

# **IS THAT ALL THERE IS TO COUNSELING AND PSYCHOTHERAPY?**

C. H. Patterson  
University of Illinois  
Urbana-Champaign

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Psychology is currently experiencing a renewed interest in cognition. This interest is evidenced in almost every field of psychology from child and developmental psychology, through neuropsychology to behaviorism and counseling or psychotherapy. As is often the case, such movements tend to gather a momentum which leads to a swinging of the pendulum to an extreme position, often in part as a reaction to, and from, an extreme swing in the opposite direction. We have been going through a period in psychotherapy, indeed in the entire human relations area, in which there have been many practitioners focusing on emotional expression almost to an exclusion of cognition or thinking. While a corrective trend is no doubt desirable, it would appear to be undesirable to go to an extreme.

The purpose of this paper is to serve as a corrective to what I perceive as a movement which is in the process of becoming extreme. The movement appears to be leading to a position which is characterized by one or more of the following propositions: (1) the apparent complexities of counseling or psychotherapy can be reduced to the more simple and better understood, and more easily acquired and practiced, methods of teaching and instruction; (2) counseling or psychotherapy is the same as education or teaching; (3) education or teaching is thus a substitute for counseling or psychotherapy.

Before raising some questions about these assumptions (or conclusions), let me establish my credentials as one who has not rejected the importance of teaching or education in personal growth and development or as a remedial process (re-education) and one who has not drawn a sharp line between or education and counseling or psychotherapy.

In 1939 I wrote a paper entitled "Therapy as Re-education." It was never published, although I recall submitting it to at least one journal (I have been unable to find any record in my files although I do have a copy of the paper). In 1969, in my Preface to one of Carkhuff's books (Patterson, 1969), I welcomed evidence that direct training in the conditions of good interpersonal relations was more effective than psychotherapy. I continued: "Perhaps therapy is not necessary! What we may need is direct training or education of everyone in the conditions of good human relations--not only 'normal' people and children, but the emotionally disturbed as well." In 1971 (Patterson, 1971) I commented favorably on developments toward the teaching of human relations, suggesting that such teaching should begin in elementary schools. This suggestion was developed in my book on humanistic education (Patterson, 1973a), a concept and movement which incorporates psychological education.

That there is some relationship between education and teaching and counseling or psychotherapy is not a new idea. As I recall, my 1939 paper was rejected for publication because its thesis was not new. In my 1939 paper I wrote: "all therapy can be described and understood or interpreted in terms of the principles of learning." There has been a large and continuing literature on psychotherapy as a learning process, dating back to at least 1946 (See Patterson, 1973b, p. 86, for references). Ellis' rational-emotive psychotherapy, dating back to 1955, is almost entirely a cognitive, teaching or tutoring process. Much of behavior therapy is also essentially direct teaching. Even psychiatry is being influenced by the cognitive trend (e.g., Beck, 1976). To say that psychotherapy involves learning, however, does not mean that it also involves teaching, since teaching is not necessary for learning.

The problem is one of conceptualizing in an integrated rather than either/or manner the relationship between cognitive and affective approaches to the influencing or changing of human behavior (and here I include feelings--attitudes and beliefs--as behavior). Certainly it should be axiomatic that cognition and affect cannot be separated, except for heuristic purposes, since all behavior includes elements of each in varying proportions. The ubiquitous either/or fallacy constitutes perhaps the greatest obstacle to progress, in thinking and in practice, e.g., the treatment or prevention argument.

Is Teaching Simpler, Easier and More Efficient than Counseling or Psychotherapy? Part of the attraction of the movement toward redefining the role of the counselor as that of a teacher appears to be the belief that teaching is easier than counseling. Counselors are confused by the many theories and approaches in counseling or psychotherapy, and see teaching as something that is clear, simple, and easily mastered. But this is certainly not the case, as even a slight acquaintance with the literature on teaching and instruction shows. It is paradoxical that, although education and teaching date back centuries beyond counseling or psychotherapy, there is currently nothing that would warrant the designation of a theory of instruction (Patterson, 1977b). Although psychotherapy in its early forms was much more primitive than early education, being dominated by superstition and the supernatural, it has progressed to the point where, although there are numerous theories, it is possible to identify some common basic elements (Patterson, 1973b, 1974b).

