapy and Transactional Analysis will then be discussed and then a summary will be done to summarize the study up until this point, highlighting the core points of each approach. Before the second half of the essay the author thought it was worth mentioning briefly Cognitive Behavioural Therapy, especially upcoming trends in CBT in the United Kingdom as this will be affecting counselling in the near future. Then for the second half of the study it will be narrowing in on four approaches that greatly contributed to Counselling and Psychotherapy, which are Individual differences, developmental, humanistic and behavioural counselling. Then finally, the study will conclude with looking at Counselling and Psychotherapy today, alternative modes of the delivery of contemporary counselling, and then to end the study will look at a new era in counselling for the future.

Psychoanalysis

Many counsellors can trace their history back to the work of Sigmund Freud in the 1880's who was trained as a neurologist, Freud started a private practice in 1886 and by 1896 had developed a method of working with hysterical patients which he called ' psychoanalysis' Freud (1949). According to Mytton and Dryden (2004) Freud's work has been highly influential in such notions as the unconscious defence mechanisms, Freudian slips and dream symbolism. However, Gross (2001) suggest his theories remain widely disputed, Freud's theories and research methods were controversial during his life and still are so today but few dispute his huge impact on psychologists and the academically inclined. Holt (1989) suggest Freud's life portrayed that he was only human, some might have said that he was sometimes mean, untruthful and unjust, but he did not expect to be treated any different to anyone else.

Freud theories 3 – paradigms shift – trauma, drive and ego

According to Garfield (1981) Freud's theories provided the first true paradigmatic revolution in psychological thought out of which psychoanalysis emerged. He further suggested that Freud's contribution to psychology could be divided into three theoretical milestones or paradigms in his thinking. Evolving from behaviourism was Kuhn (1970) ' paradigm shift' which was useful in identifying revolutions in psychological theorising Kuhn claims that most paradigms are heralded in by some great new discovery or new way of thinking. Freud's three important discoveries and paradigm shifts was the trauma, the drive, and the ego paradigm.

Freud – Trauma – hypnosis – hysteria – sexuality in childhood – Oedipus complex – ego, super ego and id – talking cure.

Freud (cited in Jacobs 1998) suggests the trauma paradigm was using hypnosis and particularly trying to understand the mysterious illness of the time hysteria. In particular, Freud and his colleagues suggested that all inner conflicts or neuroses had been caused by the trauma of childhood sexual seduction, overwhelming the person's moral standards, as most of their cases of hysteria suggested this. Leahey (1980) suggest in his later work; Freud proposed that the psyche could be divided into three parts: Ego, super-ego, and id. This was where he developed it as an alternative to his previous detailed schema (conscious, unconscious and pre-conscious). Freud (cited in Jacobs 1998) popularized the " talking-cure" an idea that a person could solve problems simply by talking over them, which was something unheard of in the 19th century. Freud (cited in Gunn 1988) suggested the Oedipus complex is that at an early stage every little boy (a similar but less convincing story is applied to girls) will go through a time when he desires his mother sexually and wants to get rid of his father who he sees as a threat. Resolving this particular problem by identifying with the father is an important milestone in a boy's development.

Freud – free association – dream symbols

Freud (1949) development of the method of free association based on the approach of working between the cracks of the patient's defences and on his conviction that the unconscious is lawful and will necessarily have to leave hints as to its organisation if one only knew how to watch for them. The

concept was that the repressed traumatic material would reveal itself in some disguised form as in the patient's unguarded flow of consciousness during free association. According to Herman (1987) a time came when Freud began to doubt that all of these experiences of sexual trauma could have been physical as it seemed more likely that at least some of them were fantasies. With this thought, the trauma paradigm collapsed, and Freud was left to find a way of resolving all the gains he had made with his data. Freud (1949) further suggested if children were capable of having fantasies about sexual assault they must have sexual feelings or drives and thus sexual wishes. Another major arm of the development of the drive paradigm was Freud's theory of the meaning of dreams, that dreams were indeed the disguised fulfilment of unconscious wishesand these he believed contained many of those repressed childhood sexual wishes. However, he believed one had to look beneath the manifest content of dreams to the concealed content and importantly psychoanalysis key method he pioneered was that the dreamer must have free associate to the dream symbols.

