

# Counseling theories



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Introduction Counseling can be defined as the process of helping others to deal with or adjust to personal problems by enabling them discover for themselves the answer to their problems while receiving attention from a competent counselor (Phil and Charlotte 2001: 56).

Counseling is a voluntary process since it is not possible to send one for counseling. There are different models for counseling, different tools or roots, to enable a client to change. Counseling models fall under three main categories: behavioral therapies, psychoanalytical and psychodynamic therapies, and humanistic therapies (Petruska 1998: 38). Behavioral therapies focus on behaviors and cognitions. They are based on the way you think and the way you behave. They recognize the fact that it is possible to recondition or change our behaviors and thoughts to overcome specific problems. Psychoanalytical and psychodynamic therapies on the other hand have their focus on the unconscious patterns of relationships that evolve from childhood. Here, therapies are based on an individual's conscious perceptions and thoughts that have developed right from their childhood, and how they affect their current thoughts and behaviors.

Further, humanistic therapies focus on growth, self development and responsibilities. They help individuals recognize their strength, choice and creativity in the "now and here" (Stern 1997: 59). Different models and approaches can be used in counseling depending on the client's needs. An assessment of the client's problems should be made and an appropriate approach implemented. However, most psychotherapists and counselors use the integrative model. I shall look at the integrative relational model of counseling and compare it to the Cooper and McLeod's Pluralist

Model and Lapworth et al.'s Multidimensional Integrative model. Cooper and McLeod's Pluralist Model Cooper and McLeod (2011: 7) adopt a pluralist approach to integration. Here, pluralism connotes the belief that there is no one best combination of therapeutic methods.

They assume that due to the different nature of client needs, clients are likely to benefit from different therapeutic methods at different times.

Therapists are therefore advised to work together with clients to help them identify their needs (Cooper and McLeod 2011: 77). They suggest that commitment to a mutually involved, collaborative client-therapist relationship that is based on dialogue is core to this approach. (Cooper & McLeod 2010: 56). Here, the goals set by a client are the starting point for the therapy. Goals are seen as being hierarchically classified starting with the highest level meanings to the most concrete, contextually-based ones (p 80).

They advise working with transference and counter-transference to help clients identify and articulate goals since some of them may be unconscious. They cite the need for the therapist to explain to the client how they perceive the as working as key and encouraging the client's involvement in deciding how to proceed. (p90). They explain that tasks provide a way of talking and thinking about therapy that is non-pathologising and accessible.

The tasks are directed by the client's sense of what will be most effective for them and are identified by drawing on theoretical models. This model, as opposed to the relational integrative model, puts much focus on client's goals and needs. It is because of the stress given to the needs of the client

that it suggests that there should be flexibility in the approach used.

Lapworth et al.'s Multidimensional Integrative model (Lapworth and Sills (2010) in their work *Integration in Counseling and Psychotherapy* strive to show how an integrative framework can emanate out of a therapist's philosophy and beliefs of human experience.

They extend the Menninger's Triangle of Insight by adding a fourth, future dimension to accommodate solution-focused approaches where the approach may be oriented to the future. With the framework, the context and the relationship are considered vital, in the sense that people are defined, and we define ourselves in relationship to others. The context is also crucial as a frame in which therapy takes place and in shaping our identity. At the centre of the framework is the concept of self, with the needs of self which, by the use of therapy the practitioner is trying to help the client to satisfy. The five sides of the centre represent the five ways in which self-needs can be expressed and satisfied i. e.

physiological, cognitive, spiritual, affective and behavioral. The frame provides guidance which can help develop an overview that ensures that these interrelated aspects are addressed in the therapeutic work. Again, in contrast to the integrative relational model, this model focuses on the therapist and his life philosophies and beliefs as being the source of a good client-therapist relationship.

**The Integrative Relational Model** This model was proposed by Petruska Clarkson. It offers a coherent, comprehensive, and therapeutically effective

approach to counseling. It is a mix of more than one model and is commonly used nowadays (Stern 1997: 69).

