



# WELCOME TO YOUR DSE212 COUNSELLOR'S ON-LINE COACH



## Welcome



As an experienced counsellor you will appreciate the value the client feels in having someone alongside to accompany them on their personal journey. You also know how useful a supervisor is, someone whom you can turn to, to reflect upon issues arising in your practice. As your 'counsellor's coach,' I have a similar role here, to provide you with support that will encourage you to think about the psychological materials you are reading and their relevance/ to and links with your therapeutic practice.

## How will I do that?

If you have already completed ED209, then you will have already met me there. If not, welcome. DSE212 is a wide-ranging introduction to the maps, metaphors and models that help you navigate an eclectic discipline that is psychology. As the course team in the *Study Guide* state, you should think of the course as an expedition. As your counsellor's coach think of my role as an additional form of support as a guide in a specialist place, one of the 'stop-off' routes you can venture into – offering a quick 'Cooks Tour' if you like, designed to act as a bridge between psychological material you encounter and your experience in counselling practice.

In order to do that I will make use of specific resources as aids to help you navigate landmarks relevant to constructing that bridge. (Like the *Workbook*, think of these as a bag of tools.)

## Tools to Navigate the Territory

**Maps** – If you are familiar with NLPt (Neuro-Linguistic Programming in Psychotherapy), then you might be familiar with the phrase “the map is not the territory...” NLP psychotherapists (and more broadly those who subscribe to a constructivist philosophy) believe that counsellors assist the client to change the 'limits of their model of the world' – that is open up new possibilities, to broaden their scope and depth and so extend their models. My role is to provide a map, to help you navigate the new landscapes you encounter and explain how this fits with the territory that is counselling and psychotherapy.



**Models** – A model is a symbolic representation - a way of organising and communicating experience. You will be introduced to many different representations – offered by different explorers. As with different modalities in counselling and psychotherapy, there is not single model that fits all clients and all issues. Be mindful of this as you travel along your journey. A model is that particular explorer's subjective account, often rooted in empirical evidence, yet nonetheless influenced by a set of beliefs, assumptions and values about the world; a specific ontological and epistemological position, that informs what they look at and how (methodology). I will highlight models in DSE 212 that are worthy landmarks, as Kim Kostere and Linda Malatesta (1990) observe, “A model is



neither good nor bad, right or wrong, but can be evaluated only as to its usefulness...models have limitations as well as resources” (p.4)

**Metaphor** – As you (perhaps) encountered in my commentary for ED209, as therapists and counsellors we are concerned with emotion work, then exploring the ways in which clients represent their world, through symbolism and tell their life stories through narrative and metaphor. As David Gordon in *Therapeutic Metaphors* observes, “all therapeutic approaches... make explicit use and implicit use of



metaphors.” Therapeutic systems can themselves be considered a set of metaphors (in the form of a vocabulary) that represent ways of making sense about clinical practice. Likewise DSE 212 is littered with its own psychological metaphors.

## Summaries: Themes Relevant to Counselling Practice



Here these act as a similar function to the commentaries in the course books. There, after each chapter the blue section helps to synthesise what you have read and to help you to flesh out the territory that is psychology in a bid to help you to complete the jigsaw that Ann Phoenix and Kerry Thomas talk about in the Introduction to Book 1. Here, short summaries are designed to make links between the chapter and counselling practice.

## Questions for Reflection – Developing Critical Engagement

In order for you to make a link between the potential relevance of the psychological theory and relevance to counselling practice and work with clients I ask you to think about some specific aspect of your reading and study, including mini case studies by way of developing your capacity to critically engage with the material.



Also...

## Signposts and Resources



These are suggestions for websites, other OU resources, journal articles, books and links that might be useful for relating psychological theory to counselling research and practice.

These maps, metaphors, models and their associated summaries, questions for reflection, signposts and resources are not compulsory.

They are designed to get you to think about the link between the territory that is DSE 212 and application in counselling practice. As the course team writes in the *Study Guide*, enjoy the journey.

Gordon, D. (1978) *Therapeutic Metaphors*, Meta Publications, California

Kostere, K. & Malatesta, L. (1990) *Maps, Models and the Structure of Reality*, NLP Technology in Psychotherapy, Metamorphous Press, Portland, Oregon

Wake, L. (2008) *Neuro-Linguistic Psychotherapy: A Postmodern Perspective*, Advancing Theory in Therapy, Routledge, London

# 1. Navigating book one 'Mapping Psychology – The WIIFM Factor

*WIIFM* (What's in it for me...?) As a practising counsellor, what has psychology, the study of human behaviour and experience, have to offer the qualified counsellor? Well... as a practitioner, who has decided to study this course, you are naturally psychologically minded, that is, you are curious about what makes your clients tick.



From this, you are also concerned with using tools, techniques and a way of being, that helps your client to live a richer and more fuller life to facilitate the changes they seek in order to help them deal with the 'problems of living.'

In Book 1, *Mapping Psychology*, across nine chapters you are introduced to **diversity** via a range of topics, issues and debates that characterise psychology in the 21<sup>st</sup> century. Here there is material on identity, consciousness, the brain, biology, memory, language, gender, individual differences and development over the lifespan.

What these topics do is introduce you to most of the **major perspectives** that constitute 'the territory' of psychology – cognitive, experimental social, biological, evolutionary, socio-cultural psychology, behaviourism, measurement of personality, psychoanalytic and humanistic psychology.

These too impact on and are the very 'stuff' of counselling and psychotherapy. As I said in the introduction – your work is 'emotion work' and understanding consciousness, the brain and ways in which people learn, and the context of their difficulties all have something to offer. Using the metaphor of the 'light bulb', studying DSE 212 is about adding additional illumination to your understanding and work with your clients' presenting issues.

In chapter 9, study week 20, you will be directly on home-turf. For example, here you have an opportunity to engage with psychoanalytic and humanistic perspectives, and explore debates about the effectiveness of psychotherapy using a variety of media.

