

Nelson-Jones'  
Theory and Practice of  
Counselling and  
Psychotherapy

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# CREATING COUNSELLING AND PSYCHOTHERAPY APPROACHES

## 1

Theoretical approaches to counselling and psychotherapy do not spring fully formed out of the heads of their originators. Rather their creation is a process in which many personal, academic and professional factors interact. Furthermore, the theorists covered in this book tended to refine and rework their ideas. In addition other people have contributed to the development of their theoretical positions. Thus theory creation and development is an intensely human and ongoing process combining both subjective experiencing and objective information.

As a counselling and psychotherapy trainee, you too are engaging in a process of trying to make sense of numerous personal, academic and professional factors to create and develop a way of seeing the therapeutic world that has validity for you and gets results for your clients. Just like the major theorists, you are likely to find yourself continually refining and reworking your ideas. Working with a theoretical approaches text, such as this one, is an early step in the exciting and life-long endeavour of creating, developing and refining your theory and practice.

## COUNSELLING AND PSYCHOTHERAPY

The word therapy is derived from the Greek word 'therapeia' meaning healing. Literally psychotherapy means healing the mind or the soul. Nowadays, most commonly the meaning of psychotherapy is broadened to become healing the mind by psychological methods that are applied by suitably trained and qualified practitioners. However, as illustrated in this book, there are different approaches to psychotherapy and, consequently, it is more accurate to speak of the psychotherapies rather than a uniform method of psychotherapy. Moreover, there are different goals for psychotherapy including dealing with severe mental disorder, addressing specific anxieties and phobias, and helping people find meaning and purpose in their lives. Each of the different therapeutic approaches may be more suitable for attaining some goals than others.

Does counselling differ from psychotherapy? Attempts to differentiate between counselling and psychotherapy are never wholly successful. Both counselling and psychotherapy represent diverse rather than uniform knowledge and activities and both use the same theoretical models. In 2000, the British Association for Counselling acknowledged the similarity between

counselling and psychotherapy by becoming the British Association for Counselling and Psychotherapy. In 1998, the Psychotherapy & Counselling Federation of Australia was established.

Nevertheless, some people such as Corsini (2008) try to distinguish counselling from psychotherapy. For instance, psychotherapists may be more thoroughly trained; psychotherapy may focus more deeply on uncovering unconscious influences and be longer term; and psychotherapy may be more a medical term that characterizes the work of psychiatrists and clinical psychiatrists, whereas counselling relates more to activities in non-medical settings: for example, college counselling centres. All of these distinctions can be refuted: for example, there are psychodynamic counsellors; both counselling and psychotherapy can be either brief, medium-term or long-term; and much counselling is performed both by medically and non-medically qualified people inside and outside of medical settings.

Though some perceive different shadings of meaning between counselling and psychotherapy, when it comes to the offering of professional as contrasted with voluntary services, similarities outweigh differences. Frequently the terms are used interchangeably and most theorists view their work as applicable to both counselling and psychotherapy, Carl Rogers and Albert Ellis being prime examples.

Counselling and psychotherapy also overlap with coaching. Life coaching involves coaches using their skills to help generally adequately functioning people improve and maintain how they perform and live in different aspects of their lives – personal, relationships, business and sports. Though a relatively recent phenomenon, coaching is undoubtedly here to stay. In varying degrees, much of this book is relevant to coaching as well as to counselling and psychotherapy.

## DEFINING TERMS

Throughout this book, for the sake of consistency, for the most part I use the terms psychotherapy or therapy, therapist and client. Psychotherapy refers both to the theoretical approach and to the process of helping clients. It is notable that the originators of most psychotherapeutic approaches include the word therapy in their approach's title: for instance, person-centred therapy, gestalt therapy, rational emotive behaviour therapy and cognitive therapy. Therapist refers to the providers of therapy services to clients, be they psychoanalysts, psychiatrists, clinical psychologists, counselling psychologists, counsellors, psychotherapists, social workers or other suitably trained and qualified persons. Client refers to the recipient of therapeutic services whether inside or outside of medical settings.

## OVERVIEW OF COUNSELLING AND PSYCHOTHERAPY APPROACHES

A useful distinction exists between *schools* of counselling and psychotherapy and *theoretical approaches* to counselling and psychotherapy. A theoretical

approach presents a single position regarding the theory and practice of counselling and psychotherapy. A school of counselling and psychotherapy is a grouping of different theoretical approaches that are similar to one another in terms of certain important characteristics that distinguish them from theoretical approaches in other counselling and psychotherapy schools

Probably the three main schools that have influenced contemporary individual counselling and psychotherapy practice are the psychodynamic school, the humanistic school, and the cognitive behaviour school. Sometimes the humanistic school incorporates existential therapeutic approaches and then can get the broader title of the humanistic-existential school. A fourth school, the postmodern school, comprises some more recent approaches. In addition, there are other recent theoretical approaches that do not fit neatly into this school heading, for instance positive therapy. Be careful not to exaggerate the differences between counselling and psychotherapy schools, since there are similarities as well differences among them. Box 1.1 briefly describes some distinguishing features of the psychodynamic, humanistic-existential, cognitive behaviour and postmodern schools.

