BLOCK 3
COUNSELLING SKILLS AND TECHNIQUES

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THE PEOPLE'S
UNIVERSITY

UNIT 7 COUNSELLING SKILLS AND TECHNIQUES-I*

Structure

7.1 LEARNING OBJECTIVES

After studying this unit, you would be able to:

- *Understand the importance of establishing rapport in counseling;*
- *Explain the basic skills required for counseling;*
- *Describe the counselling techniques of case history and interview in counseling; and*
- *Understand counseling skills and process used in special settings.*

7.2 INTRODUCTION

You have learned by now the meaning and concept of counseling. You have also learned about the importance and scope of counseling. Given the fast pace of modern life where fierce competition, economic slowdown,

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uncertainties and mobilization from the hometown to cities/other places for jobs have become the reality, there is corresponding increase in our stress, tension, and worries also. The basic fabric of the society is changing. Families as a support system are steadily breaking down, from joint family to nuclear families and nowadays to single parent families where the single parent is working to make ends meet. There are problems of adjustment, daily hassles of life, interpersonal issues, anxiety, depression and unprecedented challenge such as Covid-19 pandemic we are currently going through.

With the increased complexities of modern life and with newer adversities coming up, there is an increasing demand of professional counsellors who can facilitate the process of meeting the life challenges, to ease out stress and make life peaceful and more meaningful for people. So counseling is needed not only when we face problems, but it can also be utilized for maximizing human growth and potential, bringing out our best. The counselor who is trained and qualified can provide us the needed support and guidance for making a balance in our life, helping us to achieve overall development of personality.

As part of counseling process, the counselor requires certain skills and techniques so that counseling can be effective. Since counseling is a professional practice, the counselor needs to know the important skills and use these during the counseling process.

In this unit, you will understand the basic skills and techniques of counseling. Further, counseling skills and techniques used in different forms and settings will also be described. In the subsequent units 8 and 9 also, you will learn about some other counseling skills and techniques.

7.3 RAPPORT BUILDING

The relationship between a counselor and a client has a unique and very specific meaning. The effectiveness of counseling depends to a great extent on this counseling relationship. Hence building a relationship with the client or commonly known as rapport building is very important that will determine the continuation of client with counseling process. Maintaining the rapport formed is a continuous process throughout counseling. Establishment of rapport helps in building trust and confidence on the counselor. This is required so that the client becomes open and shares with the counselor who can then reach out to the client and understand her/his concerns effectively.

Rapport building is considered as the foundation of counselling. The client is able to connect with the counsellor if s/he feels comfortable enough to open up and talk to the counsellor about the issues or challenges. Hence it is the first requirement in the establishment of a counseling relationship without which counseling cannot progress. Rapport building helps in creating a psychologically safe and secure environment and a trusting relationship between the counsellor and the client.

Developing such a relationship requires the counsellor to demonstrate the core skills of genuineness, respect, empathy along with creating an environment of trust, safety, and openness. This trusting relationship can be developed only when a confidentiality on the part of counsellor is assured. Counselor needs to have listening skills, attend to non-verbal communication of the client, and use other helping skills to develop a positive climate and conditions for counselling. The counsellor is also required to be non-judgmental in his/her attitude and decisions, and should not jump to conclusions or make assumptions about the client immediately. Knowing the client is the most important aspect of relationship building.

The counsellor can work on the following important points while building rapport with the client:

- Setting foundation for building trust by assuring the confidentiality and taking informed consent. Let the client know that whatever s/he wants to share with the counsellor will remain confidential if it is not going to harm the client or someone else. It is important to put stress on this point here that life is precious and in case of threat to the client's life or others life, we need to breach the confidentiality. If the counsellor, needs to break the confidence because the information that client shared is harmful to him/her or someone else, the client will not feel betrayed (as it has been informed to the client in advance).
- Briefing about the roles of counsellor and client and developing a collaborative working relationship so that they are clear about what to expect from self and the counsellor and set goals for the counselling sessions.
- Being predictable and consistent while giving the appointments because consistency is one of the key aspects to speed up the trust building process. It is important to keep the appointment. In case of an emergency when an appointment needs to be cancelled it should be informed to the client.
- Creating core conditions which are necessary for successful counselling. You will learn about these in the next section.

7.4 PERSON-CENTRED COUNSELLING TECHNIQUE

If I can provide a certain type of relationship, the other person will discover within himself [sic] the capacity to use that relationship for growth and change, and personal development will occur. – Carl Rogers

Person-Centred Counselling is also known as Client Centred or Rogerian Counselling (in honour of its founder Carl Rogers). There are a variety of terms that are often used interchangeably in his therapeutic approach including Client-Centred Therapy (CCT), Person-Centred Therapy (PCT) or

Non-Directive Supportive Therapy (NDST). Rogers combined scientific rigour with the individualised practice of client centred psychotherapy. As the name suggests, it is centred around the client, hence rapport formation occupies an important place which creates a conducive atmosphere to proceed further in counseling.

Rogers brought into psychotherapy the concept of self with the freedom and choice as the core of one's being. Its emphasis is on "positive" aspects of human psyche. It is also called so because of its emphasis on the person; the therapist believes that the client is the best authority on her / his own experience, and it asserts that the client is fully capable of changing and growing into all that the client can and wants to be if the client – like all of us - gets the warm, trusting, and acceptable environment. It is believed that a person has the potential to overcome her/his adversity and there is a hidden or latent power in every human being to achieve the growth in her/his life. The emphasis on this "positive" aspect has led to call the suffering person as a client and not a patient. The basic premise of this approach is that the therapist remains non-directive and reflective and s/he does not interpret or advise the client.

The technique/therapy provides a warm relationship in which the client can reconnect with her/his disintegrated feelings. It assumes that client will be able to find readjustment in her/his behaviour if the therapist shows empathy i.e., understanding the client's experience as if it were their own, is warm and has unconditional positive regard i.e., total acceptance of the client as s/he is. Empathy helps the therapist to set up an emotional resonance with the client. Unconditional positive regard shows that the positive warmth of the therapist is not dependent on what the client discloses or does in the therapy sessions. This unique unconditional warmth makes sure that the client feels secure and can trust the therapist. The client feels safe enough to explore her/his feelings. The therapist reflects the thoughts and feelings of the client in a non-judgmental manner. The reflection is achieved by rephrasing the statements of the client, i.e, seeking simple clarifications to enhance the meaning of the client's statements. This process of reflection helps the client to become integrated. Personal relationship improves with an increase in adjustment. In principle, this therapy helps a client to become her/his real self with the therapist/counsellor working as a facilitator.

Important features of person-centred techniques

- Client is treated as a person not as a patient
- Client is an active rather than passive agent for the change. The client act, feel, and think, his/her subjective experiences are very meaningful and accepted in totality.
- According to Carl Rogers (1957), **empathetic understanding** (understanding the situations from the client's perspective helps in promoting rapper building), **unconditional positive regard** (treating the

client as a worthy person irrespective of his actions, feelings, thoughts, background, etc.) and **congruence** (it means consistency in the counsellor's thoughts, feelings, and actions which helps client perceive the counsellor as a real, responsible, reliable, and dependable person and not as a fake).

- Carkuff (1969) added few more conditions in the list of core conditions to Roger's list which are: **Respect** (It helps the counsellor to accept the client for who they are, even when they are different from you or you do not agree with them. Respect in relationships builds feeling of trust, safety, and wellbeing), **Confrontations** (it helps the client to have a realistic and accurate view about himself, others and/or his situations), **Immediacy** (dealing with problems with 'here and now' attitude), **Concreteness** (focusing on specific, definite, and vivid points rather than being vague and general), and **Self-disclosure** (sharing personal information by counsellor such as his/her thoughts, fears, preferences, and experiences. It is an important way to strengthen relationship and build trust).

Thus a person-centred or client-centred technique uses the following basic criteria such as:

Empathy

"Empathy is seeing with the eyes of another, listening with the ears of another and feeling with the heart of another." – Alfred Adler

Empathy is a core counselling skill which refers to putting oneself in the other person shoes. Empathy is the capacity to feel with the client while sympathy is to feel for the client. According to Rogers (1961), empathy is a necessary condition in counselling. He states that empathy is "to sense the client's private world as if it were your own but without ever losing the 'as if' quality. This is empathy and very much essential to therapy. The counsellor precisely understands the client's thoughts and feelings from the client's perspective. It is very important to accurately sense the client's world and verbally share one's understanding with the client. When the counsellor is eager and able to experience the world from the client's point of view, it shows the client that her/his perspective has value, and s/he is accepted.

Acceptance or Unconditional Positive Regard

A therapeutic relationship is the one where the client/person is free to express himself/herself without any fear. It reflects trust and acceptance of the idea that the feelings of client are important. The counsellor does not put any condition and accepts the client without any condition or judgment. This sets free the client to explore her/his thoughts and feelings, positive or negative, without the fear of rejection or criticism. It is important to remember that during the formation of new relationship, its normal to experience feelings of uncertainty and anxiety. Such feelings can be taken care of with the counsellor's positive regards to the client. In short, it is accepting and valuing

another human being, regardless of their thoughts, beliefs, and behaviour. Thus it indicates **being Non-Judgmental** which means respecting and accepting the client as a person without making judgments of being right or wrong.

Genuineness or Congruence

Genuineness or Authenticity means the consistency in behavioural expression of what you value and the way you feel and relate to your inner self. The counsellor needs to be authentic and should not display an impression of "I know all" or "Only I am the best". The counsellor needs to be "real" and be present for the client. A real human being is a person with real thoughts, real feelings, and real problems. There should not be any phony behaviour. Counsellor needs to be genuine in showing concern or involvement from the heart and not through pretentiousness. All facades should be left out of the therapeutic environment. The counsellor should be aware and have insight into him or herself. This means that therapist is openly exposing the feelings and attitudes that are flowing within him or her in the moment. Therefore, there is a close matching or congruence between what is being experienced at the personal level, what is present in awareness and what is expressed to the client.

Self-Assessment Questions 1

1) Why is the rapport or relationship building important?

   ……...

   ……...

   ……...

2) Who is the founder of person-centred counselling?

   ……...

   ……...

   ……...

3) The basic premise of person-centred counselling is that the therapist remains

   a) non-directive and reflective
   b) does not interpret or advice the client
   c) only A
   d) both A and B

4) Client is an active rather than passive agent for the change. True/False

5) List certain basic criteria used for person-centred or client-centred techniques.

   ……...

7.5 BASIC COUNSELLING SKILLS

Besides the core conditions described above in person centred counseling technique, the counsellors also needs to have certain basic counseling skills to help clients effectively. Some of the important skills essential for counselling are as follows:

- **Trust building or rapport building** is a very important skill a counsellor should have. Building trust or rapport with the client helps the client to feel comfortable to share what s/he is going through without any hesitation.
- **Attending skills** means being physically and psychologically with the client. Some of the non-verbal behaviours useful in attending to clients have been summarised by the acronym SOLER by Gerald Egan in his book, The Skilled Helper (1994). This includes:
    - S- **Sitting squarely** facing the client. Counsellor should sit attentively at an angle to the person, so that s/he look at them directly and show that they are listening to them and paying attention to them. Turning to sides lessens one's involvement.
    - O- Have an **open posture**. Crossing arms and legs can make counsellor look anxious or defensive and can be a sign of less involvement.
    - L-**Lean forwards**/towards the client slightly to show that counsellor is interested in what the client is sharing or talking about.
    - E- Maintaining **eye contact** shows that counsellor is interested and listening to what the client has to say. It is different from staring at the client which can make them feel uncomfortable. Maintaining good, positive eye contact means looking at the client directly and not fiddling with mobile, watch or busy with writing/or any other task. Cousellor can also shift the eye gaze briefly if the client is not very comfortable. One needs to be careful and understand that there can be cultural/gender differences in making eye contact.
    - R- Keep **relaxed body language**. This helps the client to perceive the counselor as confident and relaxed. The client see that the counselor is not in a hurry to get away and are allowing the client to talk at their own pace.
- **Active listening** is engaged listening when you are listening for meaning and understanding. Active listening is very different from passive. It requires listening to thoughts, feelings, and non-verbal messages. The counsellor says very little but conveys an interest in what the client is talking. The counsellor speaks in between to clarify and paraphrase to communicate if client has been correctly heard and understood.

