CHAPTER ONE

I. Definition of Guidance ,Counseling and Psychotheraphy

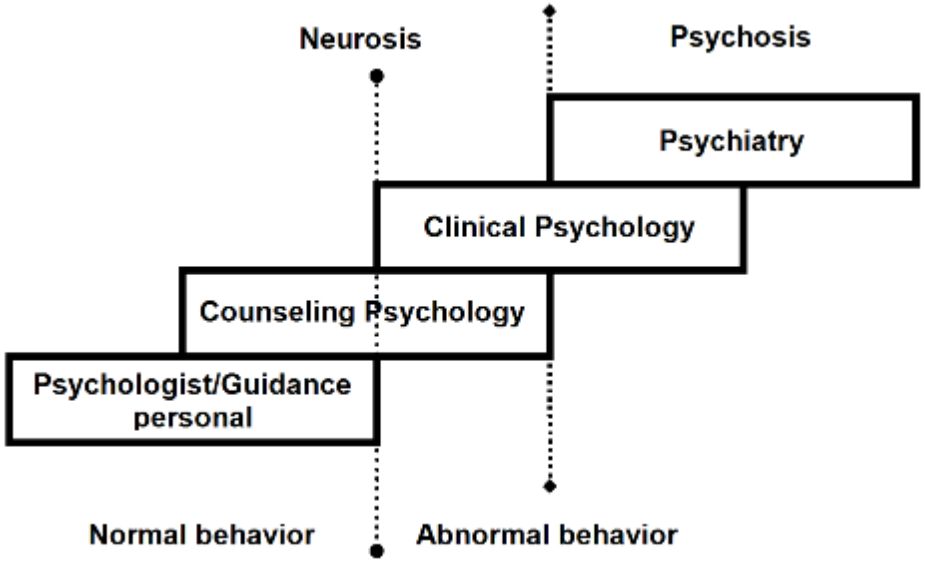
Counselling is a distinct profession that has evolved in a variety of ways in the 20th century. Counselling is based on the faith that each human being has within themselves the full capacity to make and implement appropriate decisions concerning their own life. By that faith, the counsellor's only role is to help the client to make such decisions, not to tell the client what to do, and certainly never to try to run their life for them. Counselling is essentially a process of interpersonal interaction and communication. Counselling is broadly defined to encompass any and all professional techniques and activities that are undertaken to resolve human problems. This goal is usually accomplished by principally verbal techniques in the context of a client counsellor relationship. Counselling is thus a form of helpful interpersonal communication. For counselling to be effective, the counsellor and client must, thus, be able to appropriately and accurately send and receive both verbal and nonverbal messages.

The core technique, the art, the spiritual practice of counselling is: the process of active listening, rapport building, non-judgmental attitude, showing empathy etc… etc.

Counselling, Psychotherapy & Psychiatry

Counselling psychology became popular after World War II served relatively healthy clients who experience difficulties related to interpersonal relationships, adjustment difficulties, life crises and stresses. On the other hand, psychotherapy dealt with severely disturbed individuals. Today this distinction between psychotherapy and counselling is quite vague and often used interchangeably. Psychotherapists and counsellors often treat the same kinds of problems with the same set of techniques. However, a slim difference that can still be made between counselling and psychotherapy would be: counselling is less intensive and more focused toward listening, direction setting, and issues that don't require in-depth analysis where as psychotherapy is more on dealing with emotional problems, neurosis, and more of therapy focused.

A psychiatrist is a medical doctor (MD) trained in psychiatry, which is that branch of medicine that diagnoses and treats mental disorders. Although some psychiatrists are trained in psychotherapy, many aren't and consequently don't practice therapy. In fact, many psychiatrists treat patients strictly with medications for mental illnesses, as well as treating substance abuse and other behavioural problems.



A. MEANING OF GUIDANCE

The meaning of Guidance as all of us know is help or assistance. It will be more clear to all of you, if we discuss how different scholars have defined in varied ways. “Guidance seeks to help each individual become familiar with a wide range of information about himself, his abilities, this pervious development in the various areas of living and his plans or ambitions for the future.” Chisholm “Guidance is an assistance given to the individual in making intelligence choices & adjustments.” A. J. Jones ‘Guidance is a means of helping individuals to understand and use wisely the educational. Vocational and personal opportunities they have or can develop and as a form of systematic assistance whereby students are aided in achieving satisfactory adjustment to school & to life.”

Dunsmoor & Miller If we will analyze the above definitions we observe the following characteristics of guidance. These are:-

• Guidance is a process

• Guidance is a continuous process

• It is concerned with problem & choice.

• It is an assistance to the individuals in the process of development.

• It is both a generalised & specialized service

• It is a service meant for all.

The meaning of guidance will be more clear to you, if we analyze about what guidance is not. ™ Guidance is not compulsion ™ It is not making decision for others ™ It is not advice ™ It is not pampering the student ™ It is not direction ™ It is not adjustment ™ It is not problem solving

Guidance is a help of an individual to make his own selection & solution out of varied type of opportunities & problems. It helps one to adjust with different environments according to his own abilities & capacities.

1.1 NATURE OF GUIDANCE

Guidance covers the whole process of education which starts from the birth of the child. As the individual need help thought their lives, it is not wrong to say that guidance is needs from cradle to grave. It we consider the literal meaning, to guide means to indicate, to penitent, to show the way. It means more than so assist. If an individual slips on the road, we assist him/her to get up but the do not guide him unless we help to go in a certain direction. The term guidance is related to an types of education – formal, non-formal, vocational etc. The aim is to help the individual to adjust to the environment.

1.2.FUNCTIONS OF GUIDANCE

The meaning of guidance make it easy to know it's functions. For example the term "teacher" means who teaches, so the function of teacher is to teach. Similarly, from the different meaning of the term guidance we can know the functions of guidance.

Some of the important functions of guidance are:

Adjustive function ™ Oriental function ™ Developmental function Adjective functions:- The adjective function of guidance means if helps the students in making appropriate adjustment to the current situation, may be in the educational institution, occupational world, in the home or the community.

Oriental functions:- In order to adjust in different situation either by selecting his choices or solving his problems. One must have details information about the same. This is possible by proper guidance. Guidance orients one about the problem of career planning, educational programming and direction towards long-term personal aims and values. Development functions:- The oriental function of guidance not only helps one to get rid of problems but helps

to check it. It contributes to the self development and self-realization. It is also an instrument of social and national development.

1.3. NEED OF GUIDANCE

We have been emphasizing that at every stage of developments, there is a need for guidance. But the question arises why guidance is necessary? Is development impossible without guidance? To whom guidance should be given? Where guidance should be given? In which areas guidance should be given? In which stages of life guidance should be given? Who should give guidance to whom? Like this a number of questions come to one's mind. When we will analyse all these questions & get the answer to it we feel the need of guidance in our personal & social life.

1.4. PRINCIPLES OF GUIDANCE

Before knowing the principles of guidance we should know the meaning of principle. Principle is originated from Latin word Principium which means "Source" it means a fundamental truth or proposition serving as the foundation for belief or action. It also means a rule or belief governing one's personal behavior in different situation. It has its meaning differently when you say Archimedes principle. It means a scientific theory or natural law. You sometimes tell that this is my principle. Here it refers to your behaviors and attitudes which is morally correct. Sometimes we use the word principle for some rules or characteristics.

principles we should follow in dissemination guidance.

- The dignity of the individual is supreme
- Each individual is different from every other individual.
- The primary concern of guidance is the individual in his own social settings.
- The attitude and personal perceptions of the individuals are the bases on which he acts.
- The individual generally acts to enhance his perceived self.
- The individual has the innate ability to learn and can be helped to make choices that will lead to self-direction consistent with social improvement.
- Each individual may at times need the information and personalized assistance best given by competent professional personnel.

1.5. TYPES OF GUIDANCE

In one's life every individual is beset with problems and it has become very difficult to achieve satisfactory results without assistance. There would be hardly any individual who does not need assistance. Some need it regularly, constantly while others need it only at some point time/ intervals. In technical term assistance is called Guidance.

In order to solve various types of problems we need different types of guidance services. 'Paterson" has suggested five types of Guidance.

1. Educational Guidance.
2. Vocational Guidance.
3. Personal Guidance.

1.5.1. Educational Guidance Meaning and Definition of Educational Guidance

The most important to various types of guidance is EDUCATION GUAIDANCE. Educational Guidance is directly concerned with the pupil. In the students' life, this guidance is very important. The chief aim of educational guidance is to develop the ability of co-ordinating with the school environment in the pupils to create necessary awareness and sensitivity, so that they may select themselves proper learning objectives, devices and situations.

Students often encounter difficulties in understanding what is taught in the classroom, laboratories and workshops. Expected change in behavior is not fully achieved. Failures in examinations and tests, poor standards or assignments, unsatisfactory involvement in the academic work by students are some of the often noticed problems. The problems need to be solved to the maximum extent by assisting them.

According to Jones, "Educational Guidance is concerned with assistance to be provided to the pupils which is expected for their adjustments in the schools, selection of curricula and school like." It is also defined as a conscious growth of individual. This has to do with knowing his interest, selection of his subjects, form of his study habits and making his progress in those subjects and activities and passing the examination.

Objectives of Educational Guidance

The following are some of the objectives of educational guidance:

• To monitor the academic progress of the students.

• To acquaint the students with the prescribed curriculum.

• To identify the academically gifted, backward, creative and other category of special learners.

• To assist students in getting information about further education.

• To diagnose the learning difficulties of students and help them overcome the same.

Need of Educational Guidance Diversified Courses:

The need of educational guidance is felt only where there are various types of courses to choose or where the schools are multilateral ones. It is not needed where only one curriculum is being taught to all the students, for their path is already determined. A child has to be guided to selecting right educational courses.

Failure: Educational guidance is also needed when the students fail in a particular course. It the failed students or dropouts are not guided they may become delinquent. Such students need to be treated with sympathy. Second chance must be given. Parents, teachers and educational experts give all guidance to keep well motivated and help them to come back in the mainstream.

Unsatisfactory Progress and Undesirable Behavior:

Educational guidance is all the more needed when the students do not show satisfactory progress or develop undesirable modes of behavior in a particular course. It is essential to guide them and show them the right path.

Individual Differences: There are large numbers of children in the school, in q class. Each child is different from the other in abilities and interests. Educational Guidance helps them to select a right course according to his abilities.

Adjustments of Students in School or College Environment:

Humphrey and Traxler define how a student is mal-adjusted when not properly oriented towards the school and college. Many lives are lost if on first or a subsequent change to a different school; the child is not treated well. Some children are brought up in an atmosphere of love and overprotection. It is here that educational guidance comes in.

For Gifted and Academically Backward Children:

Guidance in school is also to be given to gifted children as well as academically backward children so that can cope up with the studies according to their abilities.

To check dropouts and prevent failures:

Guidance in schools is also to be given to check dropouts and prevent failures.

Educational Guidance at Different Levels

Elementary Stage:

At this stage the child is a mare beginner. No specialized service is required. The only consideration as far as educational guidance is concerned is that all efforts be made to help develop positive and healthy outlook towards life. Also Educational guidance at elementary stage is to prepare child for secondary stage.

Secondary Stage:

At this stage the child in dire need of proper educational guidance. It should be as specialized service at this stage. All schools must provide this service, as educational guidance mostly at this stage is given by illiterate parents, neighbors and unrealistic ambitions of the child. Educational guidance is all the more required at this stage because the child can think and is aware of the surrounding.

The important functions of educational guidance at this stage are:

- To help students to select right curriculum.
- To keep them motivated, so that they may progress in their studies.
- Educational guidance is intended to aid the individual choosing a proper educational programme and making progress in it. This involves:

i) Knowledge of the abilities and interests of the individual.

ii) Knowledge of a wide range of educational opportunities and

iii) Programmes of counseling to help the individual to choose wisely on the basis of the above two kinds of knowledge.

iv) Counseling regarding

a) The appraisal of the students with reference to his capacities.

b) The exploration of his vocational potentialities and interests.

c) The obtaining of information about all kinds of educational resources in the school and the community.

d) The selection of training center that provides educational opportunities in keeping with the student's capacities and interests.

e) The detection leading to the correction of conditions that are interfering with the student's capacities and interests.

v) We can know about the capacities & limitations of the students trough

a) Various types of psychological tests

b) Observations in various settings.

1.5.2. Vocational Guidance

Vocational guidance is the assistance given to students in choosing and preparing for a suitable vocation. It is concerned primarily with helping individuals make decision and choices involved in planning future and a career decision and choices necessary in effecting satisfactory vocational adjustment. ¾ What shall I do in life? ¾ What an I best fitted for? ¾ How shall I find out my abilities and capacities? ¾ Who can guide me in selection of a career? Vocational guidance would assist an individual in solving these problems. Vocational guidance is sometimes described as the process of "fitting round pegs in round holes and square page in square holes."

According to 'Crow and Crow' "Vocational Guidance usually is interpreted as the assistance given to the learners to choose, prepare for and progress in an occupation."

According to 'Myers', "Vocational Guidance is the process of assisting the individual to do for himself certain definite things pertaining to his vocation".

Aim and Objectives of Vocational Guidance the following are the aims of vocational guidance:

1. Assisting the students to acquire such knowledge of the characteristics and functions, duties, responsibilities and rewards of occupations that are within the range of this choice.

2. Assisting a pupil to discover his own abilities and skills and to fit them into general requirements of the occupation under consideration.

3. Assisting the pupil to evaluate his own capabilities and interests with regard to their worth to him and to society.

4. Helping the individual develop an attitude towards work that will dignify whatever type of occupation he may wish to enter.

5. give exploration opportunity in different areas of school learning and vocational exploration that will enable the learner to get the feel of several types of activities.

6. Assisting the individual to think critically about types of occupations and to lean a technique for analyzing information about vocations.

7. Assisting the mentally handicapped, the physically handicapped of the economically handicapped to make the adjustment that will be best for them in their struggle for a fuller life and for personal and social welfare.

8. Instilling in the pupil a confidence in the teachers and other guidance personal that will encourage him when he confers with them on personal and vocational problems.

9. Assisting the pupil to secure the necessary information about the facilities offered by various educational institutions engaging in vocational training.

10. Providing information for the learner about admission requirements, the length of training, and the cost of attending any institution of higher learning to which he my wish to go after graduation for high school in order to continue his vocational preparation.

11. Giving assistance during school years so that the individual will be able to adjust on the job work conditions and to other workers.

12. Assisting each pupil to appreciate his rightful place in a group of workers and to become a functional member of the team.

13. Altering the pupil to the long-range training needed to become proficient in most lines of endeavor.

14. Cautioning each learner concerning fads and pseudo scientific shortcuts to vocational competency.

15. Helping the learner realize that success is purchased at the price of effort, and that satisfaction on the job derives from doing his work competently.

Need of Vocational Guidance

According to 'Mayers', vocational guidance is needed for the following reasons: Wrong Profession And Economic & Psychic Loss: If an individual stays in a wrong profession for a long time, then he suffers economically, & psychologically. i.e., there is a financial loss to himself as well to the organization. The individual is not happy. He is frustrated. His family life is affected. Economic advantages: Vocational guidance provides many economical advantages to the employers. Their problems are fewer because the workers enjoy job satisfaction.