### BOX 1.1 FOUR COUNSELLING AND PSYCHOTHERAPY SCHOOLS

#### THE PSYCHODYNAMIC SCHOOL

The term psychodynamic refers to the transfer of **psychic or mental energy** between the different structures and levels of consciousness within people's minds. Psychodynamic approaches emphasize the importance of **unconscious influences** on how people function. Therapy aims to increase clients' abilities to exercise **greater conscious control** over their lives. **Analysis or interpretation of dreams** can be a central part of psychotherapy.

#### THE HUMANISTIC-EXISTENTIAL SCHOOL

The humanistic school is based on humanism, a system of values and beliefs that emphasizes the better qualities of humankind and people's abilities to develop their **human potential**. Humanistic therapists emphasize enhancing clients' abilities to **experience their feelings** and think and act in harmony with their underlying tendencies to **actualize themselves** as unique individuals. Existential approaches to psychotherapy stress people's capacity to **choose** how they create their existences.

#### THE COGNITIVE BEHAVIOUR SCHOOL

Traditional behaviour therapy focuses mainly on changing **observable behaviours** by means of providing different or rewarding consequences. The cognitive behaviour school broadens behaviour therapy to incorporate the contribution of **how people**

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**think** to creating, sustaining and changing their problems. In cognitive behaviour approaches, therapists **assess** clients and then **intervene** to help them to **change specific ways of thinking and behaving** that sustain their problems.

### THE POSTMODERN SCHOOL

The postmodern therapies adopt a **social constructionist** viewpoint, assuming that how people process and construct information about themselves and their world is central to their existence. Rather than conceptualizing progress as a departure from and rejection of the past, postmodernism **draws on the past to serve the present**. People's experience of emotions depends on the names that they give to these emotions. People's beliefs about their relationships affect how they interpret the reactions of others and how they respond to them. **Personal behaviour results from** these cognitive processes and is therefore open to change.

Box 1.2 introduces the theoretical approaches, grouped as closely as feasible according to counselling and psychotherapy school, included in this book. The postmodern school therapies have been listed under more recent therapies. So that readers can obtain a sense of the history of the development of ideas within counselling and psychotherapy, I have included the dates of the originators of each approach. The descriptions provided in Box 1.2 reflect the position of the originators of the different positions, rather than developments within a theoretical approach stimulated by others.

## BOX 1.2 OVERVIEW OF COUNSELLING AND PSYCHOTHERAPY APPROACHES

### PSYCHODYNAMIC SCHOOL

**Classical psychoanalysis** *Originator: Sigmund Freud (1856–1939)*

Pays great attention to unconscious factors related to infantile sexuality in the development of neurosis. Psychoanalysis, which may last for many years, emphasizes working through the transference, in which clients perceive their therapists as reincarnations of important figures from their childhoods, and the interpretation of dreams.

**Analytical therapy** *Originator: Carl Jung (1875–1961)*

Divides the unconscious into the personal unconscious and the collective unconscious, the latter being a storehouse of universal archetypes and primordial images. Psychotherapy includes analysis of the transference, active imagination and dream analysis. Jung was particularly interested in working with clients in the second half of life.

## HUMANISTIC-EXISTENTIAL SCHOOL

### **Person-centred therapy** *Originator: Carl Rogers (1902–87)*

Lays great stress on the primacy of subjective experience and how clients can become out of touch with their organismic experiencing through introjecting others' evaluations and treating them as if their own. Psychotherapy emphasizes a relationship characterized by accurate empathy, respect and non-possessive warmth.

### **Gestalt therapy** *Originator: Fritz Perls (1893–1970)*

Individuals become neurotic by losing touch with their senses and interfering with their capacity to make strong contact with their environments. Psychotherapy emphasizes increasing clients' awareness and vitality through awareness techniques, experiments, sympathy and frustration, and dream work.

### **Transactional analysis** *Originator: Eric Berne (1910–70)*

Transactions between people take place between their Parent, Adult and Child ego states. Psychotherapy includes structural analysis of ego states, analysis of specific transactions, analysis of games – series of transactions having ulterior motivations, and analysis of clients' life scripts.

### **Existential therapy** *Originators: Irvin Yalom (1931–) and Rollo May (1909–94)*

Draws on the work of existential philosophers and focuses on helping clients deal with anxieties connected with four main ultimate concerns of human existence: death, freedom, isolation and meaninglessness. Psychotherapy focuses on clients' current situations, with different interventions used according to the nature of clients' enveloping fears.

