

Assignment 2

Counselling Theory Essay

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Counselling is a professional field focused on assisting individuals in understanding and overcoming personal, social, and psychological challenges. Counselling plays a crucial role in mental healthcare, offering a safe space for clients to explore their feelings, behaviours, and thoughts with the guidance of a trained counsellor.

There are three prominent theories in counselling. Person-centred theory (PCT) was developed by Carl Rogers, and his approach is rooted in the belief that each person has the inherent ability for self-understanding and the capacity to change. Second is Cognitive-Behavioural Therapy (CBT), a structured, short-term approach focusing on the interconnection between thoughts, emotions, and behaviours. The third one is Psychodynamic Therapy (PT), originating from Freudian psychoanalysis; its theory emphasises the influence of the unconscious mind and early life experiences on current behaviour.

A comprehensive comparison and analysis of the PCT, CBT, and PT within the framework of the British Association for Counselling and Psychotherapy (BACP) Ethical Framework, focusing on how each approach aligns with the principles of autonomy, beneficence, non-maleficence, justice, and self-respect, and their implications for ethical and practical counselling practice.

Initially Provided by Carl Rogers, PCT is a humanistic approach to counselling and psychotherapy that emphasises the importance of the individual's subjective experience. PCT is grounded in the belief that people are inherently capable of self-healing and personal growth. The fundamental principles of PCT are empathy, congruence, and unconditional positive regard (Rogers, C., 1951). Empathy involves the counsellor's ability to understand and share the client's feelings deeply, and it's not just about sympathising with the client but truly comprehending their emotions and experiences from their perspective. Empathetic understanding helps clients feel heard and valued, fostering a trusting therapeutic relationship (Kraft-Todd, G.T. *et al.*, 2017). Congruence, also known as genuineness or authenticity, congruence refers to the counsellor's practice of being honest and transparent with clients. Unlike traditional psychoanalytic approaches, where therapists maintain a more detached stance, person-centred therapists are encouraged to be themselves and bring their true feelings into the session as long as it is appropriate and beneficial for the client. Unconditional positive regard as a principle entails the therapist's non-judgmental, accepting attitude towards the client, and it means accepting and respecting the client for who they are, without any conditions or expectations (Carl, R., 2012). This environment of acceptance and

respect helps clients to explore their thoughts and feelings without fear of rejection or judgment. PCT has been found effective in various settings and for a range of issues, including depression, anxiety, relationship problems, and self-esteem issues. PCT's non-directive nature makes it particularly useful for clients who need a space to explore their thoughts and feelings in depth. PCT facilitates self-awareness, self-acceptance, and personal growth by providing an environment of empathy, congruence, and unconditional positive regard. In practice, PCT is often characterised by a less structured and more client-led session, where the counsellor follows the client's lead and facilitates their exploration and understanding of their own experiences. PCT is especially effective in creating a safe and supportive environment where clients feel comfortable opening up and engaging in self-exploration (Corey, G., 2017).

CBT is a widely used form of psychotherapy that focuses on identifying and modifying dysfunctional thinking and behaviour patterns to alleviate psychological distress and improve overall functioning. Developed initially by Aaron T. Beck, CBT is based on the concept that thoughts, feelings, and behaviours are interconnected and that changing negative thought patterns can lead to changes in emotions and actions. The interconnectedness of thoughts, feelings, and behaviours in CBT posits that our thoughts (cognitions), feelings (emotions), and actions (behaviours) are internally connected, and changing these areas can affect others; for example, altering a person's thoughts about a situation can change how they feel and behave (Beck, A.T. *et al.*, 1979). Identification of negative or dysfunctional thoughts is a crucial aspect of CBT, and it helps clients identify harmful or inaccurate thought patterns, often referred to as cognitive distortions. Negative and dysfunctional thoughts include overgeneralising, catastrophising, or black-and-white thinking. Challenging and modifying negative thoughts: when identifying them, the therapist works with the client to challenge and reframe them into more realistic and positive thoughts, as a process known as cognitive restructuring. Behavioural change in CBT also involves changing behaviours contributing to the client's problems. Changing behaviours include facing fears instead of avoiding them or engaging in mood-boosting activities (Winston, S. and Seif, M.N., 2019). Application and evidence base in counselling makes CBT a structured, goal-oriented, and short-term therapy, often conducted over five-20 sessions; it is highly adaptable, used in individual, group, or self-help settings, and can be delivered in-person or via digital platforms. CBT has a solid evidence base, making it one of the most empirically supported forms of

