

Using concepts and theories to inform and support therapy practice

Section 2 of An Introduction to Counselling and Psychotherapy, 7th edn. presents a series of theoretical perspectives in counselling and psychotherapy. These notes offer a range of perspectives on the idea of a 'theory and different ways that theories can be used to inform practice.

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Introduction

During the twentieth century, psychotherapy came to be organized around a number of distinct theoretical models or 'approaches'. Historically, the most important of these approaches or 'schools' of therapy have been psychodynamic, cognitive-behavioural and humanistic. However, these are merely the most popular of a wide range of theoretical orientations presently in use. The current situation in both counselling and psychotherapy is one of great theoretical diversity and creativity. Just as quickly as new theories are spawned, new attempts are enjoined to unify, combine or integrate them. The proliferation of theories and approaches is often confusing for people learning about counselling, whether clients or students. The aim of this chapter is to make sense of the diversity of approaches that exist. The topic is tackled by first establishing just what is meant by a counselling 'approach', then looking more closely at the concept of 'theory', and the *uses* of theorizing in counselling (Why do we need theory? How is theory used in practice?).

Section 2 of *An Introduction to Counselling and Psychotherapy, 7th edn* looks at the most widely-used theories by contemporary counsellors, ranging from the beginnings of psychotherapy in the work of Sigmund Freud, to the most recent developments in

narrative therapy, philosophical counselling, nature therapy and feminist approaches. The ideas introduced in the present chapter are intended to make it possible to look at these established approaches with a spirit of open inquiry and questioning. Theories of therapy do not represent immutable truths but are perhaps better regarded as providing tools for practice and understanding. In the end, it is not enough merely to accept the ideas and methods associated with any particular approach to therapy: instead, it is essential for each counsellor to develop his or her own *personal* approach, consistent with his or her own life experience, cultural values and work setting.

It can be argued that *psychotherapy* is a practice that is (mainly) based on the application of a single approach. Thus, for instance, psychotherapy practitioners tend to describe themselves in terms of their core orientation, such as ‘psychodynamic’, ‘cognitive-behavioural’ or ‘Transactional Analysis’. By contrast, *counselling* is a practice that draws on a range of theoretical approaches, which are selected on the basis of their relevance to a particular client or group. So, for instance, a counsellor would describe himself or herself as a ‘bereavement counsellor’ or a ‘primary care counsellor’, rather than use a label derived from a theoretical orientation. This distinction is not, of course, set in stone with clearly defined boundaries – there is a great deal of overlap between that psychotherapists do, and the work roles of counsellors. Nevertheless, it is a distinction that has important implications for counsellors, both those in training and those in practice. While a psychotherapist only needs to learn the theory that he or she has chosen, a counsellor needs to learn not only about (some) theories, but also to develop a framework for choosing between theories, and to select the best ideas for accomplishing whatever the therapeutic task in hand might be at any particular moment. A central aim of this chapter, therefore, is to provide readers with a perspective from which they can critically evaluate the relevance, for them and their clients, of the theories that are introduced in the following chapters.

The concept of an ‘approach’

The field of counselling and psychotherapy can be characterised as comprising a complex set of interlocking *traditions*. These traditions can be viewed as consisting of accumulated knowledge and wisdom, assembled over a long period of time, concerning how best to assist people who are experiencing problems in living. During training, each counsellor needs to learn how to position himself or herself somewhere within this spectrum of traditions. Because the concept of ‘tradition’ has an old-fashioned sound to it, and therapists usually wish to regard themselves as engaged in cutting-edge practices, the term ‘approach’ tends to be used in place of the word ‘tradition’. Like any cultural tradition, a counselling/psychotherapy approach can be regarded as a complex system of ideas and behaviours. Some of the elements that make up a counselling approach are:

An organised and coherent set of concepts, or theory. The distinguishing feature of competing approaches to counselling is that each of them is built around a small set of key ideas, that mark them out as different and unique. On closer examination, it is always possible to see that the concepts that comprise a theory are structured in terms of three levels of abstraction. At the most abstract level are underlying philosophical or ‘metapsychological’ assumptions (for example, in psychoanalysis, the idea of ‘the

unconscious'). At an intermediate level of abstraction are specific theoretical propositions, that predicting connections between observable events (i.e., in psychoanalysis, the posited causal association between certain childhood events and adult psychopathology). Finally, at the most concrete level are concepts that function as 'labels' for discrete observable events (e.g., in psychoanalysis, concepts such as 'transference' or 'denial'). Each of these levels of conceptual abstraction serves a different function in relation to the approach as a whole. Concrete label-type concepts represent the routine language or terminology used by adherents of an approach in communication with each other. The philosophical level of conceptualisation embodies the core values of an approach. Finally, specific theoretical propositions correspond to the ground for debate and dialogue – the intellectual cutting edge of the approach.

A language or way of talking. Each approach provides a language for talking about clients and the work of therapy, and is characterised by its own particular style of talking. For example, one of the distinctive features of the way that practitioners of an approach to counselling talk relates to their use of evidence to support what they say. Different approaches have very different ideas about what counts as evidence. Within the person-centred approach, a counsellor is likely to make frequent reference to feelings and personal experience. By contrast, a CBT therapist is more likely to back up his or her arguments by reference to research evidence or behavioural observation.

A distinctive set of therapeutic procedures or interventions. Linked to the theory that is used within an approach are a range of practical procedures, techniques or methods. For example, systematic desensitization is a distinctive CBT procedure, and interpretation of transference is a distinctive psychoanalytic procedure. In addition to the existence of these procedures or methods, a practitioner within an approach will possess a framework for deciding on which procedures are most appropriate for specific counselling situations, presenting problems and client groups.

A knowledge community. It is a mistake to think of a counselling approach as being merely a set of ideas that can be described in a book. An approach is a dynamic network of people and institutions that sustain it as a form of practice – journals, training courses, conference, meetings, websites, etc. This knowledge community is itself structured and organised in terms of sub-groups of people who represent contrasting standpoints or sub-traditions within the approach. It is important to acknowledge, here, the essential role of conflict and debate in sustaining a tradition over time. A tradition which does not change in response to the creativity of its members and the shifting demands of the external environment will eventually die: tensions within its knowledge community are to be expected in any intellectually healthy and vibrant approach to counselling.

