As discussed in Topic 1, the origin of counselling can be traced back to the work of Frank Parsons who was concerned about helping young people make decisions about choices in their career. Parsons regarded career decision making as a rational process with guided self-appraisal, analysis of work opportunities, and matching self with opportunities. The early development of the counselling profession focused on developing techniques and ways of helping people better assess their aptitude, opportunities and interests in career and occupational aspects. This approach to counselling became popularly known as directive counselling since the role of the counsellor is to advise clients about their career choices through matching personal traits and factors that contribute to successful decision making. Feelings and emotions were not so much regarded as important in making the evaluation.

LEARNING OUTCOMES

By the end of this topic, you should be able to:

1. Identify how counselling theories may be classified;
2. Compare and contrast how psychoanalytic theory, Adlerian theory and client-centred theory view human behaviour;
3. List the differences in the goals of counselling among the three theoretical positions; and
4. Identify the different counselling techniques proposed by each of the three counselling theories.

INTRODUCTION

As discussed in Topic 1, the origin of counselling can be traced back to the work of Frank Parsons who was concerned about helping young people make decisions about choices in their career. Parsons regarded career decision making as a rational process with guided self-appraisal, analysis of work opportunities, and matching self with opportunities. The early development of the counselling profession focused on developing techniques and ways of helping people better assess their aptitude, opportunities and interests in career and occupational aspects. This approach to counselling became popularly known as directive counselling since the role of the counsellor is to advise clients about their career choices through matching personal traits and factors that contribute to successful decision making. Feelings and emotions were not so much regarded as important in making the evaluation.
When Carl Rogers published his famous book *Counseling and Psychotherapy* in 1942, he introduced a totally new concept of counselling. The client is seen as a good person who is capable of making the right choices when facilitated by the counsellor. Thus, the role of the counsellor is not to advise, but to facilitate the process of exploring himself or herself. Self-exploration and growth in the client can be achieved within a nurturing relationship where the client is able to freely express his or her concerns as the counsellor provides a positive and trusting environment. Roger’s approach came to be known as non-directive counselling since the counsellor did not advise or direct the client’s process of self-exploration.

### 2.1 CONTINUUM OF THEORIES

After Roger’s introduction of his approach, counsellors began to debate which approach was more appropriate. The Rogerian approach prompted counsellors to view counselling as more than giving advice on career matters. Subsequently, counsellors began to examine other theories from psychology and psychotherapy which could be used in counselling because these two fields focused on various human experiences. Over the last 60 years, numerous theories have been introduced into the counselling profession. Reviewing these theories used in counselling, Patterson and Watkins (1996) suggested that modern approaches can be arranged on a continuum ranging from non-directive approaches to directive approaches (see Figure 2.1). Generally, counsellors who are nondirective focus on affections and view clients as able to direct themselves with the help of counsellors. In contrast, counsellors who adopt the directive approaches tend to be more prescriptive and view themselves as the experts giving directions to their clients.

![Figure 2.1: Continuum of counselling theories](source: Patterson & Watkins. 1996, p. 261)
For example, using the person-centred approach, the counsellor attempts to realise the client’s full potential in adopting a non-directive attitude. The counsellor looks for meaning behind a client’s words and tries hard to understand the client’s world and as far as possible avoids portraying himself or herself as an expert. On the other hand, using the behavioural approach, the counsellor and the client collaborate on a behavioural plan involving replacing negative behaviours with more positive behaviours using reinforcement.

The counsellor guides the client through role-playing and self-monitoring toward correcting negative behaviours. In between these two ends of the continuum is the psychoanalytic approach in which the counsellor helps the client work through issues to find the best solution for overcoming the client’s inner conflicts. The counsellor tries to help the client to achieve a compromise between conflicting forces through understanding the nature of the conflicts and dealing with them in a more mature and rational manner.

SELF-CHECK 2.1

What is the main difference between directive and non-directive counselling approaches? Give specific examples.

2.2 CLASSIFICATION OF COUNSELLING THEORIES

There are many theories or approaches adopted by counsellors. Different textbooks on counselling theories may emphasise certain theories and ignore others. So, when you read a particular textbook, some theories may be left out. However, most textbooks will discuss a few popular theories due to their wide acceptance among the counselling practitioners. Also, different authors may classify the various theories differently. Corey (2005) identified 11 therapeutic approaches and grouped them into four groups as follows.

