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**Theories of counselling**

Assignment Title:

**Three major theories in counselling**

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**Introduction**

**Theories of counselling.**

Counseling is a therapeutic and relationship-building practice that helps people make changes to themselves, their significant others, and the environment in which they live (Hansen et al, 1986). They are helped to set goals, make decisions, and address problems relating to personal, social, and vocational concerns as part of the process. According to the British Association of Counsellors and Psychotherapists (1986), the goal of counselling is to help people live more fully and happily. Counseling entails talking with someone to help them solve a problem or create situations that will help them comprehend and/or change their behavior, character, values, or life circumstances (Douglas Woods, 2011w.).

While it may occur informally, this assistance is delivered within the context of a planned, disciplined, and deliberate relationship. Counseling theories arose from the need to explain and comprehend human behavior and development. Various theories have various viewpoints on human nature and development, which are usually based on the founders' or developers' early experiences as well as the socio-cultural milieu in which they grew up.

A theory is a logical, abstract way of thinking about a phenomenon, or the outcomes of such thinking. Contemplative and rational thinking are frequently linked to procedures like observational study and research. It can also be a collection of knowledge that may or may not be linked to specific explanatory models. Thus to theorize is to expand one's knowledge base.

My presentation will look at the three theories or approaches mainly the psychodynamic, cognitive behaviour and person centred for a brief history of the founder, an explanation for why they were inspired to create a new therapy technique, and a summary of the important themes. I'll also look at the methods and processes used by each theory, as well as the therapist and client's respective responsibilities and the many scenarios in which the theory can be implemented.

**Body of the Assignment**.

**Psychodynamic, Cognitive and person centred theories**.

The most reasonable method to analyze counseling theories is to start with the people who created or contributed to them in the first place. Sigmund Freud (1856-1939) coined the term "psychoanalysis" to describe the psychodynamic theory. In essence, he discovered the processes of personality formation while conquering his own emotional agony (Corey, 2000). He became interested in hypnosis, which was a forerunner to psychotherapy. He was born into a Viennese household and went on to become a psychiatrist after graduating from medical school. Patients with physiological symptoms that had no physical source and who had no conscious understanding of the origin of their illnesses attracted his early interest in the workings of the human personality.

He came to the conclusion that the cause was their unconscious ids, and he wanted to learn more about it (Hough, 2000). As a result, he developed techniques for delving into the subconscious mind, which are still widely used today. In the fields of psychology and psychotherapy, he is regarded as a pioneer. Because Freud did not accept opposing viewpoints, his contemporaries and students developed their own theoretical approaches. Alfred Adler (1870-1937) was one of them, having introduced "Individual Psychology" in 1911. The emphasis was where he differed from Freud the most. "Analytical Psychology" was proposed by Carl Jung.

In contrast to Sigmund Freud, he sought a broader foundation for personality development. Melanie Klein (1882-1960), who produced "Object Relations Theory," and Erik Erikson (1902-1994), who devised "ego psychology," formed his perspective on development over time.

Academic psychology, with its emphasis on measuring and assessment for both professional and educational goals, gave birth to Cognitive Behavioural Therapy (CBT) (Macleod, 2000, pg 31). Albert Ellis is a towering figure in the theory, which is an amalgamation of various unique approaches (1913-2007). After six years of practice as a psychoanalyst (Corey G, 2005), he determined that it was superficially unscientific, and he embarked on a series of efficacy tests in which he merged aspects of humanistic and behavioral therapies. He coined the terms "Rational-Emotive" and "Rational Emotive Behaviour Therapeutic" - REBT - to describe his therapy method.

He was inspired to develop his ideas as a result of early problems such as fear of public speaking and rejection by girls, which he was able to overcome. Aaron Beck was a key player in the CBT group of therapies (1921). Beck, an American psychiatrist with a background in psychoanalysis, developed Cognitive Therapy (CT) after an unsuccessful attempt to scientifically validate Sigmund Freud's theory of sadness as rage turned inward. He discovered distorted thinking in the patients under investigation rather than retroflexed (inward) rage in their dreams and thoughts (Corsini, R. 1995). Beck suffered disease and adversity as a child, and he used his experience battling generalized worries and anxiety to build a natural empathy for those suffering from similar problems (Corey, 2000).