Set of values. Behind each approach to counselling lies a constellation of guiding assumptions about what constitutes the 'good life'. Although all approaches to counselling and psychotherapy can be understood as sharing broad set of 'humanistic' values (i.e., based on humanism), each of them places special emphasis on certain values or virtues above others. For example, the person-centred approach highlights the virtue of self-fulfilment, while CBT place special emphasis on the virtue of rational action.

Mythology. The ideas, values and practices that make up an approach are encapsulated within its mythology – the account that is shared among adherents of the personal, social, cultural and historical context within which the approach has been developed. Specifically, contemporary approaches to counselling and psychotherapy tend to be strongly associated with ‘hero’ figures (people such as Sigmund Freud and Carl Rogers), whose personal qualities symbolise the core characteristics of the approaches they founded.

This way of understanding counselling and psychotherapy as cultural entities, reflects the social analysis of scientific knowledge carried out by the philosopher Thomas Kuhn. It is a perspective that has a number of important implications in terms of the way that the therapy professions have developed, and how they currently function. One of the crucial implications, for anyone learning to become a counsellor, is that it is easy to see that counselling training is about much more than intellectual or academic ‘book’ learning, but involves socialisation into a mythology, language, value system and knowledge community. A further implication is that the core beliefs and practices of an approach are not easily changed through rational argument or research evidence because the approach is built around a thick web of relationships, history and personal commitment, rather than just being a set of ideas. A third implication is that a counselling approach is more than just theory – it consists of a network of institutions and relationships, a language and a set of values. A final implication is that an approach or tradition is a dynamic system, that involves debate and disagreement – an approach needs constantly to adapt and change in order to stay alive and relevant in the face of new challenges. When studying theory, therefore, it is always necessary to take account of the fact that a theory is only one part of a broader network of belief and behaviour.

What is a theory?

The following chapters introduce and explain a number of counselling theories. To be able to arrive at an informed critical evaluation of these theories and use them creatively in the service of clients, it is important to understand what a theory is. The word ‘theory’ is itself a multi-faceted concept. This is not the place to attempt to develop a comprehensive account of debates around the role of theory in psychology and social science. Nevertheless, for the purposes of understanding theories of therapy, it is helpful to look briefly at three aspects of the concept of a theory. These are: a theory as a structured set of ideas; theory as a set of social practices; and the practical function or purpose of theory.

Theory as a structured set of ideas

The obvious way of looking at a ‘theory’ is to think about it as a set of ideas or concepts that are used to make sense of some dimension of reality: for example, Einstein’s ‘theory of relativity’ is a set of ideas that explain the relationship between time and space. A theory is different from everyday, common-sense ideas in that it is stated formally, with

clearly defined terms, has been tested or critically evaluated in some way, and is consistent with other scientific ideas.

In relation to theories of counselling, it is essential to acknowledge that the set of ideas that makes up a theory is not only all of these things (useful, clearly defined, critically tested etc.), but is also *structured*. In other words, a counselling theory operates at different levels of abstraction, and the implications for a counsellor of using any particular theory depend a great deal on which level of abstraction he or she is employing.

A useful analysis of the structure of counselling theories has been carried out by the psychoanalytic writers Rapaport and Gill (1959), who argued that there are three levels to any theoretical model used in counselling and therapy. First, there are statements about *observational* data. Second, there are theoretical *propositions*, which make connections between different observations. Third, there are statements of *philosophical assumptions*, or 'metapsychology'. Rapaport and Gill (1959) looked at the theoretical structure of psychoanalysis, and came to the conclusion that statements about, for example, defence mechanisms such as projection or denial were fundamentally simple observations of behavioural events. Psychoanalytic concepts such as 'anal personality', on the other hand, went beyond mere observation, and made inferences about the connectedness of events separated by time and space. For example, the idea of anal personality implies a link between childhood events (potty training) and adult behaviour (obsessionality), and this association is inferred rather than directly observed. However, in principle, given good enough research, the truth of the inference could be tested through research. Finally, concepts such as the 'unconscious' and 'libido' referred to philosophical abstractions that could not be directly observed but were used as general explanatory ideas. In psychoanalysis, the reason why potty training can result in obsessional adult patterns of behaviour is because potty training operates to shape or fixate certain libidinal impulses, which then unconsciously determine the way that the person behaves in adult life. However, 'libido' and 'the unconscious' are not factors that can be measured or researched, but represent a level of highly abstract, philosophical theorizing about the meaning of being a person.

Rapaport and Gill's (1959) discussion of these issues has a number of implications for the application of theory in practice. The use of lower-level, observational constructs can be seen to carry relatively little in the way of theoretical 'baggage'. For example, describing a client as 'using the defence mechanism of projection' might be an effective shorthand means of giving information to a supervisor or colleagues in a case conference. However, it would be a straightforward matter to use everyday ordinary language to communicate the same information. Different counselling theories tend to include their own uniquely phrased observational labels, and counsellors often find it helpful to use these labels. In doing so, they are not necessarily using the theoretical model from which the label is taken, but may be merely borrowing a useful turn of phrase. At the same time, it is important to recognize that there may be times when using observational constructs may result in making assumptions about the client and missing useful information. Categorizing a client's behaviour as 'resistance', for example, may prevent a counsellor from reflecting in a more open-ended way about different possible meanings of what the client might be doing and why. The danger of using 'observational' concepts, therefore, can be that they can result in jumping to conclusions (by just 'labelling' a phenomenon)

rather than thinking more deeply, or with more curiosity, about what might be happening.

Higher-level constructs and concepts, by contrast, cannot be as easily taken out of the context of the theoretical model within which they fit. A term such as 'libido' (Freudian theory) or 'self-actualization' (Rogerian/person-centred theory) cannot be used without making a substantial number of philosophical assumptions about what it means to be a person. As a result, any attempt to combine 'libido' and 'self-actualization' in the same conversation, case study or research project is likely to lead to confusion. Thinking about people as basically driven by libidinous desires (Freud) or as basically driven by a drive to wholeness and fulfilment (Rogers) are very different philosophical positions.

