

Background and personal theory of counselling



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Counselling is defined as a relatively short-term, inter- and intrapersonal, theory-based process in which persons who are considered to function within a 'normal range' are helped by counsellors to resolve developmental and situational problems related to school, mental health, marriage, family issues, employment, aging, rehabilitation, to mention a few, in a structured setting. These persons, who are considered 'stuck' and not 'sick', are looking for a means to clarify and use the information they already possess (ACA, 2010; Gladding, 1996). Counsellors help these persons learn how to make decisions and devise new ways of thinking, feeling and behaving by focusing on the goals the persons wish to achieve whilst these persons explore their current levels of functioning and the changes that must be made to achieve their personal objectives. Counselling hence, encompasses both choice and change that evolves through different stages such as exploration, goal-setting and action (ACA, 2010; Brammer, 1993). Whilst adhering to ethical and legal standards, counsellors when guiding these persons should take into consideration the many aspects of the persons' background such as age, gender, sexual orientation, religion, ethnicity, culture, physical and mental ability. They should also possess personal qualities of maturity, empathy, warmth, humour, authenticity, honesty, sincerity, and above all to be a person that they are and to be a positive role model (Corey, 2009).

In the field of counselling, there are many different theories and approaches because no single theory is comprehensive enough to explain the complexities of human behaviour (Lazarus, 1996). As such, an integrative approach combining the different theories to formulate a personal approach

that blends with one's personality, belief system and style; the assessments of clients; and the compatibility of the different theoretical constructs, would be an ideal integrative model (Corey, 2001a; Lazarus, 1997; Preston, 1998).

Personal theory of counselling

My personal integrated approach is a combination of Person-Centred, Gestalt and Family theories of counselling which are all experiential and relationship oriented therapies (Corey, 2009). Carl Rogers' developed person-centred therapy in the 1940s. It is based on concepts from humanistic psychology (Corey, 2009). Rogers (1961) postulated the people are trustworthy, resourceful, and capable of self-understanding, self-growth, making constructive changes and living effective and productive lives (Corey, 2009). He posited that three therapist attributes must be met for a person to move forward in a positive manner in a climate of respect and trust. These are congruence (genuineness or realness), unconditional positive regard (acceptance and caring), and accurate empathetic understanding (the ability to grasp the subjective world of another person) (Corey, 2009; Sue & Sue, 2008). The person-centred approach places the primary responsibility of change on the client. It rejects the role of therapist as the authority as it views the client of being capable of self-awareness and self-growth by successfully encountering obstacles, making changes to live fully and authentically albeit with some struggles. Although people never arrive at a self-actualized state, they are continually involved in the actualization process (Corey, 2009). The therapeutic goals of person-centred therapy are to help clients achieve a greater independence and integration. It does not focus on the person's presenting problem but instead focuses on the person.

Clients who enter therapy have lost contact with themselves by using facades developed through socialization. Person-centred therapy aims to set clients free from their facades by helping them to become more actualized. It encourages clients to have openness to experience, trust in themselves, an internal source of evaluation and a willingness to continue growing. Clients have the capacity to clarify and choose their own goals (Corey, 2009; Rogers, 1961). The role of the therapists is not to employ theories, techniques or their knowledge to get their clients to function but rather lies in their attitudes and ways of being. They do not manage or take responsibility for their clients but instead their function is to be present and accessible to clients, and to help them focus on their immediate experience. The therapists, by being congruent, accepting, and empathic, become the instrument of change in their relationship with clients. In entering their clients' world and displaying genuine caring, understanding, acceptance, respect, and support, therapists are able to help clients to become less defensive, rid of their misconceptions and to be more open to possibilities within themselves and the world (Corey, 2009; Bozarth et al., 2002). Clients coming into therapy must first perceive a problem exists and want to explore possibilities for change. Within the person-centred therapist-client relationship, clients soon learn that they are responsible for themselves and become more realistic about their selves or self-actualized (Corey, 2009). Rogers (1967) identified six core conditions that are necessary and sufficient for therapeutic change to occur. They are (1) two persons are in psychological contact, (2) client who is in state of incongruence, (3) therapist is congruent in the relationship (4) therapist experiences unconditional positive regard for client (5) therapist experiences an empathetic

understanding of client's internal frame and perseveres to communicate this to client, and (6) the communication to the client is to a minimal degree achieved. The client-therapist relationship is characterized by equality (Corey, 2009).