Person-centred therapy is a branch of the Humanistic counseling school. It was founded by Carl Rogers (1902-1987), an American clinical psychologist who discovered that his formative experiences had influenced him to veer away from the directive controlling stance of psychoanalysis in which he had been trained to a more open questioning attitude when working with his clients – initially children in a troubled youth institution he directed. He was also one of the first psychotherapists to record his sessions, prompted by the scientific confirmation of behaviorism.

The foundation of the method he developed was that the client had answers to their own problems and that he, as a therapist, had to follow the client's lead. His theories, like those of Sigmund Freud before him, have been adopted by various counseling schools and are now widely acknowledged as the foundation for most therapeutic partnerships.

All of the counseling theories in issue include therapeutic procedures as well as a human personality model. The human person was controlled by illogical impulses and instinctual desires developed in childhood, according to Freud, who believed that people were products of their environment and innate unconscious forces. These instincts act as a way of survival for those whose life purpose is to increase pleasure while avoiding pain. He saw the human personality as being made up of three parts: the id, or primal self; the ego, which is refined via contact with the outer world; and the super ego, which represents authority figures. All three, according to Freud, have to be in harmony for psychological well-being (Hough, 2002).

The ego's job was to balance the id's and super ego’s competing desires, which created friction. Denial, repression, regression, and other defense mechanisms arise in order to protect the ego from this negative energy. He observed human growth as a series of stages marked by shifting awareness and attitudes toward human sexual organs. As a result, he coined the term "libido," which refers to the energy that underpins all life impulses. The motive that pushes us to the basic objective of life, which is to increase pleasure while avoiding misery, is this energy. Later, he developed the killing instinct, which explains human violence. These unconscious motivations, he believes, determine how people act (Corey, 2000).

Refinements to this basic perspective of human nature led to the development of psychodynamics. Other impulses, according to Jung, are cultural and spiritual, and are used to find meaning in life. He coined the term "individuation," which refers to the merging of the conscious and unconscious into a single entity. He went on to say that we inherit components of our ancestors' unconscious minds - the collective unconscious or archetypes – which are entwined with our own. Dreams offer expression to the various layers of the unconscious. Melanie Klein created the object-relations theory, which states that psychological growth is dependent on the separation and individuation (the emergence of a distinct identity) from the primary caregiver. Before giving way to mainstream psychosexual theories, it explains the first three years of a child's life (Hough, 2002). Erikson expanded the concept of personality development across the lifespan to include both sexual and social development, in which the ego competes for mastery and competence – thus "Ego Psychology"; the epigenetic principle in human development in which social considerations play a role in the development of the person centered.

Person-centered therapy differs from psychodynamic therapy in that it considers people to be fundamentally trustworthy, capable of solving their own issues, creating their own objectives, and working toward them with minimal monitoring and direction. In the appropriate kind of supportive environment, Rogers recognized them as capable of self-directed progress (Corey, 2005). His theory is that all human beings (organisms) have a natural propensity toward self-actualization – a movement toward increasing complexity, interconnectedness, and order – which leads to full potential and wholeness, or what he calls the "completely functioning person." (1995, Corsini and Wedding). This suggests that when people's settings are helpful, they will be free of anxiety and will be able to grow in a positive way.

The Cognitive-Behavioral School of Counseling Psychology is the third school under examination, and it consists of more than twenty different therapy modalities that are grouped together as having a common approach to problem solving. Albert Ellis proposed Rational Emotive Behavioural therapy, while Aaron Beck proposed Cognitive Therapy (CT). They believe that human issues are caused by disruptions in thought or cognitive processes, in which people are affected not by events, but by how they perceive them. Emotions are derived from our beliefs, judgments, interpretations, and reactions to life situations and events, and that altering these will alter how we feel about things, as well as how we behave and the actions we take (Corey,2005).

In summary, cognitive-behavioral therapy focuses on the present and views psychological difficulties as arising from a cause-and-effect relationship between thoughts, feelings, and actions, whereas the psychodynamic view of human emotional and relational difficulty is rooted in the past, particularly in childhood, and that achieving present catharsis necessitates correcting imbalances rooted in the deepest recesses of our psyche – our subconscious. Cognitive-behavioral therapy focuses solely on the client's conscious and visible experiences. Person-centered treatment is likewise concerned with the present moment, but it differs from the other two in that it considers the human being to be self-directed and capable of choosing his own goals.

