



COUNSELLING THEORY

Communication and Counselling – BMHP4001

Simona Gianina Hascec (2117559)

Counselling, as therapeutic intervention, employs a variety of techniques to assist the client in altering actions, managing suffering, optimizing potential, and fostering wellness. By employing different approaches, psychotherapy identifies and heals past traumas, explores a person's psyche, and encourages self-discovery. Counsellors are guided and directed by counselling philosophies, which Freshwater (2007) referred to as valuable road map for practice, while treating mental and emotional disturbances that have an impact on a person's behaviour and well-being. The following essay analyses three prevalent theories used in counselling practice and examines the significance and intent of an ethical code within the context of the British Association of Counsellors and Psychotherapists (BACP).

In counselling, the person-centred, psychodynamic, and cognitive-behavioural theories are most frequently applied. Boterhoven De Hann and Lee (2014) state one element present in all therapeutic modalities that contributes to client progress is the therapeutic partnership, which is more consistent than dissimilar among therapy. McLeod and Wheeler (1996) found that psychodynamic therapy (PDT) and person-centred therapy (PCT) rely on the "therapeutic alliance" that facilitates the client in gaining comprehension and insight through an inquisitive technique. Dryden and Mytton (1999) and Reeves (2018) concur that cognitive-behavioural therapy (CBT) fosters collaborative relationships, where stakeholders actively engage by sharing their own talents and traits in the connection. The therapist style analysed by Dryden and Mytton (1999) presents a psychodynamic counsellor in a state of "evenly suspended attention" (Reeves, 2018) focused on both the obvious and hidden information in the client's statements, as well as aversion to any themes and the client's nonverbal cues. Burnard (2013) observed that cognitive-behavioural counselling style, as a "force and energy" (Dryden and Mytton, 1999), is to dispute and address the illogical beliefs that interfere with the client's ordinary life, as opposed to a person-centred one, completely accepting approach of clients' vision of the world. The assertive coach role of the counsellor, which reflects the active-directive part of CBT (Dryden and Mytton, 1999), diminishes as the client masters the ABC model on their own. Once therapy is complete, the client learns how to manage their own problems and serves as their own counsellor. Trower, Jones and Dryden (2016) underline that the PCT's fundamental requirements of congruence, empathy, and unwavering positive regard are seen as both required and enough to support the client in his progress towards self-actualisation, whereas the CBT's

perspective accepts these elements as significant but desirable for the client's personality growth. McLeod and Wheeler (1996) state the person-centred counsellor from a position of non-expert expresses a direct willingness to accept a client's experiences and thoughts, in contrast to the psychodynamic counsellor, who cautiously uses countertransference to apart his own emotions and disputes from their clients' challenges for an effective insight into the unconscious. Dryden and Mytton (1999), advocate the psychodynamic counsellor's attitude governed by the principles of "abstinence", "anonymity", and "neutrality", portraying a constrictive person about their emotional, social, and experiential engagement. A noticeable characteristic noted by McLeod and Wheeler (1996), is that while PDT accepts the inhibition of instinctual drives, as unconscious thoughts, emotions, and actions, by functional and dysfunctional defence mechanisms and challenges the latter ones to preserve those needed for life, PCT stresses the freedom expression of a full range of feelings to aid the person's self forward into personal completion and, according to Dryden and Mytton (1999), refers to this as the inner motivation called distinctive drive. According to Freshwater (2003), the CBT respects each person's uniqueness and view of the world, and it states that people's issues are brought on by their dysfunctional version of events rather than the fact of the actual circumstances. Trower, Jones and Dryden (2016) and Reeves (2018) share the view and complete that these "negative automatic thoughts" are integrated aspects of mental representations, generated and inactive in childhood, that once released set off destructive endless loops. Lastly, in terms of outcomes, Dryden and Mytton (1999) claim that even if both therapies are not disappointed by missing end results, PDT fosters client's stronger insight of overcoming their future challenges, while PCT, after freeing individual from restrains and limitations, encourages him to keep seeking self-actualisation. Trower, Jones, and Dryden (2016) depict CBT as an organised therapy for a limited period that is less interested in the underlying cause and aims more at assisting the client in reaching their full potential to successfully take control of the situation and to act as his or her own counsellor.

