

# Problems of Development & Learning

## Therapeutic Counseling

### 2.1 COUPLE THERAPY OR COUNSELLING

Sometimes it is best for a couple to come together, rather than separately, for counseling or therapy. This will particularly be the case where one partner blames the other for his or her problems. The couple may be married or unmarried, homosexual or heterosexual, and may have been together for a few months or many years. There may be one therapist or two co-therapists (Greenberg & Johnson 1988).

Couple counseling tends to focus on the area of communication; what do the partners communicate, and how do they communicate it? Often the problem is simply lack of communication – the partners don't know how to listen to each other, and sometimes don't even know how to talk to each other (Button 1985). So quite often it is a matter of teaching the skills of communication.

Between men and women, there are often quite specific mistakes which each gender makes about the other, and these have been much studied in recent years. Men, for example, often want to solve problems as quickly as possible, while women want to explore them from all angles. Both of these approaches, of course, are appropriate at different times, and it is a pity to get locked in to just one type of response. But when couples do communicate, it is often in ways which produce the opposite effect from that intended (Gray 1992). He tells her how to be a better person; she hears it as a put-down. She tells him how to improve; he hears it as an attack. Once a fight starts, it is often the case that the parties don't fight fair, and they can be taught the skills of fair fighting (Hough 1991).

So this is one level, and surprisingly much can be achieved simply by dealing with these superficial matters. The imagination is very powerful, and it is always worth looking at the question of what each partner imagines about the other. What is the visual or other image which comes to mind as they look at the partner? It is often the case that the person is relating to this image, and not to the real partner at all (Mearns & Dryden 1990).

Emotional issues are also very important, and may come out through a more childish part of each person (Stone & Winkelman 1989). If each person has an inner child who needs to be looked after from time to time, that works fine if partners take it in turns. The trouble comes when both inner children need looking after at the same time: neither of them can get what they need from the other. Once this is understood, however, something can be done about this situation. There are certain stages that a marriage (or other permanent relationship) tend to go through (Campbell 1980).

## **2.2 FAMILY THERAPY OR COUNSELLING**

The basic point here is that problems in families often arise because of the way the whole family works. People are pushed into family roles which may or may not have much to do with them as individuals – for example, one person may be a scapegoat, one person may be the bright one, one may be the sick one, and so on. It would be ineffectual in such cases to take, say, the sick one out of the family and treat that person in isolation, because as soon as they got back into the family the same pressures would operate to push them back into their role. These pressures may often be very strong and very hard to resist.

We came across one example recently where four therapists were treating four family members quite independently. This is quite obviously a case where family therapy would be more economical and more efficient.

In family therapy, the whole family comes in at the same time, and there may be one therapist or two co-therapists. Again the main emphasis will be on communication, and almost always there are secrets to be brought out, and shown to be innocuous. And again the question of conflict resolution will be important.

More than one generation may be involved in some problems, and it is not unusual for grandparents to be brought into the picture, and also aunts and uncles. In some cases this can get very complex indeed.

In the humanistic approach to family work, it is thought to be very important for the therapist to work in an authentic way, treating the family members as subjects rather than objects. This contrasts with some other approaches to family work, which see the family as an almost mechanical system, where one ingenious adjustment, made perhaps without the knowledge or understanding of the family members, can make the system work normally. So we do not deceive people or

play tricks on them or say the opposite of what we really mean. A good discussion is to be found in Eddy Street (2003).

Some of the greatest family therapists have been humanistic in orientation, and Virginia Satir (1988) has left behind her a flourishing school of therapists trained by her (Satir & Baldwin 1983). She has also left materials on how to teach her approach (Schwab et al 1989). Walter Kempler (1973) has also made an important contribution in the humanistic approach to family therapy.

Occasionally we may use an intensive marathon approach, where the family is kept together with a pair of co-therapists for a whole weekend. The family experiences the actual stress of mutual confrontation and works through it with the help of the therapy team. *The group sessions are supplemented with individual sessions*. On some occasions it has been known for the therapists to bring their own families to these intensive weekends to add to the naturalness of the human interactions, but this is rare rather than common.

One of the great problems of family therapy is the cost, in every sense, of bringing the whole family together and working with it. For this reason family therapy tends to be brief and intensive, rather than open-ended and lengthy. But it is important for family therapists not to get so carried away by the importance of brevity that they cease to treat the family members as human beings. As with couples, it is important to have some political awareness, and to notice the power issues which may lurk behind seemingly rational actions (Perelberg & Miller 1990). The reinforcement of stereotypes has to be avoided.