Freud – slips of the tongue – psychosexual development – resistance and transference

Freud (cited in Gross 2001) now began to regard slips of the tongue, jokes, and all forms of wit, mistakes and forgetting as hidden forms of repressed sexual and later aggressive wishes. He outlined the stages of psychosexual development and claimed they were not essential to the paradigm. However, according to Leahey (1980) the theory of the Oedipus complex was an essential part of the drive paradigm, as do many contemporary psychoanalysts. Freud (cited in Gross 2001) regarded resistance and

transference as obstacles to the real work of therapy. However now he came to see that transference while a form of resistance in one sense was also in fact the means by which the client could little by little re-enact and remember past-repressed events and emotions within the safety of the therapeutic relationship. According to Freud (1964) Psychoanalysis now had three main aims, pointing out gaps and inconsistencies in the patient's narrative that the patient is not aware of, serving as an object for the transference. Finally, Freud (1964) proposed interpreting the patient's behaviour, symptoms, dreams and associations became clear to him that simply remembering traumatic episodes would not necessarily be enough to cure symptoms rather, all of the development and processes that flowed from that original traumatising event needed to be worked through gradually encouraging Freud to continued to researching his theories in psychoanalysis with much enthusiasm (Blocher 2000). Cushman (1992) suggests that early psychoanalysis then evolved from an informal to a more formal and highly analytical type of psychotherapy and Blocher (2000) suggests these main psychoanalytic concepts play a highly significant role in the growth of psychotherapy today.

Psychodynamic

According to Blocher (2000) Wilhelm Stekel, Alfred Adler, Carl Jung, Wilhelm Reich and Otto Rank were all close collaborators of Freud's approach but they were also known for their attention on the dynamics of the relationships between different parts of the psyche and the external world hence the birth of ' psychodynamics'. According to Jacops (1998) from the psychological perspective, psychodynamics denoted a dynamic psychology which is the

study of the interrelationship of different regions of the mind, personality, or psyche as they connect to mental, emotional, or motivational forces especially at the unconscious level. Another definition was taken from Felltham (1997) who suggested psychodynamics was based on the first law of thermodynamics, which suggest that the total amount of matter and energy in any system under study, which undergoes any transformation, is retained. Converting this physical law into a psychological concept, the founders of psychodynamics predicted that experiences especially early childhood experiences in theory, were retained in the unconscious. Otherwise, conserved experiences later in life must either remain buried in the mind or find a way to re-surface in the conscious mind resulting in psychological states such as neurosis and psychosis. Later, Jung, Adler, and Klein (cited in Gross 2001) developed the theory of psychodynamics further. Garfield (1981) suggested theories with psychodynamic origins were dominant into the 1950's and these theories such as theories focused on the patient's past, especially childhood experiences as an important source of present symptoms and problem they were experiencing eventually were defined as traditional psychotherapy.

Person Centred

Adler (1938) (cited in Mytton and Dryden 2004) developed the concept of the inferiority complex, and the individual's attempts to compensate or overcompensate for it, he also developed theories for family therapy in America. Kramer (1995) suggests Rank (1924) proposed theories in anxiety of birth trauma separation, which was influential in social work. When the US psychologist Rogers (1936) supported Rank and Adler's theories this was

first called ' client-centred' approach and then re-named ' person-centred' approach, which became a more popular accessible approach compared to Freud's psychoanalytical approach in 1940 (Rice and Greenberg 1992). Rogers (1978) encouraged patient-counsellor relationships, in that the patient held the key to their own success, not the counsellor. This in itself was a remarkable breakthrough in the person-cantered approach as in the past doctors for example was more of an authority figures and their clients or patients expected them to tell them what to do, it was not an option to discuss their issues as with Rogers in his field of counselling.

Rogers (1961) approached focused on the experience of the individual, he did not adopt, elaborate nor did he neglect the internal world of the individual in the way of early behaviourists.

Humanistic

The humanistic movement emerged in the 1950s in reaction to both behaviourism and psychoanalysis. Humanistic psychology is only concerned with the human dimension of psychology and the human context for the development of psychological theory Thorne (1992). According to Mytton & Dryden (2004) in the mid 1950s there were two schools of thought in psychoanalysis and behaviourism, whereby both approaches were that behaviour was determined by either the drives of the unconscious or by events in the environment. Goldfarb (1999) the late 1950s and 1960s was a time of social change as dissatisfaction was shown towards psychoanalysis and behaviourism. These schools were critized for excluding human existence like the conscious self, the capacity for personal growth, and people's ability to choose.

Aanstoos (2003) The humanistic approach has its roots in existentialist thought also known as existential phenomenology ' why am I here?', to question the meaning of being, what is the meaning of life, encourages freedom, choice and responsibility which humans have the right of. Hersh (1980) Phenomenology questions reality primarily from direct experiences using the five senses with recent talks of adding a sixth which is intuition, it may sometimes be understood within the concept of the three different forces of psychology; behaviourism, psychoanalysis and humanism, this school was later called the science of behaviour. Hanley and Abell (2002) suggest Maslow later gave behaviourism the name " the first force". The " second force" came out of Freud's research of psychoanalysis, and the psychologies of Adler, Erikson, Jung, Fromm, Horney, Rank, Klein, Sullivan, (cited in Gross 2001) and colleagues.