## COGNITIVE BEHAVIOUR SCHOOL

### **Behaviour therapy** *Important figures: theory, Ivan Pavlov (1849–1936) and B. F. Skinner (1904–90); practice, Joseph Wolpe (1915–97)*

Emphasizes the learning of behaviour through classical conditioning, operant conditioning and modelling. Psychotherapy consists of learning adaptive behaviours by methods such as systematic desensitization, reinforcement programmes and behaviour rehearsal.

### **Rational emotive behaviour therapy** *Originator: Albert Ellis (1913–2007)*

Emphasizes clients re-indoctrinating themselves with irrational beliefs that contribute to unwanted feelings and self-defeating actions. Psychotherapy involves disputing clients' irrational beliefs and replacing them with more rational beliefs. Elegant or profound psychotherapy entails changing clients' philosophies of life.

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**Cognitive therapy** *Originator: Aaron Beck (1921–)*

Clients become distressed because they are faulty processors of information with a tendency to jump to unwarranted conclusions. Psychotherapy consists of educating clients in how to test the reality of their thinking by interventions such as Socratic questioning and conducting real-life experiments.

**Multimodal therapy** *Originator: Arnold Lazarus (1932–2013)*

Clients respond to situations according to their predominant modalities: behaviour, affect, sensation, imagery, cognition, interpersonal and drugs/biology. Based on a multimodal assessment, therapists are technically eclectic, using a range of techniques selected on the basis of empirical evidence and client need.

**RECENT THERAPIES**

**Solution-focused therapy** *Originators: Steve de Shazer (1940–2005) and Insoo Kim Berg (1934–2007)*

Theories of causation are irrelevant to the process of achieving goals and resolving problems. The therapist is responsible for directing the conversation towards the client's goals and acknowledging their difficulties. Specific uses of language and styles of questioning are used to encourage creativity and flexible thinking around the relevant issues.

**Narrative therapy** *Originators: Michael White (1948–2008) and David Epston (1944–)*

Images and concepts of past and present by which people define and give meaning to their lives derive from selective memory strongly influenced by their social, cultural and historical contexts. Psychotherapy principally consists of assisting persons to escape the dominance of 'problem-saturated' self-stories by encouraging them to narrate and discuss the meaning of 'thicker' or 'richer' self-stories more fully representing their concrete experience.

**Positive therapy** *Originator: Martin Seligmann (1942–)*

As well as leading directly to suffering, emotional distress constrains people's lives, cutting them off from many of the personal and social resources that would help to alleviate their symptoms and to enable them to maintain a good quality of life. Positive therapy focuses on promoting wellbeing, resilience and personal strengths, thus weakening the negative factors that maintain symptoms and distress.

**Mindfulness in therapy** *Originating with the Buddha (around 2500 BC)*

An integrative approach to therapy with a theoretical background drawn from Buddhist psychology. Mindfulness meditation supports the therapist in bringing an embodied, attuned presence to the therapeutic relationship and short meditation practices may be brought into therapy. There is an emphasis on cultivating moment-to-moment awareness of experience as it arises and on bringing a reflective enquiry process to experience.

So far I have presented the different schools and theoretical approaches as though they are separate. In reality, many counsellors and therapists regard themselves as working in either eclectic or integrative ways. Though addressed in the final chapter, a detailed discussion of eclecticism and integration is beyond the scope of this book. Suffice it for now to say that eclecticism is the practice of drawing from different counselling and psychotherapy schools in formulating client problems and implementing treatment interventions. Integration refers to attempting to blend together theoretical concepts and/or practical interventions drawn from different counselling and psychotherapy approaches into coherent and integrated wholes.

## WHAT IS A COUNSELLING AND PSYCHOTHERAPY THEORY?

A theory is a formulation of the underlying principles of certain observed phenomena that have been verified to some extent. A criterion of the power of a theory is the extent to which it generates predictions that are confirmed when relevant empirical data are collected. The more a theory receives confirmation or verification, the more accurate it is. Facts strengthen rather than replace theories.

## FUNCTIONS OF COUNSELLING AND PSYCHOTHERAPY THEORIES

What do counselling and psychotherapy theories do? Why are they useful? Therapists cannot avoid being counselling and psychotherapy theorists. All make assumptions about how clients become and stay the way they are and about change. Three of the main functions of counselling and psychotherapy theories are: providing conceptual frameworks, providing languages, and generating research.

### THEORIES AS CONCEPTUAL FRAMEWORKS

Therapists are decision makers. They continually make choices about how to think about clients' behaviour, how to treat them, and how to respond on a moment-by-moment basis during therapy sessions. Theories provide therapists with concepts that allow them to think systematically about human development and the therapeutic process.

