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College of Sexual and Relationship Therapists

Information Sheet

Therapy Approaches

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There is no single model of or method for effective therapy. Instead, Psychotherapists or counsellors work within frameworks that reflect their training, expertise and preferences. Often a practitioner will use and borrow from more than one. These overarching approaches to therapy are often referred to as modalities.

Reading through it might make you think about which makes most sense to you, or which one you would feel comfortable with. When you see a therapist you can ask about which approach they use and see if you will be able to get on with them.

Person-Centred Therapy (Sometimes called Humanist or Client-Centred Therapy)

This kind of therapy is focused on the client talking and the therapist listening and concentrating on understanding how the client is feeling: seeing things through their eyes.

The idea is that we all know what is best for ourselves but as we get older that knowledge is undermined by our experience in life. Having a space and time to talk about this with a therapist can help you to feel safe enough to find out what is best for you and what you want.

In psychosexual and relationship therapy this might involve you thinking about the ideas you have about what makes a good relationship or healthy sex life. Which of those do you really agree with, and which of them are unhelpful messages which just make you feel bad about yourself? For example, some people might think that they must have sex a certain number of times a week even if they don't feel like it. Person-Centred Therapy might help them to focus on what they really enjoy.

Psychodynamic Therapy (Sometimes called Psychoanalytic Therapy)

Like Person-Centred Therapy, Psychodynamic Therapy is largely based on the client talking and the therapist listening and encouraging. Psychodynamic therapists believe that many of the troubles we experience are because we hide things from ourselves. The aim of therapy is to help clients be more open with themselves about these things.

Psychodynamic therapists help clients to explore their feelings and think about what causes them. They may also draw links between how a client is in therapy, how they are in the rest of their life, and how things were for them in childhood.

For example, in psychosexual and relationship therapy a therapist who has talked with a client for some time might say 'it seems like you are anxious about having sex but I wonder if what really scares you is being vulnerable in front of another person?' or they might say 'I notice that you pause for a long time before you tell me something important, and you also say that you partner complains that you don't tell him important details about your life. I wonder if that links back to how you say your parents didn't listen to you as a child. Perhaps it's hard to trust that people will listen to you now?'

Existential Therapy (Sometimes called Phenomenological Therapy)

This kind of therapy is based on the belief that a lot of people's problems are because we get stuck in certain ways of seeing things. Probably these ways were useful at one point in time, but they are not so useful now. Existential Therapy helps people to challenge themselves and explore their options.

Like Person-Centred Therapy, Existential Therapy is based on people being able to help themselves. The therapist spends a lot of time listening to the client and trying to see the world through their eyes. Like Cognitive Behavioural Therapy it challenges unhelpful ways of thinking. But Existential Therapy is focused on there being good and sensible reasons for the ways that we are thinking and behaving, just that they might not be so useful to us now.

An existential therapist believes that all humans have difficult times – including the therapist! It is normal to struggle and useful to listen to the difficult feelings and find out what they have to tell us. For example, a couple might be struggling to have sex and realise that one of them is pushing for it more than the other because they're scared that they will lose the relationship if they don't, while the other one is only participating because they think that being able to give another person pleasure is the sign that they are successful. Perhaps if they can reassure each other of these things in other ways then they will be able to enjoy sex more easily.

Systemic Therapy (Sometimes called or seen as part of Family Therapy)

Systemic therapy looks at people as part of a relationship, family, or network. Problems are seen as part of the whole 'system'. In psychosexual and relationship therapy, people in couples often see a problem as one person's 'fault'. A Systemic Therapist would see it as something that happens between them.

For example, it is not unusual for both people to blame themselves when one person is struggling with sexual arousal. The person who is unaroused feels that their body isn't working properly and

they should be able to fix it. The other person worries that they might not be attractive enough. The Systemic Therapist would help them to express these worries and see how that anxiety, and not speaking about it, might be making the problem worse.

Alternatively, people might blame each other for an issue they face in a relationship. One person might complain that the other never tidies up, whilst the other might complain that their partner is always nagging. A Systemic Therapist would help them see the dynamic between the two of them, where the first person feels unappreciated when their partner leaves them to do all the housework, and the other person feels useless when their partner complains. It is no one person's 'fault'.

Integrative Therapy

Integrative therapists recognise that clients are individuals, with different and complex relationship and family histories who may also have individual relationship needs in the present.

What works and supports one client or couple, may not work for another. Integrative therapists are skilled at drawing on different schools and models of psychotherapy and ways of working with human behaviour whilst respecting client autonomy, in order to facilitate the most effective therapy for each individual client in an integrated style. They also tend to work in a more holistic framework attending to the body mind and spirit, as well as the environment in which the person lives in.

Cognitive Behavioural Therapy (CBT) (Sometimes just called Cognitive Therapy)

Therapists using the CBT approach are addressing tackling habits, behaviours or ways of thinking that aren't helpful. They try to help people to identify these behaviours or thoughts and then change them.

CBT therapists are most likely to use practical techniques or exercises that you can apply. For example, if you suffer from anxiety they might ask you to note down each time you get anxious during a day and record what you were thinking just beforehand.

In psychosexual and relationship therapy a CBT therapist might use using relaxation exercises if you're feeling anxious about sex. Or to help you to explore what kind of thoughts you are having and change them for more useful thoughts.

Eye Movement Desensitization and Reprocessing (EMDR)

EMDR is a very interactive technique used to relieve psychological stress and issues such as Post Traumatic Stress Disorder (PTSD). Recognised as an evidence-based intervention it is based on the idea that some psychological issues arise because past events were not properly or completely processed.

Therapists using EMDR will work with you to address issues by targeting past experiences, current triggers and future challenges. Aims include to decrease the distress you feel from a disturbing memory, improve your view of yourself, and deal with triggers.

EMDR takes place over a series of sessions, during which you'll work through eight standardised stages with your therapist. First is history taking, where you discuss problems, relevant events and set your goals. Next you'll be prepared for later memory reprocessing, giving you techniques such as self-control. An assessment phase will see you identify and explore in detail the memory and its components that you are addressing. From that you'll move on to work through a series of stages with your therapist aimed at changing the way a memory affects you. You'll seek to replace the negative impacts of a memory with more positive feelings. Closure and re-evaluation stages will see you revisit self control, look at techniques you can do between sessions, and ultimately bring back the memory being tackled to see how it feels and what else might need to be done.

In psychosexual and relationship therapy EMDR might be used to tackle a wide range of memories and experiences. For example, a traumatic sexual event may have left someone with feelings of guilt or shame which affect them. EMDR might be used to replace these damaging feelings with more positive feelings of strength and self-independence.