

# Counselling theories essay



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What theories do I draw upon and which do I reject to make sense of client, counsellor and therapeutic relationship process

On reading the title of this essay, I was initially concerned that at the moment I have only purely concentrated on and been trained in, the Person Centred theories to counselling; therefore in having the task of writing this essay it has encouraged me to delve deeper and looked further into other methods of counselling to understand some of the theories behind their particular approaches, as well as focus on the person centred theories and for me to compare and contrast these. The only form of counselling I have received was from a person centred counsellor, as part of my Certificate in Counselling qualification, In the future, I think it would be of great benefit for me, to experience another method of counselling, as this would give me a greater understanding of how theories are put into practice only then I will be able to fully decide whether or not to concentrate on the Person Centred theories or incorporate further training and then draw upon theories of other models of counselling in order to work better with a wide range of clients. In fact Mackay et al. (2001) explain that working as a counsellor or therapist will tend to involve further training in order to develop and enhance their skills set. I believe that a little like passing a driving licence, I think I will really expand my knowledge of other theories, of which there are literally hundreds, when I hopefully gain employment or volunteer as a counsellor, and in doing so I will increase my experience.

I will draw further on other methods as I believe one approach and set of theories cannot be suitable to all clients, In fact Wampold (2001) suggests that no single therapeutic approach has a superior grasp of the truth. I have

every confidence in the theories of Person Centred counselling being the underlying foundation of my counselling, and that the model seems to fit with my ethics and beliefs, and I am encouraged by the popularity of this model, as Jourdan and Kirschenbaum (2005) write about the prevalence of Rogers's work, and how it can be measured in the number of professional organisations, institutes, and journals dedicated to the person-centred approach. Currently at my stage of training I am focussing on person centred theories, but was interested to read that Henry (1993) wrote that he found therapists who adhered to a manualised model adversely affected the therapeutic relationship. I have a placement at a clinic within the national Health Service, here there are some Cognitive Behavioural Therapists (CBT) and also one therapist who uses the psychodynamic model, working within this environment has enabled me to hear first hand about other methods and theories. There is a community mental health nurse, who has been trained in Person Centred Counselling, who explained that the practitioners of other methods of counselling find the Person Centred approach ??? too fluffy???, the other counsellors explained that within the NHS, as it is time limited, the NHS prefer to be more goals orientated therefore the CBT model seems to be favoured at this current time. I disagree with the views held by, non person centred counsellors, that the person centred approach being ??? too fluffy??<sup>™</sup>, I like to think that offering the core conditions, as Rogers believed, that every person has their own self healing process, and that if the right conditions are provided the process can take place. He argued that empathy, congruence and unconditional positive regard are the core conditions necessary for therapeutic change. Certain theories from the cognitive

behavioural therapy (CBT) approach seem to be of great benefit to the therapeutic relationship when working with time limited helping work.

The CBT model is currently popular in health care settings; from my experience the health care workers within my placement have been trained as CBT therapists, as this is goals orientated, and they believe that client growth can be achieved quicker, by setting such goals. This is not a theory I will readily draw on, as I find the format of setting goals may be too directive. Although it reminds me of a client I have had within my placement, where I feel part of the success of our sessions were down to the fact that the client was very self aware, and as part of her own awareness, towards the end of each session she would explain that, she would like to set herself a target for the following week, for example she would say that she would work on reducing the times she consecutively washed her hands, Then at the start of each new session, the client would begin by explaining how she experienced the goals that she had set herself and what she found difficult, I asked no further questions, but was with the client in a person centred basis, focussing on her feelings rather than the practicalities of her goals. The basis of the relationship within the CBT model is that neither the counsellor nor clients are the expert, but of one that will encourage a collaborative approach between the client and counsellor in setting goals and homework. It is written by (Mcleod, 2007, P54) ??? the sequence of actions carried out by a person, in collaboration with a counsellor, in order to be able to get on with their lives???. CBT is based on, not only what goes on in the counselling room, but actively encourages the client to complete homework, Persons(1988) and Niemeyer and Feixas (1990) both suggest that patients