The effectiveness of psychotherapy and models of counselling are continuing hot topics in therapeutic practice, that is, what works for whom? How? And in what ways? The report by Lord Layard (2004) has resulted in significant government investment (£103 million for 2009/10 and rising to £173 million for 20/11) in increasing access to psychological therapies (see [www.iapt.nhs.uk](http://www.iapt.nhs.uk)). Nonetheless, the preferred psychotherapy treatment option recommended by NICE (National Institute for Clinical Excellence) for a range of problems including anxiety, depression, PTSD (Post-Traumatic Stress Disorder) and OCD (Obsessive-Compulsive Disorder) is CBT, (Cognitive-Behavioural Therapy) (see [www.nice.org.uk](http://www.nice.org.uk)).

Appreciating these arguments will be illuminated by your understanding of and developing skills in doing research and building evidence, that is, **methods**. *Mapping Psychology* provides a way of navigating this territory, through developing your academic skills by becoming *critically engaged* (see *Workbook*, p.19) and perhaps later by undertaking a *comparative analysis* (*Workbook*, p.102) your views on the effectiveness of different modalities will be richly enhanced

## Questions for Reflection – Engaging Critically



Looking back at activity 2.4 in the Workbook (p.19) how do you respond to the current debates about giving primacy to CBT approaches? What are your responses? Do you consider this controversial? (Perhaps you might apply the '3Cs' of complementary, coexisting and conflicting by way of comparative analysis as to the relative merits of giving primacy to one modality over another in counselling? – Offering a new perspective on activity 20.2, p.104 in the *Workbook*?)

## Signposts and Resources

Layard, R. (2004) *Mental Health: Britain's biggest social problem?*  
Cabinet Office Strategy Unit: December

Websites:

[www.nice.org.uk](http://www.nice.org.uk) - provides a range of guides on application of CBT and commissioning CBT services

[www.iapt.nhs.org](http://www.iapt.nhs.org) - gives wide-ranging information about IAPT strategy and resources

For Lord Layard's (2004) report go to: [www.cabinetoffice.gov.uk](http://www.cabinetoffice.gov.uk)



## 2. Navigating book one 'Mapping Psychology'

### Chapter One: Identity and Diversities

#### Summaries: Themes Relevant To Counselling Practice

- Clients often present issues around sense of self and identity – times of crisis
- Different modalities approach these issues differently depending on the *theory of self* covered in their core training. For example, Gestalt counsellors draw on 'self psychology', which is how Margaret Hough describes **Erickson's psychosocial theory of identity**. This approach is also useful to **psychodynamically oriented** psychotherapists
- How each approach identity is different, the former in terms of the impact of the 'there and then' in the 'here and now' between therapist and client and the latter, in terms of how unconscious adjustments are re-enacted in the present.
- A therapist who is familiar with Erikson's psychosocial stages will help people who fell stuck and unable to make sense of themselves



However, whilst therapists often work with a focus on the individual's sense of self **including embodiment**, advances in psychosocial theories of identity help to situate the individual's sense of self in a **social context**. Social Identity Theory and Social Constructionism **advance theories of self** by acknowledging what Gestaltists call 'the field' conditions that impact on the client's sense of self. Therapists working in this way look at what is present in the environment that can be harnessed to achieve Organismic self-regulation.

- Different models of counselling approach **embodiment** in a different way, for some central, as Merleau-Ponty (1962: 186) observes "*It is through my body that I understand other people*" (in Shaw, 2003: 1)

#### Questions for Reflection – Engaging Critically



One of the central themes in DSE 212 is that of fixity and change, that is the degree to which our identities are the result of nature or nurture? Your business as a counsellor is that of supporting and facilitating change. Given this is a central debate in psychology, how does this map on to your own views about what changes are possible? Where does your core training/modality sit in terms of directing changes in thinking, feeling or behaviour? (Chapter 1, Book 1, p. 103)

#### Case Study:

Rhona is 40 and recently diagnosed with Myalgic Encephalomyelitis (M.E.) she was referred by her doctor for counselling when she expressed feeling that she "*doesn't know herself anymore.*" In terms of the three models presented in this chapter to explain identity, including the importance of embodiment and ways in which society constructs 'disability' how does your reading illuminate how you might work with Rhona?

#### Signposts and Resources

Hough, M. (1998) *Counselling Skills and Theory*, Hodder and Stoughton

Shaw, R. (2003) *The Embodied Therapist: The Therapists Body Story*, Routledge, London

Ward, T., Hogan, K. Stuart, V. & Singleton, E. (2008) The experiences of counselling for persons with ME, *Counselling and Psychotherapy Research*, June, 8(2) 73-79



## Chapter Two: Evolutionary Psychology

**Metaphor** – In the commentary you are introduced to the idea of the *evolutionary psychologist as a detective* (Book 1, chapter 2, p.162) using clues from a variety of sources in order to piece together how the human mind has evolved.



I wonder how much this metaphor resonates with what you do as a counsellor? Do you undertake an 'archaeological dig' into the client's past for their current problems? Or do you find Darwinian ideas as reductionist and an anathema? (The concept of *critical engagement* is

useful here!)

### Summaries: Themes Relevant To Counselling Practice

- Potential genetic predisposition for presenting issues (e.g. eating disorders, schizophrenia, trauma)
- Evolutionary basis to schizophrenia and links with creativity, assumes a positive frame for what can be disabling – how does this fit with the *social model of disability* discussed in chapter 1?
- If a client presents with strong levels of confluence, is field dependent that is, concentrates on the needs of others at the expense of their own, how much does the discussion of altruism as a means of survival serve as an explanation here?



### Questions for Reflection – Engaging Critically



Psychological theory is interested in asking 'why?' Evolutionary psychology may provide another possible way of answering the why... in contrast the counsellor's job is to work with the 'how?' This perspective touches on existential issues and supporting the client through these 'problems of living'. This chapter contrasts significantly with chapter 1 on identity. How can these two approaches be reconciled in therapeutic practice?