2.2.1 The Analytic Approaches

These are counselling approaches focusing on analysing unconscious motivation, personality development and childhood experiences. Included under this category are:

(a) Psychoanalytic therapy by Sigmund Freud; and
(b) Adlerian therapy by Alfred Adler.
2.2.2 The Experiential and Relationship-Oriented Approaches

These approaches focus on creating a good relationship between counsellor and client, as well as having good and positive views of human nature. Included in this category are:

(a) The existential approach by Viktor Frankl, Rollo May and Irvin Yalom;
(b) Person-centred approach by Carl Rogers; and
(c) Gestalt therapy by Frederick and Laura Perls.

2.2.3 The Action Therapies

These approaches focus on client’s current behaviour and developing a clear plan for changing unproductive behaviour with a new one. Included here are:

(a) Reality Therapy by William Glaser;
(b) Behaviour Therapy by B. F. Skinner, Arnold Lazarus and Albert Bandura;
(c) Rational Emotive Therapy by Albert Ellis; and
(d) Cognitive Therapy by A. T. Beck.

2.2.4 The System Perspectives

These approaches stress on the importance of understanding clients in the context of the surrounding, environment, or system. Included in this category are:

(a) The Feminist Therapy; and
(b) Family System Therapy

On the other hand, Palmer (2000) classified the various counselling approaches according to the convention of psychoanalytic, cognitive-behavioural and humanistic traditions, with a broad category of “others” for those not necessarily belonging to these three traditions or whose affiliation is disputed. The classification is as follows:

Psychoanalytic Approaches by:

(a) Sigmund Freud;
(b) Carl Jung;
(c) Alfred Adler; and
(d) Melanie Klien.

**Cognitive-Behavioural Approaches:**

(a) Behaviour therapy;
(b) Rational emotive behaviour therapy;
(c) Cognitive therapy; and
(d) Reality therapy.

**Humanistic Approaches:**

(a) Client-centred therapy by Carl Rogers; and
(b) Gestalt therapy by Frederick and Laura Perls.

The issue of which theory to use is a highly complex and controversial question. It cannot be denied that the adoption of any one theory will depend on the orientation of the counsellor or practitioner. All the theories mentioned are over and above the scope of this introductory course. Only six theories will be discussed briefly. For a deeper study, it is advisable to refer both to traditional literature or original sources and to the latest editions of specialist texts by those representing their theoretical orientation. Look up the founders of each theory, because the main assumptions of their theories are strongly associated with their personal life experiences.

**ACTIVITY 2.1**

1. Refer to different resources or textbooks on counselling theories and identify other theories not mentioned here. Compare how the authors have classified those theories.

2. Read the autobiography of each founder of a theory. Relate how each person’s life history contributed to his or her ideas.
2.3 PSYCHOANALYTIC COUNSELLING

Sigmund Freud was a psychiatrist in Vienna. He was the originator of psychoanalysis, introducing new, seemingly outrageous ideas on human behaviour and development. His ideas related mainly to his own self-exploration when he experienced emotional problems during his early 40s. Freud suffered from various illness originating from stress, had many phobias, and dreams which he analysed and tried to find meaning. He examined his own childhood experiences and childhood sexual feelings, on which he based his theories. Freud was highly creative and productive, writing profusely until his works filled 24 volumes. Many of Freud’s early concepts of psychoanalytic principles and techniques have been the foundation of the helping profession and are still used by many professional helpers.

2.3.1 Basic Assumptions

Freud believed humans are basically driven by irrational forces, unconscious motives, and biological drives that mainly evolved during childhood years. The goal of life is mainly focused on gaining pleasure and avoiding pain. Three main ideas of Freud are often discussed when describing the psychoanalytic approach; namely:

(a) the structure of personality,
(b) the iceberg theory of unconsciousness, and
(c) the psychosexual personality development.

According to Freud, human personality is made up of three integrating components:

(a) **Id**

The *id* is born at birth. The id consists of all human psychic energy and instincts. It operates according to the *pleasure principle*, meaning it focuses on gaining pleasure at any cost in order to satisfy instinctual needs regardless of moral or logic reasons. The gratification of needs is aimed at reducing tension and avoiding pain.
(b) **Ego**
As one grows up and interact with parents and his significant other, one learns to mediate or balance between instincts calls and the demands from the environment. This second component of personality is ruled by reality principle, where it reasons realistically and logically and formulate plans on how to satisfy needs in socially acceptable ways.

(c) **Superego**
Superego, the third component of personality, consists of learned principles of right and wrong in order to control instinctual gratification and behaviour. It includes a person’s ideal moral code, and strives not for pleasure but for perfection (see Figure 2.2).