- **Observational Skills** are very crucial for the counsellor as it helps to observe client. There are four specific areas which needs to be focused for observation: body position, postures and gestures, grooming and non-verbal expressions (body language). ***Body language*** of the client includes our facial expressions, angle of our body, proximity of ourselves to another, positioning of arms and legs, etc. Observe how much can be communicated or expressed by raising and lowering your eyebrows. Make sure you observe the client objectively i.e., observing the client as a person without counsellor's own biases or prejudices.
- Counsellors need to monitor the **Tone of the voice**. As it is required to monitor one's body language to help understand beyond what is said, similarly, it is important to pay more attention to 'how it is said' rather than 'what is said'.
- Counsellor needs to have the **skill of questioning** as it helps to get maximum information about the client without being interrogative or intruding. A *Closed question* is one which elicits answers in 'yes' or 'no' or with limited inputs. It can start with 'what', 'who', 'do', 'is', 'are' etc., e.g., 'Did you go there?', 'Is she your friend?'. Whereas an *Open question* is one which typically starts with 'how', 'could' etc. that elicits elaboration from the client, e.g., 'Can you please tell me more about the picnic you had with your friends?'. Although open questions are more used in counseling than closed questions, the use of both the type of questions will depend on the type of information sought and the objectives of the particular counseling session. A *Probe* is a question that generally starts with who, what, where, when, how etc. which helps you in getting specific further information into a particular aspect or issue, e.g., 'What do you plan to do after you finish college?'. An *Accent* emphasizes the last few words of what the client said by repeating it (by the counselor) so that it is highlighted. A *Clarification question* requests the client to repeat or elaborate the point mentioned by the client.
- The skill of **Paraphrasing** refers to restating of what the client said, thus focusing on the content of the conversation. It helps the counselor to understand the client and be at the same page with client. It can be described as a mirror response to the client and requires active listening to the client. Sometimes paraphrasing is also used to seek clarifications.
- **Reflection of feeling** is similar to paraphrasing skill but it focuses on reflecting on the feelings in verbal and non-verbal expressions of the client.
- Counsellor also needs to have the skill of **Summarizing** which is focusing on the main points of an entire session or a particular conversation on an issue and also the feelings involved in it. Thus it highlights the important points and feelings, or the gist of the conversation. This conveys that the counselor has understood accurately what the client has conveyed.

7.6 CASE HISTORY AND INTERVIEW

Case history and interview are two important counseling techniques that provides background data and assist in problem assessment and intervention.

Taking history is an important step in defining and understanding the problem the client is facing. **Case history** is defined as a planned professional conversation that helps the counsellor/clinician to find out about the client's problems/symptoms, feelings, fears and difficulties and get an insight about the clients' illness and his or her attitude towards them. The process of taking history usually starts with collecting standard identification data about the client such as name, age, sex, residence, socio economic status, education, marital status, etc. Apart from this, it is also important to note the presenting problem, symptoms, and behaviour of the client. It is also important to note down the physical appearance, verbal, and non-verbal cues. Sometimes the body language and gestures can reveal more than what the client tells. So case history gives you the in-depth information about the client and his/her problems.

In the beginning of taking case history, the counsellor needs to assure the client about the confidentiality and security of the personal information shared by the client to the counsellor. It needs to be reinforced that no information would be revealed to anyone without the permission of the client.

Before opening with the history taking from the client, it is important for the counsellor to think and have answers for the following, that is, what, why, from whom, and how:

- "What information and why (what is the purpose) do I need to understand and consider the therapeutic needs of my client"?
- "How should I collect the information? Is it better to elicit the information verbally, in written form or combine both"?
- "From whom should I collect apart from the client, if needed".

The counsellor can begin the process of history taking about the present problems and past problems if any, treatment, or help sought out earlier. The developmental history, medical history, and educational/occupational history of the client etc. are taken. If needed, the counsellor may interview client's family members and friends or colleagues, after taking consent from the client. It is also important to note that the counsellor should follow the ethical guidelines and legal rules pertinent for retaining such personal information of the client. Case histories serve a very useful function as these can be straightaway used for determining the direction of the counselling process.

Interview is the most widely used clinical assessment method because of number of advantages it has. It is convenient, low-cost method, consider both verbal and non-verbal behaviour, flexible, and helps the clinician or counsellor in building of a therapeutic relationship with the client.

Interviewing is a major tool for gathering data which helps in reaching to a diagnosis and making decisions about the course of action for the treatment or intervention.

Interview is a process, and not a cross questioning session, during which the counsellor/interviewer must be observant and aware of the client's verbal and non-verbal communication such as choice of words, voice intonation, pause in between, rate of speech, facial expression, eye contact, posture, and gestures, etc.

Interview serves as the basic setting for the psychological assessment and understanding of the client's problems. Though it is sometimes used as the only method of assessment, it can be used along with several of the other methods such as psychological tests, questionnaires, and observations.

Self Assessment Questions 2

1) _____ skill refers to being physically and psychologically present with the client.
2) What does 'O' stand for in the acronym SOLER?
3) _____ listening is when you are listening for meaning and understanding.
4) Restating what the client said helps you to understand the client and be at the same page with client. This is a skill of _____.
5) Which skill requires you to highlight the gist of the session/ conversation
6) History taking includes present problems as well as past problems. True/ False

7.7 PSYCHOEDUCATION

Psychoeducation as the name suggests, refers to giving education to the client and/or to family about the condition or psychological state of the client. Psychoeducation is considered an evidence-based therapeutic intervention for clients and their families that provides information and support to better understand and cope with condition or the illness. It is giving information about the causes, symptoms, prognosis, and treatments of their diagnosed condition. It is the right of families and client to know about the problem which can help them understand and evaluate their quality of life and better ways of coping with their daily difficulties. Psychoeducation is given not only for the psychological or mental conditions such as anxiety disorders, clinical depression, dementia, schizophrenia, eating disorders, personality disorders, and developmental disorders but also for physical illnesses, such as cancer, diabetes, cardiac illnesses, etc especially where long-term management is required.

It is important to understand that psychoeducation given in an empathetic and supportive environment can help the client/patients and family members to learn problem-solving and communication skills. There is strong research evidence which suggest that psychoeducation enhances family well-being, decreases rates of relapse, and increases the rate of recovery.

As a client cannot be treated in isolation or considered out of their family context, it is important to involve family members in initiating, advocating for, and supporting their relative's mental health care. They can help in monitoring the behaviour of the client, medication, diet, routine etc. and can work like a case manager. Psychoeducation can be given one-on-one or in groups. It should be delivered by qualified health educators or professionals such as psychologists, physicians, nurses, social workers, occupational therapists, etc. Support groups can be initiated where they can exchange their experience with other patients because mutual support play an important role in the process of healing.

Care should be taken on the part of health educators/professionals not to overwhelm the client with too much information as they already must be suffering emotionally, mentally, and socially. It should not become the source of stress for the client and the family members Therefore, one should get a clear picture of psychological condition of the patient and how should that information be passed to the client and the family members. It should be considered how much the patient already understands, and how much knowledge the patient can take up and process in their current condition. Attention should be paid not to give too much information at one time.

7.8 CONFLICT RESOLUTION

Conflicts are quite a normal part of life. Conflict occurs when people perceive a threat to their needs, interests, or concerns because of a disagreement with other people or whenever s/he must choose between contradictory need, desires, motives, or demands. In short, conflicts can be defined as situations that naturally arise as we go about managing our day-to-day activities as well as complex and stressful life circumstances. Hence it is important for the counselor to know about conflict resolution as a counseling technique so that clients can be helped in an effective manner.

You may disagree with others, even if you have the best intention, which may make you or the other person involved feel angry, upset, misunderstood or helpless. To feel at peace and continue the relationship effectively, it is important to understand characteristics of conflict:

- Conflicts are natural and unavoidable part of life.
- We do have our own perspectives which are made up of complex mixture of experiences, mind-sets, etc. and these are neither right nor wrong.

- If left unresolved, these can disturb your physical and mental well-being as well as your relationships.
- There are many ways to deal with conflicts and it is important to manage these in a healthy way.
- Human beings need respect, fairness, control, and their own space. We do have the ability to influence others, but not to control them.
- Conflicts can be of different types such as intrapersonal, interpersonal, intragroup, or intergroup.

Aspects of Conflict

Generally, conflicts are viewed negatively as these may lead to negative feelings between the people involved. At times, conflict can lead to end the relationship or creates a distance between people. If not resolved effectively, these can waste time and energy of the individuals involved in it.

Conflicts can be positive as well because conflict forces people to examine a problem and find a solution, to gain new information and new perspectives, and to explore new ideas. If people want to work on resolving the conflicts, it shows their concern, commitment, and a desire to maintain the relationship.

Recognise when a client may benefit from conflict resolution skills training

The counsellor needs to recognise and help the client learn to manage conflict situations. Many problems and difficulties faced by the client may result from conflict. It is important to understand here that one may not be able to always fix the problem that creates a conflict, but counselor can provide clients with the skills to manage conflict effectively.

Find out about client's values before conflict resolution skills training

We all have different viewpoints that are equally justifiable from our perspective or place where we are standing. Encourage the client to see other perspective or viewpoint. Looking at the conflict or problem from different angle helps the clients become more realistic as well as find different options to resolve the conflict. It is important to bring the objectivity while analysing the situation or conflict. This is where having a counselling intervention can benefit the client in overcoming their subjective frame of reference. Counselor can help the client understand how s/he filters information from their perceptions (and reactions) through their values, culture, beliefs, information, experience, gender, and other variables.

Apply conflict resolution skills

Teach the client about different conflict management styles such as controlling, collaborating, compromising, accommodating, and avoiding. How each one affects us and what is the best way to deal with conflicts. Teach the communication and assertiveness skills which are also very

important to learn to resolve conflicts. Help the client to learn about and practice different skills of conflict resolution like Win-Win Approach, Withdrawal, Suppression, Win/Lose, Compromise, etc.

7.9 CRISIS INTERVENTION

Crisis intervention is one of the widely applied form of brief treatment used by mental health professionals. A crisis refers to a traumatic event or experience an individual faces in his/her life such as natural disasters, death of a loved one, divorce, separation, accidents, robbery, fire, etc. Therefore, Crisis intervention refers to the techniques applied to give short-term urgent assistance and support to individuals who have experienced an event resulting in mental, physical, emotional, and behavioural distress. According to Stewart W. Ehly (1986), crisis intervention is emergency first aid for mental health

The goals of crisis intervention are to:

- Stabilise symptoms of traumatic event caused the distress
- Mitigate the impact of an event or symptoms of distress
- Facilitate a normal recovery process, where normal people are having normal reactions to abnormal events.
- Restore adaptive functioning or functional capabilities
- Assist in decision making

Elements of Crisis Intervention/Counselling

Crisis intervention is focused on minimizing the distress of the client due to traumatic event, offering emotional support, and expanding the individual's coping strategies in the present moment. It is meant to be relatively brief, lasting for a few weeks that is why it is not considered under psychotherapy. It focuses on assessing the client's immediate needs and safety concerns rather than on a broad range of assessment i.e., information gathering and case history. The following steps are followed in the crisis intervention/counselling

- **Assess the situation**

  One of the very crucial step of crisis intervention is to assess client's present situation. This requires that a counsellor listen to the client with empathy and acceptance, ask questions and ascertain how the client can cope effectively with the crisis, what resources s/he requires to cope and provide him/her support. It is important here to conceptualise or define the problem while taking care of client's safety, both physically and psychologically.

- **Educate the client**

  It is important to understand that having complete and accurate information solves half of the problem. Give information to client/individuals, who are experiencing the crisis, about their present condition and how they can reduce the damage. It is important here to note that counsellor needs to help the client understand and accept their reactions which are normal but transitory. The situation may appear grim and unending to the person who is experiencing the crisis, but the counsellor needs to help the client to have hope and see that things will return to normal eventually.

