UNIT 1 PSYCHOANALYSIS/ PSYCHODYNAMIC COUNSELING

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1.0 INTRODUCTION

Psychodynamic therapy (or Psychoanalytic Psychotherapy as it is sometimes called) is a general name for therapeutic approaches which try to get the patient to bring to the surface their true feelings, so that they can experience them and understand them. Like psychoanalysis, Psychoanalytic Psychotherapy uses the basic assumption that everyone has an unconscious mind (this is sometimes called the subconscious), and that feelings held in the unconscious mind are often too painful to be faced. Thus we come up with defenses to protect us knowing about these painful feelings. An example of one of these defenses is called denial, which you may have already come across.

Psychodynamic therapy assumes that these defenses have gone wrong and are causing more harm than good that is why you have needed to seek help. It tries to unravel them, as once again, it is assumed that once you are aware of what is really going on in your mind the feelings will not be as painful.

Psychodynamic psychotherapy takes as its roots the work of Freud (who most people have heard of) and Melanie Klien (who developed the work with children) and Jung (who was a pupil of Freud's yet broke away to develop his own theories).

Psychodynamics takes the approach that our past affects our present. Those who forget history are doomed to repeat it, and this is the same for an individual. Though we may repress very early experiences (thus we do not remember them), the theory is that the "Id" never forgets the experiences. As a child if we had been rewarded with sweets, even today when matured and grown up we reach out for the tub of ice cream whenever we are depressed and we want cheering up.

1.1 OBJECTIVES

On successful completion of this unit, you will be able to:

- Describe the origin and evolution of Psychoanalysis;
- Describe the origin and meaning of Psychoanalysis;
- Define Psychoanalysis/Psychodynamics;
- Define and understand counseling;
- Understand Psychological counseling and its requirement; and
- Explain the use of Psychoanalytic/Psychodynamic counseling.

1.2 PSYCHODYNAMIC / PSYCHOANALYSIS

1.2.1 Freud and Psychoanalysis

Sigmund Freud, a Viennese neurologist (1856-1939), is clearly one of the most influential writers of the twentieth century, admired for his wit, intellect, and willingness to revise and improve his theories as his clinical experience grew. Freud began his practice at a time when there were fewer effective from of treatment in most fields of medicine. Effective treatment generally depends on an understanding of the causes of a disorder, and at that time, although accurate diagnoses could sometimes be made, little was known about the causes of disease, whether physical or mental. A disorder that was particularly common during the late 1800s was hysteria, the presence of physical problems in the absence of any physical causes. Like other well trained neurologists of his time, Freud originally used hypnosis to help his hysterical patients lose their symptoms. Then a friend, Joseph Breuer, told Freud that while under hypnosis one of his patients had recalled and understood the emotional experience that had led to the development of her symptoms, and that her symptos had then disappeared. For a time Freud and Breuer used this method of recapturing memories with some success.

However, because some patients were not easy to hypnotize and sometimes the positive effects did not last long. Freud began to develop his method of psychoanalysis, in which the patient recaptures forgotten memories without the use of hypnosis. Freud's psychoanalytical method made him enormously influential among European clinicians. By the time he visited the United States in 1909, his reputation had already spread across the Atlantic.

1.2.2 Freud's Theory of Personality

Freud's theory of personality may seem complicated because they incorporate many interlocking factors, but two basic assumptions viz., psychic determinism and the conscious unconscious dimension underlie the theory

The principle of psychic determinism states that all behaviour, whether overt (e.g. a muscle movement) or covert (eg., a thought), is caused or determined by prior mental events. The outside world and the private psychic life of the individual combine to determine all aspects of behaviour. As a clinical practitioner, Freud sought to modify unwanted behaviour by identifying and eliminating its psychic determinants.

Freud assumed that mental events such as thoughts and fantasies varied in the ease with which they come to the individual's awareness. For example, aspects of mental life that are currently in awareness are the conscious. Mental contents that are not currently at the level of awareness but can reach that level fairly easily are the preconscious. Mental contents that can be brought to awareness only with great difficulty are the unconscious. Freud was interested mainly in how these unconscious mental contents could influence overt behaviour.

Freud was especially intrigued by thoughts and fantasies that seen to go underground but then reappear at the conscious level. He asserted that the level of intra psychic conflict we a major factor in determining our awareness of particular mental events. According to Freud, the classic example of intra psychic conflict is when a young boy desires to take his father's place in relation to his mother, but at the same time feel love and affection for his father. Freud believed that the greater the degree of intra psychic conflict, the greater the likelihood that the mental events connected with it would remain unconscious. The more massive the unconscious conflict, the greater the person's mental events that may remain in the unconscious. The central hypothesis of Freudian psychoanalysis is that human behavior is determined in large part by unconscious motives (Freud, 1961). Our personality and our actions, argued Freud, were in large part determined by thoughts and feelings contained in the unconscious. Repressed content of the unconscious inadvertently slips through into our words or deeds, resulting in what is commonly called as the 'Freudian slip'. If most activities are governed by the unconscious, the individual may have limited responsibility for his or her actions.

Psychoanalytic / psychodynamic practitioners who use this approach tend to view psychological distress as being related to unconscious mental processes (Jacobs, 1998). Freud's contribution in regard to the mental processes, the unconscious, defense mechanisms etc., have all been developed and expanded by others who were Freud's students or disciples. Some have followed his basic assumptions, and others have developed more independent approaches. The term "psychodynamic" offers a wider perspective, which encompasses the different analytical approaches. As Jacobs (1998) suggested, psychodynamic implies that the psyche (mind/emotions/ spirit/self) is active, not static. These internal mental processes are dynamic forces that influence our relations with others.

The structural concept of Freud's theory of personality consisted of the id, ego, and superego. The id consists of everything present at birth, including instincts. The ego is the executive of the personality, because it controls the gateways to action, selects the features of the environment to which it will respond, and decides which needs will be satisfied and in which order. The superego is the internalised representative of the traditional values, ideals, and moral standards of society and the super ego strives for perfection.

Under the pressure of excessive anxiety, the ego is forced to take extreme measures to relieve the pressure. These measures are called defense mechanisms, because they defend the ego against anxiety. The principal defenses are repression, projection, reaction formation, intellectualisation, denial, rationalisation, displacement, and regression. These defense mechanisms have crept into contemporary therapy as denial and regression. Hence, someone is in denial because they are unable to accept a tragic event as having occurred and keep on stating that it had not occurred. Or to take another example, a child regresses to a previous developmental stage as a way of dealing with a tragic death.

In general, Psychodynamics, also known as dynamic psychology, is the study of interrelationship of various parts of the mind, personality, or psyche as they relate to mental, emotional, or motivational forces especially at the unconscious level. The mental forces involved in Psychodynamics are often divided into two parts

a) *Interaction of emotional forces*: the interaction of the emotional and motivational forces that affect behaviour and mental states, especially on a subconscious level;

b) *Inner forces affecting behaviour*: the study of the emotional and motivational forces that affect behaviour and states of mind;

Freud proposed that psychological energy was constant (hence, emotional changes consisted only in displacements) and that it ended to rest (point attractor) through discharge (catharsis).

In mate selection psychology, psychodynamics is defined as the study of the forces, motives and energy generated by the deepest of human needs.

1.2.3 Origin of Psychodynamics

The original concept of "psychodynamics" was developed by Sigmund Freud. Freud suggested that psychological processes are flows of psychological energy in a complex brain, establishing "psychodynamics" on the basis of psychological energy, which he referred to as the libido.

In general, psychodynamics studies the transformations and exchanges of "psychic energy" within the personality. A focus in psychodynamics is the connection between the energetics of emotional states in the id, ego and superego as they relate to early childhood developments and processes.

At the heart of psychological processes, according to Freud, is the ego, which is envisioned as battling with three forces, viz., the id, the superego and the outside world. Hence, the basic psychodynamic model focuses on the dynamic interactions between the id, ego and superego. Psychodynamics, subsequently, attempts to explain or interpret behaviour or mental states in terms of innate emotional forces or processes.

1.2.4 History of Psychodynamics

Psychodynamics was initially developed by Sigmund Freud, Carl Jung, Alfred Adler and Melanie Klein. By the mid 1940s and into the 1950s, the general application of the "psychodynamics theory" had been well established.

In his 1988 book "Introduction to psychodynamics – a New Synthesis", psychiatrist Mardi J. Horowitz states that his own interest and fascination with psychodynamics began during the 1950s, when he heard Ralph Greenson, a popular local psychoanalyst

who spoke to the public on topics such as "People who hate", and also his speeches on the radio at UCLA. In his radio discussion, according to Horowitz, he 'vividly described neurotic behaviour and unconscious mental processes and linked psychodynamics theory directly to everyday life.

