

The Beginner's Guide to Counselling & Psychotherapy

Second edition

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An Introduction to Counselling and Psychotherapy

*Colin Feltham and
Stephen Palmer*

In recent years both counselling and psychotherapy have been demonstrated on television with real clients and discussed on radio programmes. There are numerous YouTube clips illustrating therapy too. So it is very likely most people today probably have at least some notion of what counselling is, since the term is now used so widely. However, misunderstandings and disagreements still abound about what the differences are between advice giving, counselling, psychotherapy, coaching, mentoring and similar terms. Although we cannot go into it all here, it is true to say that a whole host of activities, professions and relationships, from befriending, co-counselling and mutual aid groups, to clinical psychology, counselling psychology, coaching psychology, psychiatry and social work, in some ways resemble and overlap with each other. In this chapter we will focus on understandings of counselling skills, counselling and psychotherapy, before going on to look succinctly at different approaches.

COUNSELLING SKILLS

Terms such as counselling skills, communication skills, interpersonal or relationship skills are often but not always used interchangeably. It is sometimes thought that there are certain communication and relationship-building skills that all or most approaches have in common, and these tend to be skills used intentionally in conversation towards certain helpful ends. Counselling skills may be said to differ from everyday, casual conversation in the following ways.

- While much ordinary conversation is characterized by rather casual, perhaps somewhat inattentive listening, a key counselling skill is active listening, which involves the conscious discipline of setting aside one's own preoccupations in order to

concentrate as fully as possible on what the other person is expressing. This may involve a high level of awareness of one's own prejudices and idiosyncrasies.

- While ordinary conversation may contain a great deal of interaction, anecdotes, sharing thoughts and ideas and changing the subject aimlessly, another key counselling skill involves the discipline of responding mainly to the other person, in a purposeful, non-judgemental and often rather serious way, which tends to mean that such conversation usually has a somewhat one-way character.
- While ordinary conversation is not usually constrained by any agreements about confidentiality, counselling skills are usually backed up by either an implicit or explicit understanding about confidentiality.
- While ordinary conversation is often thought to be 'natural' and to have no particular rules governing it, counselling skills may often feel or be experienced as somewhat unnatural. For example, the person using counselling skills may strive to understand very accurately and demonstrate this striving by sometimes repeating parts of the other's statements in order to clarify or deepen understanding.
- Finally, while much ordinary conversation wanders across many subjects with no necessary goal, counselling skills are generally associated with some sort of goal, be it helping with decision making, offering an opportunity to discharge emotions, offering alternative interpretations or suggesting strategies for making desired changes.

Although there is some disagreement about the extent to which counselling skills may be possessed naturally by many people, it is widely (although not universally) believed that the skills have to be identified, understood, learned and practised repeatedly if one is to be able to be a consistently good listener and effective helper. Also, it is important to remember that while skills of this kind may be learned by many professionals, sometimes for their own ends (for example, salespeople intending to win customers over), the use of counselling skills is properly associated with therapeutic, helping or healing ends and not with self-centred agendas.

Counselling skills may be used in all sorts of situations in the classroom, at a hospital bedside, in training settings, or at bus stops or parties! In other words, they may be used within professional contexts, in voluntary work, or simply in everyday social and domestic settings, when someone is trying to listen in a disciplined manner, to be as helpful, constructive or interested as possible. Fairly typically, students on counselling skills courses may be nurses, teachers, ministers of religion, residential social workers and similar professionals, as well as those engaged in voluntary work. Typical too on counselling skills courses is some sort of model (three or five stages of the helping process) drawn from the ideas of Gerard Egan (Emeritus Professor of Psychology and Organizational Studies), Richard Nelson-Jones (Counselling Psychologist), Sue Culley (Counsellor) and others, usually advocating systematic practice in basic and advanced empathy, paraphrasing, summarizing, open questioning, challenging and so on.

COUNSELLING

Counselling differs in its formality from interactions where counselling skills are used. Counselling is generally characterized by an explicit agreement between a counsellor and client to meet in a certain, private setting, at agreed times and under disciplined

conditions of confidentiality, with ethical parameters, protected time and specified aims. In the past decade the setting has become more flexible, with the advent of internet-based therapy websites, and Voice-Over-IP providers such as Skype and VSee.