- **Offer Help or Support to the client**

  It is important for counsellor to understand that during crisis counselling, client requires support, help in getting calmed, and building on the resources. It is imortant that the counselor maintains calmness while reaching out to the client. The counsellor's skill of active listening, unconditional acceptance and empathy will play an important role in building the morale of the client. Helping the client with non-judgmental support during a crisis helps to reduce stress and improve his coping.

- **Develop Strengths and Coping Skills of the client**

  Apart from providing support, counsellors need to work on building coping skills and other resources/ strengths of the client to deal with the immediate crisis. Counsellor can help the client to explore alternative and creative solutions to the problem, develop life skills, positive attitude and thinking, and practice stress management techniques not only during the crisis situations but for future as well.

7.10 GRIEF AND BEREAVEMENT COUNSELLING

Human beings are mortal, so grief is an inevitable and obvious part of our life. Whether we accept it or not, we all have to lose our loved ones at some or other point in life and the loss can often knock us harder than we think or bear. Some of us can really struggle for a long period of time to cope with the loss which may indicate necessity for some professional help to heal and move on.

Before we get into defining grief and bereavement counselling, let us start with a definition of grief.

Grief is *"... a reaction to any form of loss... [that] encompass a range of feelings from deep sadness to anger, and the process of adapting to a significant loss can vary dramatically from one person to another, depending on his or her background, beliefs, relationship to what was lost, and other factors."* (Mastrangelo & Wood, 2016)

When we hear the word grief or bereavement, the only thing comes to our mind is the response to the death of a loved one. But if we look at the above definition, grief is explained in much broader way which is "… a reaction to any form of loss". Therefore, grief can be experienced in the death of a loved one either a human being or a pet, divorces or separation, or any other kind of significant loss such as losing a job, or the birth of a child with disability, etc.

Most of us may be able to deal with the loss but some of us may need help. So, grief counselling is provided to help the client grieve in a healthy manner, to understand and cope with the negative emotions they experience, and eventually find a way to move on in life.

Kübler-Ross has given a model of grief which is quite popular. She explained that there are "Five Stages of Grief" a person normally goes through. These are Denial, Anger, Bargaining, Depression, and Acceptance (DABDA).

According to this model, during the first stage, the person does not accept the realty and is in the denial mode. The time usually taken to move on from this stage to another varies from person to person ranging from a few weeks to months. Once the reality sinks in them, they feel the anger and usually have questions like "why me?", "life is not fair", "where is God?" During the bargaining stage they may offer deals to higher power, the universe, or themselves. It is their attempt to re-establish control over their helplessness feeling. The bereaved person will entertain the belief that if they had only done one thing differently (such as if they would have not fought, arrived earlier, reached to the hospital sooner, worked harder, paid more attention to a spouse, etc.), the person, relationship, or job could have been saved. When they realise that these beliefs and thinking now are not going to change the reality, they feel depressed. Finally the last stage is acceptance where the person comes to terms with the loss and accepts the new reality in her/his life.

We need to understand that grief is a unique experience for every person. Every person may have their own experience and strategies to deal with that and may not necessarily go through these stages of grief. There is no right or wrong way of grieving as it depends on the specific individual. However, when the loss and the grief starts affecting the normal functioning of the individual, it is important to seek professional counselling which will help to deal with the grief in an effective way.

Techniques used in Grief Counselling

As a counsellor, one needs to help the client to:

1) Talk about the deceased or the loss; ask them about the person or the loss and allow them to express their feelings about their lost loved one in a physically and psychologically safe space. Emotional catharsis is an important part of the grief counselling.
2) Find out whether they are grieving or suffering with trauma. If the client is struggling to get an image (of the mishap) out of their head or

experiencing flashbacks of the mishap, e.g., their loved one's death, accident etc., they are experiencing trauma, which can keep them from working through their grief.

3) Identify if they have any guilt regarding the loss. Help them to deal with the guilt, if any. Let them talk about their feelings without any fear or hesitation. The client may have the guilt feelings that they did or did not do enough for their loved one, or they may feel guilty about not crying or not feeling "sad enough" or moving on while their loved one is dead. It is important to take them out from the feelings of the guilt and shame. Encourage them to have commitment for self and to live a life that their loved one would have wanted for them.

Self Assessment Questions 3

1) Psychoeducation is not only given for the psychological or mental conditions but also for physical conditions as well. True/False

2) Skills of conflict resolution includes the following except_____.

   a) Win-Win Approach

   b) Aggression

   c) Suppression

   d) Compromise

3) Who said that crisis intervention is emergency first aid for mental health?

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   ……

   ……

4) List the different stages proposed by Kübler-Ross Grief Model?

   ……

   ……

   ……

5) Emotional catharsis is an important part of the grief counselling. True/False

7.11 LET US SUM UP

In this Unit you learned about the importance of rapport building in counselling. Laying down the foundations of trust for the counselor, establishing the structure of counseling and forming the counseling relationship are important for the success of counseling. Empathetic understanding, unconditional positive regard, and congruence are certain core conditions which are mandatory for effectiveness of counselling. These are basic elements used in person-centred couseling technique. This approach or

technique views the client as their own best authority on their own experience, and the client is fully capable of fulfilling their own potential for growth. Two important counseling techniques used by counselors are case history and interview. Further, the Unit described psychoeducation as an important technique of counseling the client and her/his family about the health problem/ adversity. The unit also described counseling skills used in specific settings such as conflict resolution, crisis intervention, and grief and bereavement.

7.12 KEY WORDS

Attending skills: Being physically and psychologically present with the client.

Active listening: Engaged listening when you are listening for meaning and understanding.

Beneficence: A moral or ethical responsibility to act for the benefit or best interests of the client/others.

Communication: Intentional or unintentional process of sharing and comprehending thoughts and feelings through verbal and/or non-verbal messages.

Concreteness: Focusing on specific, definite, and clear points in communication rather than being ambiguous and general.

Confidentiality: Keeping or protecting the information shared by another person/client unless the person or the client gives consent for disclosure.

Conflict: A state of disturbance or tension resulting from opposing motives, drives, needs or goals.

Congruence: Consistency in the person's thoughts, feelings, and actions which convey their honesty or sincerity.

Coping: An individual's way to deal and adapt to stressful situations or people.

Counselling: A helping process where a professional therapist assists the clients in resolving their personal, social, or psychological difficulties and taking their own decisions.

Crisis: A traumatic event or experience an individual faces in his/her life such as natural disasters, death of a loved one, divorce, separation, accidents, robbery, fire, etc.

Crisis intervention: Techniques applied to give short-term urgent assistance and support to individuals who have experienced an event resulting in mental, physical, emotional, and behavioural distress.

Empathy: Ability to understand and share the other persons' feelings or perspective.

Grief: An individual's reaction to any form of loss s/he perceives or experiences.

Immediacy: The skill of being in 'here and now' or paying attention to the present.

Non-maleficence: A moral or ethical responsibility not to cause any harm, intentionally and/ or unintentionally, to the client.

Non-verbal behaviour: A process of sending and receiving messages, without using words, through body language that is eye contact, facial expression, gestures, postures, etc.

Paraphrasing: A skill of restating what the speaker is saying to get better clarity about it

Psychoeducation: It is giving education to client and/or to family about the condition or psychological state of the client.

Rapport Building: The process of building the relationship of trust and comfort with the client by the therapist.

Self-disclosure: Sharing personal information by counsellor such as his/her thoughts, fears, preferences, and experiences.

Summarizing: Giving a brief statement of the main points or key ideas of the conversation.

Unconditional positive regard: An attitude of complete acceptance and respect on the part of therapist no matter what the client says or does.

7.13 ANSWERS TO SELF ASSESSMENT QUESTIONS

Self Assessment Questions 1

1) Rapport is important to make the client comfortable so that s/he can open-up and can relate to therapist
2) Carl Rogers
3) d) both A and B
4) True
5) Empathy, acceptance or unconditional positive regard, genuineness, or authenticity or congruence or realness

Self Assessment Questions 2

1) Attending Skills

2) Open Posture
3) Active listening
4) Paraphrasing
5) Paraphrasing
6) Summarizing
7) True

Self Assessment Questions 3

1) True
2) Aggression
3) Stewart W. Ehly
4) Denial, Anger, Bargaining, Depression, Acceptance (DABDA)
5) True

7.14 UNIT END QUESTIONS

1) Explain the basic counseling skills.
2) What is person-centred counselling technique? Explain certain basic criteria of a person-centred or client-centred technique?
3) Explain the meaning of psychoeducation and its importance.
4) Describe the goals of crisis intervention. Explain the different elements of crisis intervention/counselling.
5) What is grief counselling? Explain three techniques of grief counselling.

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UNIT 8 COUNSELING SKILLS AND TECHNIQUES II (MUSIC THERAPY, ART THERAPY AND PLAY THERAPY)*

Structure

8.1 LEARNING OBJECTIVES

After studying this Unit, you would be able to:

- *Explain the origin and meaning of music therapy;*

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- *Describe the approaches and benefits of music therapy;*
- *Define art therapy and describe its origin;*
- *Describe the therapeutic use and techniques in art therapy;*
- *Discuss the approaches to play therapy;*
- *Explain the therapeutic factors in play therapy; and*
- *Describe the materials and techniques in play therapy.*

8.2 INTRODUCTION

When Sarita feels upset about something, she usually starts humming some songs and these come automatically to her mind. The interesting thing is that the songs coming to her mind reflect the mood she is experiencing that time. When she had a heated argument with her boyfriend and they did not talk for an entire day, her mind was humming sad songs. Whereas on another occasion when she won a prize in a quiz competition, she was so happy and cheerful songs were coming to her mind.

Most of you may be resonating with the above example. You also might have experienced that your mood reflects the songs that come to your mind automatically. Some of you may also be taking to drawing something or colouring things or even engage yourself in playing, and dancing. Music, art and play are expressive forms of art which helps one to express oneself – one's emotions, anxieties, fears, worries and uncertainties. You may also dance away your stress and do exercise, take a walk outside, or play musical instrument to release the bottled up feelings and inner turmoils.

These different forms of arts can be used in two ways: first is for *self expression* where you engage in a creative pursuit to gain satisfaction and enjoy a state of inner peace and happiness. Secondly, for *therapeutic purpose* where these expressive arts can be used for cathartic purpose to release the pent up emotions, develop a clear understanding of self, and gain new perspectives. This helps them to achieve better emotional and mental health.

In this Unit, you will learn about three forms of expressive arts therapy such as music, art and play therapy. In the next Unit, you will learn about two more expressive arts therapy such as dance and movement therapy, and drama therapy.

8.3 MUSIC THERAPY

Whether it is a child listening to nursery or a teenager listening to their favourite song, the effects of music on human mind and emotions is no secret. Music has been understood as a medium of expressing all kind of different emotions and this can be seen from the different genre of music that a person would listen to depending upon their moods. For example, when a

person is excited, happy or in love, they would listen to romantic love songs. But the same person would listen to a sad song in case they have a fight with their lover as you saw in the example in the beginning. Music has been a part and parcel of Indian culture – part of every occasion and festivals. Stories of the great musician and singer Tansen in Emperor Akbar's court are known to everyone. It is said that Tansen could get the clouds to rain by singing Megh Malhar raga,or light diyas (candles) with Deepak raga. He composed raga Darbari to help the king relax and relieve from his tension after busy day. Such was the power of Tansen's music and singing.

All of you must have seen this scene from the classic movie 'Titanic' where the violinists used the power of music to play relaxing composition to help calm the passengers while they were facing death (Ratcliffe, 2012).

Image Source: Ratcliffe, 2012

This power and potential of music when formally realized and used in evidence-based manner to respond to a client's emotional, psychological and physiological needs is known as music therapy. To administer the appropriate music therapy, the client's needs are analysed by a qualified and trained music therapist to develop an individualized and specific plan for each client.