It is derived from the belief that each one of us has an internal system of belief, the core interpersonal schema (Cooper & McLeod 2010: 56) and that the beliefs are shaped by our unique family and developmental history and the unique ways of responding to these influences. It focuses on the interpersonal and intrapsychic dimensions of one's experience. It is also based on an interactive developmental model that puts weight on the primacy of relationships as the medium in which core beliefs about self and others are forged and as a motivational force (Stern 1997: 62). In counseling therapy, the counselor is actively choosing interpersonal styles that shed some light on the client's repetitive characteristic styles and interactive patterns of relating to people and their environment. (Cooper & McLeod 2010: 98). This model draws from the range of behavioral, humanistic, psychoanalytic and systematic traditions that share a common conceptualization of repetitive strategies of defense developed during childhood for survival (Petruska 1998: 45). The key concepts in this model include the working alliance / therapeutic alliance, transference, reparative, person to person, and transpersonal modalities. The Working Alliance Model's approach to therapy is a relational approach that regards the therapeutic relationship as a vital vehicle for change by providing a new experience that challenges the existing beliefs embedded in the core interpersonal schema (Cooper & McLeod 2010: 51).

It also believes that people are fundamentally relationship seeking and are naturally interactive from the moment of conception. The quality of the

responses from significant people in a person's life will shape subsequent relationship patterns for better or for worse (Minton 2007: 26). John Bowlby, a psychoanalyst, maintained that the attachment between a mother and the child is a psychological bond in its own regard and is as great as the child's hunger for food (Petruska 1998: 9). He talked of people as being primarily object seeking. He went ahead to stress the importance of the bonds of love between a child and significant others in his early life in terms of shaping of the child's internal object world.

The famous quotation "there is no baby without a child" stresses the significance placed on the early bonding between children and their mothers. Social relations are present from birth as a need in its own right. The intersubjective "dance" is the result of relationship and forms the basis for subsequent interactions with people in adult life and for the client-therapist relationship (Stern 1997: 48).

Research shows that the working alliance (working alliance) between the client and the therapist has significant influences on the outcome of the counseling process (Cooper & McLeod 2010: 45). The alliance is viewed as a bond and sense of mutual collaboration established between the therapist and the client. (Cooper & McLeod 2010: 54). Three important components of the working alliance include; a mutual agreement on goals, a concordance concerning the tasks with which the partnership will engage and the personal bond developed between the client and therapist that will affirm their commitment and thorough knowledge of the activity (Phil and Charlotte 2001: 71). The important elements of the working alliance include double listening, acknowledging and respecting the client, offering empathy, staying

creatively indifferent, challenging and confronting, making space for self creation and creating opportunity to learn new behavior. To look at a few of them: Acknowledging and Respecting the Client The counselor helps to create a relationship between the client and herself where the client's individuality is valued and respected regardless of any the behaviors that the client may represent. This also involves recognition of the client as a separate person who acts on and in the world (Phil and Charlotte 2001: 91).

Thought the therapist may not agree with or approve of the client's behaviors (or some of them); he will nonetheless maintain the attitude of handling the client with acceptance. Since childhood is influenced by judgments and conditions laid down by society, family and parents, therapy is successful when the client has a relationship in which these conditions do not exist, at least in most parts (Cooper & McLeod 2010: 56). Otherwise, if this acceptance is not perceived by the client, there are high possibilities that the client's experiences during childhood will simply be reflected in adapting in an attempt of pleasing the therapist (Minton 2007: 52). The therapist's non-judgmental and accepting position provides an avenue in which it is safe enough to explore the transference and other dynamics (Phil and Charlotte 2001: 58).

Making Space for Self-Creation The weekly counseling sessions may provide a rare time and space for self-reflection, especially for people who have busy and structured lives. Since it is clear that, for many clients, this is their first real experience of valuing the importance of giving time to themselves, ample time should be set in order to maximize self reflection. Providing Consistency and Continuity Space for self-reflection is important to allow pre-

or non-verbal experiences and feelings to coalesce with the conscious mind where they can be recognized, expressed, and named. In a longer counseling relationship, it is not just the hourly session but also the ongoing continuity and consistency of relationship, space, and time that clients can value and use effectively.