### **2.3 THE PERSON-CENTRED APPROACH**

This is the approach developed by Carl Rogers (Thorne 1992), and is sometimes for that reason called Rogerian counseling or therapy, although Rogers himself never approved of that title. The best book on his work is Barrett-Lennard (1998). The classic compilation of his work is of course the *Carl Rogers Reader* edited by Kirschenbaum and Henderson (1990), and the companion volume of dialogues with famous people is equally good. What it says is that if we approach another person in a certain way, we can enable them to grow and develop and work through any problems they may have. And the suggestion is really that any approach which is genuinely going to help people *must* involve working in that same way. Well, what is this way? It entails three qualities (Rogers postulated six, but these three are the most often mentioned).

***The first quality is empathy*** (Haugh & Merry 2001). Many people believe that this is the single quality which is most important in all ***forms of therapeutic listening***. It means getting inside the world of the person who comes for therapy (usually called the client, though some people not in this group prefer other words such as patient or consultant) so that that person feels accepted and understood. Two things are important about this:

- 1) that the empathy be accurate, and
- 2) that the empathy be made known to the client.

Both of these are learnable skills, and they do make a huge difference to the relationship between client and counselor or therapist.

***The second quality is genuineness*** (Wyatt 2001). If empathy is about listening to the client, genuineness is about listening to myself – really tuning in to myself and being aware of all that is going on inside myself. It means being open to my own experience, not shutting off any of it. And again it means letting this out in such a way that the client can get the benefit of it. Genuineness is harder than empathy because it implies a lot of self-knowledge, which can really, only be obtained by going through one's own therapy in quite a full and deep way. It is only a fully-functioning person (Rogers' word for the person who has completed at least the major part of their therapy) who can be totally genuine.

***The third quality is non-possessive warmth*** (Bozarth & Wilkins 2001). It means that the client can feel received in a human way, which is not threatening. In such an atmosphere trust can develop, and the person can feel able to open up to their own experiences and their own feelings. It may be noticed here that these three qualities are really what we would hope for from any human being. And anyone who would not be capable of exhibiting these qualities would not be much of a human being. So there is a lot in this approach about learning how to be a human being. It is one of the paradoxical and exciting things about the humanistic approach generally that it assumes that everyone is capable of being fully human (Rogers & Stevens 1967).

The very thorough book from Farber et al (1996) goes through a number of Rogers' recorded interviews with clients and makes comments on them. In a therapeutic situation where these qualities are operating, Rogers found, clients go through a sequence of stages which more and more closely approach being fully functioning persons, able to take charge of their own lives and really be themselves.

Rogers later extended his work to basic encounter groups (small groups where the same principles operate), to organizational work on several different levels (for example, working with a class in school, with the school itself, and with the whole school district), and to work with cross cultural groups to improve international understanding. He saw his work as having political implications: for him personal power and political power were closely connected. Since his death some very interesting material has come out from Mearns & Dryden (1988, 2000), adding two new ideas – working at relational depth, and configurations of self.

An important recent development is the use of pre-therapy. This an approach which can be used with people who otherwise might not be considered suitable for psychotherapy (Prouty, Van Werde & Pörtner 2002) as being ‘contact impaired’.

## **2.4 THE EXPERIENTIAL APPROACH**

Experiential therapy is a relative newcomer to the humanistic field, even though its roots go well back into the 1970s. It was quite recently that the eye-opening handbook came out (Greenberg et al 1998), which really put it on the map in a big way. It consists of twenty chapters by twenty-seven authors, from five countries. They come from gestalt, psychodrama, person-centred work, experiential psychotherapy, focusing, existential analysis – the whole gamut of humanistic work. Indeed, it seems at times as if the word ‘*experiential*’ is being used as a kind of code-word for ‘*humanistic*’, in the same sort of way that ‘*psychodynamic*’ is used as a code-word for ‘*psychoanalytic*’. But this is a new kind of ‘*humanistic*’, and so it makes sense to have a new word for it. There is a lot of emphasis on the relationship in therapy.

There is an awareness of constructivism. The idea of the ‘real self’ is questioned. Words like ‘empathy’ are reexamined and redefined – there is a whole lesson on this. The client is always seen as the active agent in the process of therapy. Art Bohart and Karen Tallman have an excellent chapter on this. They speak of therapy as ‘Dialoguing with another creative intelligence’.