These theorists focused on the depth of the human psyche which they suggest must be combined with those of the conscious mind in order to produce a healthy human personality. The major theorists considered to have prepared the ground for Humanistic Psychology are Maslow, Rogers and May (cited in Hough 1998). The work of Reich 1954 (cited in McLeod 1998), who postulated an essentially healthy core self in contrast to Freud, whom was an early influence, especially his " Character Analysis" (1933) cited in Freud (1949). Humanistic psychology includes several approaches to counselling and therapy. Among the earliest approaches was Maslow developmental theory, emphasising a hierarchy of needs and motivations, May, the existential psychology of acknowledging human choice and the tragic aspects of human existence and Rogers, person-centred of which is

centred around the clients' capacity for self-direction and understanding of his or her own development Clay, 2002 (cited in Richards 2003).

Psychodynamic and humanistic
Palmer, Dainow and Milner (2004) suggest the person-centred approach in counselling evolved from the work of Rogers (1961) which portrays a humanistic approach. Psychodynamic counselling came out of the work of Freud's psychoanalysis movement, which in its own right has played a significant role in counselling today. Both person-centred and psychodynamic counselling is widely practised in Britain today.

A survey in 1993 of the British association for counselling suggest that 60% of their members use some aspect of psychodynamic in their counselling practice and 57% practice their counselling using the person-centred approach. According to McLeod (1998) The similarities of the psychodynamic and humanistic theories are they both are exploratory they are both person-centred they both emphasize the importance of the counsellor-client relationship of being comfortable which other. Person-centred and psychodynamic counsellors form a relationship with the client, considering their environment and the both are broad-based approaches, which include practitioners with different opinion under the same umbrella. McLeod (1998) the differences on the other hand, especially from Freudian concepts are a lot more than the similarities. The Person-centred approach concentrates on the conscious processes, unlike the psychodynamic approach, which is focused on the unconscious processes; the person-centred do not emphasize dreams, unlike the psychodynamic. The person centred therapist may

divulge information about themselves, to make the client more comfortable, but the psychodynamic stance on this is no self-disclosure.

Motschnig-Pitrik (2005) suggest the person-centred therapist is warm, focuses on expressing feelings and sees people as fundamentally good, unlike the psychodynamic therapist whom would keep at a professional distance, focus on underlying anxiety, in order to understand the clients feelings and see people as hostile or self-destructive. The person-centred stance is that they focus on the past, present and future and the psychodynamic links the past and the future, not sees it for what it is. Mearns and Thorne (1988) suggests that the person-centred therapist allows the client to make their own interpretations, determine what is talked about, it's a mutual negotiation, have flexibility with time and boundaries, adapts to cultural diversity, promotes personal growth and limited theoretical literature. Palmer and Varma (1997) the psychodynamic approach makes interpretations for the client, may see reluctance as resistance from the client, looks for what is hidden, makes assessment, time boundaries are fixed, less flexibility to cultural diversity, promotes self-understanding and vast theoretical literature unlike the person centred approach.

Rogers (1961) Person-Cantered Therapy (PCT), also known as Client-Cantered therapy, was developed by the humanist psychologist Carl Rogers in the 1940s and 1950s. He referred to it as counselling rather than psychotherapy. basic elements of Rogers' new way of therapy was to have a more personal relationship with the patient, to help the patient reach a state of realization that they can help themselves. Greenberg, Rice and Elliott (1993) proposed that Rogers did this by guiding the patient towards growth,

great stress on the immediate situation rather than the past. This way the person is able to use the therapy as a way to reach a better sense of self, rather than living in an irrational world. It was used to help a person achieve personal growth (Rogers 1961). Mearns (1994) suggest PCT is based on the principle of talking therapy and is a non-directive approach. Mearns (1994) further suggest that the therapist encourages the patient to express their feelings by listening and then mirroring back what the patient reveals to them, helps them to explore and understand their feelings for themselves. The patient is then able to decide what kind of changes they would like to make and can achieve personal growth (Thorne 1992).

Hart (1999) empathic understanding, was the other core concept, this is two processes, reflection and clarification. Reflection occurs when the therapist repeats fragments of what the client has said with little change, conveying to the client a nonjudgmental understanding of his or her statements. The person-centred therapist should feel the client's world as if it were her or his own. However, the therapist must sense the client's emotions without getting bound up in them.