In the 1950s, American psychiatrist Eric Berne built on Freud's psychodynamic model, particularly that of the "ego states", to develop a psychology of human interactions called transactional analysis which, according to physician James R. Allen, is a "Cognitive behavioural approach to treatment and that it is a very effective way of dealing with internal models of self and others as well as other psychodynamic issues." The theory was popularized in the 1964 book "Games people Play".

1.3 MEANING OF PSYCHODYNAMICS

1) Psychodynamics is the systematic study and theory of the psychological forces that underlie human behaviour, emphasising the interplay between unconscious and conscious motivation.
2) The psychology of mental or emotional forces or processes developing especially in early childhood and their effects on behavior and mental states.
3) Explanation or interpretation, as of behaviour or mental states, in terms of mental or emotional forces or processes.
4) Motivational forces acting especially at the unconscious level.

1.3.1 Definition of Psychodynamics

According to the American psychologist Calvin S. Hall, from his 1954 "Primer in Freudian psychology", the definition of psychodynamics is as given below:

"A dynamic psychology is one that studies the transformations and exchanges of energy within the personality."

This was Freud's greatest achievement and as one of the greatest achievements in modern science, it is certainly crucial in the history of psychology.

In 1930s, Freud's daughter Anna Freud began to apply Freud's psychodynamic theories of the "ego" to the study of parent child attachment and especially deprivation and in doing so developed ego psychology.

1.3.2 Freudian Psychodynamics

According to Freud, the ego is seen as battling with three forces, the id, the super ego and the outside world. In his writings about the "engines of human behaviour", Freud used the German word "Id" a word that can be translated into English as either instinct or drive.

1.3.3 Jungian Psychodynamics

A Swiss psychiatrist Carl Jung's in his first book, published in the year 1907, entitled, "Psychology of dementia praecox", upheld the Freudian psychodynamic view point, although with some reservation.

Carl Jung's contribution in psychodynamics psychology includes the following:

1) The psyche tends toward wholeness.
2) The self is composed of the ego, the personal unconscious, the collective unconscious,and the archetypes.

3) Archetypes are composed of dynamic tensions and arise spontaneously in the individual and collective psyche. Archetypes are autonomous energies common to the human species. They give the psyche its dynamic properties and help organise it.

4) The transcendent function: the emergence of the third resolves the split between dynamic polar tensions within the archetypal structure.

5) The recognition of the spiritual dimension of the human psyche.

6) Recognition of the multiplicity of psyche and psychic life.

Psychodynamic therapy is a general name for therapeutic approaches which try to get the patient to bring to the surface their true feelings, so that they can experience them and understand them. Like psychoanalysis, psychodynamic psychotherapy uses the basic assumption that everyone has an unconscious mind, and that feeling held in the unconscious mind are often too painful to be faced. Thus we come up with defenses to protect us from becoming aware of these painful feelings.

Psychodynamic therapy assumes that these defenses have gone wrong and are causing more harm than good that is why you have needed to seek help. It tries to unravel them, as once again. It is assumed that once you are aware of what is really going on in your mind feeding will not be as painful.

1.3.4 Meaning of Psychodynamic Counseling

Psychodynamic counseling is based on acceptance, empathy and understanding, with an emphasis on developing a good working alliance that fosters trust. The counselor takes account of the real world of the client, including the impact of trauma, cultural difference, sexual orientation, disability and social context.

Psychodynamic counseling places more emphasis on the influence of past experience on the development of current behaviour, mediated in part through unconscious processes. It is influenced by object relations theory, that is, by the idea that previous relationships leave lasting traces which affect self esteem and may result in maladaptive patterns of behaviour.

Psychodynamic counseling skills and theory can be valuable in many working and social environments. The insight and understanding about human functions gained from psychoanalytic theory can enhance the life of the counselor as well as the client and can be put to a variety of good uses.

1.3.5 Meaning of Psychodynamic Theory

Psychodynamic psychotherapy is derived from psychoanalysis and is based on a number of key analytical concepts. These include Freud's ideas about psychosexual development, defense mechanisms. Free association as the method of recall, and the therapeutic techniques of interpretation, including that of transference, defenses and dreams. Such therapy usually involves once-weekly 50-minute sessions, the length of treatment varying between 3 months and 2 years. The long-term aim of such therapy is twofold: symptom relief and personality change.

Psychodynamic psychotherapy is classically indicated in the treatment of unresolved conflicts in early life, as might be found in non psychotic and personality disorders, but to date there is a lack of convincing evidence concerning its superiority over other forms of treatment.

Psychodynamic theory is based on the premise that human behaviour and relationships are shaped by conscious and unconscious influences.

Psychodynamic therapies, which are sometimes used to treat depressed persons, focus on resolving the patient's conflicted feelings. These therapies are often reserved until the depressive symptoms are significantly improved.

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1.3.6 Psychological Counseling

Counseling is as old as society itself. In every day life, we find, counseling goes on at many levels in a family set up, parents counsel their children, in society doctors counsel patients, lawyers their clients, and teachers their students. There is no limit to the problems on which counseling can be offered nor to the persons who can render this help. Counseling is the core of the guidance program and is considered to be its most intimate and vital part.

1.3.7 Definition of Professional Counseling

What counseling is, especially the Professional counseling, in its present form, which is a recent development. Educational institutions, industries and business establishments are becoming increasingly interpersonal in their relationships. It is believed, where no counsel is, the people fall. But in the multitude of counselors, there is safety. No wonder, counseling is being recognised as an important technique of guidance. Counseling has been understood and defined in a number of ways:

The Webster's dictionary defines counseling as "consultation, mutual interchange of opinions, deliverating together."

Wren says, "Counseling is a dynamic and purposeful relationship between two people who approach a mutually defined problem with mutual consideration of each other to the end that the younger or less mature, or more troubled of the two is aided to a self-determined resolution of his problem."

Pepinsky and Pepinsky feel that, "Counseling relationship refers to the interaction which

i) occurs between two individuals called "the counsellor" and the "client",

ii) takes place within a professional setting, and

iii) is initiated and maintained as a means of facilitating changes in the behaviour of the client.

The counseling relationship develops from the interaction between two individuals, one a professionally trained worker and the other a person who seeks his services."

Hahn and MacLean define counseling as "a process which takes place in a one to one relationship between an individual beset by problems with which he cannot cope alone and a professional worker whose training and experience have qualified him to help others reach solutions to various types of personal difficulties."

An analysis of the above view points will reveal the major elements of counseling:

Counseling involves two individuals, that is, one seeking help and the other, a professional, trained person, who can help the first.

There should be a relationship of mutual respect between the two individuals. The counselor should be friendly and co-operative and the counselee should have trust and confidence in the counselor.

The aim of counseling is to a help a students form a decision, make a choice or find a direction at some important fork in the road such as that of planning a life career, a programme in college or university, or a campaign to obtain employment.

It helps the counselee acquire independence and develop a sense of responsibility. It helps him explore and utilise his potentialities and actualise himself.

It is more than advice giving. The progress comes through the thinking that a person with a problem does for himself rather than through solutions suggested by the counselors.

It involves something more than the solution to an immediate problem. Its function is to produce changes in the individual that will enable him to extricate himself from his immediate difficulties.

It concerns itself with attitudes as well as action.

Emotional rather than purely intellectual attitudes are the raw material of the counseling have their place in the counseling process. But it is the emotionalized feelings which are most important.

1.3.8 Counseling and Psychotherapy

Differences between Psychotherapy and Counseling

Psychotherapy has roots in Freudian psychodynamics, so that a medical aspect to the training was involved in the past, which lends it an air of respectability.

The training period for psychotherapy is long, and involved working with real clients under supervision. The courses in counseling have training shorter and less intensive.

Also psychotherapy requires a long period of self analysis.

Psychotherapy focuses on in-depth consideration of past issues.

As compared to psychotherapy, counseling courses are short, cheaper and more accessible courses and they are very inclusive. Working mothers, part time workers, the unemployed etc can normally find some way to take some form of counseling course.

Psychotherapy involves working in greater depth than counseling, that clients see their therapist more frequently and for a long period of time. By contrast counseling takes place over a shorter period of time.

Counseling is seen to be about short-term help, and psychotherapy about longer term. The focus in psychotherapy is on the past causes of the issues whereas the focus of counseling is in regard to the present issues.

Psychotherapy is concerned with some type of deeper personality change; but counseling is concerned with helping individuals develop their full coping potential in regards to some particular issue.

The setting of the treatment in counseling session often takes place in a number of non-medical settings such as an office or small therapy centre, or even in the therapists flat. Where as Psychotherapy is often thought of as taking place in a more medical setting, perhaps a clinic or hospital.

Psychotherapy is better for those who find it difficult to open up,

Counseling, according to Morgan-Ayers, is a process in which the therapist is there as a 'tour guide' for the client, refocusing them in a process that they are otherwise quite good at exploring themselves.

Similarities between Psychotherapy and Counseling

The aims of both are similar.

Both can be seen as an attempt to allow the person to build up resources to live in more healthy, meaningful and satisfying ways, and to develop self awareness.

