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COUNSELING APPROACHES

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CHAPTER - 6

COUNSELING APPROACHES

Topics Covered

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PSYCHOANALYTIC APPROACH

Psychoanalytic approach is a type of approach based upon the theories of Sigmund Freud, who is considered one of the forefathers of psychology and the founder of psychoanalysis. This therapy explores how the unconscious mind influences thoughts and behaviors, with the aim of offering insight and resolution to the person seeking therapy. Psychoanalytic therapy tends to look at experiences from early childhood to see if these events have affected the individual's life, or potentially contributed to current concerns.



Sigmund Freud
(May 6, 1856 –September 23, 1939)

This form of therapy is considered a long-term choice and can continue for weeks, months or even years depending on the depth of the concern being explored. Differing from several other therapy types, psychoanalytic therapy aims to make deep-seated changes in personality and emotional development.

Basic Philosophy: While each therapist will work in different ways according to the needs of the individual seeking therapy, many work on the following assumptions -

- ❖ Human beings are basically determined by psychic energy and by early experiences.
- ❖ Unconscious motives and conflicts are central in present behavior.
- ❖ Irrational forces are strong; the person is driven by sexual and aggressive impulses.
- ❖ Early development is of critical importance because later personality problems have their roots in repressed childhood conflicts.

Key Concepts: Normal personality development is based on successful resolution and integration of psychosexual stages of development. Faulty personality development is the result of inadequate resolution of some specific stage. Id, ego, and superego constitute the basis of personality structure. Anxiety is a result of repression of basic conflicts. Unconscious processes are centrally related to current behavior.

Developmental Stages

- *Oral stage* is centered on the mouth as a source of pleasure.
- *Anal stage* is centered on the anus and elimination as a source of pleasure.
- *Phallic stage* is centered on the genitals and sexual identification as a source of pleasure.
- ✓ Oedipus Complex is described as the process whereby a boy desires his mother and fears castration from the father, in order to create an ally of the father, the male learns traditional male roles.
- ✓ Electra Complex is described a similar but less clearly resolved in the female child with her desire for the father, competition with the mother; and thus, learns the traditional female roles.
- *Latency stage* is a time of little sexual interest in Freud's developmental view. This stage is characterized with peer activities, academic and social learning, and development of physical skills.
- *Genital stage* begins with the onset of puberty. If the other stages have been successfully negotiated, the young person will take an interest in and establish sexual relationships.

Structure of Personality

The personality has three parts - the id, the ego, and the superego.

- The id is present at birth and is part of the unconscious. The id is the site of the pleasure principle, the tendency of an individual to move toward pleasure and away from pain. The id does not have a sense of right or wrong, is impulsive, and is not rational. It contains the most basic of human instincts, drives, and genetic endowments.
- The ego is the second system to develop and it functions primarily in the conscious mind and in the preconscious mind. It serves as a moderator between the id and the superego, controlling wishes and desires. The ego is the site of the reality principle, the ability to interact with the outside world with appropriate goals and activities.
- The superego sets the ideal standards and morals for the individual. The superego operates on the moral principle which rewards the individual for following parental and societal dictates. Guilt is produced when a person violates the ideal ego denying or ignoring the rules of the superego.

Ego Defense Mechanisms

Ego defense mechanisms were believed by Freud to protect the individual from being overwhelmed by anxiety. He considered them normal and operating on the unconscious level.

Defense	Description	Example
Denial	arguing against an anxiety provoking stimuli by stating it doesn't exist	denying that your physician's diagnosis of cancer is correct and seeking a second opinion
Displacement	taking out impulses on a less threatening target	slamming a door instead of hitting a person, yelling at your spouse after an argument with your boss
Intellectualization	avoiding unacceptable emotions by focusing on the intellectual aspects	focusing on the details of a funeral as opposed to the sadness and grief

Projection	placing unacceptable impulses in yourself onto someone else	when losing an argument, you state “You’re just Stupid”; homophobia
Rationalization	supplying a logical or rational reason as opposed to the real reason	stating that you were fired because you didn’t kiss up the boss, when the real reason was your poor performance
Reaction Formation	taking the opposite belief because the true belief causes anxiety	having a bias against a particular race or culture and then embracing that race or culture to the extreme
Regression	returning to a previous stage of development	sitting in a corner and crying after hearing bad news; throwing a temper tantrum when you don’t get your way
Repression	pulling into the unconscious	forgetting sexual abuse from your childhood due to the trauma and anxiety
Sublimation	acting out unacceptable impulses in a socially acceptable way	sublimating your aggressive impulses toward a career as a boxer; becoming a surgeon because of your desire to cut; lifting weights to release ‘pent up’ energy
Suppression	pushing into the unconscious	trying to forget something that causes you anxiety
Ego defenses are not necessarily unhealthy as you can see by the examples above. In fact, the lack of these defenses or the inability to use them effectively can often lead to problems in life. However, we sometimes employ the defenses at the wrong time or overuse them, which can be equally destructive.		

Role of the Counselor: To encourage the development of transference, giving the client a sense of safety and acceptance. The client freely explores difficult material and experiences from their past, gaining insight and working through unresolved issues. The counselor is an expert, who interprets for the client.

Goals of Therapy

- ❖ Helping the client bring into the conscious the unconscious.
- ❖ Helping the client work through a developmental stage that was not resolved or where the client became fixated.
- ❖ To reconstruct the basic personality.
- ❖ To assist clients in reliving earlier experiences and working through repressed conflicts.
- ❖ To achieve intellectual awareness.
- ❖ Help the client adjustment to the demands of work, intimacy, and society.

Therapeutic Relationship: The analyst remains anonymous, and clients develop projections toward him/her. Focus is on reducing the resistances that develop in working with transference and on establishing more rational control. Clients undergo long-term analysis, engage in free association, to uncover conflicts, and gain insight by talking. The analyst makes interpretations to teach them the meaning of current behavior as related to the past.

Techniques of Therapy: Interpretation, dream analysis, free association, analysis of resistance, analysis of transference. All are designed to help clients gain access to their unconscious conflicts, which leads to insight and eventual assimilation of new material by the ego. Diagnosis and testing are often used. Questions are used to develop a case history.

Free Association is a process where the client verbalizes any thoughts that may without censorship, no matter how trivial the thoughts or feeling may be to the client.

Dream Analysis is a process where the client relates their dreams to the counselor. The counselor interprets the obvious or manifest content and the hidden meanings or latent content.

Analysis of transference is a process where the client is encouraged to attribute to counselor those issues that have caused difficulties with significant authority figures in their lives. The counselor helps the client to gain insight by the conflicts and feelings expressed.

Analysis of resistance is a process where the counselor helps the client to gain insight into what causes form the basis for a hesitation or halting of therapy.

Interpretation is a process where the counselor helps the client to gain insight into past and present events.

Applications: Psychoanalytic therapy can be used by those with a specific emotional concern as well as those who simply want to explore themselves. Understanding why we are the way we are often brings with it a sense of well-being and a stronger sense of self. As psychoanalytic therapy is considered one of the more long-term therapy types, it is perhaps less useful for those seeking quick, solution-focused therapies. Psychoanalytic therapy is a gradual process that takes time; however the results can be life changing.

Some believe due to the nature of the therapy, psychoanalytic work is better suited to more general concerns such as anxiety, relationship difficulties, sexual issues or low self-esteem. Phobias, social shyness and difficulties sleeping are further examples of areas that could be addressed within psychoanalytic therapy. Critics have pointed out that the therapy may not be as useful to those with more specific or obsession-based concerns such as obsessive compulsive behavior, as you may be too concerned by your actions to participate fully.

How does psychoanalytic therapy work?

Psychoanalytic therapy is insight driven and therefore looks to foster change by helping you to understand your past and how events from your early life could be affecting you now. Sessions will vary according to where you are in the course of your therapy, but much of the time will be spent talking freely to your therapist in a safe, non-judgmental environment. The psychoanalyst will listen to your concerns and look out for patterns or certain events that may hold significance. In this type of therapy it is believed that unconscious feelings and childhood events play a key role in mental distress. As well as listening to you discuss your experiences; your therapist may use other techniques to help identify potential causes for your concerns.

Such techniques may include -

Free association: Free association involves you talking about whatever comes into your mind without censoring or editing the flow of memories/ideas. Your therapist will encourage you to speak freely to help you return to an earlier emotional state so they can better understand any recurrent patterns of conflict you may be experiencing.

Therapeutic transference: Transference relates to the way you may be transferring thoughts or feelings connected to influential figures in your life (for example your parents or siblings) onto your therapist. While this may not happen in every case, if it does your therapist should discuss transference with you to help you gain further insight into the way you deal with people in your daily life.

Interpretation: A key element of psychoanalytic therapy is interpreting and 'reading between the lines'. While your therapist is likely to stay relatively quiet and allow you to talk freely, they will occasionally interject with thoughts or interpretations of the topics you discuss. Your psychoanalyst may also ask you about your dreams; Freud wrote a lot on the subject of dream analysis and believed that dreams were important resources for understanding the unconscious.

Multiculturalism: Its focus on family dynamics is appropriate for working with many minority groups. The therapist's formality appeals to clients who expect professional distance. Notion of ego defense is helpful in understanding inner dynamics and dealing with environmental stresses. Its focus on insight, intra-psychic dynamics, and long-term treatment, though, is often not valued by clients who prefer to learn coping skills for dealing with pressing daily concerns. Internal focus is often in conflict with cultural values that stress an interpersonal and environmental focus.

Contributions: More than any other system, this approach has generated controversy as well as exploration and has stimulated further thinking and development of therapy. It has provided a detailed and comprehensive description of personality structure and functioning. It has brought into prominence factors such as the unconscious as a determinant of behavior and the role of trauma during the first 6 years of life. It has developed several techniques for tapping the unconscious. It has shed light on the dynamics of transference and counter-transference, resistance, anxiety, and the mechanisms of ego defense.

Limitations: Requires lengthy training for therapists and much time and expense for clients. The model stresses biological and instinctive factors to the neglect of social, cultural, and interpersonal ones. Its methods are not applicable for solving specific problems of clients in lower socioeconomic classes and are not appropriate for many ethnic and cultural groups. Many clients lack the degree of ego strength needed for regressive and reconstructive therapy. It is inappropriate for the typical counseling setting.

Psychodynamic Psychotherapy/Counseling: This approach stresses the importance of the unconscious and past experience in shaping current behavior. The client is encouraged to talk about childhood relationships with parents and other significant people and the therapist focuses on the client/therapist relationship (the dynamics) and in particular on the transference. Transference is when the client projects onto the therapist feelings experienced in previous significant relationships. The Psychodynamic approach is derived from Psychoanalysis but usually provides a quicker solution to emotional problems.

Psycho-synthesis: Sometimes described as 'psychology of the soul'. It is the name given to a series of actions that lead to a change or development which encourages personal growth by a bringing together of the whole person - the emotional, the mental, the physical and spiritual within a safe environment. Psycho-synthesis is useful for people seeking a new, more spiritually oriented vision of them.

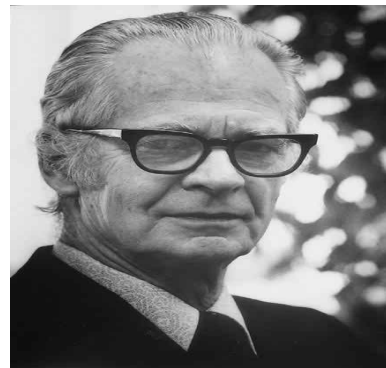
BEHAVIORAL APPROACH: Cognitive Behavioral Therapy (CBT), Rational Emotive Behavioral Therapy (REBT), Transactional Analysis (TA)

BEHAVIORAL APPROACH

As the name implies, this approach focuses on behavior - changing unwanted behaviors through rewards, reinforcements, and desensitization. This therapy is based on the belief that behavior is learnt in response to past experience and can be unlearned, or reconditioned, without analyzing the past to find the reason for the behavior. It works well for compulsive and obsessive behavior, fears, phobias and addictions. Someone whose fear of germs leads to excessive washing, for example, may be trained to relax and not wash his/her hands after touching a public doorknob.

Behavioral therapy often involves the cooperation of others, especially family and close friends, to reinforce a desired behavior.

Basic Philosophy: Behavior is the product of learning. We are both the product and the producer of the environment. No set of unifying assumptions about behavior can incorporate all the existing procedures in the behavioral field.



Burrhus Frederic (B. F.) Skinner
(March 20, 1904 - August 18, 1990)

Key Concepts: Focus is on overt behavior, precision in specifying goals of treatment, development of specific treatment plans, and objective evaluation of therapy outcomes. Therapy is based on the principles of learning theory. Normal behavior is learned through reinforcement and imitation. Abnormal behavior is the result of faulty learning. This approach stresses present behavior.

Role of the Counselor: Roles of the behavioral counselor are varied and include being a consultant, a reinforcer, and a facilitator. The counselor is active and may supervise other people in the client's environment to achieve the goals of therapy. Counselors using social learning may model the desired behavior, while respondent and operant conditioning counselors are more directive and prescriptive in their approach to the therapy goals. Use of tests and diagnosis varied greatly among behavioral counselors.

Goals of Therapy: Generally, to eliminate maladaptive behaviors and learn more effective behaviors. To focus on factors influencing behavior and find what can be done about problematic behavior. Clients have an active role in setting treatment goals and evaluating how well these goals are being met.

Therapeutic Relationship: The therapist is active and directive and functions as a teacher or trainer in helping clients learn more effective behavior. Clients must be active in the process and experiment with new behaviors. Although a quality client/therapist relationship is not viewed as sufficient to bring about change, a good working relationship is essential for implementing behavioral procedures.

Techniques of Therapy: The main techniques are systematic desensitization, relaxation methods, flooding, eye movement and desensitization reprocessing, reinforcement techniques, modeling, cognitive restructuring, assertion and social skills training, self-management programs, behavioral rehearsal, coaching, and various multimodal therapy techniques. Diagnosis or assessment is done at the outset to determine a treatment plan. Questions are used, such as what, how, and when (but not why). Contracts and homework assignments are also typically used.

Applications: A pragmatic approach based on empirical validation of results. Enjoys wide applicability to individual, group, marital and family counseling. Some problems to which the approach is well suited are phobic disorders, depression, sexual disorders, children's behavioral disorders, stuttering, and prevention of cardiovascular disease. Beyond clinical practice, its principles are applied in fields such as pediatrics, stress management, behavioral medicine, education, and geriatrics.

Multiculturalism: Its focus on behavior, rather than on feelings, is compatible with many cultures. Strengths include a collaborative relationship between counselor and client in working toward mutually agreed-on goals, continual assessment to determine if the techniques are suited to clients' unique situation, assisting clients in learning practical skills, an educational focus, and stress on self-management strategies. Counselors need to help clients assess the possible consequences of making behavioral changes. Family members may not value clients newly acquired assertive style, so clients must be taught how to cope with resistance by others.

Contributions: Emphasis is on assessment and evaluation techniques, thus providing a basis for accountable practice. Specific problems are identified, and clients are kept informed about progress toward their goals. The approach has demonstrated effectiveness in many areas of human functioning. The roles of the therapist as reinforcer, model, teacher, and consultant are explicit. The approach has undergone extensive expansion, and research literature abounds. No longer is it a mechanistic approach, for it now makes room for cognitive factors and encourages self-directed programs for behavioral change.

Limitations: Major criticisms are that it may change behavior but not feelings; that it ignores the relational factors in therapy; that it does not provide insight; that it ignores historical causes of present behavior; that it involves control and manipulation by the therapist; and that it is limited in its capacity to address certain aspects of the human condition. Many of these assertions are based on misconceptions, and behavior therapists have addressed these charges. A basic limitation is that behavior change cannot always be objectively assessed because of the difficulty in controlling environmental variables.

COGNITIVE BEHAVIOR THERAPY (CBT)

A combination of cognitive and behavioral therapies, this approach helps people change negative thought patterns, beliefs, and behaviors so they can manage symptoms and enjoy more productive, less stressful lives. Cognitive behavioral therapy (CBT) was developed by Aaron T. Beck, Albert Ellis, Maxie Maultsby, Michael Mahoney, Donald Meichenbaum, David Burns, Michael Mahoney, Marsha Linehan, Arthur Freeman, and others. Cognitive behavior therapy is a type of psychotherapeutic treatment that helps patients understand the thoughts and feelings that influence behaviors.



Dr. Aaron Temkin Beck
(July 18, 1921 to present)

CBT is commonly used to treat a wide range of disorders including phobias, addictions, depression, and anxiety. Cognitive behavior therapy is generally short-term and focused on helping clients deal with a very specific problem. During the course of treatment, people learn how to identify and change destructive or disturbing thought patterns that have a negative influence on behavior.

Most cognitive behavioral therapies have the following characteristics -

CBT is based on the Cognitive Model of Emotional Response. CBT is based on the idea that our thoughts cause our feelings and behaviors, not external things, like people, situations, and events. The benefit of this fact is that we can change the way we think to feel/act better even if the situation does not change.

CBT is Briefer and Time-Limited. It is considered among the most rapid in terms of results obtained. The average number of sessions clients receive (across all types of problems and approaches to CBT) is only 16. Other forms of therapy, like psychoanalysis, can take years. What enable CBT to be briefer are its highly instructive nature and the fact that it makes use of homework assignments. CBT is time-limited in that we help clients understand at the very beginning of the therapy process that there will be a point when the formal therapy will end. The ending of the formal therapy is a decision made by the therapist and client. Therefore, CBT is not an open-ended, never-ending process.

A sound therapeutic relationship is necessary for effective therapy, but not the focus. Some forms of therapy assume that the main reason people get better in therapy is because of the positive relationship between the therapist and client. Cognitive behavioral therapists believe it is important to have a good, trusting relationship, but that is not enough. CBT therapists believe that the clients change because they learn how to think differently and they act on that learning. Therefore, CBT therapists focus on teaching rational self-counseling skills.

CBT is a collaborative effort between the therapist and the client. Cognitive-behavioral therapists seek to learn what their clients want out of life (their goals) and then help their clients achieve those goals. The therapist's role is to listen, teach, and encourage, while the client's roles is to express concerns, learn, and implement that learning.

CBT is based on aspects of stoic philosophy. Not all approaches to CBT emphasize stoicism. Rational Emotive Behavior Therapy, Rational Behavior Therapy, and Rational Living Therapy emphasize aspects of stoicism. Beck's Cognitive Therapy is not based on stoicism.

Cognitive-behavioral therapy does not tell people how they should feel. However, most people seeking therapy do not want to feel they way they have been feeling. The approaches that emphasize stoicism teach the benefits of feeling, at worst, calm when confronted with undesirable situations. They also emphasize the fact that we have our undesirable situations whether we are upset about them or not. If we are upset about our problems, we have two problems - the problem, and our upset about it. Most people want to have the fewest number of problems possible. So when we learn how to more calmly accept a personal problem, not only do we feel better, but we usually put ourselves in a better position to make use of our intelligence, knowledge, energy, and resources to resolve the problem.

CBT uses the Socratic Method. Cognitive-behavioral therapists want to gain a very good understanding of their clients' concerns. That's why they often ask questions. They also encourage their clients to ask questions of themselves, like, "How do I really know that those people are laughing at me?" "Could they be laughing about something else?"

CBT is structured and directive. Cognitive-behavioral therapists have a specific agenda for each session. Specific techniques/concepts are taught during each session. CBT focuses on the client's goals. We do not tell our clients what their goals should be, or what they should tolerate. We are directive in the sense that we show our clients how to think and behave in ways to obtain what they want. Therefore, CBT therapists do not tell their clients what to do - rather, they teach their clients how to do.

CBT is based on an educational model. CBT is based on the scientifically supported assumption that most emotional and behavioral reactions are learned. The goal of therapy is to help clients unlearn their unwanted reactions and to learn a new way of reacting. CBT has nothing to do with 'just talking'. People can just talk with anyone. The educational emphasis of CBT has an additional benefit - it leads to long term results. When people understand how and why they are doing well, they know what to do to continue doing well.

CBT theory and techniques rely on the Inductive Method. A central aspect of rational thinking is that it is based on fact. Often, we upset ourselves about things when, in fact, the situation isn't like we think it is. If we knew that, we would not waste our time upsetting ourselves. Therefore, the inductive method encourages us to look at our thoughts as being hypotheses or guesses that can be questioned and tested. If we find that our hypotheses are incorrect (because we have new information), then we can change our thinking to be in line with how the situation really is.

Homework is a central feature of CBT. If when you attempted to learn your multiplication tables you spent only one hour per week studying them, you might still be wondering what 5 X 5 equals. You very likely spent a great deal of time at home studying your multiplication tables, maybe with flashcards.

The same is the case with psychotherapy. Goal achievement (if obtained) could take a very long time if all a person were only to think about the techniques and topics taught was for one hour per week. That's why CBT therapists assign reading assignments and encourage their clients to practice the techniques learned.

Basic Philosophy: Individuals tend to incorporate faulty thinking, which leads to emotional and behavioral disturbances. Cognitions are the major determinants of how we feel and act. Therapy is primarily oriented toward cognition and behavior, and it stresses the role of thinking, deciding, questioning, doing, and re-deciding. This is a psycho-educational model, which emphasizes therapy as a learning process, including acquiring and practicing new skills, learning new ways of thinking, and acquiring more effective ways of coping with problems.

Key Concepts: Although psychological problems may be rooted in childhood, they are perpetuated through indoctrination in the now. A person's belief system is the primary cause of disorders. Internal dialogue plays a central role in one's behavior. Clients focus on examining faulty assumptions and misconceptions and on replacing these with effective beliefs.