Usually (although not always) the counsellor will have had a certain level of training (beyond the level of a certificate in counselling skills, typically a diploma or above), will belong to a professional body with a published code of ethics and will receive confidential supervision for her or his counselling. In some countries state licensure exists, such as in the USA, which is independent of the professional bodies. (See Appendix 1 for a list of professional bodies.)

It is widely accepted that counselling may be a suitable form of help for a variety of personal problems or concerns, the most common being depression, anxiety, stress, bereavement, relationship difficulties, life crises and traumas, addictions, self-defeating behaviour and thwarted ambitions. It can help with issues of loss, confusion and other negative conditions or it may also be used more proactively and educationally to learn, for example, how to relax, be more assertive, deal with stress and lead a more fulfilling life.

It is not essential to know where counselling comes from etymologically, historically and so on, but it probably does help to consider a few facts. The term itself does of course stem from the verb 'to counsel', which has always meant to advise, so it is not surprising that some people still have this misconception about counselling. Although some forms of counselling contain some advice-giving components, counselling is mostly dedicated to enhancing or restoring clients' own self-understanding, decision-making resources, risk taking and personal growth. Telling people what to do is therefore usually eschewed as a short-term and often counterproductive remedy.

Historically, a great deal of counselling in Britain has been associated with the non-directive, client-centred approach of the psychologist and psychotherapist Carl Rogers, and indeed we have to thank Rogers as one of the most active promoters of counselling in the USA. Many early British counsellors, too, took their ideas and training from Rogers' approach which, as we shall see later in this book, rests heavily and optimistically on belief in the innate resourcefulness and goodness of human beings. But it is important to know that hundreds of different theoretical approaches to counselling now exist (see Appendix 2), many of which do not share Rogers' views, and some of which may be almost diametrically opposed to Rogers. In some countries, such as England and Wales, there has been an increasing demand by the National Health Service (NHS) for counsellors to practise brief cognitive behavioural therapy in order to limit therapeutic costs. Counselling can be seen as a very broad and potentially confusing field of learning itself.

It may help when you come to consider differing approaches to counselling and psychotherapy to remember that each is necessarily an imperfect product of a certain time and place, which in its own way strives to make sense of distress and to promote methods of effective help. While each approach emphasizes certain aspects of human functioning and therapeutic skills, it has been argued that most depend on common factors such as a healing (second chance) relationship, a good fit between client and counsellor, the readiness of clients to be helped, the belief of clients and counsellors in the efficacy of counselling, and the plausibility of espoused theories.

PSYCHOTHERAPY

Do not despair or blame yourself if you are confused by the differences between counselling and psychotherapy; the alleged differences are indeed confusing and even many of the most prominent practitioners disagree. Psychotherapy originally referred to a less intense form of psychoanalysis and is still understood by some professionals as being, properly speaking, psychoanalytic psychotherapy only. However, the client-centred or person-centred approach is referred to as both counselling and psychotherapy, usually without distinction. Various forms of brief psychotherapy challenge the simplistic claim that psychotherapy is long term and counselling is brief. It is probably advisable to ask anyone who uses the term psychotherapy exactly how they are using it, and with what justification!

Most psychotherapy, like counselling, is fundamentally talking-based therapy, resting on psychological contact, theories and techniques. It is ultimately difficult to distinguish between counselling and psychotherapy, and indeed other similar practices. [C1Q1]¹ None the less, it is important to accept that some practitioners (mainly those trained as psychotherapists) strongly believe in significant differences. Since clients or potential clients sometimes ask about such matters, it is important in the long run to become informed about them. We now outline what we think are the basic differences as claimed by many psychotherapists.