8.3.1 Defining Music Therapy

Music therapy is different from just playing and listening to music. In music therapy, there is a purpose behind playing or even selecting a particular musical piece. Music acts as the mode of communication between the client and the therapist, especially for patients who have speech difficulty or general difficulty in expressing through words. Music therapy helps in providing an outlet for expression of patient'sthoughts and emotions, and meeting the patient's family members' emotional needs as well.

One of the pioneer researchers in music therapy is Kenneth Bruscia (1991) who wrote a book to illustrate the concept of music therapy and its complications. Bruscia (1991) defined music therapy as

"an interpersonal process in which the therapist uses music and all of its facets to help patients to improve, restore or maintain health' (Maratos, Gold, Wang & Crawford, 2008).

The formal recognition of the beneficial effects of music therapy led to the development of an recognized and approved music program by the American Music Therapy Association.

'Music therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship(American Music Therapy Association, 2005).

To define any therapy and to find one single definition to cover all aspects of a therapy is always challenging and this is true for music therapy as well. Music therapy is a complex concept to be described by one single line definition. However, music therapy should not be confused with the concept of 'music medicine'. Bradt & Dileo (2010) state that, music therapy is performed by qualified music therapists, however, music medicine sessions can be conducted by health professionals. For example, a music therapist has studied and qualified to be a music therapist. They develop the treatment plans based on music therapy. But let's say a nurse plays music for a patient as part of the treatment plan. That is essentially music medicine where music is used as a medicine for the patient's better mental health.

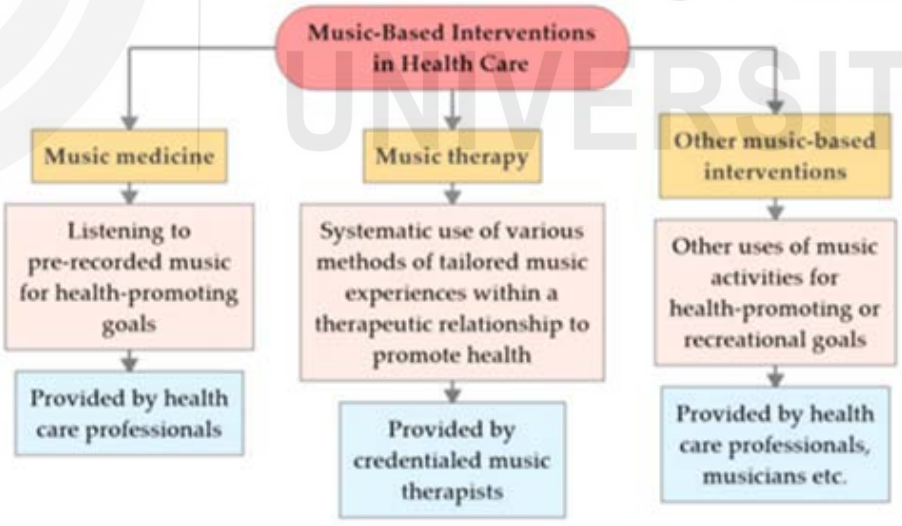

Figure1. Types of music-based interventions in health care

(Stegemann et al., 2019)

8.3.2 History of Music Therapy

The use of music in a therapeutic way is not new to mankind. Music has been used as therapy since a long time but music therapy as a distinct branch of

therapy has gained momentum over the last few decades. Use of music for the purposes of healing and treatment can be found in many religions like Hinduism and Jewish. The remedial powers of bhajans and hymns are illustrated in many stories mentioned in Hindu religion (Swami, 2017). Bhajans and hymns are recognized as a form of holy connection between the god and his devotee which acts as a mode of communication between them. This allows the devotee to feel relaxed and it enhances their mood which helps in their healing on an emotional level. Similar references can be found in the Jewish Bible (Chapter 16) where an accomplished musician David plays the harp to remedy the king's mental health (Greenberg, 2017). Even the great Greek mathematician and philosopher, Pythagoras recognized the benefits of music and was known for prescribing range of music scales to treat various medical and mental health issues. (Greenberg, 2017)

The treatment of wounded soldiers after both the world wars with the use of music is said to be the first time music therapy was officially recognised (The American Music Therapy, n.d.). Nurses treating the soldiers noticed the significant improvement in the physical, emotional and mental wellbeing of the veterans that they requested for more skilled musicians. However, it was recognized that musicians needed some form of training to effectively use music therapy which led to the development of formal music education (Craig, 2020)

8.3.3 Benefits of Music Therapy

Studies have revealed activation of different parts of the brain when listening to music or playing a musical instrument. For instance, the memory aspect and experiences related to music are controlled by the hippocampus. The motions involved in playing musical instruments in controlled by the cerebellum while the visual cortex is utilized for comprehending music.

Benefits of music therapy have been observed in a wide range of physical and mental health issues. Music helps lower hypertension, increase muscle relaxation and lower heart rate by calming the patient. The emotional benefits of music therapy are equally significant and range from reduced stress and fatigue to improved pain management. Development of communication skills, increased concentration and memory retention are some of the known cognitive benefits of music therapy. Positive response to music therapy on cognitive skills were evidence in study conducted on children with autism and neonatal care (Stegemann et al., 2019). A similar research involving children in post-operative care and recovery in age group of 9-14 conducted at the Lurie Children's hospital of Chicago found that children who were allowed to listen to their favourite music reported lesser pain.

A young patient at UCSF Benioff Children's Hospital listening to a song played by Music Therapist, Oliver Jacobson (Montgomery, 2016).

The selection of appropriate music and the choice of music used in music therapy sessions has an impact on the results achieved through music therapy (Kopacz, 2005). Each individual is unique and so are their music choices. Thus, the selection of music and the assessment of the music choices plays a vital role. It is like having individual treatment plans for each individual based on their needs and choices as this gives a sense of autonomy to the patient allowing for greater results with the therapist playing an active role in making such selections and treatment plans (Van der Walt & Baron, 2006). Factors affecting these individual choices and music selection by the therapist can range from age, gender, personality traits, family background to the mental state of mind and present conditions of the patient.

Music makes people happy with the release of hormones such as dopamine, endorphins, and cortisols. Hence music has the potential to make people feel the pleasure and reduce their pain sensation. It has been found to have similar effects like drugs, alcohol and sex. Also, music helps in neuroplasticity of brain, it can induce structural and functional changes in the brain helping patients recover from brain damage.

Music therapy addresses problems in communication also (Koelsch, 2009) as it gives people with verbal communication problems, a mode of expressing themselves through their music choices (Geretsegger et al., 2014).

Further research conducted by Nguyen (2013) confirmed the beneficial effects of music therapy for numerous health issues like mental health issues, emotional stress, depression, overcoming stress related disorders, handling trauma, memory loss, physical pain, chronic diseases.

8.3.4 Approaches to Music Therapy

***Behavioural music therapy*:** The use of music therapy to improve or change behaviour based on behavioural theory can be described as a behavioural approach to music therapy. Music therapy is used for achieving positive (or appropriate) behaviour and to eliminate negative (or inappropriate) behaviour (Bruscia, 1998, p.184). The therapist uses music therapy as a method of reinforcement depending upon the patient's need. Take a case scenario where

the therapist will play the choice of music selected by the patient if they followed their treatment plan. On the other hand, the option to listen to music may be taken away if the patient does not behaves in accordance with the treatment plan. In simple words, it is like a token system as music is the token which may be rewarded to the patient or taken away as a form of punishment.

This approach has the simple aim of using music therapy for behaviour management. The approach can also help in improving academic achievement and social interactions. For any method to be considered as effective it is essential to have some kind of standards against which it should be evaluated. It is not possible to have fixed evaluating standards in music therapy. However,

Madsen (1981, p.5) mentions a few steps in the evaluation process used in music therapy.

- First is the identification of the behaviour that needs to be eliminated or reinforced. It reflects the therapists' goal and targets from the treatment plan -what is it that the therapist wants to achieve from the therapy?
- After the identification of the behaviour, the therapist would find a way to evaluate it and measure the changes that have occurred.
- The therapist would determine the ramifications of the changed behaviour. This process is known as "consequate". Fixing rewards for the changes in behaviour is done by the therapist. It could be something as simple as playing in a get together.
- Assessing the overall effects of the treatment would be the final step in the behavioural approach therapy.

***Developmental Music therapy*:** Another kind of approach to music therapy is where music is used to help with psychosocial growth issues being faced by the patient. These could be interpersonal issues, cognitive skill issues and sensory motor skill problems. This approach follows the concept of use of music as a medium of communication. Edith Boxhill (1985, p.15) mentioned the aim of this approach is to enhance "all domains of functioning— motoric, communicative, cognitive, affective, and social—always with a view to nurturing the human being as an entity, as a whole that is greater than its parts"

***Medical music therapy*:** When music therapy is used in medical facilities, then this approach is medical music therapy. While the medical facilities treat physical issues of the patient, the emotional and psychological wellbeing of the patient are guided through the use of music therapy.

However, as mentioned earlier, music therapy should not be confused with music medicine (Stegemann et al., 2019). Playing music to relax people in the waiting rooms of hospital is one example of music medicine. Music for patients who are going to undergo surgery is another example of use of music

medicine by health professionals. For instance, the playing of music by doctors and nurses in the hospitals in recent COVID 19 pandemic demonstrates the use of music to make them feel good, cheerful and uplift their spirit.

In contrast to this, music therapy is conducted by qualified music therapists. While music medicine is restricted to playing music with an aim at healing, music therapy is used as an intervention which involves different aspects like creation of treatment plans, composition of music with great emphasis on the relation between the therapist and patient. The achievement of overall wellbeing for the client is the main goal. One specialisation available within medical music therapy is using it for neurological problems. The aim is to help patient's with mental health issues like Alzheimer's, dementia etc.

We have mentioned some common approaches to music therapy however the list is not exhaustive. There are many other approaches to music therapy like humanistic approach etc.

8.3.5 Music Therapy in India

Music therapy is a relatively new concept which is in its nascent stages in India even though importance of music is widely recognised in Indian culture and since ancient times. There is still a long way to go before music therapy is accepted as a qualified field of practice which requires formal education. The Indian Association of Professional Music Therapists started in 2011 with 10 members. (World Federation of Music Therapy [WFMT], 2013). There are only two schools in India which educate in music therapy.

The Indian Music Therapy Association (IMTA) began operating in 2018 with the aim of spreading awareness about music therapy as a qualified field of practice. All members presently working as musical therapists are part of the association. The overall goal of the IMTA is sharing information about music therapy amongst people, creating and developing formal education programs for music therapy, conducting further researches into music therapy, and to provide a connecting platform to all the members (Hicks, 2020).

Activity 1

Think of some songs in your own language/Hindi/English and select two or three songs that reflect your feelings at present. It can be a mix of languages also. More important than the language is if the song is reflecting your current feelings and emotions.

Now answer the following:

- *Did the songs come to your mind without any effort, that is without thinking about it, or you had to think about the songs and then select?*
- *What are the songs?*

- *Why did you choose these songs? What are the reasons these songs came to your mind?*
- *What feelings and thoughts are generated within you by listening or singing these songs?*
- *Do you like any particular word or part of the song that you identify with more and why?*

Self Assessment Questions 1

1) Differentiate between music therapy and music medicine.

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2) Explain behavioural music therapy.

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3) Music therapy is simply playing music songs- (True or False.)

8.4 ART THERAPY

Art therapy is one form of expressive therapy which involves the use of different art forms for achieving mental, physical and emotional well-being. Expression through art gives an outlet for our feelings and thoughts. It helps in bringing the inner anxieties on the surface.

Like music, art has ben around humans since ancient times. Adrian Hill was the first person to officially coin the word 'Art Therapy' in 1942. Adrian found the positive effects of utilising art therapy when he was down with Tuberculosis. He found a way of expressing himself and relaxing with his paintings. During those times, art therapy was mostly utilised by medical professionals and psychologists but there was no formal training or qualifications.