Goals of Therapy: To challenge clients to confront faulty beliefs with contradictory evidence that they gather and evaluate. Helping clients seek out their dogmatic beliefs and vigorously minimizing them. To become aware of automatic thoughts and to change them.

Therapeutic Relationship: The therapist functions as a teacher and the client as a student. The therapist is highly directive and teaches clients an A-B-C model of changing their cognitions. The focus is on a collaborative relationship. Using a Socratic dialogue, the therapist assists clients in identifying dysfunctional beliefs and discovering alternative rules for living. The therapist promotes corrective experience that lead to learning new skills. Clients gain insight into their problems and then must actively practice changing self-defeating thinking and acting.

Techniques of Therapy: Therapists use a variety of cognitive, emotive, and behavioral techniques; diverse methods are tailored to suit individual clients. An active, directive, time-limited, present-centered, structured therapy. Some techniques include engaging in Socratic dialogue, debating irrational beliefs, carrying out

homework assignments, gathering data on assumptions one has made, keeping a record of activities, forming alternative interpretations, learning new coping skills, changing one's language and thinking patterns, role playing, imagery, and confronting faulty beliefs.

Applications: Has been widely applied to the treatment of depression, anxiety, marital problems, stress management, skill training, substance abuse, assertion training, eating disorders, panic attacks, performance anxiety, and social phobia. The approach is especially useful for assisting people in modifying their cognitions. Many self-help approaches utilize its principles. Can be applied to a wide range of client populations with a variety of specific problems.

Who could benefit from CBT?

This type of therapy is particularly helpful for those with specific issues as it is very practical (rather than insight-based) and looks at solutions. For this reason the therapy works well for those who -

- suffer from depression and/or anxiety
- suffer from post-traumatic stress disorder (PTSD)
- have an addiction
- want to change their behavior
- have anger issues
- eating disorders, such as anorexia and bulimia
- sleep problems, such as insomnia
- panic disorder
- have a phobia
- suffer from obsessive-compulsive behavior (OCD).

In some cases CBT is used for those with long-standing health problems such as chronic pain or irritable bowel syndrome (IBS) and chronic fatigue syndrome (CFS). While the therapy cannot cure such physical ailments, it can help people cope emotionally with their condition and lower stress levels. There is also up and coming interest in the use of CBT alongside medication to help those who suffer from hallucinations and delusions.

Multiculturalism: The collaborative approach offers clients opportunities to express their areas of concern. The psycho-educational dimensions are often useful in exploring cultural conflicts and teaching new behavior. The emphasis on thinking (as opposed to identifying and expressing feelings) is likely to be acceptable to many clients. The focus on teaching and learning tends to avoid the stigma of mental illness. Clients may value active and directive stance of therapist. Before too quickly attempting to change the beliefs and actions of clients, it is essential for the therapists to understand and respect their world. Some clients may have serious reservations about questioning their basic cultural values and beliefs. Clients could become dependent on the therapist for deciding what are appropriate ways to solve problems. There may be a fine line between being directive and promoting dependence.

Contributions: Major contributions include emphasis on a comprehensive and eclectic therapeutic practice; numerous cognitive, emotive, and behavioral techniques; openness to incorporating techniques from other approaches; and a methodology for challenging and changing faulty thinking. Most forms can be integrated into other mainstream therapies.

Limitations: Tends to play down emotions, does not focus on exploring the unconscious or underlying conflicts, and sometimes does not give enough weight to client's past.

When is CBT Used as a form of Therapy?

Scientific studies of CBT have demonstrated its usefulness for a wide variety of mental illnesses including mood disorders, anxiety disorders, personality disorders, eating disorders, substance abuse disorders, sleep disorders and psychotic disorders. Studies have shown that CBT actually changes brain activity in people with mental illnesses who receive this treatment, suggesting that the brain is actually improving its functioning as a result of engaging in this form of therapy.

CBT has been shown to be as useful as antidepressant medications for some individuals with depression and may be superior in preventing relapse of symptoms. Patients receiving CBT for depression are encouraged to schedule positive activities into their daily calendars in order to increase the amount of pleasure they experience. In addition, depressed patients learn how to change (restructure) negative thought patterns in order to interpret their environment in a less negatively-biased way. As regular sleep has been found to be very important in both depression and bipolar disorder, therapists will also target sleeping patterns to improve and regulate sleep schedules with their patients. Studies indicate that patients who receive CBT in addition to treatment with medication have better outcomes than patients who do not receive CBT as an additional treatment.

CBT is also a useful treatment for anxiety disorders. Patients who experience persistent panic attacks are encouraged to test out beliefs they have related to such attacks, which can include specific fears related to bodily sensations, and to develop more realistic responses to their experiences. This is beneficial in decreasing both the frequency and intensity of panic attacks. Patients who experience obsessions and compulsions are guided to expose themselves to what they fear in a safe and controlled therapeutic environment. Beliefs surrounding their fears (of contamination, illness, inflicting harm, etc.) are identified and changed to decrease the anxiety connected with such fears.

The same is true for people with phobias, including phobias of animals or phobias of evaluation by others (termed Social Anxiety Disorder). Those in treatment are exposed to what they fear and beliefs that have served to maintain such fears are targeted for modification. CBT is often referred to as a "first line treatment" in many anxiety disorders including generalized anxiety disorder, posttraumatic stress disorder, panic disorder, and obsessive-compulsive disorder and specific phobias.

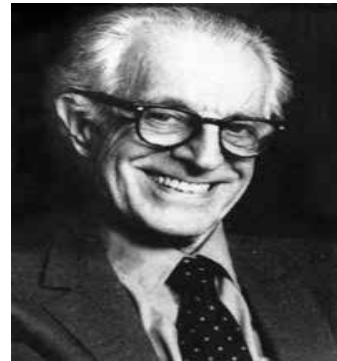
Over the past two decades, CBT for schizophrenia has received considerable attention in the United Kingdom and elsewhere abroad. While this treatment continues to develop in the United States, the results from studies in the United Kingdom and other countries have encouraged therapists in the US to incorporate this treatment into their own practices. In this treatment, often referred to as cognitive behavioral therapy for psychosis (CBT-P), patients are encouraged to identify their own delusional or paranoid beliefs and to explore how these beliefs negatively impact their lives.

Therapists will then help patients to engage in experiments to test these beliefs. Treatment focuses on thought patterns that cause distress and also on developing more realistic interpretations of events. Delusions are treated by developing an understanding of the kind of evidence that a person uses to support their beliefs and encouraging them to recognize evidence that may have been overlooked, evidence that does not support the belief. For example, a person who thinks that they are being videotaped by aliens may feel less worried when their therapist helps them to discover that there are no hidden cameras in the waiting room, or that a television remote does not contain any Alien technology within it.

CBT's focus on thoughts and beliefs is applicable to a wide variety of symptoms. While the above summary is certainly not comprehensive, it provides an overview of the principles of CBT and how they apply to the treatment of various psychological illnesses. Because CBT has excellent scientific data supporting its use in the clinical treatment of psychological illness, it has achieved wide popularity both for therapists and patients alike. A growing number of psychologists, psychiatrists, social workers, and psychiatric nurses have training in CBT.

RATIONAL EMOTIVE BEHAVIOR THERAPY (REBT)

Rational emotive behavior therapy, also known as REBT, is a type of cognitive-behavioral therapy. It was first called Rational Therapy, later Rational Emotive Therapy, then changed to Rational Emotive Behavior Therapy. It was first introduced in 1955 by Dr. Albert Ellis who had become increasingly frustrated with the ineffectiveness of psychotherapy. Ellis drew from his knowledge of philosophy and psychology to devise a method which he believed was more directive, efficient, and effective.



Dr. Albert Ellis

(September 27, 1913 – July 24, 2007)

Basic Philosophy: REBT is focused on helping clients change irrational beliefs. The replacement of illogical and unrealistic ideas with more realistic and adaptive ones through direct intervention and confrontation by the therapist.

Key Concepts: Ellis suggested that people mistakenly blame external events for unhappiness. He argued, however, that it is our interpretation of these events that truly lies at the heart of our psychological distress. To explain this process, Ellis developed what he referred to as the ABC Model -

A – Activating Event: Something happens in the environment around you.

B – Beliefs: You hold a belief about the event or situation.

C – Consequence: You have an emotional response to your belief.

Role of the Counselor

- Counselors are direct and active in their teaching and correcting the client's cognitions.
- Ellis believes that a good REBT counselor must be bright, knowledgeable, empathetic, persistent, scientific, interested in helping others and use RET in their personal lives (Ellis, 1980).
- The counselor does not rely heavily on the DSM-IV categories.

Goals of the Therapy

- The primary goal is to help people live rational and productive lives.
- REBT helps people see that it is their thoughts and beliefs about events that creates difficulties, not the events or the situations.
- It helps the client to understand that wishes and wants are not entitlements to be demanded. Thinking that involves the words must, should, ought, have to, and need are demands, not an expression of wants or desires.
- RET helps clients stop catastrophizing when wants and desires are not met.
- It stresses the appropriateness of the emotional response to the situation or event. A situation or event need not elicit more of a response than is appropriate.
- It assists people in changing self-defeating behaviors or cognitions.
- RET espouses acceptance and tolerance of self and of others in order to achieve life goals.

Steps in Rational Emotive Behavior Therapy

The basic steps in Rational Emotive Behavior Therapy are -

Identifying the underlying irrational thought patterns and beliefs. The very first step in the process is to identify the irrational thoughts, feelings, and beliefs that lead to psychological distress. In many cases, these irrational beliefs are reflected as absolutes, as in I must, I should or I can't. According to Ellis, some of the most common irrational beliefs include -

- Feeling excessively upset over other people's mistakes or misconduct.
- Believing that you must be 100 percent competent and successful in everything to be valued and worthwhile.
- Believing that you will be happier if you avoid life's difficulties or challenges.
- Feeling that you have no control over your own happiness; that your contentment and joy are dependent upon external forces.
- By holding such unyielding beliefs, it becomes almost impossible to respond to situations in a psychologically healthy way. Possessing such rigid expectations of

ourselves and others only leads to disappointment, recrimination, regret, and anxiety.

Challenging the irrational beliefs. Once these underlying feelings have been identified, the next step is to challenge these mistaken beliefs. In order to do this, the therapist must dispute these beliefs using very direct and even confrontational methods. Ellis suggested that rather than simply being warm and supportive, the therapist needs to be blunt, honest, and logical in order to push people toward changing their thoughts and behaviors.

Gaining Insight and Recognizing Irrational Thought Patterns. Facing irrational thought patterns can be difficult, especially because accepting these beliefs as unhealthy is far from easy. Once the client has identified the problematic beliefs, the process of actually changing these thoughts can be even more difficult.

It is also important to recognize that while rational emotive behavior therapy utilizes cognitive strategies to help clients, it also focuses on emotions and behaviors as well. In addition to identifying and disputing irrational beliefs, therapists and clients also work together to target the emotional responses that accompany problematic thoughts. Clients are also encouraged to change unwanted behaviors using such things as meditation, journaling, and guided imagery.

Applications: REBT can be effective in the treatment of a range of psychological disorders including anxiety disorders and phobias as well as specific behaviors such as severe shyness and excessive approval seeking.

How does REBT work?

REBT's comprehensive approach works best for individuals desiring a scientific, present-focused, and active treatment for coping with life's difficulties, rather than one which is mystical, historical, and largely passive. REBT is based on a few simple principles having profound implications -

- You are responsible for your own emotions and actions.
- Your harmful emotions and dysfunctional behaviors are the product of your irrational thinking.
- You can learn more realistic views and, with practice, make them a part of you.
- You'll experience a deeper acceptance of yourself and greater satisfactions in life by developing a reality-based perspective.

REBT distinguishes clearly between two very different types of difficulties - practical problems and emotional problems. Your flawed behavior, unfair treatment by others, and undesirable situations, represent practical problems. Regrettably, your human

tendency is to upset yourself about these practical problems, thereby unnecessarily creating a second order of problems - emotional suffering.

REBT addresses the latter by helping you -

- Take responsibility for your distress. The first lesson in healthy emoting and relating was stated by the Roman philosopher Epictetus more than 2000 years ago - only you can upset yourself about events - the events themselves, no matter how undesirable, can never upset you.
- Recognize that neither another person, nor an adverse circumstance, can ever disturb you - only you can. No one else can get into your gut and churn it up. Others can cause you physical pain - by hitting you over the head with a baseball bat, for example - or can block your goals. But you create your own emotional suffering, or self-defeating behavioral patterns, about what others do or say.
- Identify your 'musts'. Once you admit that you distort your own emotions and actions, then determine precisely how. The culprit usually lies in one of the three core 'musts' -

Must # 1 (a demand on yourself): I 'must' do well and get approval, or else I'm worthless. This demand causes anxiety, depression, and lack of assertiveness.

Must # 2 (a demand on others): You 'must' treat me reasonably, considerately, and lovingly, or else you're no good. This must leads to resentment, hostility, and violence.

Must # 3 (a demand on situations): Life 'must' be fair, easy, and hassle-free, or else it's awful. This thinking is associated with hopelessness, procrastination, and addictions.

- Ascertain what you're demanding of yourself, of your significant others, or of your circumstances. Not until you have discovered the 'must' can you then go on effectively to reduce your distress.
- Dispute your 'musts'. The only way you can ever remain disturbed about adversity is by vigorously and persistently agreeing with one of these three 'musts'. Thus, once you've bared them, then relentlessly confront and question your demands.
- Begin by asking yourself - What's the evidence for my 'must'? How is it true? Where's it etched in stone? And then by seeing - There's no evidence. My 'must' is entirely false. It's not carved indelibly anywhere. Make your view 'must'-free, and then your emotions will heal.
- Reinforce your preferences. Conclude, therefore -
 - ❖ Preference - 1: I strongly 'prefer' to do well and get approval, but even if I fail, I will accept myself fully.

- ❖ Preference - 2: I strongly 'prefer' that you treat me reasonably, kindly, and lovingly, but since I don't run the universe, and it's a part of your human nature to err, I, then, cannot control you.
- ❖ Preference - 3: I strongly 'prefer' that life be fair, easy, and hassle-free, and it's very frustrating that it isn't, but I can bear frustration and still considerably enjoy life.

Assuming that you take the above suggestions to heart and thereby greatly reduce your anxiety, hostility, depression, and addictions, what remains? Will you exist robot-like, devoid of human feeling and motivation? Hardly! Without your turmoil, you'll more easily experience love, involvement, and joy. And without your addictions, you'll be freer to engage in the gratifying experiences of spontaneity, commitment, and self-actualization. REBT will appeal to you if you relish quickly taking control of your own life, rather than remaining dependent upon a therapist for years. By giving you tools for identifying and overcoming the true source of your difficulties, it will prepare you to act in many ways as your own therapist. And by helping you to reinforce realistic, self-benefitting beliefs, it will enable you to eliminate present emotional and behavioral problems, and to avoid future ones.

TRANSACTIONAL ANALYSIS (TA)

The Transactional Analysis (TA) approach to counseling belongs to the Psychoanalytical School of therapy and was devised by Eric Berne a Canadian psychiatrist in the late 1940's. TA is a widely recognized form of modern psychology that involves a set of practical conceptual tools designed to promote personal growth and change. It is considered a fundamental therapy for well-being and for helping individuals to reach their full potential in all aspects of life. In counseling TA therapy is very versatile, for it can be used in a wide range of areas and incorporates key themes from humanistic, integrative, psychoanalytical, psychodynamic therapies.



Dr. Eric Berne
(May 10, 1910 – July 15, 1970)

Though it is commonly recognized as a brief and solution-focused approach, transactional analysis can also be applied as an effective long-term, in-depth therapy.

Basic Philosophy: TA has an optimistic view of human nature that believes that people can change despite life's events and that is never too late to change one's life. All decisions that are made in life can be re-decided.

Some basic assumptions are -

- ❖ All people are important and their concerns are valid.
- ❖ All people should be treated as equals and with respect.
- ❖ With a few exceptions, all people have the ability to think as adults.
- ❖ All people decide their own destiny and can make changes to it.

From these assumptions TA creates a form of therapy that is not only problem-oriented, but also goal-oriented. It aims to free the client from maladaptive patterns of behavior based on past thinking. In doing so, they will be able to choose a new direction in life. In fact, the basic goal of transactional analysis is to help a client make new decisions about their current behavior and change the direction their lives are taking. In other words, a person will learn to write their own life story instead of allowing it to be written for them.

Key Concepts: TA uses four major methods to analyze and predict behavior -

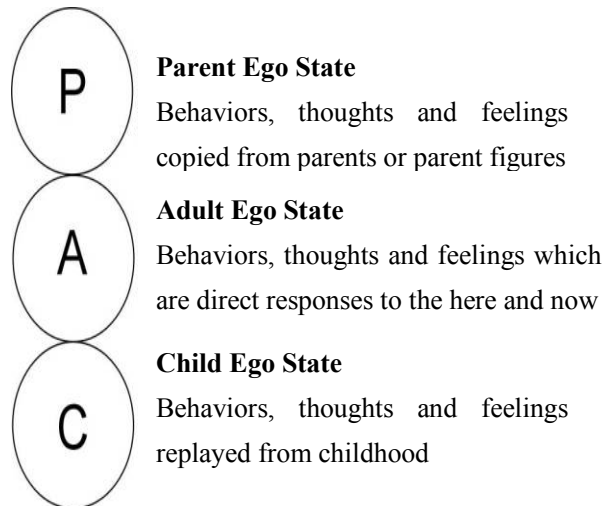
1. Structural analysis looks at what is happening within the individual.
2. Transactional analysis looks at what is happening between two or more people.
3. Game analysis looks at transactions between individuals leading to negative feelings.
4. Script analysis looks at the life plan the individual has chosen to follow.

Structural Analysis: TA is a dynamic theory of personality in the sense that uses the concepts of psychic energy and the distribution of energy. The structure of personality is based on the personality theory of parent, adult, child ego states. Eric Berne defines the ego states on the patterns of feeling, thinking and behaving. Any individual in a social grouping will exhibit one of these states. Structure analysis describes each person in terms of three ego states - *Parent ego state* contains the parental admonishments and values with dos, shoulds, and oughts. *Adult ego state* contains the objective, thinking, rational and logical ability to deal with reality. *Child ego state* is the source of childlike behaviors and feelings.

Parent Ego State: This is a set of feelings, thinking and behavior that we have copied from our parents and significant others. As we grow up we take in ideas, beliefs, feelings and behaviors from our parents and caretakers. If we live in an extended family then there are more people to learn and take in from. When we do this, it is called introjecting. For example, we may notice that we are saying things just as our father, mother, grandmother may have done, even though, consciously, we don't want

to. We do this as we have lived with this person so long that we automatically reproduce certain things that were said to us, or treat others as we might have been treated. Parental ego states are in two forms - (a) Controlling/ Critical Parent - which is negative, unsupportive, critical. (b) Nurturing Parent - which is supportive, helpful, nurturing, comforting.

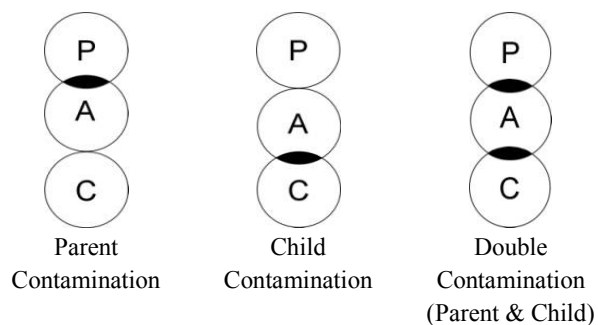
Adult Ego State: It is about direct responses to the here and now. We deal with things that are going on today in ways that are not unhealthily influenced by our past. It is about being spontaneous and aware with the capacity for intimacy. When in our Adult we are able to see people as they are, rather than what we project onto them. We ask for information rather than stay scared and rather than make assumptions.



Taking the best from the past and using it appropriately in the present is an integration of the positive aspects of both our 'Parent' and 'Child' ego states. So this can be called the 'Integrating Adult'. Integrating means that we are constantly updating ourselves through our every day experiences and using this to inform us.

Child Ego State: It is a set of behaviors, thoughts and feelings which are replayed from our own childhood. Berne says we all carry within ourselves a little boy or a little girl who feels, thinks, acts and responds just as we did when we were children. It also contains creative intuitive capacities such as rebellion, compliance etc. TA has identified three different forms of child ego state they are - Natural/ Free child; Adaptive child and Little professor.

Contamination Ego State: This occurs when we talk as if something is a fact or a reality when really this is a belief. Racism is an example of this. The 'Integrating Adult' ego state is contaminated in this case by the 'Parent' ego state.



Both the Parent and Child ego states are constantly being updated. The 'Parent' and 'Child' ego states are echoes of the past. The 'Adult' ego state is a response to the here and now when a person is grown up and using grown up responses.

Transactional Analysis: The three ego states can be used as a way of analyzing transactions (communications) between people.

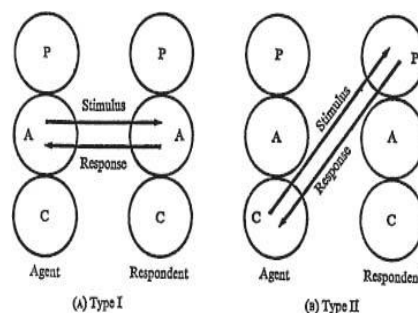
A transaction is a communication from A to B and the response from B to A. Transactional analysis helps the client to understand the three distinct types of transactions. They are complementary, crossed and ulterior.