Both psychodynamic and person-centered treatment provide rich perspectives on human nature; the former sees the human being in terms of development, while the later sees it more in terms of progress. Both psychodynamic and cognitive-behavioral therapy are directed, with the client playing a less active role than in person-centered treatment. Finally, cognitive-behavioral therapy does not propose a thesis on human development, but rather accepts people for who they are. Its understanding of human nature is confined to the task at hand.

Now is a good time to compare and contrast the therapy processes given by the three schools of counselling psychology. Though it can be contemplative and structured, cognitive-behavioral therapy is directive, forceful, and sometimes confrontational in nature (Corsini & Wedding, 1995). It is didactic, with the therapist acting as a teacher, pointing out faulty thinking, assisting the client in identifying and processing emotions, and role-playing new skills. Homework assignments are heavily used in cognitive-behavioral therapy, and it is mostly a skills-based approach. The goal of therapy is to separate the individual from their behavior and focus on the behavior in order for the client to develop a more realistic and practical philosophy of life by reducing emotional disturbances and self-defeating behavior. They learn how to transform unhealthy emotions into healthy ones while gaining universal self-acceptance and universal other-acceptance, and they begin to perceive the link between their own health and that of others. The counsellor elucidates the client's belief system as well as any unreasonable or erroneous thinking. They assist the client in changing their beliefs to more beneficial and long-lasting ones, as well as teaching coping techniques for future self-management. The importance of psychodynamic and humanistic viewpoints in understanding behavior cannot be overstated. The influence of unconscious psychological processes is explored in a psychodynamic viewpoint, whereas the impact of our free will, the relevance of personal worth, and the primacy of human values is investigated in a humanistic approach.

Psychotherapy theories provide therapists and counselors with a framework for interpreting a client's behavior, ideas, and feelings and guiding them through the client's path from diagnosis to post-treatment. Theoretical approaches are, without a doubt, an important component of the therapeutic process.

Both are concerned with the person. Both believe that one's environment can aid or hinder one's developmental progress. Both Freud (Psychodynamic key theorist) and Maslow (Humanistic key theorist) used customers as research subjects and waited for people to come to them, skewing their conclusions.

Some goals are said to be shared by humanistic and cognitive therapy. Both see the application of strict absolutistic "shoulds" as a source of dysfunctional behavior. Both emphasize "self-acceptance" in the sense of preventing negative, trait-like self-judgments in the client.

Both psychodynamic and humanistic approaches aim to explain and guide therapeutic processes.

The psychodynamic viewpoint stresses the unconscious and childhood events' influence on one's conduct.

Humanism promotes free will, empathy, self-actualization, a holistic approach, and each person's inherent goodness.

The influence of unconscious psychological processes is explored in a psychodynamic viewpoint, whereas the impact of our free will, the relevance of personal worth, and the primacy of human values is investigated in a humanistic approach.

People's subjective (i.e. personal) experiences are often overlooked by scientific approaches such as Behaviorism or cognitive psychology. Humanistic perspectives acknowledge human experience, but they do so at the cost of being nonscientific in their techniques and capacity to give proof.

Our behavior is seen as a taught response in the psychodynamic method, but it is seen as an unconscious urge in the cognitive behavioral approach.

Because their essential concepts clash, it is much easier to spot the discrepancies between the two opposing ideas. To begin with, psychoanalytic theory holds that human nature is viewed in a very negative and pessimistic light, whereas the humanistic perspective is more positive.

The psychodynamic viewpoint is more pessimistic and negative, whereas the humanistic viewpoint assumes that most people are good. Psychodynamics argues that conduct is predetermined, where Building a strong therapeutic relationship with a client based on genuineness, warmth, empathy, and unconditional positive regard (humanistic approach), as well as helping clients restructure their thoughts and modify responding behavior (cognitive/behavioral approach), can help clients change more quickly as humanists think that behavior is the result of free will and choice.

The key, from a psychoanalytic standpoint, will be to recognize and conceptualize the beliefs that obstruct effective action. In situations where action mediated by such beliefs would provide reinforcing consequences, cognitive-behavioralists are more likely to focus on practicing positive internal locus of control behavior.

The similarities between psychodynamic, humanistic, and cognitive theories of personality is that they're all aware of the internal mental processes that underpin our personality traits.

And the main differences between psychoanalytic and humanistic perspectives is that they both do psychotherapy in their own way.

Despite the fact that these theories differ in many ways, they are also very similar. Individualistic aspects run across both Psychoanalytic and Humanistic ideas. They both emphasize the importance of the individual in their theories.