- Psychotherapy (and its psychoanalytic variants in particular) involves lengthy training (three to four years and sometimes more) which usually includes ongoing mandatory personal therapy for all trainees, exposing them to the subtle, unconscious layers of conflicts and defences they inevitably have. Working through one's own unconscious conflicts lessens them, makes it unlikely that clients' and therapists' issues will become confused or that clients will be intentionally or unintentionally exploited or abused, and is the best way of experientially understanding the theory and enhancing the practice of psychotherapy. In some countries' counselling training, personal/training therapy has recently become mandatory, with counselling psychologists and counsellors having to complete at least 40 hours as partial fulfilment of requirements for chartered and accredited status respectively.
- Psychotherapy addresses the deep, unconscious, long-standing personality and behaviour problems and patterns of clients (frequently referred to as patients), rather than focusing on and superficially resolving only their presenting symptoms. Psychotherapy is about radical, far-reaching personality change which is likely to be much more robust than the symptomatic and temporary changes effected by counselling.
- Psychotherapy, originally closely associated with the medical profession, takes very seriously clients' **psychopathology**, or entrenched psychological distress patterns, usually thought to derive from very early relationships in childhood and/or from partly innate drives. Psychotherapy holds out hope of making real differences to the lives of some very disturbed or damaged people who could not benefit from once-weekly, symptom-oriented or crisis-related counselling.
- Psychotherapy requires a substantial time commitment, sometimes demanding that patients attend several times a week for several years. Counselling, by contrast, is often very short term and usually once-weekly.

It is important to state that such a brief summary risks caricaturing both psychotherapy and counselling. Also, it is true to say that many practitioners do not adopt antagonistic positions such as these, instead agreeing that valuable work is carried on under different names or that different kinds of work are being usefully carried on by two (or more) different professional groups. By examining the literature of the relevant professional bodies and related forums for your country or region (see Appendix 1) you may become acquainted with such issues in greater depth if you so choose.

APPROACHES TO COUNSELLING AND PSYCHOTHERAPY

There follows a condensed overview of the main approaches to counselling and psychotherapy to be found in this book. The purpose of this admittedly whirlwind tour is to encourage readers to:

- get an overall sense of the field, some of its complexity, its historical and theoretical breadth
- begin thinking about the key differences between approaches why they differ, how the differences are of interest and use, and how they are perhaps not so useful
- begin to consider what the main, common effective ingredients of the approaches may be
- ask themselves why they may be especially attracted to some approaches more than to others, and on what grounds.

Given that this is a highly complex and controversial field, you are cautioned that we, like all practitioners, are likely to have our own biases and limitations in understanding. The positive value of a book such as this is that it condenses and represents multiple theories and practices in a manageable format. If you intend to look more deeply into the intricacies of particular approaches and the debates between counsellors, it is usually advisable to refer both to traditional literature (original sources) and to the latest editions of specialist texts by those representing their own **theoretical orientation**. We have arranged this overview according to the convention of psychodynamic/psychoanalytic, cognitive behavioural, humanistic–existential traditions, integrative and **eclectic**, and lastly the constructivist approaches. This reflects the order in which the therapeutic approaches are arranged in the sections of the book.

PSYCHODYNAMIC AND PSYCHOANALYTIC APPROACHES

Psychoanalysis was the creation of the physician Sigmund Freud at the end of the nineteenth century. Many of Freud's early adherents split from him for theoretical and personality reasons, and many psychoanalytic approaches have evolved from Freud's in recent decades. The terms psychoanalytic, analytic, dynamic, psychodynamic and depth psychological may be said to share a stake in belief in the existence and power of the unconscious dimension of the mind, with its complex conflicts, symbolisms

and defence mechanisms; in the importance of early childhood development and its long-standing effects; and in the replay of unconscious forces in the therapeutic relationship in various kinds of transference phenomena. Critics suggest that these approaches may be elitist, expensive, ineffective and based on implausible theories. However, we would prefer readers to keep an open mind and this book allows the reader to find out more about each approach or school of therapy.

Adlerian

Alfred Adler, a physician, had also been a colleague of Freud before launching his own 'individual psychology' around 1912. Adler disputed Freud's emphasis on psychosexual development and instead stressed the importance of a holistic view, incorporating the social and educational dimensions. Adler examined issues of power in families, particularly in sibling relationships, faulty private logic leading to mistaken life goals, and many other phenomena. Sometimes criticized for being too akin to common sense (and therefore arguably not psychoanalytic), Adlerian therapy or counselling has also been claimed by some (for example Albert Ellis) as influential in the development of cognitive behavioural therapy.

Freudian

Sigmund Freud is probably regarded by a majority of counsellors as the single most significant founding figure in the development of counselling and psychotherapy. Although some now argue that there is no truly current Freudian therapy (because other variants have incorporated and bettered Freud), we must credit Freud with a particular view of a complex unconscious system made up of innate drives as well as early developmental vulnerabilities. Freud's concepts of ego, id and superego, his identification of defence mechanisms, insistence on the unconscious significance of dreams, jokes and slips of the tongue, on the importance of working through transference material in therapy, and other contributions have had an enormous influence on counselling and on popular culture.