Complementary transactions are characterized by both people communicating from the same ego state. A complementary transaction occurs when a message, sent from a specific ego state, gets the predicted response from a specific ego state in the other person.

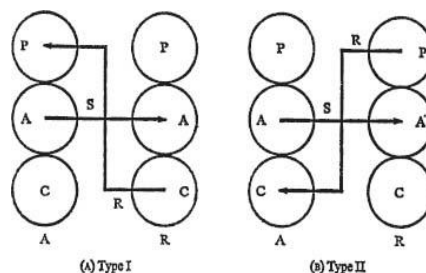
Crossed transactions are characterized by both people coming from different ego states and resulting in an unexpected hurtful response. This happens between two ego states when a message sent from one person gets the unexpected response. The lines between the two ego states cross and communication breaks down.

Ulterior transactions are characterized by people coming from different ego states, but the responses appear to be from the same ego state. It involves more than two ego states at the same time. In this type of transaction two messages are exchanged one in the social level and one in psychological level. There are two types of ulterior transaction. They are Duplex transaction and Angular ulterior transaction.

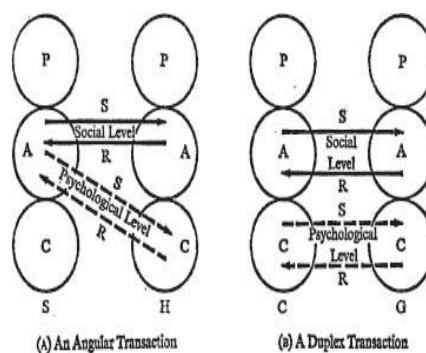
Communication between people can be from one ego state to a different one or from one ego state to the same ego state. Normally communication will be from one ego state either to the same ego state or a different one. The person who first communicates will expect a reply to be from a certain ego state. If communication is from a different ego state to the expected one, then the communication may be



Complementary Transaction



Crossed Transaction



Ulterior Transaction

ineffective and the message may be lost, not received or disregarded by the person receiving it. If communication is from 'Adult to Adult' then it is likely to be the most effective communication for most of our communications.

There are three rules of communication' in TA -

1st Rule of Communication: So long as transactions remain complementary, communication can continue indefinitely.

2nd Rule of Communication: When a transaction is crossed, a break in communication results, and one or both individuals will need to shift ego states in order for the communication to be re-established.

3rd Rule of Communication: The behavioral outcome of an ulterior transaction (one where two messages are sent at the same time; one overt social and one covert psychological) is determined at the psychological level and not at the social level.

Game Analysis: Games are learned patterns of behavior. And most people play a small number of favorite games with a range of different people and in varying intensities. A game is an on-going series of transactions seemingly complementary, covertly ulterior which leads to a well defined pay off. Pay off are usually negative feelings like fear, anger, sadness for one or both the players. Game is defined as a series of complementary transactions, progressing to a well defined predictable outcome. Most of what happens in life is game. The client is encouraged to learn more satisfying ways of structuring time and acquiring strokes.

'First Degree' games are played in social circles generally lead to mild upsets not major traumas. 'Second Degree' games occur when the stakes may be higher. This usually occurs in more intimate circles, and ends up with an even greater negative payoff. 'Third Degree' games involve tissue damage and may end up in the jail, hospital or morgue. Chris Davidson (2002) has argued that world politics can involve 'Fourth Degree' games - where the outcomes involve whole communities, countries or even the world.

Games vary in the length of time that passes while they are being played. Some can take seconds or minutes while others take weeks months or even years. People play games for these reasons -

- to structure time;
- to acquire strokes;
- to maintain the substitute feeling and the system of thinking, beliefs and actions that go with it;
- to confirm parental injunctions and further the life script;
- to maintain the person's life position by 'proving' that self/others are not OK;

- to provide a high level of stroke exchange while blocking intimacy and maintaining distance;
- to make people predictable.

There are various ways to stop a game, including the use of different options than the one automatically used. We can -

- Cross the transaction by responding from a different ego state than the one the stimulus is designed to hook.
- Pick up the ulterior rather than the social message; e.g. when a person says “I can’t do this, I’m useless”. Rather than saying, “Let me do this for you”, instead say, “It sounds like you have a problem. What do you want me to do about it?” (said from the Adult ego state)
- The opening message to the game always entails a discount. There are further discounts at each stage of the game. By detecting discounts we can identify game invitations and defuse them with options. A discount is when we minimize, maximize or ignore some aspect of a problem which would assist us in resolving it. Such as saying in a whiny voice “This is too difficult for me to do”, so we automatically help them.
- Replace the game strokes. Loss of strokes to the ‘Child’ ego state means a threat to survival. We get a great many strokes from games, even if they are negative. However, if we don’t obtain sufficient positive strokes, or give ourselves positive strokes, we will go for quantity rather than quality of strokes and play games to get them. This loss of strokes is also a loss of excitement that the game has generated.

Another way to think about this is to consider the game role we or the other person is likely to take. One way to discover this is to ask the following questions (John James, 1973) -

- ❖ What keeps happening over and over again?
- ❖ How does it start?
- ❖ What happens next?
- ❖ And then what happens?
- ❖ How does it end?
- ❖ How do feel after it ends?

We can then consider the reason we might have taken up a particular role, where we might switch to, and then consider how to do things differently. We need to consider what our own responsibility is in this - if the situation is too violent for us to get involved what options to we have? We could call for help; get others to come with us

to intervene and so on. We need to choose the appropriate assistance and take the action required.

Script Analysis: Script analysis involves the plans that a person makes for their life. Some of the common ones are -

- ❖ Never scripts result in a person who believes s/he is a never do well.
- ❖ Until scripts result in the person who continues to wait until they can deserve the reward.
- ❖ Always scripts result in a person continuing without change.
- ❖ After scripts result in anticipation of difficulty after a certain event.
- ❖ Open-ended scripts result in lack of direction after a given time or event.
- ❖ The ideal life script is one that is characterized by the “I am ok and you are ok”.

“I’m OK - You’re OK” is probably the best-known expression of the purpose of TA to establish and reinforce the position that recognizes the value and worth of every person. Transactional analysts regard people as basically “OK” and thus capable of change, growth, and healthy interactions. As Berne set his Psychology up, there are four life positions that a person can hold and holding a particular psychological position has profound implications for how an individual operationalizes his/her life. The positions are stated as -

The OK Corral (Franklin Ernst, 1971) Model

I am not Okay with me	You are Okay with me		I am Okay with me
	I am not OK You are Ok	I am OK You are Ok	
	One Down Position	Healthy Position	
	Get away from Helpless	Get on with Happy	
	I am not OK You are not Ok	I am OK You are not Ok	
	Hopeless Position	One-up Position	
	Get nowhere with Hopeless	Get rid of Angry	
You are not Okay with me			

- I’m OK and you are OK. This is the healthiest position about life and it means that I feel good about myself and that I feel good about others and their competence.
- I’m OK and you are not OK. In this position I feel good about myself but I see others as damaged or less than and it is usually not healthy.
- I’m not OK and you are OK. In this position the person sees him/herself as the weak partner in relationships as the others in life are definitely better than the self. The person who holds this position will unconsciously accept abuse as OK.
- I’m not OK and you are not OK. This is the worst position to be in as it means that I believe that I am in a terrible state and the rest of the world is as bad.

Strokes: Strokes refer to compliments, acceptance and recognition, which are influential in how people lead their lives. TA therapy recognizes that we are greatly motivated by the reinforcement we get as children, and if this was dysfunctional, we are likely to adopt dysfunctional patterns of living as we get older.

Intimacy: Another motivation recognized in transactional analysis is intimacy. Similarly to strokes, if the intimacy a child experiences is dysfunctional, then they will learn that this type of intimacy is the best s/he can do to meet basic needs and communicate with others. This can lead to the development of repetitive patterns of behavior that can hinder a person's potential.

Re-decision: This refers to an individual's capacity to re-decide and make changes to certain decisions made as a child that stem from unconscious scripts. Re-decision reflects the assumption of TA therapy that individuals have the potential to lead their lives as they choose. This power is released after a re-decision is made while a client is in their child-ego state.

Contracts: Transactional analysis practice is based upon mutual contracting for change. Transactional analysts view people as capable of deciding what they want for their lives. Accordingly transactional analysis does its work on a contractual basis between the client and the therapist, educator, or consultant. This helps to set boundaries and realize expectations for both the client and the psychotherapist.

Ultimately, therapists will use these concepts in transactional analysis therapy to promote structural rearrangement and de-confusion of a client's child ego-state. They will encourage clients to challenge their current beliefs and the way s/he uses their life script. This will help them to better understand the direction and patterns of their life for themselves, and this awareness can help them to make the decision to change their behavior.

Role of the Counselor

- In TA the counselor and the client work together to establish the specific goals of therapy.
- The counselor contracts with the client for the changes that they desire.
- Counselors use their knowledge to address a concern introduced by the client rather than telling the client what issues need to focus on.

Goals of the TA

- The goal is to not only learn to adjust to life but to attain health and autonomy.
- Through the gaining of autonomy the client can be more aware, intimate and spontaneous living a life free of games and self-defeating life scripts.

Techniques of TA: In addition to structural, transactional, game and script analysis, TA counselors use other techniques. Some of these techniques are -

Treatment contract which is a agreement between the counselor and the client about what is to be accomplished and what responsibilities are agreed upon. *Interrogation*

involves forcing the client to answer from the adult ego state through a succession of confrontive questions. *Specification* is identifying the ego state that is the source of the transition. *Confrontation* is the process of pointing out inconsistencies. *Explanation* is a process where the counselor teaches the Adult ego state of the client a tenet of TA. *Illustration* is a story or example that is used to portray a point. *Confirmation* is a technique where the counselor directs the client's attention to a previously modified behavior that is reoccurring. *Interpretation* involves the counselor explaining to the child ego state the reasons behind the client's behavior. *Crystallization* occurs when the client realizes that game playing can be given up and the client can enjoy the freedom of choice in behavior.

How Does TA Work?

Transactional Analysis (TA) is a tool to know yourself, to know how you relate to others, and to discover how you have been living out a life plan based on unconscious relational patterns. These unconscious organizing patterns that begin at birth. They are reinforced and elaborated during a number of developmental ages. The results constitute a life 'script'. Change happens through the help of your therapist in becoming aware of the previously unconscious 'script' patterns. The therapist can then facilitate different outcomes so that you get what you want in life. TA offers many tools and useful approaches for individual, couple, and group therapy. TA is based on the assumption that all individuals can learn to trust themselves, think for themselves, make their own decisions and express their feelings.

TA therapy is based on the theory that each person has three ego states - parent, adult and child. These are used along with other key transactional analysis concepts, tools and models to analyze how individuals communicate and identify what interaction is needed for a better outcome. Throughout therapy, the TA therapist will work directly on here and now problem solving behaviors, whilst helping clients to develop day-to-day tools for finding constructive creative solutions. The ultimate goal is to ensure clients regain absolute autonomy over their lives. Eric Berne defines this autonomy as the recovery of three vital human capacities - spontaneity, awareness and intimacy.

Transactional analysis is a talking therapy and sessions are designed to explore an individual's personality and how this has been shaped by experience - particularly those stemming from childhood. This is achieved through skilful questioning and the utilization of various models, techniques and tools. Sessions can be carried out in the form of one-on-one counseling, or with families, couples or groups. The atmosphere that supports transactional analysis is non-judgmental, secure and respectful, ensuring that a positive relationship is forged between the therapist and client(s) in order to provide a model for subsequent relationships and communication that are developed outside of therapy.

In this setting the therapist works collaboratively with the individual to identify what has gone wrong in their communication and provide opportunities for them to change repetitive patterns that limit their potential. TA therapists recognize that we all have the potential to live the life we want, rather than the life we are programmed to live. Sometimes however this potential is hindered by repetitive patterns or 'unconscious scripts' that stem from childhood decisions and teachings.

Applications: TA can help -

- Develop awareness, options and skills in daily life, through the enhancement of your strengths and resources.
- Improve on your communication skills and help with managing conflict and difficult situations in your life.
- Foster intimacy, spontaneity, and autonomy within yourself and your relationships.
- Think clearly and raise your emotional intelligence.
- Develop new options and make better choices in your life.
- Experience and live the life you deserve.

Transactional Analysis can be said to be an effective method in the process of counseling. Recently its scope is increasing. Individuals especially the young adults are the needy clients of this transactional analysis counseling, because present generations carry different complex ego states. It enable the clients to identity the sorts of relationship.

The term 'cognitive-behavioral therapy (CBT)' is a very general term for a classification of therapies with similarities. There are several approaches to cognitive-behavioral therapy, including Rational Emotive Behavior Therapy, Rational Behavior Therapy, Rational Living Therapy, Cognitive Therapy, and Dialectic Behavior Therapy.

Cognitive Therapy: This approach aims to identify and correct distorted thinking patterns that can lead to feelings and behaviors that may be troublesome, self-defeating, or even self-destructive. The goal is to replace such thinking with a more balanced view that, in turn, leads to more fulfilling and productive behavior. Uses the power of the mind to influence behavior. It is based on the theory that previous experiences can damage self image and this can affect attitude, emotions and ability to deal with certain situations. It works by helping the client to identify, question and change poor mental images of them, thus altering negative responses and behavior. It can help pessimistic or depressed people to view things from a more optimistic perspective.

Cognitive Analytical Therapy: This combines Cognitive Therapy and Psychotherapy and encourages clients to draw on their own ability to develop the skills to change destructive patterns of behavior. Negative ways of thinking are explored in structured and directive ways, involving diary-keeping, progress charts, etc.

Dialectical Behavioral Therapy: DBT was developed from cognitive behavior therapy (CBT). The main aim of CBT is to change behavior, which is done by applying techniques with a focus on problem-solving, such as homework, diary cards and behavioral analysis. However, some people felt uncomfortable with the strong focus on change, and felt that their suffering and apparent loss of control over their lives were not understood. This caused them to become frustrated and even to drop out of treatment. Therapist sought to resolve this by the use of acceptance strategies. Acceptance strategies are added to the process of CBT which means that the therapist explores with their clients an acceptance that their behavior (e.g. self-harming, drinking, etc.), even though damaging in the long term, may be the only way they have learned to deal with intense emotions; and which might have led to positive short term benefits.

HUMANISTIC APPROACH: Person Centered Therapy, Gestalt Therapy, Existential Therapy

In the 1960s and 1970s, there was a growing interest among counselors in a 'third force' in therapy as an alternative to the psychoanalytic and behavioral approaches. Under this heading fall the person-centered approach, Gestalt therapy and existential therapy.

Humanistic psychology is concerned with human potential and the individual's unique personal experience. Humanistic psychologists generally do not deny the importance of many principles of behaviorism and psychoanalysis. They value the awareness of antecedents to behavior as well as the importance of childhood experiences and unconscious psychological processes. Humanistic psychologists would argue, however, that humans are more than the collection of behaviors or objects of unconscious forces. Therefore, humanistic psychology often is described as holistic in the sense that it tends to be inclusive and accepting of various theoretical traditions and therapeutic practices. The emphasis for many humanistic therapists is the primacy of establishing a therapeutic relationship that is collaborative, accepting, authentic, and honors the unique world in which the client lives. The humanistic approach is also holistic in that it assumes interrelatedness between the client's psychological, biological, social, and spiritual dimensions. Humanistic psychology assumes that people have an innate capacity toward self-understanding and psychological health.

Humanistic therapy helps individuals access and understand their feelings, gain a sense of meaning in life, and reach self-actualization. The aim of humanistic therapy is usually to help the client develop a stronger, healthier sense of self, also called self-actualization. It is also to help individuals access and understand their feelings to help to gain a sense of meaning in life. Humanistic theory sees each individual's personality as being composed of physical, intellectual, emotional, behavioral, creative, and spiritual elements. In order to help the client reach self-actualization, humanistic therapists help clients remove and replace the attitudes, behaviors, and beliefs that do not produce a positive state of being, and integrate the various components of their unique personalities so that each individual is more self-aware, mature, and authentic.

Key points of humanistic therapy are -

- Empathic understanding of the client's frame of reference and subjective experience.
- Respect for the client's cultural values and freedom to exercise choice.

- Exploration of problems through an authentic and collaborative approach to help the client develop insight, courage, and responsibility.
- Exploration of goals and expectations, including articulation of what the client wants to accomplish and hopes to gain from treatment.
- Clarification of the helping role by defining the therapist's role but respecting the self determination of the client.
- Assessment and enhancement of client motivation both collaboratively and authentically.
- Negotiation of a contract by formally or informally asking, "Where do we go from here"?
- Demonstration of authenticity by setting a tone of genuine, authentic encounter.

In humanistic therapy, there are two widely practiced techniques - gestalt therapy (which focuses on thoughts and feelings 'here and now' instead of root causes) and client-centered therapy (which provides a supportive environment in which clients can re-establish their true identity).

PERSON-CENTERED THERAPY

Person-centered therapy (PCT) is also known as person-centered psychotherapy, person-centered counseling, client-centered therapy or Rogerian psychotherapy. PCT is a humanistic approach that deals with the ways in which individuals perceive themselves consciously rather than how a counselor can interpret their unconscious thoughts or ideas. It is a non-directive form of talk therapy that was developed by humanist psychologist Carl Rogers during the 1940s and 1950s. Today, it is one of the most widely used approaches in psychotherapy.



Dr. Carl Ransom Rogers
(January 8, 1902 – February 4, 1987)

Client-centered therapy provides a supportive environment in which clients can re-establish their true identity. The world that we live in is judgmental. And many of us fear that if we shared with the world our true identity it would judge us relentlessly. Experience with these judgments results in people establishing a public identity to navigate the judgmental world. The ability to re-establish their true identity will help the individual understand themselves as they truly are; which is important as people suppress their feelings about issues because they are not supported, socially acceptable, or lead to unwanted judgment. The task of reestablishing one's true

identity is not an easy task and the therapist must rely on the techniques of unconditional positive regard and empathy. These two techniques are central to client-centered therapy because they build trust between the client and therapist by creating a nonjudgmental and supportive environment for the client.

Contemporary person-centered therapy is the result of an evolutionary process that continues to remain open to change and refinement. Rogers did not present the PCT as a fixed and completed approach to therapy. The four developmental periods of the approach are -

1. In the first period, during the 1940s, Rogers developed what was known as nondirective counseling as a reaction against the directive and traditional psychoanalytic approaches to individual therapy. Roger's theory emphasized the counselor's creation of a permissive and nondirective climate. Rogers also challenged the validity of commonly accepted therapeutic procedures such as advice, suggestion, direction, persuasion, teaching, diagnosis, and interpretation. This was based on his conviction that diagnostic concepts and procedures were inaccurate, prejudicial, and often misused. Nondirective counselors avoided sharing a great deal about themselves with clients and instead focused mainly on reflecting and clarifying the clients' verbal and nonverbal communications with the aim of gaining insight into the feelings expressed by clients.
2. In the second period, during the 1950s, Rogers renamed his approach client-centered therapy to reflect its emphasis on the client rather than on directive methods. This period focused on the phenomenological world of the client. Rogers assumed that the best vantage point for understanding how people behave was from their own internal frame of reference. He focused more explicitly on the actualizing tendency as the basic motivational force that leads to client change.
3. The third period, beginning in the late 1950s and extending into the 1970s, addressed the necessary and sufficient conditions of therapy. The process of "becoming one's experience" is characterized by openness to experience, a trust in one's experience, an internal locus of evaluation, and the willingness to be in process. He was interested in how people best progress in psychotherapy, and he studied the qualities of the client-therapist relationship as a catalyst leading to personality change. Client-centered philosophy was applied to education and was called student-centered teaching. It was also applied to encounter groups, led by laypersons in the 1960s.
4. The fourth phase, during the 1980s and 1990s, was marked by considerable expansion to education, industry, groups, conflict resolution, and the search for world peace. The theory became known as person-centered approach. This shift in

terms reflected the broadening application of the approach. Areas of further application include education, health care, cross-cultural and interracial activity, international relations, politics, and the achievement of world-peace.

Basic Philosophy

- ❖ Rogers viewed human nature as basically good.
- ❖ He believed that if given the appropriate environment of acceptance, warmth and empathy, the individual would move toward self-actualization.
- ❖ Self-actualization is the motivation that makes the individual move toward growth, meaning, and purpose.
- ❖ It is considered a phenomenological psychology whereby the individual's perception of reality is accepted as reality for the individual.
- ❖ Person-centered is often referred to as a self theory, because of Rogers's emphasis on the self being a result of the person's life experiences and the person's awareness of comparisons to others as the same or different.
- ❖ Rogers believed that most people were provided conditional acceptance as children, which lead them to behave in ways that would assure their acceptance. However, in their need for acceptance, the individual often behaved in ways that were incongruent with the real self. Thus, the greater this incongruence between the real self and the ideal self, the greater isolated and maladjusted the person became.

