

Understanding Counselling Theory

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Philosophical Basis of Person-Centred Therapy

The terminology for non-directive counselling has changed over time and can be cause for confusion. Carl Rogers originally referred to this form of practice as Client-Centred Therapy, which changed to Person-Centred Therapy (PCT), and latterly Person-Centred Counselling. Rogers' philosophical basis for PCT can also be challenging to grasp due to its complex and interrelated origins. Primarily, it is rooted in 'Existential' philosophy with a stress on an 'awareness of being', who we are and individual choice. In addition, Gestalt derived 'Phenomenology' was also influential, placing an emphasis upon the acquisition of self-knowledge and the challenge of personal assumptions about oneself. Existential and phenomenological thinking contribute to an optimistic humanistic approach and a belief in 'self-actualisation'. In terms of counselling practice, the client becomes the focus of the process, supported by the belief that they possess the innate tendency to develop his or her own full potential. Additionally, Rogers placed considerable emphasis on a trusting, nurturing therapeutic relationship as central to the efficacy of the approach. Consequently, the counsellor facilitates a process of listening with sensitivity, empathy, unconditional positive regard and congruence where the listener is non-judgmental and genuine. Through this process the client potentially develops a sense of self-understanding and self-worth. Finally, PCT is non-directive; the counsellor does not assume the role of expert or aim to resolve the client's problems for them, as it is believed the client has the resources within themselves to develop self-understanding, self-acceptance and resolve their own issues of concern. It can be considered that Rogers summarised this philosophical view into counselling practice within 'The Necessary and Sufficient Conditions of Therapeutic Personality Change', later mitigated to the 'Core Conditions' of Empathy, Congruence and Unconditional Positive Regard. Whilst Rogers explored the nature of client-centred therapeutic practice, he was not unique in his existential, phenomenological and humanistic thinking.

Rogers, May and Maslow

At the time that Rogers was shaping his own thinking, various models of psychoanalysis and behaviourist psychology were prevalent. For example, behaviourists concluded from their experiments and research that there was little scope for the "concept of free will and choice ...and that behaviour was determined by stimulus and response" (Hough 1998 p.175). However, Rogers was not alone in challenging the behaviourist thinking of Freud, Pavlov, Thorndike and Skinner (Sanders 2011 pp. 34-39). The work of Abraham Maslow and Rollo May aligned with

Rogers' belief in self-actualisation, one of the practical applications being PCT (Rowan 2001). Rogers, May and Maslow shared a humanistic philosophy and worked collaboratively founding the Association for Humanistic Psychology in 1962. However, it should not be assumed that this was an entirely companionable alliance as Rogers was not averse to challenging Maslow's theories (Rogers 1977 p. 91) and May, the thinking of Rogers (May 1982).

Rollo May

Rollo May was born in Ohio in 1909 and shared Rogers' belief in freedom, growth, self-determination and that empathy was key to the counselling process (May 1992 pp. 61-74). May's background was also influential in shaping his thinking and he initially studied theology then went on to practice counselling at Michigan State University. His work spanned 1930s to 1990s and he is considered one of the pioneers of Existential and Humanistic Psychology, drawing from the influence of Adler, Freud, Jung, and Fromm. As an Existential Psychotherapist May was concerned about making deep and holistic changes in peoples' lives related to their reality of existence or being a 'person in the world'. He also explored the nature and illusion of freedom, anxiety and responsibility (Hough 2003 pp.114-115). May does not offer many specific techniques or procedures; instead he promotes an attitude to techniques. There are similar characteristics between May's approach and the 'humanistic' work of Rogers and academics have outlined ten points of similarity. Additionally, May's four 'Stages of development' has some similarities to the work of Maslow writing in the 1960s in his hierarchy of need.