One of the reasons for the retarded development of teaching and instruction has been the focus upon cognition and the failure to recognize that learning is not simply a cognitive process. In this area, rather than learning theory contributing to counseling theory, it is the latter which can contribute to learning theory and instruction. There is evidence that progress is being made in this direction, as shown by the development of humanistic education. There are other difficulties with humanistic education as it is popularly being developed, however, one of which is the attempt to package affective education in cognitive curriculum containers (Patterson, 1973b, 1977a). But as the affective aspects of teaching are recognized, it is becoming apparent that the conditions of cognitive learning are the same as the conditions of learning or change in counseling or psychotherapy. Paradoxically, as education moves toward counseling or psychotherapy, the current trend of defining counseling as teaching moves toward traditional education.

As far as the teaching of mental hygiene, psychological adjustment, or human relations is concerned, the record is extremely poor. Efforts going back for forty years have had little if any success. One of the main reasons is the method of teaching. Arbuckle (1976) notes that "the history of trying to 'teach' a person to be a more effective human being is about as dismal as the history of traditional psychoanalysis in trying to 'cure' a person of a 'sickness'"

He takes a dim view of current efforts to teach human relations skills: "I have known many effective people who possess many of the 'skills' of being an effective person. The trouble is that they are ineffective people who have been taught mechanistic skills of being effective." I have visions of a world in which people go around "practicing" their so-called "skills" on each other. Nothing could be more phony or inhuman.

However, it is possible to teach people to relate to each other in a more human way. The focus must be on philosophy and attitudes, not upon skills. The point is that traditional methods of cognitive instruction will not be effective. Effective teaching is not simpler or easier than counseling or psychotherapy. In fact it requires some of the same attitudes or conditions.

Is Counseling or Psychotherapy, then, the Same as Teaching? As in attempts to distinguish between counseling and psychotherapy (Patterson, 1974a, 1974b), confusion reigns in the writing of those who attempt to equate counseling with teaching. Early writers were wont to say that the only or major difference between teaching and counseling is in the subject matter; that is, in counseling the subject matter is the student himself. This results in the paradox that in counseling, the student rather than the teacher is the expert on the subject matter. I have often suggested, facetiously, that the greatest similarity between teaching and counseling or psychotherapy is that they both have a fifty minute hour.

The ridiculous level to which we have come is illustrated by the statement that "the function of therapeutic and developmental counseling is being taken on by the classroom teacher ... Counselors will shift their priorities to teaching and training parents, students, school staff, and lay people to use counseling skills" (Pine, 1974). It is not clear whether this involves equating teaching with counseling or psychotherapy, but it consists of a role reversal. We should then call teachers counselors and counselors teachers. A parenthetical comment on so-called developmental counseling might be noted here. Developmental counseling appears to be a form of teaching. But its practitioners apparently need know little if anything about the complex and confusing literature and research in developmental psychology. It is sufficient that they be familiar with the stages of Erikson and Kohlberg, with a light smattering of Piaget.

Much of the difficulty has arisen from the efforts to make counseling something other than psychotherapy. The result has been that definitions of counseling have made the counselor a teacher. It may very well be that what most counselors do (particularly in schools) is teaching rather than counseling. But the fact that many counselors are actually engaged in individual teaching or tutoring activities does not mean that counseling is teaching. Nor is it necessarily true that they are effective teachers. If counseling is identical with teaching, then it would seem to be unnecessary and undesirable to have two words for the same thing. But counselors in schools prefer, for a number of reasons (including status and salary), not to be classified as

teachers. Thus there are attempts to differentiate counseling from teaching, with the result that counseling then becomes indistinguishable from psychotherapy. The development of the concept of psychological education, which essentially defines the subject matter which counselors would teach, seems to be an attempt to resolve this dilemma. At any rate, the writing in this area is messy, with writers using language as Humpty Dumpty did in Lewis Carroll's "Through the Looking Glass:" "When I use a word it means just what I choose it to mean."

But there are differences between teaching and counseling. Teaching usually involves classroom size groups; counseling is on a one-to-one or small group basis. Teaching involves standard subject matter; the content of counseling is unstandardized, and is personal and unique to the individual. Teaching is usually relatively highly structured, following a lesson plan; counseling is usually relatively unstructured, following the client's programming. Teaching is more impersonal, while counseling is more personal. Teaching focuses upon cognitive aspects or elements; counseling emphasizes or focuses upon affective aspects. In teaching, as has been increasingly recognized (and demonstrated) the relationship between the teacher and student is important as the medium of teaching; in counseling the relationship is the essence (often sufficient). In teaching the emphasis or focus is upon cognitive development; in counseling the emphasis or focus is upon affective development.