psychotherapy and has been effectively used to treat a wide range of mental health conditions, including anxiety disorders (Gillihan, S., 2020), such as generalised anxiety disorder, panic disorder, social anxiety disorder; depression; Obsessive-Compulsive Disorder (OCD); Post-Traumatic Stress Disorder (PTSD); eating disorders; substance abuse disorders (van Diss, E.A.M. *et al.*, 2020). CBT is also effective in managing chronic pain, insomnia, and coping with medical conditions; emphasis on skill-building is particularly beneficial, as clients learn strategies to manage their symptoms and prevent relapse after the therapy ends (Hofmann, S. G. *et al.*, 2012).

PT, rooted in the theories of Sigmund Freud, is a therapeutic approach that delves into the unconscious processes and historical influences that shape a person's current behaviour and emotions. PT is fundamentally concerned with understanding and resolving internal conflicts often rooted in childhood experiences and the unconscious (Freud, S., 1923). Fundamentals of PT, as a focus on unconscious processes, emphasises that our behaviours and feelings are powerfully affected by unconscious motives. PT seeks to make the unconscious conscious by helping clients explore hidden aspects of themselves, such as repressed memories, desires, and experiences. The following fundamental of PT is historical influences, and this approach posits that early life experiences, particularly childhood relationships and events, significantly impact adult life. Therapy often involves exploring these past experiences to understand how they influence present patterns of behaviour and thought (Terry, P., 2022). The third fundamental is the exploration of defence mechanisms, like denial, projection, and repression, which are unconscious strategies used to cope with anxiety and prevent awareness of threatening feelings or desires (Helderman, D., 2020). PT aims to identify and understand these defences to help clients face and resolve their underlying issues. The fourth fundamental is the therapeutic relationship between the therapist and the client, a crucial element of the therapeutic process. The therapist's role is to provide a supportive and non-judgmental environment where clients can explore their deepest thoughts and feelings. Fifth fundamental - transference and countertransference, where transference refers to the client's projection of emotions, attitudes, or desires onto the therapist, often replicating past significant relationships; countertransference is the therapist's emotional reaction to the client. Transference and countertransference are essential tools in therapy, providing insight into the client's relational dynamics and internal conflicts (Steinberg, P.I., 2021).

In modern counselling, PT has evolved and often integrates elements from other therapeutic approaches. PT is typically less intense and of shorter duration than traditional psychoanalytic therapy. Current psychodynamic treatment may include brief or time-limited therapy focused on addressing specific issues in a shorter time frame, typically up to 25 sessions, focused on here-and-now Issues (Midgley, N. *et al.*, 2021). While still valuing historical influences, modern PT often focuses more on current problems and relational dynamics. Integration with other therapies is used when contemporary practitioners may combine psychodynamic principles with techniques from different approaches like cognitive-behavioural therapy, especially when dealing with specific disorders (Shedler, J., 2010). PT is widely used for a variety of mental health issues, including depression, anxiety, personality disorders, and relationship problems. PT's depth-oriented approach is particularly effective in helping individuals understand complex emotional issues, improve self-awareness, and resolve inner conflicts.

PCT, CBT, and PT are three distinct techniques in the counselling field, each with its unique methodology, approach, and areas of effectiveness (McLeod, J., 2013). A comparative analysis of these theories highlights their differences and similarities and helps understand their suitability for different client needs and settings. The approach and methodology of PCT emphasise the client's self-discovery and self-acceptance. PCT is non-directive, with the therapist providing support rather than guidance; the method focuses on creating a therapeutic environment characterised by empathy, congruence, and unconditional positive regard. The therapist acts as a facilitator rather than an advisor. CBT approaches are problem-focused and action-oriented and emphasise the role of thinking in how we feel and do. The methodology of CBT is structured sessions, where therapists and clients work together to identify and challenge dysfunctional thoughts and beliefs and develop practical skills to change negative patterns (Beck, J.S., 2020). PT focuses on unconscious processes and historical influences, particularly childhood experiences. PT's methodology involves exploring past experiences, understanding emotional conflicts and defence mechanisms, and interpreting the relationship patterns and feelings transferred to the therapist (transference). PCT is particularly effective for clients seeking self-exploration and personal growth, dealing with grief, or struggling with issues of self-esteem; CBT has a solid evidence base for treating anxiety, depression, OCD, PTSD, and other specific mental health disorders (King, R., 2002). CBT is effective for clients seeking a more structured approach with clear goals, and PT is beneficial for