Abraham Maslow

Abraham Maslow was born in New York in 1908 and shared the view that individuals can achieve self-actualisation. His early work included fieldwork with the Blackfoot Indian tribe, which resulted in the realisation that behavioural psychology had little relevance to solving social problems. Maslow went on to develop wide-ranging theories and is most well known for his proposed hierarchy of need, the pinnacle of which is self-actualisation. He also believed that people could be helped to overcome their problems in a non-directive way (Hough 1998 p. 111) facilitated through therapy with genuine concern, empathy and providing an emotionally safe and secure environment (Maslow 1970), which aligning closely with Rogers' principles. However, unlike Rogers and May, Maslow was primarily a theorist and researcher rather than a counselling practitioner.

The Historical Development of Person-Centred Therapy

Carl Rogers was born near Chicago in 1902, developing PCT in the 1940s and 1950s. Rogers' thinking was in part influenced by his experience as a young man and also in response to the limitations of the Freudian model of Psychoanalysis that ostensibly treated people as objects of study (Merry 2002 p. 2). In his writing, Rogers describes his upbringing as affectionate but somewhat controlled, and himself as a studious young man who developed an interest in the rationale and methods of science. This led to studies in agriculture, history and eventually theology where the unusually liberal thinking at the seminary developed this own philosophical view of life, which included 'the constructive improvement of life for individuals. After a number of years in different nurturing and supportive roles, such as working for the Society for the Prevention of Cruelty to Children, and driven by a strong humanistic belief (Rogers 1977 pp. 4-9), his work led to a career as a psychologist in New York and subsequently Professor of Psychology at the University of Chicago. Intellectual, emotional and spiritual growth has been a recurrent theme in Rogers' work, with self-actualisation and a belief in helping people achieve their full potential a driving force (Rogers 1977 p. 188).

Further developments in person-centred therapy

Whilst Carl Rogers developed the foundations of PCT, notably with May and Maslow, he continued to inspire the formation of collaborative networks, diversifying into social work and education, a development of which he would have approved as he believed that "non-psychologists and non-medical people" should become counsellors (Merry 2002 p. 3). Further developments included the establishment of institutes and centres of research and training in United Kingdom universities (Dryden 2002 p. 133-134). Other psychologists and counselling practitioners contributed to further developments such as Eugene Gendlin, Garry Prouty, Natalie Rogers, Dave Mearns and Brian Thorne.

Eugene Gendlin

Eugene Gendlin was born in 1926 and is a prominent American existential psychologist, philosopher and former student of Rogers. He joined Rogers at the University of Chicago in 1953 and they continued to work collaboratively over time with Gendlin influencing the development of Rogers' work and vice versa. For example, Gendlin reflects on Rogers' practice of 'clarifying' to grasp understanding until the client can indicate how they feel, this is followed by silence during which the client would get

in touch with a deeper understanding of themselves (Gendlin 1988 p. 127). Gendlin's most influential work was the development of 'Focusing', an approach developed in the 1980s that introduced six specific steps to help the client clear thoughts, sense and identify deeper inner feelings as experienced 'within the body' to eventually help clarify problems (Gendlin 2002 pp. 43-45).

Garry Prouty

Garry Prouty was born 1936 and is an American psychologist known for 'pre-therapy', a development of PCT first published in the 1970s which aligns with the work of Rogers and Gendlin. Prouty also emphasises the importance of establishing 'psychological contact' as an important pre-requisite for therapeutic change (Sanders 2007); particularly important for contact-impaired clients, perhaps those with autism, brain damage or with pathological withdrawal (Prouty et. al. 2002). Pre-therapy utilised a sequence of steps to reduce isolation and bridge contact-impairment. However, this is not the only form of pre-therapy and others such as expressive therapy can also be used in PCT through non-directive and non-verbal techniques such as those developed by Natalie Rogers.

Natalie Rogers

Natalie Rogers, daughter of psychotherapist Carl Rogers was born in 1928. She is most well known for her development of expressive therapy in the early 1980s, an approach that "addresses a life exclusively governed by verbal cognitive processes" and facilitates self-expression through integrated movement, music, voice work, sculpture, painting and writing (Sanders 2007 Intro xiii). She argues that organismic needs are more easily made aware, and in a less threatening way, through expressive arts. Additionally, she believed that if PCT is to be holistic, it must address the whole person and not be limited to traditional verbal methods.