Is Teaching a Substitute for or Interchangeable with Counseling? If, as clearly seems to be the case, counseling and teaching are not the same, then it would appear that they are not interchangeable. Therefore, the emphasis upon choosing between one or the other is an example of the either/or fallacy. There is a place for both, and a need for both. To insist that counselors abandon counseling and engage only in teaching is to limit or restrict the availability of counseling for those who need it. Of course it is desirable that those who call themselves counselors but actually engage in teaching make it clear to their clientele that they do not engage in counseling.

The relevant question becomes that of when is teaching appropriate, and when is counseling the preferred mode. This question has not been addressed. Education or teaching has been proclaimed as "the preferred mode," without adequate consideration of the question "for what?"

The Limits of Education as a Preferred Mode of Treatment. Many of those who advocate teaching as a preferred mode of treatment appear to see it as a panacea, which has no limits and which makes counseling or psychotherapy obsolete. Authier et al. (1975) note the "widespread advocacy and logical appeal of an educational approach to the treatment of psychological disturbance." Yet they list the major elements of a traditional direct teaching model as "providing instruction and information, providing models, providing evaluation and feedback on performance and coordinating the overall program," with no mention of the affective and relationship elements. Others, of course recognize these elements--Carkhuff's model particularly emphasizes the necessity of the core conditions (empathic understanding, respect and therapeutic genuineness (Carkhuff, 1971; Carkhuff & Berenson, 1976).

The optimism about education replacing counseling or psychotherapy appears to rest upon several studies involving the teaching of human relations skills to psychiatric patients (Goldstein,

1973; Pierce & Drasgow, 1969; Vitalo, 1971). These studies involving a very small number of patients bear an enormous burden. The patients in the Pierce and Drasgow study were chronic patients who, it was believed, "could not meaningfully participate in, or benefit from, programs of individual or group psychotherapy." (But see Rogers, Gendlin, Kiesler & Truax, 1967, for evidence that such patients as well as highly disturbed patients can be reached by psychotherapy.) In the most extensive study, that of Goldstein, half of the 18 studies conducted yielded negative results.

The fact that selected psychiatric patients can be taught interpersonal skills does not mean that all patients are accessible to such teaching, or that such teaching is all that is necessary for change or improvement in the patient's condition.

1. Education as a planned, structured, cognitively oriented intervention is not appropriate, or possible with clients who are emotionally disturbed or upset by current situations, problems or experiences. They are in no mood to attend to and benefit from didactic instruction, even from manifesting high levels of the core conditions. Learning is most likely to take place when the learner is ready and sees the content as relevant.

2. Most clients who come to counselors or therapists have specific problems which need to be expressed and explored. Though these problems usually involve interpersonal relationships, they are highly specific and involve personal content with which the client is preoccupied and which he must explore.

3. The process of exploration and learning is a uniquely personal one, which is best facilitated in an understanding, spontaneous relationship rather than a planned, structured, process directed by the instructor and covering predetermined subject matter. Teaching usually takes place in groups, and a planned program of instruction is not likely to be relevant and meaningful to all clients at the same time, or necessarily for any one of them at the time it occurs in the lesson plan, even when the subject matter is personal or human relations.

4. While most clients manifest problems in interpersonal relations, these are usually the result of the way they have been or are treated by others. While changes in the way others react to the client occur as the client changes his ways of relating to them, it would appear to be more direct and efficient to teach significant others the principles of good interpersonal relationships. (This of course is recognized by Carkhuff [1971] and much is being done in this area.)

5. Teaching inevitably places the instructor in a position of an expert and an authority, an initiator and programmer of the process. And inevitably this deprives the client, at least to some extent, of being the initiator and programmer, and of being responsible for the content and process of learning. Thus, one of the desirable outcomes of counseling or psychotherapy, the development of responsibility and independence, or a responsible independence (Patterson, 1959) is hindered or inhibited.

6. For most clients who come to a counselor or psychotherapist the relationship is sufficient for positive personality and behavior change. They do not need information, instruction, or skill training, or if they do they can obtain it for themselves elsewhere. What they need from the counselor or therapist is a nonthreatening relationship in which they can come to their own decisions and resolve their own problems. They learn decision making by making decisions, and problem solving by solving their own problems. They learn to take responsibility for themselves by being required to take responsibility in the relationship. Too many counselors have too little confidence in their clients to allow them to learn to be responsible. And they have

too little confidence in themselves to realize or learn the power of a facilitative relationship. Most failures in counseling or psychotherapy derive from the inability of the therapist to provide a facilitative relationship. The insecure therapist who cannot provide such a relationship resorts to teaching. Although he may succeed in teaching something to some extent, he fails to help the client to learn to help himself.