Counselling and psychotherapy theoretical approaches may be viewed as possessing four main dimensions if they are to be stated adequately. In this context behaviour incorporates both observable behaviour and internal behaviour or thinking. The dimensions are:

1. a statement of the *basic concepts* or assumptions underlying the theory;
2. an explanation of the *acquisition* of helpful and unhelpful behaviour;
3. an explanation of the *maintenance* of helpful and unhelpful behaviour; and
4. an explanation of how to help clients *change* their behaviour and *consolidate* their gains when therapy ends.



When reading about the different counselling and psychotherapy approaches, you may observe that many if not most have significant gaps in their conceptual frameworks. They are partial rather than complete or comprehensive theoretical statements. Arguably, some of the missing concepts in the theories are implicit rather than explicit. Theorists select for more thorough treatment those dimensions of a theory that they consider important. For instance, Ellis' rational emotive behaviour theory has a wider variety of explanatory concepts concerning how behaviour is maintained than how it is initially acquired.

### THEORIES AS LANGUAGES

Swiss psychiatrist Carl Jung used to stress that, since all clients are different individuals, therapists require a different language for each client (Jung, 1961). Another function of theories is similar to that provided by languages. Languages are vocabularies and linguistic symbols that allow communication about phenomena. Like the major spoken languages of English, Spanish and Mandarin Chinese, the different theorists develop languages for the phenomena they wish to describe: for instance, cognitive, psychoanalytic or person-centred languages. Language can both unite and divide. It can encourage communication between people who speak the same language, but discourage communication if they do not. Each theoretical position has concepts described in unique language. However, the uniqueness of the language may mask common elements among theories: for example, the meaning of conditions of worth in person-centred therapy overlaps with that of super-ego in Freud's psychoanalytic therapy, though you would not know this from the language!

The psychotherapy process is a series of conversations requiring languages. In any therapeutic relationship there are at least four kinds of conversations going on: namely, therapist and client inner and outer speech. All therapists who operate out of explicit theoretical frameworks are likely to talk to themselves about clients in the language of that framework. In varying degrees their therapeutic practice will match their language. Therapists do not always act according to how they think. Furthermore, in varying degrees therapists share their theoretical language with clients. For example, unlike in rational emotive behaviour therapy, the language in which person-centred theory is expressed tends not to be shared with clients. Instead, person-centred therapists try more to reflect and match clients' outer speech.

Clients are also theorists, though usually without the sophistication of their therapists. Approaches like rational emotive behaviour therapy and cognitive therapy actively try to influence the language in which clients talk to themselves so that it becomes helpful rather than harmful. In a sense the therapist's language is being exported to and imported by clients so that they can better assist themselves once therapy ends.

### THEORIES AS SETS OF RESEARCH HYPOTHESES

Theories can be both based on research and stimulate research. For example, cognitive behaviour therapy is based on research into how people think and into how both people and animals behave. Furthermore, cognitive behaviour approaches, such as rational emotive behaviour therapy and cognitive therapy, have stimulated research into their processes and outcomes.

Theories also provide therapists with frameworks within which to make predictive hypotheses during their practice of psychotherapy. Whether acknowledging it or not, all therapists are practitioner-researchers. Therapists make hypotheses every time they decide how to work with specific clients and how to respond to single or series of client utterances.

Clients are also practitioner-researchers who make predictions about how best to lead their lives. If valid theories of counselling and psychotherapy are transmitted to clients, they may increase the accuracy with which clients can predict the consequences of their behaviours and, hence, gain more control over their lives.

### LIMITATIONS OF COUNSELLING AND PSYCHOTHERAPY THEORIES

All counselling and psychotherapy theories should carry the psychological equivalent of health warnings. They can be used for ill as well as for good. A criticism of many theories is that they present partial truths as whole truths. For instance, Rogers posits a unitary diagnosis of all clients' problems, namely that there is incongruence between self-structure and experience, and sees six relationship conditions as necessary and sufficient in all instances (Rogers, 1951, 1959). Ellis focuses on irrational beliefs at risk of paying insufficient attention to other aspects of thinking, for instance perceiving accurately or using coping self-talk. Freud emphasizes uncovering unconscious material through the analysis of dreams, but says little about developing specific effective behaviours to deal with everyday problems.

Some theories may lead to focusing more on what is wrong rather than on what is right with clients, a criticism which positive therapy specifically addresses. They can make clients' problems out to be more severe than they are. For instance, psychoanalysts can view aspects of learned ineffective behaviour as symptomatic of deeper underlying conflicts.

The different languages of theoretical approaches can disguise similarities between them. Theoretical rigidity is also fostered when language differences lead therapists mainly to talk with those speaking the same language rather than to a broader sharing of knowledge and experience. The language of theories can also create a power imbalance between therapists and clients. Therapists who think in a special theoretical language that they do not share can put themselves in superior-inferior relationships with clients. Furthermore, the language of some theories does little to empower clients once they end therapy.