### Signposts and Resources

A particularly relevant theme in this chapter is that of inter-generational or trans-generational factors that may predispose clients to certain difficulties. For example, in the case of eating disorders you might want to access the OU library home page, e-journals and search for the following articles:



Barnett, S., Buckroyd, J. & Windle, K. (2005) Eating disorders from parent to child: Mothers' perceptions of transgenerational effect, *Counselling and Psychotherapy Research*, Vol.5, No. 3 pp.203-211

Treasure, J., Tchanturia, K., & Schmidt, U. (2005) Developing a model of the treatment for eating disorder: Using neuroscience research to examine the how rather than the what of change, *Counselling and Psychotherapy Research*, Vol.5, No. 3 pp.191-202.

Although difficult to get a hold of, one very moving and enlightening text is by Dina Wardi entitled *Memorial Candles: Children of the Holocaust*. This author uses verbatim accounts from individual and group therapy sessions to show how, as adults, children of Holocaust survivors suffer from trauma unconsciously transmitted to them by their parents, and how they can benefit from therapeutic help with issues of self-esteem and identity

## Chapter Three: Three Approaches to Learning

### Summaries: Themes Relevant To Counselling Practice



Corsini and Wedding (2005) in their book *Current Psychotherapies* write: “All psychotherapies are methods of learning. All psychotherapies are intended to change people: to make them think differently (cognition), to make them feel differently (affection) and to make them act differently (behaviour) *Psychotherapy is learning*” (p.6)

As a practising counsellor you will recognise that this chapter provides the psychological theories underpinning what is often regarded as the most ‘scientific’ of the major therapeutic orientations, cognitive-behavioural therapy (CBT) (McLeod in Langdridge, 2008, p.132).

- CBT evolved out of behavioural and cognitive psychology
- The features of this tradition are:
  - Problem-Solving
  - Change-Focused (outcome oriented)
  - Respective for scientific values
  - Pays close attention to cognitive processes, through which people monitor and change their behaviour
  - Uses behavioural experiments (through homework) (see example of behaviour modification)
- CBT however overlooks context – highlighted in this chapter through the **sociocultural perspective** which other modalities (such as Gestalt through the concept of field theory) hold as a central tenet in clinical practice

### Questions for Reflection – Engaging Critically

Read the case study ‘Behaviour modification in a case of bulimia’ taken for OU course, D171, and try to identify how the work of Watson, Skinner and Tolman and experimental approaches in behavioural and cognitive psychology have influenced the way in which CBT therapists work. How much do you think this focus on the ‘scientific method’ serves to underpin the NICE guidelines and IAPT initiative that you were introduced to in the WIIFM section?



What do you think is missing by paying attention to the link between thoughts, feelings and behaviours? What is the role of language (and dialogue and the interpersonal relationship?)? You might also think about the context in which you work. For example, does it make a difference whether the clinical work is long or short term? Consider the following treatment of bulimia (binge eating followed by self-induced vomiting) from pages 138-139 of D171, Introduction to counselling.

‘The initial phase of the treatment involved rigorous self-monitoring of her eating behaviour for a period of three weeks. She wrote down what she ate, how many mouthfuls she took each meal and how many times she vomited her food during and after each meal. On the basis of this information, a behavioural regime was set up, which included:

- at mealtimes, eating two spoonfuls, then resting for 30 seconds while practising a relaxation exercise, then another two spoonfuls;
- weighing herself daily in the morning, entering the weight data on a graph and reporting the results to her therapist once each week;
- continued self-monitoring of what was eaten, mouthfuls and vomiting episodes;
- engaging in some kind of physical activity every day, and reporting her progress to the therapist at their weekly meeting;
- her boyfriend was briefed on the rationale for the therapy.



This client's vomiting reduced markedly within six weeks, and remained low over the six-month period of treatment. These gains had been maintained at a one-year follow-up interview. Viens and Hranckuk (1992) suggest that this case demonstrates that behavioural change in an eating disorder can be achieved in the absence of any cognitive intervention. Moreover, there was only a minimal therapist involvement, mainly comprising being available on a weekly schedule to reinforce the client's gains and progress. They ascribe the effectiveness of the behavioural intervention not only to the fact that the client's actual eating behaviour was modified, but to the fact that this set of changes led to secondary reinforcement of the new eating pattern as she became more willing to socialize, and as people she met commented favourably on her weight loss.'

## Signposts and Resources

Clark, D.M. (2005) Cognitive-Behavioural Therapy: The Evidence, Presentation retrieved 28<sup>th</sup> March 2008, [www.cabinetoffice.gov.uk/strategy/seminars/mental\\_health.aspx](http://www.cabinetoffice.gov.uk/strategy/seminars/mental_health.aspx)

Corsini, R.J. and Wedding, D. (2005) (eds) Current Psychotherapies (7<sup>th</sup> edn), Brooks-Cole/Thomson Learning, Belmont, C.A., U.S.A

Layard, R. (2005) Mental Health: Britain's biggest social problem? Cabinet Office Strategy Unit: Presentation retrieved 28<sup>th</sup> March 2008, [www.cabinetoffice.gov.uk/strategy/seminars/mental\\_health.aspx](http://www.cabinetoffice.gov.uk/strategy/seminars/mental_health.aspx)

McLeod, J. (2008) edited by Langdridge, D.E. Introduction to Counselling, D171 Course Text, Open University, McGraw-Hill/Open University, Milton Keynes



## Chapter Four: Biological Processes and Psychological Explanations

Mapping the bridge between biology and psychology... read the following extract taken from Daniel Goleman's best selling book "Emotional Intelligence: Why it can matter more than IQ"

### **'IN PRAISE OF GUT FEELING'** (Excerpt from Daniel Goleman, 1996, pp.52-53)

Elliot's tumor, growing just behind his forehead, was the size of a small orange; surgery removed it completely. Although the surgery was declared a success, afterward people who knew him well said that Elliot was no longer Elliot—he had undergone a drastic personality change. Once a successful corporate lawyer, Elliot could no longer hold a job. His wife left him. Squandering his savings in fruitless investments, he was reduced to living in a spare bedroom at his brother's home.