The collections of moral codes are gained from the standards imposed by parents and society. When one follows the moral code, one gets rewards, otherwise one experiences punishment and feelings of guilt. When the three components of personality conflict with each other, a person will experience anxiety.

(a) **Defence Mechanism**
When a person experiences anxiety, he or she will seek for a solution that is often in the form of ineffective behaviour or embarrassing action. In order to reduce anxiety, the person may unconsciously react in a defensive way to reduce stress. Such defensive ways of coping with anxiety is called **defence mechanism**.

A defence mechanism if used appropriately will reduce the tension for a temporary period. However, if it is used repeatedly, the person may become inefficient in handling problems since he or she has gotten used to finding excuses or explanation that give false solutions. Common defence mechanisms include denial, rationalisation, intellectualisation, projection, regression and displacement (See Table 2.1).
Table 2.1: Psychological Defence Mechanisms as a Way of Coping with Stress

<table>
<thead>
<tr>
<th>Defence mechanism</th>
<th>Cause of anxiety</th>
<th>Means of coping</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compensation</td>
<td>Anxious about one’s real or imagined weakness</td>
<td>Emphasise desirable traits or try to excel in area of weakness or in other areas</td>
<td>Failing to impress the football coach, Amin strives to excel in badminton</td>
</tr>
<tr>
<td>Denial</td>
<td>Faced with painful or unpleasant reality</td>
<td>Refuse to perceive or accept reality</td>
<td>A woman refused to accept her husband’s untimely death</td>
</tr>
<tr>
<td>Displacement</td>
<td>Unable to express emotions to a person</td>
<td>Shift or let off the emotions to a substitute person or object</td>
<td>Unable to express anger at her husband, Mei Ling shouts at her children</td>
</tr>
<tr>
<td>Intellectualisation</td>
<td>Anxious about a stressful problem</td>
<td>Think or talk about the situation in impersonal and technical or intellectual terms</td>
<td>Doctors and nurses avoid being overwhelmed with emotions by explaining to patients and family members about illness and death using intellectual terms</td>
</tr>
<tr>
<td>Projection</td>
<td>Anxious about one’s own feelings, shortcomings, or unacceptable impulses</td>
<td>Attribute the feelings, shortcomings, or unacceptable impulses to others</td>
<td>Joyce accuses Ali of cheating in the exam when in fact she was the one who committed the offence</td>
</tr>
<tr>
<td>Rationalisation</td>
<td>Anxious about committing a behaviour</td>
<td>Justify the behaviour by giving a rational and reasonable, but often false reason</td>
<td>Kumar blamed the traffic jam as the reason for arriving late for class</td>
</tr>
<tr>
<td>Reaction formation</td>
<td>Having dangerous ideas, emotions or impulses</td>
<td>Prevent dangerous ideas and emotions from being expressed by expressing opposite behaviour</td>
<td>Sara lavishes praises on her younger sister when in reality she is jealous of her sister</td>
</tr>
<tr>
<td>Regression</td>
<td>Feeling anxious or threatened</td>
<td>Retreat to childlike behaviour and defences</td>
<td>Crying, throwing a tantrum, speaking in childish manner</td>
</tr>
<tr>
<td>Theory</td>
<td>Description</td>
<td>Process</td>
<td>Example</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Repression</td>
<td>Having uncomfortable, painful or dangerous thoughts</td>
<td>Prevent or exclude the thoughts from entering awareness or consciousness</td>
<td>We try to forget hostile feelings toward a family member, past failures and embarrassments</td>
</tr>
<tr>
<td>Sublimation</td>
<td>Having unmet desires or unacceptable impulses</td>
<td>Redirecting or working out the energy in more socially acceptable activities.</td>
<td>People channel their high level frustration, aggressive or sexual energy into sports, arts or politics.</td>
</tr>
</tbody>
</table>

**Source:** Corey, 2005

### (b) Consciousness and Unconsciousness

Another contribution of Freud to the understanding of human behaviour is the concept of consciousness and unconsciousness. According to Freud, humans are unaware of most of their mental processes. The unconscious mind consists of all the instincts, wishes and experiences that are mainly unacceptable to be acknowledged, recognised or expressed. Though consciously unaware of these repressed motives, they influence and sometimes govern behaviours. Only about ten per cent of the mind is above the surface of awareness. The main idea is that people often do not understand why they behave as they do due to unconscious motives, which need to be identified through counselling (see Figure 2.3).

