Understanding Counselling theory

Word count total: 3541
Word count: Headings: 135
Words used: 3406

1.1 Explain the historical development of one major therapeutic model, including the people influential in its development

Throughout human history people has always shared their experiences, from early tribes to later religious groups to current day with therapists and counsellors.

Todays modern counselling and psychotherapy can trace their roots back to the 1880's and the work of Sigmund Freud. He developed the first 'therapy' methods in working with hysterical patients. He was hugely influential and many trained under him, including Alfred Adler and Otto Rank.

A very different approach was pioneered by Carl Rogers in the 1940’s and 50’s with strong influences from Adler and Rank.


For Rogers, the mainstream psychology with its focus on testing and treatment of people like they are objects, lost its enchantment and he developed his own distinctive non-directive counselling approach, treating individuals with understanding and respect.

Another strong influence of Rogers' model, was Maslow's theory of self actualisation.

Maslow (1943) believed people are motivated to achieve certain needs that are not related to rewards. He developed a theory that people strive to 'self-actualise', to become the best they can be. But for that to take place a 'pyramid' of basic needs is necessary to form the steps that leads to the ultimate goal for all people and organisms. His hierarchy of needs include five steps: basic needs or physiological needs for survival — food, water, shelter. Safety needs comes next, followed by social and esteem needs. The highest need is growth and culminates in self actualisation. This theory that every person has this internal drive to be the best they can be rang true for Rogers and he believed, given the right environment and support clients will grow to this place of 'self-actualisation'.
Non-directive counselling originally became known as client centred therapy by the early 1950’s. It later became ‘person-centred’ therapy and focuses on a person’s experiences.

This became known as the ‘Humanistic’ approach.

Rogers played a critical role in the development of counselling and psychotherapy studies with his sound recordings of counselling interviews between 1940's and 1950's.

Using these recordings and other observations he developed a theory of counselling and personal growth by identifying the significant factors that contributes to positive outcomes.

Ongoing significant contributors to the development of the PCT model is Gendlin with the emphasis on FOCUS, Natalie Rogers with the development of person centred expressive therapy, Julius Seeman's personality integration model. In the UK David Means and Brian Thorne contributed immensely in the PCT development.

1.2 Explain the philosophical basis of the chosen model

Person Centred counselling, relies heavily on the ‘truly being heard’ principle. Providing a nurturing environment where the client can feel safe to explore their world alongside a counsellor who will not judge their frame of reference. The counsellor steps into the client's world with great sensitivity and respect and experience it ‘as if’ it was his/her own. The client leads the process as they are the expert in them and they know what hurts.

The actualising tendency that all organic life display together with a formative tendency in the universe as a whole, form the foundation blocks of the person centred approach.

PCT operates from a belief that the client has the resources within themselves for self-understanding, the ability to change their self-concept and basic attitudes and their self directed behaviour. This ability to self heal can be accessed when an empathic, safe and non-judgemental climate is provided.

This climate described brings about change in the client. It happens as they are able to take a more caring attitude towards themselves that stems from the way that the therapist accepts and prizes them. Being heard in a sensitive and empathic way allows for the client to listen with more accuracy to their own inner flow of thoughts, and feelings and experiences. This self
acceptance and self understanding that the client experiences leads to them being more real and true to themselves and their experiences. This brings about more effective growth leading to the freedom of experiencing the person they truly are and being a more fully functioning person.

“In dealing with clients whose lives have been terribly warped, in working with men and women on the back wards of state hospitals, I often think of those potato sprouts. So unfavourable have been the conditions in which these people have developed that their lives often seem abnormal, twisted, scarcely human. Yet the directional tendency in them is to be trusted. The clue to understanding their behaviour is that they are striving, in the only ways available to them, to move toward growth, toward becoming. To us the results may seem bizarre and futile, but they are life’s desperate attempt to become itself. This is the potent tendency, which the underlying basis of person-centred approach.”

- Carl R Rogers

Counsellors don't heal clients, like gardeners don't grow plants. Both provide the right environment for growth to take place, but the growth is done by the clients (and the plants) themselves.

1.3 Explain the key concepts, principles of the chosen model

The key to the PCT model is the empathic, safe and non-judgemental climate that is provided for the client to grow. This healing climate comes about when the core conditions of congruence, empathy and unconditional positive regard are present in the therapeutic relationship.

The therapist offers the client their real self, being true to them self in an open and transparent way. This congruence of the therapist builds trust and encourages the client to be true to them self as well.

Empathy can be described as being able to accurately sensing the client's feelings and communicating it back to the client. This is done by active, sensitive listening to not only fully understand the client's feelings but also be able to sense the feelings that are just below the level of awareness.

In the PCT approach the client and therapist work in the client's frame of reference. Together they explore how the clients' world look, uniquely to them as an individual.