Jungian

At one time very close to Freud, the psychiatrist Carl Jung established his own 'analytical psychology', or Jungian analysis (although he was not happy with the latter term), from the early part of the twentieth century. Jung disagreed with Freud's stress on childhood as the seat of all later ills, gave due weight to adulthood and old age and the complexity of the psyche, and focused on a lifelong process of individuation. Jung was influenced by mythology, anthropology, theology, astrology, alchemy and other disciplines, advocated a collective as well as an individual unconscious, and introduced many non-Freudian techniques. Modern Jungian therapy has its own schools of developmental, archetypal and classical therapy and is sometimes considered a transpersonal (spiritually oriented) approach.

Kleinian

Melanie Klein, psychoanalyst, represents a second or possibly third wave of psychoanalytic development, dating from around the 1920s and 1930s. Klein was more interested than Sigmund Freud in infant observation, in inferences about the long-standing influence of early relationships ('object relations') and in formulating developmental stages aligned with vulnerable early relationships with primary caregivers. She also developed methods of child psychotherapy and theory, and practice relating to psychoses. Klein, who developed much of her work in Britain, was affiliated with the object relations school whose therapeutic work is characterized by a belief in the inevitable replay of powerful, damaged early states as unconsciously driven reactions towards the therapist.

COGNITIVE BEHAVIOURAL APPROACHES

Historically, behaviour therapy pre-dates the cognitive therapies and these may be seen as quite distinct from each other. However, in the last few years a kind of merger has been tacitly acknowledged. Behaviour therapy, stemming from psychological science in the 1920s and clinical psychology in the 1950s (in the UK), is based on an attempt to produce scientific therapy by observing problematic behaviour accurately, generating testable theories and robust and effective remedies. Broadly speaking, it is about eliminating or reducing distressing behaviour and is not concerned with alleged causes or global personality changes. With the cognitive dimension comes the recognition of certain mediating thought processes between behaviour and distress. The cognitive behavioural approaches seek to assess and treat identified symptoms and concerns in an efficient, largely here-and-now, verifiable manner, using precise assessment techniques, and a range of in-session and homework-based tasks. A key strategy is to restructure and modify unhelpful thoughts and beliefs. However, a new generation (sometimes known as 'third wave') of cognitive behaviour therapies have been added to the family. These include acceptance and commitment therapy or ACT, compassion focused therapy (CFT) and dialectical behaviour therapy (DBT). These new approaches focus less on restructuring beliefs and more on encouraging the clients not to be judgemental about their cognitions and feelings – just to accept them as beliefs and not facts. This has been an interesting development and has seen mindfulness training increasingly used as an intervention within these new approaches.

Acceptance and commitment therapy

Acceptance and commitment therapy (ACT) is part of the 'third wave' of cognitive behavioural therapies. In conversation and in the literature it is usually shortened to 'ACT', pronounced as a single word 'act'. ACT was developed by Steven C. Hayes and associates during the 1980s. It is informed by relational frame theory, which is a theory of language and cognition. ACT is described as a 'contextual' cognitive

behaviour therapy (CBT) as it attempts to alter the psychological context of a client's internal experience. So rather than challenging unhelpful beliefs, as occurs in CBT, ACT takes a mindful approach to them instead so that the client can find them less distressing. In addition to the application of mindfulness to be present in the moment, the 'Defusion' technique clearly illustrates this process. It involves clients repeating painful phrases or words until they become just sounds, not attached to distressing overwhelming memories.

Behaviour therapy

Stemming from a number of countries and pioneers, behaviour therapy set out to promote a scientific theory of behaviour, behavioural problems and their remedies, without recourse to gratuitous and unprovable concepts. We learn unhelpful behaviours (by using faulty ways of dealing with stress, by always responding with panic to certain situations, for example) and proceed to reinforce our unhelpful behaviour. Behaviour therapists identify precise situational factors associated with problem behaviours and teach coping and social skills, systematic desensitization (gradual exposure to what we fear, while learning to relax) and response prevention (learning not to keep checking electrical appliances, for example, as in obsessive–compulsive disorder). It is said to be especially successful with phobias, obsessive–compulsive problems and other well-specified conditions.