Driven by a passion for justice and equality, BACP (2022) advocates the effectiveness of counselling and psychotherapy as a reasonable and more scientifically sound choice for the community at large and for people with a range of emotional, physical, or social issues. The BACP raises professional practise standards and enables regulators to make better knowledgeable decisions regarding the provision of psychotherapy by giving them a high

moral foundation (BACP, 2022). Confidentiality is a key component of counselling where the privacy right is guaranteed by the ethical principle of respect for individuals, by preserving their personal data and identity, which is reflected in the normative code of practise for psychotherapists (BACP, 2018). The obligation of a counsellor to protect confidentiality agreements extends beyond only moral and legal requirements. Sharing classified information with others during individual therapy implies a violation of this ethical principle (BACP, 2018). Except in cases where it is required by law, or where there is a risk of immediate or potential serious violence or criminal activity, psychotherapists may only disclose privileged information with the consent of those involved or in a manner that makes it possible to identify those implicated (BACP, 2018). Increased therapy efficacy is a result of confidentiality since it encourages communication that is open and a trusting relationship between the counsellor and the client (BACP, 2018). Adhering to these rules, Sommers-Flanagan and Sommers-Flanagan (2018) support the idea that a beneficial therapeutic relationship is defined by confidentiality, which fosters client trust and by counsellor professionalism to protect the confidentiality limits. Bond (2004) asserts that while determining whether confidentiality duties might conflict with sensitive information that may benefit or harm people or data disclosure may be required by law, the BACP also considers respondent damage. Researchers must exercise reasonable caution considering this probable scenario to prevent any undesirable consequences and to remind people of any confidentiality limitations. For instance, in a counselling session, researchers can reveal hidden components of a person's private experiences that had formerly been kept secret out of respect for confidentiality. Giordano et al. (2007) share the view and highlight the necessity of a factual and ethical viewpoint on counselling, where psychotherapists accept their duty as information custodians and respect the decisions of individuals by doing research in a manner that is honourable for all relevant stakeholders and furthers society. Jenkins (2010) claims parents have significant control over choices involving their children's medical help and confidentiality because the opposing laws restrict their ability to make independent health choices. He also emphasises that, when it comes to adolescents, discretion in healthcare can help them mature and establish mental independence. Quoting Finkenauer, Engels, and Meeus (2002), Jenkins appreciates that confidentiality offers substantial advantages for older teenagers by increasing crucial qualities of individuality, such as personal liberty, judgement, and direction, even when it is seen adversely when

kept concealed from parents. To deliver high-quality treatment and protect patient privacy, McClelland and Thomas (2002) advocate the need for a clear plan that is adjusted to ongoing changes in healthcare services, including multi-agency collaboration. Security and confidentiality requirements must be followed when disclosing patient information stored on paper, computers, and other technologies. For instance, access to person-based data is allowed both for medical care purposes, whereby health professionals may only use it to treat patients directly and specifically, and for research purposes, where patient-identifiable data may be used to study occupational health and safety, public health, and diseases.

According to Freshwater (2003), for patients to feel comfortable and secure enough to explore their emotions, beliefs, and perspectives, a safe and judgment-free environment is necessary for nursing counselling but not to disregard the social, physiological and ethical limits. The basis of nursing practise is the sentient accepting correlation between the nurse and the patient, which is supported by many aspects of empathy, as identified by Kunyk and Olson (2001) and Reynolds and Scott (1999), including: the innate capacity to feel for others, the medicinal trained process that enables supportive communication, a valued compassion component that offers emotional comfort when needed, and a good connector to strengthen and enhance a patient's wellness. In counselling, empathy is perceived differently (Burnard, 2013), indicating a non-judgmental and welcoming attitude that fully embraces the client's perceptual world as well as congruence that echoes sincere desire and dedication to engagement in connection with him. Freshwater (2003) affirms that in hospitals, nurses use empathy to lessen patients' stress and anguish when diagnosed with health problems and less congruence, which is challenging to achieve when direct queries from those engaged collide with the ethical code of medical procedures. Karlsson et al. (2021) describe touch as a fundamental component of nursing care that influences both the growth of a stronger connection between healthcare workers and patients as well as the negative effects of a lack of care on patients' mental health. Patterson (2012) discovered that touch combined by the sense of trust serves as neuronal triggers that, by releasing the hormone oxytocin, induce intuitive wellness and obvious changes in the patient's mental and physical health. Kelly et al. (2017) highlight that touching is viewed as a sign of care in a setting based on understanding and permission. For instance, nurses offer psychological and practical assistance while assisting patients with personal care, and doctors similarly act when they conduct their investigative, therapeutic, and comforting responsibilities. In terms