In summary, Rogers and others made significant contributions to the development of counselling and psychotherapy over time. Primarily by forming a philosophical framework; defining the counselling process; clarifying the role and relationship of the counsellor; engaging in and promoting research; and encouraging non-psychologists to become counsellors (Merry 2002 p3).

Key Concepts of Person-Centred Theory

A number of key tenets underpin the client-centred paradigm. The first and perhaps the most important, is the belief derived from Rogers' thinking that an inherent motivational force or 'actualising tendency' shapes the positive emotional development of the individual when given the right conditions in their early years and subsequent development. Such conditions might include love, affection and a positive and supportive environment. Having benefited from these early conditions, the person (or organism) possesses a stable 'organismic valuing process' comprising confidence in thoughts, feelings and decisions, self-awareness and self-trust, leading to fulfilment in life, or what could be alternatively termed 'self-actualisation' (Mearns and Thorne 2007 pp. 12). However, the actualising tendency could be disrupted in early years through lack of a nurturing environment, or later in life through criticism, negativity and other erosive conditions of worth leading to psychological difficulties. The role of the counsellor is to mitigate the obstructions to the actualising tendency and facilitate restoring the organismic valuing process.

Rogers describes the above in specific terminology. Firstly, the person is born as the 'organismic self' or 'real self' with an 'internal locus of evaluation' or inner voice. This could be described as the emotions and inner feelings that inform the person who they were *meant* to be and the 'organism' strives to 'self-actualise'. Secondly, an 'ideal self' is formed from a 'self-concept' which is derived from external influences or 'external locus of evaluation'. This could be described as external voices, persons or experiences, termed 'introjections' which shape the person you are *supposed* to be, which are derived from the organism's private self-perceptions. Introjections are highly influential as a person has a need to be loved, which overrides other priorities creating a tendency to conform. In simple terms, this could be described as caring too much about what others think. Where there is conflict or 'incongruence' between the Real Self and Ideal Self psychological difficulties can occur, possibly influenced by the person's mistrust of the organismic self and actualising tendency. Clearly, understanding the self-concept is central to successful PCT.

How Person-Centred Counselling informs the practice of a qualified trained counsellor

Rogers' theory formed the basis of PCT with key concepts and principles that could be considered building blocks to inform the practice of experienced counsellors in a number of ways. Firstly, an understanding of the philosophical foundation of the theory orientates the thinking of the counsellor. Secondly, counselling practice derived from the key concepts shapes the counsellor-client relationship, environment and processes of the therapeutic session. And thirdly, the PCT principles such as stages of process and necessary conditions facilitate the client working towards their desired outcomes.

Theory orientates the thinking of the counsellor

Fundamental to the counselling process is the belief that the client has capacity to grow towards fulfilment of his or her own unique identity. This belief is derived from Rogers' thinking that humans are fundamentally optimistic, strive for autonomy through an inherent actualising tendency and that the resources for development are possessed within them. The theory is primarily concerned with moving the client from an external locus to an internal locus of evaluation and rationalising or elevating any disruption, or incongruity that obstructs the transition within the process. Rogers describes the Seven Stages of Therapeutic Growth (appendix 1) and Six Necessary and Sufficient Conditions for Therapeutic Change (appendix 2).

Key concepts shape the therapeutic relationship and process

Rogers placed considerable emphasis on the counsellor making 'Psychological contact' which was dependent upon the quality of relationship, and the personal qualities of the counsellor. Essential to an effective relationship were the core conditions of Empathy, Congruence and Unconditional Positive Regard. For the core conditions to be achievable the counsellor would need to be non-directive, demonstrate trust, and work wholly within the client's frame of reference, or in other words be totally focused on the client's agenda and not be clouded by their own attitudes, thoughts, feelings and emotions. Whilst working within the client's frame of reference the counsellor would need to use well-developed skills such as active listening and remain observant for both verbal and nonverbal client communications. Working in this way can be considered an iterative process where the counsellor

develops greater rapport and trust with the client, thereby ensuring that the conditions for growth are present.