who do homework regularly show a greater improvement than do patients that do not, and they go on to write that revision of the homework may be a brief task at the start of the next session, equally however this may occupy most of the session, especially when the issue the patient wants to discuss are contained within the homework assignment. Although I believe in the theory that setting a task, goal or home work to be completed outside of the sessions can be a great benefit to the therapeutic relationship due to the cognitive approach to this method of therapy, I am inclined to think that this seems quite clinical to me, I also believe this does not give the client complete autonomy during the sessions, as they will be being guided with direct questions.

So therefore I am inclined to reject the theory that allowing the subject of homework to dominate a session on the basis that I personally would not have found it a benefit in my personal therapy sessions, I feel that our client counsellor relationship would have been compromised, If I had felt my counsellor had not given me the choice of what I wanted to discuss. In contrast to this Myran and Josefowitz (2006) argue that with ways in which interventions by a therapist, developed by cognitive behavior therapy model are different to interventions of those traditionally used by person-centred therapists (which are typically a great deal more tentative, and in no way directive), they can be practiced as a highly empathic, person-centred form of therapy. If done in a person centred way, I could see myself drawing upon this theory of integrating a CBT intervention in a person centred way, as I believe counselling can be tailored to each individual clients needs. One of the key theories of the CBT model that I am not drawn to is that the

relationship is not an important aspect in helping the client, in the classic model of CBT, in facilitating change in the clients thinking of what is causing their current emotional problem. I believe that the relationship is one of the most important factors in Rogers' (1951) theory of therapeutic counselling is based on the belief that for a successful relationship the counsellor must show congruence, unconditional positive regard, as well as empathy; this will create a relationship that needs to be experienced by the client. Rogers states the core conditions are vital in the therapeutic relationship, I agree that these are vital too, Mearns and Thorne (2007, p95) write the following of one of the conditions, 'Unconditional positive regard is the label given to the fundamental attitude of the person centred counsellor towards her client, I feel this is the core condition that I may have difficulty with, if someone reveals that they have abused a child in the past. Rogers believed that the client has it within themselves to resolve their own problems with very little intervention from the counsellor. He believed the client knew their own experiences and background and the things that have affected and influenced them in their own lives.

Carl Rogers (1980, p115) states " Individuals have within themselves vast resources for self-understanding and for altering their self-concepts, basic attitudes, and self-directed behaviour; these resources can be tapped if a definable climate of facilitative psychological attitudes can be provided" One of the theories I feel is very close to me in the counselling relationship is of how important the non verbal aspect of communication is, this is highlighted by Mearns (2003, p68) when he makes the point that even in person centred counselling a large part of the relationship between counsellor and client is

unspoken, and laying down unspoken assumptions about each other and developing implicit norms in the relationship are normal ways of creating predictability and safety in the relationship. However, that unspoken relationship contains material which is of great potential therapeutic importance. Being aware of this will encourage me to hopefully be in tune with clients to the best of my ability, I may get this wrong, but this may be of benefit to the relationship if I feel my client is uncomfortable either physically or mentally, I may be able to meet the client and address their difficulty, again I feel this will highlight that the relationship is one of equals. Regarding non verbal communication, for example body language and showing unconditional positive regard as well as listening, I think that although these are skills I feel that part of this is natural as no amount of the above will be able to convince someone that you are genuine if you are not, as some people have the ability to detect when someone is trying to fake empathy or not being genuine, if someone feels that the listener is not genuine, has no empathy or they don't feel the listener is attending to what they are talking about then the relationship is not going to be a very successful one, especially in a counselling environment where many people attending a session for the first time will be naturally cautious, and they really need to be encouraged to talk about whatever they choose with the counsellor showing them genuine warmth. Carl Rogers believed that the client is the expert in the therapeutic relationship. This contrasts to other methods of counselling where the counsellor is the expert. This is a large difference between Carl Rogers' methods and other types of counselling. Rogers saw the therapist and client as equal partners rather than as an expert treating a patient.