Finally there is the last core concept of self-actualization, Rogers took the approach that every individual has the resources for personal development and growth and that it is the role of the counsellor to provide the favourable conditions, which for Rogers were congruence, empathy and unconditional positive regard, for the natural phenomenon of personal development to occur (Thorne 1992).

Gestalt

According to Carlock et. al. (1987) (cited in Nevis 1992) Gestalt has contributed to counselling and psychotherapy tremendously, because of its flexibility to accommodate many settings in counselling such as addiction and depression in clients. Perls (1969), and Goodman in the 1940s-1950s (cited in McLeod, J 1998) co-founded Gestalt Therapy, this is a psychotherapy which focuses on the here and now experience and personal responsibility. ' Gestalt' is a German word which means ' pattern'. The key idea of Gestalt Therapy, in addition to helping the client overcome symptoms, is to enable the client to become more fully alive and to be free from unfinished issues which may diminish optimum satisfaction, fulfilment, and growth. Thus, it falls in the category of humanistic psychotherapies.

Fehr and Holland (1983) Gestalt therapy (GT) has its roots in psychoanalysis. It was part of a continuum moving from the early work of Freud, to the later Freudian ego analysis, to Reich (1954) and his notion of character armour to this was added the insights of academic gestalt psychology about perception, gestalt formation and the tendency of organisms to complete the incomplete gestalt, to form (wholes) in experience. There were additional influences from existentialism, particularly the (I-thou) relationship as it applies to therapy, and the notion of personal choice and responsibility. According to Palmer, Dainow and Milner (2004) Modern Gestalt in counselling and psychotherapy consist of the best of Perls work and selective holistic investigations, together using these approaches modern gestalt has entered into a new dimension in working with clients to improve their way of life. Palmer, Dainow and Milner (2004) further suggest that Gestalt therapy has

evolved from the 1940's as it has now been 50 years since it has been launched and still is today a big part of counselling.

Regarding the criticisms by Masson (1989), of unethical behaviour in Gestalt therapy in the past, Clarkson and Mackewn (1993) suggest that the BACP has strict regulations to prevent any sort of unethical behaviour from any counsellor now and in the future and an astringent criterion for new intakes into Gestalt Therapy.

Transactional Analysis

Transactional analysis (TA) is a psychoanalytic theory of psychology developed by psychiatrist Berne (1956) (cited in Stewart 1992). According to Stewart (1992) TA is a theory of personality and a systematic psychotherapy for personal growth and personal change. Stewart (1992) further suggests, TA describes how people are structured psychologically. Stewart and Joines (1987) revising Freud's concept of the human psyche as composed of the id, ego, and super-ego, Berne postulated instead three " ego states" the Parent, Adult and Child states which were largely shaped through childhood experiences. It uses what is perhaps its best known model, the ego-state (Parent-Adult-Child) model to do this. Stewart and Joines (1987) further suggest this same model helps understand how people function and express themselves in their behaviour. As a theory of communication it extends to a method of analysing systems and organisations it offers a theory for child development. According to Riedlinger (1993) in practical application, TA can be used in the diagnosis and treatment of many types of psychological disorders, and provides a method of therapy for individuals, couples, families and groups. According to McLeod (1998) outside the therapeutic field, TA has

been used in education, to help teachers remain in clear communication at an appropriate level, in counselling and consultancy, in management and communications and training. TA was also dismissed by the conventional psychoanalytic community because of its radical departures from Freudian theory. However, by the 1970s, many of its terms and concepts were adopted by broad-minded therapists as part of their individual approaches to psychotherapy. It also served well as a therapy model for groups of patients, or marital or family clients, where interpersonal, rather than intrapersonal disturbances were the focus of treatment (Feltham 1999).

Summary so far

A summary so far according to McLeod (1998) one of the reasons that psychoanalysis has stood the test of time, especially in the face of recent attacks is that Freud's theories were themselves formulated in an environment of hostility. One of the arguments resorted to most frequently is that which explains all criticism of psychoanalysis as a product of ' resistance'. Presently, psychodynamics is an evolving multi-disciplinary field which analyzes and studies human thought process, response patterns, and influences. Research in this field provides insights into a number of areas, including, understanding and anticipating the range of specific conscious and unconscious responses to specific sensory inputs, as images, colours, textures, sounds, utilizing the communicative nature of movement and primal physiological gestures to affect and study specific mind-body states and examining the capacity for the mind and senses to directly affect physiological response and biological change.