Margaret Naumburg, the founder of American Art Therapy Association is known as the 'mother of art therapy and is a pioneer in this field. She realized the power of creative expression and believed it to be similar to verbal communication. By use of client's imaginative skills, the therapist is able to understand the client's hidden, concealed or true feelings. The combination of the creative expression with verbal expression facilitates the recovery process.

8.4.1 Defining Art Therapy

Art therapy is a technique rooted in the idea that creative expression can foster healing and mental well-being (Stuckey & Nobel, 2010).

The American Art Therapy Association defines art therapy as 'an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship' ("Definition of Profession", 2017). Thus art therapy invoves the therapeutic use of art by the therapist for people (i) who suffer from mental health related problems, challenges of living, and also (ii) for those seeking personal development and enhancement.

Thus, there can be two approaches to art:

- One is, art as an expression of self which focuses on creativity, artistic quality, and aesthetic aspects. It leads one on the path of discovering oneself and self actualization. It has the healing qualities of getting in touch with one's emotions and one's inner being to reach a higher version of oneself. It can be used for improving social skills, , improving confidence, developing intellectual capabilities, promote cultural change or improve communications skills.
- The other approach is using art to delve into the subconscious part of an individual, focusing on what they are projecting onto the contents of their art. Analyzing what they are trying to express through art helps the therapist to know the underlying emotional problems. For instance, if a child is having issues expressing himself verbally, or has apprehensions or fears and may be hiding true feelings for any reasons, the expression through art gives an outlet for her/his feelings and thoughts.

It is important to note here that for conducting art therapy, the art therapist needs to be professionally qualified and trained. However, the client doesn't need to be professionally trained or creatively talented. The use of art therapy helps develop the creative skills of the client. Art therapy requires an understanding between the patient and therapist that art is medium of communication between them.

8.4.2 Therapeutic Uses of Art Therapy

Steps in Art Therapy

Art therapy follows different steps.

a) It starts with rapport establishment and assessment, that is assessing the problem of the client, collecting information about the client; and then deciding on the suitability of art therapy and then determining the specific technique of art therapy to be used.

b) Next the therapist explains about art therapy and how it will be used in the therapy. The therapist emphasizes that s/he does not look for some artistic ability or artistic excellence by using art therapy, but the client must be genuine and free in expressing herself through the art form.

c) Next, the client is encouraged to engage in the particular technique of art therapy and freely express. The therapist discusses the art outputs with the client to help her gain perspectives, derive meaning, resolve issues and conflicts.

d) Finally, the termination phase is characterized by the end of the therapeutic relationship.

Benefits of Art Therapy

Art therapy has many beneficial effects.The benefits of using art therapy has been found through many research studies. Patients diagnosed with breast cancer who were introduced to art therapy reported an overall improvement in their health, both mental and physical. (Wood et al., 2011). Similarly, positive impact of art therapy was found in a literature review conducted by Huet (2015) in cases of employees under workplace stress who used art therapy for expression.

A study conducted by Graves (2006) on patients suffering from brain injury within the age range of 24-71 found that 3 patients reported a decrease in their anxiety, 4 were found to be less depressed and 5 reported feeling less stressed. The study involved conducted 5 one -hour sessions and art forms like paintings, 3D figures and creating collage.

Other studies (e.g., Regev & Cohen-Yatziv, 2018) have found effectiveness of art therapy in case of trauma and depression.

Thus art therapy can be used in varied ways to improve our physical health and psychological well-being. It can help in medical conditions and also in case of emotional difficulties and psycholgical distress.

Some points to remember in Art therapy

- It does not require the client to have knowledge and training about art.
- The client need not be artistic in her art performance.
- The therapist needs to be trained in art therapy.
- Art therapy is not limited to drawings but includes doodling, painting, clay moulding, etc. One chooses according to one's preferences and therapeutic goals.
- Art therapy is not an art class. Art class focuses on teaching you the techniques of the particular art, e.g., learning to draw; and creating a finished product. The goal in art therapy is free expression of the inner world.

8.4.3 Techniques in Art Therapy

The materials needed for art therapy include art paper or drawing sheets, plain paper/sheets, pencils, pens, colour pencils, crayons, sketch pens, paint boxes, paint brush, water colour, colour palette, clay, clay mould, water etc.

Some techniques of art therapy using the above materials are doodling or scribbling, collage, free drawing, colouring, finger painting, sculpting etc.

The therapeutic goals of these techniques are to explore oneself, express one's inner feelings, and explore one's relation with the world.

Example of a few specific techniques are,

House-Tree-Person. Client is required to draw these three in one picture. It shows how the client relates the figure of the person to other two figures in the drawing.

Draw yourself as an animal. Client is asked to draw themselves as any kind of animal or whatever they feel they can relate to.

Three wishes. Client is asked to draw three wishes of theirs. It reflects their maturity level and how they desire to attain these wishes.

Drawing completion. Client is given incompleted drawing sheets where a few lines or simple shapes are there which needs to be completed and made into a larger picture.

Activity 2 : Draw your inner child

1) *Take deep breaths and relax completely. Have you paper and crayons with you.*
2) *Now close your eyes and try to imagine a child. Pay attention to the physical characteristics of the child like colour of the eyes and hair, height or facial expression. How is the child standing? Next imagine yourself whole hearted accepting the child as they are. Whether the child looks angry, heartbroken or scared. Now draw your inner child on the paper in front of you.*

There would be various different drawings of the inner child depicting different emotions like happiness, anger, sadness and fear. These inner children will want your attention and each deserve to be kindly treated and allowed to express themselves even if it may look immature.

Inspired by Michele Cassou, author of Kid's Play - adapted to inner child.

Ways to achieve optimum self-expression of inner child

1) *Regard and care for your inner child as you would care for a real one. Nurture it, be kind and how interest.*

2) *Creativity should be approach as process-oriented activity. Don't expect to get perfect drawings of inner child.*

3) *Avoid criticism or appreciation of the inner child's drawing. Use them for observations*

4) *Don't ask for realistic drawings*

5) *Don't ask questions asking you inner child to explain the drawings or what it depicts. By providing a safe environment you will give an opportunity for full disclosure of thoughts and feelings.*

6) *Observe the process to show you care and are interested. This makes the inner child feel recognised and appreciated.*

7) *There should be no comparisons or competitions for inner child's work.*

Activity 3: Gratitude

This activity involves working through different projects which make you happy and appreciate and express gratitude for what one has.

you'll find a collection of projects that will help you be happy about what you have and express your gratitude for it.

1) *Visualisation of gratitude-Identify things in your life that you are thankful for. Express these things visually in the form of a painting or collage.*

2) *Family Tree of Strength- Create a family tree of people who support you and offer you strength during your tough times.*

3) *Create or do something for another person- This exercise gives you a feeling of achievement and good about helping another person.*

By Shelly Klammer : www.intuitivecreativity.typepad.com/ expressivearttinspirations/100-art-therapy-exercises.html

Self Assessment Questions 2

1) What is art therapy?

……...

……...

……...

2) Mention the steps in art therapy.

……...

……...

……...

3) What are the materials needed for art therapy?

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……...

8.5 PLAY THERAPY

Play is a natural expression of children. It can be said to be the language of children through which they tend to express themselves. Play materials are the words or tools which facilitates expression and communication. Small kids engage in unstructured and spontaneous play which changes to structured play with rules as they enter into childhood, and then as they grow further, play also involves more abstract thinking. The simple leisure-time activity of play can be used as a therapeutic intervention especially in case of children and adolescents, though it can also be used in case of adults. Thus when play is used as a therapeutic tool to help the child deal with mental health related issues, it is called as play therapy.

The Association of Play Therapy (1977) defines play therapy as the systematic use of theoretical models to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties to achieve optimal growth and development".

Play therapy originated from the works of the pioneers of psychotherapeutic approaches. While for Freud play was a way of free association, play was used as a psychoanalytic technique by Anna Freud and Melanie Klein combining therapy and play when working with children. Hermione Hug-Hellmuth is considered the first person to use play as a therapy in 1921. In India, we have so many traditional games which children play such as 'gilli danda', 'kanche', 'chor-police', 'ice-water', hopscotch etc. which have implications for the normal development of children. Play and children are associated inseparably. Hence emphasis is given on the playway method of learning in the early years of education.

8.5.1 Play Therapy Approaches

- Psychoanalytic and Psychodynamic therapies: Kleinian, Freudian and Objection are the three main approaches to play therapy and all are different from one another.
- Jungian Play Therapy- This approach focuses on the archetype of people and how it evolves over time. This approach wants to tap on these self-healing archetypes and involve them in the healing process during the play with the child. The child tends to believe the play area to be a 'safe

space' to display their unconscious feelings. Allan & Levin (1993) calls this approach to therapy as "playing, making, doing, enacting fantasies".

- Experiential Play therapy- Everyone learns through the experience they have and this thought was conceptualised by Carol and Norton (1997). They theorised the concept of experiential play therapy stating that children learn from what they experience in the world. They use these experiences for meaning making through use of symbols and metaphors. During therapy as well, children start to make meanings and start to resolve their conflicts and issues.
- Adlerian Play therapy- This approach was developed by Terry Kottmam (1995) who believed in four phases of therapy. Relationship building between the child and the therapist where the child was guiding it was the first stage, followed by developing understanding for child's behaviour and his thinking. The next stage involved making the child understand the feelings being depicted in the pattern and followed by the last stage which involved helping and guiding the child to learn new behaviours and thinking process.
- Cognitive behavioural play therapy- This approach developed by Susan Knell (1993) involved the use of cognitive and behavioural methods for children in the age group of 2.5 -to 6-year-olds. Various forms of art like role play, modelling, use of toys are used during the session to question and challenge irrational thoughts. Significant work was done by Shelby (2000) in the use of play therapy in case of trauma and depression.
- Family Play therapy- This approach simply involved the combination of family therapy and play therapy. Use of caregiver during therapy session was done for the first time by Safer (1995). Various different approaches to using family play therapy were later developed by Irwin and Molly (1975), followed by Griff (1983) and more recently by Steve Harvey (1993, 2006)

8.5.2 Therapeutic Factors in Play Therapy

Erikson (1963) describes play as the most natural healing process in childhood. Play has developmental implications and promotes the all round development of child. It helps in the physical growth, perceptual-motor development of the child as well as cognitive, emotional and social development. Play helps in formation of newer neural connections and brain pathways.The benefits of play can be described as below.

- Helps in emotional expression
- Results in catharsis, releasing the pent up emotions
- Develops self awareness
- Helps in living through one's fantasies and fears
- Enables to learn how to form relationships and resolve conflicts

- Engages in creative endeavours

Thus play addresses all the dimensions of the self. Schaefer (2011) has identified 20 benefits of play which act as moderators in inducing positive changes in clients, modifying unhelpful thoughts and strengthening behavioural change. These are arranged in four broad categories such as (a) facilitating communication, (b) fostering emotional wellness, (c) enhancing social relationships, and (d) increasing personal strengths.

Table 8.1 : Schaefer's 20 Therapeutic Benefits of Play

Facilitate communication	Foster Emotional Wellness	Enhance social relationships	Increase personal strengths
1. Self-expression 2. Access to unconscious 3. Direct teaching 4. Indirect teaching	5. Catharsis 6. Abreaction 7. Positive emotions 8. Counterconditioning of fears 9. Stress inoculation 10. Stress management	11. Therapeutic relationship 12. Attachment 13. Sense of self 14. Empathy	15. Creative problem solving 16. Resiliency 17. Moral development 18. Accelerated psychological development 19. Self-regulation 20. Self-esteem

8.5.3 Material for Play Therapy

A variety of play materials are used in play therapy. The therapeutic playroom provides a safe and comfortable space to the client in which they explore and use the play materials. For instance, there may be soft toys, doll house, doll clothings, play truck, doctor set, cars, kitchen toys, building blocks or lego blocks, play dough, baby doll, toy knife, gun etc.

An important aspect of play room is the sand tray or sand box which provides an outlet for the inner emotions of the child. The sand play therapy technique, first used by Margaret Lowenfeld, is expressive and experiential in nature. It gives expression to the internal conflicts and struggles of the client.