![Image: The Iceberg Theory of Unconsciousness](image-url)

**Figure 2.3:** The Iceberg Theory of Unconsciousness
(c) **Psychosexual Stages of Personality Development**

A controversial idea proposed by Freud is known as the psychosexual stages of personality development. Freud suggested that the desire for sexual pleasure is a lifelong drive that begins in infancy. Humans go through five stages of psychosexual development beginning with the oral stage whereby a baby’s oral needs are met by sucking the mother’s breast. Anal stage is about meeting anal needs either by holding or eliminating faeces. During the phallic stage, children become aware of the genital differences and become attached to the opposite sex of parents. The latency period is when sexual interest is relatively quiescent since children get engrossed in school activities and peers. The last stage is genital which begins at puberty and each gender takes more interest in the opposite sex. Excessive gratification as well as excessive frustration at any point of development in any of the stage will result in fixation, unresolved conflict or emotional hang-up, manifested in the form of personality problems or disorders (see Table 2.2).

**Table 2.2: Freud’s Psychosexual Stages of Personality Development**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Period</th>
<th>Focus of Pleasure</th>
<th>Focus of Development</th>
<th>Behaviours Resulting from Fixation</th>
<th>Adult Personality Resulting from Fixation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral</td>
<td>Birth – 18 months</td>
<td>Mouth</td>
<td>Satisfy needs by sucking, swallowing and chewing/biting</td>
<td>Gum chewing, nail biting, smoking, kissing, overeating, alcoholism</td>
<td>Oral-dependent (gullible, passive, attention-seeker) oral-aggressive (argue, sarcasm, biting)</td>
</tr>
<tr>
<td>Anal</td>
<td>1–3 years old</td>
<td>Anus</td>
<td>Satisfy needs of holding or eliminating faeces – toilet training</td>
<td>Throw temper tantrums, self-destructive behaviours</td>
<td>Anal-retentive (obstinate, stingy, very orderly, compulsively clean. Anal expulsive (disorderly, destructive, cruel, messy)</td>
</tr>
</tbody>
</table>
### 2.3.2 Goals of Counselling and Roles of the Counsellor

The goal of psychoanalytic counselling is to help clients become aware of their unconscious thoughts and emotions that have affected their behaviour or action. The counsellor may also help clients identify unresolved developmental issues, either personality or psychosexual aspects, so that clients can continue with their development in a healthy way. In addition, through counselling, clients will also be able to recognise ineffective ways of coping with stress they had previously adopted. The counsellor can teach clients how to cope positively with anxiety and the demands of living.

The psychoanalytic counsellor acts as an expert who aims to find the underlying roots of the client’s current problems. The counsellor encourages clients to talk about whatever comes to mind, especially their childhood experiences. In order to make the client feel comfortable, the counsellor sits slightly out of the client’s view while the client lies down comfortably on a couch. Talking freely about any issues often leads to the recall of related thoughts or emotions. This technique of free association, together with dream analysis and gaining insights enables the counsellor to understand the client’s motive and interpret his or her unconscious thoughts and wishes.
2.3.3 Counselling Techniques

Freud had introduced various techniques that the counsellor can use as a tool to help clients work out their problems. In free association, the client feels free enough to say or express whatever comes to his or her mind, however silly, irrational or painful the thoughts are. Freud believed dreams are the royal roads to the unconsciousness. Through dream analysis, the counsellor is able to understand a client’s unconscious thoughts and emotions by interpreting the manifest content and latent content (the hidden, symbolic meaning) of the dream. In the process of counselling, sometimes clients begin to imagine that the counsellor is similar to the significant person in their real life, thus they transfer their emotions to the counsellor. By analysing transference, Freud believed that the counsellor would be able to interpret the positive or negative feelings expressed by the clients.

Most often, clients will feel reluctant to freely discuss or think about an issue or topic. This blockage in the flow of ideas is called resistance. Through an analysis of resistance, the counsellor is able to make the client aware of his/her resistance, so that the client will deal with them realistically. Last but not least, interpretation is used throughout the counselling process whereby the counsellor’s expertise and experiences are able to help clients understand better their own past and present experiences.

SELF-CHECK 2.2

1. Who is the founder of the psychoanalytic approach?
2. How do psychoanalytic counsellors view clients?
3. From the psychoanalytic perspective, what is the reason(s) for clients having problems in life?
4. Identify the different ideas proposed by Freud.
5. What is the goal of counselling according to the psychoanalytic approach?
6. What are the techniques used in psychoanalytic counselling?
2.4 ADLERIAN COUNSELING

Alfred Adler (1870–1937) is best known as founder of the Adlerian approach which is also known as Individual Psychology. He was a sickly child and had a difficult relationship with his younger brother. Against his parents’ and teachers’ expectations, he rose to the top of his class and went to study medicine at the University of Vienna, later specialising in neurology and psychiatry. Adler’s book *Understanding Human Nature* was a bestseller. He wrote, spoke and demonstrated his work in Europe and the United States until his death in 1937.