In recognition that the client is the expert Rogers??™ referred to those in therapy as clients, not patients. I particularly am drawn to this theory as I believe that if the relationship is more of equals rather than the counsellor being the expert. Although I can see the benefit in the theory of psychodynamic counselling where the therapist is seen as the expert, equipped with expert knowledge I am more likely to draw on the role of a collaborative equal as with the CBT model or where the client is the expert as with the person centred model. I feel sometimes, in the person centred approach, a valid tentative question may be of benefit to the session as It is written by Pete Sanders (1996, p71), when he mentions the work of Gerard Egan stating that ??? Along with others, Egan thinks that the core conditions may be necessary, but are not sufficient-they need extra elements added to them before helping can be properly effective??? One of the integrative approaches that I think I will find useful in practice, was created by Gerard Egan (1994) which is described as his theory of a three-stage helping model, it is thought that this will encourage a client to strive to find the resolution to their problems in a self-empowering way. This is particularly useful for facilitating addictive behaviours, Prochaska, DiClementi and Norcross (1992) explain how professionally facilitated change of addictive behaviours using the key stages can help this process of change for the clientHis theory involved the following stages: Stage 1 - The first stage of Egan??™s model is one of finding the resolution to the problem, by allowing the client to discuss their particular issues, and then move on to the evaluation. Stage 2 ??“ this stage offers different perspectives but could also be tentatively highlighting any blind spots that the client might not have seen, possibly due to their level of distress.



Stage 3 ??” this stage involves helping the client to develop using helping strategies such as using brain storming and an element of creative thinking. Although Egan??™s three stage model may be a theory I draw upon in the future I believe that unless the highlighting the blind spots is done in a very tentative manner it could be something that will have a negative impact on the client/counsellor therapeutic relationship as the client would not have autonomy as they would be being directed. This approach may seem far removed from Carl Rogers ideas of the client self-healing but I believe certain clients may find themselves in a particular level of distress where tentatively encouraging the client to have a more objective perspective may be of great therapeutic benefit to the client and relationship. Although I would like to believe that the person centred approach will be suitable for every client talking to fellow counsellors within my placement who practice other counselling methods I am led to understand that one form of counselling can never be enough. An alternative to a singular model is eclecticism ??? the use of diverse techniques without regard to their origins within a particular theoretical orientation??? (Hollanders 1999, P483). On this basis, I believe in the importance of learning other forms of counselling, in order to have the ability to work with a wide range of clients.

Cooper and Mcleod write that different clients may need different things at different times and by using an eclectic approach there is more potential to meet individual client??™s needs, but such models raise the problem that the practitioner needs to draw upon some kind of principles to decide which techniques to utilise in a given situation. Gestalt wrote about the theory of the ??? empty chair??™ which is where a counsellor would say to a client

who is exhibiting particular anger towards somebody, the counsellor would point gestures towards an empty chair and ask the client what they would like to say to the person if they were sitting here now. In a study by Paivio and Greenberg (1995), they discovered that using the theory of ??? The empty chair??? it was found that with clients who they deemed to have unfinished business, who came to counselling, results indicated that experiential therapy achieved clinically meaningful gains for most clients and significantly greater improvement than without offering this theory. Reading about this model reminded me of a client who was talking about her father who had passed away. She was particularly angry about something in his will, she then pointed forcefully at an empty chair in the room and said if he was sat there now and disclosed what she would say to him. Because the client was allowed to focus on the empty chair and imagined her father sitting there it encouraged her to talk about her feelings more openly, I feel that the client, offered this information of her own free will, and chose to use the object of the chair as her point of focus, I believe it had more impact in the session than if she had just said ??? I would have liked to tell my father?? ???? when the client gestured towards the chair, it seemed to me like a real point of anger, allowing the clients true feeling to come to the surface, I obviously cannot compare the clients reaction if the chair had not been there, but this is a theory I may consider drawing upon as a way to encourage a client to talk about what they would like to say to someone, who they have a conflict with.