The play materials provided in sand play include sand tray of standard size, i.e., 28.5 x 19.5 x 3 inches (Kalff, 2003; Turner, 2005), toys, small figurines, miniature objects, water, spray water bottles and sand. Mostly these trays are blue in colour to represent water in the bottom and skyline on the sides of the tray.

Availability of diverse materials helpsmake it a robust play scene. According to Homeyer and Sweeney (2011), the following categories of objects may be provided by the therapist either openly or in the sand boxes:

- Mystical - crystal balls, magic wand, religious and godly figures
- Fantasy - cartoon figures, children's movie characters, treasure boxes, dragons, wishing well, unicorn
- People - soldiers, doctors, family members, ethnic people
- Animals - insects, wild animals, domestic animals, extinct animals, sea animals
- Transportation - buses, vans, cars, air transport, water transport
- Buildings- huts, big houses, small apartments, lighthouses, fort, religious monuments
- Elements - wind, fire, ice, water wheel etc.
- Vegetation - small plants, climbers, trees, cacti, bushes
- Gates/ Road signs/Fences- traffic symbols, rail tracks, barricades
- Natural objects- shells, pebbles, stones.
- Landscaping- moons, stars, sun, tunnels, mountains, bridges
- Miscellaneous items- weapons, household items, kitchen tools, medical equipment.
- Some shadows and death figures can be added
- Sand tools - spatula, bucket

After the sand play is over, the therapist and the client jointly discuss the meaning of the art produced, the choice of various objects, the metaphorical meanings involved etc. For carrying forward the therapeutic work, the therapist may rely on Freudian framework, or Adleraian, Jungian or other approaches as well.

A disadvantage of this technique is the cultural construction of sand as "dirty" in some places due to which some clients may dislike the idea of playing with sand.

Certain important points to remember during play therapy:

- Give freedom to the child to interact with the play materials
- Do not instruct or impose directions
- Initially leave the child to play with whatever s/he wants; later on introduce specific play materials, but allow the chid to use the material in her own way
- Child can be asked to provide descriptions of the play situations
- Provide encouragement and appreciation
- Explore things with the child, but confirm from parents also

Limit setting or boundary setting is an important factor in play therapy. The child's imagination and flowering may be inhibited or even stunted in the wake of too many limitations; whereas excessive laxity may encourage unruly behaviour on the part of the child. The purpose for which limits are being laced on the child in the therapeutic setting needs to be clear in the mind of the therapist. Some of the functions of limits are usually for delineating therapeutic boundaries, creating a reliable environment in terms of physical and emotional safety and security for both client and therapist, protecting the therapy room and its contents, and maintenance of legal, moral and professional standards. Demarcation of therapeutic limits also serves some psychological functions and helps anchor the session in reality, promotes cathartic experience for the child, allows more room for regulation and responsibility on the part of the child, and fosters positive attitude in the therapist.

Besides the effective balancing between freedom and its limits, some of the other factors that play an important role in effective play therapy are length, frequency and number of sessions.

8.5.4 Techniques in Play Therapy

Children can engage in doctor set play, baby doll play, toy telephone play, toy construction set and so on. They can play using blocks, plush balls, and many other toy materials. Various puppets or miniature animals are used to help children express their thoughts, feelings, worries, anxieties and fears. They can engage in *externalization play* also by putting their fears etc. onto an external character, e.g., a dog puppet.

Researchers have described various play therapy techniques (e.g., Hall, Kaduson & Schaefer, 2002).

*Bubble breaths*technique helps in relaxation and reduces anger and stress in the child.

Beat the clock is a technique which helps the child to complete small tasks on time and get rewarded. It results in a sense of accomplishment.

Balloons of anger helps to visualize anger and its effect if not controlled properly. It is useful for children who are aggressive or withdrawn.

Garbage bag technique involves having a bag or container in which the child puts whatever worries her, or s/he feels anxiety/fear/depressed about. It can also be used as Worry can or Sad can or Anger can. This helps the child in separating the issue/problem at a distance and the therapist then discusses these together with the child.

Turtle technique helps the chid to control their anger or just to pause for a while to regain themselves in case of any strong emotion. The turtle puppet can help the child to pause, go inside, and take deep breaths to relax.

Role-play techniques are also used in play therapy where the child puts on masks or costumes such as super hero Iron man or Spider man etc and plays out things.

Metaphors, symbols and stories can be used in play therapy to help the child articulate concerns, fears and fantasies that may otherwise feel overwhelming and produce shame, guilt and fear in the child. Using puppets and toy characters, stories can be formed which help the child share his/her concerns with others, assimilate disparate experiences to form coherence, and also to discover solutions to problems in the inner world.

When children identify with story-characters they find it easier to give expression to their wishes, desires, hopes and frustrations through the characters. It gives them the distance necessary to completely experience and make sense of their own concerns and conflicts. Traumatic, suppressed memories may be uncovered from the unconscious, and the therapist works to reframe the stories in terms of coping ideas embedded in them, helping in reframing the trauma, pain management and finally finding a meaning in trauma. This entire process inaugurates insight, confers better self-awareness and transforms the client. Reframing stories helps in empowering and building resilience in the client.

Play engages the imagination and is intrinsically satisfying (Knill, 1994). Traditionally various modalities like music, drama, dance have been used in play therapy (you will learn about these techniques in the next Unit). However, journal writing, poetry, meditation etc. may also be used. The basic idea in the use of all these expressive arts in play is to connect with subtleties of the inner world and giving them expression through writing, body movements, puppetry, art and craft etc. It helps to calm the child, reduces anxiousness, brings in grater self-awareness, fosters self-confidence, and improves self-esteem, social relationships and appropriate socio-emotional skills.

8.6 LET US SUM UP

There are various forms of creative therapies. All these therapies have evolved as a response to various barriers encountered in therapeutic process where the therapist needs different, unique and creative ways to move past these barriers. Not only it helps in crossing such difficult points in therapy but also these therapies have been found to be effective in coping and healing processes in psychological disorders and physical ailments. In all these therapies, the oldest is the music therapy as it the most easily accessible to everyone and it is most unique to every culture. Is has also been researched extensively in research literature. There is evidence regarding the soothing capacity of music, decrease in anxiety, reduction in pain, achieving control, calming neural activity and overall emotional balance.

Art therapy and play therapy are highly effective in working with those clients who have difficulty in expressing, articulation of their anxieties and fears. These therapies have been found effective with patients suffering from cancer, coronary heart disease, brain stroke etc. They provide ways to express grief, verbal communication, release unconscious conflicts and reduce anxiety in patients.

Thus play therapy, art, music and other creative expressions has significant positive effects on health.

8.7 KEY WORDS

Music therapy is different from just playing and listening to music. Itacts as the mode of communication between the client and the therapist, and helps in providing an outlet for expression of patient'sthoughts and emotions.

Art therapy uses client's imaginative skills through which the therapist is able to understand the client's hidden, concealed or true feelings. The combination of the creative expression with verbal expression facilitates the recovery process.

Play therapy refers to using play as a therapeutic tool to help the child deal with mental health related issues.

8.8 ANSWERS TO SELF-ASSESSMENT QUESTIONS

Answers to Self Assessment Questions 1

1. Music therapy is performed by qualified music therapists, however, music medicine sessions can be conducted by health professionals.
2. Behavioural music therapy uses music therapy as a method of reinforcement depending upon the patient's need. Music is like a token system which may be rewarded to the patient or taken away as a form of punishment.
3. False

Answers to Self Assessment Questions 2

1. Art therapy involves the therapeutic use of art by the therapist for people (i) who suffer from mental health related problems, challenges of living, and also (ii) for those seeking personal development and enhancement.
2. The steps in art therapy include rapport establishment, assessing the problem of the client, use of art therapy technique, discussing the art outputs with the client, and then the termination.
3. The materials needed for art therapy include art paper or drawing sheets, plain paper/sheets, pencils, pens, colour pencils, crayons, sketch pens,

paint boxes, paint brush, water colour, colour palette, clay, clay mould, water etc.

Answers to Self Assessment Questions 3

1. Jungian play therapy focuses on the archetype of people and how it evolves over time. It uses them in the healing process during the play with the child.
2. The therapeutic benefits of play can be categorized under four broad categories such as (a) facilitating communication, (b) fostering emotional wellness, (c) enhancing social relationships, and (d) increasing personal strengths.
3. Turtle technique helps the chid to control their anger or just to pause for a while to regain themselves in case of any strong emotion. The turtle puppet can help the child to pause, go inside, and take deep breaths to relax.

8.9 UNIT END QUESTIONS

1. Discuss the different approaches to music therapy and explain how music therapy helps in behaviour management.
2. Discuss some researche studies that explain the benefits of music therapy.
3. Art therapy becomes a form of communication for patients. Discuss.
4. Define play therapy and explain the approaches to play therapy.
5. What are the materials used in play therapy? Discuss a few techniques of play therapy.

REFLECTIVE EXERCISES

1. If you are given the opportunity to listen to some music now, which composition will you choose? Try to sing it or play it on any device (phone, computer etc.) for about 10 minutes. What changes do you see in your mood? Elaborate.
2. Have you ever tried to express yourself through art? Discuss your experience.
3. Take a sheet of paper and draw a duck on it. Imagine what is the duck doing, how is s-/he feeling. Imagine further who all the duck may be surrounded with. What hopes and fears does the duck have for his/her future? After you have completed the drawing, reflect upon your own feeling states. Did you observe any changes in your feeling states when you started vis-a-vis now that you have completed the drawing? Elaborate.

4. Ask a child or an adolescent with special needs to tell you the story of their life in as much detail as possible through any form of art, e.g., drawing, painting, etc. and examine this narrative to understand the inner psychic life of the interviewee.

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UNIT 9 COUNSELING SKILLS AND TECHNIQUES-III (DANCE/ MOVEMENT THERAPY AND DRAMA THERAPY)*

Structure

9.1 LEARNING OBJECTIVES

After studying this Unit, you would be able to:

- *Explain themeaning and concept of dance/movement therapy;*
- *Describe the approaches to dance/movement therapy;*
- *Define drama therapy and describe its key concepts;*
- *Describe the stages and techniques in drama therapy; and*
- *Understand the therapeutic effects of dance/movement therapy and drama therapy.*

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9.2 INTRODUCTION TO DANCE AND MOVEMENT THERAPY (DMT)

In the last Unit you learned about music therapy, art therapy and play therapy as different counseling techniques used by counselors/therapists to help clients address emotional issues, gain insight into their self and learn coping skills. In the present Unit, you will learn two more counseling techniques of dance and movement therapy, and drama therapy that are used for counseling purposes to achieve emotional well-being of the clients.

Psychology has always emphasized the relationship between the mind and body. With the advance in scientific techniques and equipment, the role of mind in impacting body's state of health and illness has been well illustrated as exemplified by research in the field of health psychology. Traditionally, Indian culture has always emphasized the mind-body connection by its focus on different dance forms, both classical and folk dances as part of various festivals and celebrations. Dance involves the expression of one's state of mind through various forms of facial and bodily expressions and movements. It can be confidently stated that Indian culture was more advanced in its understanding of the relationship of the mind and body.

In the older traditions, and also described in Hindu texts, dance and other art forms were given prime positions. Dance was a means of expression and connection with nature. A famous mention is about Tansen singing ragas and invoking rain gods. Dances are part of religious and cultural practices, e.g., 'bihu' dance of Assam (celebrating spring season, fertility and passion), 'pongal' dances of Tamilnadu (gratitude for a bountiful harvest), 'dandia' dance of Gujarat (on the occasion of Navratra festival) etc. are examples of how dance is integral to our religious, social and cultural life. Some religious practices done by shamans and mystics also involve "dancing as treatment" for certain mental and physical disorders.