Also a high degree of respect for the autonomy of the client is a basic principle in both counseling and Psychotherapy.

Both counseling and psychotherapy involve clear contracts between the therapist and the client as to what the aims are and the roles involved.

Both counseling and psychotherapy require the therapist to have highly developed skills.

Counseling and psychotherapy are different. Although the psychotherapist uses counseling as one of the techniques of treatment, psychotherapy is usually concerned with individuals whose behavior is neurotic. While it deals with repressed individuals, counseling is concerned with normal anxieties. Psychotherapy operates in a medical setting, whereas counseling operates in an educational environment. The psychotherapist uses play therapy, psychodrama, and socio-drama as techniques.

In counseling, such techniques are used as can be employed in educational institutions and individual establishments. Psychotherapy is deeper in scope, whereas counseling has wider implications. A counselor cannot be a psychotherapist, but a psychotherapist being better and specially qualified can be a counselor.

1.3.9 Classification of Counseling

Generally, categorisation of counseling is based on the nature and character of situation, age group, community, society, etc.

There are so many classification of counseling like students counseling, educational counseling, interpersonal and intra personal counseling, adolescent counseling, social counseling, marriage counseling, pre-marital counseling, counseling related to any kind of behaviour, habits and attitudes, career counseling, counseling related to social problems, industrial counseling, management counseling, counseling of life threatening factors…etc.

So the subject of counseling is like big ocean. No definite definition and a single tested approach can be applied for all cases. It is heterogeneous in nature. Every case is different, but approach can be common in most of the cases. Reasons are not same for the same cases. Why? Man is a social animal with variable natures, attitudes, aptitudes, aspirations reactions, different responsive nature. It is different from person to person. So no single approach and solutions can be offered. Every case has to be studied separately and to be dealt carefully with deeper and committed insight.

Counseling can thus be classified according to the nature of the problem, the complexity of treatment, and the competence of the counselor. Some writers classify counseling in terms of several factors. Lloyd Jones and Smith, for example, describe various levels of counseling with respect to the depth of the problem, length of contact, degree of need, and the skill of the counselor.

At the surface level is the counseling offered when the student wishes only some item of information. The counseling given may be casual; it is brief, and it may be superficial in that it is not extensive or intensive. The need for help is important even though slight, and the relationship maintained through the brief contact should not be less than that maintained during the long counseling session.

Counseling at the next level requires a more prolonged contact because the counselee needs more of complicated information. He may, for example, wish assistance in planning a programme of study for a two or a four year period. As the problems become complicated and as an intensive study of the case is required, and more specialised help is needed, counseling at deeper levels becomes necessary.

When the student is seriously disturbed, therapeutic counseling may be needed. Williamson feels that counseling is needed not only for helping individuals to gain insight into their emotional conflicts but also for helping them with problems stemming from lack of information, such as information about vocational aptitudes and interests or about work opportunities, so that they may conduct their future adjustments in such a way that a 'minimum of maladaptive repressions' occur.

1.3.10 Goals of Counseling

Counseling goals may be simply classified in terms of counselor goals and the client goals or the immediate intermediate or long range goals of therapy. Regardless of how one chooses to classify the goals, counseling, like all other meaningful activities, must be goal driven, have a purpose, or seek an objective. Broadly speaking counseling goals may be separated into following categories:

Developmental goals wherein client is assisted in meeting his/her anticipated human growth and development.

- Preventive goals
- Enhancement goals
- Remedial goals
- Exploratory goals
- Reinforcement goals
- Cognitive goals
- Psychological goals
- Physiological goals

1.3.11 Principles of Counseling

Relationship between the counselor and counseling is based on prevalent amount of trust, confidence and openness. Here the counselor will be helping the client to find his existent potentialities.

Respect: This is a very important principle of counseling. The counsellor must respect the client and whatever he or she is expressing with concern, respect and understanding.

Transparency and understanding in communication: The Counsellor must be transparent and must not say something while thinking the opposite. Every attempt should be made by the counsellor to understand whatever is being expressed by the client with genuine interest and concern.

Knowing the counsellor understanding him from his situation: This is yet another important principle. In this the counsellor is expected to know the client completely in terms of the facts gathered during interview and also view him and his problems from the situation that the client faces.

Availability: After giving an appointment at a particular time, the counsellor should never miss the appointment. In case there is an emergency and the appointment cannot be kept up, the counsellor must inform the client ahead in advance and apologise for the cancellation.

Privacy: Whatever is being told by the client has to be considered as completely private and at no time these information should be conveyed to anyone without the clear permission from the client.

Positive approach and recognising client's potentiality: The counsellor must have a positive approach towards the client and his or her problems and should recognise the potentialities that the client has.

Focusing on follow up specifications.

Trustworthy and no misrepresentation/ black mail.

Constant /regular consultation is essential.

1.3.12 Steps in Counseling

The action of transition of theories into action is referred to as counseling process. A process usually specified by a sequence of interaction of steps. Hackney and Cormier (1996) identified the stages as follows:

- Relation establishment.
- Problem identification and exploration.
- Planning for problem solving.
- Solution application and termination.

Self Assessment Questions

1) Psychodynamic counseling places more emphasis on _____ on the development of current behaviour.
2) Counselor's goal is to establish a _____ and _____ relationship.
3) Problem identification is main purpose of counseling (True/False).
4) Psychodynamics is a part of psychoanalysis (True/False).

1.4 THE SITUATION IN WHICH COUNSELING IS REQUIRED

The following are some of the situations in which counseling is needed:

1) When the student needs not only reliable information but an interested interpretation of such information as meets his own personal difficulties.

2) When the student needs a wise, sympathetic listener with broader experience than his own, to whom he can recount his difficulties and from whom he may gain suggestions regarding his own proposed plan of action.

3) When the counselor has access to facilities for helping in the solution of a students' problem.

4) When the student is unaware that he has a certain problem but, for his best development, must be aroused to a consciousness of that problem.

5) When the student is aware of a problem and of the strain and difficulty it is causing, but is unable to define and understand it, and is unable to cope with it independently.

The Psychoanalytical context, then, reducing tension becomes a major goal of counseling. Because personality conflict is present all people, nearly everyone can benefit from professional counseling. In as much the Psychoanalytical approach requires insights that in turn rely on openness and self disclosure.

Psychoanalytic theory usually views the client as a person in need of assistance in restructuring his / her personality. The counselor in the role of expert will facilitate or direct this restructuring. The client will be encouraged to talk freely, to disclose unpleasant, difficult, or embarrassing thoughts.

The counselor will provide interpretation as appropriate, attempting to increase client insights. This in turn may lead the client to work through the unconscious and eventually achieve the ability to cope realistically with the demands of the client's world and society as a whole. In this process, among the techniques the psychoanalytic counselor may employ projective tests, play therapy, dream analysis and free association, all of which require special training for the counselor, usually available only at the doctoral level.

1.5 LET US SUM UP

We have discussed the theoretical basis and origin of Psychoanalysis and Psychodynamics and it's uses in counseling role and goals of counseling. The clear meaning and definition of Psychoanalytic/Psychodynamic counseling.

The students may find the theoretical background helpful to get the clear understanding of counseling in Psychoanalytic context.

1.6 UNIT END QUESTIONS

1) When or under what circumstances would you encourage a friend to seek counseling?

2) What are the basic elements of Psychoanalysis?

3) What is the origin of Psychodynamics?

4) What are the goals of a counselor?

5) What is Psychoanalytic counseling?

1.7 SUGGESTED READINGS

Corey, G. (1986): *"Theory and Practice of Counseling and Psychology"*, California Books / Cole Publishing

Seligman, L. (2001): *"Systems, Strategies and Skills of Counseling and Psychotherapy"*, N. J. Merrill, Prentice Hall

Kaslow, H. W. (Ed.) (2002): *"Comprehensive Handbook of Psychotherapy* (Vol. I, II, III, IV), John Wiley & Sons

Woolfe & Dryden, W. (1996): *"Handbook of Counseling Psychology"*, New Delhi, Sage

UNIT 2 INSIGHT AND SHORT TERM COUNSELING

Structure

2.0 Introduction

2.1 Objectives

2.2 Insight as a Counseling Method

- 2.2.1 Definition of Insight
- 2.2.2 Definition of Insight Counseling
- 2.2.3 Counseling and Insight
- 2.2.4 Psychoanalysis
- 2.2.5 Humanistic and Existential Approach
- 2.2.6 Psychodynamic Therapy

2.3 Adlerian Psychology

2.4 Existential Therapy

2.5 Person Centered Therapy

2.6 Gestalt Therapy

2.7 Short Term Counseling

- 2.7.1 A Focus on a Specific Solution that the Counselee Wants to Get
- 2.7.2 A Willingness to Change
- 2.7.3 A Limited Time Frame
- 2.7.4 A Commitment to Spiritual Development
- 2.7.5 Short Term Counseling
- 2.7.6 Meaning and Definition of Brief Therapy
- 2.7.7 Developments that Influenced Brief Therapies
- 2.7.8 Common Aspects to Many Brief Therapies

2.8 Let Us Sum Up

2.9 Unit End Questions

2.10 Suggested Readings

2.0 INTRODUCTION

It has already been discussed what are the objectives of counseling in general along with one method of counseling has also been discussed earlier. It should be kept in mind always that there are several methods / modalities in counseling clients. But all may not be applicable for at all the clients at all the times. Hence we discuss other modalities as well, which have usage for specific populations. Short term counseling and insight counseling are our topic of discussion here. Counseling is an attempt to uncover the deep causes of the individual's problem and to help eliminate defense mechanisms

Counseling is the treatment of a personality disorder by attempting to uncover the deep causes of the individual's problem and to help eliminate defense mechanisms

2.1 OBJECTIVES

On successful completion of this unit, you will be able to:

- Define insight as a counseling method;
- Define insight counseling;
- Describe various insight therapies;
- Explain short term counseling;
- Elucidate the characteristics of short term counseling;
- Define brief therapy; and
- Differentiate between short term counseling and other modalities.