I believe this may give the clients a focus to allow their emotions to emerge, as with my example I do not think the client would have been so forceful

with what she said she would have liked to say to her father, if just she was just asked the question. I believe using this method is a type of transference where typically where a client would relate to the counsellor in the same way they would relate to someone who they know, (Jacobs, 1998). In this theory the transference would be directed to the chair. Maybe it is down to my current lack of experience, but I am not fully drawing on the theories of classic transference at the moment, this I feel is something I must look further into, in order to maximise the effectiveness of any potential counselling relationships. One aspect of counselling that I feel is very important is the environment in which the counselling is conducted. Obviously counselling in a room where there is no external noise is important but also being in an environment that is neutral and not distracting to the client. Mcloughlin (1995) comments that the physical environment in which psychodynamic counselling takes place should not be taken for granted or ignored. She goes on to say sensitive management of constancy of the counselling room and attention to the client's relationship to it provide valuable references to the therapeutic dialogue.

In my experience on my placement I try to see clients in the same room to provide this constancy, however unfortunately this is not always possible. On the occasions when we are in a different room I wonder how the client is feeling being in new surroundings as sometimes they make reference to the room being different to the previous week. Even subtle differences to where the clock is positioned could have an adverse effect on the therapeutic relationship. During my own cc imagine that if I was more apprehensive

about my sessions I might have felt uncomfortable not knowing my surroundings.

Within psychodynamic counselling Mcloughlin (1995) explains that the essence of psychodynamic counselling the counsellor should make herself available for the clients use in ways that become accessible for interpretation. Within this model of counselling there is the theory that the idea of a blank screen is a particular tradition. I am particularly drawn to this theory which reminds me of my counselling sessions where the counsellor had a neutral coloured curtain drawn across her large bookcase which helped avoid distractions and enabled the therapeutic relationship to develop. With that in mind I try and pick the most neutral environment for counselling. I have a friend who has been a nurse for over twenty years, I was very interested in hearing him say that, he feels that if he could prescribe a walk or exercise in a park or an outdoor activity to some of his patients, he feels they would greatly benefit, Due to the fact that I am an outdoors person, I can really relate to his theory, and with this in mind, whenever I am feeling stressed, anxious or depressed I tend to head outdoors. I feel that even a short amount of time spent walking by a river, in woods or even in my garden will have a great therapeutic benefit for me, enabling me to either focus on problems or clear my head or generally give me a greater sense of wellbeing. Whilst I appreciate this will not work for everybody, I believe that having connectivity with nature will assist some people.

There are many theories to incorporate nature within a therapeutic setting, for example, Burns (1998) has written about integrating nature experiences

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into hypnotherapy and Linden and Grut (2002) have used allotment gardening as key elements in their psychotherapeutic work with torture victims. On this basis I attended an eco-therapy workshop at the recent conference at Keele University held by Dr John Hegarty who spoke of his own personal theories of how incorporating nature and counselling together can be of greater benefit than sitting in a room. Drawing on the model of eco-therapy I recognise that for certain clients this could have real benefits; however I also recognise that for others it may have a negative impact on their progress. During the eco-therapy workshop Dr Hegarty spoke of an aspect of how to bring nature into counselling may be by a woodland walk with a client the possible drawbacks of this would be the inability of reading the client's body language as easily as if the therapy was undertaken in a traditional counselling environment. Another aspect of eco-therapy he spoke about was using aspects of nature to encourage clients to talk, for example offering the client a variety of objects (e. g.

bark, nests, dried flower) and ask them to pick an item, and then explain why they were drawn to that particular item, this may be a great encouragement for a client to talk, as I feel this use of objects and imagery will take the focus directly off the client, but equally encourage them to talk openly, this, I feel will be most productive when working with quieter or shy clients. In the future I aspire to bring nature into the therapeutic sessions. Where appropriate, I would use this on a collaborative basis with a client who felt that they too have a strong connectivity with nature. This may entail bringing nature into the room, either via plants or pictures, a room with a

view or counselling in an outdoor setting, either seated in a garden or whilst walking.