Ideally, the language of therapy is that of self-helping. Clients unable to articulate what to think and do when faced with problems after therapy are less likely to maintain gains than clients who can instruct themselves appropriately.

Possibly all the theorists in this book insufficiently take into account cultural differences. In addition, theorists can either ignore or underestimate how socio-environmental conditions like poverty, poor housing and racial discrimination may contribute to explaining ineffective behaviour. Though feminist and gender-aware theorizing is attempting to redress the balance, most theorists insufficiently take into account the influence of sex-role conditioning. In addition, theorists tend to assume heterosexuality and often insufficiently take into account the needs of gay, lesbian and bisexual clients.

## ORIGINS OF COUNSELLING AND PSYCHOTHERAPY APPROACHES

Theoretical approaches to counselling and psychotherapy are created by human beings. To a large extent these theories reflect the historical context and personal and intellectual life histories of their founders. All theorists are influenced by their families of origin and by previous writers and thinkers. The following section suggests some important factors that have influenced the creation and development of counselling and psychotherapy theory and practice.

## HISTORICAL AND CULTURAL CONTEXTS

Theoretical approaches do not incubate and emerge in vacuums. Theorists are influenced by the historical and cultural contexts in which they live. For example, the prevalence of sexual repression in turn-of-the-century Austria influenced Freud to develop a theoretical position in which unacknowledged sexuality plays a large part. Another example is that, during the first half of the twentieth century, parents tended to dominate their families more than they do now. Carl Rogers was brought up in the first quarter of the century. His person-centred therapy reflects the need for individuals to have nurturing and accepting relationships within which to work through the effects of judgemental family upbringings so that they can 'become persons' (Rogers, 1961, 1980). Whereas Rogers reacted against certainty, the popularity of existential therapy partly represents a reaction to the lack of structure of much of modern society (Yalom, 1980). Old certainties provided by institutions like family and church no longer exist to the same extent and many people are faced with a more obvious need to create their own meaning.

Culture also influences how theoretical approaches develop. For example, ideas of desirable behaviour differ greatly between Western and Eastern cultures. Western psychotherapies attach a high value to individualism that people from Eastern cultures, with their greater emphasis on group harmony, may find uncongenial (Laungani, 1999). Distance from Europe and the USA combined

with the authority-suspecting ‘bloody-mindedness’ of white Australian and New Zealand cultures emboldened White and Epston in their narrative therapy to draw from disciplines outside the mainstream of traditional psychiatry and also to incorporate concepts from indigenous sources. Seligmann may have been partly motivated to develop positive therapy because of the American cultural context of getting ahead and making the most out of life.

The topic of cultural considerations in psychotherapy theory and practice is developed in greater detail later in this book.

## WOUNDED THEORISTS

The origins of behaviour therapy are more in the animal laboratory than in the personal experiences of behavioural theorists. However, many of the other theorists whose work is described in this book encountered periods of significant psychological suffering in their lives. Box 1.3 illustrates this point. Jung’s observation that ‘Only the wounded physician heals’ might be amended to become: ‘Only the wounded healer creates a counselling and psychotherapy approach’.

### BOX 1.3 WOUNDED THEORISTS

**Sigmund Freud** (*Psychoanalysis*) suffered for many years from periodic depressions, mood variations and anxiety attacks. Freud also had occasional attacks of dread of dying, some psychologically induced fainting spells, and became very frightened about train travel.

**Carl Jung** (*Analytical therapy*) was a solitary child who, at one stage, used fainting spells to get out of going to secondary school. In his late thirties and early forties Jung experienced schizophrenic-like symptoms.

**Carl Rogers** (*Person-centred therapy*) was an extremely shy and solitary child who grew up considering his parents as masters of subtle emotional manipulation. Rogers felt it unsafe to share much of his personal feelings at home for fear of being judged negatively.

**Fritz Perls** (*Gestalt therapy*) grew up in a distressed family where his parents had many bitter verbal and physical fights. Perls’ mother beat him with carpet-beating rods. He hated his father’s pompous righteousness.

**Eric Berne** (*Transactional analysis*), when eleven, experienced the death from tuberculosis of his beloved physician father, leaving his mother to support him and his sister.

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**Irvin Yalom and Rollo May** (*Existential therapy*) Yalom grew up spending many hours hating his mother's vicious tongue. May grew up in a discordant and unhappy family atmosphere. He described his mother as a 'bitch-kitty on wheels.'

**Albert Ellis** (*Rational emotive behaviour therapy*) was a sickly child who was unusually shy and introverted during his childhood and adolescence. Ellis' mother was self-involved and neglectful and his father was often physically absent. Aged 12, Ellis discovered his parents had divorced.