2.2 INSIGHT AS A COUNSELING METHOD

Having the capacity to step outside of one's immediate experience and to think about oneself from the perspective of an observer is a very useful ingredient for most Psychoanalytic and Psychodynamic interventions. That is what insight is all about.

Insight is a major goal of both Psychoanalysis and Psychodynamic Psychotherapy counseling because of the belief that as people acquire a more realistic view of their motivations and the needs of other people, the likelihood of behavioral change increases.

2.2.1 Definition of Insight

Insight is self knowledge, understanding the significance and purpose of one's motives or behaviour including the ability to recognise the inappropriateness and irrationality.

2.2.2 Definition of Insight Counseling

"Insight is an integral process in both individual and group process where the client makes connection between new information generated in therapy and present circumstances."

2.2.3 Counseling and Insight

Insight recognises that the first step to solving any problem begins with asking the right questions. Psychologists help their clients to become aware of factors affecting their well being and plan out a treatment programme which is the most appropriate for the client's problem. Insight promotes the mental health of the clients by generating an awareness into their own conflicts and problems and how the same was caused and what could be done to overcome the same. Insight can help clients to realise their full potentials.

Insight actually refers to the treatments involving complex conversations between therapists and clients. The treatment helps clients understand the nature of their problems and the meaning of their behaviour, thoughts and feelings. In other words it helps the person become aware of why he behaves as he does.

Thus insight therapy is an umbrella term used to describe a group of different therapy techniques that have some similar characteristics in theory and thought. Insight therapy assumes that a person's behaviour, thoughts, and emotions become disordered

because the individual does not understand what motivates him, especially when a conflict develops between the person's needs and his drives. The theory of insight therapy, therefore, is that a greater awareness of motivation will result in an increase in control and an improvement in thought, emotion, and behaviour. The goal of this therapy is to help an individual discover the reasons and motivation for his behaviour, feelings, and thinking. The different types of insight therapies are described below.

2.2.4 Psychoanalysis

Freud believed that personal development is based on inborn, and particularly sexual, drives that exist in everyone. He also believed that the mind, or the psyche, is divided into three parts, namely the Id, Ego and the Superego. These three parts function together as a whole and these three parts represent specific energies in a person.

Psychoanalytic theory and psychoanalysis are based on Freud's second theory of neurotic anxiety, which is the reaction of the ego when a previously repressed id impulse pushes it to express itself. The unconscious part of the ego, for example, encounters a situation that reminds it of a repressed childhood conflict, often related to a sexual or aggressive impulse, and is overcome by an overwhelming feeling of tension. Psychoanalytic therapy tries to remove the earlier repression and helps the patient resolve the childhood conflict through the use of adult reality. The childhood repression had prevented the ego from growing; as the conflict is faced and resolved, the ego can reenter a healthy growth pattern.

There are certain important psychoanalytic techniques such as free association, dream analysis, transference etc. In free association the client is free to express what ever he or she wants without inhibition. In the process the client brings into the conscious many of the repressed materials which normally he cannot mention without feeling guilty or ashamed. Once these repressed materials come into the conscious, the therapist or the counsellor is able to provide insight to the client regarding these materials and how these in turn are causing the various symptoms and problems. This insight helps the client to face the problem squarely and understand his or her own behaviours in terms of the root causes. Once the cause is known, the client is able to get over the problem. Thus insight development in psychoanalysis through free association is undertaken.

Another technique of psychoanalysis is what we call as the dream analysis. When a person sleeps the repressed materials are allowed to enter the consciousness. However as these repressed thoughts are threatening they cannot be experienced in their actual form. The thoughts are disguised in dreams, which then become symbolic and significant to the client's psychoanalytic work. As the dreams are told and narrated to the counsellor / therapist, the same is analysed and interpreted by the therapist. As the dreams are interpreted the therapist helps the client to develop insight into the causes of his problems as interpreted from the dreams. This insight helps the client to understand why he behaved as he did and thus change the behaviour.

Another technique of psychoanalysis is the transference. Through transference the psychoanalyst gains insight into the childhood origin of repressed conflicts. One focus of psychoanalysis is the analysis of defenses. This can provide the analyst a clear picture of some of the patient's conflict. The counsellor studies the client's defense mechanisms which are the ego's unconscious way of warding off a confrontation with anxiety. The counsellor tries to interpret the client's behaviour, pointing out its defensive nature in order to stimulate the client to realise that she is avoiding the topic. This insight helps the client to understand the underlying conflicts and helps overcome the problems and symptoms.

2.2.5 Humanistic and Existential Approach

These also fall under the category of insight therapies. These therapies are insight focussed and they are based on the assumption that disordered behaviour can be overcome by increasing the awareness of the client of their motivation and needs. Humanistic and existential therapists / counsellors place more emphasis on a person's freedom of choice, and believe that free will is a person's most valuable trait and is considered a gift to be used wisely.

Analytical psychology organises personality types into groups; the familiar terms "extraverted," or acting out, and "introverted," or turning oneself inward, are Jungian terms used to describe personality traits. Developing a purpose, decision making, and setting goals are other components of Jung's theory. Whereas Freud believed that a person's current and future behaviour is based on experiences of the past, Jungian theorists often focus on dreams, fantasies, and other things that come from or involve the unconscious. Jungian therapy, then, focuses on an analysis of the patient's unconscious processes so the patient can ultimately integrate them into conscious thought and deal with them. Much of the Jungian technique is based on bringing the unconscious into the conscious.

In explaining personality, Jung said there are three levels of consciousness: the conscious, the personal unconscious, and the collective unconscious.

2.2.6 Psychodynamic Therapy

In 1946, psychodynamic therapy was developed in part through the work of Franz Gabriel Alexander, M.D., and Thomas Morton French, M.D., who were supporters of a briefer analytic therapy than Freud's psychoanalytic theory, using a present and more future-oriented approach. Influenced by such Freudian concepts as the defense mechanism and unconscious motivation, psychodynamic therapy is more active than Freudian therapy and focuses more on present problems and relationships than on childhood conflicts. Psychodynamic therapy slowly examines the true sources of client's tension and unhappiness by facing repressed feelings and eventually lifting that repression.

The personal unconscious is the landing area of the brain for the thoughts, feelings, experiences, and perceptions that are not picked up by the ego. Repressed personal conflicts or unresolved issues are also stored here. Jung wove this concept into his psychoanalytic theory: often thoughts, memories and other material in the personal unconscious are associated with each other and form an involuntary theme. Jung assigned the term "complex" to describe this theme. These complexes can have an extreme emotional effect on a person.

Jung believed that to fully understand people, one has to appreciate a person's dreams and not just his or her past experiences. Through analytical psychology, the therapist and patient work together to uncover both parts of the person and address conflicts existing in that person.

Self Assessment Questions

1) Define insight.

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2) Define insight counseling.

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3) What is the relationship between insight and counseling?

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4) Describe psychoanalysis as insight therapy.

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5) Elucidate humanistic approach as insight therapy.

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6) Explain psychodynamic approach as insight counseling.

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2.3 ADLERIAN PSYCHOLOGY

Adler's view of personality stressed the importance of the person as a whole but also of the individual's interaction with surrounding society. He also saw the person as a goal directed, creative individual responsible for his own future.

He emphasised in his own theories of working toward superiority, but not in an antisocial sense. Instead, he viewed people as tied to their surroundings; Adler claimed that a person's fulfillment was based on doing things for the "social good." Like Jung, Adler also argued the importance of working toward personal goals in therapy.

The main factor in Adler's work was a focus on individual psychology, or individual phenomenology—working to help patients get over the "illogical expectations" made on themselves and their lives

Crucial to the Adlerian therapy technique is the establishment of a good therapeutic relationship between therapist and patient, particularly one based on respect and mutual trust.