Sustaining effective psychological contact would also be dependent upon other factors. For example, the session taking place in a non-threatening, physically and emotionally safe environment; and to ensure appropriate boundaries and clarity of the purpose, the counsellor and client would work within an agreed contract. Furthermore, the on-going well being of the counsellor would also need to be of consideration as this could impact upon the client; consequently, counsellor supervision would be required, the details of which have been explained in a previous section.

The client works towards achieving their desired outcomes

In PCT the process is non-directive and not solution focused. However, the client must be at a point where they welcome their own capacity for change and be beyond stage two of Rogers' seven stage process where they are 'accepting responsibility for self'. The principles of the seven-stage developmental process provide a progressive framework for the client's self development where there is greater self-awareness and changing perceptions, greater alignment between organismic self and self-concept, a loosening of negative self-concept where the client gets in touch with their actualising tendency. The gradual move towards self-actualisation will facilitate the client working towards long-term solutions.

In summary, whilst Rogers did not specify all the processes, environments, contractual and professional behaviours of counsellors, it is palpable that the PCT theory and processes outlined in the 1950s, still informs practice of trained and qualified counsellors today.

Key features of Transactional Analysis and Cognitive Behavioural Therapy

Transactional Analysis

Transactional Analysis (TA) is a psychotherapeutic model derived from the theories of Eric Berne in the late 1950s. The key tenets are that a person possesses the three ego states of Parent, Child and Adult, which may be individually or collectively in action when responding or communicating with others at any time. Berne postulates that the ego states of Parent and Child are derived primarily from our childhood experiences and influence how we feel and interact at different times. The underlying principle of this therapeutic theory is that we can gain awareness of the three ego states and manage them to achieve personal growth and change. Berne is clear to emphasise that the ego state is more akin to a frame of mind, emotional response or behaviours rather than the person assuming an actual role, for example as a parent.

A key benefit of TA is that it provides a readily understood therapeutic model for the speaker where it is possible for goals to be set, behaviours observed, and step changes measured providing a motivational dimension to the therapy. TA is particularly effective when working on relationship issues, anxiety, low self-esteem and panic disorders. Additionally, TA works well within group work where peer feedback can be given. The use of TA is not confined to adults and maybe used successfully with children, although a different approach may be adopted. Transactional Analysis has some limitations and is unsuitable where short-term to medium-term behavioural change is not the key outcome, for example in issues of trauma, depression or sexual abuse. The Parent, Child and Adult Ego States are summarised in Appendix 3.

Cognitive-Behavioural Therapy

Cognitive-Behavioural Therapy (CBT) was founded by Beck and Ellis in the 1960's and 1970s to develop a therapy with a shorter delivery time than psychoanalysis. CBT is therefore, a short-term treatment typically lasting between 8 and 24 weeks with the programme mutually agreed between the client and therapist. There is a focus on specific behavioural changes through coping strategies and skill building so that the client can practice these individually. CBT is therefore a directive form of therapy focused upon achieving specific goals.

The underpinning theory is that early experiences and thoughts in childhood and even throughout life may be negative resulting in a sense of inadequacy or failure. There may be no substance to the thoughts, however the thought processes influence feelings and therefore behaviour. Problematic behaviour can result from such distorted thoughts and be manifested as fear, shame, anger or obsessive repetitive behaviour. This can in turn become a self-fulfilling problematic cycle.

The role of the helper is to support the speaker in challenging their negative thoughts and perceptions, identify and change unhelpful or incorrect thinking and build strategies and skills to rectify problematic behaviours. To facilitate change, tasks and activities or 'homework' can be used to tackle the issues outside of the therapy session.

Although CBT is a powerful agent for change it can have a number of limitations, for example CBT does not address deeper past issues and is unsuitable for intense emotions and borderline personality disorders. As a consequence, other forms of therapy may be more appropriate in these situations.