Key Concepts: Rogers identified six key factors that stimulate growth within an individual. He suggested that when these conditions are met, the person will gravitate toward a constructive fulfillment of potential. According to Rogerian theory, the six factors necessary for growth are -

- **Therapist-Client Psychological Contact:** This first condition simply states that a relationship between therapist and client must exist in order for the client to achieve positive personal change. The following five factors are characteristics of the therapist-client relationship, and they may vary by degree.
- **Client Incongruence or Vulnerability:** A discrepancy between the client's self-image and actual experience leaves him/her vulnerable to fears and anxieties. The client is often unaware of the incongruence.
- **Therapist Congruence or Genuineness:** The therapist should be self-aware, genuine, and congruent. This does not imply that the therapist be a picture of perfection, but that s/he be true to him/herself within the therapeutic relationship.
- **Therapist Unconditional Positive Regard (UPR):** The clients' experiences, positive or negative, should be accepted by the therapist without any conditions or

judgment. In this way, the client can share experiences without fear of being judged.

- **Therapist Empathy:** The therapist demonstrates empathic understanding of the clients' experiences and recognizes emotional experiences without getting emotionally involved.
- **Client Perception:** To some degree, the client perceives the therapist's unconditional positive regard and empathic understanding. This is communicated through the words and behaviors of the therapist.

Role of the Counselor

- The counselor sets up an environment where the client is safe to explore any aspect of the self. The counselor's job is to facilitate the exploration through a special "I - Thou" relationship of unconditional positive regard, empathy and warmth.
- The counselor uses psychological testing on a limited basis. The Q-sort is sometimes used in assessment by the person centered counselor. The Q-sort gives an indication of the incongruence between the perceived real self and ideal self.

Q-sort: A series of 100 statements are written on cards. The statements are self-descriptions, i.e. I am capable, I am dependent, I am worthless. The client is asked to read and sort each of these statements into nine piles from most like me to least like me. Then the stacks are recorded. The client re-sorts the cards into what they would like to be like.

- The use of diagnostic categories is discouraged as incompatible with the philosophical view of the individual as unique. Diagnosis places the counselor in a position of authority and imposes a treatment plan.

Goals of Therapy: Person centered theory is directly concerned with the individual. The counselor facilitates the client toward -

- ❖ Realistic self-perception;
- ❖ Greater confidence and self-direction;
- ❖ Sense of positive worth;
- ❖ Greater maturity, social skill, and adaptive behavior;
- ❖ Better stress coping;
- ❖ More fully functioning in all aspects of their lives.

Therapeutic Relationship: The relationship is of primary importance. The qualities of the therapist, including genuineness, warmth, accurate empathy, respect, and non-judgmentalness and communication of these attitudes to clients are stressed. Clients use this real relationship with the therapist to help them transfer their learning to other relationships. Rogers based his hypothesis of the 'necessary and sufficient conditions for therapeutic personality change' on the quality of the relationship. Roger's

hypothesis is as follows -

- ❖ Two persons are in psychological contact.
- ❖ The first, or the client, is in a state of incongruence, being vulnerable or anxious.
- ❖ The second person, or the therapist, is congruent or integrated in the relationship.
- ❖ The therapist experiences unconditional positive regard for the client.
- ❖ The therapist experiences an empathic, understanding of the client's internal frame of reference and endeavors to communicate this experience to the client.
- ❖ The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved.

Techniques of Therapy: This approach uses few techniques but stresses the attitude of the therapist. Basic techniques include active listening and hearing, reflection of feelings, clarification, and being there for the client. This model does not include diagnostic testing, interpretation, taking a case history, or questioning or probing for information. The techniques used in person centered therapy have changed over time. Three periods of time in which different techniques were stressed -

Nondirective Period (1940 - 1950): In this period of theory development, the counselor focused on listening and creating a permissive atmosphere. The counselor did not provide interventions, but communicated acceptance and clarification.

Reflective Period (1950 - 1957): During this period of time, counselors emphasized being non judgmental of the client, while responding to the client's feelings and reflecting the affect accurately.

Experiential Period (1957 - 1980): This is the period of the EWG - Empathy, Warmth and Genuineness. Empathy is the ability of the counselor to understand the emotions of the client and correctly communicate this understanding. Warmth is also referred to as acceptance and positive regard in person centered literature. Warmth is the ability of the counselor to convey an unconditional acceptance of the client's personhood. Genuineness or congruence is the ability to be who one really is without assuming roles or facades.

The counselor helps the client through accurate reflections of feelings, keeping the client focused on the concern, and clarification of feelings and information. The counselor uses open-ended questions or phrases to help the clients gain insight into experiences and necessary changes in their lives.

Applications: Has wide applicability to individual and group counseling. It is especially well suited for the initial phases of crisis intervention work. Its principles have been applied to marital and family therapy, community programs, administration and management, and human relations training. It is a useful approach for teaching,

parent/child relations, and working with groups composed of people from diverse cultural backgrounds. Today many people who are not practicing counseling use the approach to help guide them through day-to-day work and relationships.

Generally, person-centered counseling can help individuals of all ages with a range of personal issues. It has been found particularly useful in helping individuals to overcome specific problems such as depression, anxiety, personality disorders, eating disorders and alcohol addictions. These issues can have significant impact on self-esteem, self-reliance and self-awareness, but person-centered therapy can help individuals to reconnect with their inner self in order to transcend any limitations.

Multiculturalism: Focus is on breaking cultural barriers and facilitating open dialogue among diverse cultural populations. Main strengths are respect for clients' values, active listening, welcoming of differences, nonjudgmental attitude, understanding, willingness to allow clients to determine what will be explored in sessions, and prizing of cultural pluralism. Some of the core values of this approach may not be congruent with the client's culture. Lack of counselor direction and structure are unacceptable for clients who are seeking help and immediate answers from a knowledgeable professional.

Contributions: Rogers had a major impact on the field of counseling and psychotherapy. When he introduced his revolutionary ideas in the 1940s, he provided a powerful and radical alternative to psychoanalysis and to the directive approaches then practiced. Rogers was a pioneer in shifting the therapeutic focus from an emphasis on technique and reliance on therapist authority to that of relationship. One of Rogers's contributions to the field of psychotherapy was his willingness to state his concepts as testable hypotheses and to submit them to research. He literally opened the field to research. Person-centered therapy has demonstrated that therapist empathy plays a vital role in facilitating constructive changes in the client -

- Research consistently demonstrates that therapist empathy is the most potent predictor of client progress in therapy.
- Empathy is an essential component of successful therapy in every therapeutic modality.
- Empathy is a basic component of emotional intelligence.
- Client perception of therapist empathy, as opposed to that of external raters or therapists, is not predictive of positive client outcome.

Limitations: Possible danger from the therapist who remains passive and inactive, limiting responses to reflection. Many clients feel a need for greater direction, more structure, and more techniques. Clients in crisis may need more directive measures. It

is difficult to translate the core conditions into actual practice in certain cultures. Clients accustomed to indirect communication may not be comfortable with direct expression of empathy or self-disclosure on the therapist's part. Another limitation is that this approach extols the value of an internal locus of evaluation. In some cases, clients are likely to be highly influenced by societal expectations and not simply motivated by their own personal preference.

Because the person-centered counselors place so much emphasis on genuineness and on being led by the client, they do not place the same emphasis on boundaries of time and technique as would psychodynamic therapists. They have very positive and optimistic view of human nature. The philosophy that people are essentially good, and that ultimately the individual knows what is right for them, is the essential ingredient of successful person centered therapy as 'all about loving'.

GESTALT THERAPY

Gestalt Therapy was developed in the late 1940s by Fritz Perls (a German-born psychiatrist) with his wife Laura Perls and further influenced by the likes of Kurt Lewin and Kurt Goldstein (Corsini & Wedding, 2000). It was developed as a revision to psychoanalysis and focuses on an experiential and humanistic approach rather than analysis of the unconscious; which was one of the main therapeutic tools at the time 'Gestalt Therapy' was employed.



Friedrich (Frederick) Salomon Perls
[Better known as Fritz Perls]
(July 8, 1893 – March 14, 1970)

Gestalt Therapy rejects the dualities of mind and body, body and soul, thinking and feeling, and feeling and action. According to Perls, people are not made up of separate components, i.e., mind, body and soul; rather human beings function as a whole. In doing so, one defines who one is (sense of self) by choice of responses to environmental interactions (boundaries). The word 'Gestalt' (German origin) refers to a "whole, configuration, integration, pattern or form" (Patterson, 1986). Gestalt Therapy focuses on the whole of the client's experience, including feelings, thoughts and actions. The client gains self-awareness in the 'here and now' (what is happening from one moment to the next) by analyzing behavior and body language and talking about bottled up feelings. In gestalt therapy, self-awareness is key to personal growth and developing full potential. The approach recognizes that sometimes this self-awareness can become blocked by negative thought patterns and behavior that can

leave people feeling dissatisfied and unhappy. It is the aim of a gestalt therapist to promote a non-judgmental self-awareness that enables clients to develop a unique perspective on life. By helping an individual to become more aware of how they think, feel and act in the present moment, gestalt therapy provides insight into ways in which s/he can alleviate their current issues and distress in order to aspire to their maximum potential.

Basic Philosophy

- ❖ The person strives for wholeness and integration of thinking, feeling, and behaving.
- ❖ Gestalt therapy is considered to be a here-and-now therapy focusing on awareness with the belief that when one focuses on what they are and not what they wish to become, they become self-actualized. The idea being that through self acceptance one becomes self-actualized.
- ❖ Individual naturally seeks to become an integrated whole, living productively.
- ❖ Gestaltists are anti-deterministic because they believe that people have the ability to change and become responsible.
- ❖ Gestalt focuses on the client's own inner world of interpretation and assessment of the present life situation.
- ❖ Gestaltists believe that individuals emphasize intellectual experience, diminishing the importance of emotions and senses, resulting in an inability to respond to the situations or events in their life.
- ❖ Gestaltists believe that thoughts, feelings, and reactions to past events or situations can impede personal functioning and prevent here-and-now awareness.
- ❖ The emphasis is on reality and not on embellished or imagined needs. The individual recognizes their internal need and meets that need through manipulation of the need and the environment.
- ❖ Difficulty may arise in several ways -
 - Loss of contact with the environment and its resources.
 - Loss of contact with self through over involvement with environment.
 - Fail to put aside unfinished business.
 - Loss the Gestalt resulting in fragmentation or scattering.
 - Experience conflict between what one should do and what one wants to do.
 - Experience difficulty with life's dichotomies, i.e., love/hate, pleasure/pain, masculinity/femininity.

Key Concepts of Gestalt Therapy: Several key concepts underlie Gestalt Therapy, many of which are similar to that of person-centered and existential therapy. The following are the key concepts of Gestalt Therapy -

Wholeness and Integration: Wholeness refers to the whole person or the individual's mind and body as a unit rather than as separate parts (Seligman, 2006). Integration refers to how these parts fit together and how the individual integrates into the environment. Often people who come to therapy do not have these parts fitting together in their environment, Gestalt Therapy is about facilitating clients to integrate themselves as whole persons and help restore balance in their environment.

Awareness: Awareness is one of the most important elements in Gestalt Therapy as it is seen as a "hallmark of the healthy person and a goal of treatment" (Seligman, 2006). When individuals are 'aware', they are able to self-regulate in their environment. There are two main causes lacking awareness - (a) Preoccupation with one's past, fantasies, flaws and strengths that the individual becomes unaware of the whole picture, and (b) Low self-esteem. There are three ways people may achieve awareness through therapy - (i) Contact with the environment - This is through looking, listening, touching, talking, moving, smelling, and tasting. This enables the individual to grow in his/her environment through reacting to the environment and changing. (ii) Here and now - This is the individual living in and being conscious at the present moment rather than worrying about the past or the future. (iii) Responsibility - This refers to the individual taking responsibility for his/her own life rather than blaming others.

Energy and Blocks to Energy: Gestalt Therapists often focus on where energy is in the body, how it is used, and how it may be causing a blockage (Corey, 2005). Blocked energy is a form of resistance, for example, tension in a part of the body, not breathing deeply, or avoiding eye contact. Gestalt Therapy is about finding and releasing the blockages that may be inhibiting awareness.

Growth Disorders: Growth disorders refer to emotional problems that are caused by people who lack awareness and do not interact with their environment completely. In doing so, people are unable to cope with the changes in their lives successfully and, instead deal with the problems in a defensive manner (Seligman, 2006).

Unfinished Business: Unfinished business refers to people who do not finish things in their lives and is often related to people with a 'growth disorder' (Seligman, 2006). People with unfinished business often resent the past and because of this are unable to focus on the here and now. One of the major goals of Gestalt Therapy is to help people work through their unfinished business and bring about closure.

Role of the Counselor

- ❖ Counselor creates an environment for the client to explore their needs in order to grow.

- ❖ Counselor is fully with the client in the here-and-now with intense personal involvement and honesty.
- ❖ Counselor helps the client to focus on blocking energy and to positively and adaptively use that energy.
- ❖ Counselor also helps the clients to discern life patterns.
- ❖ Among the rules that counselor uses to help client -
 - The principle of the now requires the counselor to use present tense.
 - “I and Thou” means that the client must address the person directly rather than talk about them or to the counselor about them.
 - Making the client use the “I” instead of referring to own experiences in the second (you) or third (it) person.
 - The use of an awareness continuum that focuses on how and what rather than on why.
 - The counselor has the client convert questions into statements.
 - DSM-IV categories and standardized assessment is not considered necessary within this theory.

Goals of Therapy: To assist clients in gaining awareness of moment-to-moment experiencing and to expand the capacity to make choices. Aims not at analysis but at integration.

- ❖ Emphasis is on the here-and-now of the client’s experience.
- ❖ The client is encouraged to make choices based on the now as opposed to past.
- ❖ Help the client resolve the past.
- ❖ Assist the client to become congruent.
- ❖ Help the client to reach maturity intellectually.
- ❖ Help the client shed neuroses.

Therapeutic Relationship: Central importance is given to the I/Thou relationship and the quality of the therapist’s presence. The therapist’s attitudes and behavior counts more than the techniques used. The therapist does not interpret for the clients but assists them in developing the means to make their own interpretations. Clients identify and work on unfinished business from the past that interferes with current functioning.

Techniques of the Therapy: Techniques in Gestalt therapy one of two forms, either an exercise or an experiment. (1) Exercises include activities such as - i. frustration actions; ii. fantasy role playing; iii. Fantasy; and iv. Psychodrama. (2) Experiments are unplanned creative interventions that grow out of the here-and-now interaction between the client and the counselor.

- Dream works in Gestalt therapy consist of the client telling the dream and then focusing their awareness on the dream from the perspective of each character or element in the dream.
- Empty chair is a process where the client addresses parts of the personality, as if it were an entity sitting an empty chair. The client may switch perspectives by switching chairs or may simply address the chair. The technique is contraindicated for severely disturbed clients.
- Confrontation is another of the Gestalt exercises that is very powerful. Basically, the counselor calls attention to the incongruence between the client's verbalizations and observed emotions or behaviors.
- Making the rounds is a group exercise in which the client is instructed to say the same sentence to each member of the group and then adding something personal to each person.
- "I take responsibility" is the phrase that follows each statement expressing statements or perceptions that the client states. The process is to help the client to integrate their internal perceptions and their behaviors.
- Exaggeration is over-dramatizing the client's gestures and movements to help gain insight into their meaning.
- May I feed you a sentence is the question that the counselor asks before giving the client a more specific expression of what the counselor believes is the underlying message of the client.

Applications: Ultimately, gestalt therapy is considered to help individuals gain a better understanding of how their emotional and physical needs are connected. They will learn that being aware of their internal self is key to understanding why they react and behave in certain ways. This journey of self-discovery makes the approach beneficial for individuals who can be guarded when it comes to their emotions, and find it difficult to process why they feel and act the way they do. It can also provide support and a safe space for individuals going through times of personal difficulty.

Gestalt therapy is considered particularly valuable for helping to treat a wide range of psychological issues - especially as it can be applied as a long-term therapy or as a brief and focused approach. It has been found effective for managing tension, anxiety, addiction, post-traumatic stress, depression and other psychological problems that can prevent people from living life to the full. Gestalt Therapy is also effective in counseling groups, couples, and families (Corsini & Wedding, 2000). Overall, people who participate in gestalt therapy tend to feel more self-confident, calm and at peace with themselves.

Multiculturalism: Its focus on expressing oneself nonverbally is congruent with those cultures that look beyond words for messages. Provides many experiments in working with clients who have cultural injunctions against freely expressing feelings. Can help to overcome language barrier with bilingual clients. Focus on bodily expressions is a subtle way to help clients recognize their conflicts. Clients who have been culturally conditioned to be emotionally reserved may not embrace Gestalt experiments.

Contributions: Main contribution is an emphasis on direct experiencing and doing rather than on merely talking about feelings. It provides a perspective on growth and enhancement, not merely a treatment of disorders. It uses clients' behavior as the basis for making them aware of inner creative potential. The approach to dreams is a unique, creative tool to help clients discover basic conflicts. Therapy is viewed as an existential encounter; it is process-oriented, not technique-oriented. It recognizes nonverbal behavior as a key to understanding.

Limitations: For Gestalt Therapy to be effective, the therapist must have a high level of personal development (Corey, 2005). Effectiveness of the confronting and theatrical techniques of Gestalt Therapy is limited and has not been well established. It has been considered to be a self-centered approach which is concerned with just individual development. Potential danger for therapists to abuse the power they have with clients (Corey, 2005). Lacks a strong theoretical base. Deals only with the here and now. Does not deal with diagnosis and testing.

How Does Gestalt Therapy Work?

Fundamentally, gestalt therapy works by teaching clients how to define what is truly being experienced rather than what is merely an interpretation of the events. Those undertaking gestalt therapy will explore all of their thoughts, feelings, behaviors, beliefs and values to develop awareness of how they present themselves and respond to events in their environment. This gives them the opportunity to identify choices, patterns of behavior and obstacles that are impacting their health and well-being, and preventing them from reaching their full potential. The unfolding of this therapeutic process will typically involve a range of expressive techniques and creative experiments developed collaboratively between therapist and client. These will be appropriate for the client and their specific problems. Below are some of the most common methods used -

Role-play: Role-play can help individuals to experience different feelings and emotions and better understand how they present and organize themselves.

Empty Chair/ Open Chair Technique: The empty chair technique is a "method of facilitating the role-taking dialogue between the patient and others or between parts of the patient's personality. It is generally used in a group situation" (Patterson, 1986). Two chairs are placed facing each other - one represents the patient or one aspect of the patient's personality, and the other represents another person or the opposing part of the personality. As the patient alternates the role, s/he sits in one or the other chair.

The therapist may simply observe as the dialogue progresses or may instruct the patient when to change chairs, suggest sentences to say, call the patient's attention to what has been said, or ask the patient to repeat or exaggerate words or actions. In the process, emotions and conflicts are evoked, impasses may be brought about and resolved, and awareness and integration of polarities may develop - polarities or splits within the patient, between the patient and other persons, or between the patient's wants and the social norms (Patterson, 1986).

Dialogue: A gestalt therapist will need to engage the client in meaningful and authentic dialogue in order to guide them into a particular way of behaving or thinking. This may move beyond simple discussion to more creative forms of expression such as dancing, singing or laughing.

Dreams: Dreams are used to bring about integration by the client. The focus of a client's dream is not on the unconscious, rather on projections or aspects of the dreamer (Seligman, 2006). The therapist would get clients to talk about their dream/s in terms of the significance of each role in the dream and this allows clients to take responsibility for the dreams and increase awareness of their thoughts and emotions.

Attention to Body Language: Throughout therapy, a gestalt therapist will concentrate on body language, which is considered a subtle indicator of intense emotions. When specific body language is noticed, the therapist may ask the client to exaggerate these movements or behaviors. This is thought to intensify the emotion attached to the behavior and highlight an inner meaning. For example, a client may be showing signs of clenched fists or frowning, to which the therapist may ask something along the lines of - "What are you saying with this movement?"

Gestalt Therapy deems that people cannot be considered as separate from their environment or from interpersonal relations. The individual is seen as being self-regulating and is able to motivate oneself to solve problems. Individuals are able to work towards growth and develop as their environments allow. A psychologically healthy person is someone who is self-regulating through the changes in life and has developed a sense of 'wholeness' between mind and body (Corsini & Wedding, 2000).

Use of Language: Gestalt Therapists choose language that will encourage change in the client. The following are ways that this can be accomplished (Seligman, 2006) -

- Emphasis on statements rather than questions to highlight a collaborative client-therapist relationship.
- 'What' and 'How' questions (when questions are used) to keep the client in the present and promote integration.
- 'I' statements are used to promote clients ownership of feelings rather than placing blame on others.
- The present tense is used so the focus is on the present rather than the past.
- Encouraging responsibility for clients of their words, emotions, thoughts, and behaviors so they recognize and accept what they are feeling.

Topdog - Underdog: A commonly utilized Gestalt technique is that of the topdog-underdog dialogue. This technique is used when the therapist notices two opposing opinions/attitudes within the client. The therapist encourages the client to distinguish between these two parts and play the role of each in a dialogue between them (Patterson, 1986). The tyrannical 'topdog' demands that things be a particular way whilst the 'underdog' plays the role of disobedient child. The individual becomes split between the two sides struggling for control.

Fantasy: Fantasy is used in Gestalt Therapy to increase clients' self-awareness of their thoughts and emotions and to bring about closure to unfinished business (Seligman, 2006). Therapists use guided imagery techniques (fantasy) to encourage clients to imagine situations such as what they would do in a certain situation or by projecting themselves into different roles.