**Aaron Beck's** (*Cognitive therapy*) mother was deeply depressed. She could also be moody, inconsistent and excitable. While growing up Beck developed many anxieties, including fears related to abandonment, surgery, suffocation, public speaking and heights.

**Arnold Lazarus** (*Multimodal therapy*) was the youngest of four children and grew up feeling ignored and unimportant at home, which contributed to his feeling shy, inadequate and hypersensitive. Lazarus was also a skinny kid who was bullied a lot.

If one accepts that many originators of counselling and psychotherapy theories experienced more than their fair share of psychological suffering, the question still remains how this affected their theorizing. For some leading theorists, shyness with people may have stimulated a desire to communicate through words. In addition, early feelings of inferiority may have fuelled their ambition to make their mark. Furthermore, having suffered themselves, theorists may be motivated to develop theories that can alleviate the suffering of others.

Some theorists seem to have been motivated to develop theoretical positions that would help not just clients, but themselves. Freud's self-analysis helped him address his personal suffering at the same time as providing important insights for his main work, *The Interpretation of Dreams* (Freud, 1976; Jones, 1963). Jung's confrontation with his own unconscious archetypes and primordial images provided a rich source of ideas for helping both himself and others (Jung, 1961). Rogers' person-centred therapist has the attributes of empathy, respect and non-possessive warmth that Rogers found missing in his parents and required for his own growth.

Albert Ellis, in his late teens, regularly went to the Bronx Botanic Gardens in New York and forced himself to sit next to women on park benches and strike up conversations with them so that he could learn to control his shyness and build his relating skills. Here, early in life, Ellis was trying to think and behave more rationally in one of his problem areas.

A final word is that Michael White (narrative therapy) suggested that seeing therapists as 'wounded healers' might be less helpful for understanding the development of theories than honouring their consciously achieved values, beliefs and commitments.

## INTEREST IN WRITING AND COMMUNICATING IDEAS

As well as a talent for theorizing, theorists need the ability to write passably well in order to get published. When researching the theorists' biographical sketches for this book, I was struck by how many early in life showed an interest in writing. Furthermore, some theorists, for instance Jung and Yalom, were avid readers right from their early years.

In his teens, Lazarus helped edit a bodybuilding magazine and then entered university with a view to becoming a journalist and a writer. Beck was editor of his high school newspaper and an undergraduate English major. Skinner majored in English and planned to become a writer. Ellis too envisaged a writing career and wrote reams in his quest to become the Great American Novelist. May's main interest at college was English literature. Berne studied English along with psychology and pre-medicine as an undergraduate and his mother was a journalist. Later in life at least two theorists, Skinner and Yalom, branched out to write novels (for example, Skinner, 1948; Yalom, 1992; 1996, 2005; 2012).

An ambition to communicate distinctive ideas, become known and, possibly, reap the financial rewards of successful authorship may also fuel theorists' productivity. However, readers should be circumspect about attributing commercial motives to theorists. For example, for over forty-five years, Ellis donated all his royalty, client and workshop income to the Albert Ellis Institute. Furthermore, when theorists start writing books they have no guarantee that their time and effort will be remunerative.

All theorists think they have something of value to offer and want to share it. For instance, throughout his professional life Rogers was very concerned with making an impact on others. Though motivation is complex, probably altruism, social interest and enjoyment are among the primary factors shaping theorists' willingness to generate and share ideas.

## PROFESSIONAL EXPERIENCES AND FRUSTRATIONS

Though behaviour therapy owes much to experimental psychology, for the most part major counselling and psychotherapy theories emanate from people who were practitioners as well as scholars. Frustration, creative insights, clinical experimentation and careful observation can each contribute to developing a theory. Beck, Berne, Ellis, and Perls were trained in psychoanalysis. Their negative experiences practising psychoanalysis challenged them develop their own positions. Each used their work with clients to develop and experiment with different ways of helping them.

Lazarus was stimulated to develop his multimodal therapy approach as a reaction to the restrictiveness of traditional behaviour therapy. Rogers developed his person-centred approach from discovering the limitations of existing ways of working. He recalls that, when in the 1930s he worked at the Rochester Child Study Department (later renamed the Child Guidance Center), he obtained far

better results with clients from listening to them than from diagnostic understanding and advice (Rogers, 1980). Michael White and David Epston developed narrative therapy partly as a reaction to the hierarchical and dehumanizing ways they perceived people were treated in psychiatric hospitals.

## RESEARCH FINDINGS

Research can both influence the initial development of theory and test its usefulness. Behaviour therapy theory is based on the findings of experimental research: for instance, Pavlov's classical conditioning is based on experiments with dogs; Skinner's operant conditioning on experiments with pigeons and rats; and Wolpe's counter-conditioning by reciprocal inhibition on experiments with cats.