The 'middle' level of theory, which involves theoretical propositions such as Freud's explanation of the 'anal personality', or Rogers' model of the 'core conditions' for therapeutic change, is potentially the most useful level of theory for practitioners because it deals in supposedly tangible cause-and-effect sequences that give the counsellor a 'handle' on how to facilitate change. The difficulty here is whether the particular explanation offered by a theoretical model can be believed to be true or be viewed as just one among many competing interpretations. For example, psychoanalysts claim that rigid patterns of potty training produce obsessional people (this is an over-simplification of the theory). However, if a link can be demonstrated between potty training and adult behaviour, this connection could be explained in many ways, such as being a result of obsessional attitudes being reinforced by obsessional parents (behavioural explanation), or by the acquisition of 'conditions of worth' around tidiness (Rogerian explanation).

It can be seen, therefore, that learning and using a theory of counselling involves different kinds of tasks and challenges. On the one hand, to become familiar with a theory it is necessary to learn how to detect or label observational phenomena such as 'defences', 'transference', 'empathy', 'irrational beliefs' and so on. On the other hand, it is also necessary to become immersed enough in the underlying 'image of the person' or philosophy of a theory to appreciate what is meant by 'the unconscious', 'self-actualization' or 'reinforcement'. Finally, there is the task of understanding how observational and philosophical concepts are brought together in the form of specific theoretical propositions. All this is made even more difficult because few theories of counselling and psychotherapy are ever formulated in a manner that allows their structure to be clearly identified. For example, writers such as Rogers or Freud conveyed their ideas through case studies, essays on specific topics and (in Rogers' case) research papers. The structures of therapy theories are often more clearly explained not in therapy and counselling books, but in personality textbooks.

Theory as a set of social practices

There is no doubt that a theory of counselling can be written out in the form of a scientific formula, with all constructs being operationally defined, and cause and-effect sequences clearly specified. In the 1950s, Carl Rogers, the founder of client-centred and person-centred counselling, and one of the leading figures in humanistic psychology, was invited to do just this by the American psychologist Sigmund Koch. The resulting scientific statement was published (Rogers 1957) and comprises a set of fundamental theoretical propositions. If this can be done for a humanistic theory that emphasizes the freedom of the person to make choices, it can certainly be done for other therapy theories.

It is interesting, however, that few other leading counselling and psychotherapy theorists have opted to follow the example of Rogers and write up their theories in the form of testable hypotheses and propositions.

Despite the undeniable fact that theories exist as sets of ideas, there is an increasing appreciation that there is a human, or social, side to any theory, not only in psychology and social sciences but also in the physical sciences such as physics, chemistry and biology. The social dimension of science has been highlighted in the writings of the philosopher Thomas Kuhn. At the heart of his argument is the idea that theories are created and sustained by *scientific communities*, and that it is impossible fully to understand a theory without participating in the activities of that community. Kuhn noticed that, when scientists are trained, they do not just learn about ideas but are socialized into a way of seeing the world and a way of doing things. Learning about theory in chemistry, for example, involves doing experiments, learning how to interpret the results produced by particular equipment, knowing when results 'feel wrong' and learning about which problems or issues are understandable and solvable by the theory, and which are anomalous or viewed as irrelevant. A scientific community is organized around textbooks, journals and conferences. In other words, there is a whole *community of practice* that physically embodies and perpetuates the theory. The philosopher Michael Polanyi introduced the term 'implicit knowledge' to refer to the kind of knowing used by people who belong in a community of scientists. Implicit or 'tacit' knowledge is picked up informally and unconsciously rather than being explicitly written down.

The social dimension is extremely important for an understanding of theories of counselling. Learning about counselling involves seeing, hearing and doing. Participating in a training course, or receiving supervision, represents the transmission of an *oral tradition* that is passed on from one practitioner to another. There are many concepts that, it can be argued, can only be understood by being experienced. For example, many psychoanalysts would say that a real understanding of the idea of 'transference' could only be obtained by undergoing personal psychoanalysis (a 'training analysis'). Many person-centred counsellors would assert that a full appreciation of the meaning of 'congruence' within person-centred theory requires participating in person-centred 'encounter' groups. There are aspects of personal presence, way of talking and way of being that can only be conveyed through actually meeting experienced practitioners or trainers. Certainly, these implicit or tacit dimensions of theory cannot be adequately communicated in a textbook (such as this one) or research report.

There are several implications of a social perspective that are significant for understanding how theory is created and used in counselling. First, the oral tradition is always broader than what is written about it. Writers such as Freud and Rogers were influential because they were able to put into words, better than anyone else at the time, the ways of understanding and working with clients that were being generated in their oral communities. But, even in their cases, there was always more that could be said. Both Freud and Rogers struggled, throughout their careers, to find the best ways to articulate in words what they *knew* at an implicit level. Some of the apparent theoretical debates and differences in counselling and psychotherapy can therefore be viewed not so much as arguments over the substance of what is happening in therapy, but as disputes around the best language to use in talking about these happenings. Another key implication is that, much of the time, it is more accurate to talk about counselling

approaches rather than theories. The idea of an ‘approach’ is a reminder that there is more to a way of doing counselling than merely applying a set of ideas: an approach embraces philosophical assumptions, style, tradition and tacit knowing.

The third, and in some ways most important, implication of a social perspective is to suggest that in many ways a theory is like a *language*: psychodynamic theory is the language used by one group of practitioners, cognitive-behavioural theory is a language used by another group and so on. The idea of theory as language is a fertile metaphor. It does not imply that one theory is right and another one is wrong. However, it does admit the possibility that it is easier to talk about some things in certain languages rather than others. Learning a language involves knowing about formal rules, acquiring everyday idioms and practising with other speakers. And it also introduces the issue of *translating* between different languages, in order to communicate with colleagues in other communities: to be able to translate, practitioners need to know about different theories, rather than remaining monolingual. There is also the question as to whether it might ever be possible, or desirable, to develop a common language for all therapies (a kind of counsellors’ Esperanto?). Finally, by regarding a theory as a language-system, it becomes easier to appreciate how processes of power and oppression can occur in counselling. If, for example, a theory does not contain language for talking about homosexuality in positive terms, then gay and lesbian counsellors and clients are silenced and excluded. If a theory does not include words to describe spiritual experience, then it becomes much harder to talk about that dimension of life in counselling or supervision. In fact, both homosexuality and religion/spirituality were largely suppressed in the language of mid-twentieth-century therapy, and it has been a long and hard struggle to allow these voices to be heard.