The therapist walks alongside them and explores their reality in a sensitive, non-judgemental way ‘as if’ it was the therapist's reality. The therapist holds the client in high esteem, allow them to be who they are in a non-possessive way. This quality is known as unconditional positive regard.
While exploring their world, the client get to explore how their world has been formed by other people that might have placed things upon them. These are know as introjected values and often holds the client back from being their true self as they are trying to live by someone else’s values and beliefs. A client’s view of them-self may be warped as they are living under conditions of worth and acting in a way that other people will approve of them to gain love, acceptance and/or approval. The may discover that they are relying on an external locus of evaluation, that other people’s opinions are more important than their own and they live a life trying to please others. Proving a therapeutic and facilitative environment we trust that the client will move toward their organismic self, the person they are within. We trust that they will grow to fulfil their own needs, and move to an internal locus of evaluation, a place of self acceptance, self valuing, trusting their own judgement and opinion. This organismic valuing and practising self care to ensure emotional wellbeing may sometimes means saying ‘No'. The client moves from a rigid to a more fluent excepting state of being. They trust to rely on the phenomenological experience of their lives and value that what it means to them individually. This will lead to a more fully functioning person, a person that is living in the ‘here and now' and don't let the past hamper their present state of being or get caught up wondering what will be in the future.

1.4 Explain how the chosen model would inform the practice of a qualified trained counsellor

As a trained and qualified counsellor I will be operating from a place of self awareness. Knowing who I am as a person with self acceptance and self valuing, working from an internal locus of evaluation, being true to who I am and trusting my own experiences, values and believes, I know that the PCT model works and I can trust the process to work for clients. Valuing my organismic self and being a more fully functional person, allows me as a therapist to provide the therapeutic environment needed for a client to grow. This is a way of being for me as a person, and one day as a counsellor. Being secure in myself as a person, I won't direct or try to advise clients.

I will be able to provide the therapeutic environment of empathy, congruence and unconditional positive regard and let the client lead the process. I will explore their world with them and walk alongside them on their journey of self discovery and growth.
“To be with another in this way means that for the time being, you lay aside your own views and values in order to enter another’s world without prejudice. In some sense it means that you lay aside your self; this can only be done by persons who are secure enough in themselves that they know they will not get lost in what may turn out to be the strange or bizarre world of other, and that they can comfortably return to their own world when they wish… this is a complex, demanding and strong - yet also subtle and gentle - way of being.”

- Carl Rogers

1.5 Explain how the chosen model influences the understanding of the development of the concept of self

The whole person centred approach is underpinned by the basic idea that the human being is a ‘trustworthy organism’. This idea is evidenced by practise, theory and research that support that every organism has a natural actualising tendency to move toward a fulfilment of its genetic potential. The sense of “self” develops through experiences and interactions with others and is defined as the organised set of characteristics that the person identifies as being unique to them as an individual.

The human condition of experiencing ‘incongruence’ between the self as perceived and the actual experience of the organism, results in tension, possible confusion and maladjusted behaviours. This is the result of being subject to conditions of worth and introjected values, leading to functioning from an external locus of evaluation.

Person centred therapy aim to break down the conditions of worth that has been placed on a person. The process enables the client to move from an external to internal locus of evaluation and to restore the true self and trust in the organismic valuing process.

‘Self-actualisation’ relates to a persons unique view of who they are and reaching to experience that what is consistent with their conscious view of who they are, placing value on and gaining appreciation of their organismic self. This is a liquid and changing process that is available to a person’s awareness so that adjustments can be made as and when required.

This moves a person to a more fully functioning person who is open to experience, live life existentially, able to share feelings freely, is autonomous and enjoys a richer live.

1.6 Explain why it is important to have an understanding of a therapeutic model before using its methods and techniques
Understanding the model will ensure a deep and rich understanding of the process. Knowing the theory, looking at the research and the practice will enable me as a practitioner to trust and believe that the process works and that client will grow from it. Furthermore not fully understanding the methods and techniques and practising as a counsellor is non-ethical. Counsellors work according to the BACP ethical framework and have an ethical obligation. Not knowing the methods and techniques can lead to confusion in the client.

The danger lies in the damage that you as a practitioner can cause if you don’t know how to apply the methods and techniques correctly. Clients who choose to enter into therapy, will often do so as a last resort. When they approach a counsellor they are likely to be fragile. Insensitive or Malpractice can potentially be very harmful to them and cause further distress. A moral obligation of counselling is to do no harm.

2.1 Explain the key features of two other therapeutic models

In the early 1900’s many separate strands of therapy started emerging from therapists such as Stekel, Reich and also Adler and Rank. The key characteristic of these early descendants of Freud’s methods was the dynamics of how different parts of the psyche related to the external world, termed as ‘psychodynamics’. TA finds its roots in this idea of how the psyche relates to the external world.

Transactional analysis was founded by Eric Berne (1910 - 1970) in the 1940's.

He theorised that people operate and shift between three ego states. He identified the parent, adult and child states and that everyone will shift between these states many times in one day and he favoured Adler’s ideas around ‘life goals’ and how we play out a ‘script’ in certain interactions. This is based on playing back behaviours observed and learned in childhood.

He sub-divided the parent state into the controlling parent and the nurturing parent and the child state into the free child and the adapted child.