One of the most important goals of Adlerian therapy is the patient's increase in social interests, as well as an increase in self-awareness and self-confidence.

Adlerian therapy is a practical, humanistic therapy method that helps individuals to identify and change the dysfunction in their lives.

2.4 EXISTENTIAL THERAPY

Another insight therapy, existential therapy is based on the philosophical theory of existentialism, which emphasises the importance of existence, including one's responsibility for one's own psychological existence. One important component of this theory is dealing with life themes instead of techniques; more than other therapies, existential therapy looks at a patient's self awareness and his ability to look beyond the immediate problems and events in his or her life and focus instead on problems of human existence.

The first existential therapists were trained in Freud's theories of psychoanalysis, but they disagreed with Freud's stress on the importance of biological drives and unconscious processes in the psyche. Instead, these therapists saw their patients as they were in reality, not as subjects based on theory.

With existential therapy, the focus is not on technique but on existential themes and how they apply to the patient. Through a positive, constructive therapeutic relationship between therapist and patient, existential therapy uncovers common themes occurring in the patient's life. Patients discover that they are not living their lives to the full potential and learn what they must do to realise their full capacity.

The existential therapist must be fully aware of patients and their needs in order to help them attain that position of living to the full of their existence. As patients become more aware of themselves and the results of their actions, they take more responsibility for life and become more "active." In this sense this is a therapy that instills insight about the individual's behaviour to himself or herself.

2.5 PERSON CENTERED THERAPY

Once called nondirective therapy, the client centered therapy, person centered therapy was developed by American psychologist Carl Rogers. Drawing from years of in depth clinical research, Rogers's therapy is based on four stages, viz., (i) the developmental stage, (ii) the nondirective stage, (iii) the client centered stage, and (iv) the person centered stage.

Person centered therapy looks at assumptions made about human nature and how people can try to understand these assumptions. Like other humanistic therapists,

Rogers believed that people should be responsible for themselves, even when they are troubled. Person centered therapy takes a positive view of patients, believing that they tend to move toward being fully functioning instead of wallowing in their problems.

Person centered therapy is based more on a *way of being* rather than a therapy technique. It focusses on understanding and caring instead of diagnosis and advice, Rogers believed that change in the patient could take place if only a few criteria were met, which according to in were:

1) The patient must be anxious or incongruent (lacking harmony) and be in contact with the therapist.
2) The therapist must be genuine; that is, a therapist's words and feelings must agree.
3) The therapist must accept the client and care unconditionally for the client.
4) In addition, the therapist must understand the patient's thoughts and experiences and relay this understanding to the patient.

If the patient is able to perceive these conditions offered by the therapist, then the therapeutic change in the patient will take place and personal growth and higher consciousness can be reached. In this manner the patient develops an insight into his own conditions, the problems that are affecting him and how to handle with his own efforts etc.

2.6 GESTALT THERAPY

Gestalt psychology emerged from the work of Frederich S. Perls, who felt that a focus on perception, and on the development of the whole individual, were important. This was attained by increasing the patient's awareness of unacknowledged feelings and becoming aware of parts of the patient's personality that had been previously denied.

Gestalt therapy has both humanistic and existential aspects. Gestalt theory states that people are basically good and that this goodness should be allowed to show itself. Also, psychological problems originate in frustrations and denials of this innate goodness.

Gestalt therapists focus on the creative aspects of people, instead of their problematic parts. There is a focus on the patient in the therapy room, in the present, instead of a launching into the past; what is most important for the patient is what is happening in that room at that time. If the past enters a session and creates problems for the patient, it is brought into the present and discussed. The question of "why" is discouraged in Gestalt therapy, because trying to find causes in the past is considered an attempt to escape the responsibility for decisions made in the present. The therapist plays a role, too: Patients are sometimes forced or even bullied into an awareness of every minute detail of the present situation.

Gestaltists believed that awareness acted as a curative, so it is an integral part of this therapy process. The goal of Gestalt therapy is to help patients understand and accept their needs and fears as well as increase awareness of how they keep themselves from reaching their goals and taking care of their needs. Also, the Gestalt therapist strives to help the patient encounter the world in a nonjudgmental way. Concentration on the "here and now" and on the patient as responsible for his or her actions and behaviour is an end result.

Self Assessment Questions

1) Describe Adlerian psychology and indicate how it is insight therapy.

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2) Elucidate existential therapy approach as part of insight therapy.

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3) How does person centered approach an insight therapy?

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4) Explain Gestalt approach as an insight therapy.

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2.7 SHORT TERM COUNSELING

There has been a lot of discussion and research into the question of what kind of couple receives the most benefit from the least amount of marriage counseling. In other words, what type of couples can get help the fastest, in the least amount of sessions. Like any type of generalisation, there are absolute exceptions.

However the following will generally receive and also benefit from short term counseling, especially marriage counseling.

- Couples who are still in active love.
- Couples who are open to therapy and change.

However short term marriage counseling will not be of use to the following persons

- Couples who wait too long before seeking help.
- Couples where one is already set on getting a divorce and are closed to suggestions that may save the marriage.

Instead of looking at these items in terms of who benefits the least from short term counseling, one could look at them instead, in terms of what will benefit each the most. That is, there are different set of problems and require different solutions.

Couples who have been waiting for a long time before entering into marriage counseling are couples who have had years to build bad habits and negative responses and behaviours. Habits that took years to form take time to change and it would be not correct to assume otherwise.

Couples who are still in love but need help resolving some marital issues are having a specific problem that can be addressed in specific ways with specific solutions, making this type of relationship perfect for short term counseling.

The Basis of the Short term Model of counseling.

The short term counseling model is based on the following principles:

2.7.1 A Focus on a Specific Solution that the Counselee Wants to Get

Most people want to focus on the problem, which means looking at the negative side of the issue. While problems cannot be ignored, success is better if the major effort is aimed at the solution to the situation. The counselee is the one who selects the focus, or the preferable future. Counseling is about the counselee, not the counselor. This takes the pressure off the counsellor to be the expert, or the one who must figure out what is best for someone else. The counsellor's task is to work with the counselee in moving to a creative solution.

2.7.2 A Willingness to Change

The basis for helping people is anchored in the understanding that people do have the ability to change. Change is inevitable in people's lives. When we recognise that change is always occurring and that people are continuously changing, we are much more likely to look for change in the clients lives. We also realise that people's problems are always changing.

It is easy to slip into the misconception that change always means a radical, 180-degree reversal. At the same time it must be remembered that one does not make change in giant steps. In counseling, change is made in small, seemingly insignificant movements. Change is an action step. If a person takes even a tiny action of change, it means more change is possible.

2.7.3 A Limited Time Frame

With the many time demands on a counsellor, counseling must be kept in balance with other duties. Some people like to talk about their problems but do not really want to change.

One of the hardest aspects of counseling for most counselors is setting the necessary limits on the relationship. Limits are worked out by the counsellor and it should be adhered to by both counselee and the counsellor. In the long term counseling it is never helpful if limits are consistently ignored. Limit setting is, therefore, a part of all responsible counseling.

What is a reasonable limitation? While there are always exceptions, generally four to six sessions should be a reasonable time frame in dealing with a single, focused solution. If more time is needed, a counsellor may consider referring the counselee to someone who may be more qualified.

2.7.4 A Commitment to Spiritual Development

A person's spiritual life is not an appendage tacked on, like buying an option on a new car. Our spiritual life is related to all aspects of our human existence. "The master goal of counseling is the facilitation of psychological growth. This involves helping people to understand their problems and their lives in the light of their relationship to the others in their lives and to the counsellor and then to live more fully in this relationship. The counsellor's ability to help others arises out of their personal commitment to grow in their relationship in their own life too.

As we considered in the previous sections, the major goal of a counselor in a counseling process is to establish comfortable and positive relationship, facilitate communications, identify and verify the client concerns and plan with the client, to obtain assessment data needed to proceed with counseling process. As far as the client is concerned, his or her major goal is to share and amplify reasons for seeking counseling and cooperate in the assessment of both the problem and self.

For both the purposes a related concept that is important to assess early in treatment is patient's ability to have some "insight". Insight is skills in a constructive way to obtain a new understanding of the problems and difficulties that had not been consciously realised before by the client. Sometimes counselors may provide a relatively benign interpretive comment early in treatment to assess the client or patient's readiness, willingness and capacity for insight (Wanier 1998). Although such interventions must be very carefully timed and crafted, they may allow counselors to get a feeling of how likely patients (clients) will engage in obtaining new levels of understanding. In fact it is often the case that simply summarizing for clients what they have said in ways to draw an association between two important ideas will provide an opportunity to assess how insightful they are.

Metallisation and Insight

As described by Fonagy and colleagues (Fonagy & Target, 1996, 1997; Fonaggy, Gergely, Jurist & Target, 2002), mentalisation or reflective capacity, is the ability of patients to conceive of and to understand their mental states and that of others as an understandable causative mechanism of behavior and experience. Mentalisation means to perceive and communicate mental states, such as beliefs, desires, plans, and goals.