The purpose of theory: explanation or understanding?

There are differences in the way that the *purpose* or function of theory can be understood. From a traditional, scientific-technological standpoint, a good theory represents as close as we can get to nature, to objective external reality. A theory allows us to *explain* events, by specifying a single set of causal factors responsible for the event, and to *predict* (and therefore control) future events by applying this causal framework to the design of machines and technology. For instance, the design of a car engine is based on very precise predictions about that will happen when petrol is sparked in a cylinder etc. There is, however, another way of looking at theory. From this alternative perspective, a theory provides a way of interpreting events, with the aim of *understanding* them. A theoretical understanding involves a kind of sensitive appreciation of the multiple factors that could plausibly have contributed to an event. The possession of such an understanding can never give a certain prediction but can provide a capacity to anticipate what will happen in the future, at least in terms of considering possibilities. Theory-as-understanding opens out the possible *reasons* why something might have happened. Note here that the idea of a ‘reason’ allows for the possibility of human intentionality and purpose, while the idea of ‘cause’ refers to a mechanical or automatic process, with no space for human willingness or choice.

Does counselling theory provide explanation or understanding? In many cases, counselling and psychotherapy theories would appear to claim the status of scientific

explanations. Many people who support particular theories often behave as if they believe that their ideas reflect objective truths, and singular, true explanations for the problems that people have in their lives. Some theorists have sought confirmation in 'hard' scientific research in biology, genetics and neurology to back up their claims of objective, explanatory truth. One of the approaches that has been active in trying to secure objective scientific confirmation since the days of Freud, is psychoanalysis. Within the psychoanalytic and psychodynamic approach, Charles Rycroft, and others, suggested that there are profound differences between theories of therapy and scientific theories in fields such as physics and chemistry. The latter can yield cause-and-effect statements that can be used to predict future events. The former are used by people largely to attribute meaning to events that have already taken place. Rycroft argued that, despite his genius, Freud was caught between two incompatible goals: that of establishing an objective psychology, and that of creating a rich and powerful interpretive framework. Rycroft concluded that, when looked at closely, none of Freud's ideas withstood scrutiny in terms of scientific criteria for causal explanations, but that his ideas did provide a solid framework for understanding. Rycroft suggested that psychoanalytic theory is all about the *reasons* why people behave in the ways that they do, not about the *causes* of their behaviour. For example, Freud's classic work is called *The Interpretation of Dreams*, not the '*causes* of dreams'.

Another psychoanalyst who arrived at a similar conclusion was Donald Spence, who introduced the distinction between *narrative truth* and *historical truth*. Historical truth results from inquiry into past events that uncovers objective evidence of earlier events that preceded later events. Spence argued that, although they might believe that their methods revealed evidence of what had taken place in a client's childhood, psychodynamic therapists were very rarely (if ever) able to collect objective evidence. The best that could be hoped for, according to Spence, was a believable story, a 'narrative truth' that enabled the client to understand their life better by providing a plausible account of some of the possible reasons for their current difficulties.

The philosopher Richard Rorty offers another way of looking at the explanation versus understanding debate. He suggests that scientific theorists have been too much caught up in thinking about their work in terms of trying to create theories that function as 'mirrors of nature'. Rorty proposes that a more fruitful metaphor is that of the *conversation*: a theory is better viewed as an ongoing conversation, in which those involved in constructing, testing and using a theory continually discuss, debate and refine their ideas. The idea of a theory as an agreement between interested stakeholders around what 'works', in a pragmatic sense, rather than as an 'objective truth', also lies behind the writings of Dan Fishman around the development of a pragmatic psychology.

The trend in recent years within the field of counselling and psychotherapy has been in the direction of regarding theories as interpretive frameworks, or 'lenses' through which people and therapy might be viewed and understood more clearly, rather than as constituting explanatory models in a traditional scientific sense. For some people, however, the drift towards an interpretive or 'constructivist' stance in relation to theory is worrying, because it raises the spectre of relativism: is everything true? Is there no objective reality at all? Some of the most important current debates within the field have focused on this dilemma. However, it would be reasonable to conclude that, even if some therapists and psychologists believe that it *should* be possible to construct a scientific-

explanatory theory of therapy, there seems little doubt that none of the theories presently available are able, at this point in time, to provide such a level of theoretical certainty. The theories we have, for now, are ones that generate *understanding* rather than explanation.

The cultural specificity of theories of therapy

Theories of therapy have evolved within a Western/European tradition of thought and practice. It is essential to acknowledge that other cultures have generated quite different theoretical systems for understanding human distress and healing. The validity or applicability of Western theories of therapy cannot be assumed in relation to work with clients from Western cultural backgrounds. Even in Western societies, it could be argued that theories of therapies reflect the assumptions of dominant social class groups.

Why do we need theory? The uses of conceptualization in counselling practice

What do counsellors do when they make use of theory? Do we need theory? What is theory *for*? These are fundamental questions, which open up an appreciation of the relationship between theory and practice.

Something to hang on to: structure in the face of chaos

The experience of being a counsellor is, typically, one of attempting to respond adequately and helpfully to complex and confusing sources of information. A client makes an appointment for a counselling session, apparently a wish to engage in a therapeutic process, and then sits slumped in his chair and says nothing. A highly successful professional woman enters counselling to deal with issues around work stress but soon talks about, and exhibits, the fear she feels about anything that reminds her of powerful memories of being a victim of violence. These are two examples of the sometimes dramatic contradictions that can be encountered in the counselling room. On some occasions, too, clients move beyond contradictions and beyond any attempt to maintain a coherent and consistent social self. In exploring painful experiences, control can be lost. Often, a client will report being stuck and hopeless, unable to see any way forward or to imagine any viable future. It is at these moments that a counsellor needs to draw deeply on a belief in his or her capacity to be helpful, and in the general capacity of human beings to learn and develop. But it can also be vital to be able to use a theoretical framework so as to begin to place what is happening into some kind of context. At difficult moments, theory gives a counsellor a basis for reflecting on experience, and a language for sharing that experience with others (for example, colleagues, a supervisor) and thus enlisting support and guidance.