The relevance of cognitive processes, situational factors, observational learning, and self-efficacy is emphasized in the social-cognitive approach, whereas the humanistic approach emphasizes free will, personal awareness, and psychological growth.

Cognitive behavioral therapy is also solution-focused rather than problem-focused, which means that the length of treatment is dictated by the goals set at the start. Therapy is discontinued once the goal is met, and hence can be completed in as little as one session. The client is very much in control in person-centered therapy; they establish the agenda, determine the therapy goals, and the therapist follows their cues from there. Therapy tries to bring the client's inner experiences to their immediate awareness, similar to psychodynamic therapy, which aims to bring the unconscious to the conscious. Both the therapist and the client must provide "fundamental conditions" for a successful therapeutic relationship, according to Rogers.

Congruence or authenticity – the counsellor being genuine; unconditional positive regard or acceptance of the client; empathy or understanding – a deep interest in the client's world of meanings and feelings (Hough,2002). There were also client-side attributes that contributed to successful therapy that were essentially feelings about self, such as self-concept – a positive perception of oneself that improves therapy outcomes; locus of evaluation (or control) – where the client gets validation, whether from self or others; and experiencing – how open-minded and willing the client is to new opportunities. According to the theory, the more of the six conditions that are available, the more likely the client will become positive and realistic about himself, more expressive and self-directed, and more free and open to try new things. Clients mature and become more stable, allowing them to better manage stress. This is because the root of conflict and problems — the gap between experience and self-concept – narrows, reducing anxiety and enhancing the person's ability to react to their environment in a healthy manner (Corsini and Wedding, 1995).

In person-centered therapy, the client is assisted in coming to a greater acceptance of those aspects of themselves that they dislike, as well as overcoming any fears they may have about the therapist. Their perspective of the world shifts from a rigid to a more open, fluid, and adaptable one, allowing them to become more accepting of life's terms and resilient to disappointment (Hough, 2002). As the client's self-acceptance grows, they will transition to an internal locus of evaluation, relying more on inner sentiments and being able to trust their intuition more. It is an open-ended therapeutic method in that, like the agenda and goals, the duration is determined by the client, and it usually lasts longer than cognitive-behavioral therapy. The goals of psychodynamic treatment are to "strengthen the ego over the id and superego so that behavior is based more on reality and less on innate needs" and to "bring the unconscious into the conscious" (Corey, 2005). The ultimate goal of psychoanalysis is character reconstruction; as a result, it can last for years. The function of the counsellor and the therapeutic process are what set it apart from other therapies. It is an open-ended therapeutic method in that the duration is set by the client, just like the agenda and goals, and it usually lasts longer than cognitive-behavioral therapy. Psychodynamic therapy aims to "strengthen the ego over the id and superego so that conduct is based more on reality and less on innate wants," as well as "bring the unconscious into the conscious" (Corey, 2005). Psychoanalysis' ultimate purpose is character rebuilding, and as a result, it can persist for years. What distinguishes it from other therapies is the role of the counsellor and the therapeutic process.

On the one hand, there is person-centered therapy, in which the therapeutic relationship is at the heart of the therapy and any healing is contingent on the success of this alliance. It's as much about the relationship as it is about the treatment. The relationship is also important in psychodynamic treatment, but for different reasons: the therapist needs to disappear from the client's radar for maximum efficiency, but the relationship is less important in cognitive-behavioral therapy. The process of developing a relationship, as well as the importance of this process, differs; in person-centered therapy, insight and catharsis can be achieved right away, whereas in psychodynamic therapy, rapport must be developed first. The issue of transference is linked to the therapeutic relationship; in psychodynamic therapy, it is critical, whereas in person-centered therapy, it can be both a distraction and a valuable source of information; in cognitive-behavioral therapy, it plays no role, and when it arises, it is treated as an irrational belief to be confronted.

Cognitive-behavioral treatment is the shortest, although psychodynamic therapy might last for years. Person-centered treatment can be completed in just one session, although it is more likely to last several months to a year or longer. The most significant difference, in my opinion, is that both psychodynamic and person-centered therapy rely heavily on the client's insight – that is, the client's ability to look at oneself as if from outside in order to gain an accurate perspective on their situation. In cognitive-behavioral therapy, which focuses on the acquisition and application of skills, this isn't necessary.