Alfred was a colleague of Sigmund Freud, and along with Carl Jung developed the school of psychodynamic thoughts. He disagreed with Freud’s extreme emphasis on biological and deterministic views toward humans. Adler proposed a more optimistic, hopeful and positive theory on human development, stressing on men’s subjective feelings and social interest. He focused on the unity of personality, believing that humans can only be understood when viewed as complete beings. Humans develop a unique lifestyle that is created by them. They have created their own personality and therefore can choose to change. Clients are encouraged to value their strengths and to acknowledge that they are equal members of society who can make a worthwhile contribution to it. After Adler’s death, Rudolf Dreikurs was the most significant figure bringing Adlerian psychology to America, applying its principles to education, individual, group, and family therapy.

2.4.1 Basic Assumptions

The following are some assumptions of human nature stated by Adler:

(a) **Holistic**

Adler argued that people’s actions, thoughts and feelings had to be seen as a whole. He held that “no life expression can be viewed in isolation, but must always be regarded in relation to the total personality”. Personality is not made up of separate parts, but rather, the person as a whole orientates him or herself to the surroundings.

The lifestyle of people and how they behave in the world are determined by the ideas and beliefs they have chosen. For example, a person may choose to believe that he should be better than others or that he should be liked by others. Adler did not place importance on genetic factors but more
importantly on how the person used what he or she inherited in responding to the environment.

(b) **Social**

Adler further suggested that people were social in nature. So, their behaviour had to be interpreted in a social context. If this be the case, then it is important to examine how people behave;

(i) With their family:

(ii) At their school:

(iii) As adults in their workplace:

(iv) When they are with their friends; and

(v) In intimate relationships.

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**PARENTING**

Wise parenting will enable children to grow to feel that they are social equals. In other words, they are equal members in their families who have equal rights, equal respect and share equal responsibilities. Children expect to be treated equally and expect their views to be taken into account.

– Alfred Adler

The human baby is born in an inferior position. He is quite helpless and is dependent on others for survival. The feeling of inferiority, whether real or imagined, may last well into his teenage years. Some people become so engrossed in their feelings of inferiority that they become emotionally and socially paralysed and develop an *inferiority complex*. Humans are always trying to overcome physical weakness by striving for perfection and significance as well as developing a sense of superiority. Such effort is called *compensation*. This does not necessarily mean being overly more powerful or more significant than others, it simply means moving from a perceived lower position to a higher one, from feeling neglected to feeling accepted, and from perceiving weaknesses to achieving strength. The unique ways in which an individual achieves his or her superiority is what is meant by *individuality*.

According to Adlerian counselling, humans are mainly motivated by social interest, meaning people feel a sense of belonging as well as connected to a society that treats them as equal. People who possess social interest are responsible for themselves and those in their society. They have an opportunity
to change their beliefs and their behaviours. Adler considered each person has chosen to be the person that he or she is; we are the authors of our own creation. People can change if they wish. However, change is not easy for an adult; we are all good at being our old selves and will have to struggle at being a different version of ourselves.

**Teleological**

The word “teleological” comes from the Greek word *teleo* which means goal. Adler felt that human behaviour is guided by a purpose. To understand human nature, you have to know what is guiding a particular behaviour. For example, a person who is always late, what is his purpose for being late? Perhaps the person is often late to show others that he or she is busy.

Alternatively, the person wants to show to others he or she is in control and nobody can tell him or her to be on time. Adler called the beliefs that underlie people’s goals of behaviour as **private logic**; to the person it is logical to behave in such a way.

**Birth Order**

Another major idea of Adler was his emphasis on **birth order**. Birth order is the ordinal position an individual is born into his or her family. Adler proposed that people who share the same ordinal birth positions share similar characteristics. This is because the psychological situation of each child is different from each other depending on his or her birth order. Adler focused on five positions with each sharing similar unique characteristics: the **oldest**, the **youngest**, the **second born**, the **middle**, and the **only child**. Birth order and the interpretation of this position influence one’s interactions within the family and with others outside the family. Individuals tend to form their unique personality from the first years within the family, reacting to their siblings and family dynamics. Thus, the family environment is also seen as important to a person’s development, especially the first six years of life. A negative family environment may be rejective, authoritarian, suppressive, materialistic, overprotective or pitying. A positive family environment may be democratic, accepting, open, authoritative, and social (see Table 2.3).