of counselling, Calmes, Piazza and Lauax (2013) underline the contested role of touch in therapy, despite its acknowledged therapeutic benefits and purposes, as following: the lack of clear ethical framework regarding the appropriate use of direct touch client-therapist generates ambiguity and distress for counsellors; the unequal transfer of power within treatment process can enhance the clients' vulnerability; and "the slippery slope argument" - which raises awareness of line-crossings and limits clinical protocol infractions to protect clients from harm. Aquino and Lee (2000) make know that counselling children often calls for a more engaged approach as well as adherence to the following rules: the limits are clearly established from the beginning; the type of touch is chosen considering the appropriate circumstances; preliminary explanations are given to adults for using physical contact with children during sessions to obtain adults' consent; it is necessary to acknowledge the personal and occupational limitations; consider the uniqueness of each individual case; work as part of a team to avoid subjectivity and allegations of inappropriate touch. According to a poll conducted by Horton et al. (1995), patients consider nonerotic touch as an indication of their therapist's interest and dedication, which is helpful for their candour during treatment as well as a desire for comfort and encouragement. At the same time, Horton et al. (1995) warn about therapists exercising prudence by introducing touch into their treatment plans; this calls for sharp patient assessment, close supervision, and, most importantly, integrity and transparency between stakeholders. Kertay and Reviere (2001) draw the conclusion that touch, a highly natural method of human communication, may be used into psychotherapy after doing a thorough analysis of the therapist's inner motives and the patient's requirements. If the psychoanalyst rejects this method, he runs the risk of slipping into personal turmoil and possibly hurting the patient.

This essay has covered several aspects regarding comparative philosophies of counselling, as well as regulation and ethics applied in clinical practice by psychotherapists and health professionals. Psychotherapy is oriented towards the patient or client. It is also called therapy through speech or communication and allows open talk about feelings, thoughts, symptoms, or experiences from life. A variety of therapies from various methods are frequently combined by practitioners to best meet the requirements and needs of the individuals that have a key role in determining the sort of psychotherapy treatment for improved and successful results. Through a therapeutic alliance build on trust and respect,

clients of counselling can enhance their relationships with others, with themselves, and with their environment while also dramatically raising the level of their lives.

Reference list

Aquino, A.T. and Lee, S.S. (2000) "The Use of Nonerotic Touch with Children", *Journal of Psychotherapy in Independent Practice*, 1(3), pp.17–30.
doi:10.1300/j288v01n03_02.

BACP (2018) "BACP Ethical Framework for the Counselling Professions". Available at: <https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions/> (Accessed 6 Aug. 2022).

BACP (2022). "About BACP". Available at: <https://www.bacp.co.uk/about-us/about-bacp/> (Accessed 6 Aug. 2022).

Bond, T. (2004). "Ethical guidelines for researching counselling and psychotherapy", *Counselling and Psychotherapy Research*, 4(2), pp.10–19.
doi:10.1080/14733140412331383893.

Boterhoven De Haan, K.L. and Lee, C.W. (2014). "Therapists' thoughts on therapy: Clinicians' perceptions of the therapy processes that distinguish schema, cognitive behavioural and psychodynamic approaches", *Psychotherapy Research*, 24(5), pp.538–549.
doi:10.1080/10503307.2013.861092.

Burnard, P. (2013) "Counselling skills for health professionals", 4th ed., Hampshire, Cengage Learning EMEA.