Health Point of View: It is needed from the point of view of health of the workers. If the profession is such where health of worker breaks down, production suffers and morale of workers goes down. Personal and Social Values: There are large numbers of personal and social values of vocational guidance. Learning a side financial consideration, the workers happiness, his personal development, his value as a social unit and his contributions to human welfare are all involved, Right vocational guidance helps us achieve that. Maximum Utilization of Human Potentialities: We are truly benefited if the human potentialities are utilized of the maximum with the help of vocational guidance.

Vocational Guidance at Different Stages

A. Elementary Stage: Not much can be done at elementary stage strictly in term of guidance. However, the teacher as guidance worker can do the following:-

i) Create love and respect-positive attitude-for normal work.

ii) Train the use of hands of the child.

iii) Create the habit of neat and systematic work.

iv) Create and achieve hand-eye coordination.

v) Encourage neatness in work.

vi) Encourage development of good relationships amongst themselves.

B. Secondary School Stage: Definite guidance invocations can be given at this stage, eg:

i) The child should be helped to know himself. Entire vocational guidance depends upon it.

ii) The child should be helped to make right choice

iii) Familiarity about the world of work can be given

iv) The child can be placed during high school in a suitable job

v) Whether the child will go to college or remain in a job can be also decided.

C. At College Level: Some of the specific functions of college guidance programmes may be stated as under.

i) Assisting students to relate their studies to the vocations that would be open to them at the end of their college career.

ii) Assisting them to make a detailed study of the careers, which they would like to pursue.

iii) Assisting them to acquaint themselves with different avenues of work.

iv) Assisting them to acquaint themselves with avenues of higher studies.

v) Assisting them to know about the various programmes of financial assistance scholarships, fellowships for improving their prospects.

B. THE EMERGENCE OF COUNSELLING

Before the 1900s, most counselling was in the form of advice or information. In the United States, counselling developed out of a humanitarian concern to improve the lives of those affected by the Industrial Revolution in the 1850s to around the early 1900. The social welfare reform movement, womenes right to vote, the spread of public education, and various changes in the population makeup (such as the large entrance of immigrants) also influenced the growth of counselling as a profession.

I. Pioneers of Counselling

Counselling gradually grew in the early 1900s; and three individuals credited as pioneers in counselling emerged and they are: Frank Parsons, Jesse B. Davis and Clifford Beers. These three personalities identified themselves as teachers and social reformers. They focused on helping children and young adults learn about themselves, about others, and the world of work. Their work was built on the idea of moral instruction, on being good and doing right, as well as dealing with intrapersonal and interpersonal relations. These were turbulent times and they saw that American society needed help and took steps to do something.

(a) Frank Parsons (1854-1908)

Frank Parsons is often considered as "The Father of Guidance". He was trained in multiple disciplines, being a lawyer, an engineer, a college teacher, and a social worker before becoming a social reformer and working with youth. He was characterised as a broad scholar, a persuasive writer and a tireless activist. He is best known for founding the Boston Vocational Bureau in 1908, a major step in the institutionalisation of vocational guidance. At the Bureau, he worked with young people who were making decisions about their career. In his book, Choosing a Vocation, which was published in 1909 (one year after his death), he developed a framework to help individuals decide on a career.

According to Parsons, an ideal career choice should be based on matching personal traits such as abilities and personality, with job characteristics such as wages, requirements, prospects and so forth, through true reasoning. This is more likely to ensure vocational success. His framework later became the popular "Trait-Factor Theory" in career guidance (which is still used today). Parsons created procedures to help his clients learn

more about themselves and the world of work. He designed an extensive questionnaire that asked about clients experiences, preferences and moral values. The idea of having vocational counsellors was implemented in many primary and secondary schools in the Boston area and it gradually spread to other major cities in the United States. By 1910, 35 cities had followed BostonÊs lead. According to Samuel Gladding, President of the American Counselling Association, besides his theory:

(b) Jesse B. Davis

Jesse B. Davis was the first person to set up a systematic guidance programme in public schools. Being the superintendent of Grand Rapids Michigan school system, Davis suggested teachers of English composition include topics on career guidance in their lessons once a week, with the purpose of building character to lessen student problems. Davis believed that proper guidance would help cure the ills of American society due to rapid urbanisation and industrialisation. What he and other progressive educators advocated was not counselling as known today, but more of the beginning of counselling called **school guidance,** which refers to a preventive educational means of teaching students how to deal effectively with life. Counselling was conceived as a tool or technique to assist in the guidance programme. Between 1914 and 1918, school guidance programmes were initiated in several large cities around the United States. Davis highlighted prevention and preparation for life and services were provided to both males and females and people from all backgrounds (Remember, this is America in the 1900s where equal rights was still a nascent idea). From this initiative by Davis, guidance programmes grew in American schools which later evolved into comprehensive school counselling programmes that addressed three basic areas, namely: academic development, career development, and personal/social development.

(c) Clifford Beers

Clifford Beers, a former Yale student suffered from severe depression and paranoia several times during his life. After a failed attempt at suicide, he was committed to an institute for the insane, and remained in such asylums for three years. He found conditions in mental institutions deplorable and exposed them in his book, A Mind That Found Itself in 1908. The book became an instant best seller. Beers used the book as a platform to advocate for better mental health facilities and reform in the treatment of the

mentally ill by making friends with and soliciting funds from influential people of his day, such as the Fords and the Rockefellers. Beerss work had an especially powerful influence on the field of psychiatry and clinical psychology. Beerss work engineered the mental health movement in the United States, as well as advocacy groups that exist today including the National Mental Health Association and the National Alliance for the Mentally ill. His work was also a forerunner of mental health counselling.

II. Events that Influenced the Development of Counselling (1900-1930s)

Besides the three pioneers in counselling, the first decade of the 1900s also saw certain events that had a significant impact on the development of counselling; namely, the founding of the **National Vocational Guidance Association in 1913**, the Congressional passage of the **Smith-Hughes Act in 1917 and World War I.**

(a) National Vocational Guidance Association

The National Vocational Guidance Association (NVGA) was founded in 1913 and began publishing the National Vocational Guidance Bulletin which was later renamed the National Vocational Guidance Magazine in 1924 and the Vocational Guidance Journal in 1952. In 1984 it was renamed the Journal of Counselling and Development. Note how the emphasis shifted from vocational guidance towards counselling. This was due to the growing complexities of modern living in urbanised environments which prompted the realisation that the role of counsellors should go beyond just providing vocational guidance.

(b) The Smith-Hughes Act of 1917

The second event was the passing of the Smith-Hughes Act by Congress in 1917. This act provided funding for public schools to support vocational education. This signifies the importance attached to counselling in American schools.

(c) World War I

The third important event contributing to the development of counselling was World War I. During the war, counselling was used in testing and placement for great numbers of military personnel. In this process, the Army commissioned the development of numerous psychological instruments including the Army Alpha and Army Beta intelligence tests. Various screening devices were employed and

psychological testing became a popular movement and early foundation on which counselling was based.

Education, Certification and Instruments

The 1920s was a period of consolidation for the counselling profession. Education courses were initiated in Harvard University in 1911, emphasising vocational guidance. The dominant influences were the progressive theories of education and the federal governments use of guidance services with war veterans. Counsellors in Boston and New York were given certification. Another significant event was the development of the first standards for the preparation and evaluation of occupational materials. These were supplemented with the publication of new psychological instruments such as the **Edward Strong's Strong Vocational Interest Inventory (SVII) in 1927, which became a foundation for the use of assessment in counselling.**

Two years later, the first marriage and counselling centre was established in New York City by Abraham and Hannah Stone. This was soon followed by the setting up of such centres across the country. This marked the beginning of marriage and family counselling as a specialisation of counselling. While the guidance movement gained acceptance by American society, the movementes narrow emphasis on vocational interests began to be challenged. Counsellors were broadening their focus to include issues relating to marriage and family.

First Theory of Counselling

The 1930s was the era of the Great Depression. This raised the need for helping strategies and counselling methods related to employment. The first theory of counselling was formulated by E. G. Williamson and his colleagues at the University of Minnesota. Williamson modified Parsons' theory and used it to work with students and the unemployed. His emphasis on a direct counselor centred approach became known as the Minnesota point of view and sometimes referred to as **the trait-factor counselling.** His pragmatic approach emphasised the counsellor's teaching, mentoring and influencing skills. Williamson proposed that all individuals have traits such as aptitudes, interests, personalities and achievements that could be integrated in a variety of ways to form factors (a group of individual characteristics). Counselling

was based on scientific, problem-solving, empirical method that was individually tailored to each client to help him or help stop non-productive thinking or behaviour, thus becoming an effective decision maker. Williamson believed that the job of the counsellor was to ascertain a lacking in the client, and then prescribe a procedure to rectify the problem. Williamson continued to write about his theory until the 1970s.

Another significant development in the 1930s was the broadening of counselling beyond occupational concerns. Back in the 1920s, Edward Thorndike and other psychologists began to challenge the vocational orientation of the guidance movement. **John Brewer continued the emphasis on extending counselling to other specialties when he published a book in 1932 titled Education as Guidance.** Brewer proposed that every teacher should be a counsellor and guidance should focus on preparing students to live outside the school environment. This emphasis made counsellors see vocational decisions as part of their responsibilities.

The American government also became more involved in guidance and counselling. Congress passed the George-Dean Act in 1938 that created the Vocational Education Division of the U.S. Office of Education. State supervisors of guidance positions in state departments of education were elected throughout the country. Therefore, school guidance became a national phenomenon. The government also established the U.S. Employment Service in the 1930s, which published the first edition of the Dictionary of Occupational Titles (DOT) in 1939. The DOT became a major source of career information for guidance specialists working with students and the unemployed which described known occupations in the United States and coded them according to job titles.

2.2.1. Counselling in the 1940s

Three major events in the 1940s radically shaped the practice of counselling. The first event was the practice of counselling by Carl Rogers who published his book Counselling and Psychotherapy in 1942.

(a) Carl Rogers Rogers challenged Williamson's counsellor-centred approach as well as the theory of Sigmund Freud who proposed the psychoanalysis approach. Rogers believed in non-directive approach to counselling, emphasising the responsibility of the client for growth and choice (we will explore this theory in

Topic 3: Counselling Theories). He believed that if clients were accepted and listened to, they would begin to know themselves better and become genuinely in harmony. He pictured the role of the counsellor as being non-judgemental and accepting. The counsellor should act as a mirror, reflecting the verbal and emotional concerns of clients. Before Carl Rogers, the counselling emphasis was on vocational guidance, psychometric testing, and orientation procedures. Rogers introduced a new emphasis on techniques and methods of counselling itself, research, and refinement of counselling techniques, selection and training of future counsellors, and goals and objectives of counselling. Guidance suddenly disappeared from counselling and wasre placed by full concentration on counselling.

(b) World War II The second event was World War II during which the U.S. government needed counsellors and psychologists to help select and train specialists for military and industry. Many women started to work outside the home as men went to war. Traditional occupational sex roles began to change and greater emphasis was put on personal and gender freedom.

(c) Involvement of the American Government The third impetus for the development of counselling was the American government's involvement in counselling after the war. The government further promoted counselling when it passed the George-Barden Act in 1946, which provided vocational education funds through the U.S. Office of Education for counsellor training. The Veterans Administration (VA) also granted stipends and paid internships for students engaged in graduate study. The VA rewrote specifications for vocational counsellors and coined the term „counselling psychologist‰. The funds greatly influenced teaching professionals in graduate education to define their curriculum offerings more precisely. Counselling psychology as a profession began to move further away from its historical alliance with vocational guidance

2.2.2. Counselling in the 1950s

The 1950s saw dramatic changes to counselling. The Council of Guidance and Personnel Associations (CGPA) which operated from 1934 to 1951 was renamed The American Personnel and Guidance Association (APGA) in 1952. The Association

was formed with the purpose of formally organising groups interested in guidance, counselling, and personnel matters. About 6000 associations registered with the APGA, which early in its history was an interest group rather than a professional organisation since it did not originate or enforce standards for membership.

Another development was the establishment of the Division of Counselling Psychology (Division 17) within the American Psychological Association (APA) in 1952. This division dropped the term guidance from its formal name. The idea emerged from APA members who wanted to work with a more „normal‰ population than the one seen by clinical psychologists. Super (1955) argued that counselling psychology was more concerned with normal human growth and development. Despite Super's work, counselling psychology had a difficult time establishing a clear identity within the APA, yet its existence had a major impact on the growth and development of counselling as a profession.

The 1950s saw the passing of the National Defence Education Act (1958) which aimed to identify and develop scientifically and academically talented students. It also saw the establishment of counselling and guidance institutes to train counsellors. In 1952, the field of school counselling attained the status of a profession with the formation of the American School Counsellor Association. The 50s also witnessed the introduction of new theories on guidance and counselling. Before 1950, four major theories influenced the work of counsellors:

(a) Psychoanalysis and insight theory,

(b) Trait-factor or directive theories,

(c) Humanistic and client-centred theories, and

(d) Behavioural theories.

Counsellors often debated whether to use directive (proposed by E. G. Williamson) or non-directive approach (proposed by Carl Rogers) in counselling. However, almost all counsellors agreed that certain assumptions of psychoanalysis were acceptable. Gradually, the debate shifted as new theories emerged. For example, applied behavioural theory, rational-emotive therapy, transactional analysis and research in career development and developmental psychology, contributed tremendously to the expansion of counselling in terms of its resources of theories and approaches.

2.2.3. Counselling in the 1960s

In his book Revolution in Counselling, published in 1962, John Krumboltz emphasised behavioural counselling which emerged as a strong counselling theory. He also promoted learning as the agent of change. These were turbulent times during which the civil rights movement, womenÊs rights movement and protests against the Vietnam War were most active (see Figure 1.2). These issues led to a shift in the focus of counselling from a developmental approach towards addressing social crisis issues. More community mental health centres were established all over the United States. Counselling began to spread to involve alcohol abuse counselling, addiction counselling, and family counselling. Also, during this decade, group counselling began to gain popularity as a way of resolving personal issues.

In 1961, American Personnel and Guidance Association published its first code of ethics. The role definitions and training standards for school counsellors were further clarified. Also, a definition of counselling psychology agreed upon by the American Psychology Association followed by the publication of The Counselling Psychologist Journal with Gilbert Wrenn as its first editor in 1964. In 1966, ERIC Clearinghouse on Counselling and Personnel Services (CAPS) at the University of Michigan was founded. It was responsible for building a database of research in counselling. It has become one of the largest and most used resources on counselling activities and trends in the United States and throughout the world.