Al Mahrer, who of course has been developing his own version over the years (Mahrer 1996), provides another of his clear and hard-hitting chapters, this time on ‘How can impressive in-session changes become impressive post-session changes?’ So far so predictable, perhaps. This is the humanistic approach we know and love, give or take a few modifications. But now comes a series of chapters which seriously challenge the usual humanistic position. The titles tell you: ‘*Process-experiential therapy of depression*’; ‘*Process experiential therapy for*

*post-traumatic stress difficulties*’; *‘Experiential psychotherapy of the anxiety disorders*’; *‘Goal-oriented client-centred psychotherapy of psychosomatic disorders*’; *‘Experiential psychodrama with sexual trauma*’; *‘The treatment of borderline personality disorder*’; *‘A clientcentred approach to therapeutic work with dissociated and fragile process*’; *‘Experiential approaches to psychotic experience*’; *‘Psychopathology according to the differential incongruence model*’; and *Diagnosing in the here and now*: A gestalt therapy approach.’ In other words, these people are biting the bullet and using diagnostic labels so that they can communicate better with psychiatrists and other professionals. This was a great shock for me, because I have long argued against diagnosis (or assessment, as it is now more usually called) on the grounds that the therapist is then likely to treat the diagnosis rather than the person.

These people write much more precisely, much more carefully, than anyone I have come across before in the humanistic world. They have then been able to think about difficult questions like what is the difference between a depressed person and an anxious person? And they have come up with answers. By doing so they have been able to go further, and make real arguments for the proposal that the humanistic approaches to therapy are good and effective not only for neurotic problems, but also for borderline and psychotic distress.

Here is a new breed. These are people who are not afraid to look at patterns and constellations within people, and describe them in detail. As the final chapter states: “This type of process-sensitive approach provides a process-diagnostic and process-directive form of treatment that will become the hallmark of a modern experiential psychotherapeutic methodology.

In this approach the therapist uses process diagnosis as a key tool and is seen as an expert not on what a client experiences but on how to differentially facilitate optimal client processes at particular times.” These people want to know what they are doing, and why they are doing it, in great detail. They speak much less about intuition, about emotional feeling, about the whole. They want to use the whole gamut of the humanistic instruments, not as serving a single purpose, the same for all clients, but in a differential way: this is not the language we are used to. In a way it is shocking. But I do not see how any humanistic practitioner could not be interested in it.

Another approach which has come forward more in recent years, and is also very remarkable, is Focusing (Gendlin 1996). This used to be rather a specialized non-mainstream specialty, but now it is taking its place as the central feature of an approach to therapy which is very close to the experiential methods already described. As Friedman (2000) has shown, it can be integrated with other humanistic and experiential approaches in creative ways which take the whole are to therapy forward. And there have been several conferences in recent years where the client centred approach has joined with the experiential approach and with focusing to make a strong new surge in the humanistic field (Lietaer et al 1990).

To me it is exciting beyond measure. It is not only interesting at the level of practice, it is challenging at the level of political and economic realities. There is a lot of politics in psychotherapy, often denied by the idealist. We do live in the marketplace. We do compete. And the vision of this lesson and it is a vision that certainly interests me, is that we can have a tough humanistic psychotherapy fit to hold its own and take on all comers.

## **2.5 GESTALT THERAPY**

**Gestalt therapy** is an existential/experiential form of *psychotherapy* that emphasizes *personal responsibility*, and that focuses upon the individual's experience in the present moment, the therapist-client relationship, the environmental and social contexts of a person's life, and the self-regulating adjustments people make as a result of their overall situation. Gestalt therapy was developed by Fritz Perls, Laura Perls and Paul Goodman in the 1940s and 1950s.

Edwin Nevis described Gestalt therapy as "a conceptual and methodological base from which helping professionals can craft their practice". In the same volume Joel Latner stated that Gestalt therapy is built upon two central ideas: that the most helpful focus of psychotherapy is the experiential present moment, and that everyone is caught in webs of relationships; thus, it is only possible to know ourselves against the background of our relationship to the other.

The historical development of Gestalt therapy (described below) discloses the influences that generated these two ideas. Expanded, they support the four chief theoretical constructs (explained in the theory and practice section) that comprise Gestalt theory, and that guide the practice and application of Gestalt therapy.

Gestalt therapy was forged from various influences upon the lives of its founders during the times in which they lived, including: the new physics, Eastern religion,

existential phenomenology, Gestalt psychology, psychoanalysis, experimental theatre, as well as systems theory and field theory. Gestalt therapy rose from its beginnings in the middle of the 20th century to rapid and widespread popularity during the decade of the 1960s and early 1970s.

During the '70s and '80s Gestalt therapy training centers spread globally; but they were, for the most part, not aligned with formal academic settings. As the cognitive revolution eclipsed Gestalt theory in psychology, many came to believe Gestalt was an anachronism. Because Gestalt therapists disdained the positivism underlying what they perceived to be the concern of research, they largely ignored the need to utilize research to further develop Gestalt theory and Gestalt therapy practice (with a few exceptions like Les Greenberg, see the interview: "Validating Gestalt"). However, the new century has seen a sea of change in attitudes toward research and Gestalt practice.