Mental states are unobservable constructs that must be inferred by observers rather than perceived directly. Most of us know what an ego is (and we probably have run into one that is "inflated") but no one has ever perceived an ego directly. Even your own ego has to be inferred.

Mentalisation is largely communication outside of language.

Mentalisation draws heavily from context or the implications of an environment. A gun in a display case will have a different implicit sense to it than a gun being held by a police officer or soldier. We need to be able to mentalise in order to get the implicit meaning of things.

Mentalisation is necessary to "get" the meaning behind metaphor. Metaphor accurately depicts the nature of a situation (the objective reality) *and* is designed to convey a mental state.

Infants are born with an imitative brain . In other words, infants are born with an innate desire to imitate a social partner. Imitation is the seed that will eventually (if all goes well) bear mentalising fruit (to use a metaphor).

Empathy is a form of mentalisation. It is difficult to be empathetic (sympathetic maybe) without the ability to mentalise. Researchers, such as Russell Barkley (1997) are looking at a possible connection between certain forms of ADHD and an impaired capacity to mentalise.

The same brain regions are activated during imitation and mentalisation

Mentalisation is a way to find social partners in the world.

Mentalisation is necessary for the development of a fully developed sense of self and acquired in the context of early attachments, specifically primary object relationships. It is typically the case that the more severe a persons' psychopathology, the more poorly developed is his/her reflective capacity (mentalisation). When patients show very little awareness or recognition of their mental states or inner life, this should be a sign to therapists that more expressive interventions may not be appropriate or well received at this time and that supportive interventions are indicated. The range of interventions would involve reflection and attention by the therapist to signs of patients' mental state and their psychological symptoms.

By way of contrast, patients with greater levels of mentalisation are more likely to come in with some ideas about what is going on in their minds or in the behaviours of others that could be contributing to their difficulties. It is not the case that patients have to have highly well-developed mentalisation capacities for psychoanalytic and psychodynamic interventions to be successful, particularly with interventions targeted toward current life situations. However, an indicator of patients' abilities to improve with psychoanalytic or psychodynamic treatment is related to mentalisation.

Therefore to make good decisions about how to proceed with treatment, it is necessary to assess patients psychological well being and ways of functioning. This can be done by evaluating the capacity for insight or reflective functioning.

Psychodynamic psychotherapy is also known as an "insight" approach, because it is the practice of exploring deeply the inner workings of the mind (how the psyche actually works). Old, unresolved conflicts and beliefs drain energy from people.

By using an insight approach, the counsellor intends to understand the places in the psyche where one has got stuck so that the stuckness—the inability to move forward in life—can relax with the awareness of new options. When a person really sees that now, in the current life, he or she has actually fresh possibilities for action, the old painful dilemmas naturally melt away.

To make permanent change in the reoccurrence of depression and anxiety, it is important to combine insight therapy with the skill building of CBT and mindfulness training. This will lead to relatively more permanent change.

Also known as psychodynamic psychotherapy, insight therapy is a technique which assumes that a person's behavior, thoughts, and emotions become disordered as a result of the individual's lack of understanding as to what motivates him or her, such as unresolved old conflicts or beliefs. The idea behind this therapy is that the therapist will help the client become more aware of themselves and therefore the client can go on to live a more full life.

Example: A clinician trained in insight therapy helps his client to realise and break free of undesirable old patterns by examining how the man has reacted to certain situations in the past

2.7.5 Short Term Counseling

Short Term Counseling: A Six Session Model.

Short term counseling in an occupational health setting is an effective means of reaching a population that may otherwise not have considered counseling. However, because of the time limits, the practitioner must be able to make a quick assessment of the kind of help needed. The seven principles of short term treatment are:

1) Mutual goal directedness;
2) Quick problem identification;
3) Reminder of finiteness of sessions;
4) Making an appropriate referral;
5) Confidentiality;
6) Open communication; and
7) Follow up.

In a six session model, sessions 1 and 2 are for assessment.

Sessions 3 and 4 are for development of insights and strategies

Sessions 5 and 6 are for termination.

Occupational health nurses with mental health training are ideal practitioners of short term counseling, because they can recognise many physical symptoms as having a psychological basis.

Researchers report that a brief behavioral treatment appears to alleviate insomnia in older adults for at least six months. The intervention consisted of two in-person sessions and two phone calls.

Even though pharmacologic and behavioural treatments are approximately equally effective, older adults are prescribed hypnotic agents at disproportionate rates and are also more likely than younger patients to experience adverse drug effects.

Daniel J. Buysse, M.D., of the University of Pittsburgh School of Medicine, and colleagues conducted a randomized clinical trial of a brief behavioural treatment involving 79 older adults (average age 71.7) with insomnia.

Thirty-nine received the treatment, consisting of individualised behavioural instruction delivered by a nurse clinician over four sessions, two in person and two by phone.

The other 40 were assigned to an information control group and received only general printed educational material about insomnia and sleep habits.

All participants provided demographic information, completed self report and interviewer administered questionnaires about sleep habits, kept two-week sleep diaries and underwent sleep assessment by actigraphy (using a wrist or ankle monitor) and polysomnography (a more in-depth monitoring procedure) before treatment and four weeks after beginning therapy.

Participants who showed a response to the brief treatment were contacted again after six months and asked to complete questionnaires and sleep diaries.

After four weeks, a larger percentage of those receiving the brief behavioural treatment showed a favorable response to the treatment (67 percent vs. 25 percent) or were classified as no longer having insomnia (55 percent vs. 13 percent).

Recent years have witnessed increased interest in and practice of short term counseling (Brief therapy) in practice, brief therapy is probably as old as therapy itself; however, it has only recently been recognized and written about as a viable approach for the delivery of counseling assistance. Many a studies indicate that short-term therapy is at least as effective as long term, if not more so, produces lasting or durable results; and more frequently responsible to the client's anticipation of treatment line.

2.7.6 Meaning and Definition of Brief Therapy

Brief therapy, short-term therapy, time limited therapy: making time a defining element in the psychotherapy relationship

The meaning of "brief" is relative to what is considered "long" or "typical." A typical course of classical psychoanalysis often involved three to five years of treatment with 2 to 3 sessions a week (4 and 5 sessions a week might occur by were unusual in standard practice; as was once a week treatment).

More than a precise number of sessions or duration of treatment, the critical feature of the "briefer" therapies is that time becomes an explicit defining feature in the therapeutic contract. Implicit in this type of therapy is the clear view of the starting and ending point, and the pathway that will lead from one to the other. Open ended therapy contacts are defined by broad, mutually agreed upon goals but do not specify the rate of change that is the outcome.

2.7.7 Developments that Influenced Brief Therapies

Several developments contributed to the interest in briefer therapies over the past several decades:

- Much of the identifiable change in psychotherapy occurred within the first 10 sessions.
- Increasing interest in how to make psychotherapy available to larger segments of society / meet the need / demand for psychological services.
- Economic incentives favoring briefer therapies.
- Increased interest in so-called "symptomatic treatments" such as behaviour therapy, marital counseling, problem solving strategies which focused on specific treatments goals rather than change of basic personality patterns / traits.
- Continuing developments have bolstered interest in briefer therapies:
- Managed care strongly encouraged briefer treatments.
- Highly structured, especially "manualized" treatments have become a principal focus of psychotherapy outcome research—the brief therapies were easily adaptable to this model of research.
- Empirical evidence supporting the effectiveness of brief therapies accumulated.
- Virtually all therapeutic models and schools have been able to offer brief therapy alternatives such as psychoanalytic/psychodynamic/object relations therapy, solution focused/narrative therapy, cognitive-behavioral therapy etc.

The major of presenting problems can be approached from a brief therapy model:

- most presenting concerns of individuals
- work with adolescents

- couple counseling
- crisis intervention
- group therapy
- parent training
- family therapy

Self Assessment Questions

1) Describe short term counseling.

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2) What are the conditions for success of short term counseling?

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3) What is meant by commitment to spiritual development?

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4) Describe the meaning and definition of brief therapy.

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2.7.8 Common Aspects to Many Brief Therapies

- Problem/solution vs. pathology/understanding focus
- Active/involved vs. passive/reserved therapist
- Active/experimental vs. passive/receptive client
- Sharply focused and delimited therapeutic goals
- Therapeutic emphasis on the power of thought/image and language for change
- Utilisation of life beyond the therapy session in the process of change

'Descriptions of "Short term" seem to vary somewhat, but it seems to be in the range of one to five sessions with the average length of one hour."

The process itself is characterised by -

Specific Population for Whom Short Term Counseling (STC) is Used

Counselors in nearly all settings deal with a variety of individual problems and concerns STC may be used for these special client populations

i) People who Abuse Drugs

ii) People who use tobacco

iii) People who abuse Alcohol

iv) People with disabilities

v) Women

vi) Victims of Abuse

vii) Older Adults

Use of Short Term Counseling for Child Victim of Sexual Abuse (A Case)

Finding key safe persons for the child and building rapport and trust are key elements at the outside of treatment.