Offering the client a way of making sense

One of the striking themes within the development of counselling in recent years has

been the increasing emphasis given to didactic learning. Traditionally, counselling approaches such as psychodynamic and person-centred have largely relied on experiential learning and on insights or new understandings that are framed in the client's own language and the dialogue between counsellor and client. Recently, more and more counsellors and therapists have found that it is valuable for clients to acquire a theoretical framework within which they can make sense of their difficulties. Transactional Analysis (TA) is one example of a therapy approach that has generated a wide range of client-oriented books and pamphlets, and that encourages therapists to explain TA concepts to clients. Many cognitive-behavioural therapists operate in a similar manner and claim that the best evidence of whether a client has gained from therapy is when they can quote the theory back to the therapist and explain how they apply it in their everyday life. Even in therapies that do not overtly encourage clients to learn the theory, there is no doubt that many clients do, on their own initiative, carry out a certain amount of background reading and study.

Constructing a case formulation

One of the early tasks for a counsellor, when beginning to work with a client, is to arrive at an overall 'formulation' of the case. A formulation usually comprises a set of hypotheses that make potential connections between the immediate problems being presented by a client, the underlying factors and processes that are responsible for these problems, and through which they are maintained, the factors in the client's life that might facilitate or impede therapy, and the therapeutic interventions or strategies that might be used in working to resolve the client's problems. Some counsellors and psychotherapists construct written formulations, which may be shared with their client. Other practitioners engage in formulation in a more implicit way, for example by talking through the elements of a formulation with their supervisor. In either scenario, a useful formulation is one in which theoretical ideas are used to make links between observations – a case formulation that does not incorporate a theoretical understanding ends up being no more than a list of presenting problems.

Establishing professional status

One of the characteristics of professions (such as law, medicine, the Church), as opposed to less formally established occupational groups, is that they can claim privileged access to a specialist body of theory and knowledge. Counsellors and psychotherapists who operate within professional networks would almost certainly be regarded as lacking in status and credibility if they lacked the 'special' knowledge and insight provided by a good theory.

Providing a framework for research

Research can be regarded as a pooling of insight and understanding, by bringing together the observations and conclusions of a wide network or community of investigators. Research can also be seen as a way of building knowledge, by testing the validity of ideas and methods. It is very difficult to carry out productive research in the absence of

theoretical frameworks. Although there may be some areas of knowledge-building in which it is sufficient merely to identify instances of phenomena, and itemize or classify them, the majority of scientific studies involve testing hypotheses derived from theory, or developing ways of theoretically conceptualizing patterns of events. The points in the history of counselling and psychotherapy at which the most significant advances in understanding and practice were achieved, for example in the group of client-centred therapists led by Carl Rogers at the University of Chicago in the early 1950s, occurred when communities of inquirers managed to operate simultaneously across the domains of theory, research, practice and training (McLeod 2002). At these times, it was the possession of fertile theoretical ideas that made progress possible.

Metaphors for theory

The many different ways in which ‘theory’ is understood in our culture can be explored by reflecting on the multiplicity of metaphors that can be applied to the process of using a theory. These include:

- *building* an understanding or explanation; an explanatory *structure* or *framework*;
- *illuminating/shining* a light on something that is unclear;
- a *lens* which focuses on certain pieces of information;
- a *mirror* of nature;
- a *tool* for action; getting a *handle* on a confusing issue;
- a *map* of knowledge;
- a *network* of ideas;
- a *conversation* or *dialogue* between different perspectives.

These metaphors begin to capture the different ways in which theory-making and theory-using is an essential part of everyday life.

Why are there so many theories? The diversity of theorizing about therapy

A major challenge for everyone who enters training as a counsellor or psychotherapist is the number of different therapy theories that are in circulation. It has been suggested that there may be as many as 400 different named approaches to therapy. It is clear that there are not 400 unique ways to practice therapy (see Fleuridas and Krafcik 2019, for a more manageable list). But then, why are there so many theories? How can we understand the existence of such a degree of theoretical diversity? The proliferation of therapy theories arises from a number of factors, which are discussed in the following sections.

The historical unfolding of theories of psychotherapy

One of the reasons for the ever-expanding number of therapy theories is that different therapy theories emerged at different times in response to different social and cultural conditions (see Fleuridas and Krafcik 2019). An overview of the historical unfolding of

competing approaches to psychotherapy is provided in Table 1. In the interest of simplicity and intelligibility, the list of theories included in this table is not complete – the aim is merely to indicate the broad historical pattern. Further discussion of the conditions under which each of these approaches came to prominence is given in later chapters. One of the striking aspects of this list is that none of the main models of psychotherapy that have been developed has ever disappeared – even forms of therapy that were created in the very different social conditions associated with pre-World War I upper class culture (psychoanalysis and the Jungian, Adlerian and Reichian post-Freudian therapies) are still widely practiced today, because they retain meaning and relevance for at least some practitioners and clients, and because they have adapted in response to contemporary life issues. The adaptation of theory can be seen most vividly in the case of psychoanalytic theory, which has evolved in the direction of a more socially-oriented approach (Object Relations theory) and then assimilated ideas from cognitive therapy (Cognitive Analytic Therapy) and humanistic therapies (Psychodynamic-Interpersonal Therapy) that made it possible to forge a time-limited, brief therapy variant of psychoanalysis.

Table 1 Key landmarks in the development of theories of psychotherapy

<i>Decade of first emergence</i>	<i>Psychotherapy approach</i>
1890	Psychoanalysis
1910	Post-Freudian
1940	Client-centred
	Behavioural
	Psychodynamic/Object Relations
	Existential
1950	Psychodynamic/Self theory
1960	Cognitive, Rational Emotive
	Family/systemic
	Gestalt, Transactional Analysis
1970	Cognitive-behavioural Therapy (CBT)
	Feminist
	Multicultural
1980	Psychodynamic Integrative: Cognitive Analytic, Psychodynamic-Interpersonal
	Philosophical counseling
1990	Narrative
	Third-wave CBT
	Emotion Focused
2000	Postmodern Pluralistic

It can be helpful to think of psychotherapy as a form of helping that is continually ‘reconstructed’ in response to changing social and cultural forces. Some of the important

social factors responsible for the invention of psychotherapy in the nineteenth century were mentioned: the secularization of society, the movement away from authority-base relationships, the moves in the direction of greater individuality. All of these factors helped to determine the shape of psychoanalytic therapy. In more recent times, the increasing economic pressures facing health care systems have stimulated the development of brief therapies, such as CBT, and the political momentum of equal opportunities advocacy has led to the emergence of feminist and multicultural approaches. Most recently, the popularity of narrative therapy can be viewed as a reflection of a broad cultural shift away from competitive individualism and in the direction of a more collectivist, community-based set of values for living.