Theory can also be developed and validated from researching the processes and outcomes of psychotherapy. Theorists are practitioner-researchers generating and testing hypotheses in their psychotherapy practice. Thus professional experience can act as informal psychotherapy process and outcome research. Theorists and their adherents differ in the extent to which they either engage in or generate more formal psychotherapy research. On the one hand, the processes and outcomes of approaches like cognitive therapy, rational emotive behaviour therapy, person-centred therapy and behaviour therapy are heavily researched. On the other hand, there is a paucity of research into approaches like transactional analysis, gestalt therapy and existential therapy.

## PROFESSIONAL AFFILIATION

A group of theorists whose work is presented in this book were or are psychiatrists: for example, Beck, Berne, Freud, Jung and Yalom. Many of the remainder trained as clinical psychologists: for instance, Ellis, Lazarus, May, Rogers and Seligmann. Of the clinical psychologists, only Lazarus and Seligmann were affiliated in academic psychology. De Shazer, Berg, White and Epston were social workers and counsellors.

## SEX AND SEXUAL ORIENTATION

Probably most readers have noticed that, with the exception of Insoo Kim Berg, all of the major theorists presented in this book are men. However, women have been prominent in psychodynamic approaches to therapy: for instance, Anna Freud, Karen Horney and Melanie Klein. In addition, Perls' wife Laura is considered by some to be the co-founder of gestalt therapy (Yontef and Jacobs, 2014). Furthermore, women have contributed to the development of other approaches presented in this book as well as being the driving force behind feminist therapy. All the major theorists appear to have been heterosexual, at least as far as their public personas.

## COUNTRY OF ORIGIN AND RACE

The countries of birth of the theorists are as follows: America – Beck, de Shazer, Ellis, May, Rogers, Seligmann and Yalom; Austria – Freud; South Africa – Lazarus and Wolpe; Canada – Berne and Epston; Switzerland – Jung; Germany – Perls; Korea – Berg; and Australia – White. Of the non-American born theorists, Berg, Berne, Lazarus, Perls and Wolpe spent the bulk of their professional lives in the United States. A proportion of the theorists in this book are Jewish: for example, Beck, Berne, Freud and Yalom. In addition, Ellis had a Jewish mother.

## LONGEVITY

If you are going to be a major counselling and psychotherapy theorist, it helps to have good genes. Longevity helps major theorists to develop, refine, proselytize and defend their work. Ellis lived into his nineties, Freud, Jung, May, Rogers and Lazarus lived into their eighties, and Perls lived to over seventy-five. Probably Berne's premature death at aged sixty robbed transactional analysis of many useful developments and insights. Of the living theorists Beck (b. 1921) is over ninety, Yalom (b. 1931) is over eighty, and Epston (b. 1944) and Seligmann (b. 1942) are over seventy. Another aspect of longevity is that many, if not most, major theorists did not publish original work until they were over forty.

## CREATING YOUR OWN THEORETICAL APPROACH

Each of you reading this book is engaging in the process of creating your own theoretical approach. Theory creation is both a subjective process of making sense of material as well as an external process of reading, learning, researching and practising psychotherapeutic skills. How can you make yourself a better theorist and hence a more effective therapist? The following are some suggestions.

## WORK WITH THIS BOOK

Though largely based on the writings of the original theorists, this book is a secondary source. Nevertheless, it should provide you with a faithful overview of some of the main counselling and psychotherapy theories. To understand any theory you need to master its basic concepts. It is insufficient just to read about them. You will need actively to work on understanding and memorizing them. At the end of each theory chapter I, and other authors, provide review questions that test your knowledge of basic concepts.

## GET PERSONAL

Jung observed: 'My life is a story of the realization of the unconscious' (Jung, 1961, p. 17). What about your life's story and what are you trying to realize



through your interest in counselling and psychotherapy? Applying the different theories to your own life is one way to make learning more personal, involving and interesting. What do the theories say that seems applicable to you and why? Another way to understand the theories is to think how applicable they are to past, present or future clients. What in different theories might prove useful in your practical work and why? You can also compare and contrast different theories in an attempt to critically evaluate their strengths and weaknesses for you as a person and as a therapist. At the end of each chapter I, and other authors, provide personal questions so that you may apply your learning and insights to yourself.

Another way to learn about the theories is to try to develop a theoretical approach of your own. For over twenty-five years I asked counselling and counselling psychology trainees taking my theories classes to write a paper presenting their current theoretical approach.

### READ PRIMARY SOURCES

Primary sources are books and articles written by the theorists themselves. Ultimately, there is no substitute for reading primary sources. You will get a much broader and deeper impression of the different theories if you read widely the works of their originators. You can also learn about how the originators applied their counselling and psychotherapy theories by reading case studies of their work. A section on case material is provided towards the end of each chapter on the different therapies. In addition, after describing the work of each theorist, there is a brief annotated bibliography plus other primary source references.