<table>
<thead>
<tr>
<th>Birth Order</th>
<th>General Influence on Personality Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oldest child</td>
<td>First child often receives much attention and is lavished with love. She is seen as unique and special. She tends to be dependable, hardworking and trying to keep ahead. When the second child arrives, the first child finds herself dethroned and slightly neglected. She is no longer the centre of attention and must share the spotlight with the newcomer.</td>
</tr>
</tbody>
</table>

Table 2.3: Birth Order and Its Influence in Personality Development
Second born | This child finds that she is an addition to the family, and sharing the spotlight with another person that comes before her. She strives to gain attention and to be better than the older sibling. She competes with the oldest, striving for achievement in different areas. The second born is often the opposite of the first-born.

Middle child | This child often feels left out since the first and second has already team-up. This child may adopt the “poor me” attitude and creates problems to gain attention. In a problematic family, however, the middle child may become the peacemaker, the person who holds things together.

Youngest child | The youngest is often the baby of the family and becomes the centre of attention. He may be pampered and spoilt. He has to strive and become at least as good as the others ahead of him. Youngest children tend to develop in unique ways; different from the older siblings.

Only child | The only child shares some characteristics with the oldest child since she is also the centre of attention and strives to become the best. She is also pampered and spoilt. She may crave being in the spotlight all the time, even with those outside her family. She may have problems sharing or cooperating with people of her age, yet gets along well with adults.

### 2.4.2 Goals of Counselling and Roles of the Counsellor

The goal of Adlerian counselling is to help clients develop a healthy, holistic lifestyle. This is achieved through an equal relationship between the counsellor and the client. Clients are assisted in identifying, exploring, and disclosing mistaken goals and faulty assumptions associated with feelings of inferiority. These feelings might result from any negative effects of birth order, negative family environment or lack of social interaction and correction of the faulty lifestyle, goals, and assumptions.

Ultimately, the counsellor will help the client foster social interest and start contributing to society, overcome feelings of inferiority and acquire a sense of equality with others, modify clients’ views and goals, and change clients’ faulty motivation. The clients’ lifestyles encourage them to be brave enough so that they are able to explore, identify or confront any fears, perceptions or issues that have been burdening them. In a condition full of positive regard and empathy, clients become increasingly willing to change and grow. As they become more fully functioning, they will have greater self acceptance. In conclusion, clients are ultimately responsible for their own lives.

The role of the counsellor is to diagnose, teach, and model the desired behaviours. The main task of the counsellor is to assess his clients’ level of functioning by gathering information on their family constellation, including
birth order, their parents, siblings and others living at home. Clients’ early life experiences are also explored. The counsellor then interprets his clients’ situations, putting assumptions on the problem areas that need to be worked out.

### 2.4.3 Counselling Techniques

Adlerian counselling follows FOUR phases of therapy:

(a) **Establishing a Relationship**

The counsellor establishes an equal partnership with the client in terms of equal respect, rights and responsibilities. The counsellor accepts the client without any conditions and encourages the person to identify his or her strengths and abilities. Focus is on the fact that the client can make a change if he or she wishes to. The client must feel safe, especially if he or she is to reveal his or her inner thoughts. The counsellor should be serious with the client and not “play games”.

(b) **Gathering Information**

The counsellor gathers information about the client by observing the way he or she enters the room, sits, speaks and behaves during the counselling sessions. The counsellor will analyse the client’s lifestyle by examining his/her birth order and family environment, as well as early memories especially during the first few years of life. Early recollections are used as a diagnostic tool to evaluate the client’s present attitudes and current lifestyle. The counsellor asks directly why the client has come and much can be learned by what he or she tells and does not tell. The counsellor will ask about the client’s place of work, family, friends and relationship with siblings. For example, is the client the eldest who was often bullied by his younger brother?

Or was the client a pampered child? The client will also be asked to recall earlier experiences. According to Adler, people remember events that reinforce the beliefs and ideas in their private logic.

(c) **Giving Insight**

The counsellor will help clients gain an insight into their present behaviours. Adlerian counsellors use mainly verbal techniques to assess, evaluate and interpret their clients’ lifestyles. The counsellor can use confrontation where he challenges the client’s private logic. Asking the “what if” questions encourages clients to explore possibilities. By now, the counsellor will have some idea about the clients’ view of themselves, their view of the world and their unconscious decisions about how to move through life. These guesses will have to be confirmed by the clients:
whether they agree or disagree with the counsellor. Agreement with the counsellor’s assessment may be conveyed verbally or non-verbally (by gestures and body language). For example, the client may recognise how his private logic has restricted him and he may want to change his behaviour. If the client is a person who likes to be better than everyone else, then he has to accept the fact that he will be lonely and live without real friends.