Another aspect of consistency is the consistency of the environment.

Therapy usually takes place all the time in the same space, and in a space where the surroundings remain almost the same week after week and where privacy is guaranteed. This means that the client is not distracted by a stimulus from the environment. Creating the Opportunity to Practice New Behavior The function of effective therapy is to ensure that the client learns new behaviors (Lowen 1990: 89). The therapist should make new interventions to assist in the process of their clients learning new behaviors.

Transference and Counter transference Transference is the process where the client reconstructs and repeats within their relationship with the therapist the dynamics of the problems they are bringing to the therapy (Minton 2007: 26). It is the therapist's responsibility to understand, recognize, and creatively work as per the clients demands.

Counter transference refers to the therapist's response to the process - either from some vulnerability of his own or because he is captured in the transference dynamic- or both. Transference is a phenomenon in psychoanalysis that is characterized by the unconscious redirection of feelings from person to another. These may also include desires, especially of those unconsciously retained from childhood. The concept was first described by Sigmund Freud, who identified its importance in psychoanalysis



for better understanding of the client's feelings. It is a common occurrence for people to transfer feelings from their partners to their parents or children. For example, one can despise somebody who resembles an ex-lover in behavior, or appearance.

Within the transference dyad, both participants experience a variety of opposites, that in psychological growth and love, the secret to success is the ability to withstand the tensions of the opposite without necessarily doing away with the process. This tension allows one to transform and grow (Lowen 1990: 12). It is only in a socially and personally harmful context that transference can be said to be a pathological issue. A new socio-cognitive perspective on transference describes its occurrence in everyday life. When we encounter a person who reminds us of someone we do not like, or who is important to us, we unconsciously infer that the person is like our significant lover. Myriad effect arises, including inferring that the traits possessed by the other person are similar to those of the person we know.

Consequently, abusers not only direct the negative feelings they have for their former abusers to their own victims, but also transfer the dominance and power of the former to themselves. This kind of transference is also sometimes part of the psychological constitution of murders, for instance, serial killers. Person-to-Person and Transpersonal Modalities This model works from the assumption that all individuals internalize significant childhood relationship experiences that become part of their internal representation of the world and shape their subsequent experiences (Phil and Charlotte 2001: 45). The growing child internalizes its version of events which is colored by the relationships and understanding of them relative to the subsequent

experiences. Each person develops a system of internalized beliefs about the nature of the self relative to others including their own reactions, reactions, of others towards them and presence of an emotional display, which might be unpleasant, or pleasant (Phil and Charlotte 2001: 23). The core interpersonal schema is seen as our own unique way of viewing the world. The belief system that is developed over time has both self-limiting and life-enhancing aspects directly related to the choices available in the formative experiences and influenced by subsequent events (Lapworth and Sills 2001: 23). People tend to act to reinforce the beliefs they hold so that the core interpersonal schema becomes a mechanism for ensuring predictability and renders the world familiar and safe, if unsatisfactory and uncomfortable.

The basic elements of the interpersonal schema are two figures in relationship to each other. Usually, one of the figures is submissive and the other, dominant. The process of shaping and reshaping of this internal relationship spans the person's<sup>TM</sup> whole life and several events may provide the opportunity to change or reinforce the existing patterns of belief. This model believes that therapy constitutes one such experience (Lowen 1990: 31).

In discussion of child development, it is described how a child develops over time from repeated similar experiences with a primary care giver that is a representation of interactions that later become a generalized assumption about a particular kind of experience (Lowen 1990: 25). Such experiences then create certain expectations for the future experiences and most often, operate below the level of awareness. For instance, ??? people respond if you let them know what you want?<sup>TM</sup>.

The various notions we develop while interacting with others will slowly converge to shape our core interpersonal schema and guide our subsequent behavior. For instance, a child may make a conclusion in the way that she is repeatedly treated that life is worthless or that others are too busy to be available and that eventually, life is a pointless and an empty struggle. This kind of view may probably lead to withdrawal, mistrust, ultimately resulting in a reinforced belief that the world is an unrewarding, and a lonely place to be in. The tenacity with which people hold on to their outdated belief system is often determined by the extent of the threat they faced to their physical or psychological survival in the formative context. This will pose as a challenge to the therapist whose provision of a bounded and safe relationship offers an alternative context where change is able to take place. Reparative Therapy Theory This theory covers the complexities involved in sexuality as in gays and lesbians.