long-term issues, personality disorders, and complex emotional problems. PT is suited for clients interested in deep self-exploration and understanding the root causes of their difficulties. Therefore, it is suitable for different client needs and settings. PCT is well-suited for settings where a non-directive and supportive approach is beneficial, like educational counselling or for clients who value personal growth and self-understanding. CBT is highly adaptable and suitable for individual, group, and even self-help settings, and its structured nature makes it a good fit for short-term interventions and online platforms. PT often requires longer-term commitment and is suitable for individuals with complex, deep-seated psychological issues or those interested in exploring how their past influences their present (Lambert, M. J., 2013).

The BACP framework (BACP, 2018) outlines ethical and professional counselling and psychotherapy standards. One specific area within this framework is the “confidentiality” principle, a cornerstone of professional counselling practice (Bond, T. and Mitchels, B., 2008). Confidentiality in counselling refers to the obligation of therapists to keep information shared by clients private, and this principle is essential for several reasons. Confidentiality helps in building a trusting therapeutic relationship. Clients are more likely to open up and share personal, often sensitive, information if they trust it will remain confidential, and knowing that their disclosures are confidential gives clients a sense of safety and security, which is crucial for adequate therapy (Carkhuff, R.R., 2010). The ethical duty of counsellors is to respect their clients' privacy and autonomy. Breaching confidentiality without a valid reason, like the risk of harm, can be considered unethical. In many jurisdictions, laws govern the confidentiality of client information in therapeutic settings. Maintaining confidentiality is vital in counselling to ensure ethical practice and protect clients' rights and welfare. Maintaining confidentiality allows for a non-judgmental and safe space where clients can work through their issues without fear of exposure or repercussions.

In healthcare settings, counselling skills are often used to support patients in coping with their illness, treatment, and recovery. In contrast, professional counselling involves a broader and deeper exploration of psychological issues and personal development (Cooper, M., and McLeod, J., 2011). Training and specialisation for healthcare professionals may use basic counselling skills but are not usually as extensively trained in psychotherapy as professional counsellors. Professional counsellors often have specialised training in specific therapeutic approaches and dealing with a range of mental health issues. Counselling in healthcare settings is typically short-term and focuses

on immediate health and wellness concerns. Professional counselling can be more long-term and explore various psychological and emotional issues. While both settings require confidentiality, the context can affect its application. In healthcare, information may need to be shared with a medical team for treatment. In contrast, in professional counselling, the data is usually confined to the therapist-client relationship, barring legal or ethical exceptions.

In conclusion, the significance of counselling lies in its ability to facilitate personal growth, improve mental well-being, and help individuals navigate life's obstacles. PCT, CBT and PT offer unique perspectives and techniques, contributing significantly to the diverse and dynamic counselling field. PCT remains a foundational approach in counselling, valued for its emphasis on human potential and the importance of a supportive therapeutic relationship, and its principles continue to influence and enhance the practice of counselling and psychotherapy. CBT's structured approach, focus on the present, and practical nature make it a popular choice in counselling settings; its ability to be tailored to various psychological issues and its strong evidence base contribute to its widespread use and effectiveness in mental health. While PT has evolved from its original Freudian roots, its core principles remain influential in understanding and treating psychological distress in the context of a person's life history and unconscious processes. When PCT, CBT, and Psychodynamic Therapy aim to improve mental health and well-being, they differ significantly in their approaches, methodologies, and areas of effectiveness. The choice among them largely depends on the client's specific issues, goals for therapy, personal preferences, and the setting in which treatment is provided. Understanding the particular area of confidentiality within the BACP framework is crucial in professional counselling practice. It underscores the differences in applying counselling skills across different settings, such as healthcare and professional counselling, particularly in scope, training, focus, and confidentiality standards.

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