The most significant learning occurs without direct instruction or teaching. This is true outside of therapy as well as in therapy. The best education, paradoxically, does not involve didactic instruction or teaching. Theory and research in counseling or psychotherapy has led to a change in the concept of the teacher as an instructor to the concept of the teacher as a facilitator of learning. Part of the basic, common drive toward growth and development (toward self-actualization) is the drive or motivation to learn. Thus learning naturally and normally occurs in an environment which provides the conditions for learning. These conditions are the same as those which lead to positive behavior change (learning) in counseling or psychotherapy.

Rogers writes that "It seems to me that anything that can be taught to another is relatively inconsequential and has little or no significant influence on behavior .... I have come to feel that the only learning which significantly influences behavior is self-discovered, self-appropriated learning" (Rogers, 1969, p. 153, italics in original). "The initiation of such learning", he writes, "rests not upon the teaching skills of the leader, not upon his curriculum planning, not upon his use of audio-visual aids, not upon the programmed learning he utilizes, not upon his lectures and presentations, not upon an abundance of books, though each of these might at one time or another be utilized as an important resource. No, the facilitation of significant learning rests upon certain attitudinal qualities which exist in the personal *relationship* between the facilitator and the learner." (Rogers, 1969, pp. 105-106).

Thus, it is the relationship which is basic in the teaching-learning process. The counselor cannot escape from the responsibility of providing a facilitative relationship by becoming a teacher. The poor counselor will be a poor teacher.

The crucial element in cognitive learning is the affective relationship, as it is in affective learning. A purely cognitive approach to learning is not sufficient (Patterson, 1968). Didactic instruction is not enough, and not necessary. Education must be redefined; rather than being equated with direct teaching and instruction, it must be equated with a relationship which facilitates learning. When this is done, education may then be broad enough to include counseling or psychotherapy (though there will be differences related to the differences in the condition of the learner) because it has incorporated into itself what we have learned about learning from counseling or psychotherapy.

What, then, is the place of direct teaching or instruction? As a purely cognitive, didactic process, there is very little place. Dissemination of information is more efficiently done by other methods. The recognition of how little is learned in the traditional classroom should demonstrate the ineffectiveness of teaching, and should be sufficient to lead us to resist reducing counseling to teaching.

But education, as the facilitation of significant learning, is another matter. Humanistic education, which insists on the inclusion of affective development as well as cognitive development in education, is very important. It insists that every child should be educated in the area of interpersonal relations. Since many if not most of the problems which clients bring to counselors or therapists involve difficulties in interpersonal relations, education can be preventive of if not most of these problems.

But there are, and will be for a long time, those who already have problems, who are not ready to use a standard or traditional teaching approach, but who do respond to a pure relationship approach, which is both necessary and sufficient. Counseling or psychotherapy is necessary where teaching or education, including parenting, has been inadequate or has failed, leaving the individual in a disturbed, confused state where traditional teaching is no longer appropriate or even possible.

Summary. This paper has presented an analysis of the current trend toward education as the preferred mode of treatment for all emotionally disturbed clients including psychiatric patients. Confusions regarding terminology were explored. While those who advocate viewing counseling or psychotherapy as education appear to believe that teaching is less complex and easier than counseling or psychotherapy, in actuality we know less about effective teaching than we do about effective counseling or psychotherapy. It is paradoxical that while these advocates are attracted to education or teaching because of its cognitive elements, education is entering a period in which the affective elements in teaching and learning, both in method and as subject matter, are being recognized. Research on the components of facilitative interpersonal relationships has been extended from counseling or psychotherapy to teaching, and indicates that the same conditions which are necessary for change in psychotherapy are important in significant cognitive learning.

Thus the attempt to substitute traditional teaching for counseling or psychotherapy may be considered a regressive movement. Rather, we may say that the future lies in substituting counseling or psychotherapy--or its essential elements--for traditional teaching. Such education, involving not only cognitive but affective development including interpersonal relations, may well, in some distant future, make the practice of counseling or psychotherapy almost unnecessary. But in the meantime, both better education and counseling or psychotherapy, both prevention and remediation, are necessary. And while there are common elements in effective teaching and effective counseling or psychotherapy, there are significant differences related to the nature and condition of the learner.

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