There was a puzzling pattern to Elliot's problem. Intellectually he was as bright as ever, but he used his time terribly, getting lost in minor details; he seemed to have lost all sense of priority. Reprimands made no difference; he was fired from a succession of legal jobs. Though extensive intellectual tests found nothing wrong with Elliot's mental faculties, he went to see a neurologist anyway, hoping that discovery of a neurological problem might get him the disability benefits to which he felt he was entitled. Otherwise the conclusion seemed to be that he was just a malingerer.

Antonio Damasio, the neurologist Elliot consulted, was struck by one element missing from Elliot's mental repertoire: though nothing was wrong with his logic, memory, attention, or any other cognitive ability, Elliot was virtually oblivious to his feelings about what had happened to him. Most strikingly, Elliot could narrate the tragic events of his life with complete dispassion, as though he were an onlooker to the losses and failures of his past—without a note of regret or sadness, frustration or anger at life's unfairness. His own tragedy brought him no pain; Damasio felt more upset by Elliot's story than did Elliot himself.

The source of this emotional unawareness, Damasio concluded, was the removal, along with the brain tumor, of part of Elliot's prefrontal lobes. In effect, the surgery had severed ties between the lower centers of the emotional brain, especially the amygdala and related circuits, and the thinking abilities of the neocortex. Elliot's thinking had become computer like, able to make every step in the calculus of a decision, but unable to assign values to differing possibilities. Every option was neutral. And that overly dispassionate reasoning, suspected Damasio, was the core of Elliot's problem: too little awareness of his own feelings about things made Elliot's reasoning faulty.

### Questions for Reflection – Engaging Critically

What is your position on the value of biological psychology to counselling practice, given the case of 'Elliot' as he no longer has any capacity for 'feeling' in his decision-making?



### Summaries: Themes Relevant To Counselling Practice



- *"The link between physiology, and behaviour is two-way. Our emotions influence the physiology of our body and, in turn, our emotions and moods depend upon the feedback from the periphery of the body"* (Damasio, 1996 in Book 1, chapter 4, p.276)
- The integration between biology and psychology, through the combination of talking therapy and medication, say to treat depression, is already a feature of therapeutic practice

- Neuroscience evidence is emerging that provides empirical support that the talking therapies result in new neural pathways (see for example Cozolino, 2002)
- Neuro-linguistic psychotherapy (NLPt) in particular links the known components of neurological processing as central core concepts and theories in neuroscience (wake, 2008)

## Questions for Reflection – Engaging Critically

Go to the OU library and click on e-journals and check out Balick's review article into the 2001 UKCP conference that explored the 'Shifting paradigms – psychotherapy, neuroscience and a changing world' *International Journal of Psychotherapy, Volume 3, Number 6*



- Some commentators observe that there is an inherent tension between neuro-science and psychotherapy. For example, Stauffer (2008) suggests that "If we try to reframe psychotherapy in neuroscience terms, we will lose its soul" ([www.stauffer.co.uk](http://www.stauffer.co.uk)) what's your position, biological determinism, reductionism or an opportunity for empirical evidence that therapy works?

## Signposts and Resources



Balick, A. (2001) 'Shifting paradigms – psychotherapy, neuroscience and a changing world' *International Journal of Psychotherapy, Volume 3, Number 6*

Cozolino, L. (2002) *The Neuroscience of Psychotherapy: Building and Rebuilding The Human Brain*, Norton & Company Inc., New York

Damasio, A.R. (1996) *Descartes Error: Emotion, Reason and the Human Brain*, London, Papermac

Goleman, D. (1996) *Emotional Intelligence: Why it can matter more than IQ*, Bloomsbury, London

Stauffer, K. (2008) *Attachment: New Directions in Psychotherapy and Relational Psychoanalysis*, Vol.2, pp.225-229 (Available from [www.stauffer.co.uk](http://www.stauffer.co.uk) accessed 2<sup>nd</sup> February 2008)

Wake, L. (2008) *Neurolinguistic Psychotherapy: A Postmodern Perspective*, Routledge, London

## Chapter Five: The Individual Differences Approach to Personality



**Models** – Here you are introduced to the ‘Big 5’ model of personality and discussions around trait and state based arguments that characterise the field of ‘individual differences’ in psychology. The whole notion of what both is similar and different about people and their way of being is of particular fascination, both to academic psychologists and clinicians.

### Summaries: Themes Relevant To Counselling Practice

- The whole notion of difference and trying to work with and understand the personality of clients is the very essence of therapeutic work
- However, the notion that individual differences can be ‘measured’ and then ‘labelled’ is problematic in some counselling modalities. For example, Gestalt therapists talk about ‘the client’s process’ and ‘character styles’ and how ‘fixed Gestalts’ or ‘creative adjustments’ may contribute to client difficulties
- This debate resonates with a central course theme, which is about fixity vs. change (Book 1, p.346)
- Empirical evidence shows that there is a relationship between a therapist’s personality and preference for theoretical orientation (Arthur, 2001; Ogunfowora & Drapeau, 2008)



### Questions for Reflection – Engaging Critically



Go to the OU library and click on e-journals and search for the research article by Babatunde Ogunfowora & Martin Drapeau in *Counselling and Psychotherapy Research*, Vol. 8, No. 3, pp.151-159. Look at the discussion section and their findings that distinguish humanistic/existential, psychodynamic and cognitive-behavioural therapists. How much does this resonate with your own experience? What relationship do the ways in which personality is

measured in this study share with either Cattell’s 16PF, Costa & McRae’s ‘Big 5’ or Eysenck’s trait based approach discussed in chapter 5?

### Signposts and Resources

Ogunfowora. B. & Drapeau. M. (2008) A Study of the Relationship between personality traits and theoretical orientation, *Counselling and Psychotherapy Research*, Vol. 8, No. 3, pp.151-159

Check out [www.practicetests.co.uk](http://www.practicetests.co.uk) for some sample tests. If you are interested in more about Personality Disorders, go to [www.dh.gov.uk](http://www.dh.gov.uk) and search on ‘personality disorder’ and download the publication *Personality Disorder: No Longer a Diagnosis of Exclusion* and consider ways in which diagnostic classification systems work and the degree to which temperament (adult personality) is the result of a transaction between life’s experiences, our relationships with others and the environment.



