

Evaluation of the psychotherapeutic approaches and theoretical perspectives



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Over the past century there has been a dramatic increase in counselling psychology and it has been very well known and established, mostly within mental health. Theoretical approaches such as psychodynamic approaches, cognitive-behaviour approach, existential, humanistic approach, narrative and social constructionist therapy and systemic therapy. Through counselling psychology theoretical framework has brought understanding human being in the they thinking the meaning they put into and human behaviour is determined by internal and external cause, also that human being has free choice (Woolfe, Strawbridge, Douglas and Dryden, 2010).

This essay will critically examine cognitive-behavioural therapy (CBT) and humanist approach within their theoretical perspective framework. This essay has been organised in the following way. The focus of this essay is to compare and contrast both approaches of CBT Ellis (1962) (Rational Emotive Behaviour Therapy (REBT), ABC model), Beck (1976) cognitive therapy and humanist approach, Roger (1957) core conditions: congruence, empathy, unconditional positive regard and Maslow (1954) hierarchy of need. The phenomenal field and the self, and also how they are being applied in therapy. Finally, evidence of how effective both psychotherapeutic approaches are in counselling psychology settings, then evaluate both approaches strength and weakness.

Psychotherapeutic has been defined with the term " counselling" which involves work with individuals and relations which may be developmental, crisis support, psychotherapeutic, guiding or problem solving. The task of the counsellor is to give the " client" an opportunity to explore, discover and clarify ways of living more satisfying and resourcefully (BAC, 1984).

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Cognitive-behaviour approach to therapy in its earlier stage emerged from behavioural psychology (Watson, 1913) stimulus-response psychology, learning theory and (Skinner, 1953) operant conditioning. The behaviourist view is that beliefs and habits that people demonstrate must be learnt and that abnormal behaviour comes through condition proposing that it can also be removed in the same way people have learned those habits. They suggested that the theories of learning might be useful in therapeutic techniques in the development of CBT principles of behaviour change.

Cognitive-behavioural therapy (CBT) is a successful system of distinguishing events of individuals lives, which uses different types of treatment for psychiatric disorders: For instance anxiety, phobias, depression, pain problems, paranoia and hearing voices. Cognitive behavioural therapy has fundamental theoretical principles that effect an individual's behaviour and thinking which is mainly based on the way people structure their world (Beck, 1976).

CBT is an approach which is based on the way we conceive the world altering the way we behave. People are believed to experience emotional difficulties when they hold irrational beliefs about self and the environment. One of the key principles of CBT is that it focuses on the present rather than the past. Individuals with psychosis tend to be locked in unsupportive ways of thinking hence bias thoughts are distorted (cited in Johnstone and Dallos, 2010).

Ellis (1989) the founder of Rational Emotive Behaviour Therapy (REBT) stated that the things which cause harm and emotional problems for people are mostly the product of “ crooked” unhelpful thinking. He called the unhelpful

thoughts “ irrational beliefs” and the opposite rational beliefs”, Ellis stating that they are at the core of much emotional disturbance. In addition rational beliefs are accommodating in helpful ways of thinking and for people to be psychologically healthy.

The assumption of cognitive approach is that cognition mediates an individual’s problem and that these mediating factors are available for inspection of change in the individual. According to the CBT model, cognitive processing is the main objective for change when undertaking actions to address cognitive, emotional and behavioural disturbances thoughts. REBT principle is that cognition is a vital determinant of emotion, capable of producing irrational thinking and dysfunctional emotions. Ellis (1977) stated that a reduction in emotional distress can be achieved by changing the way people think and that innate and environmental factors can cause irrational thought. Emphasis is placed on the present and not past factors that might have influenced behaviour and that for people to change beliefs and thought patterns is hard work requiring persistence and practice is for change to occur.

According to Ellis’ ABC model what causes these problems are internal and external. The model represents (A-) activating event interpretation or inference regarding what is going on in a person’s mind (B-) beliefs- is when people are evaluating their thoughts; rational or irrational which account for and (C-) consequences is emotional or behaviour, negative or positive.

The explanatory theory for each type of irrational belief of the ABC model is that psychological disturbance happen when it is developed and maintained

by self-indulgent thoughts. If a person persistently to assumes that it is the situation that is at fault and not their own irrational thinking then the individual will persist to be disturbed.

Ellis (1977) points out that when an individual is constantly programming themselves with irrational thoughts, these thoughts were developed earlier life and that in order to change irrational thoughts the person must work hard for them to be able to change and not merely acknowledge the existence of the problem.

The aim of REBT is to support the client from making demands concerning themselves, others and the world round them. The client needs to be able to accept that they, and others, are imperfect by virtue of being human, realising that the world is far too complex to assign a universal rating about themselves. The therapeutic relationship is that it is vital to assist the client, both therapist and client must view the self and others as imperfect. Yet, the relationship is unequal due to the therapist's knowledge and know-how with regard to problem solving. Therapist could self disclose information about their own past if useful, with a view to being an encouraging role model, then CBT is active-directive style of therapist.