The child's safe person can serve as a bridging tool in the following ways:

- Preparing the child for counseling
- Exhibit stability
- Support the child throughout counseling
- Come to the actual counseling sessions with the child
- Help the child express feelings and contents (if needed)
- Protect the child from the abuser family home life

Clients Concerns in STC for whom STC is used

- Inability to trust others
- Removal from home or removal of offender
- Guilt, shame, stigma
- Disclosure
- Loss of family and friends
- Healing from physical and sexual injuries
- Misunderstanding of what is happening to them emotionally
- Damaged goods syndrome
- Helplessness lack of control.

2.8 LET US SUM UP

We have discussed the different counseling modalities i.e. insight counseling and short term counseling. In what conditions they may be used and how they are useful. We have also brought forth the type of client for whom these counseling techniques are more trusted. The characteristics of both modalities have also been explained.

2.9 UNIT END QUESTIONS

1) Discuss the S.T.C. modalities.
2) What are the client concerns in STC?
3) How is insight counseling useful?
4) Is there and specific problem for which these modalities are more appropriate.
5) What are the various developments that influenced brief therapies?
6) Describe the common aspects of all brief therapies
7) When do we use short term counseling?
8) Who are the beneficiaries of short term counslling?

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UNIT 3 INTERPERSONAL COUNSELING

Structure

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- 3.4.1 Minding Relationship
- 3.4.2 Love
- 3.4.3 Neurobiology of Interpersonal Connections

3.5 Interpersonal Counseling (IPC)

- 3.5.1 Goals of Interpersonal Counseling

3.6 Interpersonal Therapy/ Interpersonal Psychotherapy

- 3.6.1 Goals of Interpersonal Psychotherapy (IPT)

3.7 Identification of Problem Areas

- 3.7.1 Unresolved Grief
- 3.7.2 Role Disputes
- 3.7.3 Role Transitions
- 3.7.4 Interpersonal Deficits

3.8 Structure/Model of Inter personal Counseling (IPC)

- 3.8.1 Factors Affecting Interpersonal Counseling
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3.9 Counseling Techniques

- 3.9.1 Practical Applications
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3.10 Applications

- 3.10.1 IPT/IPC in Special Populations

3.11 Subtypes of Interpersonal Therapy (IPT)

3.12 Interpersonal Therapy as a Maintenance Approach (IPT-M)

3.13 Interpersonal Relationship Skill

3.14 Let Us Sum Up

3.15 Unit End Questions

3.16 Suggested Readings

3.0 INTRODUCTION

An interpersonal relationship is an association between two or more people that may range from fleeting to enduring. A relationship is normally viewed as a connection between two individuals, such as a romantic or intimate relationship, or a parent–child relationship. Individuals can also have relationships with groups of people, such as the relation between a family and relatives, or a mayor and a town. Finally, groups or even nations may have relations with each other, though this is a much broader domain than that covered under the topic of interpersonal relationships.

These intimate relationships are, however, only a small subset of interpersonal relationships. Interpersonal relationships can also include friendships, such as relationships involving individuals providing relational care to marginalised persons.

These relationships usually involve some level of interdependence. People in a relationship tend to influence each other, share their thoughts and feelings, and engage in activities together. Because of this interdependence, most things that change or impact one member of the relationship will have some level of impact on the other member.

Exceptional interpersonal relationship skill is necessary for both personal and professional success; at the very least, relationship skills are for the purpose of making a "connection" with another human being.

In the chapter various aspects of inter personal counseling and its importance for the counselor are covered.

3.1 OBJECTIVES

After going though this unit, you will be able to:

- Explain various concepts and importance of interpersonal counseling and interpersonal therapy;
- Describe the nature of interpersonal perspective;
- Define and state the meaning of Interpersonal counseling;
- Elucidate the goals of Interpersonal counseling (IPC);
- Describe the meaning of Interpersonal therapy and its aim;
- Identify problem areas;
- Analyse the four basic interpersonal problem areas;
- Elucidate the structure of Inter Personal Counseling (IPC);
- Describe the Subtypes of Interpersonal Therapy(IPT); and
- Elucidate the various counseling techniques.

3.2 NATURE OF INTERPERSONAL PERSPECTIVE

Healthy relationships are built on a foundation of secure attachment and are maintained with love and purposeful positive relationship behaviours. Additionally, healthy relationships can be made to "flourish." Positive psychologists are exploring what makes existing relationships flourish and what skills can be taught to people to enhance their existing and future personal relationships. Positive psychologists use

the term "flourishing relationships" to describe interpersonal relationships that are not merely happy, but instead characterised by intimacy, growth, and resilience. Flourishing relationships also allow a dynamic balance between focus on the intimate relationships and focus on other social relationships.

Humans are social beings, and much of what we are a product of our relationship with others. Psychological problems are increasing coming to be viewed as primarily inter personal in nature. However, it is only recently that all approaches have come to place the interpersonal in the forefront. Now in psychodynamic area; object relation theory, attachment theory, and self psychology hold that psychological problems are primarily a matter of disturbed relationship with other people, and therapy is primarily a matter of repairing such relationship. As cognitive therapist e.g. Aaron Beck see personality disorder as dysfunctional interpersonal strategies that have been learn in an interpersonal matrix in the humanistic view, Gestalt theory also emphasises on interpersonal connections. Hence it should not be surprising that many therapists concluded that abnormal behaviour is best understood by analysing our relationship, past and present with other people. So, interpersonal factors refer to social chemistry or dynamic of relationship between the counselor and the clients.

3.3 HISTORICAL BACKGROUND

The roots of interpersonal approach lie in earlier developments in the psychodynamic movement. According to Adler people inherently social beings are motivated primarily by the desire to belong to and participate in a group. Erikson also extended the interpersonal aspect of human being. Sullivan offered a comprehensive and systematic theory of personality that was explicitly interpersonal relation. Interpersonal accommodation is a process in which two people develop pattern of communication and interaction that enables them to attain common goals, meet mutual needs, and built a satisfying relationship.

Interpersonal therapy was first developed as a theoretical placebo for the use in psychotherapy research by Gerald Klerman et al. IPT was, however, found to be quite effective in the treatment of several psychological problems. IPT was later developed in the 70 and 80s as a treatment for adults who were diagnosed with moderate or severe non-delusional clinical depressed and other psychological problems. IPT takes structure from psychodynamic psychotherapy, but also from contemporary cognitive behavioural approaches also because it is time-limited.

3.4 THEORIES AND EMPIRICAL RESEARCH

Researchers are developing an approach to couples therapy that moves partners from patterns of repeated conflict to patterns of more positive, comfortable exchanges. Goals of therapy include development of social and interpersonal skills. Expressing gratitude and sharing appreciation for a partner is the primary means for creating a positive relationship. Positive marital counseling also emphasises mindfulness.

3.4.1 Minding Relationships

The mindfulness theory of relationships shows how closeness in relationships may be enhanced. Minding is the "reciprocal knowing process involving the nonstop, interrelated thoughts, feelings, and behaviours of persons in a relationship. Five components of "minding" include:

- knowing and being known: seeking to understand the partner;
- making relationship-enhancing attributions for behaviours: giving the benefit of the doubt;
- accepting and respecting: empathy and social skills;
- maintaining reciprocity: active participation in relationship enhancement; and
- continuity in minding: persisting in mindfulness.

3.4.2 Love

Love gives depth to human relationships it brings people closer to each other and makes people think expansively about themselves and the world psychologist Robert Sternberg theorizes that love is a mix of three components:

1) Passion, or physical attraction
2) Intimacy or feelings of closeness, and
3) Commitment, involving the decision to initiate and sustain a relationship.

The presence of all three components characterises consummate love, the most durable type of love. In addition, the presence of intimacy and passion in marital relationships predicts marital satisfaction. Also, commitment is the best predictor of relationship satisfaction, especially in long-term relationships. Positive consequences of being in love include increased self-esteem and self-efficacy.

3.4.3 Neurobiology of Interpersonal Connections

There is an emerging body of research across multiple disciplines investigating the neurological basis of attachment and the pro social emotions and behaviours that are the prerequisites for healthy adult relationships. The social environment, mediated by attachment, influences the maturation of structures in a child's brain. This might explain how infant attachment affects adult emotional health.

3.5 INTERPERSONAL COUNSELING (IPC)

Interpersonal counseling derives directly from IPT but is briefer in the number and duration of sessions. It is designed for patients who are in distress and have symptoms due to current stressors in their lives, but who do not have serious concurrent psychiatric disorders or medical conditions that can or should be treated more effectively by medication or other psychosocial treatments. Interpersonal Counseling (IPC) is a derivative form of interpersonal therapy (IPT).