Cognitive behavioural therapy

Aaron Beck, psychiatrist and psychotherapist, developed cognitive therapy from the 1950s, in an attempt to improve upon psychoanalytic methods. Noting that we frequently appear to have automatic thoughts about our circumstances and that we make many incorrect inferences about our situation that may both create and worsen negative moods, Beck successfully applied his findings initially to depression. In more recent years there has been a gradual integration of cognitive and behaviour therapies and it has become known as cognitive behavioural therapy (CBT). The approach is based on collaboratively helping clients to understand how their own cognitions (thinking) affect their moods and behaviour, and how certain common lifelong belief patterns can be overthrown methodically. CBT is becoming widely available in many countries due to the research highlighting its effectiveness with a wide range of disorder.

Compassion focused therapy

Compassion focused therapy (CFT) is an integrated and multimodal approach that is informed by a number of key areas: evolutionary, neuroscience, social, Buddhist and developmental psychology. The multimodal aspect is reflected by the interventions, which include Socratic questioning, behavioural experiments, guided imagery,

chair work, mindfulness, method acting and expressive writing. Over 25 years ago a psychologist, Paul Gilbert, noted that some clients with complex mental health problems could understand the logic of the questions he asked them in order to examine their unhelpful thinking but the CBT style of questioning did not change how they viewed themselves. Gilbert started to encourage clients to develop an inner warm voice, but some clients who were experiencing shame and who were highly self-critical encountered great difficulty in this exercise. In the past 25 years, Gilbert and his associates have developed CFT to assist clients with these type of problems.

Dialectical behaviour therapy

Dialectical behaviour therapy (DBT) is a mindfulness-based cognitive behavioural approach. Unlike other forms of CBT, DBT is delivered by a team of therapists rather than an individual counsellor or therapist. DBT was developed by Marsha Linehan in the 1980s. She was studying suicidal self-harming women, some of whom also had a diagnosis of borderline personality disorder. Many of them were distressed by the usual cognitive and behavioural interventions as they perceived the therapist as not understanding the extent of their challenges. This is unhelpful for the therapeutic relationship and can lead to discord, especially if the therapist continues to focus on the goals of their therapeutic approach. Influenced by Zen philosophy, Linehan introduced mindfulness as a method to focus on acceptance. Linehan believed that the therapist needed to be able to acknowledge the dialectical tension between the acceptance and change positions, hence the name 'dialectical behaviour therapy'.

Hypnotherapy

Forms of hypnosis have existed for centuries and Freud experimented with and later discarded hypnotic techniques. Hypnotherapy has sometimes attracted misplaced interest, being caricatured as an almost magical process conducted by mysterious, master practitioners, and associated sometimes with unscrupulous, exploitative and superficially trained practitioners. It is adaptable for use with other approaches, such as CBT and REBT, is often successful for pain control (for example in dentistry) and some habit disorders (for example smoking), and is often preferred by clients seeking rapid results or who have not found predominantly talking approaches helpful. In this book the chapter on hypnosis has shown how it is used within a cognitive behavioural framework and so it has been placed in that section.

Rational emotive behaviour therapy

Albert Ellis, a clinical psychologist, created rational emotive behaviour therapy (REBT), originally called rational therapy, then rational emotive therapy, from the 1950s as an attempt to provide a more efficient approach than the psychoanalytic

methods in which he had been trained. REBT is an active-directive, here-and-now, cognitively affiliated therapy (that is, based primarily on thinking), drawing from stoical philosophy and arguing that we are not upset directly by events in our lives but by the irrational beliefs we hold about ourselves and about life. REBT aims to help overcome situational problems (for example exam anxiety) and self-rating problems (for example low self-esteem) among others, using a range of educational, emotive, imaginal, confrontational and other techniques.

HUMANISTIC-EXISTENTIAL APPROACHES

What the humanistic approaches share broadly speaking is an optimistic belief in the self-determination of the person. Thus, the emphasis is more on the present and future than on the past, more on trusting feelings and their expression than on limited rational thinking and traditional science, more on looking hopefully at holistic potential than at psychopathology and symptoms for behavioural change, more on shared human growth than on professional expertise, more on radical social change than on adapting to a sick society. Many of the humanistic schools emerged from or found their natural home in California in the 1960s and 1970s. 'Humanistic' is not used in its atheistic sense but in contrast to alienating, scientific, medically and expert-oriented approaches. Critics suggest that the humanistic approaches are romantic, self-indulgent, not necessarily concerned with ordinary people's everyday pressing worries and are often hostile to attempts at scientific verification.