## A return to the WIFM Factor – Research and the Counsellor



By the time you reach this point you have covered a significant portion of the territory that characterises DSE 212. As the course team observes in the *Study Guide* you will have enjoyed some aspects of the terrain and pondered for a while. Whilst there will be other aspects where you have had to engage your psychological resilience to stick with topics, ideas and ways of thinking about human behaviour and experience, that simply might be an anathema to your way of being and orientation as a clinician.

### Questions for Reflection – Engaging Critically

At this stage I want to invite you to reflect on what has been illuminating for you and to take a slight detour. That detour is centred on the notion of evidence-based practice in counselling and psychotherapy – which some commentators describe as a revolution. Note what Laurie Clark the CEO of BACP says in the Foreword of Cooper's (2008) book *Essential Research Findings in Counselling and Psychotherapy*:



*“The impact of Improving Access to Psychological Therapies (IAPT)... and the imminent regulation of titles mean that the very survival of counselling and psychotherapy as we know it depends on us being able to develop robust evidence for psychological therapies across the board. Research has not traditionally been a significant part of counselling and psychotherapy training as it has in the psychology field”* (Clark, in Cooper, 2008, p.x)

Perhaps it is as a result of these changes that you have decided to study for a Foundation Degree in Counselling and certainly understanding the what, how and why of research is a central aim of DSE 212. Yet, as Mick Cooper observes, research, is not easy to do. As he says *“It makes things complex, it can be hard work, and it can force us to reconsider our assumptions and most cherished beliefs”* (p.11). What are your thoughts on his observations, from your experience and reading of psychological studies discussed in DSE 212 so far?

Over the last nine weeks you have begun to engage with ways in which psychologists study their topics, formulate research questions and carry out investigations. Here I have also encouraged you to search out articles that have been undertaken by counselling practitioners with an interest in building up the evidence base. The course text *Exploring Psychological Research Methods* and the *Workbook* provides you with a superb ‘map’ with which to understand the why and how of undertaking your own research and to develop as an evidence-based practitioner.



**Metaphor** – The Cycle of Enquiry is a particularly useful metaphor, not only in terms of thinking about the research process, but also as a way of conceptualising client’s difficulties. In study week 9 you are invited to apply the cycle to personality research. With that experience in your kit bag, I wonder now whether you consider that in your work as a counsellor you approach assessment and diagnosis of client difficulties by way of induction or deduction?

### Summaries: Themes Relevant To Counselling Practice

- Different counselling models approach assessment and diagnosis in different ways – in much the same way as researchers doing research



- Undertaking research as a practitioner is about building the evidence-base for talking therapies
- In DSE 212 there is a delineation between those who focus their research from an insider vs. outsider perspectives. In your work as a therapist, you are primarily interested in subjectivity and meaning. The course provides you with ways of systematically investigating such phenomena
- Counselling and psychotherapeutic research is also concerned with a range of topics including efficacy and effectiveness of therapy; the outcomes of the therapeutic process; factors that contribute to the therapeutic relationship and whether theoretical orientation in therapy matters
- Counselling researchers, as with psychological researchers use both quantitative and qualitative approaches, the former concerned with numbers that can persuade funding bodies and the latter, stories and narratives that have resonance with the researched

## Questions for Reflection – Engaging Critically

Here are some questions (adapted from Cooper, 2008, p.11) that you might like to complete now and then return to after you have completed the course:



1. *What images or phrases does the word ‘research’ evoke?*
  - *Write these down, without consciously filtering them*
  - *What does this tell you about how you might respond to the psychological findings in DSE 212 specifically? And,*
  - *Counselling and psychotherapy research generally?*
2. *To what extent would you trust research findings as against information from the following sources?*
  - *Theoretical models*
  - *Your own personal experiences as a counsellor*
  - *Ethical and philosophical principles*
3. *List the factors that you believe make counselling effective*
  - *How would you feel, and what would you do if you came across research that challenged your assumptions?*
  - *How open do you think you are, to being challenged by research evidence discussed in DSE 212?*

## Signposts and Resources

Cooper, M. (2008) *Essential Research Findings in Counselling and Psychotherapy*, BACP/Sage Publications

Lebow, J. (2006) *Research for the psychotherapist: From Science to Practice*, London, Routledge (As Cooper (2008, p.14) notes: “*Hugely readable collection of essays on psychotherapy findings, controversies and implications for practice*”)



Currently the BACP working in partnership with the University of Leicester and the ESRC are provided funding for workshops for trainers of counsellors and therapists. Future BACP accredited courses will have to include training in research skills, this is outlined in the November 2008 “Gold Book.” Check out information at [www.bacp.co.uk](http://www.bacp.co.uk)

To receive regular updates on BACP research follow the link:  
<http://www.bacp.co.uk/forms/rNewsletter.php>

## A Final Note, Ethics in Research and Counselling Practice

The concept of ethics in research plays an equally major role in the practice of counselling and psychotherapy. A particular dilemma is where the researcher carries out research with their own clients and, according to McLeod (2003) this has received little attention in the literature. Have a look at the BACP/BPS Code of Ethics and see what attention is given to this issue of ethics in counselling research ([www.bps.org.uk](http://www.bps.org.uk) and [www.bacp.co.uk](http://www.bacp.co.uk))

## Navigating the Contribution of Cognitive Psychology – Chapters six, seven and eight



Here I move to a different approach to help you to bridge DSE 212 course material with your practice as a counsellor. Why? As the course team notes, these three chapters are all concerned with the cognitive processes – that is “what goes in the mind” (Book 1, p.103).