To dance is to respond and connect to one's inner flow of energy and mood, and manifest it in bodily movements. This expression can be seen in finer movement of smaller body parts like face, eyebrows or fingers or gross movement of large parts of body like arms in a circle, or legs in a pattern or the entire body in swaying manner or circular fashion. The choice of movement can be of the therapist if it is guided or of the dancer if it is free flow. These movements can be done at one's own pace and space. Space can be a dedicated one like a therapist's room, or a small space as per the requirement of the dancer. The aim of such dance work and movement, whether done with music or without music with just rhythms, is to create harmony and peace in the mind and heal the client. This can also be seen as a medium to communicate inner conflicts, wishes, ideas, and desires etc. which the client otherwise may not feel comfortable to express.

Dance/movement therapy takes a unique philosophical approach. Because of its physical, mental, and spiritual elements, it considers dance to be naturally therapeutic. People experience a sense of belonging as they dance, which is why they meet in public spaces to enjoy the rhythmic movement of the dance.

Dancing is a declaration of one's emotions and energies, as well as a desire to externalise something from within, rather than simply an activity to be completed. When one creates a dance, it is founded on an idea that must be conveyed to others, whether realistic or abstract. When dance therapy involves interaction and communication with fellow dancers, it involves therapy in group form.

Dance therapy in progress – Image 1

Credit for the Image: Dance Therapy Certificate Course by Artsphere, Pune (Copyright- Artsphere, Pune)

9.3 APPROACHES TO DANCE AND MOVEMENT THERAPY

Early in the 1950s, it was recognised that the creative exploration and expression of individual through dance and various forms of movement lead to healing processes in the individual. This understanding contributed to the growth of dance/movement therapy.

Dance was first used for therapeutic purposes by Marain Chace. She developed her therapeutic strategies while working with schizophrenic and suicidal patients before the advent of psychotropic medications (Sandel et. al., 1993). She was the first president of the American Dance Therapy Association from 1966 to 1968.

Mary Whitehouse is another significant figure in the field of dance and movement therapy. Her work was based on the Jungian principle of active imagination. Individuals decoded the abstract meaning of their signals by spontaneous body movement triggered by inner kinesthetic desires, which led to self-awareness and possible change. The title of her work was "Movement in Depth". This approach allows for improvisation as a key process and technique to create and discover new psychophysiological modes of expression. The key therapeutic objective here is to cultivate spontaneity as a means of feeling better about oneself and one's relationships.

Dance/movement therapy attends to the body and its posture and how it influencesperception, tensions held within the body that might inhibit action or feeling, theawareness of the breath as it is used or withheld, and the sensory use of touch. (Chaiklin, 2009, p.10)

Various approaches to dance and movement therapy (DMT) are described below.

1) Chace approach

This approach is named after Marian Chace (1896–1970) who was the pioneer of dance therapy. Chace's approach uses interventions such as body action, symbolism,kinesthetic empathy and rhythmic group activity. These activity are useful in promoting the non-verbal expression of inner feelings and facilitates communication. A specific DMT intervention of Chace's approach is mirroring.

2) Freud's approach

Sigmund Freud was fascinated by the work of great artists. Freud described the work of artists as an expression of the use of defence mechanism called sublimation. In sublimation, the unconscious sexual desires and emotions are expressed in a constructive and acceptable way.Freud's approach uses the technique of improvisation. Improvisation is similar to free association. It helps the client become spontaneous in his or her reactions and move away from old typical ways of reaction. Spontaneity helps in enhancing one's relationships.

3) Winnicott's Approach

Winnicott's contributions of play and imagination techniques are most significant to DMT.Winnicott states that individuals feel increased sense of worthiness of their lives through art and dance expressions (Tortora, 2014). The client is helped to explore his potentialities and try to become his best self.Winnicott talks about the 'false self' which is one's external self always trying to be in conformity to the society; whereas the 'true self' is the inner self, the creative self which develops through art forms like play and dance. The gestures, pictures and metaphors in thoughts and behaviours are analysed to create new perceptions of self. Also the

client is encouraged to engage in introspection and harmonious integration of mind and body.

4) Authentic Movement

Mary White-house (1911-1979) was the pioneer of this therapy which was derived from "movement in dance". This Movement was later developed by Janet Adler and Joan Chodorow (Levy, 2005). The unconscious and one's inner listening is explored through movement in a self-directed manner.

5) Integrative Dance Therapy

TheIntegrative dance therapyapproach is based on integrative therapies. This is used in some German countries (Petzold, 1988). The concepts of Chace, Whitehouse, andLilian Espenak (1905–1988) are integrated in this approach. It also uses the practical workof dance therapy pioneer Trudi Schoop (1903–1999). Some important components of this approach are the livedbody concept [Leibkonzept], dance improvisation and dance com-positions(Willke, 2007).

9.3 BASIC CONCEPTS OF DANCE AND MOVEMENT THERAPY

Dance and movement therapy mainly uses the non-verbal behaviour, movement and emotional expressions to connect with one's inner self and the outer environment.

Body attitude: how we experience the human body

Our perceptions are determined by our sensations through the body and its interpretations by the mind (Schilder, 1950). Berger (1972) states that we experience life through our body and we respond also using our body. The body becomes our reference point to understand other aspect such as body image.

Body attitude can be understood from body image. ***Body image*** refers to how does one perceive one's own body including the feeling he or she has towards the body and behaviour. It has implications for self-care and self-harm one may do towards the body. Identification of body parts, joint articulation, and positive muscle utilisation are the first steps towards redefining the patient's body image. It is a process of self discovery while reflecting on the movements alongwith physical relaxation and breathing.

It has applications in the clinical set up. For instance, patients with schizophrenia have inadequate perception and irrational beliefs regarding their bodies (i.e., depersonalization). Further, there can be fragmented body borders observed in psychiatric patients. Many persecutory or psychotic illusions are linked to invasions of the body's borders (for example, being watched, eating tainted food, being spied on, or having thoughts of other

"beings" within the body). DMT sessions can help them in confirming their body facts and reshaping of their body image.

Kinesthetic awareness refers to the therapists's ability to sense herself physically on both an internal and external level (Ressler & Kleinman, 2012). Thus the therapist while listening cognitively to the other person needs to pay attention to one's own subjective feelings. Both these need to be aligned.

Kinesthetic empathy is a central idea in the literature of dance movement therapy (DMT). Empathy refers to a person's capacity to understand someone. It seeks to consider another person's inner existence, which involves understanding how the other person feels, gaining knowledge of the other's circumstance, and acting accordingly.Kinesthetic empathy thus refers to the therapist's awareness of the client based on their own bodily feelings.

The term ***Enaction*** means "to do"or "to begin doing" (Varela, 2002). It helps clients to create awareness and transform oneself in a single act. It incorporates behaviour, vision, sentiment, and feeling.DMT is effective as it takes the patient's movement habits to the conscious level and extend this ability to develop new inter-subjective interactions.

Rhythm is an essential component of human interaction and conversation. Our bodies are attuned to a circadian rhythm. There are different kinds of rhythms such as that of heartbeat and blood pressure inside the body, as well as the rhythm of our walking gait and conversational rhythms. Arhythmic activity patterns are common in psychiatric patients, with the element of rhythm being disrupted, undeveloped, or inhibited. Rhythms can be used as a means of communication between the therapist and the patient, as well as within the patients themselves. Coordinated rhythmic activity in groups help discordant patients to develop a sense of fulfilment. Psychologically, rhythm connects a person to himself by focusing his thoughts on the rhythm he experiences in his body while still connecting him to the community. (p. 132) (Keen, 1972).

Therapist can foster rhythmic connection with the patient by breathing in synchrony, walking or speaking with the patient in a rhythm (Ressler & Kleinman, 2012).

Feeling of nonexistenceis described in the context of dissociation, divided personalities, non-integration, and self-disintegration seen mostly in clinical cases. As a result of such processes theemotional speech is restricted to a narrow range. Hence, the therapist works on first extending the movement repertoire of the client which results in extension of the feeling spectrum in turn.

Embodiment entails revitalising the body, re-establishing the enactive sensori-perceptive bond, and regaining access to the emotional wealth present in life's unfolding.

Sensitization. DMT is an action-oriented type of psychotherapy that stimulates the body's senses. Humans have five basic senses- the visual, auditory, smell, taste and touch. Other than this, through the skin one can feel various other kinds of touch such as the thermal or temperature of objects, pressure on the skin, synthetic (itch, tickle, vibration), and kinesthetic sense involving balance and movement. Individuals who are suffering from mental disturbances either decrease their experience of sensation by blocking the stimulation or they may experience enhanced sense of perception seen in hallucination.

DMT Activity 1: Travel

Objective : Self Awareness & Reflection

The leader will announce the group or individual participants to move across the room however they feel like – such as swaying, walking, running etc. Participants are encouraged to move across a room in any manner they choose in relation to a prompt the leader provides.

How would you move across the room when ……?

1) You are happy
2) You feel rushed
3) You feel independence
4) You feel helpless
5) You feel like you have done something wrong
6) You had an experience that made your life worth living
7) You have lost a game
8) You feel good about your accomplishments

9.5 BASCICS: AN INTRA/ INTERACTIONAL MODEL OF DMT

Capello (2016) created a model for effective dance therapy. There are two connected and mutual systems in this model's framework:Intra-actional and Interactional system. The intra-actional system consists of self image and body image, how the individual perceives her/his body and self (thus includes Body attitude and Selfhood). The interactional system focuses on the client's ability to develop connections with their environment as a social being (thus includes Communication and Interpersonal dynamics). The acronym BASCICS thus refers to Body Attitude-Selfhood-Communication-Interpersonal Dynamics.

The two systems are inter-related like a "relay scheme", with each element controlling and helping the others. There is a flowing interaction between the

systems. It focuses on the moving body's infinite artistic capacities and visual attributes.

DMT Activity 2 : Mirroring

Mirroring involves copying the therapists or another person's exact movements. When one copies the actions and movement, they develop relationship and connection with the fellow participants or therapist. It leads to authentication and acceptance of one's experience. The participants also learn to empathize with others, understand the other's position and become cooperative with each other.

For example, one person may leap and the other person will follow. If the person chooses to slow down the dance, the other person responds to the change. Hence it involves greater connection with other.

DMT Activity 3: Jam Fest

Objective: Enhancing the social skills.

Description: A circular formation is done in which people may sit or stand as convenient to them. One person takes the lead and goes in the centre, and initiates a movement. This movement is imitated by others in the circle. This individual when he feels he has done his movement, will now pass the baton to any one person he chooses from the group. Now this person goes in the centre and does some other movement. This is done till all the members have got a chance to do it. This helps individuals develop relationship, laugh together and become creative in looking for new movements.

DMT Activity 3 : Jumping

The action of jump symbolises mobilizing one's energies in the direction of the jump. Hence the movement is a strong one here. This symbolic power of "jump" can be used to help individuals suffering from mental blocks, stuck up mind-sets or even depression. The mobilised energy can help individual make actual physical movement and thereby create the mental movement also. There are also other physiological benefits of being active. One can try various forms of jumping such as leap, twirling or hopping.

9.6 THERAPEUTIC EFFECTS OF DMT

There is ample research evidence of the beneficial effects of dance and movement therapy. These are

- DMT helps in delaying the onset of dementia (Vande Winckel, Feys, & De Weerdt, 2003)
- It helps stabilizing and reducing further decrease in memory functioning (Dayanim, 2009)

- It has proven effects in enhancing body image and psychosocial functioning (Muller-Pinget, Carrard, Ybarra, & Golay, 2012),
- DMT makes patients manage stress better and develop awareness about eating disorders (DuBose, 2001).
- Dance therapy is effective in treating chronic fatigue syndrome, psychosis (Margariti et al, 2012), schizophrenia (Rohricht & Priebe,2006) and depression (Heimbeck & Holter, 2011).
- It has been shown to enhance coordination and balance in brain injury and Parkinson disease patients (Kiepe, Stockigt &Keil, 2012).
- Patients with hypertension also show improved statistics (Aweto, Owoeye, Akinbo & Onabajo, 2012).
- In Children social skills improve and aggressive behaviour is reduced (Hervey & Kornblum, 2006; Kornblum, 2002; Koshland, Wilson, &Wittaker, 2004). It also helps in better coping in war-traumatized children (Bräuninger, 2009; Harris, 2007).