Existential counselling

A number of therapists who became disillusioned with analytic approaches, or regarded them as insufficient, drew inspiration from ancient and modern philosophers. Instead of dwelling on individuals' psychopathology, existentialists argue that the human condition confronts us all with challenges of life and death, freedom, meaning, values, choice and commitment. Counselling is an intensely specific, relatively atheoretical and technique-free process guiding clients to identify their own responsibility for life values and choices.

Gestalt therapy

Fritz Perls, originally a neuropsychiatrist, with his wife, Laura, and others devised Gestalt therapy (*Gestalt* is German for 'whole' and suggests looking at all aspects of being and behaviour), partly as a reaction against psychoanalysis and intellectualizing systems, placing much more emphasis on non-verbal and bodily language, here-and-now behaviour and potential, and the client's conscious responsibility for his or her actions, decisions, thoughts, feelings and awareness. Perls was influenced by, among other things, Zen Buddhism, existentialism and psychodrama. Modern Gestalt uses a range

of powerful techniques such as chair work and is not necessarily the confrontational approach it is often caricatured as.

Person-centred therapy

Carl Rogers, rejecting the traditions of psychoanalytic and behavioural approaches and the powerful profession of psychiatry that claimed to have the answers, developed his non-directive (later called client-centred, and now person-centred) therapy from around the 1940s on the basis of experience and research suggesting that therapeutic conditions such as unconditional positive regard, empathy and congruence were the key to successful personal growth. This optimistic philosophy and practice, championing the view that human beings are essentially and positively self-actualizing, has informed much training in the UK and Europe especially.

Primal integration

The 1970s spawned many heavily feelings-based therapies, one of the most sensational being the psychologist Arthur Janov's primal therapy (a variety of which, incidentally, is now espoused by Alice Miller). Primal integration, related to this, dwells on the uncovering and expression of deep feelings, often suppressed for decades. These feelings may relate to painful birth (or pre-birth) experiences, childhood or later abuse (physical, sexual or emotional) or deprivation, but they may also relate to joyful and spiritual experiences and can result in profound psychological and bodily changes.

Psychosynthesis

Originally a psychoanalyst, Roberto Assagioli started formulating psychosynthesis in the early part of the twentieth century, drawing on various religious traditions, yoga, humanistic psychology and adding many of his own ideas and techniques (for example mental imagery, inner dialogue, ideal model). Psychosynthesis is a transpersonal approach that seeks to include but go beyond a focus on personal problems stemming from the past, and everyday problems, into questions about the purpose of life, the superconscious, higher self and collective unconscious.

Transactional analysis (TA)

Eric Berne, psychiatrist and psychoanalyst, departed from the psychoanalytic tradition by focusing on observable interpersonal interaction as well as private, inner, unconscious states. In Berne's model, personality can be manifested in any of three distinctive patterns of thinking, feeling and behaviour, known as ego-states. In the

Adult ego-state, the person is 'in the here and now'. In Parent, she is copying her parent-figures; and in Child she is replaying her own childhood. People can be helped consciously to recognize how and why they move between states, and can use this knowledge to move proactively out of lifelong repetitive dysfunctional patterns.

INTEGRATIVE AND ECLECTIC APPROACHES

Eclecticism in counselling and psychotherapy could be viewed as an 'anything goes' approach to therapy whereby therapists might take a 'pick-and-mix approach' to choosing which techniques to use with their clients. This approach probably was more popular with some therapists in the 1970s and 1980s. It is easy to be critical of practitioners who are essentially practising intuition-based therapy by using techniques not based on research evidence but on what they feel is right in the situation. A variety of eclectic approaches were developed by practitioners, including those with a more empirical approach. For example, psychologist Arnold Lazarus developed multimodal therapy, which is described as technically eclectic as it uses techniques taken from many different psychological approaches and then applies the techniques systematically based on data taken from client qualities, the therapist's clinical skills and specific techniques, underpinned by established theories such as social learning theory.