The theory focuses on the prevention of homosexuality. It is worth noting that there are other approaches that seek to explain sexual reorientation, reparative model is one of them but is the best known. This model involves homosexual arousal whereby a damaged bond emanating from the same-sex parent tries to make an attempt to repair it. It is in gay relationships where men look for emotional intimacy from their fellow men in an attempt to repair or create the broken relationships with their fathers. This is similar to lesbian relationships. According to this theory a healthy nonsexual relationship can be established among same sex peers through the counselor in group counseling or creation of support groups. This can be achieved through support of gender identification so that individuals can

develop their masculinity or femininity sense and accept themselves fully. This model views attraction of same sex as originating from poor parenting.

This theory just like other theories calls for personal choice and self motivation from the client in order for reorientation to take place. Gestalt model On the other hand Gestalt model aims for wholeness as well as the integration of different parts. This model views people to be a product of their environment. This model also works as per the situation at hand. It mainly uses metaphor in seeking to explore an issue. This inter-relationship between an individual and their environment or background is key to Gestalt thinking. ? Inclusion or putting oneself into the experience is fundamental in this model.

This involves also not judging, the client. This aspect of inclusion in this model provides a conducive environment for the client to express as well as create self-awareness. It involves active interaction of the therapist and expression to the client, this aids the client in learning and self awareness. The therapist also facilitates the interpersonal process while at the same time controlling the outcomes. This model incorporates and utilizes the best of interpersonal psychotherapy amongst the client and the therapist (Cooper and McLeod 2011: 96). Gestalt model involves an approach that focuses on the integration as well as the wholeness of the person, both in terms of behaviour and spirit.

This model provides a therapy that is aimed to ??? here-and-now??™ behaviour and includes awareness variables and without altering an individuals behaviour. This model focuses on the awareness and observation

of present experience. The model expresses its commitment towards self-healing and regenerating positive forces of the human being. Gestalt model thus brings a sense of immediacy, relationship, and experimentation in the counselling process (Clarkson 1989: 78).

CBT model CBT model came to be through critical analysis of the learning process. This model puts its focus on changing patterns of behavior to more acceptable and healthy one. It aims to help an individual think and act differently. The model is solution focused and makes use of practical techniques as well as homework. This model does not explore the past except when it is very relevant or related to present behavior.

Freud's psychodynamic model is mainly focused on early development stages such as childhood in seeking to establish the cause of the present problems. This model explores transference leading to an understanding of the feelings that might have been displaced from early developmental stages as a result of being experienced in adulthood. Comparison between the core theoretical model, CBT and Gestalt models The core theoretical model involves inclusion of other models. This model is different from CBT and Gestalt in a number of ways. Through integration a framework of organizing the therapist's work is established based on the client's needs. This further helps in application of the most appropriate techniques. As opposed to other models, this model does not take account of the surrounding nor the learning process as in Gestalt and CBT models respectively.

The Gestalt model basically involves sharing experiences of what an individual sees, hears or feels, this is followed by attending to individual's

experiences thus establishing one's presence. Energy is also focused on the client system and mobilizing the client to facilitate change. This creates an awareness of the entire process of completing units of work. However, Gestalt model has been observed to have problems with more severely and disturbed or may be referred to as psychotic individuals.

This model as compared to the core theoretical model magnifies an individual's role thus understating the building of relationships. This model has been observed to be more effective to those individuals with limited functioning ability.

**Practice and Key Issues**

This model believes that every therapeutic encounter is unique and presents itself in its particular idiosyncratic way, and in a way that each practitioner and client creates his or her personal system of psychotherapy. In addition, the work is typical in that it is bounded by in time and space and is structured by the therapist's therapeutic rational and ritual (Minton 2007: 12). The bigger part of the work is to provide a healing setting, psychically and physically, in which both the client and practitioner feel safe to explore, experience and understand what is of distress to the client. The main aims of therapy is to help the client experience and understand the current and historic implications of core interpersonal schema in terms of others and self; to review and reframe this closed, rigid system in order to increase spontaneity, openness, choice and options; and hence to experiment life from this different interpersonal and intra-psychic perspective. The direction of this kind of a working relationship is towards changing an outdated way of living to a responsive and responsible way of being in the present.