Body as a Vehicle of Communication: Gestalt Therapy sees that not only are thoughts and emotions important to creating a feeling of 'wholeness' for the client, the physical sensations are also important. Seligman (2006) has identified three strategies to help with focusing attention on the physical sensations -

- **Identification:** Gestalt Therapists should be able to recognize physical signs of their clients. For example, a client might be tapping their feet on the ground. The therapist may say - "Become your leg and give it a voice?" This creates awareness of the client's physical sensations and emotions.
- **Locating emotions in the body:** Gestalt Therapists may ask clients where they are experiencing the emotion in their body. For example, a client may say they are feeling nervous about something. The therapist may ask where this is coming from in the body and the response from the client may be that the feeling is butterflies in the stomach. This helps the client to bring about more awareness into sensations and their emotions.
- **Repetition and exaggeration:** If there is repetition such as the example of the client tapping their feet on the ground, the therapist would get them to exaggerate the movement and talk about feelings that come up. This in turn focuses on the emotion and should help to release the blocked awareness.

Confusion: The technique of dealing with confusion of the client is about drawing attention to the client's hesitation in talking about something unpleasant. The hesitation can be shown through avoidance, blanking out, verbalism and fantasy (Patterson, 1986). By drawing attention to the hesitation, it creates self-awareness for the client and allows the client to work through the issue.

Confrontation: In Gestalt Therapy, confrontation means 'to challenge or frustrate the client'. The client is challenged with sensitivity and empathy on the part of the therapist to face the issues important to them. It is an invaluable tool for bringing clients into clear awareness of their realities, when used appropriately. However, confrontation is not a technique that can be used with all clients.

Gestalt therapy is a well-developed and well-grounded theory with a myriad of tenets, principles, concepts, and methods. Gestalt therapy is a sound science and a powerful means for facilitating and nurturing the full functioning of the human person with the potential of bringing about human healing, growth, and wholeness. It focuses on the integration between the 'whole' person and his/her environment. This therapy sees a healthy individual as being someone who has awareness in his/her life and lives in the here and now rather than focusing on the past or future. Gestalt Therapy has a number of successful techniques that are applicable in therapy today and may be utilized across a broad spectrum of emotional issues.

EXISTENTIAL THERAPY

Existential psychotherapy arose spontaneously in the minds and works of a number of psychologists and psychiatrists, namely Rollo May, Viktor Frankl, James Bugental,

Friedrich Nietzsche, Soren Kierkegaard, Jean-Paul Sartre, Irvin Yalom, Kirk Schneider, Stephen Diamond, and Myrtle Heery in Europe in the 1940s and 1950s.

Existential psychotherapy uses a positive approach that applauds human capacities while simultaneously maintaining a genuine perception of the limitations of the human being, human spirit, and human mind. Existential therapy shares many similarities with humanistic psychology, experiential psychotherapy, depth psychotherapy, and relational psychotherapy. Existential therapists believed drives in Freudian psychology, conditioning in behaviorism, and archetypes in Jungianism all had their own significance. Existential psychotherapy is not a specific technical approach that presents a new set of rules for therapy. It asks deep questions about the nature of the human being and the nature of anxiety, despair, grief, loneliness, isolation, and anomie. It also deals centrally with the questions of creativity and love. Out of the understanding of the meaning of these human experiences, existential psychotherapists have devised methods of therapy that do not fall into the common error of distorting human beings in the very effort of trying to help them.



Rollo Reece May

(April 21, 1909 – October 22, 1994)



Dr. Viktor Emil Frankl

(March 26, 1905 – September 2, 1997)

Basic Philosophy

- ❖ Existentialists believe that the individual writes their own life story by the choices that they make.
- ❖ Psychopathology is defined by existentialists as neglecting to make meaningful choices and accentuating one's potential.
- ❖ Anxiety is seen as the motivational force that helps the clients to reach their potential. Conversely, anxiety is also seen as the paralyzing force that prevents clients from reaching their full potential. Therefore, through awareness, this anxiety can be helpful in living more fully.
- ❖ Frankl shares that each person searches for meaning in life, and that while this meaning may change, the meaning never ceases to be.
- ❖ According to Frankl life's meaning can be discovered in three ways -
 - i. by doing a deed (accomplishments or achievements),
 - ii. by experiencing a value (beauty, love, nature, and arts),
 - iii. by suffering (reconciling ourselves to fate).

Key Concepts: Humans are in a constant state of transition, emerging, evolving, and becoming. Being a person implies that we are discovering and making sense of our existence. Although the specific questions we raise vary in accordance with our developmental stage in life, the fundamental themes do not vary - who am I?; what can I know?; what ought I to do?; what can I hope for?; where am I going? The basic dimensions of the human condition include -

1. The capacity for self-awareness;
2. Freedom and responsibility;
3. Creating one's identity and establishing meaningful relationships with others;
4. The search for meaning, purpose, values, and goals;
5. Anxiety as a condition of living; and
6. Awareness of death and nonbeing.

Capacity for Self-Awareness: As human beings, we can reflect and make choices because we are capable of self-awareness. The greater our awareness, the greater our possibilities for freedom. We have the potential to take action or not to act; inaction is a decision. We choose our actions, and therefore we can partially create our own destiny. Existential anxiety, which is basically a consciousness of our own freedom, is an essential part of living; as we increase our awareness of the choices available to us, we also increase our sense of responsibility for the consequences of these choices. We are subject to loneliness, meaninglessness, emptiness, guilt, and isolation. We can choose either to expand or to restrict our consciousness. Self-awareness is at the root of most other human capacities, the decision to expand it is fundamental to human growth.

Freedom and Responsibility: Even though we have no choice about being thrust into the world, the manner in which we live and what we become are the results of our choices. Because of the reality of this essential freedom, we must accept responsibility for directing our lives. However, it is possible to avoid this responsibility for directing our lives, or exhibiting 'bad faith'. We are constantly confronted with the choice of what kind of person we are becoming, and to exist is never to be finished with this kind of choosing. Existential guilt is being aware of having evaded a commitment, or having chosen not to choose.

Striving for Identity and Relationship to Others: As human beings we strive for discover or create a self - that is our personal identity and we strive for connectedness with others and with nature. Rather than trusting ourselves to search within and find our own answers to the conflicts in our life, we sell out by becoming what others expect of us. Our being becomes rooted in the expectations, answers, values, and beliefs that come from the important people in our world.

Search for Meaning: Some of the underlying conflicts that bring people into counseling and therapy are centered in existential questions such as - “Why am I here? What do I want from life? What gives my life purpose? Where is the source of meaning for me in life?” Existential therapy can provide the conceptual framework for helping clients challenge the meaning in their lives. Questions that the therapist might ask are - “Do you like the direction of your life? Are you pleased about whom you are and what you want for yourself, what are you doing to get some clarity?”

Anxiety as a Condition of Living: Existential anxiety is conceptualized as the unavoidable result of being confronted with the ‘givens of existence’ - death, freedom, existential isolation, and meaninglessness. Existential therapists differentiate between normal and neurotic anxiety, and they see anxiety as a potential source of growth. Normal anxiety is an appropriate response to an event being faced. It can be used as a motivation to change. Neurotic anxiety, in contrast, is out of proportion to the situation. It is typically out of awareness, and it tends to immobilize the person. Being psychologically healthy entails living with as little neurotic anxiety as possible, while accepting and struggling with the unavoidable existential anxiety that is a part of living. When we make a decision that involves reconstruction of our life, the accompanying anxiety can be a signal that we are ready for personal change. Opening up to new life means opening up to anxiety. Existential therapy helps clients come to terms with the paradoxes of existence - life and death, success and failure, freedom and limitations, and certainty and doubt. Facing existential anxiety involves viewing life as an adventure rather than hiding behind securities that seem to offer protection. The therapist must guide clients in finding ways to deal with anxiety constructively. The therapist can help clients recognize that learning how to tolerate ambiguity and uncertainty and how to live without props can be a necessary phase in the journey from dependence to autonomy. When a client becomes more self-confident, the anxiety that results from an expectation of catastrophe will decrease.

Awareness of Death and Nonbeing: Awareness of death is a basic human condition that gives significance to living. It is necessary to think about death if we are to think significantly about life. Death provides the motivation for us to live our lives fully and take advantage of each opportunity to do something meaningful. If we realize we are mortal, we know that we do not have an eternity to complete our projects and that each present moment is crucial. Without being morbidly preoccupied by the ever-present threat of nonbeing, clients can develop a healthy awareness of death as a way to evaluate how well they are living and what changes they want to make in their lives.

Role of the Counselor

- Each client is considered a unique relationship with the counselor focusing on being authentic with the client and entering into a deep personal sharing relationship.
- The counselor models how to be authentic, to realize personal potential, and to make decisions with emphasis on mutuality, wholeness and growth.
- Existential counselors do not diagnosis, nor do they use assessment models like the DSM-IV.

Goals of Therapy: The goals of existential therapy are to enable people to -

- have the clients take responsibility for their life and life decisions.
- develop self-awareness to promote potential, freedom, and commitment to better life choices.
- help the client develop an internal frame of reference, as opposed to the outward one.
- identify factors that block freedom.
- successfully negotiate and come to terms with past, present and future crises.
- become more truthful with themselves.
- find clarity on what their purpose in life is and how they can learn from the past to create something valuable and meaningful to live for.
- understand themselves and others better and find ways of effectively communicating and being with others.

Therapeutic Relationship: The therapist's main tasks are to accurately grasp clients, being in the world and to establish a personal and authentic encounter with them. The relationship is seen as critically important. Clients discover their own uniqueness in the relationship with the therapist. The immediacy of the client/therapist relationship and the authenticity of the here-and-now encounter are stressed. Both client and therapist can be changed by the encounter.

Techniques of Therapy: Few techniques flow from this approach, because it stresses understanding first and technique second. The therapist can borrow techniques from other approaches and incorporate them in an existential framework. Diagnosis, testing, and external measurements are not deemed important. The most common technique used in existential counseling is the relationship with the client. Confrontation is also used by existential counselors, when they challenge the clients with their own responsibility for their lives.

Therapeutic Procedures: The therapy is a creative, evolving process of discovery that can be conceptualized in three general phases.

- ❖ The initial phase, counselors assist clients in identifying and clarifying their assumptions about the world. Clients are invited to define and question the ways in which they perceive and make sense of their existence. The counselor teaches them how to reflect on their own existence and to examine their role in creating their problems in living.
- ❖ The middle phase, clients are encouraged to more fully examine the source and authority of their present value system. This leads to new insights and some restructuring of their values and attitudes. Clients get a better idea of what kind of life they consider worthy to live and develop a clearer sense of their internal valuing process.
- ❖ The final phase focuses on helping clients take what they are learning about themselves and put it into action, to find ways of implementing their examined and internalized values in a concrete way. Clients typically discover their strengths and find ways to put them to the service of living a purposeful existence.

Applications: Existential therapy is especially appropriate for clients who are struggling with developmental crises, doing grief work, confronting death, or facing a significant decision. Some examples of these critical turning points that mark passages from one stage of life into another are the struggle for identity in adolescence, coping with possible disappointments in middle age, adjusting to children leaving home, coping with failures in marriage and work, and dealing with increased physical limitations as one ages. It can be useful for people who are on the edge of existence, such as those who are dying, who are working through developmental or situational crises, or who are starting a new phase of life. Can be applied to both - individual and group counseling, marital and family therapy, crisis intervention, and community mental health work.

Multiculturalism: Focus is on understanding client's phenomenological world, including cultural background. This approach leads to empowerment in an oppressive society. It can help clients examine their options for change within the context of their cultural realities, values of individuality, freedom, autonomy, and self-realization, often conflict with cultural values of collectivism, respect for tradition, deference to authority, and interdependence. Some may be deterred by the absence of specific techniques. Others will expect more focus on surviving in their world.

Contributions: Its major contribution is recognition of the need for a subjective approach based on a complete view of the human condition. It calls attention to the need for a philosophical statement on what it means to be a person. Stress on the 'I/Thou' relationship lessens the chances of dehumanizing therapy. It provides a

perspective for understanding anxiety, guilt, freedom, death, isolation, and commitment.

Limitations: The existentialists can be criticized on the grounds that they are excessively individualistic and they ignore the social factors that cause human problems. If a counselor consistently tells certain disenfranchised clients that they have a choice in making their lives better, they may feel patronized and misunderstood. It is highly focused on the philosophical assumption of self-determination, which does not take into account the complex factors that many people who have been oppressed must deal with. In many cultures it is not possible to talk about the self and self-determination apart from the context of the social network and environmental conditions. Another problem is the lack of direction that clients may get from the counselor. Many clients expect a structured and problem-oriented approach to counseling that is not found in the existential approach, which places the responsibility on the client for providing the direction of therapy.

Existential psychotherapy perceives the patient as an existing, immediate person, not as a composite of drives, archetypes, or conditioning. Instinctual drives and history are obviously present, but they come into existential therapy only as parts of the living, struggling, feeling, thinking human being in unique conflicts and with hopes, fears, and relationships. Existential therapy emphasizes that normal anxiety and guilt are present in all of life and that only the neurotic forms of these need to be changed in therapy. The person can be freed from neurotic anxiety and guilt only as s/he recognizes normal anxiety and guilt at the same time. The original criticism of existential therapy as 'too philosophical' has lessened as people recognize that all effective psychotherapy has philosophical implications. Existential therapy is concerned with the 'I-Am' (being) experience, the culture (world) in which a patient lives, the significance of time, and the aspect of consciousness called transcendence. Existential therapy always sees the patient in the center of his/her own culture. Most people's problems are now loneliness, isolation, and alienation. Our present age is one of disintegration of cultural and historical mores, of love and marriage, the family, the inherited religions, and so forth. This disintegration is the reason psychotherapy of all sorts has burgeoned in the twentieth century; people cried for help for their multitudinous problems. Thus, the existential emphasis on different aspects of the world (environment, social world, and subjective world) will, in all likelihood, become increasingly important. It is predicted that the existential approach in therapy will then become more widely used.

OTHER CONTEMPORARY THERAPY

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|---|--------------------------|
| ❖ ADLERIAN THERAPY/ INDIVIDUAL PSYCHOLOGY | ❖ EMDR |
| ❖ REALITY THERAPY | ❖ ECLECTIC COUNSELING |
| ❖ FAMILY SYSTEMS THERAPY | ❖ INTEGRATIVE COUNSELING |
| ❖ FEMINIST THERAPY | ❖ GROUP THERAPY |

ADLERIAN THERAPY/ INDIVIDUAL PSYCHOLOGY

Adlerian Therapy, originated by Alfred Adler, is also called individual psychology and focuses on creating a therapeutic relationship that is co-operative, encouraging and practical. Alfred Adler was a major contributor to the development of the psychodynamic approach to therapy. After 8-10 years of collaboration, Freud and Adler parted company, with Freud taking the position that Adler was a heretic who had deserted him. Adler founded the Society for Individual Psychology in 1912.



Alfred W. Adler

(February 7, 1870 - May 28, 1937)

Other Freudian revisionists included Karen Horney, Erich Fromm, and Harry Stack Sullivan (neo-Freudians) agreed that social and cultural factors were of great significance in shaping personality. They are called neo-Freudian because they moved away from Freud's biological and deterministic point of view toward Adler's social-psychological and goal-oriented view of human nature. After Adler's death in 1937, Rudolf Dreikurs was the most significant figure in bringing Adlerian psychology. Dreikurs is credited with the idea of child guidance centers and training professionals to work with a wide range of clients. Adlerian counselors help clients look at their lifestyle and personal values to help them understand and question their usual patterns of behavior and hidden goals. It is a learning process that assists the client to move towards useful involvement and contribution to society.

Basic Philosophy

- ❖ Adlerian concept of social interest is the individual's feeling of being part of a whole, spanning the past, present, and the future. Adler believed that people were mainly motivated toward this feeling of belonging. He did not believe that social interest was innate but rather a result of social training.
- ❖ Adler expressed that people strove to become successful and overcome the areas that they perceived as inferior. He referred to this process of personal growth as

striving for perfection. Those who did not overcome feelings of inferiority developed an inferiority complex. Those who overcompensated for feelings of inferiority developed a superiority complex.

- ❖ Adler believed that a person's conscious behavior, not their unconscious, was the mainstay of personality development. Because of this concept, Adlerian theory emphasizes personal responsibility for how the individual chooses to interpret and adjust to life's events or situations.
- ❖ Maladjustment is defined in Adlerian theory as choosing behavior resulting in a lack of social interest or personal growth. Adler believed that misbehavior would take place when the person had become discouraged or when positive attempts at good behavior had failed to get the needed results. Encouragement to good behavior was often the recommended antidote to misbehavior.
- ❖ Another concept is that of teleology, which simply put means that a person is as influenced by future goals as by past experiences.
- ❖ Adlerian espoused the belief that the birth of each child changed the family substantially. He thought that the birth order of the children in the family influenced many aspects of their personality development. Briefly, characteristics of these birth positions are -

Oldest children are usually high achievers, parent pleasers, conforming, and are well behaved. *Second born* children are more outgoing, less anxious, and less constrained by rules than first born. They usually excel as what the first born does not. *Middle children* have a feeling of being squeezed in and are concerned with perceived unfair treatment. These children learn to excel in family politics and negotiation. However, they can become very manipulative. This position also tends to develop areas of success that are not enjoyed by their siblings. *Youngest child* is the most apt at pleasing or entertaining the family. While they run the risk of being spoiled, they are also the most apt at getting what they want through their social skills and ability to please. They are often high achievers, because of the role models of their older siblings.

Only children or children born seven or more years apart from siblings are more like first born children. Children with no siblings often take on the characteristics of their parents' birth order, as the parents are the only role models. While these children may mature early and be high achievers, they may lack socialization skills, expect pampering, and be selfish.

- ❖ Adler saw the family as the basic socialization unit for the child. He believed that children's interpretation of the events in their life was determined by the interaction with family members before the age of five. The family interactions

taught the children to perceive events and situations through certain subjective evaluations of themselves and the environment. These perceptions that guided the children's behavior were called fictions. Basic mistakes could be made based on these fictions. Adlerians believe that some of those mistakes are (Mozak, 1984) -

- Over-generalizing in which the individual believes that everything is the same or alike.
 - False or impossible goals of security which leads the individual to try to please everyone in seeking security and avoiding danger.
 - Misperception of life and life's demands which leads the individual to expect more accommodation than is reasonable and to interpret their failure to get accommodation as never getting any breaks.
 - Minimization or denial of one's worth results in the individual believing that they cannot be successful in life.
 - Faulty values results in a 'me first' mentality with little or no regard for others.
- ❖ Adler believed that life took courage or a willingness to take risks without knowing the outcome. He believed that a person with a healthy life style contributed to society, had meaningful work, and had intimate relationships. He espoused cooperation between the genders as opposed to competition. He believed that well adjusted people lived in an interdependent relationship with others in a cooperative spirit.

Key Concepts: It stresses the unity of personality, the need to view people from their subjective perspective, and the importance of life goals that give direction to behavior. People are motivated by social interest and by finding goals to give life meaning. Other key concepts are striving for significance and superiority, developing a unique lifestyle, and understanding the family constellation. Therapy is a matter of providing encouragement and assisting clients in changing their cognitive perspective.

Role of the Counselor

- The counselor is as a diagnostician, teacher and model.
- The counselor helps the client to explore conscious thoughts, beliefs and logic for behaviors that are not in the client's best interest or social interest.
- The counselor encourages the client to behave 'as if' the client were who they wished to be and often provides the client with 'homework' assignments outside the sessions.

Goals of Therapy

- To challenge client's basic premises and life goals.

- To offer encouragement so individuals can develop socially useful goals.
- To develop the client's sense of belonging.

Therapeutic Relationship: The emphasis is on - joint responsibility, mutually determining goals, mutual trust and respect, and equality. A cooperative relationship is manifested by a therapeutic contract. Focus is on identifying, exploring, and disclosing mistaken goals and faulty assumptions within the person's lifestyle.

Techniques of Therapy: Adlerians pay more attention to the subjective experiences of clients than to using techniques. Some techniques include gathering life-history data (family constellation, early recollections, personal priorities), sharing interpretations with clients, offering encouragement, and assisting clients in searching for new possibilities.

- ❖ Most commonly used are establishing *rapport*, *defining style of life* and *helping the client to gain insight*.
- ❖ *Confrontation* consists of challenging the client's private logic and behavior.
- ❖ Asking '*the Question*' consists of asking the client how their life would be different if they were well. The question often asked to parents is what would be the problem if this child were not the problem?
- ❖ *Encouragement* consists of the counselor supporting the client by stating the belief in the client's ability to take responsibility and change behavior.
- ❖ *Acting 'as if'* consists of instructing the client to behave 'as if' there were no problem or as the person that the client would like to be.
- ❖ *Spiting in the Client's soup* means that the counselor points out the purpose of the client's behavior. Afterward, the client may continue the behavior, but cannot do so without being aware of their motivation for engaging in the behavior.
- ❖ *Catching oneself* consist of helping the client learn to bring destructive behavior into awareness and stop it.
- ❖ *Task setting* consists of helping the client set short-term goals leading toward the attainment of long-term goals.

Therapeutic Procedures

Four phases not linear; and do not progress in rigid steps; can best be understood as a weaving that leads to a tapestry -

1. Establishing the proper therapeutic relationship.
2. Exploring the psychological dynamics operating in the client (an assessment).
3. Encouraging the development of self-understanding (insight into purpose).
4. Helping the client make new choices (reorientation and reeducation).