These schools of psychotherapy and counseling come from a variety of backgrounds, but they are all intrinsically related to their founders' battles to find meaning and purpose in their lives as teenagers. Their founders lived in roughly similar decades, and psychoanalysis is the father of them all. Starting with psychoanalysis, psychodynamic therapy evolved as a reaction to psychoanalysis and its perceived flaws, resulting in person-centered and cognitive-behavioral therapies. All of these systems, in my opinion, are complementary, and one can benefit from each – the psychodynamics’ unconscious and ego defenses, the person-relationship centred's base and client respect, and the cognitive-skills behavioural's and applications drive. Studying these strategies has piqued my curiosity in becoming a great assist, as I can see how each provides a unique perspective on knowing the full person. None of them are completely complete in and of themselves, and none of them can be dismissed as unnecessary or useless.

Sigmund Freud, who believed in unconscious forces driving behavior, founded psychoanalysis or psychodynamic theory, often known as the "historical perspective." Psychoanalysts still use the techniques he developed, such as free association (talking freely to the therapist about whatever comes up without being censored), dream analysis (examining dreams for important information about the unconscious), and transference (redirecting feelings about certain people in one's life onto the therapist).

This idea is used to train counselors at the Kenya School of Professional Counselors, and it is ingrained throughout the counselor training process. Psychotherapists and counselors that utilize this approach, in general, focus much of their attention and energy on evaluating prior connections, particularly traumatic childhood events, in relation to an individual's current situation. Treatment and healing are thought to be possible if these concerns are revealed and brought to the surface. This idea has been thoroughly investigated, and as neuroscience progresses, counselors are discovering how psychodynamic theory can genuinely benefit a client's brain. Psychodynamic theory takes longer to implement than certain short-term theories since it entails modifying deeply rooted behaviors and a large amount of self-awareness.

Aaron Beck, a psychotherapist, established cognitive theory in new in the 1960s. This counseling theory is concerned with how people's thoughts influence their moods and behaviour. Therapy based on cognitive theory, unlike psychodynamic theory, is brief and focused on problem solving. Cognitive therapists are more concerned with their clients' current condition and flawed thinking than with their history. Counselors and therapists frequently mix cognitive and behavioral treatment into a single philosophy. CBT, or cognitive behavioral therapy, has been shown in studies to help with a variety of mental illnesses, including anxiety, personality disorders, eating disorders, and substance addiction problems. This theory is used in the probation department to encourage positive behavior modification because most people are in trouble with the law because of their bad behavior.

The relationship you establish, develop, and maintain with your counsellor is crucial in all three of these categories. It can be difficult to open up and explore difficult emotions without trust and understanding, so while it's important to consider the counsellor's approach and whether it might work for you, it's also critical that you feel you're working with someone with whom you can form a therapeutic relationship.

**Conclusion**

Psychotherapy theories provide therapists and counselors with a framework for interpreting a client's behavior, ideas, and feelings and guiding them through the client's path from diagnosis to post-treatment. Theoretical approaches are, without a doubt, an important component of the therapeutic process. Psychological issues, according to psychoanalytic therapy ideas, are caused by the present-day effect of unconscious psychological impulses or motivations derived from previous interactions and experiences. Dysfunctional thought and behavior patterns from the past have become unconscious "working models" that lead clients to continue thinking and acting in dysfunctional ways in the present. Psychoanalytic counselors try to help their clients become aware of their unconscious working models so that they can be understood and handled. Psychoanalysis, attachment therapy, object relations therapy, and Adlerian therapy are some of the most popular psychoanalytic therapies today.

People have psychological and emotional problems, according to cognitive counseling ideas, when their thinking is out of sync with reality. When this warped or "poor" thinking is applied to problem-solving, faulty solutions are understandably the consequence. Cognitive counselors seek to confront their clients' flawed thinking processes so that they can come up with solutions that are specific to their difficulties. Cognitive behavior therapy, reality therapy, motivational interviewing, and acceptance and commitment therapy are some of the most popular cognitive-theory-based therapies today. People have all the resources they need to live healthy and effective lives, according to humanistic counseling beliefs, and difficulties arise as a result of limited or unavailable problem-solving resources. Humanistic counselors believe that their purpose is to assist clients in discovering and accessing the limited resources they need to solve difficulties on their own, rather than to give advice on how to solve problems. Person-centered, existential, emotion-focused, Gestalt, and positive psychology are some of the most popular humanistic counseling techniques today.

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