In conclusion before I started my training as a counsellor, although I wanted to be in the position to help people, I had the perception that to be a counsellor I would need the knowledge to question, guide and advise a client. However after initially looking into training and several models, despite the fact that there are many hundreds of theories and models, I felt the person centred approach and the theory that offering Rogers (1957) core conditions was at the heart of the therapeutic relationship in order to encourage growth and change within the client, I felt that this was the model that spoke to me most. On writing this essay, I feel I have gained a greater understanding of other theories, I believe that as stated the person centred model fits with me, only as my experience grows will I be able to fully experiment with theories that I will reject, or further draw upon, I think that due to the fact that I spent many years working in the field of business and I. T I need to work through some theories rather than accepting or rejecting them on the basis of only reading about them. I can imagine that in a few years time it will be interesting for me to read this essay to understand how I have developed and how a few years of practical experience may endorse or dismiss the theories I hold close at the moment, Maslowski and Morgan (1971, p7) state ??? a counsellor in the world of today must, first and foremost must be in touch with who and what he is??? At this stage I believe experience will fine tune this for me.

Cooper and McLeod (2010) comment that, counsellors and psychotherapists are aware that we are moving towards a therapeutic ??? monoculture??™ in <https://assignbuster.com/counselling-theories-essay/>

which cognitive behavioural therapy (CBT) seems to be dominant, I feel that at this early stage of my counselling career I believe my underlying philosophy will be that of the theories within the person centred approach for example by the offering the core conditions of Unconditional positive regard, Empathy and Congruence, and along side the theory that the relationship is an important factor. By having this as my core I hope to be able to actively help my clients by offering the core conditions, but I hope that I will compliment this as my experience grows and my knowledge is enhanced with further training and exposure to different practices. As every client is unique I hope that by pursuing further training and experience, I will be able to offer an integrative approach I hope I will be to offer a fit dependent on the individual client's needs, for example a client who has experience bereavement will have different needs to that of a client who, for example, is suffering from Obsessive-compulsive disorder, Ultimately I strongly feel drawn towards the person centred approach drawing on other theories from other methods as I have discussed in this essay. I understand that an eclectic approach may be not as structured due to the fact that different theories will be employed, But as stated I believe different clients may vary from different methods, with further experience in counselling, I will address each client in a way that I feel that I already do in my everyday life, where when communicating with different people, I match a type of communication that will be mutually a best fit for whoever I am talking to.

Drawing on different theories can present a problem, for example there is a contradiction, where I have written in this essay that I draw upon the psychodynamic theory that consistency of the counselling environment is

important in order to create a place of safety and reliability for the client and a blank canvas is so important due to the fact that this will create consistency, but conversely I have then gone on to continue to explain that how I am drawn to the theories of eco therapy and the benefits of, with the collaboration and consent of a client, in holding sessions outside of the conventional counselling room, by holding sessions outside, in woods or a garden. I believe that as Stiles (1998) explains, that working in a pluralistic approach, opens up the possibilities of working in a more creative way, this will then allow the counsellor to have a genuineness and responsively address an approach that will reflect the needs of an individual client's wants. As my counselling experience grows, I feel, my underlying philosophy will be based with the person centred approach, but drawing on eco therapy and a tentative cognitive behavioural therapy approach, if necessary but only if I think this is suitable for the client. I do feel I need an underlying base model, as well informed clients may know about counselling theories, and may have chosen me as my theories and values are aligned with theirs. I have heard this described by someone as like a ship being anchored in water and being mostly person centred focused and drifting to other methods when it seems appropriate to meet the current client's needs, I would like to think this analogy will reflect my counselling practice as my experience grows.