The aim of transactional analysis is to develop the adult ego state where the individual can respond spontaneously, to respect other’s views but not to be led or influenced by them and to operate from a position of self-awareness. Berne further identified complimentary transactions that can be maintained indefinitely (parent — child) and crossed transactions (parent — parent) which are unstable and comes to an end soon unless a shift takes place to stabilise the transaction.
This ‘outside in’ therapy looks over the clients ‘shoulder’ into their past (their childhood) and look at how their past experiences (‘there and then’) effects and influence their current behaviours (‘here and now’) and is a long term therapy.

In TA the therapist as the expert leads and teaches the client the model. Actively directing the client, the therapist will give the client homework to think about relationships with people now in and the past. TA values the core conditions as desirable but no necessary. TA forms part of the psychodynamic/psychoanalytical school of therapy.

**Rational emotive behavioural therapy (REBT)** was founded by Albert Ellis (1927 - 2007)

This therapeutic approach was developed and rejects the ‘hidden’ aspects of the psyche and focuses on the behaviours that can be observed in the outside world. This approach was led by leading thinkers like B.F. Skinner. This branch was named ‘Behavioural’ therapy and REBT sits in this school of therapy.

The core aim of REBT is to challenge irrational beliefs that the client has. Ellis believed that the upset the client feels lies in their response to events and not the actual event itself. The client’s tendency to “catastrophize' events leads to irrational beliefs which causes psychological disturbances. The aim is to challenge the client’s rigid beliefs and to become more flexible, fluid and rational.

The REBT model can be defined as the ABCD model: **A**ction (this describes the event that occurs, **B**elief (the clients irrational rigid response to the action), **C**onsequence (the disturbance that the irrational belief causes the client), **D**ispute (challenging this irrational belief and moving from a rigid, irrational belief to a more fluid, flexible state and adjusting the response to the action when they become irrational or illogical).

REBT aims to develop a higher tolerance for frustrations in life and thus more rational and responsible responses to events. (Dryden, W. & Neenan, M. (2004).

The REBT therapist leads the client as it is an active directive form of therapy where the therapist acts as the expert. The client gets taught the model (ABCD) and learns how to challenge their own beliefs. It works with the clients in their ‘here and now’ feelings and is a cognitive model of therapy. REBT is a short, sharp intervention and has proven successful with psychological disturbances such as phobias and behavioural issues.

Assignment Unit R/601/7575 Understanding Counselling theory 7
2.2 Compare and contrast these models with the main model Chosen.

Below I will be looking at transactional analysis (TA) and rational emotive behaviour therapy (REBT) and the similarities and differences between these models and person centred therapy (PCT)

Aims of the three therapies:

PCT is to develop congruence between self and experience and negate conditions of worth and introjected values. In TA the focus is to bring the unconscious into awareness with the help from the therapist's interpretations. REBT aims to reinforce desired behaviours and neglect undesired behaviours and use modelling to bring about behavioural change.

Person centred therapy (PCT) was fathered by Carl Rogers Rogers and his approach to the study of people as phenomenological and idiographic, working with feelings and the 'here and now' of the client and is therefore client led. PCT forms part of the Humanistic school of therapies. Rogers' states that the core conditions are necessary and sufficient and given these conditions in a safe environment the client will find the answers within themselves as part of the tendency to self-actualise. PCT is varied in the duration of engagement as is depends on each individual's need. It's very effective for clients with deep psychological trauma and abuse.

TA was founded by Eric Berne and sits in the Psychodynamic school of therapies. Contrasting with PCT, in TA the core conditions are viewed as desirable and useful. The TA model works with three ego states and how we shift between parent, adult, child many times in a day. A TA therapist will lead the sessions and teaches the model to client, making it an active directive therapy. Working with the ‘there and then’ of the client's past and seeing how that past is presenting in their 'here and now'. From this learning of how their childhood effects their adulthood there is a move to develop the adult ego state where the client can respond more spontaneous and operate from a position of self awareness. Similarly to PCT is believes in the client’s tendency to self actualise. TA is a long term therapy and works well with clients who finds them repeating the same set of negative behaviours without knowledge of why they do this. They are unable to break the cycle for example addiction or destructive behaviour in particular relationships and the key lies in their presenting past.
REBT was shaped by Albert Ellis who believed that our thinking can change our responses to events. This places REBT in the Behavioural school of therapies. Contrasting with PCT and similarly to TA the core conditions are desirable and useful. REBT is therapist led and the model is taught to the client. REBT is an active directive therapy and enlists a cognitive, thinking, rational approach. The model is known as the ABCD model with A for action, B for belief, C for consequence and D for dispute. The REBT therapist will challenge the client's irrational, rigid beliefs and aims to move them from these static, illogical beliefs to fluid rational thought and beliefs. The client learns how to dispute irrational beliefs when they occur and adjust their behaviour and responses accordingly. REBT is a short sharp intervention and is very effective in dealing with phobias and behavioural issues.

All three models draw similarities in the bases that the client and therapist needs to be in psychological contact and the quality of the relationship between them is crucial in the success of the therapy.

**Bibliography**


Merry, T. (2002). Learning and Being in Person-Centred Counselling. 2nd ed. Herefordshire: PCCS Books Ltd.