This is balanced by our common belief that fixed patterns in the present are overcome by events and are relics of necessary survival strategies for the past and need to be treated with care and respect. They are there for a purpose that we believe was important for our survival and we do not yet accept the fact that it is time we gave them up safely. Second, this model also believes in the central paradox of change that it is only when we accept ourselves fully as we are that change becomes possible. Practitioners believe in the change process, yet they do not push for that change. This model tries to reconstruct the conditions where change may become inevitable.

As opposed to Carl Rogers who believed that the client himself was the person who knew the answers to their own problems, this model clearly brings to the fore the fact that the client needs help in terms of setting goals and identifying what is best for them. This need arises due to the client's mental and psychological state that is blurred with beliefs from childhood, some of which might not be necessarily true. It is therefore not prudent to leave vital decisions in the hands of an individual with a distorted view of reality.

The therapist, through building a good relationship with the client to understand his needs, must come in for the therapy to be a success. While this model is often recommended for long-term therapy, it may also be used for short-term therapies. It suits long-term sessions since the model heavily relies on the relationship and the fact that relationships take time to build. It may take time for the client to build rapport with the therapist. Evaluation of Clarkson's model This model identifies and further clarifies different aspects of an individual's experience. It uses an integrative perspective

that involves therapeutic approaches holding different views. Integration model enables a counselor to bring together elements from other theories to create a new theory or model altogether. These different perspectives are integrated into a whole.

The most common approaches to integrative models of counseling are as a result of combination of different theories whereby an integrative framework is used. The ensuing integrative model is then applied and put in practice. Eclectic therapeutic integration is aimed at providing a unique opportunity for a counselor. This enables the creation of a distinctive therapeutic relationship focused to the individual in need. There are common or similar aspects that must be involved in an eclectic approach. The relationship developed between a client and therapist or counselor is key for progress on how the client's perceive the relationship.

Challenges to key theorists Freud's theory is based on human behavior and relationships which are usually shaped by conscious and unconscious forces. This theory puts more emphasis on past experiences as they relate to the current behavior. The major challenge in this theory is the defensive mechanism from the client likely to be faced by the therapist. The attempts of the therapist to relate past experience and bring out the hidden meaning to the client are yet another challenge of Freud's theory. This is because the goal of the therapist is to replace unhealthy behavior and make the client adapted to a more functional system. Carl Rogers theory on the other emphasizes on peoples emotions, his theory calls for respect to peoples ability to grow while changing positively. He asserted that effective counseling can be achieved if therapists empathized and expressed their



emotions fully to identify and create a rapport with their clients. The main challenge to this theory is the fact that the clients are usually left to decide on what is best for them (Cooper & McLeod 2010: 117).

Melanie Klein theory had great impacts on development of psychoanalytic thoughts. Her theory is described as the ??? object relations theory???. This theory indicates that the mind has elements which emanate from the outside derived from the functioning of others. The main challenge is the split which occurs between the relationship of the ideal object and a bad object.

Conclusion Petruska Clarksons integrative relational model covers and offers a deeper insight to a comprehensive and effective approach to counseling.

This model of counseling stresses the nature and style of the interpersonal interaction between the client and the practitioner and particularly the centrality of the working alliance, the real relationship and the transference relationship with particular emphasis on the working alliance and the real relationship. Gestalt model on the other hand uses the relationship between the environment and its people while CBT uses the learning process approach in counseling. All these models attempt to understand a client through interpersonal relationship and trying to know the individual as much as possible and creating a therapeutic relationship. References Cooper, M & McLeod, J 2011, Pluralistic Counselling and Psychotherapy, London, Sage. Lapworth, P & Sills, C 2010, Integration in Counselling and Psychotherapy, 2nd Edition.

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