(d) **Encouraging Reorientation**

This is the most difficult phase where the counsellor guides and encourages the client to find a way to change. The counsellor will point out the client’s strengths and encourage him to find a way to move on. Tasks which are achievable are set for the client; especially those that challenge his private logic and are hindering the person from changing. To acquire new behaviour is an uphill task, and the counsellor should make an effort to congratulate achievement. The counsellor may make reference to earlier counselling sessions where certain issues that were discussed may be helpful to the client at this phase of the counselling process. The counsellor may end the sessions by assigning tasks if appropriate.

The Adlerian approach requires clients to verbalise their thoughts therefore language is essential. Even if non-verbal situations such as drama or art are used, clients need to talk about it and understand what they discover about themselves. The Adlerian approach is based on the belief that people want to belong as equals and are keen to develop their full potentials. The Adlerian approach is appropriate for people who are able to accept responsibility for their behaviour and who are willing to make changes.

**ACTIVITY 2.2**

Discuss:

1. What is your birth position? Do Adler’s characteristics defined for your birth position reflect your personality?

2. How has your personality developed as an effect of being born in this particular position?
Carl Rogers, introduced the idea of non-directive counselling in his book *Counseling and Psychotherapy* published in 1942. Rogers’ theory later evolved into client-centred counselling or client-centred psychotherapy as known today. The approach is applicable to numerous types of counselling, be it individuals, groups, or families. He was dubbed the father of “client-centred therapy” and his approach appeals to many professionals today because it is simple and contains acceptable ideas which can be easily applied by new counsellors. The job of a counsellor is to reflect the counselee’s responses back to him and, thus, he needs to set up a catalytic atmosphere of acceptance. Such an environment is supposed to allow the client to get in touch with the innate resources within him or herself for successfully dealing with life and developing self-esteem.

### 2.5.1 Basic Assumptions

In the client-centred approach, humans are seen as having positive goodness, realistic expectations, and trustworthiness. Humans have a desire to become fully functioning; thus able to live as effectively as possible. According to Rogers, if humans are positively regarded and allowed to develop freely, they will grow to be *fully functioning*. Because of the positive views towards human nature, Rogers’ approach came to be known as a humanistic approach. According to him, fully functioning persons have the potential to achieve self-actualisation, which refers to using the maximum or highest potential existing in oneself through striving, maintaining and enhancing one’s life experiences. Rogers believed that in order for a healthy self to develop, a person needs *unconditional positive regard*, which means unconditional love, warmth, respect and acceptance. However, in real life, parents, teachers and peers often offer conditional regard. The person will be accepted, loved or cared for only if he or
she is good, pretty or clever, to give some examples. Rogers also proposed that each person has a **self**, which is central to the being. The self encompasses all values, beliefs and perceptions one has about oneself, acquired through interactions with significant others as one goes through his or her life.

As a person grows and develops, he or she becomes aware of the differences between the self and others. A person will develop a **real self** (what the person is) and an **ideal self** (what the person hopes to become). Humans always try to maintain consistency between ideal self, true self, and self-image. **Self-image** is the total subjective perception of one’s body and personality. If a person receives or perceives information from others that are inconsistent with his self-image, incongruences occur. The incongruent person becomes confused, vulnerable, dissatisfied or seriously maladaptive. A person tends to feel worthy only when he fulfills or conforms to others’ wishes or expectations that might not be congruent with the person’s values, beliefs or perceptions. Incongruences between the real self and the ideal self makes a person become maladjusted, thus developing unhealthy self (see Figure 2.4).

![Figure 2.4: The three selves](image)

Incongruence occurs when there is a mismatch between any of these three components of the self: the ideal self (what you would like to be), the self-image (what you think you are), and the true self (what you actually are). Self-esteem is negative when there is incongruence between ideal self and self-image. Anxiety and defensiveness occur when there is incongruence between self-image and true self. Consistency between ideal self, true self, and self-image results in a positive self-image.

### 2.5.2 Goals of Counselling and Roles of the Counsellor

The goal of person-centred counselling is to encourage clients to be brave enough so that they are able to explore, identify or confront any fears, perceptions or
issues that have been burdening them. In a condition full of positive regard and empathy, clients become increasingly willing to change and grow. As clients become more fully functioning, they will have greater acceptance of their self.