Finally, some approaches to therapy can be understood in terms of the influence on the therapy world of ideas and practices from other fields. The best example of such an influence is family therapy, which originated in social work and gradually became a psychotherapeutic specialism. Other examples are arts-based therapies, nature therapy, and ‘third-wave’ CBT (the importation of spiritual practices such as mindfulness meditation).

A basic reason for the multiplicity of theories of therapy, therefore, is that counselling and psychotherapy does not exist in an intellectual, social or professional vacuum, but instead is constantly being reconstructed in response to external influences.

The mental health industry: brand names and special ingredients

Theoretical diversity in therapy can be understood in commercial terms. It can be argued that all therapists are essentially offering clients the same basic product (i.e., someone to talk to). The exigencies of the market place, however, mean that there are many pressures leading in the direction of product diversification. It is obvious to anyone socialized into the ways of the market economy that in most circumstances it is not a good idea merely to make and sell ‘cars’ or ‘washing powder’. Who would buy an unbranded car or box of detergent? Products that are on sale usually have ‘brand names’, which are meant to inform the customer about the quality and reliability of the commodity being sold. To stimulate customer enthusiasm and thereby encourage sales, many products also boast ‘special ingredients’ or ‘unique selling features’, which are claimed to make the product superior to its rivals.

This analogy is applicable to counselling and therapy. The evidence from research implies that there exists a set of ‘common therapeutic factors’ that operate in all forms of therapy; counsellors and therapists are, like car manufacturers, all engaged in selling broadly similar products. But for reasons of professional identity, intellectual coherence and external legitimacy there have emerged a number of ‘brand name’ therapies. The best known of these brand name therapies have been reviewed in earlier chapters. Psychodynamic, person-centred and cognitive-behavioural approaches are widely used, generally accepted and universally recognized. They are equivalent to the Mercedes, Ford and Toyota of the therapy world. Other, smaller ‘firms’ have sought to establish their own brand names. Some of these brands have established themselves in a niche in the marketplace.

The main point of this metaphor is to suggest the influence of the marketplace, the ‘trade in lunacy’, on the evolution of counselling theory. The huge expansion in therapies

was associated with the post-war expansion of modern capitalist economies. This economic growth has slowed and stopped, as the costs of health and welfare systems, struggling to meet the needs of an ageing population and an increasing demand for more costly and sophisticated treatments, have had to be kept within limits. At this time, when counselling and therapy services are under pressure to prove their cost-effectiveness, there are strong pressures in the direction of consolidating around the powerful brand names and finding ways to combine resources through merger or integration.

The movement toward theoretical integration

The fact that so many competing theoretical models of psychotherapy have been developed can be regarded as both a strength and a weakness. It is a strength in that the field of psychotherapy encompasses a wealth of good ideas about how to understand problems, and how to help people with problems. However, it is also a weakness in that the profession as a whole is highly fragmented. On the whole, practitioners trained in one theoretical approach are unlikely to understand or appreciate the hard-won theoretical insights generated by those who espouse other approaches. Most psychotherapy approaches operate within their own professional space and pay little attention to research or theoretical advances in other approaches. Many students or therapy trainees who are asked by their tutors to compare different therapy models are surprised to find that there is very little to read on this topic. There is a huge amount of theoretical repetition across the field, because each approach develops its own theoretical language to explain the therapy relationship, the process of change, the role of emotion, and so on. Concerns around the proliferation and fragmentation of theories within psychotherapy has meant that, even in the 1930s, the issue of *theoretical integration* was being discussed. Even though the main therapy approaches that were most widely used in the 1930s and 1940s – psychoanalytic and behavioural – were so different from each other, several efforts were made to find ways to bring them together. As time went on, the search for a satisfactory means of reconciling theoretical differences, and integrating ideas and methods, remained an important intellectual pursuit within the counselling and psychotherapy professional community. Nevertheless, at the present time the field is still largely organized around ‘brand name’ approaches.

The personal dimension of theory

In other disciplines, theories and ideas tend to be identified in terms of conceptual labels, rather than being known through the name of their founder. Even in mainstream psychology, theoretical terms such as behaviourism or cognitive dissonance are employed, rather than the names of their founders (J. B. Watson, Leon Festinger). In counselling and psychotherapy, by contrast, there is a tradition of identifying theories very much with their founders. Terms such as Freudian, Jungian, Adlerian, Rogerian or Lacanian are commonplace. There are probably many reasons for this. However, one factor is certainly the recognition that theories of therapy typically reflect, to a greater or lesser extent, the personality and individual world-view of the founder. Huge amounts have been written, for instance, about the links between Freud’s own life and circumstances, and the ideas that came together in his psychoanalytic theory. It may be

that theories of therapy are necessarily so personal that it is impossible to write and formulate them without importing one's own personal experience and biases. The connections between theorizing in therapy and the personality of the theorist is explored in a classic book by Atwood and Stolorow (1993).