Establishing the Relationship: Working with clients is based on a sense of deep caring, involvement, and friendship. Adlerian therapists seek to make person-to-person contact with clients rather than

starting with 'the problem'. The initial focus should be on the person, not the problem. Therapists start by helping clients become aware of their assets and strengths, rather than dealing continually with their deficits and liabilities. A positive relationship is created by listening, responding, demonstrating respect for clients' capacity to understand purpose and seek change, and exhibiting faith, hope and caring. Adlerians pay more attention to the subjective experiences of the client than they do to using techniques. They fit their techniques to the need of each client. During this phase, the main techniques used are attending and listening with empathy, following the subjective experience of the client as closely as possible, identifying and clarifying goals, and suggesting initial hunches about purpose in client symptoms and actions. They attempt to access the core patterns in the client's life.

Exploring the Individual's Dynamics: The second phase consists of two interview forms - the subjective interview and the objective interview. In subjective interview the counselor helps the client to tell their story as completely as possible. What the clients says will spark an interest in the counselor and lead, to the next most significant question about the client. The Adlerian counselor is listening for clues to the purposive aspects of the client's coping and approaches to life. The subjective interview should extract patterns in the person's life, develop hypotheses about what works for the person, and determine what accounts for the various concerns in the client's life. Adlerians end a subjective interview with this question, "How would your life be different, and what would you do differently, if you did not have this symptom or problem?" The objective interview - (a) how problems in the client's life began; (b) any precipitating events; (c) a medical history; (d) a social history; (e) the reasons the client chose therapy at this time; (f) the person's coping with life tasks; (g) a lifestyle assessment.

The family constellation - Factors such as cultural and familial values, gender-role expectations, and the nature of interpersonal relationships are all influenced by a child's observation of the interactional patterns within the family. Assessment includes an exploration of the client's family constellation, including the client's evaluation of conditions that prevailed in the family when the person was a young child, birth order, parental relationship, family values, and extended family and culture. **Early recollections** - Asking the client to provide their earliest memories, including the age of the person at the time of the remembered events and the feelings or reactions associated with it. Early memories cast light on the 'story of our life', because they represent metaphors for our current views. The counselor might say "I would like to hear about your early memories. Think back to when you were very young, as early as you can remember, and tell me something that happened one time". The counselor will then ask - "What part stands out to you? If you played the whole memory like a movie and stopped it at one frame, what would be happening? Putting yourself in that moment, what are you feeling? What's your reaction? Three memories are usually considered a minimum to assess a pattern. **Personality priorities** - people rely on a number-one priority, a first line of defense that they use as an immediate response to perceived stress or difficulty (Kefir, 1981). Each priority involves a dominant behavior pattern with supporting convictions that an individual uses to cope. (a) Superiority - striving for significance through leadership, or accomplishment; (b) Control - looking for guarantees against ridicule - a need for complete mastery of situations; (c) Comfort - wanting to avoid stress or pain at all costs; (d) Please - avoiding rejection by seeking constant approval and acceptance. **Integration** - Integrated summaries of the data are developed and presented to the client for discussion. Mosak (2000) common basic mistakes - (1) Overgeneralizations; (2) False or impossible goals; (3) Misperceptions of life and life's demands; (4) Minimization or denial of one's basic worth; and (5) Faulty values.

Encouraging Self-understanding and Insight: Adlerians believe almost everything in human life has a purpose. When speaking of insight, Adlerians are referring to an understanding of the motivations that

operate in a client's life - a special form of awareness that facilitates a meaningful understanding within the therapeutic relationship and acts as a foundation for change. Disclosure and well-timed interpretations are techniques that facilitate the process of gaining insight. They are hunches or guesses and they are often stated - "It seems to me that . . ."; "Could it be that . . ." or "This is how it appears to me . . ."

Helping with Reorientation: The action-oriented phase helping people discover new and more functional alternatives. People need to be reoriented to the useful side of life. The useful side of life involves a sense of belonging and being values, having an interest in others and their welfare, courage, the acceptance of imperfection, confidence, a sense of humor, a willingness to contribute, and an outgoing friendliness. Encouragement is the most distinctive Adlerian procedure and is central to all phases of counseling and therapy. As a part of the encouragement process, Adlerians use a variety of cognitive, behavioral, and experiential techniques to help clients identify and challenge self-defeating cognitions, generate perceptual alternatives, and make use of assets, strengths, and resources. Clients are encouraged to 'as if' they were the people they want to be. Clients are asked to catch themselves in the process of repeating old patterns. Commitment is an essential part of this process. Adlerian practitioners focus on motivation modification more than behavior change and encourage clients to make holistic changes on the useful side of living.

Applications: Because the approach is based on a growth model, it is applicable to such varied spheres of life as child guidance, parent/child counseling, marital and family therapy, individual counseling with all age groups, correctional and rehabilitation counseling, group counseling, substance abuse programs, and brief counseling. It is ideally suited to preventive care and alleviating a broad range of conditions that interfere with growth.

Multiculturalism: Its focus on social interest, collectivism, pursuing meaning in life, importance of family, goal orientation, and belonging is congruent with many cultures. Focus on person-in-environment allows for cultural factors to be explored. Some clients may view the counselor as an authority who will provide answers to problems, which conflicts with the egalitarian, person-to-person spirit as a way to reduce social distance.

Contributions: One of the first approaches to therapy that was humanistic, unified, holistic, and goal oriented and that put an emphasis on social and psychological factors. A key contribution is the influence that Adlerian concepts have had on other systems and the integration of these concepts into various contemporary therapies.

Limitations: Weak in terms of precision, testability, and empirical validity. Few attempts have been made to validate the basic concepts by scientific methods. Tends to oversimplify some complex human problems and is based heavily on common sense.

REALITY THERAPY

Reality Therapy (RT) is based on a concept called 'Choice Theory' (originally called Control Theory). RT is a particular approach in psychotherapy and counseling. Reality therapy was developed by William Glasser, a psychiatrist in the 1960s.

Glasser believes that people who are behaving in inappropriate ways do not need help to find a defense for their behavior. Instead, they need help to acknowledge their behavior as being inappropriate and then to learn how to act in a more logical and productive manner. Reality therapy attempts to help people control the world around them more effectively so that they are better able to satisfy their needs. RT approach to counseling and problem-solving focuses on the here-and-now of the client and how to create a better future, instead of concentrating at length on the past.



Dr. William Glasser

(May 11, 1925 – August 23, 2013)

It emphasizes making decisions, and taking action and control of one's own life. Typically, clients seek to discover what they really want and whether what they are currently doing (how they are choosing to behave) is actually bringing them nearer to, or further away from, that goal. Reality Therapy is a considered a cognitive-behavioral approach to therapy; that is, it focuses on facilitating the client to become aware of, and if necessary, change, his/her thoughts and actions.

William Glasser maintains that people act on a conscious level and that they are not driven by instincts and the unconscious. Glasser believes that there is a health/growth forces in every person that seeks both physical and psychological health/growth. He separates these into the old brain or primitive physical needs and into the new brain or psychological needs. While the old brain contents itself with maintaining life, the new brain seeks belonging, power, freedom and fun. Glasser believes that identity or a healthy sense of self is necessary. A success identity comes from being loved and accepted. A failure identity comes from not having needs for acceptance, love and worth met. A person must experience identity before they can perform a task. Glasser espouses two critical periods of development in children -

- ❖ Children ages 2 to 5 first learn socialization and learn to deal with frustrations and disappointments. Children not getting support and love from their parents during this critical time begin to establish a failure identity.

- ❖ The second critical period is between 5 and 10 years or the early school years. Children who have socialization or academic problems may establish a failure identity.

Glasser suggests that human learning is a lifelong process; therefore, one can change one's identity at any time in one's personal history by learning what needs to be learned. Glasser believes that humans are self-determined. He believes that each person has within themselves a picture or perception of themselves. Each person then behaves in a way that is determined or controlled by this image of self so that the self image can be maintained. This control theory has three parts - 'B' is the behavior. 'C' is the control, where a comparison is made between the desired image and the image the behavior is producing. 'P' is the perception or the development of the image.

Basic Philosophy

- Humans are self-determining.
- Humans change when they determine their behavior is not getting them what they want & when they believe they have choices of behaviors.
- People choose total behavior, hence responsible for acting, thinking, feeling, and psychological states.
- Behavior is aimed to satisfy needs for survival, love and belonging, power, freedom, and fun.
- Acting and thinking are chosen behaviors (changing acting and thinking influences feelings and physiological states).
- Choice theory explains how people attempt to control their world and teaches ways to satisfy needs and wants in effective manners.

Key Concepts: The basic focus is on what clients are doing and how to get them to evaluate whether their present actions are working for them. People create their feelings by the choices they make and by what they do. The approach rejects the medical model, the notion of transference, the unconscious, and dwelling on one's past. The key terms are -

- ❖ Autonomy - state of accepting responsibility and taking control of self (life).
- ❖ Commitment - not skewing from the plan for change.
- ❖ Choice Theory - humans are internally motivated and have a purpose to control behaviors; humans are self-determined and create own destiny (all elements of behavior are interrelated).
- ❖ Cycle of Counseling - any means to create a positive environment in counseling, based on personal involvement and procedures for change to occur.
- ❖ Involvement - counselor's interest in and caring for clients.

- ❖ Paining Behaviors - people choose misery by developing symptoms (headache, depression, anxiety) because at the time they seem to be the best behaviors to execute for survival.
- ❖ Perceived World - the reality we experience and interpret.
- ❖ Psychological Needs - needs for belonging, power, freedom, and fun that drive people and explain behaviors.
- ❖ Quality World - perceptions and images we have to fulfill our basic psychological needs.
- ❖ Responsibility - satisfying personal needs while not interfering with people who fulfill their needs.
- ❖ Self-Evaluation - clients' assessment of current behaviors in order to determine if their behaviors are working and if behaviors are meeting their needs.
- ❖ Total Behavior - integrated components of doing, thinking, feeling, and physiology.
- ❖ WDEP System - procedures that are applied to the practice of reality therapy groups; strategies help clients identify their wants; determine direction behaviors take them, self-evaluations, and designs plans for change. Where, W = wants, explore wants, needs and perceptions; D = direction and doing, focus on what clients are doing and the direction they are headed; E = evaluation, challenge clients to evaluate their total behavior (continual basis); P = planning and commitment, assist in the formulation of realistic plans and making commitment to carry out plans.

Role of the Counselor

- Counselor is a teacher and a model to the client.
- Counselor creates an atmosphere of acceptance and warmth helping the client focus on the control of displayed thoughts and actions.
- Reality counselor used 'ing' verbs to help the clients describing their thoughts and actions, i.e., angering, bullying, intimidating, excusing.
- Focus of therapy is on the behavior that the client needs or wants to change and how to change that behavior in a positive manner.
- Reality therapy does not generally use formal assessment techniques or diagnostic categories.

Goals of Therapy

- Overall goal - assist clients to better meet their needs for love, belonging, survival, power, freedom, and fun.

- Help clients gain psychological strength, accept personal responsibility, regain control of lives.
- Challenge clients to examine what they are doing, thinking, and feeling.
- Help the client to develop a practical plan to accomplish their personal needs and desires.
- Counselor helps the client put the past behind and focus on the present and the outcome of present behaviors.
- To help people become more effective in meeting their needs.
- Teach client to self-evaluate behaviors and determine what they want to change.

Therapeutic Relationship

- Counselors are involved with clients from outset and create warm, supportive, and challenging relationship (clients must know that counselors are for them).
- Involvement with and concern for are conveyed throughout the counseling process.
- Once trust is established, counselors confront clients with reality and consequences of their actions.
- Counselors avoid - criticism, accepting excuses, and giving up on clients.
- Assist clients to continually assess effectiveness and appropriateness of their behaviors.

Techniques of Therapy: Various techniques may be used to get clients to evaluate what they are presently doing to see if they are willing to change. If they decide that their present behavior is not effective, they develop a specific plan for change and make a commitment to follow through. The main technique has three basic steps -

- Through involvement with the client, the counselor helps the client to see the reality and understand how a behavior is unrealistic.
 - The counselor separates the client from the behavior and rejects the behavior without rejecting the client.
 - The final step is to teach the client how to fulfill their needs realistically and positively.
- ❖ Glasser uses humor to point out absurdity without being sarcastic.
 - ❖ Glasser uses confrontation to help the client accept responsibility for behavior.
 - ❖ The eight steps that reality therapy uses to accomplish its goals and techniques -
 1. Establishing a relationship.
 2. Focusing on present behavior.
 3. Client evaluation of his/her behavior.
 4. Developing a contract or plan of action.

5. Getting a commitment from the client.
 6. Not accepting excuses.
 7. Allowing reasonable consequences but refusing to use punishment.
 8. Refusing to give up on the client.
- ❖ Glasser's final technique is "Never Give Up".

Applications: It has been applied to -

- Youth offenders (detention facilities);
- Variety of behavioral problems;
- Individual and group counseling & marital and family counseling;
- Military;
- Drug and alcohol clinics;
- Teaching and administration;
- Social work, crisis intervention, and management & community development.

Multiculturalism

- ❖ Focus is on members, making own evaluation of behavior (including how they respond to their culture).
- ❖ Through personal assessment they can determine the degree to which their needs and wants are being satisfied.
- ❖ They can find a balance between retaining their own ethnic identity and integrating some of the values and practices of the dominant society.
- ❖ This approach stresses taking charge of one's own life, yet some clients hope to change their external environment.
- ❖ Counselor needs to appreciate the role of discrimination and racism and help clients deal with social and political realities.
- ❖ Respect difference in worldviews and cultural values.
- ❖ Skillful questioning will help assess how ethnic minorities have acculturated.

Contributions

- ❖ Short-term approach with wide range of clients.
- ❖ Due to the direct methods, it appeals to many clients who are often seen as resistant to therapy.
- ❖ Simple and clear concepts, can be used by parents, teachers, educators, nurses, ministers, managers, consultants, supervisors, counselors and social workers.
- ❖ Positive, action-oriented approach.
- ❖ Accepting personal responsibility and gaining effective control.
- ❖ People take charge of their lives.
- ❖ Focus for what clients are willing to do in the present

Limitations

- Discounts the therapeutic value of exploring the client's past, dreams, the unconscious, early childhood experiences, and transference.
- The approach is limited to less complex problems. It is a problem-solving therapy that tends to discourage exploration of deeper emotional issues.
- Direct questioning needs to be softened when working with ethnic minorities.
- At times choice is not an option, discrimination and racism are reality.
- Minority clients may be hesitant to state what they need.

FAMILY SYSTEMS THERAPY

A psychiatrist and theorician Murray Bowen produced a remarkable new theory of human behavior called 'Family Systems Theory', or 'Bowen Theory'. Family systems theory is also referred to as couple therapy, family therapy, and marriage therapy. This theory has the potential to replace most of Freudian theory and to radically change treatment approaches, not only in psychiatry, but in all of medicine. Potential applications of this therapy extend beyond the human family to non-family groups, including large organizations and society as a whole.



Dr. Murray Bowen
(January 31, 1913 – October 9, 1990)

Family therapy is a type of psychotherapy that works with families and couples. It helps families or individuals within a family, understand and improve the way family members interact with each other and resolve conflicts. It emphasizes family relationships as an important factor in psychological health. Family therapists tend to focus on what goes between people; that is, on how patterns of interaction within the family may foster or maintain the problem. A family therapist can be a member of any number of health professions. They may be psychologists, psychiatrists, social workers, nurses or simply people who have been trained in the use of one or more types of family therapy. Family therapy can take many different forms with the therapist using a variety of different approaches including supportive counseling, cognitive-behavioral techniques, psychodynamic techniques, or what is known as a systemic approach. Most practitioners are 'eclectic', using techniques from several areas, depending upon the needs of the client.

Basic Philosophy

- ❖ The family is viewed from an interactive and systemic perspective.

- ❖ Human functioning is governed by principles common to all life forms.
- ❖ Human life is guided primarily by emotional, instinctive forces that can be regulated to some extent by an individual's ability to think. Human emotional forces and behavior are influenced by the interplay among instinctual, biological, genetic, psychological, and sociological factors.
- ❖ The family is a single emotional unit made up of interlocking relationships existing over many generations.
- ❖ An individual's behavior across the life span is best understood as being closely related to the functioning of her/his family of origin.
- ❖ When the individual is seen in her/his family context, we can move beyond simplistic cause-and-effect thinking to a more comprehensive understanding of the multiple factors that interact across time to produce problems or symptoms.
- ❖ People are able to modify their automatic, emotional responses by studying patterns of automatic behavior in themselves and their family of origin, and developing greater objectivity in their appraisal of situations and their felt responses.
- ❖ Clients are connected to a living system; a change in one part of the system will result in a change in other parts.

Key Concepts

- Focus is on communication patterns within a family, both verbal and nonverbal.
- Problems in relationships are likely to be passed on from generation to generation.
- Symptoms are viewed as ways of communicating with the aim of controlling other family members.
- Key concepts vary depending on specific orientation but include differentiation, triangles, power coalitions, family-of-origin dynamics, functional versus dysfunctional interaction patterns, family rules governing communication, and dealing with here-and-now interactions.
- The present is more important than exploring past experiences.

Goals of Therapy: Most approaches are aimed at helping family members gain awareness of patterns of relationships that are not working well and create new ways of interacting to relieve their distress. Some approaches focus on resolving the specific problem that brings the family to therapy.

Therapeutic Relationship: The family therapist functions as a teacher, coach, model, and consultant. The family learns ways to detect and solve problems that are keeping members stuck, and it learns about patterns that have been transmitted from generation to generation. Some approaches focus on the role of therapist as expert;

others concentrate on intensifying what is going on in the here and now of the family session. All family therapists are concerned with the process of family interaction and teaching patterns of communication.

Techniques of Therapy: There is a diversity of techniques, depending on the particular theoretic orientation. Interventions may target behavior change, perceptual change, or both. Techniques include using genograms, teaching, asking questions, family sculpting, joining the family, tracking sequences, issuing directives, anchoring, use of counter-transference, family mapping, refraining, paradoxical interventions, restructuring, enactments, and setting boundaries. Techniques may be experiential, cognitive, or behavioral in nature. Most are designed to bring about change in a short time.

Applications: Applications vary depending on the particular approach to family therapy. Family therapy is frequently short-term and may be used in addition to other types of treatment, particularly for certain psychological disorders that require more in-depth treatment. Useful for dealing with -

- Marital distress;
- Problems of communicating among family members;
- Power struggles;
- Parenting issues;
- Crisis situations in the family;
- Child & adolescent behavior;
- Self-harm, drug, alcohol & other substance misuse;
- Supporting family members through separation, mediation and divorce;
- Emotional disorders including anxiety, depression, loss and grief;
- Anorexia, bulimia and other eating disorders;
- Supporting family members in step-family life;
- Emotional abuse or violence;
- Helping individuals attain their potential, and
- Enhancing the overall functioning of the family.

Multiculturalism: Many ethnic and cultural groups place value on the role of the extended family. Many family therapies deal with extended family members and with support systems. Networking is a part of the process, which is congruent with the values of many clients. There is a greater chance for individual change if other family members are supportive. This approach offers ways of working toward the health of the family unit and the welfare of each member. Some approaches are based on value assumptions that are not congruent with the values of

clients from other cultures. Concepts such as individuation, self-actualization, self-determination, independence, and self-expression may be foreign to some clients. In some cultures, admitting problems within the family is shameful. The value of keeping problems within the family may make it difficult to explore conflicts openly.

Contributions: In all of the systemic approaches, neither the individual nor the family is blamed for a particular dysfunction. The family is empowered through the process of identifying and exploring interactional patterns. Working with an entire unit provides a new perspective on understanding and working through both individual problems and relationship concerns. By exploring one's family of origin, there are increased opportunities to resolve other relationship conflicts outside of the family.

Limitations

- Limitations include problems in being able to involve all the members of a family in the therapy.
- Members may be resistant to changing the structure of the system.
- Therapists' self-knowledge and willingness to work on their own family-of-origin issues is crucial, for the potential of counter-transference is high.
- It is essential that the therapist be well trained, receive quality supervision, and be competent in assessing and treating individuals in a family context.

FEMINIST THERAPY

Feminist Therapy derived from radical women uniting for change in the 1960s during the Feminist Movement. It was developed by a number of feminist therapists - Jean Baker Miller (1927 - 2006), Carol Gilligan (1936 -), Carolyn Enns (1946 -) and others. Feminist therapy grew out of concerns that established therapies were not helping women. Specific concerns of feminist therapists included gender bias and stereotyping in therapy; blaming victims of physical abuse and sexual abuse; and the assumption of a traditional nuclear family. In feminist therapy, gender is the primary focus; therapists must understand and be sensitive to how psychological oppression and socialization influences identity development. Feminist therapy also focuses on women's empowerment; communication, assertiveness, self-esteem and helping women discover how to break free from some of the traditional roles that they may feel are hindering their growth and development.

Feminist therapy also focuses on making gender issues transparent enough that women are both empowered and changed by engaging in actively understanding how certain issues affect their behavior (Mahaney, 2007). According to Corey (2008), feminist therapists understand that the client and the therapist are not equally yoked, but when the therapist



gives the client a sense of control they are best able to understand their situation. The main goal of feminist therapy is not just to change the individual's situation or mindset, but also to form a revolution that changes the way society views gender issues.

Feminist therapy strives to prevent psychological distresses and inappropriate behavior in both genders. Also, feminist therapy attempts to remedy the stereotypes derived from the traditional views on gender which can affect one's identity.