An alternative use of CBT in a therapeutic setting is cognitive therapy which is based on Beck (1961) Depression Inventory (BDI). This is used for assessing the supremacy of depression in psychiatrically diagnosed patients and to determine depression in normal populations. The BDI is adopted at each therapy session to acquire vital clinical information in a well-organized manner to self report physical, behavioural and cognitive characteristics of

depression. Each item is rated for the preceding week and scored on a three-point scale. Score ranges are: 0-9 asymptomatic, 10-18 mild-moderate depression, 19-29 moderate-severe depression and > 29 extremely severe depressions cited in (Tarrier, 2009). The BDI has been widely used and effective with clients experiencing depression.

Unlike cognitive-behavioural therapy (CBT) the humanist approach refuses determinism and proposes free will, believing that individuals act deliberately to achieve psychological growth. The humanistic approach assumes that each person behaves in the world in response to their unique experience of reality. The view is much more positive and optimistic, as it values the way a person will experience a crisis and respond to their world as a direct result of the meaning that they draw from individual needs, history and expectation. This approach also believes that individuals can live in their own subjective worlds which can only be fully understood by themselves.

The humanistic approach, predominantly focuses on the here and now, humanistic emphasis believed is that the objective of therapy should be the client's present life experience, instead of their past influences that could have led up to or which would be thought to explain their present position (cited in Merry, 2002).

Humanistic approach is more apprehensive with accommodating people with their own phenomenal experience and personal meaning of the world, the client is equal with the counsellor and also are equal in the therapeutic relationship. This difference has been known as the ideal self and actual self. Humanistic emphasises that treatment should include helping the individual

to see the worth of who they are and trust their own experience and conscious awareness to be who they are instead of who they should be. In addition, treatment is through the client's needs instead of the therapists understanding or perception, which means it is to help the person to regain they own free will and choice in life.

One of the classic theories of the humanistic approach developed in the 1950s and mostly used is Rogers (1951) client-centred or person-centred therapy. Rogers believed that peoples behaviour is motivated by sophisticated desires needs such as things to do with emotional, mental and spiritual aspects of living. Rogers associated all these sophisticated desires as the actualizing tendency. He suggested that the actualizing tendency facilitate individuals to be inquisitive and learn more about their world, and allows people to value things like friendship, love and beauty. He also stated that actualizing tendency encourages healthy development enabling clients to have a better way of life.

Roger (1957) highlights that individual has its own unique experience or view, of the world, which he called the person's phenomenal field. He assumed that the individual phenomenal field is determined not only by what is happening but also by what the person believed to be happening. He also suggested that peoples perceptions stand on individual biased interpretations, or values, further arguing that these perceptions are directed more by their past, or by their expectations, rather than their present needs and actualising tendency. However, things may go askew for them when not supported by others.

In support of Roger's phenomenal field, Maslow (1954) proposed that humans are born with a hierarchy of needs. He argued that people need to please their lower needs before they can attain higher levels and achieve psychological growth. He pointed out the purpose of psychological growth is to accomplish self-actualisation, where individuals find personal fulfilment.

Maslow's (1968) paradigm theory explains personal fulfilment, for someone to feel liked by others' to gain admiration from friends or belong to a group is very important for their psychological growth. The need for food is the basic level of life, for safety and development to occur throughout a lifespan.

Maslow acknowledged that the higher-level needs were not important for survival, but the basic needs are much more vital such as water. He also stated that individual personality is a device that people use to achieve these needs and accomplish self-actualisation.

Humanistic therapeutic practice is the core condition of Rogers as defined in terms of what the client needs are to attain congruence between ideal and actual self, which is what Rogers referred to the condition of growth for a health individual. Humanistic approach is non-directive equality between therapist and client, no formal assessment (clients are seen as out of touch with their actualizing tendency, the therapist provides conditions for growth which are unconditional positive regard, openness, empathy, and there is no specific techniques).

Congruence is the most essential of the approach that encourages therapeutic growth. Congruence means that the therapist has to be real with themselves and not hide behind a professional role. The therapist is required

to be continuously open with his/hers personal experience. Therefore the therapist is required to sustain genuinely by truthfully symbolising their feelings which may be primarily unwanted and strange. For negative thinking the therapist needs to be predominantly acknowledged to have an expression just as much as positive ones. Congruence commands enthusiasm from therapists to express acceptance or positive regard. Rogers believed that it is vital for the individual to feel acceptance of self positive regard.

Unconditional positive regard means that the therapist must give the client respect and care no matter who they are. It is a non-judgemental attitude which shows respect for the individual despite their manner or how they may be behave Rogers stated that the attitude is more than just simple acceptance. Positive regard is essential as it challenges clients principle that they are only valued if they behave as obligatory by significant other.