The biographical research carried out by Magai and Haviland-Jones (2002) has added further depth to the analysis of therapy theories as expressions of the subjectivity of their authors. Magai and Haviland-Jones (2002) carefully analysed biographical and autobiographical material, and video recordings of practice, relating to three key figures in the history of psychotherapy – Carl Rogers (client-centred/person-centred therapy), Albert Ellis (Rational Emotive Therapy) and Friz Perls (Gestalt Therapy). Specifically, they sought to develop an understanding between the lives of these therapists, their theoretical writings, and a micro-analysis of their moment-by-moment emotional states when interacting with a client. Carl Rogers grew up in a privileged, Christian-religious family in a suburb of Chicago. Magai and Haviland-Jones (2002) concluded that Carl Rogers had experienced what they describe as an 'imperfectly secure' attachment, arising from a close early relationship with his mother, followed later by the experience of not being fully accepted by his family, which left him with a sense of vulnerability in his later relationships with others. His adult life and work were characterized by themes of commitment to healing, through interpersonal closeness and communication, and commitment to achievement. His emotional profile was organized around avoiding anger and excitement, accompanied by consistent expression of both shame and interest. By contrast, Magai and Haviland-Jones (2002) described Albert Ellis as a person who received little attention or affirmation from either his mother or father and experienced an extended period of hospital care between the ages of five and seven, with only infrequent visits from his parents. Magai and Haviland-Jones (2002) summarized the childhood pattern of Ellis in the following terms:

...a child who is a de facto orphan and whose worries are unarticulated or fall on deaf ears...a four-year-old child dropped off at school with little psychological preparation and thrown in with older children, a child left to cross dangerous intersections on his own, a child who must face the uncertainties of surgery with little preparation or support, a child who is left to deal with virtual abandonment in the anonymous corridors of a big city hospital for a prolonged period of time... (p. 113).

It is little surprise that Ellis, even as early as the age of four, began to develop the cognitive strategies (e.g., 'what does happen could always be worse', 'hassles are never terrible unless you make them so') that were the precursors of his later theory of therapy. Magai and Haviland-Jones (2002) sum up his therapeutic philosophy as 'how to finesse negative emotion'.

Magai and Haviland-Jones (2002) report that Fritz Perls was born into a lower middle-class Jewish family in Berlin in 1893. With two older sisters, he was indulged by his mother and was described as spoiled and unruly. His father, whom he hated, was frequently away on business and had many affairs. Throughout his upbringing, he was also subjected to anti-semitism. He found solace from family and external tensions in visiting the theatre and circus:

...what impressed him most was that about the actors was that they could be something other than what they were....In later years...his work in group therapy

involved stripping away masks, props and roles with the goal of returning the individual to his or her real self. Concerns with masks, real and false selves, phoniness and authenticity turned out to be preoccupations that he carried throughout his life (p. 156).

Later in life, Perls served in the German Army in the trenches and was traumatized. After the war, he trained as a doctor and then as a psychoanalyst. His Jewishness and socialist political activities meant that he was forced to flee Germany in 1933, moving first to South Africa and then to the USA. Magai and Haviland-Jones (2002) argue that these life experiences meant that Perls developed a stance of emotional self-sufficiency and ‘could not afford to connect with the plight of helpless others....(he) did not, and likely could not, nurture his patients or cultivate a warm therapeutic alliance; he could not sustain long treatments with patients...He badgered his patients in a way that left them with no recourse but to capitulate or leave treatment’ (p. 173).

The biographical accounts constructed by Magai and Haviland-Jones (2002) concentrate mainly on psychological and interpersonal dimensions of the development of these three major theorists. However, the historical material that they present can also be viewed from a social class perspective. It is very evident that Rogers grew up in a privileged and stable upper-middle class world which was largely protected from encounter with poverty, racism and injustice. By contrast, both Ellis and Perls, in different ways, were directly exposed, from an early age, to a world in which cruelty and despair were unavoidable. These dimensions of social experience, it could be argued, have contributed to the marked contrast that exists between the moral universe portrayed in Rogers’ writings – a world of basic goodness, sense of entitlement and possibility of fulfillment – and the moral universes depicted by both Ellis and Perls, which convey a sense that the best that can be achieved is individual survival, or at best temporary contact with another, in the face of unrelenting threat.

This brief account of the work of Magai and Haviland-Jones (2002) does not do justice to the closely argued, uniquely detailed analysis of the links between personality formation and theoretical formulation that they have constructed. What their writing (along with that of Atwood and Stolorow 1993) does is demonstrate the extent to which theories of therapy are intimately grounded in the lives of the theorists, and represent the attempts of these theorists to make sense and resolve key issues in their lives. Of course, the theories that they generate will possess some degree of universal validity, because they are grappling with life issues that are common to everyone. Yet, at the same time, their theories, particularly in respect of the emotional focus that they adopt, are also inevitably slanted in the direction of one particular perspective on these core life issues.

The ‘subjectivity’ of therapy theories provides a partial explanation for the multiplicity of therapy theories that have been published. It seems likely that many individual therapists and counsellors find that the personal tenor of established theories does not quite chime with their own experience, with the result that they are driven to write down, and articulate through practice, training and research, their own, personal ‘version’ of the theory. In time, some of the next generation of therapists to be trained in this new theory will in turn be drawn towards making their own personal statement of theory, in reaction to what they have been taught. And so, the theory production line continues.

Choosing a theory: a key theme in counsellor development

A recurring task within the working lives of counsellors is that of finding a blend of theory that is both personally meaningful and professionally effective. Biographical accounts of the change and transformation in therapists, over the course of their careers, consistently suggest that experienced therapists engage in a ‘theory search’ during at least the first 20 years of their professional lives, only arriving at a settled theoretical framework for practice after much experimentation and exploration. Interviews ‘master therapists’ – practitioners who were considered by their colleagues to be the ‘best of the best’. A central theme within the descriptions generated by these informants of the beliefs and attitudes that shaped their approach was an insatiable curiosity about new ideas. A pattern, even in the lives of counsellors whose accomplishments have not been celebrated in print, is the experience of finding a theoretical ‘home’ fairly early in a career. Typically, a practitioner’s intellectual home is provided by the initial training programme they have completed, or by a mentor with whom they have worked closely. However, the ‘home theory’ is rarely felt to be sufficient in itself, and the majority of practitioners will eventually embark on a quest to expand their theoretical understanding into new areas by learning about new theories and models, before finally arriving at a theoretical synthesis or integration with which they are satisfied.