### Summaries: Themes Relevant To Counselling Practice

- Interestingly whilst the focus here is on cognitive process, perception, attention, memory and so on, the theories and research discussed influence a range of counselling modalities, not just what we might automatically assume – that is, CBT
- Concepts introduced in these chapters help counsellors to develop knowledge of the psychological underpinnings in terms of beliefs, values and attitudes that limit our client’s functioning
- The notion of constructivism (Gregory) is relevant to **Personal Construct Therapy** (Kelly whom you explore more explicitly in chapter 9); **NLP Psychotherapy, Gestalt Therapy and Transactional Analysis (TA)**
- The concept of ‘schema’ is central to CBT approaches for dealing with negative patterns of thought. Note how Wills (2008) describes ‘maladaptive schema’ as one type of cognition:



“In CBT, the term ‘maladaptive schema’ has evolved to mean a cognitive structure, usually derived from early experiences that carry highly general or primitive meanings” (Wills, 2008, p.127)

In his discussion of schema theory, Wills (2008) talks about the contribution of Bartlett’s work on memory and in particular the use of “The War of Two Ghosts” that you encountered in chapter 8, page 131.

- Schema theory in CBT comprises a client’s assumptions and core beliefs
- Whilst Gestalt approaches do not explicitly use ‘schema’ - nonetheless, that modality is informed through phenomenological approaches, with the therapist working with “what is.” In part this is explained neatly in chapter 7, section 3.4
- Specific concepts that inform this modality are the ideas of ‘figure’ and ‘ground’. The ‘what is’ refers not only to what is experience in the here and now, between therapist and client, but also in terms of what emerges as ‘figural’ for the client. The therapist works to ‘sharpen the figure’ on the basis that it is this where the work needs to be done
- For Personal Construct therapists (influenced through the thinking of Heider whom you encountered in chapter 7) the concern is to identify the core beliefs or personal constructs that constitute that person’s map of the world
- Neuro-Linguistic Psychotherapists likewise focus on the ‘filters’ clients use in terms of their processing of the external world – which these three chapters suggest are formed on the basis of where humans place their attention, perceive the world and make judgements and decisions that are sometimes problematic
- What is problematic for the clients – based on their construction of the world, is what brings them to therapy!



**Metaphors** play a major role in cognitive psychology – these are symbolic representations, as Edgar in chapter 7 observes in his commentary (p.31) metaphors have helped cognitive psychologists to theorise and build models. Therapists likewise use metaphors. As I noted earlier, David Gordon in *Therapeutic Metaphors* observes, “all therapeutic approaches... make explicit use and implicit use of metaphors. Therapeutic systems can themselves be considered a set of metaphors (in the form of a vocabulary) that represent ways of making sense about clinical practice.” (Note here how the notion of therapeutic metaphors as a system of language resonates with the discussion of discourses you encountered in chapter 1, p.73 on identity)



## Questions for Reflection – Engaging Critically



What I have suggested is that, whilst these three chapters are centred on the impact of cognitive psychology on therapeutic practice, both in terms of understanding the psychological theory that has developed and limitations of the mind as an ‘information-processor’ nonetheless there are other useful links worth giving some thought to. For example, you might want to return to section 2.4 in chapter 7 entitled *Judgements about risk*. As a therapist, one critical practice issue, enshrined within Ethical Codes of Practice is the concept of risk. Given that psychological theory suggests there is evidence to suggest that people are more optimistic about risk (optimistic bias, p.88) what implications does this have for your own assessment of client’s ‘at risk?’ Does this illuminate (and thus impact) on your current practice?

Finally, before we move to chapter 9, which is where you are on home turf, let’s think about the practical application of several concepts covered within these three chapters, i.e. ways in which these ideas can be found in one specific area of counselling, for example, in the drug and alcohol field.

**Models** in counselling for drug and alcohol addiction include, The Transtheoretical Model of Change (TTM) (DiClemente & Prochaska, 1985; 1998; Prochaska & DiClemente, 1983, 1994) (in DiClemente & Velasquez 2002) and Miller and Rollnick’s (2002) Motivational Interviewing (MI). The former is a stage model of behavioural change and the latter a collaborative (person-centred) approach to facilitating change by tapping into the client’s motivation. Both are used in tandem for behaviour modification. See page 68 in chapter 7, where Edgar suggests that people can take control of their perception and attention, “when motivated to do so” that is, when it helps them to achieve their goals or meet their needs. Both the TTM and MI draw on this psychological theory to employ techniques (in part) influenced by what Ruscher et al (2000) describe to be the client as a ‘motivated tactician’ (see box 7.3 on page 68)



There are probably a number of concepts, theories and models in these three chapters that you can identify as being useful in helping to understand the ways in which your client’s process information and how this might be limited (and causing difficulties) through the attributions they make, ambivalences they feel (about making changes) and the schemas and scripts that need to be challenged as they are no longer useful, that is, taken from the ‘there and then’ into the ‘here and now.’

## Signposts and Resources

DiClemente, C.D. & Velasquez, M.M. (2002) Motivational Interviewing and the Stages of Change, chapter 15 in Miller, R.M. & Rollnick, S. (2002) Motivational Interviewing: Preparing People for Change (2<sup>nd</sup> edition), Guilford Press, New York



Miller, R.M. & Rollnick, S. (2002) Motivational Interviewing: Preparing People for Change (2<sup>nd</sup> edition), Guilford Press, New York

Wills, F. (2008) Skills in Cognitive-Behavioural Counselling, Sage

Useful website for resources on Motivational Interviewing can be found at [www.motivationalinterviewing.org](http://www.motivationalinterviewing.org)

## Chapter 9: Person Psychology: Psychoanalytic and Humanistic Perspectives

Here, as you end Book 1 we come full circle and, continuing the theme of an expedition, you could say in reading this chapter, this is a form of R&R (rest and recuperation) before your onward journey to the end of the course.