2.2.4. Counselling in the 1970s and 1980s The 1970s saw the field of counselling extending its specialties outside the educational settings. As more counsellors graduated from colleges and universities, competition grew. Specialised training began to be offered in counsellor education programmes. New concepts of counselling were introduced. In 1977, Lewis and Lewis coined the term community counsellor to describe a counsellor who could function in various roles regardless of where he or she works. In 1976, the American Mental Health Counselling Association was formed and became one of the largest divisions within the American Personnel and Guidance Association. The Association started its own method of licensing counselling graduates which led towards standardised training and certification and the formation of the Council for

Accreditation of Counselling and Related Educational Programs (CACREP) in 1981. This council standardised counsellor education programmes for masters and doctoral programmes in the areas of school, community, mental health, family and marriage counselling.

In 1983, the National Board of Certified Counsellors (NBCC) was established in order to certify counsellors at a national level. It developed a standardised test and determined eight areas for counsellors to be proficient in: human growth and development, social and cultural foundations, helping relationships, groups, lifestyle and career development, appraisal, research and evaluation, and professional orientation. Besides passing the test, candidates had to meet experiential and character reference qualifications. There was a growing awareness among APGA leaders regarding the inappropriate usage of the term personnel and guidance as the counselling profession had developed beyond its original focus. Thus, in 1983, the APGA changed its name to the American Association for Counselling and Development (AACD).

2.2.5. Counselling in the 1990s and Onwards

In 1992 the AACD changed its name to the American Counselling Association (ACA). During that year, counselling was put on par with other mental health specialties such as psychology, social work, and psychiatry. The field of counselling addressed topics such as spiritual issues, multicultural counselling and family influences more openly. The 1990s saw an increase in the number of programmes in counsellor education and counselling psychology at both doctoral and master levels, as well as an increase in the number of professional publications on counselling.

The 21st century saw a new emphasis on counsellors dealing with crises, trauma, and tragedies as a result of heightened violence in schools, abuse, natural disasters and terrorist attacks. The focus of counselling shifted to the effects and treatment of stress. Another emphasis is the promotion of wellness in physical, intellectual, social, psychological, emotional and environmental life of the individuals. Counselling has even extended its services over the Internet as evidenced with the availability of on-

line counselling websites. Counsellors in the United States today identify more with the American Counseling Association as their professional organisation.

The aims of counselling

Underpinning the diversity of theoretical models and social purposes discussed above are a variety of ideas about the aims of counselling and therapy. Some of the different aims that are espoused either explicitly or implicitly by counsellors are listed:

• Insight: The acquisition of an understanding of the origins and development of emotional difficulties, leading to an increased capacity to take rational control over feelings and actions (Freud: 'where id was, shall ego be').

• Relating with others: Becoming better able to form and maintain meaningful and satisfying relationships with other people: for example, within the family or workplace.

• Self-awareness: Becoming more aware of thoughts and feelings that had been blocked off or denied, or developing a more accurate sense of how self is perceived by others.

• Self-acceptance: The development of a positive attitude towards self, marked by an ability to acknowledge areas of experience that had been the subject of self-criticism and rejection.

• Self-actualization or individuation: Moving in the direction of fulfilling potential or achieving an integration of previously conflicting parts of self.

• Enlightenment: Assisting the client to arrive at a higher state of spiritual awakening.

• Problem-solving: Finding a solution to a specific problem that the client had not been able to resolve alone. Acquiring a general competence in problem-solving.

• Psychological education: Enabling the client to acquire ideas and techniques with which to understand and control behaviour.

• Acquisition of social skills: Learning and mastering social and interpersonal skills such as maintenance of eye contact, turn-taking in conversations, assertiveness or anger control.

• Cognitive change: The modification or replacement of irrational beliefs or maladaptive thought patterns associated with self-destructive behaviour.

• Behaviour change: The modification or replacement of maladaptive or selfdestructive patterns of behaviour.

• Systemic change: Introducing change into the way in that social systems (e.g. families) operate.

• Empowerment: Working on skills, awareness and knowledge that will enable the client to take control of his or her own life.

• Restitution: Helping the client to make amends for previous destructive behaviour.

• Generativity and social action: Inspiring in the person a desire and capacity to care for others and pass on knowledge (generativity) and to contribute to the collective good through political engagement and community work.

C. Types of counseling

Counselling or guidance can be individual or group. Individual counselling is one to one with a professional whereas group approach would be one or more professional helping two or more clients.

It is an interpersonal relationship between therapist and counselee by which the former employs psychological methods based on systematic knowledge of human personality and behaviour in attempting to improve the mental health of the latter. Besides Individual and group counselling, guidance counsellors involve in guidance services, placement and follow up, referrals, consultation and research are the other services offered by counsellors.

- A therapy group consists of six to twelve members who meet to share their feelings and concerns.
- One or two group therapists facilitate these discussions, but the success of the group depends largely upon the participation of the members
- Members give feedback to each other by expressing their own feelings about what someone says or does.
- This interaction gives group members an opportunity to try out new ways of behaving and to learn more about the ways they interact with others.
- When people come into a group and interact freely with other group members, they usually recreate those difficulties that brought them to therapy in the first place.
- Under the skilled direction of a group therapist, the group is able to give support, offer alternatives, or gently confront the person.
- Through this process, the difficulty becomes resolved, alternative behaviors are learned, and the person develops new ways of relating to people.
- Also, during group therapy, people begin to see that they are not alone.
- Many people feel they are unique because of their problems, and it can be helpful to hear that other people struggle with similar difficulties.

- In the climate of trust provided by the group, people feel free to care about and help each other

Some of the many benefits of group therapy:

- Group therapy provides an opportunity to observe and reflect on your own and others' interpersonal skills.
- Group therapy provides an opportunity to benefit both through active participation and through observation.
- Group therapy offers an opportunity to give and get immediate feedback about concerns, issues and problems affecting one's life.
- Group therapy members benefit by working through personal issues in a supportive, confidential atmosphere and by helping others to work through theirs.
- An increased sense of support and connectedness
- A decrease in self-criticism and negativity
- Renewed hope in one’s own abilities.
- Increased resourcefulness in finding solutions
- Greater ease in identifying feelings and self-disclosure
- A deepened trust for oneself and one’s instincts
- More confidence in trying out possible solutions

CHAPTER TWO

2. Principles and Skills of Counseling

ATTENDING

The counsellor at any given time must have his/her full attention on the subject. Daydreaming, fatigue, anxiety, or restiveness will turn out to be ineffective to the counsellor. The counsellor should have his/her posture straight. They should always look in the person's eye without any indication that they are staring, but the look in their eyes should mean that they are concerned and that they understand what the subject is going through at that very moment. The body language that the counsellor portrays should be calm; they should never show that they are tensed or nervous about anything. Having these qualities helps in keeping the patient calm and at ease. These signs should not be distracting to the subject.

Empathy

Every subject that has to be counseled has to be treated with love. When any counsellor shows his/her feelings that the subject experiences they show signs of empathy. Empathy unlike sympathy is much deeper. This emotion means that the counsellor is in the person shoes and knows what s/he is feeling; they begin to see the problem from the perspective from the client and feel the emotions of anger, frustrations, disappointments etc.

ACTIVE LISTENING

Listening is an active process that requires no verbal or non-verbal interruptions in between. One should not be judgmental in either word or action (body language). All counsellors should take in what is being said such as the tone of voice, posture, gestures, facial expressions and other nonverbal clues, hearing not only what the subject says, but noticing what gets left out, waiting patiently through periods of silence or tears as the subject summons enough courage to share something painful or pauses to recollect his or her thoughts and regain composure. According to books that have been written by various authors there are ten characteristics that tell if a person is listening.

1) The person being spoken to will always look at the person speaking.
2) They would question the subject to clarify what is being said.
3) They will show they are concerned about them, by asking questions about the others feelings.
4) At some point of the discussion will also repeats or paraphrases, which the subject said.
5) Will not at anytime during the conversation rush.

6) Remains poised and emotionally controlled.

7) Responds with a nod of the head, a smile, or a frown.

8) Pays close attention.

9) Doesn't interrupt.

10) Keeps on the subject until the subject has finished his thoughts.

In most counselling, feelings and not issues are central. When the counsellor interprets the situation merely in terms of "problem" and "solution" they miss the feelings that the subject is expressing. Effective counsellors should identify what feeling the person has expressed and check with them whether that is what they are feeling, they should avoid premature solutions to the person's problem and deal with their feelings and thoughts and absorb accusations without becoming defensive against the person.

- In order to get the information you need to help a client, you must listen actively. This technique involves communicating, without words, your interest in the needs the client expresses. You can open up communication by using silence. You can let the client know that you are listening by maintaining eye contact, leaning forward, occasionally saying words like “yes,” and “please continue”—these are signs of respect and generate a feeling of well-being in the person who is being heard.

PROBING/Questioning

The best questions to ask anyone are the ones that require two or more sentences to answer. In this process there are a number of questions that can be used. Ask open-ended questions - questions which cannot be answered with a "Yes" or "No". For example ask, "What are some of the ways in which your parents have influenced you?" rather than, "Do you feel your parents are part of your problem?" Counsellors should avoid using questions that have two or more alternatives to them. In doing so the subject gives their preference as the answer and the discussion stops there. They should also avoid using a string of questions. It would be more appropriate to ask one question at a time. As in asking a string of them together would tend to be rather threatening. The question why should be used more sparingly. These “why’ questions usually sounds judgmental and stops them from confessing their true feelings.

RESPONDING

Goal of the counsellor in responding to the subject is to help them gain insight. The extent to which counselling is effective depends on the balance that a counsellor shows in the responses that are

made to subjects. The two broad aspects of effectiveness are directive and nondirective. In nondirective counselling, it is believed that people should not be told what to do. If they understand why things have gone wrong, they will change; insights supposedly lead to changed behaviour. Directive counselling attempts to teach people better ways to fulfill their needs. The counsellor recognizes the subject's problem and then guides him or her in solving it. Subjects are provided with provision to ventilate and talk out their feelings to help them cope with internalized anger which causes depressions. However, it is important to move beyond feelings and deal with the behaviour of a subject. To change behaviour, people may need to develop new interests and activities. There are several techniques that counsellors employ to respond to people, such as: supporting, confronting, informing, interpreting, teaching, self-disclosing, evaluating and silence. Right at the beginning of the session, support and encouragement helps people burdened by needs and conflicts to gain courage and strength to proceed with counselling. Support involves guiding subjects to take stock of their resources, encouraging action and helping them with problems and failures that may result from such action. Confrontation involves presenting an idea to the subject that they might not see otherwise.

- **Paraphrasing, Summarizing, and Clarifying**

This technique involves repeating, synthesizing, or summarizing in other words what the client has told you. This helps the provider clarify what the client is saying, and helps the client to feel that he or she has been heard.

- **Reflecting and Validating Feelings**

This technique involves clarifying the feelings the client expresses in order to help understand his or her emotions. For example, “It seems to me that you are worried because you suspect that your husband had sex with other women, and you are afraid that you will get AIDS.” It is helpful to clients to let them know that their reactions to a situation are normal, and that those feelings are common to other people in similar situations. You can communicate that the feelings are valid.

- **Arriving at Agreement**

This technique involves clarifying and summarizing the decisions that a client has made during the counseling session.

Terminating

Ending up a counselling relationship is as important as any of the other basic skills. There are several aspects that effective counsellors apply at terminating counselling relationships. They do

not end the relationship suddenly, but as satisfactorily as possible. People come for counselling because of relationship problems - often those that have ended badly. From the beginning, the counsellors look to the end by making it clear to the subject that they have a contract for several sessions. They periodically, evaluate where they have got what was to be achieved. If there is a pattern of broken relationships, they talk about the pattern and spend time ending. They leave the door open for follow up, i.e. in a month's time or whenever the need arises.

Some Basic counseling Principles

- Counseling is centered on the difficulties of the client.
- Counseling is a learning situation which eventually results in a behavioral change.
- Effectiveness in counseling depends largely on the readiness of the client to make changes and the therapeutic relationship with the counselor.
- The counseling relationship is confidential.

2.2. Characteristics of effective counselor

Counsellor characteristics are importance on the belief that "good" counsellors have unique and identifiable personal characteristics, and that if identified, those characteristics can be used as a tool for improving counsellor and counselling quality. However, clients react differentially to counsellor characteristics (sometimes irrespective of the counsellor's skills) and that those reactions are important components of counselling outcomes. Today, the study of counsellor characteristics is refocused and is intended to facilitate "matching" of counsellors and clients.

- ***Characteristics of an effective counselor***
- Demonstrate a positive belief in himself or herself
- Has self-awareness and knows his or her own biases or prejudices
- Has tolerance for vagueness.
- Has the ability to model appropriate behaviors.
- Has the ability to be altruistic (unselfish).
- Is ethical.
- Ability to use him/herself as a vehicle of change.
- Is committed to understand specialized knowledge of the field and find it personally meaningful.
- Stays current in professional knowledge by continuing to learn.
- Respects the client's worldview, personal experience, spirituality, and culture.

- Has a good self-care strategy.

Counselor Interpersonal skills that affect counseling outcomes:

- The ability to listen and understand without judgment.
- The ability to be sensitive, empathic, and patient.
- The ability to convey to the client that the counselor values the client's experiences.
- The ability to convey the belief that the client is: capable, trustworthy, respectable, worthy and dependable

Additional Characteristics of Counselors

- Counselors need a high level of energy to remain alert and attentive to their clients.
- Counselors take risks everyday and face rejection by their clients or face clients or situations they may not be prepared to face.
- Counselors face uncertainty all the time and need to be able to handle it.
- Counselors are expected to develop intimate relationships with their clients ***as clients***

Inappropriate Responses in Counseling

- **Judging**: For example, "You wouldn't have these problems if you had acted differently!"
- **Attacking**: For example, "How could you be that irresponsible?
- **Denial**: For example, "Don't worry. I'm sure that it's nothing important."
- **Pity:** For example, "Poor thing! How terrible that happened!

2.3. Environmental set up of Counseling

The settings or contexts can also differ. Most often counselling takes place in offices, private or institutional, set aside specially for that activity. The décor of such offices is designed to support the purpose of counselling, for instance functional easy chairs with a coffee table between them. Often counselling services are located in specially designated areas, for instance student counselling services. Helpers may sometimes use counselling skills in areas designed for counselling, for instance in some voluntary agencies, but frequently they use counselling skills in locations that represent their primary work role: personnel offices, classrooms, tutorial rooms, hospital wards, outplacement clinics, churches, banks, law offices and community centres. Furthermore, while counsellors rarely go outside formal locations, helpers such as priests, nurses, social workers and members of peer support networks may use counselling skills in people's home settings.

Physical Setting: Counseling can happen anywhere, but the professional generally works in a place that provides -

- Privacy,
- Confidentiality,
- Quiet and
- Certain comfort

- S - Squarely face person vs. sitting kitty-corner.
- O - use Open posture vs. crossed arms and legs
- L - Lean a little toward the person vs. settling back in your chair
- E - use Eye contact vs. staring off into deep space
- R - Relax, keep it natural vs. sitting like a board
- F – look friendly vs. neutral or scowling

Take a look at how you are sitting right now. Hmm … arms crossed? Slumped? Bored expression? Looking offside? Not good.