Gestalt therapy is not identical with Gestalt Psychology but Gestalt Psychology influenced the development of Gestalt therapy to a large extent. Gestalt therapy focuses on process (what is actually happening) over content (what is being talked about). The emphasis is on what is being done, thought, and felt at the present moment (the phenomenality of both client and therapist), rather than on what was, might be, could be, or should have been. Gestalt therapy is a method of awareness practice (also called "mindfulness" in other clinical domains), by which perceiving, feeling, and acting are understood to be conducive to interpreting, explaining, and conceptualizing (the hermeneutics of experience). This distinction between direct experience versus indirect or secondary interpretation is developed in the process of therapy. The client learns to become aware of what he or she is doing and that triggers the ability to risk a shift or change.

The objective of Gestalt therapy is to enable the client to become more fully and creatively alive and to become free from the blocks and unfinished business that may diminish satisfaction, fulfillment, and growth, and to experiment with new ways of being. For this reason Gestalt therapy falls within the category of humanistic psychotherapies. Because Gestalt therapy includes perception and the meaning-making processes by which experience forms, it can also be considered a cognitive approach. Because Gestalt therapy relies on the contact between therapist and client, and because a relationship can be considered to be contact over time, Gestalt therapy can be considered a relational or interpersonal approach. Because Gestalt therapy appreciates the larger picture which is the complex situation involving multiple influences in a complex situation, it can be considered a multi-systemic approach. Because the processes of Gestalt therapy are experimental,



involving action, Gestalt therapy can be considered both a paradoxical and an experiential/experimental approach.

When Gestalt therapy is compared to other clinical domains, a person can find many matches, or points of similarity. "Probably the clearest case of consilience is between gestalt therapy's field perspective and the various organismic and field theories that proliferated in neuroscience, medicine, and physics in the early and mid-20th century. Within social science there is a consilience between gestalt field theory and systems or ecological psychotherapy; between the concept of dialogical relationship and object relations, attachment theory, client-centered therapy and the transference-oriented approaches; between the existential, phenomenological, and hermeneutical aspects of gestalt therapy and the constructivist aspects of cognitive therapy; and between gestalt therapy's commitment to awareness and the natural processes of healing and mindfulness, acceptance and Buddhist techniques adopted by cognitive behavioral therapy."

## **2.6 CO-COUNSELLING**

Co-Counseling is basically a very simple idea, which has developed into a world-wide movement with many separate organizations, all with rather similar rules. The basic idea of it is that you and I go on a brief course to learn the approach. Then we meet regularly, and share the time equally between us; for half the time I am the client and you are the counselor, and for the other half you are the client and I am the counselor (Evison & Horobin 1983).

What we learn on the course is some very simple and non-confusing theory, and a great deal of practice in how to do it. There are very few techniques to be learned – repetition, contradiction and role-playing by the counselor are the main ones – and most of the emphasis is laid on the balance of attention. The counselor gives free attention to the client, and the client is encouraged to pay equal attention to the material he or she wants to go into during the session, and the here and now of interaction with the counselor. If the client goes too deeply down into distress, the counselor will lightly encourage a little more attention to the present time and place. It is regarded as very important to validate the client.

The emphasis is all on lightness and encouragement, because the approach is specifically designed to be used safely by people with no other training. It is considered very important not to do anything harmful. So the main instruction which is urged all the time is “the client is in charge”.

It is the client who decides what material to work on, how deeply to go into it, and when to stop. It is the client who states the contract for each session, instructing the counselor to say nothing, to intervene minimally, to intervene upon request, to intervene at discretion with the established techniques, or to intervene at discretion with whatever else the counselor may know. The identity of the counselor is not supposed to matter. All the training emphasizes that the identity of the partner is not important, and that any co-counselor can work with any other co-counselor.

This is to minimize the tangles which people can get into over questions like transference and counter-transference (repetition of childhood relationships in the session itself), which are felt to be a nuisance rather than a help. Also for this reason co-counselors are discouraged from meeting socially, and from discussing their sessions afterwards. It has been found by hard and bitter practice that it is best to keep co-counseling partners as co-counseling partners only.

Co-counseling was invented by Harvey Jackins (1965), and the Re-evaluation Counseling communities are still controlled by him, but in Britain the main organization is Co-counseling International, originally led by John Heron in a breakaway movement (Heron 1974). The latter organization has far more connection with the rest of humanistic psychology, while the RC communities remain very isolated and disconnected (Kauffman & New 2004). This is a pity, as the RC stream has been very good in recognizing the important political implications of co-counseling, and its particular relevance to groups such as people who are physically challenged, teachers, women, people from ethnic minorities, men and so on, issuing magazines especially addressed to them.