### Summaries: Themes Relevant To Counselling Practice

- Explores two of the main psychotherapeutic approaches, psychoanalytic and humanistic
- Both (as Richard Stevens) observes are “clusters of theories and therapeutic procedures” (p.175)
- Whatever your core modality you will be familiar with the key names introduced in the chapter, **Freud, Jung, Adler, Erikson, Klein, Bowlby, Winnicott, Fromm, Kelly, Maslow, Rogers, Frankl** and more recent figures in the emerging field of **positive psychology and the science of happiness**
- Stevens suggests that Gestalt Therapy and Gestalt Psychology (discussed in the cognitive psychology) share nothing but the concept of ‘wholeness’



**Models:** Here you revisit what it means to be a person. Who am I? And how can I know?

This relates to chapter 1 on identities and ways of thinking about research in psychology and counselling. The focus here is on ‘holism’ rather than ‘atomism’ and change rather than fixity



### Questions for Reflection – Engaging Critically

As Richard Stevens writes on page 176, “Nothing emerges in a vacuum, ideas reflect the social and intellectual context of our time” As you think about his statement, what do you see are the challenges that influence counselling practice? What intellectual or social factors are influencing the current paradigm? Viktor Frankl once wrote that the 20<sup>th</sup> Century was an ‘existential vacuum’. To what extent do you find this present in your client work right now?



### Signposts and Resources

The material provided on the DVD-ROM and course website and detailed in the *Study Guide* provide excellent resources to explore humanistic and psychoanalytic approaches to therapy.



You might also want to visit [www.authentichappiness.org](http://www.authentichappiness.org) to access information, questionnaires, opportunity to contribute to research in the emerging area of positive psychology

Also you could read ‘Emotional Intelligence: The positive psychology of emotional intelligence and coaching in ‘Competency & Emotional Intelligence, Winter 2005/06, Volume 13, Number 2, by an Open University Associate Lecturer and Dr. Alex Linley, the latter who founded the Centre for Applied Positive Psychology. If you follow the link [www.cappeu.org](http://www.cappeu.org) you can sign up for an e-newsletter on the impact of strengths-based approaches in work and schools

## 1. Navigating book two 'Challenging Psychological Issues' – The WIIFM Factor



Having emerged from a period of R&R on your expedition through the territory that is psychology, you move into book 2 to look at different psychological perspectives in terms of the 'how' personality develops, cognitive capacities change, impact of biological changes and learning from the interaction of others (chapter 1 lifespan psychology). In chapter 2 you will explore the role of language in communication. And like chapter 1 (which resonates with the concept of client life histories) as counselling is a 'talking therapy' appreciating the ways in which language and meaning is considered in psychology is a major area of relevance to therapeutic practice. Indeed in some, such as Neurolinguistic Psychotherapy and Narrative Therapy, language takes centre stage. In chapter 3, you consider the concepts of sex and gender, topics that not only engage academic psychology, but are complex issues that are explored in most counselling and therapeutic programmes and relate to a wide range of issues, including sense of self and identity that you encountered in Book 1, chapter 1.

### Questions for Reflection – Engaging Critically

In the introduction to Book 2 the Course Team suggests you will encounter material that challenges you to think about your own life history and ways in which you view the world. As a therapist you will inevitably not only think about your own life history, but those of your clients. As you are progressing through the territory, I wonder, how does what you are encountering influence the way in which you think about (and perhaps take) a client's history? Has (or does) this change in any way? What implications are there for your professional development?



## Chapter One: Lifespan Development

### Summaries: Themes Relevant To Counselling Practice

- All counselling theories make assumptions about the process of human development
- Different therapeutic models hold different views about working with the impact of early relationships on current 'here and now' functioning in relationships
- Difficulties with relating and relatedness often bring clients to therapy, as the chapter authors observe relationships are central to psychological well-being
- Whether development is seen as a series of stages or creative adjustments to environmental influences is dependent on the theoretical assumptions underpinning different models of counselling and psychotherapy
- Unlearning and re-learning new ways of thinking, feeling and behaving are treated in different ways and theories of development over the lifespan help make explicit the philosophical underpinnings of different modalities
- It is important to recognise that whilst attachment theory (which is central to counselling training – albeit with different emphases) is only part of a client's developmental story, there is a need to take into account the context and specific life events that have served to shape client relationship difficulties
- Psychological theories of lifespan development provide useful heuristics to explore and examine past creative adjustments, unfinished business and ruptures from the past, in terms of their current meaning



**Core Models:** Bowlby's Attachment Theory, Ainsworth 'Strange Situation' are seminal work in understanding the impact of early 'caregivers' on the developing infant and offer one lens with which to look at difficulties in adult relating. The Adult Attachment Interview is discussed in ED209 and revisited here – useful for accounting for some of the variance in relating and relatedness, but not the whole picture. What the chapter does well is to raise the importance of contextual understanding and the need to take into account cultural differences and an optimism that challenges a long held view (often held by psychoanalysts) that adults are enslaved by their early (often traumatic) experiences. Looking at development over the lifespan requires a multiple perspective lens through which to look at and map your clients presenting 'relationship difficulties.'



### Questions for Reflection – Engaging Critically

Look again at the notion of 'earned security' discussed in ED209, how much do you feel that this concept is present in your work with clients. The chapter authors suggest that psychotherapy can bring about significant changes in relating, indeed some modalities work specifically using the therapeutic relationship as a source of healing. How much does the way in which you work regard the relationship alone as a means for enabling adult clients to 'earn secure attachments'?



The Canadian Object-Relations Gestalt Therapist Gilles Delisle proposes that for a psychotherapeutic system to be accepted it has to have a theory of:

- Normal or Optimal Development
- Psychological Development
- Psychotherapy and;

A repertoire of therapeutic techniques

Thinking about your training, what models of human development inform your practice? How do other perspectives of development that you have read in DSE 212 serve to broaden your perspective and/or potential to influence your practice?