Ethical & Legal considerations in counseling

- Ethical codes serve a s principles upon which to guide practice.
- There are two dimensions to ethical decision making:

  Principle ethics: Overt ethical obligations that must be addressed.

  Virtue ethics: Above and beyond the obligatory ethics and are idealistic.

Ethical Issues that Influence Counseling Practice

1. Client Welfare: Client needs come before counselor needs and the counselor needs to act in the client's best interest
2. Informed Consent: Counselors need to inform clients as to the nature of counseling and answer questions so that the client can make an informed decision.
3. Autonomy: having freedom of choice, self- determination
4. Confidentiality: duty to respect privileged information. Clients must be able to feel safe within the therapeutic relationship for counseling to be most effective
5. **Dual Relationships**: When a counselor has more than one relationship with a client (e.g. the counselor is a friend and the counselor.)
6. **Sexual Relationships**: Professional organizations strongly prohibit sexual relationships with

clients and in some states it is a criminal offense.

7. **Malpractice:** When a counselor fails to provide reasonable care or skill that is generally provided by other professionals and it result is to injury to the client.

Suggestions for Avoiding Malpractice

***Pre-counseling*:** Make sure to cover all information regarding:

- The financial costs of counseling.
- Any special arrangements.
- The competencies of the counselor.
- Avoid dual relationships.
- Clearly indicate if a treatment is experimental.
- Identify limits to confidentiality.
- Help the client make an informed choice.

During Counseling

- Maintain confidentiality.
- Seek consultations when necessary.
- Maintain good client records.
- Take proper action when a client poses a clear and imminent danger to themselves or others.
- Comply with the laws regarding child abuse and neglect.

***At the end of Counseling*:**

- Be sensitive to the client's feelings regarding termination.
- Initiate termination when the client is not benefiting from services.
- Address the client's post-terminations concerns.
- Evaluate the efficacy of the counseling services.

What competencies Counselor should have?

- Counselors need to accurately represent their credentials and qualifications.
- Counselors need to continue their education.
- Counselors need to only provide services for which they are qualified.
- Counselors need to keep up on current information of the field and especially in specialty areas.
- Counselors need to seek counseling when they have personal issues.

When To Break Confidentiality?

- If a client threatens another person's life or with significant bodily harm.
- When a child under the age of 18 is being sexually abused.
- If the counselor determines the client needs hospitalization.
- If the information is involved in a court action
- When a counselor is performing a court ordered evaluation.
- When the client is suicidal.
- When the client When the client file a case against the counselor.
- When the client uses a mental disorder as a legal defense.
- When an underage child is being abused.
- When a client discloses intent to commit a crime or is dangerous to others.
- When a client needs hospitalization**.**

Counselor's Responsibilities and Obligations

- Counselors have the duty to appeal adverse decisions regarding their client(s).
- Counselors have a duty to disclose to clients regarding the limitations of the counseling service and the limits of confidentiality under this service.
- Counselors have a duty to continue treatment and are not supposed to "abandon" a client just because the client does not have the financial means to pay for services.

CHAPTER THREE

3. Process of Counseling

Counseling is a psychotherapeutic process, which has several stages through which a person can successfully achieve his goal. In the process of Counseling a counselor develops a friendly relationship and ease of communication with the client for the development of self understanding through which the client can take initiatives for future betterment.

- ***The Counseling Process***

1. Relationship Building
2. Assessment
3. Goal Setting
4. Intervention
5. Termination and Follow-Up
6. Research and Evaluation

1. Relationship Building

Establishing initial structure

Counseling has to be done in the peaceful place there should not be any kind of disturbance that can interrupt and create any chaos between client and counselor. Everyday counseling must be start at a fixed timing otherwise it could be the first flaw of the process, because time management is an integral part of counseling. The counselor should gather and organize the information about the client and outline the key components of the counseling process. That includes **planning the counseling strategy** and **self role induction.**

Rapport development

the counselor's role is more like a guide, counselor does not impose his decisions on the client he always let the client choose the best possible solution for himself from the available possibilities. In rapport development counselor does not judge his client because clients can quite the process if he thinks the counselor is criticizing or evaluating his decisions/actions. Initially or later in the process, counselor should avoid ordering, advising and arguments in the process these things kills the effectiveness of the process. It is a laying foundation for mutual trust. This include…

1. Showing unconditional acceptance
2. Informing the purpose of the relationship

3. Articulating roles of counselor and client
4. Informing ethical issues: informed consent, confidentiality and limits of confidentiality
5. Informing the limitations of the relationship
6. Possible risks and cautions
7. Fees
8. Rights and obligations
9. Referral systems and other collaborators
10. Informing the client all important
11. Information about the counseling relationship

Conditions for an Effective Counseling Relationship

Empathy → *promotes rapport and relationship*

Unconditional Positive Regard → Client as person of worth – separate from actions

Genuineness/**Congruence** → Genuine self in client interaction

Respect → Strength focus

Immediacy → Here and Now

Confrontation → Promotes realistic, accurate view

Concreteness →Attention on what is practical

Self disclosure-->Promoting positive perception and appropriate focus in counseling relationship

2. Assessment

Identifying the problem

problem identification is the mutual effort of counselor and the client, they both work together to find out the problem that the client has been facing. Here, majority of work is done by the client. The counselor acts as a facilitator to the client. After the problem is identified, the counselor starts working to know that is it the real problem of the client or not?

Exploring self perception and behavior

To know the behavior of the client there are many tests and other source of information through which accurate results can be achieved. Cumulative Record helps to know all the basic information of the client including his family background and educational settings. Questionnaire tests can be administer according to the need of the counseling process, rating scale can be used

for the behavior of the client, case study is also a very important element for some critical and emotionally disturbed client, and counselor could also make some observations on the client's behavior during the session. Interview is the most commonly used tool for counseling. Through Autobiography counselor can get the details of personal information, Family background, Personal history, previous counseling experience & Client's current life setting etc. Assessment is:

- Systematic way to obtain information about the client's problems, concerns, strengths, resources, and needs from all relevant sources.
- Foundation for goal-setting and treatment planning and intervention.
- Gathering information to promote understanding of client's situation and perspective.
- Identifying relevant collaborative sources
- Completion of risk Assessment where appropriate
- Assessment is always an ongoing process, changing as you learn more about the client.
- What is the person complaining about?
- How, when, when, why the problem happened?
- How it affects the emotions, thoughts and behavior?
- What is the person motivated for? What does he or she want?
- What does the person do well? (Skills, hobbies, talents, resources etc)
- Exceptions/previous solutions/times when situation was better
- Best coping moments
- What are the goals?

What to consider during assessment?

- What are the patterns of the problem? How is it performed? Search for regularities of action and interaction, time, place, body behavior, etc. Get specific (so could imagine seeing/hearing the problem on a videotape)
- Scan for potentially harmful actions of clients or others in clients' lives (e.g., physical violence, drug/alcohol abuse, sexual abuse, self-mutilation, suicidal intentions/attempts, etc.) that may not be obvious or may be minimized during an initial interview.

Assessment Tools

- Non-standardized tools
- Intake forms

- Intake interview
- Standardized tests (psychological tests)

3. Goal setting

Decision making

This is the step in which gathered information about the client is evaluated to find the best solution of the client's problem. For Decision making all the relevant information is gathered and arranged according to the priority of actions. Then the effectiveness of the information used is analyzed. Appropriate Choice of decision and solution's are made according to the importance of action.

Plan of action

Plan of action is a step to achieve desired goal. To obtain the desired result the client is meant to do what is planned through the counseling session with the counselor. This step is very specific it only tells the client how to maintain and made necessary modification in his behavior. Plan of action must not be complex it should be simple and specific to achieve the goal for successful development. For example; a client should not be told to go through several steps to implement the action. All the details and other information must be discussed during the decision making step.

- The client articulates where they want their counseling journey to take them
- Client role as one of *driving the bus*
- Enhances sense of ownership and motivation
- Well identified goals help to create a roadmap and means to evaluate
- Goals may change, evolve as counseling progresses

Goal functions

- Define desired outcomes
- Give direction to the counseling process
- Specify what can and cannot be accomplished in counseling
- Motivate client
- Evaluate effectiveness of counseling
- Measure client progress

Reasons of setting counseling goal

- To change an unwanted or unwelcome behavior

- To better cope
- To make and implement decisions
- To enhance relationships
- To help client's journey of growth toward achieving potential

Qualities of well formed counseling goals

- Saliency to the Client/Collaborative
- Small
- Concrete, Specific, and Behavioral
- The Presence Rather Than the Absence of Something
- A Beginning Rather Than an End
- Realistic and Achievable Within the Context of the Client's Life
- Perceived as Involving "Hard Work"

4. Counseling Intervention

- Intervention begins as soon as goals are established
- Planning for how to achieve established goals
- Action…directed in accordance with the identified models and techniques
- Collaboratively established plan
- Educational that client is offered information regarding options, and advantages/disadvantages for each

Characteristics of a good intervention plan

- Is clearly defined and reachable
- Able to be adapted with time
- Positive and action-oriented focus
- Essential to an effective plan…is client's motivation and willingness to follow it

Categories of Counseling Interventions

- Affective
- Cognitive
- Behavioral
- Interpersonal/Systemic/Psycho educational

5. Termination and Follow up

Termination is a process by itself and needs

- Collaboration with client in identifying a date in advance –
- Preparation for termination begins long before
- smooth and step-by step process
- Role to review progress, create closure in client counselor relationship and plan for future
- Think of this as a means of empowering client
- Open door/plan for possibility of future need
- Termination considered not just at end of successful relationship, but also is considered when it seems counseling is not being helpful

Follow up

- Evaluating the outcomes of the counseling and the status of change in the behavior of the client
- The process of counseling is a continuous process; it does not end with the counseling session, it proceeds with the implementation of the plan of action and evaluation of results. After the counseling process, counselor should encourage the clients as he implements on the action that is planned in the counseling session. Counselor should make observation on the actions of the client and make some changes if necessary to make the plan successful through which client can achieve his goals.

Stages of termination & follow up

- **Pre-contemplation** - "*I really don't want to change.*
- **Contemplation**- *I'll consider it."*
- **Preparation/Determination**- "*I'm making a plan for it."*
- **Action**- *"I'm doing it, but not regularly."*
- **Maintenance**- "*I'm doing it."*
- **Termination**- "*I have no desire to go back to my own ways.“*
- **Relapse-** returning back to the original status
- Another intervention plan/ referral to other professionals or systems are required

Indicators of Counseling Success

- Clients “own” their problems and solutions
- Clients develop more useful insight into problems and issues
- Clients acquire new responses to old issues
- Clients learn to develop more effective relationships

3.2. Termination

The Termination Stage is the final stage of the counseling process, but it is as important as the initial stage of counseling. The counselor discusses the whole process of termination with his client. If the solution is found then the process is terminated, but it depends on the counselee' if he is satisfied with the whole process he can stop or proceed it further. The client can consult his counselor anytime he wants.

3.2.1. Function of Termination

Termination is the end of the professional relationship with the client when the session goals have been met. A formal termination serves three functions:

- Counseling is finished and it is time for the client to face their life challenges.
- Changes which have taken place have generalized into the normal behavior of the client.
- The client has matured and thinks and acts more effectively and independently.

3.2.2. Timing of termination

There is no one answer when termination is to take place. Questions you may wish to ask yourself concerning termination include:

- Have clients achieved behavioral, cognitive, or affective goals?
- Can clients concretely show where they have made progress in what they wanted to accomplish?
- Is the counseling relationship helpful?
- Has the context of the initial counseling arrangements changed?

3.2.3. Issues of termination

3.2.4. Resistances to termination

Clients & Counselors may not want counseling to end. In many cases this may be the result of feelings about the loss and grief or insecurities of losing the relationship. For clients, this is something to process. For counselors, this is an issue for supervision.

3.2.5. Pre-matured termination

Many clients may end counseling before all goals are completed. This can be seen by not making appointments, resisting new appointments, etc… It is a good idea to try and schedule a termination/review session with the client so closure may take place. At this time a referral may

be in order.

3.2.6. Counselors Initiative termination

At times, counselors have to end counseling prematurely. Whatever the reason for the termination, a summary session is in order and referrals are made, if appropriate, to another counselor.

3.2.8 .Follow-up and referral

At times, a counselor needs to make a referral. When this is done, specific issues need to be addressed with the client:

- Reason for the referral.
- Note specific behaviors or actions which brought the need for a referral.
- Have the names of several other counselors ready for referral.
- You cannot follow up with the new counselor to see if the client followed through (Confidentiality issue).
- At times, a follow-up may be scheduled for various reasons including evaluation, research, or checking-in with client.
- Follow-ups need to be scheduled so as to not take the responsibility of change away from the client.

6. Research/Evaluation

- Research is a systematic investigation of an answer/s to a question, hypothesis,
- Evaluation may involve research
- Counselors can evaluate research to measure what changes brought through the counseling relationship
- Research one way of evaluation
- Counselors can conduct research on different issues to develop their profession

Chapter Four

Theories of Counseling

1. Psychoanalysis

Sigmund Freud's Theory of Psychoanalysis

Many psychologists have proposed theories that try to explain the origins of personality. One highly influential set of theories stems from the work of Austrian neurologist **Sigmund Freud**, who first proposed the theory of psychoanalysis. Collectively, these theories are known as **psychodynamic theories**. Although many different psychodynamic theories exist, they all emphasize unconscious motives and desires, as well as the importance of childhood experiences in shaping personality.

Definition

Psychoanalysis is a form of psychotherapy used by qualified psychotherapists to treat patients who have a range of mild to moderate chronic life problems. It is related to a specific body of theories about the relationships between conscious and unconscious mental processes, and should not be used as a synonym for psychotherapy in general. Psychoanalysis is done one-on-one with the patient and the analyst; it is not appropriate for group work.

Key Concepts

The Conscious, the Preconscious, and the Unconscious

The mind could be divided into three systems or mental process: the conscious mind, the subconscious mind, and the unconscious mind.

The Conscious mind

The consciousness mind is you awareness at the present moment. You are aware of something on the outside as well as some specific mental functions happening on the inside. For example, you are ware of your environment, your breathing, or the chair that you are sitting on.

- The **conscious** contains all the information that a person is paying attention to at any given time.

Example: The words Dan is reading, the objects in his field of vision, the sounds he can hear, and any thirst, hunger, or pain he is experiencing at the moment are all in his conscious.

The subconscious mind

The subconscious or the preconscious mind consists of accessible information. You can become aware of this information once your direct your attention to it. Think of this as memory recall. You walk down the street to your house without consciously needing to be alert to your surroundings. You can talk on the cell phone and still arrive home safely. You can easily bring to consciousness the subconscious information about the path to your home. You can also easily remember phone numbers that you frequently use.

It is possible that some of what might be perceived to be unconscious becomes subconscious, and then conscious (e.g. a long-forgotten childhood memory suddenly emerges after decades). We can assume that some unconscious memories need a strong, specific trigger to bring them to consciousness; whereas, a subconscious memory can be brought to consciousness more easily.