Empathy, Roger proposed is the technique of understanding another person as if they were that person, the therapist should be able to put themselves into the person shoe. Rogers illustrated a form of laying aside “ own views and values in order to enter another world without prejudice” (Rogers, 1980) (cited in Dryden and Mytton, 1999).

Evidence for humanistic approaches to personality, (Hagerty, 1999) have some convincing evidence from a cross-cultural perspective that individuals from other countries strive to attain needs within the succession Maslow recommended. Baumeister and Leary (1995) have verified that people exhibit the need to belong to social groups like clubs and gyms, Betz (1984)

has mixed support for Maslow's theory. The finding shows that there is a positive relationship between satisfaction and the need fulfilment with in individual's life. Hence, the humanistic paradigm has been used successfully in areas like health psychology and Maslow's theory of need has been applied to employment settings (cited in Albery, Chandler, Field, Jones, Messer, Moore and Sterling, 2008). Much of the significant research which has been completed has focused on the efficacy of the core conditions of person-centred therapy (Toukmanian and Hakim, 2007); their findings, in so far as they address the relational aspects of therapy, are relevant for practitioners of all theoretical orientations. Farber and Lane (2002) generate evidence for a statistically significant correlation positive regard and therapy outcome. Elliott's (2001) case study has provided evidence of the effectiveness of person-centred interventions.

Evidence of cognitive-behavioural therapy (CBT) treatment has been shown for schizophrenia as now secure, as it performs a substantial amount of randomised controlled experiments of an increasingly accurate methodology result.

CBT is an appropriate method to help an individual who is experiencing overpowering fear in explicit areas of their life, for instant fear of flying as it addresses issues effectively demonstrated by (Borrill and Foreman, 1996) in their study.

Tarrier and Wykes (2004) examine 20 trials of CBT in patients with a diagnosis of schizophrenia spectrum disorder. There studies treated a total of 739 patients with CBT, with a mean of 37 (SD= 48, range= 7-225) treated

in each study. The evidence for rapid recovery in reducing relapse and acute patients in both chronic and acute patients is slightly convincing. However, in reference to relapse reduction it shows that there is a little success when avoidance relapses is a larger part of CBT than it ignored. Nevertheless CBT is significantly effective as soon as the intervention is devoted exclusively to maintain well-being, avoid relapse or rehospitalisation (Tarrier and Wykes, 2004). There is some evidence about how best to treat anger disorder (Dobson 1989). Hence there is more evidence regarding the effectiveness of CBT than there is for other approaches in psychotherapy (Roth and Fonagy, 2005).

In conclusion the evidence for both approaches shows that they are both effective in their own right. Analysis of therapy sessions performed by Rogers has been carried out by other researchers such as (Hayes and Goldfried, 1996) and (Tursi and Cochran, 2006), their studies showed that some of the interventions Rogers proposed on his core conditions show few similarities to REBT.

There has been some critic both cognitive-behavioural therapy (CBT) and humanist, being accused that rational psychotherapy abandon their clients emotions which was not the case. As a result, in 1961 Ellis was determined to change the name of his approach " rational-emotive therapy" (RET) to " rational emotive behaviour therapy (REBT). Ellis response to critics was that RET ignored clients not REBT. While the ABC model does not consider the interactive nature of the psychological processes contained within it (Ellis, 1985a) (cited in Dobson, 2001). REBT therapists may be in agreement with Rogers (1957) regarding the significance of therapist empathy in helping the <https://assignbuster.com/evaluation-of-the-psychotherapeutic-approaches-and-theoretical-perspectives/>

client. Thus, REBT therapists give their client, not just a merely affective empathy (for example showing their clients that they know how they feel), but by further showing their client philosophical empathy. This, demonstrated to their client by showing they understand the fundamental psychological cause of their emotions. REBT therapists frequently favour an informal style of interaction with their client. The paradigm is that emotional disturbance can be seen as a product of taking things too seriously. They believed that their humorous technique would unite their client and support them to stand back and express amusement at their dysfunctional thinking and behaviour, but not themselves (Ellis, 1983b).

There is a slight difference between CBT and REBT, CBT emphasises on cognitive processes, although it does not have a specific philosophic prominence, while REBT does execute this. Ellis (1962) stated that humans are born as philosophers and people are natural scientists, (Kelly, 1955), view is that people are creators of meaning (Frankl, 1966) added that individuals are users of rational means to forecast the future (Friedman, 1975).

Other limitation to CBT is that they fail to provide evidence for any justification that is considerable for physical symptoms that come with depression: poor appetite, constipation, sleep disturbance, pains and aches which might pertain to elderly population.

Problems with the humanistic approach are that utopian view of human potential, everything is perfect when it is not, individualistic culturally specific, such as free choice, they ignore social constraints for example

poverty, social and institutionalised discrimination for example sexism, racism, people with disabilities. Therefore there is a great similarity between the different forms of psychotherapy. They could all be effective or ineffective depending on the therapist's personal skills. Different kinds of therapists used different methods to do the same thing.