Dance therapy in progress – Image 2

Credit for the Image: Dance Therapy Certificate Course by Artsphere, Pune (Copyright- Artsphere, Pune)

To conclude, we can say that in dancethe body travels through space. How we move our body across space and time gives us a sense of control and confidence. Clients in DMT are encouraged to do lots of different forms of movement through mirroring, forming circles, working with partners, and responding to different harmonic rhythms. When working in groups, the entire group does one movement such as circular movement, linear snake like movement or shifting positions and taking the centre of circle one by one. All these have been found to be therapeutic. Further, a DMT session provides the

ability to confront and respond to change (shifting speeds, changing rhythms, navigating personal space). Patients can be more open in their decisions and decision-making in the comfortable setting of a session.There is also shifting and exchanging of leadership practised in the sessions. This helps satisfy the desires for self-determination and self-mastery. The client/patients assume a sense of responsibility for their decisions as leaders such as the ways to lead a movement, the rhythm, pattern and timing of movement. Symbolic expressions and postures, e.g., fists, stamping, etc.help in the release of aggressive emotions and channelize violent urges.

Dance, like a symbol, shows us that we are always evolving. Themes or concerns that patients express through their postures, expressions, behaviours, movement, and voice are captured in movement explorations. The dance therapist works in a transmodal manner, using several sensorimotor networks (auditory, kinetic, visual, and tactile). It involves ashared journey with affective, emotional, and creative experience aiming at healing and well-being.

Dance/Movement Therapy in India

Only recently have been progress made in the field of dance therapy in India. There are many dance therapists who have made significant efforts in India such as Tripura Kashyap (2005), Ritu Jain (Co-founder of Creative Movement Therapy Association of India), Avantika Malhautra (Expressive Arts Therapist/Director, Soul Canvas, Mumbai), Purvaa Sampath, (Music Therapist/Founder, Mayahs Universe, Bengaluru), Neha Christopher (Dance Therapist, Delhi), Bhakti Veda (Expressive Arts Therapist/Founder, Praanah, Mumbai), Sukriti Dua (Movement therapy practitioner/CMTAI, Delhi), Devika Mehta (Dance Therapist & Co-founder, Synchrony, Mumbai)

Self Assessment Questions 1

1) Dance therapy involves dancing in a group to music and songs. True or False.
2) Dance was first used for therapeutic purposes by _____.
3) Freud described the work of artists as an expression of the use of _____ defence mechanism.
4) Winnicot's approach to DMT focuses on increasing the _____ of the lives of clients.
5) What is body image?

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6) What is kinesthetic awareness?

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7) What is mirroring?

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9.7 INTRODUCTION TO DRAMA THERAPY

Drama therapy is another counseling technique that helps in expression of one's emotions and feelingsand facilitates venting out of inner turmoil.

National Association for Drama Therapy defines drama therapy as, "The systematic and deliberate use of drama/theater methods, goods, and associations to achieve the therapeutic goals of symptom relief, emotional and physical integration, and personal growth," Drama therapy like dance/movement therapy is an active approach that helps in catharsis, understand experiences, bring in changes in behavior and perspective, and result in personal growth. It helps in connecting with one's emotions, accessing them and accepting them.According to Aristotle, drama helps in releasing harmful emotions, creating harmony, and healing in the individual and the community (Boal, 1985).

The purpose of drama therapy can be curative/remedial for patients who are already undergoing treatment/therapy. It can also be preventive and facilitative by helping the at-risk individuals; further, it can enable self-exploration leading to self-growth and self-enhancement in normal/healthy individuals.

9.8 ROLE OF DRAMA THERAPIST

Drama therapy is not just taking part in a drama or theatre. It involves a deliberate attempt towards exploration, expression, healing, improvement, and well-being. Hence, the therapist needs to be professionally qualified and trained. S/he needs to have knowledge and training in drama/theatre, psychology, psychopathology, psychotherapy, and drama therapy. Further, since drama involves other form of creative arts like music, song, dance, writing, drawing etc., it becomes useful that the drama therapist has knowledge of other art forms also.

Thus a drama therapist addresses the thoughts, emotions and behavior of the client to bring in changes for the better, and create a harmony inside and outside.

The drama therapist focuses on two aspects of drama therapy:

- dramatic processes, which refers to drama games, role play, improvisation, story telling
- products, which refers to puppets, masks, play/performances.

Which one of the above to use in the process and product is determined by the needs, goals and comfort level of the client.

9.9 STAGES OF DRAMA THERAPY

Drama is performed in a group. Hence, the principles of group formation and functioning are considered alongwith the drama processes and products. Renee Emunah (1994) indicates five stages in drama therapy:

a) Dramatic play. The objective of this stage is to develop rapport, trust and cohesion among the group members. Thus the group engages in playing together or performing together to develop basic skills of working in harmony in a group.

b) Scene work. The group continues to play and aims at improving their skills in drama. They need to be comfortable and learn different skills and techniques related to drama.

c) Role play. Here as the name indicates, the group role plays or acts out issues/problems. Thus it involves a safe exploration of issues through other fictional means, e.g., through fairy tale, story characters etc.

d) Culminating enactments. In this stage now the personal issues are acted out and explored directly.

e) Dramatic ritual. It indicates the closure of the work of the group through exhibiting in a public performance or as a within the group ritual.

Thus we can say that first stage focuses on relationship building, second stage focuses on learning about drama skills and techniques, third stage involves exploring issues indirectly through role play, fourth stage includes acting out the personal issues directly, and finally the fifth stage marks the closure of the group through a public or private performance of the group work.

9.10 KEY CONCEPTS IN DRAMA THERAPY

1) Transitional space: Space is an important aspect in drama therapy. It indicates the imaginary space created in the context of drama which displays the basic principle of trust and comfort between the client and therapist. This transitional space provides an opportunity for the client's inner problems to come out, be role played, put as an external object, observed, and acted out. This helps create insight into the problems, and new learning and coping emerges out of it.

2) Metaphors: Use of metaphors help in interpreting the emotions, thoughts and behavior differently.For example, different emotions can be symbolized through different pictures like happiness through swaying of tree in a breeze.

3) Concrete embodiment:It is a technique that transforms the abstract into a physical form using the client's body. Embodiment involves unlearning old ineffective or faulty behaviours and experiencing new effective healthy behaviours.

4) Dramatic projection: Here clients project theirinner ideas or feelings and act out these in the session. They use metaphors and props for enacting out the inner feelings and issues.

9.11 TECHNIQUES OF DRAMA THERAPY

There are a variety of techniques that are used which has roots in theatre as well as therapy, for example, psychodrama, sociodrama, playback theatre, role play, theatre of the oppressed, therapeutic spiral model etc. The techniques vary with regard to the following aspects:

- Being informal or involve a formal presentation
- Having a script or without any script
- Client takes on an external character's role or acts out her/his life directly

Following are a few of the techniques of drama therapy:

1) Stimulating Creativity and Spontaneity: the therapist usually aims to encourage and promote the participants to develop their creative nature and be spontaneous in their participation in the process of drama therapy without inhibitions.

2) Role-Playing: The clients or participants are encouraged to enact their own self or taken another person's role. This helps them understand other's perspective and empathize with them also. The participants also connect with their own experiences.

3) Scripted Role: sometimes there is a script that is to be enacted and participants may choose role to enact or may be assigned an appropriate role chosen by the therapist. This helps participants to vent out their feelings and connect with different kinds of experiences.

4) Improvisational Role: sometimes acts are done impromptu without much planning. When doing an impromptu act, the participants spontaneously enact drawing from their own experiences, memories, beliefs etc. naturally. This helps in self-awareness and self-expression.

5) Speech and Storytelling: In this technique the participant expresses his desire to tell "story" of one's own life. Such an expression leads to

forming more positive and better coping life stories. This expression can be in the form of movement and expression in drama.

6) Projective Play: It employs the use of different kinds of props. It is usually used with children and adults with developmental difficulties. The child projects his or her feelings on the external world through drama and play. This helps cope with their struggles and failures.

7) Acting Out: It involves acting out negative behaviours in a safe space without facing consequences. This technique is used for addictive behaviours. They can act out their troublesome behaviours and they can look at their own behaviours and introspect on these behaviours. This can help them think about their behaviours. Patients may also act out some old experiences and resolve the conflicts around these earlier experiences.

8) Masks: Another technique that is used in drama is the use of mask. Masks helps the participant to enact feelings and emotions that one may not be able to act out otherwise. Masks make them feel safer and more secure. It can help participants express and explore their conflicts, dilemma, dreams, imagery and social roles.

Drama therapy Activity : What's in a name?

The participants basically tell the story of the person with their 'name'. This exercise is used to help participants explore their latent and unexpressed emotions within their own life stories. The participant assumes their own role with their name and enacts out their life incidences from the childhood that may have had impact on them. The participant may use prop, paper, pencil etc. to express themselves.

To conclude, drama therapy provides an opportunity to clients to express their inner feelings and anxieties in a safe space of mutual understanding among the dance group members alongwith the therapist. It helps in increasing emotional flexibility in the client and developing new skills in them. It thus contributes to enhanced self esteem and well-being.

Self Assessment Questions 2

1) What are the two aspects of drama therapy?

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2) Who has given the five stages in drama therapy?

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3) What is concrete embodiment in drama therapy?

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9.12 LET US SUM UP

In the present Unit we learned about two important forms of expressive arts therapy, that is, Dance/movement therapy (DMT) and Drama therapy. Dance/movement therapy involves the use of dance or general body movements to help expression of inner feelings and conflicts. This facilitates greater coordination and integration of physical, emotional, cognitive and social domains of personhood. There are various approaches and techniques to apply DMT. The choice of the technique depends on the therapists' orientation and training together with the choice of the client for a particular therapeutic technique. There is innumerable research evidence to suggest the beneficial effects of DMT. In general, DMT promotes various intrapersonal and interpersonal aspects of an individual's personalityand thus enhancing wellbeing. Similarly drama therapy has various techniques which can be used to dramatise the client's issues/problems so that it is played out as an external problem which can be seen in objective terms shared with other members and therapist. Drama therapy provides a safe space to play out one's feelings, gain perspective, develop greater self-knowledge**,** enhance one's self-concept, and general well-being.

9.13 KEY WORDS

Dance/movement therapy attends to the body and its posture and how it influencesperception, inner feelings and tensions that are used in a therapeutic way yo enhance well-being.

False self refers to one's external self which always trys to be in conformity to the society and fit into its' manners.

Empathy involves understanding how the other person feels, gaining knowledge of the other's circumstance, and acting accordingly.

Drama therapy is defined as the systematic and deliberate use of drama/theater methods, goods, and associations to achieve the therapeutic goals of symptom relief, emotional and physical integration, and personal growth.

Dramatic projection involves clients projecting their inner ideas or feelings and acting out these in the therapy session.

9.14 ANSWERS TO SELF ASSESSMENT QUESTIONS

Answers to Self Assessment Questions 1

1) False
2) Marian Chace
3) Sublimation
4) Worthiness
5) Body image refers to how does one perceive one's own body including the feeling s/he has towards the body and behaviour.
6) Kinesthetic awarenessrefers to the therapists's ability to sense herself physically on both an internal and external level.
7) Mirroring involves copying the therapists or another person's exact movements.

Answers to Self Assessment Questions 2

1) The two aspects of drama therapy are dramatic processes (which refers to drama games, role play, improvisation, story telling), and products (which refers to puppets, masks, play/performances).
2) Renee Emunah
3) Concrete embodiment in drama therapy is a technique that transforms the abstract into a physical form using the client's body.

9.15 UNIT END QUESTIONS

1) Explain the meaning and concept of dance and movement therapy.
2) Describe the different approaches to dance and movement therapy.
3) Explain the techniques of drama therapy.
4) Describe the stages in drama therapy given by Renee Emunah.

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