Gestalt therapy is a phenomenological-existential therapy developed by Frederick and Laura Perls in the 1940s. Gestalt therapy does not view the person as reduced parts but as an integrated whole with innate potential for growth and maturity. The main crux of the Gestalt therapy is the reciprocity between biological development, environmental influences, individual-environment interactions, and creative adjustments (Yontef, 1993). Its focus is not on content (what is discussed) but more on process (what is happening). Therapists approach clients without preconceived set of biases or agenda. Emphasis instead is placed on ' what' and ' how' the client is thinking, feeling and doing in each moment thus clients gain awareness of what they are experiencing and how they are doing it (Corey, 2001a; Corey, 2009). The centrality of what is in the client's awareness, such as thoughts, feelings, body sensations and actions, are all used as a guide to understanding the client's world (Yontef & Simkin, 1989). Gestalt therapy assumes that individuals have the ability to self-regulate when they are aware of what is happening in and around them. Change occurs when clients become aware of what they are as opposed to trying to become what they are not. By assisting clients to increase their self-awareness, therapists help the clients to re-identify part of them that have been alienated and help them to value and accept themselves. Other key concepts of Gestalt therapy include holism, figure-formation process, awareness, unfinished business and

avoidance, contact and energy (Corey, 2009). Although Gestalt therapy does not focus on predetermined goals for its clients, its basic goal is to assist clients to gain greater awareness and eventually greater choice by using active methods and personal engagement with the clients. Awareness encompasses knowing the environment, knowing and accepting oneself and the ability to make contact (Yontef, 1993). Apart from being a guide and a catalyst, presenting experiments and sharing observations, therapists do not force change on clients in the I/Thou philosophy of personal dialogue that Gestalt therapy employs. Gestalt therapists instead assist clients to develop the means to make their own interpretations by calling attention to clients' verbal and nonverbal cues when they notice gaps in attention and awareness, and incongruities in clients' verbalizations and their body language. Clients, in making their own interpretations and meanings, have an increased awareness and are likely to reach a new realization (discovery), recognize they have a choice (accommodation), and learn how to influence their environment (assimilation). Gestalt practice places greater emphasis on the client-therapist relationship than on techniques used. Therapists should be in tune with both their clients and themselves and should be present-centred, nonjudgmental, compassionate, authentic, gentle, and trust their clients' experiencing (Corey, 2009).

Family systems therapy is represented by a variety of theories and approaches focusing on the relational aspects of people's problems (Corey, 2009). Family systems perspective holds that the family system becomes the source of the matrix of identity rather than only the individual character

Discussion of excluded theories: discuss why you have not included other theories (minimum of two).

(5 marks, approx 250 words)

Scenario analysis: Describe how your personal counselling theory would be applied to the following scenario. Answer the questions that follow the scenario.

(10 marks, approx 500 words)

Scenario:

Mr. Lee brings his 15 year old son, Harrie, to you for individual counselling. The father is worried that his son's grades are plummeting. His son is disinterested in school and is socialising exclusively with an older group of boys, many who do not attend school. The father worries that this is because Harrie had to change school recently due to his recent divorce. In the third counselling session, Harrie tells you that he is thinking of quitting school and has been experimenting with drugs. You see Harrie for six sessions and he is now able to discuss some of his concerns. Harrie has confided in you that sometimes he thinks of killing himself, but laughs it off as he said that most teenagers have thoughts like this. Mr. Lee calls to ask for a progress report and some detailed information about how Harrie is doing.

1. How would you begin the counselling process with Harrie? (approx 100 words)

2. What approaches and activities would you use with Harrie? (approx 300 words)

3. How would you respond to the father's request for a progress report and would it be

different if Harrie was not opening up to you about his real feelings? (approx 100 words)

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