A postmodern perspective: theory as narrative

Underlying the ideas that have been introduced in this chapter, there lies a fundamental tension regarding the attitudes of practitioners in relation to theory. Essentially, there exists a split between those who regard theories as reflecting an ultimate *truth* about the way that the world operates, and those who view theory as a practical *tool* for understanding. Because psychotherapy has largely developed in a professional and academic context, within psychology and medicine) that emphasizes the value of rigorous scientific method (which involves creating and testing theories), there has been a tendency for the leading figures in the therapy world to explain their work in scientific terms, and construct formal theories which took the form of ‘truths’. The Western societies in which psychotherapy evolved during the twentieth century placed great emphasis on progress and the achievement of objective truth. As a result, all of the mainstream therapy approaches that emerged in the early and mid-twentieth century were built around core ideas that their founders believed to be objectively and universally true. For Freud, the unconscious mind and the relationship between childhood events and adult neuroses were objective truths, which in the fullness of time would be shown to have biological and neurological correlates. For behaviourists such as Skinner, learning through stimulus-response reinforcement was an objective truth. For Rogers, the self-concept and the actualizing tendency were objective realities that could in principle be observed and measured. One consequence of believing in the ultimate validity of such ‘truths’ was the conclusion that people who did not share the chosen belief were wrong

and mistaken. These others then needed to be converted to the one truth, or their heresies needed to be defended against, or, as a last resort, they could be ignored. The legacy of these attitudes has been that, to this day, the world of psychotherapy (and to some extent also, the world of counselling) remains divided – between major schools or approaches that dispute the validity of each other’s work, and then into many smaller sects.

The alternative to the ‘objectivist’ approach to theory is to adopt a postmodern perspective, informed by philosophical ideas from constructivism and social constructionism. From this perspective, as explained in the writings of James Hansen, a theory is viewed as a set of conceptual tools, that allow the theory-user to make connections between different observations, gain understanding and insight, communicate with others, and plan actions. The touchstone of good theory, from a postmodern point of view, is not the metaphysical question ‘is it true’, but instead is the pragmatic question ‘does it work?’ Adopting a postmodern perspective allows therapy theories to be understood as plausible stories that circulate within a culture, regarding what it means to be a person, how problems arise on people’s lives, and how these problems can be healed. The aim of counsellor training, according to Hansen (2006a: 295), is therefore:

...not...for the student to absorb transcendental truths from the enlightened university intelligentsia; rather, counselor education provides prospective counsellors with a repertoire of narrative possibilities for reframing the lives of their future clients. That is, clients typically enter counseling with meaning systems that have failed to support adaptive functioning. In order to reconstruct these systems so optimal living is enhanced, counselors must be prepared with a variety of reconstructive, narrative possibilities. If counsellors did not enter the counseling situation with narrative tool kits, or theories, to counter and enrich the maladaptive narratives of their clients, counselors would have little to contribute to a coconstruction of new meanings within the counseling process. Education, therefore, under the postmodern vision of counselling can be reconceptualized as narrative preparation.

A narrative, postmodern approach invites counsellors to celebrate the powerful transformational possibilities of a wide range of theories of therapy. It places theory, understood as a ‘narrative toolkit’, right at the heart of the therapy process, functioning as a resource that clients can use to change their lives.

Conclusions: the role of theory in counselling

In the past, most psychotherapy training and practice has been based on immersion in and socialization into one theoretical approach. Although the field of psychotherapy has become more open to theoretical integration in recent years, it is still the case that psychotherapy research is overwhelmingly based on the evaluation of the effectiveness of single-theory interventions for particular clinical conditions (e.g., CBT for social anxiety, Interpersonal Therapy for depression), and in some clinical psychology settings the practice of psychotherapy is organized around the delivery of manualised, protocol-drive single-therapy interventions. Within the domain of psychotherapy, therefore, it makes sense for training and practice to engage with theory at the level of discrete ‘pure’ models.

The situation in counselling is quite different. The areas in which counselling differs from psychotherapy, from a theory-using point of view are:

1. A substantial amount of counselling is provided by minimally-trained volunteers or paraprofessionals, or practitioners of other professions (e.g., teaching social work), whose theoretical knowledge is not sufficient for anyone to believe that what they are doing is informed to any significant degree by formal theories of therapy;
2. Counselling services tend to be built around particular social problems and issues, for example bereavement, domestic violence and marital problems, rather than (as in psychotherapy) psychological problems such as depression, anxiety or personality disorder. This means that counsellors (unlike psychotherapists) need to acquire theoretical frameworks for understanding and explaining the 'social problem' aspect of their work, as well as frameworks for understanding the psychological processes that happen with clients. In other words, a marriage/couple counsellor needs to have a theoretical grasp of the nature of marriage in contemporary society, a bereavement counsellor needs to have a grasp of how society copes with death, and a work stress counsellor needs to know about employment law and organizational structures. The implication here is that a counsellor needs to acquire and use: (a) a wide repertoire of theory, encompassing sociological perspectives; and (b) some kind of 'meta-theory' through which sociological ideas can be used alongside psychological concepts from therapy theories;
3. On the whole, the history, tradition and ethos of counselling is antithetical to any kind of obedience to fixed ideologies. What is important in counselling is to work with the person or group in ways that make sense to them – to start from wherever the client is. Often, people (mostly women) enter counselling training as a second career, following plentiful life experience, and are skeptical about the meaningfulness or practical value of purist theories.

As a consequence of these factors, the tendency in the counselling world is for trainees and practitioners to read widely, in terms of theory, and assemble a theoretical framework that makes sense to them personally, and which has practical utility in terms of the client group with which they work. Similarly, counselling agencies and services tend to evolve their own idiosyncratic set of theoretical 'readings', and conceptual language that is used in communicating between colleagues – often it can take new recruits some time before they learn how to decipher the theoretical code being used in a new place of work. A postmodern perspective, which takes the view that therapy theories are best understood as well-loved stories and conversation resources, fits well with the nature of everyday counselling practice.

Finally, it may be helpful to look at how the concept of 'theory' is used in the context of music. If someone is learning to play a musical instrument, and goes to classes on 'music theory', then what they acquire is a capacity to understand and follow a set of instructions for performing a musical score in the correct manner. But it is possible to be a creative and entertaining musician without knowing any music 'theory'. And being expert in music theory does not guarantee a satisfying performance – a good player needs to be able to interpret the score, appreciate the composer's intentions and the tradition he or she was composing within, make human contact with the audience and fellow players, and so on.

Section 2 of *An Introduction to Counselling and Psychotherapy*, 7th edn. presents a

series of alternative theoretical perspectives from which counselling and psychotherapy can be practiced. In reading about these theories, it is necessary, as with music, to interpret the text in the light of the composer, their intentions and the tradition that they worked within, and to remember that the theory is merely a vehicle for making contact with the audience (client) and fellow players (colleagues).

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