### READ SECONDARY SOURCES

You can read secondary sources other than this book. Some secondary sources are counselling and psychotherapy textbooks and here you should always look out for the most recent editions. *Current Psychotherapies* is a widely respected edited therapy textbook containing a mixture of primary and secondary sources (Wedding and Corsini, 2014). All major therapy approaches beget many secondary source books: for instance, Mearns and Thorne's *Person-Centred Counselling in Action* (2013) and Clarkson with Cavecchia's *Gestalt Counselling in Action* (2013).

Here is a warning about reading secondary sources. Choose carefully because some secondary source writers do not really understand the theoretical positions they present. Following are three more traps into which secondary source textbook writers can fall. One trap is to mix the writings of the original theorist together with recent developments in theory, so the student has difficulty in knowing which is which. A second trap is to merge the writings of different theorists into the same chapter: for example, to have a chapter combining

either psychodynamic theories or humanistic theories. A problem with this approach is that no theory gets presented thoroughly. If you doubt this point, look at the next two chapters on Freudian psychoanalysis and Jung's analytical therapy and see how well nigh impossible it would be to combine them so that readers obtain a good introduction to both Freudian and Jungian theory and practice, let alone of recent developments in each approach. A third trap is for the secondary source writer only to present case examples of their own work. A risk here is that this secondary source case material does not truly reflect how the originator practised or practises therapy.

### **WATCH AND LISTEN TO AUDIO-VISUAL MATERIAL**

You can obtain a further insight into the different theorists by watching films, CDs and video and also listening to audio-recordings of them discussing their theories and working with clients. For instance, audio-visual material is available for theorists like Beck, Ellis, Perls and Rogers.

### **ATTEND TRAINING COURSES AND WORKSHOPS**

You may expand your knowledge and skills in the different theories by attending training courses and workshops run by competent adherents of the different approaches. Introductory theories of counselling and psychotherapy courses are likely to be limited in presenting different approaches both by time constraints and by lecturer preferences. You may get a much more thorough introduction to any single approach if you attend workshops and courses run by specialists in it. However, when considering training courses and workshops, be careful about spreading yourself too thinly.

### **UNDERGO SUPERVISION**

A good way to learn about the theory and practice of a psychotherapy approach is to be supervised by a practitioner skilled in it. For instance, you can learn the theory and practice of one psychotherapeutic approach more thoroughly by being supervised by someone knowledgeable and competent in that approach. Then you can broaden how you work by obtaining supervision from practitioners of one or more different approaches. Many consider that supervision for those practising counselling and psychotherapy is essential throughout their careers.

### **UNDERGO PERSONAL PSYCHOTHERAPY**

If a counselling and psychotherapy approach particularly appeals to you, one way to learn about its theory and practice is to become a client of a skilled

practitioner in the approach. For some approaches, for example psychoanalysis and analytical therapy, a training analysis is an integral part of learning the approach. Where personal psychotherapy is not a requirement of a particular approach, the need to develop self-awareness and reflective skills about your practice is important.

## EVALUATE THEORETICAL APPROACHES

In creating your own theoretical approach you will undoubtedly undergo a process of evaluating the existing theoretical approaches. Many considerations go into evaluating theoretical approaches: for instance, how well you understand the theoretical approaches you are trying to evaluate, how thoroughly each approach is researched, and how their goals differ. I leave a more detailed discussion about evaluating counselling and psychotherapy approaches to this book's final chapter.

## REVIEW AND PERSONAL QUESTIONS

### REVIEW QUESTIONS

1. How would you define the terms counselling and psychotherapy?
2. To what extent do you consider the terms counselling and psychotherapy describe different activities and why?
3. What is a theory?
4. What are the functions of counselling and psychotherapy theories?
5. What are some potential limitations or disadvantages of counselling and psychotherapy theories?
6. What factors are influential in creating counselling and psychotherapy theoretical approaches?

### PERSONAL QUESTIONS

1. Do you consider yourself a prospective counsellor and/or a prospective therapist and why?
2. Describe your present preferences regarding counselling and psychotherapy theoretical approaches?
3. How can you best learn about counselling and psychotherapy approaches?
4. How can you best develop a theoretical position to guide your counselling and psychotherapy practice?

## ANNOTATED BIBLIOGRAPHY

Wedding, D. and Corsini R. J. (eds) (2014) *Current Psychotherapies* (10th ed.). Belmont, CA: Brooks/Cole.

This book is a mixture of primary and secondary sources. For instance, chapters on cognitive, existential, person-centred and rational emotive behaviour psychotherapies are written by their originators, sometimes with co-authors. Secondary source chapters include those on psychoanalytic, Adlerian, behaviour, gestalt, family, contemplative and integrative psychotherapies.

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