Basic Philosophy

- ❖ Feminists criticize many traditional theories to the degree that they are based on gender-biased concepts and practices of being - androcentric, gendercentric, ethnocentric, heterosexist, and intrapsychic.
- ❖ This therapy is gender-free, flexible, interactionist, and life-span-oriented.
- ❖ Eight basis philosophies (separate views on social oppression to determine how to transform society. Each philosophy focuses on diversity, gender issues, and sexism) - Liberal; Cultural; Radical; Socialist; Postmodern; Women of color; Lesbian; and Global/International.
- ❖ Gender is central focus; therapists must understand and be sensitive to how psychological oppression and socialization influence identity development.

Key Concepts: Core principles that form the foundation for practice of feminist therapy are the personal is political, the counseling relationship is egalitarian, women's experiences are honored, definitions of distress and psychological illness are reformulated, emphasis on gender equality, and commitment to confronting oppression on any grounds.

Key Concepts

Androcentric theory - a theory that uses male-oriented constructs to draw conclusions about human nature.

Egalitarian relationship - relationship where power is balanced.

Ethnocentrism - believing that one's cultural group is superior to others, other groups are based on one's personal standards.

Gendercentrism - two developmental paths for men and women.

Gender-neutral theory - explains the differences between men's and women's behavior in terms of socialization.

Gender-role analysis - helps clients understand the impact of gender-role expectations.

Gender-role intervention - provides insight into ways how social issues affect problems.

Gender schema - psychological associations, interpretations are based on perceptions about gender.

Heterosexism - heterosexual orientation is normative and desirable; devalues same sex relationships.

Life-span perspective - human development is a lifelong process; personality patterns and behavior changes occur at any time during development.

Personal is political - client problems have social and political causes; therapists focus on helping clients change behaviors and become active participants to transform society.

Power analysis - emphasizes power differences between men and women in society; clients recognize the different types of power they possess and power is exercised.

Reframing - therapist changes the frame of reference for looking at behaviors; shift from intrapersonal (blame the victim) stance to consideration of societal factors that contribute to one's problems.

Relabeling - changing the label/evaluation that has been applied to clients' behaviors; shift is from negative to positive evaluation.

Relational-cultural theory - a perspective that suggests a woman's identity and self-concept develop in the context of relationships.

Self-in-relation - women's sense of self is largely dependent on they connect with others.

White privilege - invisible package of unearned assets White people enjoy are not offered to people of color.

- ❖ Societal gender-role messages influence how people view themselves and behave.
- ❖ Ethnicity, sexual orientation, and class may be important factors.
- ❖ Gender cannot be considered apart from other identity areas (race, ethnicity, sexual orientation, etc.).
- ❖ Problematic symptoms are viewed as coping/survival strategies.
- ❖ Six interrelated principles -
 - Personal is political;
 - Personal and social identities are interdependent;
 - Definitions of distress and mental illness are reformulated;
 - Use of integrated analysis of oppression;
 - Egalitarian relationship; and
 - Women's perspectives valued.

Goals of Therapy

- ❖ To bring about transformation both in the individual client and in society.
- ❖ Five specific goals are - Equality; Balancing independence and interdependence; Empowerment; Self-nurturance; and Valuing diversity.

- ❖ For individual clients the goal is to assist them in recognizing, claiming, and using their personal power to free themselves from the limitations of gender-role socialization.
- ❖ To confront all forms of institutional policies that discriminate on the basis of gender.

Therapeutic Relationship

- ❖ The therapeutic relationship is based on empowerment and equalizing power (egalitarianism).
- ❖ Therapists actively break down the hierarchy of power and reduce artificial barriers by engaging in appropriate self-disclosure and teaching clients about the therapy process.
- ❖ Structure of the relationship models how to responsibly identify and use power.
- ❖ There is mutuality, client-therapist authentic connection.
- ❖ Therapist demystifies counseling; client is an active partner in assessment and treatment.
- ❖ Teach clients to recognize how they define themselves and how they relate to others (gender-role expectations).

Techniques of Therapy: Although techniques from traditional approaches are used, feminist practitioners tend to employ consciousness-raising techniques aimed at helping clients recognize the impact of gender-role socialization on their lives. Other techniques frequently used include gender-role analysis and intervention, power analysis and intervention, bibliotherapy, journal writing, therapist self-disclosure, assertiveness training, reframing and relabeling, cognitive restructuring, identifying and challenging untested beliefs, role playing, psychodramatic methods, group work, and social action.

Applications: Principles and techniques can be applied to a range of therapeutic modalities such as individual therapy, relationship counseling, family therapy, group counseling, and community intervention. The approach can be applied to both women and men with the goal of bringing about empowerment.

Multiculturalism: Both individual change and social transformation are the ultimate goals of therapy. A key contribution is that both the women's movement and the multicultural movement have called attention to the negative impact of discrimination and oppression for both women and men. One criticism is that feminist therapy was developed by White, middle class, heterosexual women. Based on the feminist notions of collaborative relationships, self-determination, and empowerment, therapists need to assess with their clients the price of making significant personal

change. If this assessment is not made, clients in certain cultures may experience isolation as a result of making life changes or of assuming a new role.

Contributions

- ❖ Integrate concepts with other theories;
- ❖ Gender-free, flexible, interactional, life-span-oriented;
- ❖ Positive, egalitarian attitude toward women and men;
- ❖ Confront patriarchal systems;
- ❖ Emphasizes context of women's lives (not symptoms and behaviors);
- ❖ Sensitizes counselors to gendered uses of power in relationships;
- ❖ Battered women's shelters, rape-crisis centers, women's health and reproductive health centers;
- ❖ Establish policies to lessen discrimination of all types;
- ❖ Feminist principles applied to supervision, teaching, consultation, ethics, research, theory building, and the practice of psychotherapy;
- ❖ Community building, authentic mutual empathic relationships, sense of social awareness, and social change.

Limitations

- No neutral stance because advocate for change in social structure.
- Counselors may impose values on clients.
- No decision-making for clients.
- Feminist therapy is based on White, middle class, heterosexual women.

EMDR (Eye Movement Desensitization and Reprocessing)

Eye Movement Desensitization and Reprocessing (EMDR) is a comprehensive, integrative psychotherapy approach. It contains elements of much effective psychotherapy in structured protocols that are designed to maximize treatment effects. These include psychodynamic, cognitive behavioral, interpersonal, experiential, and body-centered therapies. Shapiro's (2001) Adaptive Information Processing (AIP) model posits that EMDR facilitates the accessing and processing

of traumatic memories and other adverse life experience to bring these to an adaptive resolution. More than 20,000 practitioners have been trained to use EMDR since psychologist Francine Shapiro developed the technique in 1989. EMDR appears to be a safe therapy, with no negative side effects. After successful treatment with EMDR,



Dr. Francine Shapiro
(February 18, 1948 to present)

affective distress is relieved, negative beliefs are reformulated, and physiological arousal is reduced.

What Is EMDR?

Eye Movement Desensitization and Reprocessing is a powerful counseling technique which has been very successful in helping people who suffer from trauma, anxiety, panic, disturbing memories, post traumatic stress and many other emotional problems. Until recently, these conditions were difficult and time-consuming to treat. EMDR is considered a breakthrough technique because of its simplicity and the fact that it can bring quick and lasting relief for most types of emotional distress.

EMDR uses a technique called bilateral stimulation, (using right/left eye movement, or tactile stimulation), which repeatedly activates the opposite sides of the brain, releasing emotional experiences that are “trapped” in the nervous system. This assists the neuro-physiological system (the basis of the mind/body connection) to free itself of blockages and reconnect itself.

What Can You Expect From EMDR?

Although most research into EMDR has examined its use in people with PTSD (Post Traumatic Stress Disorder), EMDR is also used to treat many other psychological problems. They include -

- Injury or Loss of a Loved One
- Car Accident or Work Related Accidents & Injuries
- Witness of Violent Crimes/Post Traumatic Stress
- Test Anxiety/Relational Anxiety
- Trouble Sleeping/Worrying/Phobias/Fears
- Low Self-Esteem/Bad Temper/Panic Attacks
- Physical, Emotional, Verbal & Sexual Abuse/Rape
- Natural Disasters/Fire/Childhood Trauma & Abuse
- Depression/Anger/Sadness/Assault
- Eating Disorders/Performance Anxiety
- High Anxiety/Lack of Motivation
- Memories of a Traumatic Experience
- Fear of Being Alone
- Unrealistic Feelings of Guilt and Shame
- Difficulty in Trusting Others
- Relationship Problems.

The EMDR technique is most effective when used in conjunction with other traditional methods of therapy in treating these and many other emotional disorders. EMDR therapy can help clients replace their anxiety and fear with positive images, emotions and thoughts.

Eight Phases of Treatment

EMDR psychotherapy is an information processing therapy and uses an eight phase approach to address the experiential contributors of a wide range of pathologies. It attends to the past experiences that have set the groundwork for pathology, the current situations that trigger dysfunctional emotions, beliefs and sensations, and the positive experience needed to enhance future adaptive behaviors and psychological health.

Phase 1: History and Treatment Planning: Generally takes 1-2 sessions at the beginning of therapy, and can continue throughout the therapy, especially if new problems are revealed. In the first phase of EMDR treatment, the therapist takes a thorough history of the client and develops a treatment plan. Client and therapist identify possible targets for EMDR processing. These include recent distressing events, current situations that elicit emotional disturbance, related historical incidents, and the development of specific skills and behaviors that will be needed by the client in future situations.

Initial EMDR processing may be directed to childhood events rather than to adult onset stressors or the identified critical incident if the client had a problematic childhood. Clients generally gain insight on their situations, the emotional distress resolves and they start to change their behaviors. The length of treatment depends upon the number of traumas and the age of the problem onset. Generally, those with single event adult onset trauma can be successfully treated in less than 5 hours. Multiple trauma victims may require a longer treatment time.

Phase 2: Preparation: For most clients this will take only 1-4 sessions. For others, with a much traumatized background, or with certain diagnoses, a longer time may be necessary. One of the primary goals of the preparation phase is to establish a relationship of trust between the client and the therapist. During the second phase of treatment, the therapist ensures that the client has several different ways of handling emotional distress. The therapist may teach the client a variety of imagery and stress reduction techniques the client can use during and between sessions. A goal of EMDR is to produce rapid and effective change while the client maintains equilibrium during and between sessions.

During the second phase of treatment, the therapist ensures that the client has adequate methods of handling emotional distress and good coping skills, and that the client is in a relatively stable state. If further stabilization is required, or if additional skills are needed, therapy focuses on providing these. The client is then able to use stress reducing techniques whenever necessary, during or between sessions.

Phase 3: Assessment: Used to access each target in a controlled and standardized way so it can be effectively processed. Processing does not mean talking about it. For a single trauma reprocessing is generally accomplished within 3 sessions. If it takes longer, you should see some improvement within that amount of time. The clinician identifies the aspects of the target to be processed. The first step is for the person to select a specific picture or scene from the target event (which was identified during Phase One) that best represents the memory. Then s/he chooses a statement that expresses a negative self-belief associated with the event. Even if s/he intellectually knows that the statement is false, it is important that s/he focus on it. These negative beliefs are actually verbalizations of the disturbing emotions that still exist. During the Assessment Phase, the person identifies the negative emotions (fear, anger) and physical sensations (tightness in the stomach, cold hands) s/he associates with the target. The client also rates the disturbance using the 0 (no disturbance)-to-10 (the worst feeling you ever had) Subjective Units of Disturbance (SUD) scale. Then, the positive cognition should reflect what is actually appropriate in the present. At this point, the therapist will ask the person to estimate how true s/he feels his/her positive belief is using the 1-to-7 Validity of Cognition (VOC) scale.

Phases One through Three lay the groundwork for the comprehensive treatment and reprocessing of the specific targeted events. Although the eye movements (or taps, or tones) are used during the following three phases, they are only one component of a complex therapy. The use of the step-by-step eight-phase approach allows the experienced, trained EMDR clinician to maximize the treatment effects for the client in a logical and standardized fashion. It also allows both the client and the clinician to monitor the progress during every treatment session.

Phase 4: Desensitization: This phase focuses on the client's disturbing emotions and sensations as they are measured by the SUDs rating. This phase deals with all of the person's responses (including other memories, insights and associations that may arise) as the targeted event changes and its disturbing elements are resolved. This phase gives the opportunity to identify and resolve similar events that may have occurred and are associated with the target. That way, a client can actually surpass his/her initial goals and heal beyond his/her expectations.

During desensitization, the therapist leads the person in sets of eye movement (or other forms of stimulation) with appropriate shifts and changes of focus until his/her SUD-scale levels are reduced to zero (or 1 or 2 if this is more appropriate). Starting with the main target, the different associations to the memory are followed. For instance, a person may start with a horrific event and soon have other associations to it. The clinician will guide the client to a complete resolution of the target.

Phase 5: Installation: The goal is to concentrate on and increase the strength of the positive belief that the person has identified to replace his/her original negative belief. During this fifth phase of treatment, the goal is to accept the full truth of positive self-statement at a level of 7 (completely true). If the person is aware that s/he actually needs to learn some new skill, such as self-defense training, in order to be truly in control of the situation, the validity of his/her positive belief will rise only to the corresponding level, such as a 5 or 6 on the VOC scale.

Phase 6: Body Scan: After the positive cognition has been strengthened and installed, the therapist will ask the person to bring the original target event to mind and see if s/he notices any residual tension in his/her body. If so, these physical sensations are then targeted for reprocessing. Evaluations of thousands of EMDR sessions indicate that there is a physical response to unresolved thoughts. This finding has been supported by independent studies of memory indicating that when a person is negatively affected by trauma, information about the traumatic event is stored in motoric (or body systems) memory, rather than narrative memory, and retains the negative emotions and physical sensations of the original event. When that information is processed, however, it can then move to narrative (or verbalizable) memory and the body sensations and negative feelings associated with it disappear. Therefore, an EMDR session is not considered successful until the client can bring up the original target without feeling any body tension. Positive self-beliefs are important, but they have to be believed on more than just an intellectual level.

Phase 7: Closure: Closure ensures that the person leaves at the end of each session feeling better than at the beginning. If the processing of the traumatic target event is not complete in a single session, the therapist will assist the person in using a variety of self-calming techniques in order to regain a sense of equilibrium. Throughout the EMDR session, the client has been in control and it is important that the client continue to feel in control outside the therapist's office. S/he is also briefed on what to expect between sessions (some processing may continue, some new material may arise), how to use a journal to record these experiences, and which techniques s/he might use on his/her own to help him feel calmer.

Phase 8: Re-evaluation: Opens every new session, the therapist checks to make sure that the positive results (low SUDs, high VOC, no body tension) have been maintained, identifies any new areas that need treatment, and continues reprocessing the additional targets. The next session begins with phase eight, re-evaluation of the previous work, and of progress since the previous session. EMDR treatment ensures processing of all related historical events, current incidents that elicit distress, and future scenarios that will require different responses. The overall goal is produce the most comprehensive and profound treatment effects in the shortest period of time, while simultaneously maintaining a stable client within a balanced system.

After EMDR processing, clients generally report that the emotional distress related to the memory has been eliminated, or greatly decreased, and that they have gained important cognitive insights. Importantly, these emotional and cognitive changes usually result in spontaneous behavioral and personal change, which are further enhanced with standard EMDR procedures.

How Does EMDR Work?

The counselor works gently with the client and asks him/her to revisit the traumatic moment or incident, recalling feelings surrounding the experience, as well as any negative thoughts, feelings and memories. They then hold their fingers about eighteen inches from the clients face and begins to move them back and forth like a windshield wiper (this can also be accomplished through hand tapping or alternating auditory sounds). The client tracks the movements as if watching ping pong. The more intensely the client focuses on the memory, the easier it becomes for the memory to come to life. As quick and vibrant images arise during the therapy session, they are processed by the eye movements, resulting in painful feelings being exchanged for more peaceful, loving and resolved feelings.

Although a fairly new therapeutic technique, EMDR is meeting with much success all across the country. EMDR is a natural process. The client and the therapist become partners on a journey to help move traumatic and blocked energy. Together they work to transcend and free up the energy, so the client can return to their natural grounded state of being. The goal of this work is to help the client heal, so they can return to their life in peace.

ECLECTIC COUNSELING

As its name indicates, eclectic therapy is a therapeutic approach that incorporates a variety of therapeutic principles and philosophies in order to create the ideal treatment program to meet the specific needs of the patient or client. Instead of insisting upon strict adherence to one particular approach or school of thought, eclectic therapists employ elements from a range of therapeutic techniques, with the goal of establishing a course that is personally tailored to the patient or client. After all, the key here is to help the patient as quickly and as effectively as possible. Eclectic counseling is defined as the synthesis and combination of directive and non-directive counseling. It represents a middle status between the two extremes represented by the 'non-directive' technique on one hand and the 'directive' technique on the other. In eclectic counseling, the counselor is neither too active as in the directive counseling nor too passive as in the non-directive counseling. Counselor just follows the middle path between these two. Thorne (1973) finds that it is possible for a counselor to alternate between directive and non-directive methods even in the same interview without disrupting the non-directive permissive relationship with the client. He selects the techniques according to the requirements of the situation and the individual. The counselor must be competent and proficient in the use of all available methods. The validity of the results is determined by the skill with which any method is used. The critical factor is not what method is used but rather the skill with which it is used.

In eclectic counseling, the needs of a person and his/her personality are studied by the counselor. After this the counselor selects those techniques, which will be useful for the person. The main techniques used are reassurance giving information, case history, testing etc. In eclectic counseling the counselor first takes into consideration the personality and need of the counselee. S/he selects the directive or non-directive technique that seems to serve the purpose best. The counselor may start with the directive technique. When the situation demands, s/he may switch over to the non-directive counseling and vice-versa. An attempt is made to adjust the technique to the requirements of the situation and the individual.

Assumptions of Eclectic Counseling

- ❖ Passive methods must be used whenever possible.
- ❖ Active methods are used only with specific indications.
- ❖ In the early stages when the client is telling his/her stories passive methods are used. It permits emotional release.
- ❖ Complex methods are used only when simple methods fail.
- ❖ All counseling should be client centered.

- ❖ Client is given opportunity to resolve his/her problems indirectly.
- ❖ Directive methods are used where co-operations of other persons are needed for the solution.

Characteristics of Eclectic Counseling

- Objective and coordinating methods are used.
- In the beginning client active methods are used.
- Counselor remains passive.
- Importance is given to job efficiency and treatment.
- Principle of low expenditure.
- Professional efficiency and skill of counselors are must.
- Based on the need of client, directive and non-directive methods are used.
- Provide opportunity to client to find solutions to his/her problems himself/herself.

Hierarchy of Eclectic Practices: McBride and Martin (1990) advocate a hierarchy of eclectic practices and discuss the importance of having a sound theoretical base as a guide.

- ❖ The lowest or first level of eclecticism is really syncretism - a sloppy unsystematic process of putting unrelated clinical concepts together. It is encouraged when graduate students are urged to formulate their own theories of counseling without first having experienced how tested models work.
- ❖ The second level of eclecticism is traditional. It incorporates an orderly combination of compatible features from diverse sources harmonious whole. Theories are examined in greater depth.
- ❖ On a third level, eclecticism is described as professional or theoretical or as theoretical integration. This type requires that counselor master at least two theories before trying to make any combinations.
- ❖ A final level of eclecticism is called technical eclecticism. In this approach, procedures from different theories are selected and used in treatment.

Steps in Eclectic Counseling: The leading exponent of the Eclectic counseling Thorne (1973) suggested the following in the process -

1. Diagnosis of the cause.
2. Analysis of the problem.
3. Preparation of a tentative plan for modifying factors.
4. Securing effective conditions for counseling.
5. Interviewing and stimulating the client to develop his/her own resources and to assume its responsibility for trying new modes of adjustment.
6. Proper handling of any related problems which may contribute to adjustment.

Applications: Any condition that can be treated via any type of therapy is capable of being treated with eclectic therapy. Thus, individuals with addictions, substance abuse disorders, eating disorders, behavior compulsions, mood disorders, and other forms of emotional or psychological issues may be effectively treated by a therapist who embraces the philosophy of eclectic therapy.

Contributions of Eclectic Counseling

- ❖ This approach encourages counselors to use different types of strategies or approaches with clients. With such diverse approaches, counselor's awareness of techniques and treatments used would increase due to the past experiences.
- ❖ Diverse treatments and techniques used provide counselors with more flexibility as they have more options of treatments to choose from, which ultimately benefit the clients.

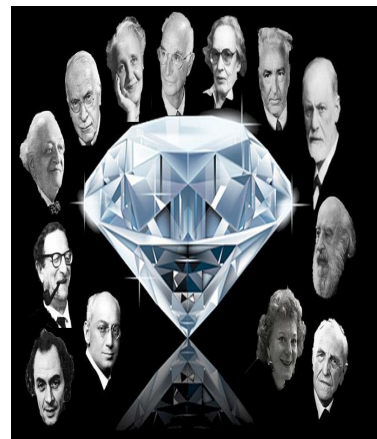
Limitations of Eclectic Counseling

- ❖ It is vague, opportunistic and superficial.
- ❖ Directive and non-directive cannot be mixed.
- ❖ In this, the question arises how much freedom should be given to the client? For this there is non-definite rule.
- ❖ Counselors often do more harm than good if they have little or no understanding about what is helping the client.

INTEGRATING COUNSELING

Integrative Therapy (IT) was developed in Paris at the end of the 1960s by a group of clinicians and researchers - psychologists and physicians - under the direction of Professor Dr. Hilarion G. Petzold. Integrative therapy or integrative counseling is a combined approach to psychotherapy that brings together different elements of specific therapies. Integrative therapists take the view that there is no single approach that can treat each client in all situations. Each person needs to be considered as a whole and counseling technique must be tailored to their individual needs and personal circumstances.