Lazarus argued that it is difficult to integrate certain therapeutic approaches, whereas the systematic application of techniques taken from approaches was easier. The integration of behaviour and cognitive therapy approaches and techniques is fairly straightforward. We have also seen the development of other integrative therapies such as interpersonal psychotherapy (IPT) and cognitive analytic therapy (CAT), both of which can point to research highlighting their effectiveness. In this section we also include Lifeskills counselling, developed by Richard Nelson-Jones, which integrates a wide range of skills and techniques. In this century we have also seen the development of pluralistic therapy, whereby therapists apply the most useful features of other models within a pluralistic framework. The developers of the approach, Mike Cooper and John McLeod, assert that it differs from other integrative models in the extent to which it takes account of client preferences and resources.

Cognitive analytic therapy

Cognitive analytic therapy (CAT) is commonly presented as an integrative approach because it is in fact an integration of elements of psychoanalytic (particularly object relations) therapy, personal construct psychology, and cognitive and behavioural approaches. It is one of the few British-grown approaches, devised by Anthony Ryle (originally a doctor), in the 1980s to fit NHS needs for realistically short-term treatment for a relatively wide variety of problems, including eating disorders, borderline personality disorders and suicide attempts. Many diagrams and paperwork exercises are used.

Interpersonal psychotherapy

Interpersonal psychotherapy (IPT) is a manualized time-limited therapy that was originally developed for the treatment of depression. It helps the client to understand the nature of depression and to identify social and interpersonal factors such as relationships with significant others, which may have triggered the onset or maintenance of problems. IPT has now been applied to a range of mental health problems, including eating disorders and social anxiety, and has adapted to delivery by telephone.

Lifeskills counselling

Associated with Richard Nelson-Jones and others, this essentially psychoeducational approach focuses on identifying and coaching people in the acquisition, refinement and maintenance of skills they need to learn to overcome problems in everyday living and to establish more successful coping styles. Most problematic areas of functioning, for example those including intimate relationships and job seeking, can be broken down into units amenable to concrete improvement and can be addressed successfully by such an approach.

Multimodal therapy

Arnold Lazarus, originally a prominent behaviour therapist, sought greater breadth and techniques tailored to individual clients and devised this systematically eclectic form of therapy based on identifying the primary modalities in which people function, acquire and correct their problems: behaviour, affect, sensation, imagery, cognition, interpersonal and drugs/biological and lifestyle factors (**BASIC I.D.**). Assessment allows counsellors to apply the techniques (borrowed from any other approach) most likely to be helpful in each case, which may include assertiveness training, anxiety management, visualization and so on. Because the approach focuses on mainly cognitive and behavioural therapeutic techniques it is sometimes viewed as a cognitive behavioural approach.

Pluralistic counselling and psychotherapy

Pluralistic therapy, as developed by Mike Cooper and John McLeod in this century, attempts to provide a framework for counselling and psychotherapy that does not get stuck with what could be perceived as the rigid application of the theory and practice of any particular therapeutic school or approach. However, the therapists will apply the most useful features of other models. The therapist accepts that there may be many factors that contribute to the client's presenting problem(s) and works

collaboratively with the client to find out what is most helpful for that person at that particular point in time.

CONSTRUCTIVIST APPROACHES TO COUNSELLING AND PSYCHOTHERAPY

Constructivism can be considered as the study and theory of knowledge which is centred on the active engagement of the person in construing their own reality. From the therapeutic perspective, constructivist approaches focus on exploring the internal constructions of reality of the clients rather than reality. The approaches may use storytelling as a technique and attempt to avoid psychopathologizing clients.

Narrative therapy

Theorists such as Jerome Bruner had suggested that storytelling was an important method people use to communicate and understand their experiences and their world. Taking this notion one step further, Michael White and David Epston applied narrative informed discussions to their work with families and they became key developers of the approach during the 1980s, although the term narrative therapy did not appear until 1989. Narrative therapy is now used with individuals and couples too, and more recently has been adapted to the field of coaching.

Neuro-linguistic programming

Developed by John Grinder, Assistant Professor of Linguistics, and Richard Bandler, psychologist, from the 1970s, neuro-linguistic programming (NLP) draws on certain Gestalt, hypnotherapeutic, cybernetic and other ideas and techniques and is concerned not only with counselling but with accelerated learning and management development. We can re-programme our minds by means of reframing, visualization and substituting constructive for self-defeating beliefs and inner dialogue. NLP is replete with techniques and strategies, including some that aim to produce rapid and complete cure of phobias, for example.