The role of the counsellor is to provide a safe and trusting climate or conditions wherein the client will feel safe enough to explore his or her self. In contrast the others in the real world that accept clients only with certain conditions, the counsellor instead creates a nurturing condition that encourages the client to discover his or herself.

The counsellor acts as a facilitator who knows how to guide the client through the process of self-discovery by hearing, observing and reflecting client’s verbal and non-verbal language. The counsellor is not directive in the sense that he does not suggest or interpret why clients feel as they do or what they should do. By using verbal techniques such as reflection, asking questions and rephrasing, the counsellor will assist clients in becoming more aware of their feelings and thoughts, thus gain insights to their own experiences and find their own self.

2.5.3 Counselling Techniques

Carl Rogers is best known for his contributions to therapy. His therapy has gone through a couple of name changes along the way. He originally called it non-directive, because he felt that the therapist should not lead the client, but rather be there for the client while the client directs the progress of the therapy. As he became more experienced, he realised that, even as “non-directive” as he was, he still influenced his client by his very “non-directiveness!” In other words, clients look to the therapist for guidance, and will find it even when the therapist is trying not to guide. So he changed the name of the therapy to client-centred. He felt that the client was the one who should say what was wrong, find ways of improving and determining the conclusion of therapy. His therapy was still very “client-centred” even while acknowledging the impact of the therapist.

One of the phrases that Rogers used to describe his therapy was “supportive, not reconstructive,” and he used the analogy of learning to ride a bicycle to explain it: “When you help a child to learn to ride a bike, you can’t just tell him how. He has to try it for himself. And you can’t hold him up the whole time either. There comes a point when you have to let him go. If he falls, he falls, but if you hang on, he’ll never learn.” In client-centred counselling, the quality of the relationship between the counsellor and the client is itself a technique. Rogers believed that the counsellor should create a therapeutic condition for the client which emphasises empathy, positive regard, and congruence.
(a) **Empathy** refers to the counsellor’s ability to feel with the client and convey this understanding back to the client. When the client perceives the counsellor as being understanding and appreciative of his or her predicament, then only will the client proceed with his or her self-exploration.

(b) **Respect** or **Positive Regard** where the client will feel safe when the counsellor genuinely and positively accepts the client as a person regardless of what the client is telling the counsellor. Such positive regard will make the client feel valued regardless of how bad or negative his or her self is.

(c) **Congruency** refers to the counsellor’s genuine behaviour and non-verbal language that is free from pretension.

Some methods to promote the therapeutic relationship include extensive use of silence, acceptance, immediacy, active and passive listening, reflection of feelings and thoughts, clarification, summarisation, confrontation, and leads. Reflection is the mirroring of emotional communication.

If the client says “I feel like crap!” the therapist may reflect this back to the client by saying something like “So, life’s getting you down, hey?” By doing this, the therapist is communicating to the client that he is indeed listening and cares enough to understand.

Often, people in distress say things that they do not mean because it feels good to say them. Carl Rogers relates the case of a woman who came to see him. She said, “I hate men!” He made her reflect by saying “You hate all men?” Well, she said, maybe not all. She did not hate her father or her brother. Even with those men she “hated,” she discovered that the great majority of them she didn’t feel as strongly as the word hate implies. In fact, ultimately, she realised that she didn’t trust many men, and that she was afraid of being hurt by them the way she had been by one particular man. Reflection must be used carefully, however. Many beginning therapists use it without thinking (or feeling), and just repeat every other phrase that comes out of the client’s mouth. They sound like parrots with psychology degrees! Reflection must come from the heart – it must be genuine and congruent.
Theories and approaches in counselling can be arranged on a continuum ranging from non-directive approaches to directive approaches.


The psychoanalytic approach emphasises the three components of personality, the influence of unconsciousness and the psychosexual stages on human development.

Freud’s theory is deterministic since he believed personality is determined by some forces that mainly happen during childhood.

His view of human nature is pessimistic, believing that humans are largely influenced by sexual energies and uncontrollable forces.
• Adler disagreed with Freud’s emphasis on selfish id and unconsciousness. Adler prefers to view humans in a more positive light, always striving to overcome weaknesses by achieving superiority.

• He believed the family constellation and birth order have strong influence on one’s personality and life style.

• Rogers disagreed with Freud on psychoanalytic pessimistic views on humans. Rogers believed it is more beneficial to explore conscious thoughts and feelings.

• He emphasised non-directive approach and unconditional positive regard within a trusting relationship so that clients will become confident to explore and gain insights to their own experiences, thus becoming more fully functioning.

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REFERENCES