- The **preconscious** contains all the information outside of a person's attention but readily available if needed.

Example: Linda's telephone number, the maker of her car, and many of her past experiences are in her preconscious.

The unconscious mind,

The unconscious consisting of the primitive, instinctual wishes as well as the information that we cannot access. Although our behaviors might indicate the unconscious forces that drive them, we don't have easy access to the information stored in the unconscious mind. During our childhood, we acquired countless memories and experiences that formed who we are today. However, we cannot recall most of those memories. They are unconscious forces (beliefs, patterns, subjective maps of reality) that drive our behaviors.

- The **unconscious** contains thoughts, feelings, desires, and memories of which people have no awareness but that influence every aspect of their day-to-day lives.

Example: Stan's unconscious might contain angry feelings toward his mother or a traumatic incident he experienced at age four.

Freud believed that information in the unconscious emerges in ***slips of the tongue, jokes, dreams, illness symptoms, and the associations people make between ideas.***

Components of personality

The Id, the Ego, and the Superego

Freud proposed that personalities have three components: the id, the ego, and the superego.

- **Id:** a reservoir of instinctual energy that contains biological urges such as impulses toward survival, sex, and aggression. The id is unconscious and operates according to the **pleasure principle**, the drive to achieve pleasure and avoid pain. The id is characterized by **primary process thinking**, which is illogical, irrational, and motivated by a desire for the immediate gratification of impulses.
- **Ego:** the component that manages the conflict between the id and the constraints of the real world. Some parts of the ego are unconscious, while others are preconscious or conscious. The ego operates according to the **reality principle**, the awareness that gratification of impulses has to be delayed in order to accommodate the demands of the real world. The ego is characterized by **secondary process thinking**, which is logical and rational. The ego's role is to prevent the id from gratifying its impulses in socially inappropriate ways.
- **Superego:** the moral component of personality. It contains all the moral standards learned from parents and society. The superego forces the ego to conform not only to reality but also to its ideals of morality. Hence, the superego causes people to feel guilty when they go against society's rules. Like the ego, the superego operates at all three levels of awareness.

Conflict

Freud believed that the id, the ego, and the superego are in constant conflict. He focused mainly on conflicts concerning sexual and aggressive urges because these urges are most likely to violate societal rules.

Anxiety

Internal conflicts can make a person feel anxious. In Freud's view, anxiety arises when the ego cannot adequately balance the demands of the id and the superego. The id demands gratification of its impulses, and the superego demands maintenance of its moral standards.

Defense Mechanisms

To manage these internal conflicts, people use defense mechanisms. **Defense mechanisms** are behaviors that protect people from anxiety. There are many different kinds of defense mechanisms, many of which are automatic and unconscious:

- **Repression:** keeping unpleasant thoughts, memories, and feelings shut up in the unconscious.

Example: Nate witnessed his mother being beaten by a mugger when he was seven years old. As an adult, he does not remember this incident.

- **Reaction formation:** behaving in a way that is opposite to behavior, feelings, or thoughts that are considered unacceptable.

Example: Lisa feels sexually attracted to her roommate's boyfriend but does not admit this to her. Instead, she constantly makes very disparaging comments about the boyfriend and feels disgusted by the way he acts.

- **Projection:** attributing one's own unacceptable thoughts or feelings to someone else.

Example: Mario feels angry toward his father but is not aware of it. Instead, he complains that he cannot be around his father because his father is such an angry man.

- **Rationalization:** using incorrect but self-serving explanations to justify unacceptable behavior, thoughts, or feelings.

Example: Sylvia runs a red light while driving. She justifies this by telling herself she was already in the intersection when the light changed to red.

- **Displacement:** transferring feelings about a person or event onto someone or something else.

Example: Seth is angry at his professor for giving him a bad grade. He leaves class and shouts angrily at a passerby who accidentally bumps into him.

- **Denial:** refusing to acknowledge something that is obvious to others.

Example: Kate's use of alcohol starts to affect her academic performance, her job, and her relationships. However, she insists that she drinks only to relieve stress and that she does not have an alcohol problem.

- **Regression:** reverting to a more immature state of psychological development.

Example: When six-year-old Jameel gets less attention from his parents because of a new baby brother, he suddenly starts to wet his bed at night.

- **Sublimation:** channeling unacceptable thoughts and feelings into socially acceptable behavior.

Example: Priya deals with her angry feelings toward her family by writing science-fiction stories about battles between civilizations.

Psychosexual Stages of Human Development

Freud believed that personality solidifies during childhood, largely before age five. He proposed five stages of psychosexual development: the oral stage, the anal stage, the phallic stage, the latency stage, and the genital stage. He believed that at each stage of development, children gain sexual gratification, or sensual pleasure, from a particular part of their bodies. Each stage has special conflicts, and children's ways of managing these conflicts influence their personalities.

If a child's needs in a particular stage are gratified too much or frustrated too much, the child can become fixated at that stage of development. **Fixation** is an inability to progress normally from one stage into another. When the child becomes an adult, the fixation shows up as a tendency to focus on the needs that were over-gratified or over-frustrated.

Stage	**Age**	**Sources of pleasure**	**Result of fixation**
Oral stage	Birth to roughly twelve months	Activities involving the mouth, such as sucking, biting, and chewing	Excessive smoking, overeating, or dependence on others
Anal stage	Age two, when the child is being toilet trained	Bowel movements	An overly controlling (anal-retentive) personality or an easily angered (anal-expulsive) personality
Phallic stage	Age three to five	The genitals	Guilt or anxiety about sex
Latency Stage	Age five to puberty	Sexuality is latent, or dormant, during this period	No fixations at this stage
Genital stage	Begins at puberty	The genitals; sexual urges return	No fixations at this stage

Freud's Psychosexual Stages of Development

Oedipus complex

Freud believed that the crucially important **Oedipus complex** also developed during the phallic stage. The Oedipus complex refers to a male child's sexual desire for his mother and hostility toward his father, whom he considers to be a rival for his mother's love. Freud thought that a male child who sees a naked girl for the first time believes that her penis has been cut off. The child fears that his own father will do the same to him for desiring his mother—a fear called **castration anxiety**. Because of this fear, the child represses his longing for his mother and begins to identify with his father. The child's acceptance of his father's authority results in the emergence of the superego..

Penis Envy and Womb Envy

Freud believed that the successful resolution of the Oedipus complex played a crucial role in the formation of the superego and the personality. However, he did not have a plausible account of how this developmental phase applied to girls. Freud believed that because girls do not have a penis, they don't have the same motivation to develop a strong superego. Instead, they develop **penis envy**, or a sense of discontent and resentment resulting from their wish for a penis. This gender-based idea has raised strong criticism from many psychologists, including the psychoanalyst Karen Horney. Horney proposed that it was more likely that men have **womb envy** because of their inability to bear children.

The therapeutic process

Therapeutic Goals:

(1) To make the unconscious conscious,

(2) To strengthen the ego so that behavior is based more on reality and less on instinctual cravings or irrational guilt. Successful analysis is believed to result in significant modification of the individual's personality and character structure. Therapeutic methods are used to bring out unconscious material; childhood experiences are reconstructed, discussed, interpreted and analyzed. It is essential that the feelings and memories associated with self-understanding be experienced.

Transference and counter Transference

Transference: refers to redirection of a patient's feelings for a significant person to the therapist. Transference is often manifested as an erotic attraction towards a therapist, but can be seen in many other forms such as rage, hatred, mistrust, prettification, extreme dependence, or even placing the therapist in a god-like or guru status.

The focus in psychodynamic psychotherapy is, in large part, the therapist and patient recognizing the transference relationship and exploring the relationship's meaning. Since the transference between patient and therapist happens on an unconscious level, psychodynamic therapists who are largely concerned with a patient's unconscious material use the transference to reveal unresolved conflicts patients have with childhood figures.

-Counter transference: is defined as redirection of a therapist's feelings toward a patient, or more generally, as a therapist's emotional entanglement with a patient. A therapist's attunement to their own counter transference is nearly as critical as understanding the transference. Not only does this help therapists regulate their emotions in the therapeutic relationship, but it also gives therapists valuable insight into what patients are attempting to elicit in them. For example, a therapist who is sexually attracted to a patient must understand the counter transference aspect (if any) of the attraction, and look at how the patient might be eliciting this attraction. Once any counter transference aspect has been identified, the therapist can ask the patient what his or her feelings are toward the therapist, and can explore how those feelings relate to unconscious motivations, desires, or fears.

PSYCHOANALYTICALLY ORIENTED THERAPISTS (as opposed to traditional psychoanalysis)

Features:

- ✓ Therapy is geared to more limited objectives than to restructuring one's personality
- ✓ Therapist is less likely to use the couch
- ✓ Typically fewer sessions
- ✓ More frequent use of supportive interventions (reassurance, expressions of empathy and support, and suggestions)
- ✓ The focus is more on pressing practical issues than on working with fantasy material

Techniques are aimed at increasing awareness, fostering insights into the client's behavior, and understanding the meanings of symptoms. Therapy moves through the client's talk to catharsis to insight to working through unconscious material.

Six basic techniques:

(1)**Maintaining the analytic framework** – procedural and stylistic factors that include the analyst's relative anonymity, the regularity and consistency of meetings and starting and ending the session time. The consistent framework is itself a therapeutic factor and analysts attempt to minimize departures from this consistent pattern.

(2)**Free association** – Part of the process of maintaining the analytic framework. In essence, clients flow with any feelings or thoughts by reporting them immediately without censorship. This is a basic tool used to open the doors to unconscious wishes, fantasies, conflicts, and motivations.

The therapist hears not only the surface content but also the hidden meaning. This awareness of the language of the unconscious has been termed "listening with the third ear" (Reik, 1948).

(3)**Interpretation –** Interpretation consists of the analyst's pointing out, explaining, and even teaching the client the meanings of behavior that is manifested in dreams, free association, resistances, and the therapeutic relationship itself. Under contemporary definition, interpretation includes identifying, clarifying, and translating the client's material. Interpretation is presented when the phenomenon to be interpreted is close to the conscious awareness. The interpretation should start from the surface and go only as deep as the client is able to go and it is best to point out a resistance or defense before interpreting the emotion or conflict that lies beneath it.

(4)**Dream Analysis** – Dream analysis is an important procedure for uncovering unconscious material and giving the client insight into some areas of unresolved problems. Dreams have two levels: latent content and manifest content. Latent content consists of hidden, symbolic, and unconscious motives, wishes, and fears. The unconscious sexual and aggressive impulses that make up latent content are transformed into more acceptable manifest content. Manifest content is the dream as it appears to the dreamer. This process is called dream work. The therapist's task is to uncover disguised meanings by studying the symbols in the manifest content of the dream. Dreams may serve as a pathway to repressed material, but they also provide an understanding of clients' current functioning.

(5)**Analysis and Interpretation of Resistance** – Resistance refers to any idea, attitude, feeling, or action (conscious or unconscious) that fosters the status quo and gets in the way of change. Resistances are representative of usual defensive approaches in daily life. They serve as devices that defend against anxiety but that interfere with the ability to accept change that could lead to experiencing a more gratifying life.

(6)**Analysis and Interpretation of Transference** – Transference is valuable because its manifestations provide clients with the opportunity to re-experience a variety of feelings that would otherwise be inaccessible. The analysis of transference is a central technique in psychoanalysis and psychoanalytically oriented therapy.

<u>The basic tenets of psychoanalysis include:</u>

1. a person's development is determined by often forgotten events in early childhood besides inherited traits

2. human attitude, mannerism, experience, and thought is largely influenced by irrational drives that are rooted in the unconscious
3. it is necessary to bypass psychological resistance in the form of defense mechanisms when bringing drives into awareness
4. Conflicts between the conscious and the unconscious or with repressed material can materialize in the form of mental or emotional disturbances, for example: neurosis, neurotic traits, anxiety, depression etc.
5. Liberating the elements of the unconscious is achieved through bringing this material into the conscious mind (via e.g. skilled guidance, i.e. therapeutic intervention).

Psychoanalytic theory from a multi-culture perspective

Psychoanalysis can be adapted to different cultures, as long as the therapist or counselor understands the client's culture. For example, Tori and Blimes found that defense mechanisms were valid in a normative sample of 2,624 Thais. The use of certain defense mechanisms was related to cultural values. For example Thais value calmness and collectiveness (because of Buddhist beliefs), so they were low on regressive emotionality. Psychoanalysis also applies because Freud used techniques that allowed him to get the subjective perceptions of his patients. He takes an objective approach by not facing his clients during his talk Counseling sessions. He met with his patients wherever they were, such as when he used free association — where clients would say whatever came to mind without self-censorship. His treatments had little to no structure for most cultures, especially Asian cultures. Therefore, it is more likely that Freudian constructs will be used in structured Counseling (Thompson, et al., 2004). In addition, Corey postulates that it will be necessary for a therapist to help clients develop a cultural identity as well as an ego identity.

MULTICULTURAL PERSPECTIVE

Positives: Erikson's psychosocial approach, with its emphasis on critical issues in stages of development, has particular application to people of color.

Negatives: Traditional psychoanalytic approaches are costly, and psychoanalytic therapy is generally perceived as being based on upper and middle class values. Psychoanalytic approaches are inherently ambiguous and this can be problematic for clients from culture who expect

direction from a professional. For example, Hispanic and Asian-American clients may prefer a more structured, problem-oriented approach to counseling and may not continue therapy if a nondirective approach is employed. n Additionally, psychoanalytic therapy is more concerned with long-term personality reconstruction than with short term problem solving. The psychoanalytic approach can be criticized for failing to adequately address the social, cultural, and political factors that result in an individual's problems. If there is no balance between the external and internal perspectives, clients may be blamed for their condition.

Limitations/Criticisms of the Psychoanalytic Approach:

Time, expense, and availability of trained psychoanalytic therapist, and the practical applications of many psychoanalytic techniques are limited.

Many severely disturbed clients lack the level of ego strength needed for this treatment. There is limited application to diverse client populations, and questionable benefits.

Critics

- Freud's theories overemphasized the unconscious mind, sex, aggression and childhood experiences.
- Many of the concepts proposed by psychoanalytic theorists are difficult to measure and quantify.
- Most of Freud's ideas were based on case studies and clinical observations rather than empirical, scientific research.

4.2. Individual Psychology (Therapy)

Introduction

Alfred Adler, another follower of Freud and a member of his inner circle, eventually broke away from Freud and developed his own school of thought, which he called **individual psychology**. Adler believed that the main motivations for human behavior are not sexual or aggressive urges but strivings for superiority. He pointed out that children naturally feel weak and inadequate in comparison to adults. This normal feeling of inferiority drives them to adapt,

develop skills, and master challenges. Adler used the term **compensation** to refer to the attempt to shed normal feelings of inferiority. Emphasis on client's subjective experience

However, some people suffer from an exaggerated sense of inferiority, or an **inferiority complex**, which can be due either to being spoiled or neglected by parents. Such people **overcompensate**, which means that rather than try to master challenges, they try to cover up their sense of inferiority by focusing on outward signs of superiority such as status, wealth, and power.