Personal construct counselling and psychotherapy

Personal construct practitioners (more likely to be psychologists than counsellors or psychotherapists) may disagree with the view that theirs is a cognitive behavioural approach. The psychologist George Kelly formulated personal construct therapy

(PCT) in the 1950s as a theory of personality and therapy, also known as constructive alternativism, which demonstrates among other things that we usually (and inaccurately and unhelpfully) construe our experiences in extreme polar opposites, with which we become stuck (for example if I am not brilliant I must be stupid). PCT is a complex approach, utilizing specialist concepts and, sometimes, tabulated exercises. It has been very influential in the development of the so-called 'narrative-constructivist' approaches and of cognitive analytic therapy.

Solution-focused therapy

Also known simply as brief therapy, originated by Steve de Shazer and other American strategic family therapists from the 1970s (and influenced by Gregory Bateson, Jay Haley and Milton Erickson), the solution-focused approach challenges several cherished assumptions and proposes new methods. Instead of searching for putative causes of problems in clients' pasts, instances of effective coping are sought, clients' imaginations are enlisted by using techniques that encourage them to visualize themselves producing solutions, and in effect questioning their own tendency to psychopathologize themselves.

CONCLUSIONS

By now you should have begun to get an impression of the breadth, complexity, fascination and problems of the field of counselling and psychotherapy. As a field that is now more than 100 years old, that is represented by numerous and competing traditions, theories and techniques as well as by several similar professions, and that is continuously being developed, no individual can hope to ever 'know it all', nor does anyone need to know it all or to feel demoralized by any relative ignorance. Researchers are busily attempting to identify exactly what is most effective in the field, and some forecasters attempt to pinpoint trends, such as the apparent decline of certain approaches and the growth and success of others. Currently, cognitive behavioural approaches have become popular within health services whilst mindfulness training appears to have become part of the zeitgeist with regular articles in the press about its benefits.

Critics from outside and inside counselling and psychotherapy note some clients' claims of abuse, exploitation and ineffectiveness. We believe it is important that if you wish to learn more about this field, that you find questions and frameworks to guide your learning and to help you become selective in a manner that is as free from prejudice as possible and as committed as possible to the shared understanding and pursuit of better mental health and wellbeing.

SUGGESTED READING

Dryden, W. and Reeves, A. (eds) (2014) *The Handbook of Individual Therapy*, 6th edn. London: Sage. This handbook covers a wide range of different approaches in depth and includes historical context and development, theoretical assumptions, and also strengths and limitations.

Feltham, C. and Horton, I. (eds) (2012) *The Sage Handbook of Counselling and Psychotherapy*, 3rd edn. London: Sage. This is a definitive handbook on the theory, research, skills and practice of counselling and psychotherapy.

McLeod, J. (2013) *An Introduction to Research in Counselling and Psychotherapy*. London: Sage. This book introduces the basic principles of research theory and practice. When learning about different approaches to counselling and psychotherapy it is also useful to consider the issues relating to research.

Nelson-Jones, R. (2013) *Introduction to Counselling Skills: Text and Activities*, 4th edn. London: Sage. This book provides an easy-to-follow three-stage model and covers counselling skills, putting skills into practice, working effectively with diversity, ethical issues and dilemmas.

Palmer, S. and Woolfe, R. (2000) *Integrative and Eclectic Counselling and Psychotherapy*. London: Sage. Following an exploration of the origins of integrative and eclectic processes, 10 integrative and eclectic approaches are explained in depth. This is one of the last textbooks to focus solely on integrative and eclectic therapeutic practice.

DISCUSSION ISSUES

You may apply these questions both to what you have read in this chapter and to the chapters following.

1. How important is it to decide on the real differences between counselling and psychotherapy (and similar professions), and what will guide your decision?
2. To what extent do the summarized approaches seem to belong reasonably cohesively to the groups to which they are allocated, as opposed to seeming like unrelated endeavours? Why does this matter?
3. Which of the approaches seem to rely most on the relationship between client and counsellor/psychotherapist, which on the expertise, theory and techniques of the practitioner?
4. Which of the approaches do you personally find most compelling, and why? How would you go about finding objective evidence that any approach is superior to another?