Calmes, S.A., Piazza, N.J. and Laux, J.M. (2013) "The Use of Touch in Counselling: An Ethical Decision-Making Model", *Counselling and Values*, 58(1), pp.59–68.
doi:10.1002/j.2161-007x.2013.00025.x.

Dryden, W. and Mytton, J. (1999) "Four approaches to counselling and psychotherapy", London, Routledge Taylor & Francis Group.

Finkenauer, C., Engels, R.C.M.E. and Meeus, W. (2002) "Keeping Secrets from Parents: Advantages and Disadvantages of Secrecy in Adolescence", *Journal of Youth and Adolescence*, 31(2), pp.123–136. doi:10.1023/a:1014069926507.

Freshwater, D. (2003) "Counselling skills for nurses, midwives and health visitors", Maidenhead, Open University Press.

Giordano, J., O'Reilly, M., Taylor, H. and Dogra, N. (2007) "Confidentiality and Autonomy: The Challenge(s) of Offering Research Participants a Choice of Disclosing Their Identity", *Qualitative Health Research*, 17(2), pp.264–275. doi:10.1177/1049732306297884.

Horton, J.A., Clance, P.R., Sterk-Elifson, C. and Emshoff, J. (1995) "Touch in psychotherapy: A survey of patients' experiences", *Psychotherapy (Chicago, Ill.)*, 32(3), pp.443–457. doi: <https://doi.org/10.1037/0033-3204.32.3.443>.

Jenkins, P. (2010) "Having confidence in therapeutic work with young people: constraints and challenges to confidentiality", *British Journal of Guidance & Counselling*, 38(3), pp.263–274. doi:10.1080/03069885.2010.483128.

Karlsson, L., Rosenqvist, J., Airosa, F., Henricson, M., Karlsson, A-C. and Elmqvist, C. (2021) "The meaning of caring touch for healthcare professionals in an intensive care unit: A qualitative interview study", *Intensive and Critical Care Nursing*, 68, p.103131. doi:10.1016/j.iccn.2021.103131.

Kelly, M.A., Nixon, L., McClurg, C., Scherpbier, A., King, N. and Dornan, T. (2017) "Experience of Touch in Health Care: A Meta-Ethnography Across the Health Care Professions", *Qualitative Health Research*, 28(2), pp.200–212. doi:10.1177/1049732317707726.

Kertay, L. and Reviere, S.L. (2001) "Touch in context", In: *Touch in psychotherapy: theory, research, and practice*. New York U.A., Guilford Press.

Kunyk, D. and Olson, J.K. (2001) "Clarification of conceptualizations of empathy", *Journal of Advanced Nursing*, 35(3), pp.317–325. doi:10.1046/j.1365-2648.2001.01848.x.

McClelland, R. and Thomas, V. (2002) "Confidentiality and security of clinical information in mental health practice", *Advances in Psychiatric Treatment*, 8(4), pp.291–296. doi:10.1192/apt.8.4.291.

McLeod, J. and Wheeler, S. (1996) "Person-Centred and Psychodynamic Counselling: a Dialogue", In: *Counselling the BACP counselling reader. Volume 1*. London Sage.

Patterson, M.M. (2012) "Touch: Vital to Patient-Physician Relationships", *Journal of Osteopathic Medicine*, 112(8), p.485.

Reeves, A. (2018) "An introduction to counselling and psychotherapy: from theory to practice", 2nd ed., Los Angeles: Sage.

Reynolds, W.J. and Scott, B. (1999) "Empathy: a crucial component of the helping relationship", *Journal of Psychiatric and Mental Health Nursing*, 6, pp.363–370. doi:10.1046/j.1365-2850.1999.00228.x.

Sommers-Flanagan, J. and Sommers-Flanagan, R. (2018) "Counselling and psychotherapy theories in context and practice: skills, strategies, and techniques", Hoboken, New Jersey: John Wiley And Sons, Inc.

Trower, P., Jones, J. and Dryden, W. (2016) "Cognitive behavioural counselling in action", 3rd ed., Los Angeles, Sage.