Individual Psychology (IP), or Adlerian Psychology (AP), is often misunderstood as primarily focusing on individuals. However, Adler chose the name Individual Psychology (from the Latin, "individuum" meaning indivisible) for his theoretical approach because he eschewed reductionism. He emphasized that persons can't be properly understood as a collection of parts but rather should be viewed as a unity, as a whole.

Basic Assumptions

- ✓ Humans are social by nature
- ✓ Positive view of human nature
- ✓ Striving towards goals
- ✓ People are in control, not victims of fate
- ✓ Personality created early in life
- ✓ Growth model

Key Ideas of Adlerian Therapy

The key beliefs of the Adlerian approach are:

- Humans are social beings
- Humans are motivated by desires to find one's place in society and belong
- Holism – the idea that the personality is complete and indivisible
- Humans are naturally creative, active, and decisional
- Human nature is driven by an unknown creative force to better oneself

Adler believed that all people formed an individualized approach to life in the first six years of life. Like Freud, Alder believed that perceptions of the past could have lasting influences and that we may not always be conscious of how these perceptions are influencing us. However, Alder was distinctly different than Freud in theory. Alder believed that human nature was driven mostly by social aspects rather than sexual urges. He also believed that all actions were goal oriented in an attempt to better oneself. Under the Adlerian idea of the inferiority complex, all humans feel inferior at birth and then constantly struggle to overcome these feelings throughout life. This is the driving force which causes us to excel..

Under Adlerian theory, patients are not sick with a mental illness. Rather, they are viewed as being discouraged and suffering from mistaken ideas about self.

Concepts of Adlerian Therapy

The inferiority complex

It dominates the psychical life and is characterized by the feeling of imperfection and lack of achievement in reaching personal goals. The inferiority feeling is only normal when people face extreme life situations. However, in the case of individuals suffering from the inferiority complex, this feeling manifests itself continuously and constantly along his/her life.

The inferiority complex is a form of neurosis and as such it may become all-consuming. A person with an inferiority complex tends to lack social interest; instead they are self-interested: focused on them and what they believe to be their deficiencies.

The individual slides by major life issues and narrows his/her vital space excessively, through isolation. This behavior is caused by the lack of self-esteem and belief in his/her own forces. The inferiority complex causes shyness, pessimism, anxiety or lack of communication. Useless to say, these behaviors betray the prolonged lack of social contact.

With all that, there is no precise borderline between the inferiority and superiority complexes. Emotional manifestations like rage, revenge drive, sorrow, enthusiasm, manifested in inadequate situations, the incapacity of listening or looking into the eyes of someone else, changing the topic

of conversation towards his/her own person, are all signs of an inferiority complex evolving towards a superiority complex.

The superiority complex

It is visible in the attitude, character and the opinion of a person about himself/herself. This individual has exaggerated pretensions of himself/herself and the others around him/her. The superiority complex is betrayed by haughtiness, arrogance, vanity about personal look (which can be from extremely cared for to willingly negligent), eccentric dressing, exuberance, snobbery, bragging, tyrannical behavior, a proneness for hunting mistakes and faults in others and many more.

These sentiments are triggered by a lack of social communication or mistakes that the parents made, paradoxically or unconsciously, out of love for their kids. Psychologists say that the history of humankind is a history filled with cases of inferiority sentiment and with the attempts to solve it. The human being, so poorly endowed by nature, is dominated by a powerful inferiority feeling that makes him look for security and attempt to outdistance his own capacities.

The sentiments must not be allowed to turn into one of these two complexes. Strange as it might sound, the inferiority sentiment can be used in a positive way, by motivating us to solve problems and issues. The superiority sentiment, as long as it remains a feeling that does not affect those around us, just maintains our high self-esteem, which is good. Learning to not cross over the thing borderline is the main issue here.

Masculine protest

Alfred Adler, said that some girls start hating their role as women because of how the society devalues the role of a woman. Today it’s very common to find jokes about women , to find men being prepared to do the important tasks and to even find a guy telling his friend to be "a man" when he does something wrong. All of these factors combined in addition to many others force some women to try to act like men or to develop what's called the Masculine protest.

A girl who develops a masculine protest starts acting like guys since early childhood. All of a sudden she starts to prefer guy friends; she plays with their toys and even get involved into guy sports such as soccer or football.

Our society knows another famous name for the masculine protest which is a tom boy. All tom boys or **girls who act like guys** are going through a masculine protest according to alder.

As a result of continuous devaluation of the female role many women start to feel **inferior** to men. A small group of those women decide to act like men or to develop a masculine protest in order to feel superior once again and to escape from the inferiority feelings.

Encouragement: Encouragement is the most powerful method available for changing a person's beliefs

- Helps build self-confidence and stimulates courage
- Discouragement is the basic condition that prevents people from functioning
- Clients are encouraged to recognize that they have the power to choose and to act differently

Organ Inferiority: everyone is born with some physical weakness, which motivates life choices
Aggression Drive: reaction to perceived helplessness/inferiority lashing out against the inability to achieve or master
Social Interest:
Adler's most significant and distinctive concept

- Refers to an individual's attitude toward and awareness of being a part of the human community
- Mental health is measured by the degree to which we successfully share with others and are concerned with their welfare
- Happiness and success are largely related to social connectedness

Birth Order:
Adler must be credited as the first theorist to include not only a child's mother and father and other adults as early influence on the child, but the child's brothers and sisters as well. His consideration of the effects of siblings and the order in which they were born is probably what

Adler is best-known for. I have to warn you though, that Adler considered birth-order another one of those heuristic ideas – useful fictions – that contribute to understanding people, but must be not be taken too seriously.

1. **The only child:** is more likely than others to be pampered, with all the ill results we've discussed. After all, the parents of the only child have put all their eggs in one basket, so to speak, and are more likely to take special care – sometimes anxiety-filled care – of their pride and joy. If the parents are abusive, on the other hand, the only child will have to bear that abuse alone.
2. **The first child** begins life as an only child, with all the attention to him- or herself. Sadly, just as things are getting comfortable, the second child arrives and "**dethrones**" the first. At first, the child may battle for his or her lost position. He or she might try acting like the baby – after all, it seems to work for the baby! – Only to be rebuffed and told to grow up. Some become disobedient and rebellious, others sullen and withdrawn. Adler believes that first children are more likely than nay other to become problem children. More positively, first children are often precocious. They tend to be relatively solitary and more conservative than the other children in the family.
3. **The second child** is in a very different situation: He or she has the first child as a sort of"pace-setter," and tends to become quite competitive, constantly trying to surpass the older child. They often succeed, but many feel as if the race is never done, and they tend to dream of constant running without getting anywhere. Other "middle" children will tend to be similar to the second child, although each may focus on a different "competitor."
4. **The youngest child** is likely to be the most pampered in a family with more than one child. After all, he or she is the only one who is never dethroned! And the youngest children are the second most likely source of problem children, just behind first children. On the other hand, the youngest may also feel incredible inferiority, with everyone older and "therefore" superior. But, with all those "pace-setters" ahead, the youngest can also be driven to exceed all of them.

Application of Adlerian Therapy

Adlerian principles can be applied to treat all forms of psychological disorders. However, it is especially effective in treating childhood developmental or behavioral problems. Because Adlerian Counseling focuses on the goal-oriented nature of humans and the belief that humans are born feeling inferior, it can be useful in treating personality disorders which are linked to feelings of inferiority, such as social anxiety. Adlerian Counseling is effective for:

- Parent Child
- Marriage and Family
- Individual
- Children and Adolescents
- Rehabilitation counseling
- Substance abuse
- Preventative mental health

Basic Principles

Unity of the Individual

Thinking, feeling, emotion, and behavior can only be understood as subordinated to the individual's style of life, or consistent pattern of dealing with life. The individual is not internally divided or the battleground of conflicting forces. Each aspect of the personality points in the same direction.

Goal Orientation

There is one central personality dynamic derived from the growth and forward movement of life itself. It is a future-oriented striving toward a goal of significance, superiority, or success. In mental health, it is a realistic goal of socially useful significance or superiority over general difficulties. In mental disorders, it is an unrealistic goal of exaggerated significance or superiority over others. The early childhood feeling of inferiority, for which one aims to compensate, leads to the creation of a fictional final goal which subjectively seems to promise future security and success. The depth of the inferiority feeling usually determines the height of the goal which then becomes the "final cause" of behavior patterns.

Self-Determination and Uniqueness

A person's fictional goal may be influenced by hereditary and cultural factors, but it ultimately springs from the creative power of the individual, and is consequently unique. Usually, individuals are not fully aware of their goal. Through the analysis of birth order, repeated coping patterns, and earliest memories, the psychotherapist infers the goal as a working hypothesis.

Social Context

As an indivisible whole, a system, the human being is also a part of larger wholes or systems -- the family, the community, all of humanity, our planet, and the cosmos. In these contexts, we meet the three important life tasks: occupation, love and sex, and our relationship with other people -- all social challenges. Our way of responding to our first social system, the family constellation, may become the prototype of our world view and attitude toward life.

The Feeling of Community

Each human being has the capacity for learning to live in harmony with society. This is an innate potential for social connectedness which has to be consciously developed. Social interest and feeling imply "social improvement," quite different from conformity, leaving room for social innovation even through cultural resistance or rebellion. The feeling of genuine security is rooted in a deep sense of belonging and embeddedness within the stream of social evolution.

Mental Health

A feeling of human connectedness and a willingness to develop oneself fully and contribute to the welfare of others are the main criteria of mental health. When these qualities are underdeveloped, feelings of inferiority may haunt an individual, or an attitude of superiority may antagonize others. Consequently, the unconscious fictional goal will be self-centered and emotionally or materially exploitive of other people. When the feeling of connectedness and the willingness to contribute are stronger, a feeling of equality emerges, and the individual's goal will be self-transcending and beneficial to others.

Treatment

Adlerian individual psychotherapy, brief therapy, couple therapy, and family Counseling follow parallel paths. Clients are encouraged to overcome their feelings of insecurity, develop deeper feelings of connectedness, and to redirect their striving for significance into more socially

beneficial directions. Through a respectful Socratic dialogue, they are challenged to correct mistaken assumptions, attitudes, behaviors, and feelings about themselves and the world. Constant encouragement stimulates clients to attempt what was believed impossible. The growth of confidence, pride, and gratification leads to a greater desire and ability to cooperate. The objective of Counseling is to replace exaggerated self-protection, self-enhancement, and self-indulgence with courageous social contribution.

Therapeutic techniques and procedure

Assessment: A thorough life style analysis serves as the guide to the therapeutic process; generally this occurs during the first three stages of treatment. A central technique that Adler pioneered to assess life style is the projective use of early memories (Adler 1933). These memories, whether they are "true" or fictional, embody a person's core beliefs and feelings about self and the world. They contain reflections of the person's inferiority feelings, goal, scheme of apperception, level and radius of activity, courage, feeling of community, and style of life.

In addition to these early memories, the therapist uses the following to do the assessment: (1) description of symptoms, the circumstances under which they began, and the client's description of what he would do if not plagued with these symptoms; (2) current and past functioning in the domains of love relationships, family, friendships, and school and work; (3) family of origin constellation and dynamics, and extended family patterns, (4) health problems, medication, alcohol, and drug use, and (5) previous Counseling and attitude toward the therapist. While much of this information can be collected in the early Counseling sessions, it can also be obtained by asking the client to fill out an Adlerian Client Questionnaire (Stein 1993). This permits the client to answer in detail many important questions and increases the client's level of activity in the Counseling process. In addition, it saves some therapeutic time and enables the therapist to obtain a binocular view from both the client's written and verbal descriptions.

Socratic Questioning: The Socratic method of leading an individual to insight through a series of questions lies at the heart of Adlerian practice (Stein 1990; Stein 1991). It embodies the relationship of equals searching for knowledge and insight in a gentle, diplomatic, and respectful style, consistent with Adler's philosophy. In the early stages of psychotherapy, the therapist uses

questions to gather relevant information, clarify meaning, and verify feelings. Then, in the middle stages of therapy, more penetrating, leading questions uncover the deeper structures of private logic, hidden feelings, and unconscious goals. The therapist also explores the personal and social implications of the client's thinking, feeling, and acting, in both their short and long term consequences. Throughout, new options are generated dialectically, examined, and evaluated to help the client take steps in a different direction of her own choosing. The results of these new steps are constantly reviewed. In the latter stages of therapy, the Socratic method is used to evaluate the impact of the client's new direction and to contemplate a new philosophy of life. The Socratic style places the responsibility for conclusions and decisions in the lap of the client. The role of the therapist is that of a "co-thinker," not the role of a superior expert. Just as Socrates was the "midwife" attending the birth of new ideas, the Adlerian therapist can serve as "midwife" to the birth of a new way of living for a client.

Guided and Eidetic Imagery: For many clients, cognitive insight and new behavior lead to different feelings. Some clients need additional specific interventions to access, stimulate, or change feelings. Guided and eidetic imagery, used in an Adlerian way, can lead to emotional breakthroughs especially when the client reaches an impasse. Eidetic imagery can be used diagnostically to access vivid symbolic mental pictures of significant people and situations that are often charged with emotion. Guided imagery can be used therapeutically to change the negative imprints of childhood family members that weigh heavily on a client and often ignite chronic feelings of guilt, fear, and resentment. These techniques are typically used in the middle stages of therapy. Alexander Müller recommended the use of imagery when a client knew that a change in behavior was sensible, but still didn't take action (Müller 1937). Some clients need a vivid image of themselves as happier in the future than they presently are, before they journey in a new direction that they know is healthier.

Role-Playing: In the middle stages of therapy, role-playing offers clients opportunities to add missing experiences to their repertoire, and to explore and practice new behavior in the safety of the therapist's office. To provide missing experiences -- e.g., support and encouragement of a parent -- a group setting is recommended. Group members, rather than the therapist, can play the roles of substitute parents or siblings. In this way, a client can engage in healing experiences and those who participate with him can increase their own feeling of community by contributing to

the growth of their peers. During learning and practicing new behaviors, the therapist can offer coaching, encouragement, and realistic feedback about probable social consequences. This is somewhat equivalent to the function of children's play as they experiment with roles and situations in preparation for growing up. Clients need to be treated with gentleness and diplomacy, yet offered challenges that strengthen their confidence and courage.

Techniques

+Encouragement

+Confrontation

+Develop goals

+ Paradoxical intention

+ Suggestions

+ Homework assignments

+ Re-educate

+ Explore private logic

+ Contracts establishing the relationship:

Adlerian Counseling from a Multi-cultural perspective

- Adlerians attempt to view the world from the client's subjective frame of reference
  - ✓ Reality is less important than how the individual perceives and believes life to be
  - ✓ It is not the childhood experiences that are crucial ~ It is our present interpretation of these events
- Unconscious instincts and our past do not determine our behavior
  - ✓ It is not genes
  - ✓ It is not environment
  - ✓ It is not genes and environment
  - ✓ It is *how we choose to respond* to our genes and environment

ADLERIAN COUNSELING FROM A MULTICULTURAL PERSPECTIVE

Adler introduced notions with implications toward multiculturalism that have as much or more relevance today as they did during Adler's time. Adlerian therapists tend to focus on cooperation and socially oriented values as opposed to competitive and individualist values. For example,

Native American clients tend to value cooperation over competition. Adlerian Counseling is easily adaptable to cultural values that emphasize community. Adler was one of the first psychologists at the turn of the century to advocate equality for women.