## Signposts and Resources



The importance of the relationship between the client and their counsellor has long been recognised as the bedrock upon which effective therapy can take place, yet John McLeod (2005 (in Mearns and Cooper, 2005) suggests that in recent years this has been taken for granted. Go to the OU Library and search out the following reference for a discussion about the emerging paradigm of 'relational therapy:'

Cooper, M. (2005) Therapists' experiences of working at relational depth: A qualitative study, *Counselling and Psychotherapy Research*, Volume 5, Number 2, June

Hill, A. & Brettell, A. (2005) The effectiveness of counselling older people: Results of a systematic review, *Counselling and Psychotherapy Research*, Volume 5, Number 4, December

Mearns, M. & Cooper, M. (2005) *Working at Relational Depth in Counselling and Psychotherapy*, Sage, London

## Chapter Two: Language and Meaning

### Summaries: Themes Relevant To Counselling Practice

- Language is the main means of communication – in therapy it is **the** currency we use to facilitate change
- There are limitations with language – yet as Troy Cooper and Helen Kaye observe, language conveys an 'adaptational advantage' (p.85)
- Notion of 'metarepresentation' is particularly resonant with therapeutic dialogue, that is the ability to reflect on mental processes of other people. Developing this capacity is central to counselling training and the ability to use this insightfully and with respect, along with the therapist's own use of self... work out what is the transference and countertransference
- Of particular importance in this chapter is the notion of discourse, which I introduced right at the beginning. Different psychotherapeutic models could be regarded as 'discourses' (ways of talking about client difficulties, which constructs them in a particular way – with particular outcomes)
- Narrative Therapy and Neurolinguistic Psychotherapy put language at the core of their work
- The concepts of script and schema are revisited here – add to this the notion of discourse and the richness that it is "good to talk" becomes further illuminated



### Questions for Reflection – Engaging Critically



How does the primacy of language discussed in this chapter fit with the notion of embodiment explored in chapter 1, book 1 and complement that work? If, as the authors here suggest, language and the ability to use language conveys an adaptational advantage – does that elevate the skills of a counsellor beyond that of the client? Look again at page 86 on metarepresentation and activity 2.4. Is your core modality concerned with intentions or actions?

What skills do counsellors develop to use the notion of meta-representation with self-awareness?

### Signposts and Resources

For a paper on the use of dialogue and method of discourse analysis in counselling and psychotherapy research you might like to look at:

Reeves, A., Bowl, R. Wheeler, S. & Guthrie, E. (2004) The hardest words: exploring the dialogue of suicide in the counselling process – a discourse analysis, *Counselling and Psychotherapy Research*, Vol.4, No. 1, pp.62-71



## Chapter Three: The Psychology of Sex and Gender

### Summaries: Themes Relevant To Counselling Practice

- As you come to the end of DSE 212 as a counsellor you find yourself again on familiar territory, the issue of sex and gender are not only (as the authors observe) topical and important topics in which psychologists are engaged, but likewise these are major areas of work in therapeutic practice
- This chapter evokes consideration of what is meant by 'sex' and 'gender' looked at through four perspectives
- The psychoanalytic and social constructionist lenses are ones familiar with psychodynamically-trained and humanistic/existential therapists who focus on meaning, as seen from the client's perspective
- These discussions evoke reflection in counsellors about the very essence of what it means to be a counsellor, where the concepts of honouring difference and diversity loom large, in everyday interactions as well as enshrined in our Codes of Practice
- Psychotherapeutic work is often about helping clients work with the **introjects** that have been taken in – from **parental objects** as well as media constructions – that is what society says is 'normal'
- What is 'normal' and what clients feel can be a source of intrapsychic conflict – and is what may bring them to therapy



### Questions for Reflection – Engaging Critically



In reading this chapter you might agree that the topic of sex and gender is controversial. The four perspectives however, are just that: ways of looking at specific psychological phenomena. The psychoanalytic and social constructionist approaches both centre on meaning. What do you think is absent from the discussion by the authors? What levels of analysis do you regard as important, given the work that you do and the clients with whom you work? For example, Dominic Davies and Charles Neal in their book *Pink Therapy* observe that it is only recently that homosexuality has been declassified as a mental illness in the UK (ICD 1992). Yet in the recent media there has been some discussion about research into ways in which therapists work with this client group and even now there is some suggestion that, rather than working with these clients by way of an affirmative approach (advocated by Davies & Neal, 1996) there is still some evidence to suggest that therapists attempt to 'cure' homosexuality. Such observations find resonance in the work of Davies & Neal (1996) who have suggested that both psychology and psychoanalytic theory have often contributed towards reinforcing prejudice and polarizing sexualities in the past with some cruel and unethical results.

How far do you think their observations still find echoes in the recent media? Which of the four perspectives do you think serve to provide some explanation for this? What implications might there be for therapeutic practice, about the psychology of sex and gender?

### Signposts and Resources

Note here a quote from 1935 in a letter sent by Freud to an American mother who had sought help for her homosexual son:

*“Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness... Many highly respectable individuals of ancient and modern times have been homosexuals, several of the greatest men among*





*them (Plato, Michelangelo, Leonardo da Vinci, etc.). It is a great injustice to persecute homosexuality as a crime, and a cruelty too” (Freud, 1947 in Davies and Neal, 1996, p.19)*

Davies, D. & Neal, C. (1996) (eds) *Pink Therapy: A Guide for counsellors and therapists working with lesbian, gay and bisexual clients*, Open University Press, Buckingham

## Our Journey's End



To conclude, we are at our journey's end. The expedition into the territory that is psychology, as discussed in DSE 212 has been a rich and varied one. The trip has involved taking you on many sights and offering you different stop-off points along the way. Some of these detours you will have enjoyed and found resonance with in terms of your own values and assumptions and ways of seeing the world and the work you do in counselling practice. My aim, as your coach, has been to provide a bridge, between psychological theories, concepts and models and to share with you some ways in which parts of this territory are already implicit and the work you do.

As the course team said at the start of the *Study Guide* "*the path you are travelling is only one of a number of possible routes*" (p.6). Likewise, (as the song goes there are many rivers to cross). Hopefully as your coach, I have provided you with one bridge to cross the oft-perceived divide, between psychological theories on the one hand and psychotherapeutic/counselling practice on the other. As I leave you to ponder on your learning, I want to leave you with the words of Marcel Proust cited by Bocchino (1992) in his chapter on communicating through reframing and positive internationality.

***"The real voyage of discovery consists not in seeking new lands but in seeing with new eyes"***

(Marcel Proust, in Bocchino, R.(1998, p.42) *Emotional Literacy: To Be A Different Kind of Smart*, Corwin Press, Inc., Sage Publications, Thousand Oaks, C.A)