Integrative counseling maintains the idea that there are many ways in which human psychology can be explored and understood - no one theory holds the answer. All theories are considered to have value, even if their foundational principles contradict



each other - hence the need to integrate them. The integrative approach also refers to the infusion of a person's personality and needs - integrating the affective, behavioral, cognitive, and physiological systems within one person, as well as addressing social and spiritual aspects. Essentially, integrative counselors are not only concerned with what works, but why it works - tailoring therapy to their clients and not the client to the therapy.

Integrative Psychotherapy takes into account many views of human functioning. The psychodynamic, client-centered, behaviorist, cognitive, family therapy, Gestalt therapy, body-psychotherapies, object relations theories, psychoanalytic self psychology, and transactional analysis approaches are all considered within a dynamic systems perspective. Each provides a partial explanation of behavior and each is enhanced when selectively integrated with other aspects of the therapist's approach. The psychotherapy interventions used in Integrative Psychotherapy are based on developmental research and theories describing the self-protective defenses used when there are interruptions in normal development. Psychotherapy integration can be differentiated from an eclectic approach, in which a therapist chooses interventions because they work, without looking for a theoretical basis for using the technique. Eclectic practitioners are not bound by the theories or methodology of any one particular school. Instead, they may use what they believe or feel or experience tells them will work best, either in general, or to suit the immediate needs of individual clients. In contrast, integrative psychotherapy attends to the relationship between theory and technique. An eclectic therapist might experience a change in his/her client after administering a particular technique and be satisfied with a positive result. In contrast, an integrative therapist is curious about the 'why and how' as well.

Aim of Integrative Therapy

- ❖ Integrative counseling aims to promote healing and facilitate wholeness - ensuring that all levels of a person's being and functioning (psychological, physical and emotional health) are maximized to their full potential. Clients must be committed to self-exploration and open to identifying what factors in their life are perpetuating problems, and/or are causing current concerns.
- ❖ In particular, the integrative approach helps clients face each moment openly and authentically without having formed an opinion, expectation or attitude beforehand. This enables them to better focus on the fears and hurts that limit their psychological freedom, and recognize specific triggers that may be causing disruptive patterns of behavior.

- ❖ Through this awareness, integrative therapy helps to create a healthy alliance between mind and body - empowering clients to start setting goals and practicing new behaviors that will enable them to move beyond their limitations and discover greater life satisfaction. This will be worked towards alongside other goals that are drawn into therapy through the integration of other approaches. These will all be tailored to the client's personal limits and external constraints.

Integration of Approaches: The central premise of integrative counseling is that there are many ways in which human functioning can be explored and understood. This means integration can occur through a variety of modalities/systems of perspective. These may include - humanistic therapies; psychoanalytical and psychodynamic therapies; and cognitive and behavioral therapies. Each approach offers explanation and insight into human behavior, as well as a unique understanding of key factors that will result in changes to behavior and other areas of functioning such as cognition and emotions. These can be reinforced when selectively integrated with other elements of therapy. For example, if an integrative therapist is working with a client that has behavioral problems, they may want to start the therapy by working on adjusting behavioral functioning and reducing symptoms. This may involve applying cognitive behavioral techniques to help the client establish some control over their functioning before moving on to the next stage of therapy (i.e. working on improving, and gaining insight into the client's behaviors, emotions and thoughts). In this stage, the therapist may employ psychoanalytic techniques that recall childhood experiences and interpretation, dream analysis or analysis of transference.

There are many approaches to integrating psychotherapeutic techniques. Those approaches are as follows -

Common Factors Approach: The advantage of a common factors approach is the emphasis on therapeutic actions that have been demonstrated to be effective. The disadvantage is that common factors may overlook specific techniques that have been developed within particular theories. Common factors theory asserts it is precisely the factors common to the most psychotherapy that make any psychotherapy successful.

Technical Eclecticism: This approach is guided primarily by data that indicates what has worked best for others in the past. The advantage of technical eclecticism is that it encourages the use of diverse strategies without being hindered by theoretical differences. A disadvantage is that there may not be a clear conceptual framework describing how techniques drawn from divergent theories might fit together.

Theoretical Integration: This approach requires integrating theoretical concepts from different approaches. These approaches may differ in their fundamental philosophy about human behavior. While assimilative integration begins with a single theory and brings together techniques from different approaches, theoretical integration tries to bring together those theoretical approaches themselves and then develop a unified theory.

Assimilative Integration: This mode of integration favors a firm grounding in any one system of psychotherapy, but with a willingness to incorporate or assimilate, perspectives or practices from other schools. The therapist has a commitment to one theoretical approach, but also is willing to use techniques from other therapeutic approaches.

Therapeutic Relationship: The attitude and presence of an integrative counselor is another crucial element of integrative therapy. It is generally believed that the most effective model requires the therapist to be non-judgmental, interpersonal and intent on establishing a supportive and cooperative relationship with their client. They must also engage in deep, attentive listening without the pre-suppositions that can distort understanding. The meaningful contract empowers clients - helping them to explore and recognize patterns of behavior that need to be addressed through change and the setting of new goals. This aspect of integrative therapy is often referred to as the personal integration of therapists - they are committing themselves wholly to their client and their exploration of self.

Benefits of Integrated Therapy: A key advantage of integrative counseling is its flexibility and focus on the whole of an individual. The integration of different approaches means therapy can be tailored to meet a variety of needs and concerns. It can be particularly beneficial for those who want to overcome negative patterns of behavior caused by anxieties, fears, phobias or any other mental health issue that is greatly impacting life satisfaction (i.e. addictions, depression, past and current trauma, bereavement and low self-esteem). It has also been found useful in improving daily function in children with autism and learning difficulties. Often these problems can affect the four dimensions of human functioning - affective, behavioral, cognitive, and physiological systems.

Due to the in-depth exploration of issues and setting of goals, integrative counseling typically requires a substantial investment of time on the part of the client. Therefore it may not suit those who want a quick, solution-focused approach to personal development. The length of the therapy will depend on the client, the therapeutic goals set and the types of issues that are being addressed.

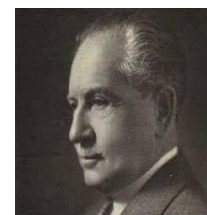
GROUP THERAPY

Group therapy or group psychotherapy is a form of psychotherapy in which one or more therapists treat a small group of clients together as a group. The founders of group psychotherapy in the USA were Joseph H. Pratt, Trigant Burrow and Paul Schilder. All three of them were active and working at the East Coast in the first half of the 20th century. After World War II, group psychotherapy was further developed by Jacob L. Moreno, Samuel Slavson, Hyman Spotnitz, Irvin Yalom, and Lou Ormont. Yalom's approach to group therapy has been very influential not only in the USA but across the world. Group psychotherapy helps people who would like to improve their ability to cope with problems. Group therapy focuses on interpersonal relationships and helps individuals learn how to get along better with other people under the guidance of a professional. Group psychotherapy also provides a support network for specific problems or challenges. A group therapist appropriately selects people (usually 5 to 10) who would be helped by the group experience and who can be learning partners for one another. In meetings, people are encouraged to talk with each other in a spontaneous and honest fashion. A professionally trained therapist, who provides productive examination of the issues or concerns affecting the individuals and the group, guides the discussion. Groups can be as small as three or four people, but group therapy sessions often involve around seven to twelve individuals (although it is possible to have more participants). The group typically meets once or twice each week for an hour or two. During the session each member works to express their own problems, feelings, ideas and reactions as freely and honestly as possible. Accordingly, the group members have an opportunity to learn not only about themselves and their own issues, but also the value of helping other group members.

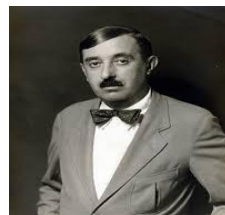
According to author Oded Manor in 'The Handbook of Psychotherapy', the minimum number of group therapy sessions is usually around six but a full year of sessions is more common. Manor also notes that these meetings may either be open or closed. In



Joseph Hersey Pratt
(1872–1956)



Trigant Burrow
(1875–1950)



Paul Ferdinand
Schilder
(1886–1940)



Irvin David Yalom
(1931 – to date)

open sessions, new participants are welcome to join at any time. In a closed group, only a core group of members are invited to participate. In many cases, the group will meet in a room where the chairs are arranged in a large circle so that each member can see every other person in the group. A session might begin with members of the group introducing themselves and sharing why they are in group therapy. Members might also share their experiences and progress since the last meeting.

Group therapy is a powerful tool for growth and change. In group therapy, 5-10 individuals meet face to face to share their struggles and concerns with the facilitation of 1-2 trained group therapists. The power in group therapy lies in the unique opportunity to receive multiple perspectives, support, encouragement and feedback from other individuals in a safe and confidential environment. These interpersonal interactions can provide group members an opportunity to deepen their level of self-awareness and to learn how they relate to others. Group therapy can be a safe and supportive place to experiment with new ideas and ways of being. For many emotional concerns, personal struggles, and relationship issues that college students face, group therapy is the most effective treatment modality. Because group therapy is so effective, the Counseling Center offers a wide array of groups to address the needs of our students. We feel confident that group therapy is one of the most effective and beneficial treatments to address the common issues faced by our students, but we understand that for many students, the idea of joining a therapy group can be daunting. Although many students are initially intimidated and hesitant about participating in group therapy, group members consistently describe group therapy as a very helpful and positive experience.

Principles of Group Therapy: In the ‘Theory and Practice of Group Psychotherapy’, Irvin D. Yalom (1995) outlines the key therapeutic principles that have been derived from self-reports from individuals who have been involved in the group therapy process -

- ❖ **Instillation of hope:** The group contains members at different stages of the treatment process. Seeing people who are coping or recovering gives hope to those at the beginning of the process.
- ❖ **Universality:** Sharing an experience with a group helps people see that they are not going through something alone. It also serves to remove a group member’s sense of isolation, validate their experiences, and raise self-esteem.
- ❖ **Imparting information:** Group members can help each other by sharing information.

- ❖ Altruism: Group members can share their strengths and help others in the group, which can boost self-esteem and confidence.
- ❖ Corrective recapitulation of the primary family group: The therapy group is much like a family in some ways. Within the group, each member can explore how childhood experiences contributed to personality and behaviors. They can also learn to avoid behaviors that are destructive or unhelpful in real life.
- ❖ Development of socialization techniques: The group setting is a great place to practice new behaviors. The setting is safe and supportive, allowing group members to experiment without the fear of failure.
- ❖ Imitative behavior: Individuals can model the behavior of other members of the group or observe and imitate the behavior of the therapist.
- ❖ Interpersonal learning: By interacting with other people and receiving feedback from the group and the therapist, members of the group can gain a greater understanding of themselves.
- ❖ Group cohesiveness: Because the group is united in a common goal, members gain a sense of belonging and acceptance.
- ❖ Catharsis: Sharing feelings and experiences with a group of people can help relieve pain, guilt, or stress.
- ❖ Existential factors: While working within a group offers support and guidance, group therapy helps member realize that they are responsible for their own lives, actions, and choices.

Goals of Group Therapy

- Gain an understanding of personal problems and explore possible solutions.
- Give and receive feedback and support.
- Feel more connected to other students who are struggling with similar issues.
- Practice communication skills in a safe group setting.
- Learn more about how you come across to others.
- Improve your ability to identify your feelings and express them.
- Reduce social isolation.

Theories of Group Therapy: Following are the important group therapy models -

- ❖ Brief cognitive group therapy
- ❖ Cognitive-behavioral group therapy
- ❖ Strategic/interactional therapy
- ❖ Brief group humanistic and existential therapies
- ❖ Group psychodynamic therapy
- ❖ Modified dynamic group therapy (MDGT)
- ❖ Modified interactional group process (MIGP).

Brief Cognitive Group Therapy: Cognitive techniques work well in group therapy. The group is taught the basics of the cognitive approach, then individual members take turns presenting an event or situation that tempted them to abuse substances. Other members assist the therapist in asking for more information about the client's thoughts on the event and how it did or did not lead to substance abuse (or to negative feelings that might have led to use). Finally, the group members provide the client with alternative ways of viewing the situation.

Cognitive-Behavioral Group Therapy: The cognitive-behavioral approach focuses the group's attention on self-defeating beliefs, relying on group members to identify such beliefs in each other. The therapist encourages group members to apply behavioral techniques such as homework and visualization to help participants think, feel, and behave differently.

Strategic/ Interactional Therapies: The strategic therapist uses techniques similar to those used in family therapy to challenge each group member to examine ineffective attempted solutions. The therapist encourages group members to evaluate and process these attempted solutions and recognize when they are not working, then engages the group in generating alternative solutions. The therapist also works, where appropriate, to change group members' perceptions of problems and helps them understand what is happening to them. Typically, the therapist guides the process, while members offer suggestions and encouragement to each other as they identify and implement effective solutions.

The principles of solution-focused therapy are the same for group treatment as for individual therapy. These include client goal-setting through the use of the 'miracle' question, use of scaling questions to monitor progress, and identification of successful strategies that work for each client. The therapist works to create a group culture and dynamic that encourages and supports group members by affirming their successes. At the same time, the therapist works to restrain client digressions ('war stories') and personal attacks. The therapist tries to challenge group members - all of whom, unlike in family therapy, are seen as 'customers' - to take action to create positive change.

Brief Group Humanistic and Existential Therapies: Several approaches fall within this category. The transpersonal approach is useful in meditation, stress reduction, and relaxation therapy groups and can be adapted for clients who have substance abuse disorders. In dealing with issues of religion or spirituality, it is helpful to have other people talk about their perspectives. In this way, past degrading or punitive

experiences related to organized religion can be redefined in a more meaningful and useful context.

Gestalt therapy in groups allows for more comprehensive integration in that each group member can provide a piece of shared personal experience. Each group member plays a role in creating the group, and all of their perceptions must be taken into account in making a change. Role-playing and dream analysis in groups are practical and relevant exercises that can help clients come to terms with themselves.

Group Psychodynamic Therapy: Group psychodynamic therapy enables the group itself to become both the context and means of change through which its members stimulate each other to support, strengthen, or change attitudes, feelings, relationships, thinking, and behavior - with the assistance of the therapist.

Modified Dynamic Group Therapy (MDGT): On the basis of psychodynamic theory, a modified dynamic group therapy approach was defined for substance-abusing clients (Khantzian et al., 1990). Viewing substance abuse disorders as an expression of ego dysfunction, affect dysregulation, failure of self-care, and dysfunctional interpersonal relationships, MDGT falls in the intermediate length of time-limited group psychotherapy, with its basic structure defined by two meetings per week over a 26-week format. As a supportive, expressive group experience, MDGT provides substance-abusing clients the opportunity to evaluate and change their vulnerabilities in four primary areas: (1) accessing, tolerating, and regulating feelings; (2) problems with relationships; (3) self-care failures; and (4) self-esteem deficits. Congruent with this understanding of the origins of substance abuse, MDGP emphasizes safety, comfort, and control within the group context. Group facilitation is defined primarily by the therapist's ability to engage and retain substance abusers in treatment by providing structure, continuity, and activity in an empathic atmosphere.

Modified Interactional Group Process (MIGP): Time-limited MIGP is a synthesis of the work of several theorists (Yalom, 1995). The features that distinguish MIGP from a more traditional interactive process are the greater activity of the leader and the sensitivity to the development of a safe atmosphere that allows group members to examine relational issues without excessive emotional contagion. The atmosphere of safety is greatly enhanced by the therapist's adherence to group agreements or group norms and by the continued reinforcement of these agreements throughout the group process. The importance of confidentiality, the group's accepting responsibility for itself, and self-disclosure are all supported by the facilitator. Procedural agreements, including beginning and ending the group session on time and ensuring that each

member has a place within the circle, with any absences addressed, are part of the development of the safe environment. In this process, the therapist helps the clients recognize that they are the primary change agents. The group becomes a safe place both to give and to receive support. Although traditionally substance abuse groups tend to be confrontative, MIGP is far more supportive. This stems from the belief that denial and other defense mechanisms become more rigid when a person is attacked. Consequently, group members are encouraged to support one another and look for areas of commonality rather than use more shame-based interactive styles that attempt to 'break through denial'. MIGP focuses special attention in four areas of the client's life: gratification and support, vulnerability of self, regulation of affect, and self-care (Flores and Mahon, 1993). These four areas receive particular attention because they represent areas of vulnerability within the substance-abusing client that can easily lead to relapse and undermine recovery.

Preferred Group Counseling Techniques/Strategies

- ❖ Reflection - Allow clients to understand fully each person's comments and how they can relate to what they just stated.
- ❖ Active Listening - Allow clients to be very aware of their listening skills within a group and how important they are. This allows the group to be more open with each other when they know their group members are paying attention to their feedback.
- ❖ Clarification - Allow clients to be very concrete with others in the group of comments made.
- ❖ Summarizing - Allow clients to see the bigger picture of what was said in the group by doing a recap of what was said. Provides comfort within group.
- ❖ Linking - Allow clients to see how their problems connect with others' in the group and they have the same concerns.
- ❖ Encouraging - Allow clients to be more open with group and makes sharing personal feelings more inviting.
- ❖ Focus - Allow counselor and clients to give attention to groups concerns.
- ❖ Cutting Off - Allow counselors to keep the group on topic and give everyone a chance to share.
- ❖ Drawing Out - Allow counselor to bring forth quiet group members comments.
- ❖ Rounds - Allows each client to share within the group.
- ❖ Dyads - Allows clients to pair up with a partner and learn more about another client.
- ❖ Word or Phrase Round - Allow clients to broaden their vocabulary when describing how they felt about something within the group session.

- ❖ Comment Round - Allow clients to share their personal comments about that specific session.
- ❖ Icebreakers - Allow clients to warm-up to group members when beginning group.
- ❖ Modeling - Allow clients to see counselor as a role model in group work and the behaviors that can be applied to them personally.
- ❖ Use of Eyes - Allows counselor to have direct eye contact with group members that are sharing. It will allow the counselor to draw out quiet members to speak. Allow them to members that have lost interest in the topic.
- ❖ Tone Setting - Allow clients to establish a mood for their group. Rather it needs to be a tone that is serious, social, supportive, and formal.
- ❖ Use of Leader's Energy - Allow clients to see the counselor excitement about their new group, topic, and activities.
- ❖ Non-Judgmental - Allow clients to see that this is a positive experience and not to make anyone feel down.
- ❖ Empathy - Allow clients to convey to other group members that they understand and will not make fun of anyone.

Applications of Group Therapy: Group therapy has proven to be very effective for the treatment of depression and traumatic stress, such as post-traumatic stress disorder (PTSD) and sexual abuse survivors. Clinical cases have shown that the combination of both individual and group therapy is most beneficial for most clients. Group therapy has proven effective in treating feelings of isolation, difficulties with interpersonal relationships, aging, schizophrenia, bipolar disorder, anorexia, alcohol dependency, death & other losses, and lifestyle issues within a traditional culture.

Common Misconceptions about Group Therapy

I'll be forced to tell my deepest thoughts, feelings and secrets. You control what, how much and when you share. Most people find that when they feel safe enough to share what's troubling them, a group can be helpful and affirming. Even if you're not ready to talk about something, listening to others can help. What they're saying may apply to you.

Group therapy will take longer because I'll be sharing the time. Group therapy is often more efficient than individual therapy for two reasons - First, you can benefit from the group, even when you're quiet and listening carefully. Second, group members may bring up issues that strike a chord with you - things you may not have been aware of or brought up yourself.

Others in the group will verbally attack me. It's important for members to feel safe and leaders will help develop that environment within the group. While feedback is often hard to hear, groups can point out damaging behaviors in a respectful, gentle way, so you can hear and use the insights. As trust grows, group members generally experience feedback (and even confrontation) as a sign of caring.

I have trouble talking to people. I'll never be able to share in a group. Most people are anxious about talking in a group, but this almost always fades quickly. People also remember what it's like to be new to a group; you're likely to get a lot of support when you do begin talking.

Group therapy is second-best. Group therapy is the most effective treatment approach for many issues. When a group is recommended, it's because your therapist believes it's the best way for you to be helped. S/he can discuss the reasons for the recommendation with you.

Groups are confidential, meaning that what members disclose in sessions is not shared outside of the group. The importance of confidentiality and concerns about are reviewed with group members at the first meeting and every time a new member joins a group. For getting the most benefit from group therapy should do the followings -

- Attend the group regularly;
- Share your hopes and fears for participating in group;
- Share with the group what you're struggling with;
- Take some emotional risks in group;
- Be direct and honest with your feelings in group;
- Be willing to give and receive feedback;
- Share your own experiences and ask others about theirs; and
- Let the group know both positive and negative feelings that come up in group.

Contributions of Group Therapy

Group therapy allows people to receive the support and encouragement of the other members of the group. People participating in the group can see that others are going through the same thing, which can help them feel less alone.

Group members can serve as role models to other members of the group. By observing someone successfully coping with a problem, other members of the group can see that there is hope for recovery. As each person progresses, they can, in turn, serve as a role model and support figure for others. This can help foster feelings of success and accomplishment.

Group therapy is often very affordable. Instead of focusing on just one client at a time, the therapist can devote his/her time to a much larger group of people.

Group therapy offers a safe haven. The setting allows people to practice behaviors and actions within the safety and security of the group.

By working in a group, the therapist can see first-hand how each person responds to other people and behaves in social situations. Using this information, the therapist can provide valuable feedback to each client.

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