Limitations: The Adlerian approach tends to focus on the self as the locus of change and responsibility. This primary emphasis on changing the autonomous self may be problematic for some clients. Many clients who have pressing problems are likely to resent intrusions into areas of their lives that they may not see as connected to the struggles that bring them into therapy. Members of some cultures may believe it is inappropriate to reveal family information.

Contributions of the Adlerian Approach: Flexibility and its integrative nature. Adlerian therapists can be both theoretically integrative and technically eclectic. The Adlerian Counseling approach tends to lend itself to short-term formats. One of Adler's most important contribution is his influence on other Counseling systems. Many of his basic ideas have found their way into other psychological schools: family systems approaches, Gestalt therapy, learning theory, reality therapy, rational emotive behavior therapy, cognitive therapy, person-centered therapy, existential therapy, and the post-modern approaches to therapy.

Limitations and Criticisms: A large part of the theory still requires empirical testing and comparative analysis. Adlerian theory is of limited use for clients seeking immediate solutions to their problems and for clients who have little interest in exploring early childhood experiences and memories.

Advantages of Adlerian Theory

- Can be used for numerous issues and disorders
- Uses encouragement
- Phenomenological
- Does not consider people to be predisposed to anything
- Applicable to diverse populations and presenting issues

Disadvantages of Adlerian Theory

- Difficult to learn (e.g., making dream interpretations)
- Works best with highly verbal and intelligent clients. (potentially leaves out many people who do not fit this category)
- Might be too lengthy for managed care
- Adlerian do not like to make diagnoses

Neo-Freudian Therapies Several of Freud's followers developed new theories about the causes of psychological disorders and accordingly therapy models. Three important neo-Freudians were Erich Fromm, Karen Horney, and Erik Erikson, who emphasized the role of social and cultural influences in the formation of personality. All three emigrated from Germany to the United States in the 1930s. Their theories have influenced modern psychodynamic therapists.

Fromm believed that the fundamental problem people confront is a sense of isolation deriving from their own separateness. According to Fromm, the goal of therapy is to orient oneself, establish roots, and find security by uniting with other people while remaining a separate individual. Horney departed from Freud in her belief in the importance of social forces in personality formation. She asserted that people develop anxiety and other psychological problems because of feelings of isolation during childhood and unmet needs for love and respect from their parents. The goal of therapy, in her view, is to help patients overcome anxiety-driven neurotic needs and move toward a more realistic image of themselves.

Erikson extended Freud's emphasis on childhood development to cover the entire lifespan. Referred to as an ego psychologist, he emphasized the importance of the ego in helping individuals develop healthy ways to deal with their environment. Often working with children, Erikson helped individuals develop the basic trust and confidence needed for the development of a healthy ego.

Jungian Therapy: Unlike the psychoanalytic therapists, Swiss psychiatrist Carl Jung developed a very different system of therapy. He had worked closely with Freud, but broke away totally from Freud in his own work.

Jung created a school of psychology that he called analytical psychology. He felt that Freud focused too much on sexual drives and not enough on all of the creative instincts and impulses that motivate individuals. Whereas Freud had described the personal unconscious,

which reflected the sum of one person's experience, Jung added the concept of the collective unconscious, which he defined as the reservoir of the experience of the entire human race. The collective unconscious contains images called archetypes that are common to all individuals. They are often expressed in mythological concepts such as good and evil spirits, fairies, dragons, and gods. In general, Jungian therapists see psychological problems as arising from unconscious conflicts that create disturbances in psychic energy. They treat psychological problems by helping their patients bring material from their personal and collective unconscious into conscious awareness. The therapists do this through a knowledge of symbolism—not only symbols from mythology and folk culture, but also current cultural symbols. By interpreting dreams and other materials, Jungian therapists help their patients become more aware of unconscious processes and become stronger individuals.

4.3. BEHAVIOURAL COUNSELLING

Behavioral therapies differ dramatically from psychodynamic and humanistic therapies. Behavioral therapists do not explore an individual's thoughts, feelings, dreams, or past experiences. Rather, they focus on the behavior that is causing distress for their clients. They believe that behavior of all kinds, both normal and abnormal, is the product of learning. By applying the principles of learning, they help individuals replace distressing behaviors with more appropriate ones. Typical problems treated with behavioral therapy include alcohol or drug addiction, phobias (such as a fear of heights), and anxiety. Modern behavioral therapists work with other problems, such as depression, by having clients develop specific behavioral goals—such as returning to work, talking with others, or cooking a meal. Because behavioral therapy can work through nonverbal means, it can also help people who would not respond to other forms of therapy. For example, behavioral therapists can teach social and self-care skills to children with severe learning disabilities and to individuals with schizophrenia who are out of touch with reality.

Behaviourists generally believe in the role of social learning in childhood development, and the ideas of modelling and reinforcement. People's personalities come from these experiences in which they are involved in critical learning, identification of appropriate (and

inappropriate) thoughts and feelings, and imitation of these behaviours, thoughts, and feelings.

Behavioral therapists begin treatment by finding out as much as they can about the client's problem and the circumstances surrounding it. They do not infer causes or look for hidden meanings, but rather focus on observable and measurable behaviors. Therapists may use a number of specific techniques to alter behavior. These techniques include relaxation training, systematic desensitization, exposure and response prevention, aversive conditioning, and social skills training.

Relaxation Training is a method of helping people with high levels of anxiety and stress. It also serves as an important component of some other behavioral treatments. Just giving simple commands as follows, a counselor can guide the client for relaxation.

Just settle back as comfortably as you can, close your eyes, and let yourself relax to the best of your ability ... Now clench up both fists tighter and tighter and study the tension as you do so. Keep them clenched and feel the tension in your fists, hands, forearms ... Now relax. Let the fingers of your hands become loose and observe the contrast in your feelings ... Now let yourself go and try to become more relaxed all over. Take a deep breath ... Just let your whole body become more and more relaxed. Another relaxation technique is meditation.

In meditation, people try to relax both the mind and the body. In many forms of meditation, people begin by sitting comfortably on a cushion or chair. Then they gradually relax their body, begin to breathe slowly, and concentrate on a sensation—such as the inhaling and exhaling of breath—or on an image or object. In Transcendental Meditation, a person does not try to concentrate on anything, but merely sits in a quiet atmosphere and repeats a mantra (a specially chosen word) to try to achieve a state of restful alertness.

2. Systematic Desensitization a procedure developed by South African psychiatrist Joseph Wolpe in the 1950s, gradually teaches people to be relaxed in a situation that would otherwise frighten them. It is often used to treat phobias and other anxiety disorders. The

word desensitization refers to making people less sensitive to or frightened of certain situations.

In the first step of desensitization, the therapist and client establish an anxiety hierarchy—a list of fear provoking situations arranged in order of how much fear they provoke in the client. For a man afraid of spiders, for example, holding a spider may rank at the top of his anxiety hierarchy, whereas seeing a small picture of a spider may rank at the bottom.

In the second step, the therapist has the client relax using one of the relaxation techniques described above. Then the therapist asks the client to imagine each situation on the anxiety hierarchy, beginning with the least-feared situation and moving upward. For example, the man may first imagine seeing a picture of a spider, then imagine seeing a real spider from far away, then from a short distance, and so forth. If the client feels anxiety at any stage, he or she is instructed to stop thinking about the situation and to return to a state of deep relaxation. The relaxation and the imagined scene are paired until the client feels no further anxiety. Eventually the client can remain free of anxiety.

3. Exposure and Response Prevention is a behavioral technique often used to treat people with obsessive compulsive disorder. In this technique, the therapist exposes the client to the situation that causes obsessive thoughts, but then prevents the client from acting on these thoughts. For example, to treat people who compulsively wash their hands because they fear contamination from germs, a therapist might have them handle something dirty and then prevent them from washing their hands. Therapists have also experimented with exposure and response prevention to treat people with bulimia nervosa, an eating disorder in which people engage in binge eating and afterward force themselves to vomit or, more occasionally, take laxatives. The therapist feeds the bulimic patients small amounts of food but prevents them from binging, taking laxatives, or vomiting.

4. Aversive Conditioning Behavioral therapists occasionally use a technique called aversive conditioning or aversion therapy. In this method, clients receive an unpleasant stimulus,

such as an electric shock, whenever they perform an undesirable behavior. For example, therapists treating patients with alcoholism may have them ingest the drug disulfiram (Antabuse). The drug makes the patients violently sick if they drink alcohol. Many therapists have found that aversive conditioning is not as effective as other behavioral techniques, and as a result, they use this technique very infrequently.

5. Social Skills Training is a method of helping people who have problems interacting with others. Clients learn basic social skills such as initiating conversations, making eye contact, standing at the appropriate distance, controlling voice volume and pitch, and responding to questions. The therapist first describes and models the behavior. Then the patient or client practices the behavior in skits or role-playing exercises. The therapist watches the exercises and provides constructive criticism and further modeling.

   One popular form of social skills training is assertiveness training, another technique pioneered by Joseph Wolpe. This technique teaches people, often those who are shy, to make appropriate responses when someone does something to them that seems inappropriate or offensive or violates their rights. For example, if a woman has trouble saying no to a coworker who inappropriately asks her to handle some of his job responsibilities, she may benefit from learning how to become more assertive. In this example, the therapist would model assertive behavior for the client, who would then role-play and rehearse appropriate responses to her coworker

4.3.1. Cognitive therapies

They are similar to behavioral therapies in that they focus on specific problems. However, they emphasize changing beliefs and thoughts, rather than observable behaviors. Cognitive therapists believe that irrational beliefs or distorted thinking patterns can cause a variety of serious problems, including depression and chronic anxiety. They try to teach people to think in more rational, constructive ways.

4.4. Rational-Emotive Therapy (RET)

In the mid-1950s American psychologist Albert Ellis developed one of the first cognitive approaches to therapy, rational-emotive therapy, now commonly called rational-emotive behavior therapy. Trained in psychoanalysis in the 1940s, Ellis quickly became disillusioned with psychoanalytic methods, viewing them as slow and inefficient. Influenced by Alfred Adler's work, Ellis came to regard irrational beliefs and illogical thinking as the major cause of most emotional disturbances. In his view, negative events such as losing a job or breaking up with a lover do not by themselves cause depression or anxiety. Rather, emotional disorders result when a person perceives the events in an irrational way, such as by thinking, "I'm a worthless human being."

Although rational-emotive behavior therapists use many techniques, the most common technique is that of disputing irrational thoughts.

STEP ONE: Identify the irrational ideas.

STEP TWO: Try to find more rational ideas.

STEP THREE: Identify the feelings and the circumstances in which the client experiences unwanted emotions.

STEP FOUR: Explore the underlying rational and irrational ideas in each situation. Challenge the crazy ideas with more rational ways of thinking. This is "cognitive restructuring."

STEP FIVE: Imagine being in the upsetting situations. Help the client talk rationally to let the rational ideas override the irrational ideas and emotions.

Feelings	Possible Irrational Ideas
Anxiety, stress	Hurry up or be perfect messages; failure expectations or too high expectations.
Sad, pessimistic	Self-criticism; hopelessness; expecting to fail
Anger, irritable	Fantasies about being mistreated; believing the other person is evil and should be punished.
Disappointment	Expecting too much. Thinking that things should be different

Cognitive therapy, in a nutshell, seeks to change a person's irrational or faulty thinking and behaviours by educating the person and reinforcing positive experiences that will lead to fundamental changes in the way that person copes. For instance, a person who might get depressed over the way their life is going right now may begin a downward spiral into thinking negativistic and irrational thoughts, as taught (or not taught) to that person in his or her upbringing. This only reinforces the depressive feelings and lethargic behaviours.

Many people expect that therapy would try and attack feelings, to change them. In general, feelings will only change after your thinking and behaviours have returned more to "normal" (whatever the heck that is!). So cognitive therapists will work on helping the patient identify irrational thoughts, refute them, and help the patient change useless or frustrating and unproductive behaviours (through techniques such as modelling, role play, and reinforcement strategies). Therapists working with this type of therapy are generally more directive than psychodynamic therapists, and act as much as teachers, sometimes, as therapists.

Therapy is generally short-term (which means anywhere from 3-9 months, or roughly 10-35 sessions). Cognitive & behavioural therapy has had some of the greatest success in research with a wide variety of disorders, from phobias to anxiety to depression. This therapy is one of the few empirically validated therapies today.

4.5. HUMANISTIC THEORY AND THERAPY

No matter what kind of childhood you suffered through, no matter what your life experiences, you are ultimately in charge of how you react to those experiences and how you will feel. No blaming it on the parents here! There are a number of major conflicts that also tend to need attention, according to this theory. These generally involve the struggle between "being" and non-being (life versus death, accepting parts of yourself, but not other parts, etc.), being authentic versus being "fake" or "fraudulent" in your day-to-day interactions with yourself and others, etc. This theory tends to emphasize these epic but philosophical struggles within oneself. An emphasis on motivations, goals, aspirants etc….

Humanistic therapies focus on the client's present rather than past experiences, and on conscious feelings rather than unconscious thoughts. Therapists try to create a caring, supportive atmosphere and to guide clients toward personal realizations and insights. Clients are encouraged to take responsibility for their lives, to accept themselves, and to recognize their own potential for growth and change.

The length of therapy depends on the severity of the problem and on a client's ability to change and try new behaviors. Because humanistic therapies emphasize the relationship between client and therapist and a gradual development of increased responsibility by the client, these therapies typically take a year or two of weekly sessions. Three of the most influential forms of humanistic therapy are existential therapy, person centered therapy, and Gestalt therapy.

Existential therapy deals with important life themes. These themes include living and dying, freedom, responsibility to self and others, finding meaning in life, and dealing with a sense of meaninglessness. More than other kinds of therapists, existential therapists examine individuals' awareness of themselves and their ability to look beyond their immediate problems and daily events to problems of human existence.

The first existential therapists were European psychiatrists trained in psychoanalysis who were dissatisfied with Freud's emphasis on biological drives and unconscious processes. Existential therapists help their clients confront and explore anxiety, loneliness, despair, fear of death, and the feeling that life is meaningless. There are few techniques specific to existential therapy. Therapists normally draw on techniques from a variety of therapies. One well-known existential therapy is logotherapy, developed by Austrian psychiatrist Viktor E. Frankl in the 1940s (logos is Greek for meaning).

4.6. Person-centered therapy

It emphasizes understanding and caring rather than diagnosis, advice, and persuasion. Rogers strongly believed that the quality of the therapist-client relationship influences the success of therapy. He felt that effective therapists must be genuine, accepting, and empathic. A genuine therapist expresses true interest in the client and is open and honest. An accepting therapist cares

for the client unconditionally, even if the therapist does not always agree with him or her. An empathic therapist demonstrates a deep understanding of the client's thoughts, ideas, experiences, and feelings and communicates this empathic understanding to the client. Rogers believed that when clients feel unconditional positive regard from a genuine therapist and feel empathically understood, they will be less anxious and more willing to reveal themselves and their weaknesses. By doing so, clients gain a better understanding of their own lives, move toward self-acceptance, and can make progress in resolving a wide variety of personal problems.

Person-centered therapists use an approach called active listening to demonstrate empathy—letting clients know that they are being fully listened to and understood. First, therapists must show through their body position and facial expression that they are paying attention—for example, by directly facing the client and making good eye contact. During the therapy session, the therapist tries to restate what the client has said and seeks clarification of the client's feelings. The therapist may use such phrases as "What I hear you saying is..." and "You're feeling like..." The therapist seeks mainly to reflect the client's statements back to the client accurately, and does not try to analyze, judge, or lead the direction of discussion.

4.7. Gestalt therapy

It is a German word referring to wholeness and the concept that a whole unit is more than the sum of its parts. Gestalt therapy was developed in the 1940s and 1950s by Frederick (Fritz) Perls, a German-born psychiatrist who immigrated to the United States. Like person-centered therapy, Gestalt therapy tries to make individuals take responsibility for their own lives and personal growth and to recognize their capacity for healing themselves. However, Gestalt therapists are willing to use confrontational questions and techniques to help clients express their true feelings. In the following example, the therapist helps the client become more aware of her own behavior and her responsibility for it:

Client: You know, you just can't do anything right in today's world.
Therapist: Please repeat that phrase using the word I instead of you.
Client: I can't do anything right, it seems.
Therapist: Would you change the word can't to won't?

Client: I won't do anything right Therapist: What won't you do that you want to do

The general goal of Gestalt therapy is awareness of self, others, and the environment that brings about growth, wholeness, and integration of one's thoughts, feelings, and actions. Gestalt therapists use a wide variety of techniques to make clients more aware of themselves, and they often invent or experiment with techniques that might help to accomplish this goal. One of the best-known Gestalt techniques is the empty chair technique, in which an empty chair represents another person or another part of the client's self. For example, if a client is angry at herself for not being kinder to her mother, the client may pretend her mother is sitting in an empty chair. The client may then express her feelings by speaking in the direction of the chair. Alternatively, the client might play the role of the understanding daughter while sitting in one chair and the angry daughter while sitting in another. As she talks to different parts of herself, differences may be resolved. The empty-chair technique reflects Gestalt therapy's strong emphasis on dealing with problems in the present.

4.8. Play therapy and Filial Play Coaching skill

Filial Therapy: Creating a Context for Change

Filial Therapy, a child-centered Relationship Enhancement Family Therapy, introduced in the 1960s, has had a long history of effectiveness as an intervention/ prevention program with young children and their families (Ginsberg, 1976, 1989, 1997; Guerney, B. G., 1964, 1969, Guerney, L. F., 1976, 1983, 2000, 2003; Guerney & Stover, 1971, Guerney, Guerney & Andronico. 1966, Rennie & Landreth, 2000; VanFleet, 2000, 2005, VanFleet, Ryan, & Smith, 2005).

In Filial Therapy, parents learn to conduct one-on-one child-centered play sessions with their own children. Parents then continue to hold weekly play sessions with their children at home for a period of 6 months to a year (or more, depending on the child's motivation). Modeled after child-centered play therapy, these half -hour play sessions occur in a highly structured context with few but clearly defined limits and consequences set by the therapist. This context is designed to allow children to take the initiative and freely express themselves and it fosters self-regulation and independence. In turn, parents are asked to respond to (acknowledge) their children's initiative, behavior, and expression, *particularly feeling expression,* with acceptance and without judgment.

Through the weekly practice of these play sessions, children improve their self-concept, gain mastery, and learn to take responsibility for their actions. They become more aware of their own feelings and motivations. Concurrently, parents "soften," become more receptive to their child's motivations, and increasingly willing to trust in their child's independence. Parents also learn to set effective limits and consequences, gaining confidence in their skills. In these ways, they are better able to meet the needs of their children and keep them safe.

Most important, children and parents become more open to one another, are more inclined to share their feelings with each other, and feel more securely attached to one another. This improved relationship fosters greater collaboration, which in turn reduces conflict and negativity while improving family stability.

An Educational/Skill-Learning Model

From the beginning, Filial Therapy differs from traditional clinical practices in that it emphasizes the positive and constructive by focusing on what can be learned and practiced rather than on dysfunctional patterns which elicit resistance. Because of this, clients generally respond to it more positively than they do to typical clinical interventions.

This approach makes no distinction in methodology between prevention and intervention. It is equally applicable and helpful with parents who are facing problems with their children and those who wish to enhance their children's development and their own parenting skills. Because Filial Therapy does not distinguish between intervention and prevention (the principles and methods remain the same), making a diagnosis becomes less relevant than it is in most traditional therapies. Children who are evaluated and/or receive a diagnosis for learning, developmental, emotional and/or behavioral difficulties will benefit from an intervention incorporating Filial Therapy.

A Client-Centered Approach

When families are engaged in Filial Therapy their attention changes from what's wrong to what's right. The objective of the therapy is for clients to learn something they can transfer and use in their everyday life. It is the client's responsibility to apply what they learn. Clients then become responsible for their own change. This is a change from a therapist centered approach.

Primary and Significant Relationships as Agents of Change

We learn to be who we are through relationships with others. We emerge in life in a relationship context. Our personalities are formed, beginning with conception, through our experiences with others. Through this process, we develop who we are—our personalities.

In Filial Therapy, the goal is to shift the negative–negative cycles in the parent-child and family relationships to positive-positive ones. We remember every emotion and physical sensation from our earliest days, and even if we have no conscious awareness about the events that took place, these memories influence the way we relate to each other as adults. Interpersonal habits (implicit memory-non conscious emotional memory) we learned in our early experience are integrated with and affect our present lives. The underlying basis of each person's self-concept is the internalization of how significant others, beginning with parents, have communicated to each of us about ourselves (Sullivan, 1947; 1953; Keisler, 1996).

Emotion as a Transformative Agent

Emotion is the motivating force for all behavior. In Filial Therapy, parents learn to acknowledge the feelings (with non-judgment and acceptance) underlying their children's actions. Through this process, children gain mastery over their feeling motivation to regulate their actions. At the same time, parents are learning to consider and accept their child's feelings and become more empathic and child-centered. The result is a more emotionally attuned and secure parent-child relationship.

Empathic Attunement

The primary therapeutic ingredient in Filial Therapy is the improvement of empathic attunement and emotional regulation in the parent-child relationship. According to Siegel (1999), "the overall process of attunement leads to the mutual influence of each member upon the other—a characteristic described earlier in the book as 'resonance'" (p. 281). He goes on to say that this emotional resonance and mutual influence continues even after they are no longer in communication with each other.

The Importance of Play

Filial Therapy uses play as its primary vehicle to achieve its goals. Play is a child's natural means of expression and the vehicle through which children make sense of the world, cope with their stresses and difficulties, improve their developmental skills, model new behaviors and understandings, gain mastery, and develop interpersonal skills. As such, it is the best "language" to use to communicate with and relate to children. Child-centered play therapy provides a structured and systematic way in a secure environment for children to use their own resources to enhance their mastery and feelings about themselves. Concurrently, it creates a secure context for parents, with their children, to improve their sensitivity, empathy and attunement with them, emotional control, and mastery.

Child-Centered Play Therapy

Child-centered play therapy is based on the work of Carl Rogers (1951) and his associates, particularly Virginia Axline (1947, 1969). Axline identified eight principles and these provide the guidelines for this approach,

1. Therapist must develop a warm, friendly relationship with the child to establish rapport.
2. Therapist accepts the child exactly as he is.
3. Therapist establishes an atmosphere of acceptance so that the child feels free to express his feelings completely.
4. Therapist recognizes the feelings the child is expressing and reflects them back to the child to communicate understanding.
5. Therapist maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so.
6. The child "leads the way." The therapist does not attempt to direct the child's actions or conversation in any manner.
7. Therapist recognizes that play therapy is a gradual process and does not attempt to hurry the child.
8. Therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship.

The goal is to establish an atmosphere in which children feel accepted and can play freely. The parent-therapist sets the stage by establishing the time of the session and a few basic ground rules; beyond that, what the child does with the toys and how the session unfolds is up to the child. The child may use the toys to express ideas and feelings he has not been able to express adequately before, or express his feelings in a more moderate way than he has

previously. He may be very aggressive, or he may want to sit and stare at the wall. He may wish to leave after a few moments. The parent-therapist has to have an open mind and be willing to follow the child's lead, whatever form it takes – even if the child decides to leave. In short, the therapist does NOT:

- critise
- praise, reassure, or bestow approval or
- encouragement question, lead the child on, or
- extend invitations suggest, advise, or persuade interrupt or interfere
- give information unless the child specifically requests it

In summary, the therapist's role is to try to understand what the child is trying to express and communicate understanding and acceptance to the child. Because of its educational underpinnings, filial therapy quickly engages clients and therapist/leader in a collaborative effort.

The Role of the Therapist

The filial therapist/leader plays many roles during the therapy. First, the therapist helps parents understand how Filial Therapy addresses the presenting problem and fosters satisfying outcomes. Then she or he teaches, models, guides, and supervises parents as they learn to conduct these play sessions. Filial therapists also help parents generalize the skills they use during the sessions in their everyday lives and maintain and integrate what they have learned. Finally, the therapist/leader integrates dynamic and didactic methods

Structured, Systematic, and Time-Designated

Because Filial Therapy is structured, systematic, and time designated, it empowers therapists/leaders to efficiently manage the course of therapy or education. The basic phases of Filial Therapy are:

- Thorough understanding of the presenting issue, relevance to the child's development, and family dynamics. This will typically include a family play observation.
- Parents are informed of the principles and methods of Filial Therapy; gain an understanding and confidence in this approach and how it meets their needs and interests; and forming a collaborative relationship with the whole family.
- Play session demonstration (therapist holds child-centered play sessions with each child while parents observe).
- Training (therapist can use mock play sessions with prompting, modeling, reinforcement, and shaping to improve parents' comfort and skill.)
- Supervised parent-child play sessions, followed by therapist feedback and discussion with parents.
- Discussion of play themes, parent reactions, family dynamics, and problem-solving with parents.
- Home play sessions, with parents reporting the results regularly to the therapist.
- Generalization of skills.

- Maintenance of play sessions and skills over time
- Therapist shifts to a consulting relationship with the family.

4.9. Reality Therapy

Reality Therapy was developed in the mid-sixties by William Glasser MD, an American Psychiatrist and psychologist and its techniques, theory and wider applications continue to evolve at his hands.

Reality Therapy is a method of therapy which teaches people to understand the needs that have developed through the evolution of our species and that drive all human beings; to make more effective choices to meet those needs; to take control of their own lives; and to develop the strength to handle the stresses and problems of life. Choice Theory Psychology is the theoretical base for Reality Therapy. Modern cybernetic research supports the Choice Theory idea that all behaviours – conscious or non-conscious, efficient or non-efficient, normal or abnormal – are chosen as the best option we have at the time in the attempt to control external and internal variables (circumstances) to meet our needs. Choice Theory suggests that the only person I can control is myself and assumptions that I can control others or that they can control me tend to be counter-productive and ineffective. Learning the principles of Choice Theory and applying them to make a more need-satisfying life is a key task of the Reality Therapy process. This is an optimistic, transformative process for the client where s/he becomes aware that almost all behaviour is chosen and so there are possibilities to choose less suffering and more effective behaviour. The Reality Therapy model places unsatisfactory or non-existent relationships at the source of almost all human problems. The goal of Reality Therapy is to help people reconnect with the important people in their lives.

WHAT YOU CAN EXPECT FROM A REALITY THERAPY PSYCHOTHERAPIST

The Reality Therapy Psychotherapist will work to build a trusting, empathic, deep relationship with the client from the start. The relationship will be characterised by understanding and by honesty, and may include supportive involvement outside the counselling office.

• There will be a clear focus on the present. What happened in the past that was painful has a great deal to do with who we are today, but continuously revisiting this painful past can contribute little or nothing to what we need to do now: improve an important, present

relationship. Therefore, the past will not be discussed too much, because the Reality Therapy model suggests that almost all human problems are caused by unsatisfying relationships in the present. It is true, of course, that there are times when the past is manifest in present experience, which can cause the past to have new meaning, and where this is important it will be explored in therapy

• Symptoms and complaints will not be focused on very much either, since these are understood as the ways that clients choose to deal with unsatisfying relationships.

• Accepting that the behaviour of every person is chosen to satisfy her/his needs, the client realizes that the only person whose behaviour s/he can control is her/his self; it means s/he has to give up the attempts to control.

the behaviour of others; therefore, the focus is away from blaming, or criticising or complaining about others, and towards making changes in our own behaviours that will get us closer to a need-satisfying life.

• The therapist will help clients understand the holistic nature of their behaviour, how their actions and thoughts, their feelings and their body physiology all work together as they try to live a need-satisfying life. This means bringing the focus on what they can control directly in the present to improve their relationships and their life – that is, their actions and thoughts. Less time is spent on what they cannot control directly; that is, changes to feelings and physiology. Feelings and physiology can be changed, but only as part of changes in acting and thinking.

• The therapist will remain non-judgmental and non-coercive, but will encourage clients to judge all you are doing by the choice theory principle of self-evaluation: “Is what I am doing getting me closer to the people I need? Is it getting me what I want?” If the choice of behaviours is not working in the client’s view, then the therapist helps the client to find new behaviours that lead to a better connection with the important people in his/her life.

ECLECTICISM THEORY AND THERAPY

It's a pragmatic approach to therapy, meshing all of the above approaches together to fit the individualistic human being that sits before them for the first time with their particular problem. For example, a typical eclectic approach in therapy is to view an individual from a psychodynamic perspective, but to use more active interventions, such as you might find in a cognitive-behavioural approach. Most forms of this therapy are much more subtle and less

distinct than that. In eclecticism, there is no one right or guaranteed way of approaching any given problem. Each problem is tainted and changed by that individual's own history and way of viewing or perceiving his or her own problem. Therapists are flexible, working as a teacher for one patient, as a guide for another, or as a combination of all of the above for yet another.

Eclectics use techniques from all schools of therapy. They may have a favorite theory or therapeutic technique that they tend to use more often or fall back on, but they are willing and often use all that are available to them. After all, the key here is to help the patient as quickly and as effectively as possible. Not to pigeon-hole them into some set way of looking at all people, whether it works for them or not. For instance, I have seen a lot of patients in which psychodynamic therapy techniques would have been useless and ineffective, because of time and verbal limitations (psychodynamic therapists basically agree that it is a most useful therapy for those who are more verbally-able, although the time 'constraint' can be argued). If I only practiced in that one vein (or arguably in any one vein), I would automatically be excluding helping a lot of people.