IPT is a brief technique that has antecedents in the work of Harry Stack Sullivan, but has been modified into its own form of therapy since the 1980s. It consists of roughly 12 to 16 sessions, 50-60 minute per sessions and has been suggested for treatment of conditions like depression personality disorder etc. The Interpersonal counseling (IPC) method is a shortened form of interpersonal therapy (IPT) that usually consists of six sessions, and is not more than half an hour.

Within the Interpersonal counseling IPC framework, psychological distress is viewed as having three component processes:

i) Symptom formation – somatic signs and symptoms, e.g. Fatigue, sleep disturbance, headaches
ii) Social and interpersonal relations, and

iii) Personality – enduring traits and behaviours which may contribute to a predisposition to symptom episodes.

3.5.1 Goals of Interpersonal Counseling

The goals of Interpersonal counseling (IPC) are to intervene to:

- reduce psychological symptoms restoring morale and improving self esteem.
- improve the quality of the patient's social adjustment and interpersonal relations.

3.6 INTERPERSONAL THERAPY/ INTERPERSONAL PSYCHOTHERAPY

Interpersonal therapy is a time-limit counseling that focuses on the interpersonal context and on building interpersonal skills. Where Interpersonal Psychotherapy (IPT) is based on the belief that interpersonal factors may contribute heavily to psychological problems. It is commonly distinguished from other forms of therapy in its emphasis on interpersonal processes rather than intra psychic processes.

In interpersonal counseling and therapy, counselor/ therapists work with clients over issues like depression and other disorders in context of the way symptoms have formed and the way they affect social functioning. At the same time, both IPT and IPC evaluate how social functioning is affected by things like arguments, transitions in roles, experience of grief, or by few or poor interpersonal relationships.

Interpersonal therapy focuses on the present; it can also improve the client's future through increased awareness of preventive measures and strengthened coping skills. Interpersonal psychotherapy typically proceeds in several stages. In the initial stages, therapeutic goals typically include diagnosis, completing the requisite inventories, identifying the patient's major problem areas, and creating a treatment contract.

Interpersonal counseling and therapy is a short-term supportive psychotherapy that focuses on the connection between interactions between people and the development of a person's psychiatric symptoms.

3.6.1 Goals of Interpersonal Psychotherapy (IPT)

IPT aims to change the person's interpersonal behaviour by fostering adaptation to current interpersonal roles and situations. IPT emphasises the ways in which a person's current relationships and social context cause or maintain symptoms rather than exploring the deep-seated sources of the symptoms. Its goals are rapid symptom reduction and improved social adjustment. A frequent byproduct of IPT treatment is more satisfying relationships in the present.

Interpersonal therapy was initially developed to treat adult depression. It has since been applied to the treatment of depression in adolescents, the elderly, and people with Human Immunodeficiency Virus (HIV) infection. There is an IPT conjoint (couple) therapy for people whose marital disputes contribute to depressive episodes. IPT has also been modified for the treatment of a number of disorders, including substance abuse; bulimia; depressed pregnant women; and people suffering from protracted bereavement.

3.7 IDENTIFICATION OF PROBLEM AREAS

Although originally developed as an individual therapy for adults, (IPT) Interpersonal therapy has been modified for use with adolescents and older adults.

Interpersonal therapy (IPT) has been adapted for the treatment of depressed adolescents as developmental issues are most common to teenagers such as separation from parents, development of romantic relationships, and initial experience with death of a relative or friend etc. Interpersonal therapy for adolescent help the adolescent identify and develop more adaptive methods for dealing with the interpersonal issues associated with the onset or maintenance of their depression. It is typically a 12-16 week treatment. Although the treatment involves primarily individual sessions with the teenager, parents are asked to participate in a few sessions to receive education about problem, to address any relationship difficulties that may be occurring between the adolescent and his/her parents, and to help support the adolescent's treatment.

The techniques of Interpersonal therapy IPT were developed to manage four basic interpersonal problem areas: unresolved grief, role transitions; interpersonal role disputes (often marital disputes); and interpersonal deficits (deficiencies). In the early sessions, the interpersonal therapist /counselor and the client attempt to determine which of these four problems is most closely associated with the onset of the current depressive episode?

Therapy is then organised to help the client deal with the interpersonal difficulties in the primary problem area. The coping strategies that the client is encouraged to discover and employ in daily life are tailored to his or her individual situation.

3.7.1 Unresolved Grief

In normal bereavement, person experiences symptoms such as sadness, disturbed sleep, and difficulty functioning but these usually resolve in two to four months. Unresolved grief in depressed people is usually either delayed grief, which has been postponed and then experienced long after the loss; or distorted grief, in which there is no felt emotion of sadness but there may be non emotional symptoms, often physical. If unresolved grief is identified as the primary issue, the goals of treatment are to facilitate the mourning process. Successful therapy/counseling will help the client re-establish interests and relationships that can begin to fill the void of what has been lost.

3.7.2 Role Disputes

Interpersonal role disputes occur when the client and at least one other significant person have differing expectations of their relationship. The IPT therapist /counselor focuses on these disputes if they seem stalled or repetitious, or offer little hope of improvement. The treatment goals include helping the client identify the nature of the dispute; decide on a plan of action; and begin to modify unsatisfying patterns, reassess expectations of the relationship, or both. The therapist/counselor does not direct the client to one particular resolution of difficulties and should not attempt to preserve unworkable relationships.

3.7.3 Role Transitions

Depression associated with role transitions occurs when a person has difficulty coping with life changes that require new roles. These may be such transitions as retirement, a career change, moving, or leaving home. People who are clinically depressed are most likely to experience role changes as losses rather than opportunities. The loss may be obvious, as when a marriage ends, or more subtle, as the loss of freedom people experience after the birth of a child. Therapy/counseling is terminated when a client has given up the old role; expressed the accompanying feelings of guilt, anger, and loss; acquired new skills; and developed a new social network around the new role.

3.7.4 Interpersonal Deficits

Interpersonal deficits are the focus of treatment when the client has a history of inadequate or unsupportive interpersonal relationships. The client may never have established lasting or intimate relationships as an adult, and may experience a sense of inadequacy, lack of self-assertion, and guilt about expressing anger. Generally, clients with a history of extreme social isolation come to therapy with more severe emotional disturbances. The goal of treatment is to reduce the client's social isolation. Instead of focusing on current relationships, Therapy/counseling in this area focuses on the client's past relationships; the present relationship with the therapist/counselor; and ways to form new relationships

3.8 STRUCTURE /MODEL OF INTER PERSONAL COUNSELING (IPC)

One of the most influential models of relationship development was proposed by psychologist George Levinger. This model was formulated to describe heterosexual, adult romantic relationships, but it has been applied to other kinds of interpersonal relations as well. According to the model, the natural development of a relationship follows five stages:

1) **Acquaintance:** Becoming acquainted depends on previous relationships, physical proximity, first impressions, and a variety of other factors. If two people begin to like each other, continued interactions may lead to the next stage, but acquaintance can continue indefinitely.

2) **Buildup:** During this stage, people begin to trust and care about each other. The need for intimacy, compatibility and such filtering agents as common background and goals will influence whether or not interaction continues.

3) **Continuation:** This stage follows a mutual way of commitment to a long-term friendship, romantic relationship, or marriage. It is generally a long, relative stable period. Nevertheless, continued growth and development will occur during this time. Mutual trust is important for sustaining the relationship.

4) **Deterioration:** Not all relationships deteriorate, but those that do tend to show signs of trouble. Boredom, resentment, and dissatisfaction may occur, and individuals may communicate less and avoid self-disclosure. Loss of trust and betrayals may take place as the downward spiral continues, eventually ending the relationship. (Alternately, the participants may find some way to resolve the problems and reestablish trust.)

5) **Termination:** The final stage marks the end of the relationship, either by death in the case of a healthy relationship, or by separation.

3.8.1 Factors Affecting Interpersonal Counseling

The structure of interpersonal counseling is based on the various factors of the client/ personality and the focus is on following:

- Clients' emotions
- An exploration of clients' resistance to treatment
- Discussion of patterns in clients' relationships and experiences
- Taking a detailed past history
- An emphasis on clients' current interpersonal experiences
- Exploration of the counselor /client relationship
- Identification of clients' wishes and fantasies.

Theses are the seven types of factors / interventions that are commonly used in inter personal counseling, many of which reflect the influence of psychodynamic psychotherapy.

3.8.2 Important Features for Interpersonal Counseling for Counselor

To begin with inter personal counseling following point should be in mind by the counselor:

- Establish rapport
- Rule out physical illness as a cause for symptoms
- Determine the presence of any specific psychiatric diagnosis
- Introduce IPC and suggest the possible relationship between the patient's symptoms of distress and current life stress
- Explore the patient's current interpersonal and social situation (interpersonal diagnosis)
- Identify with the patient the specific current stress areas that are contributing to the symptoms (interpersonal formulation)
- Help the patient deal more positively with the specific stress area identified
- Homework assignments are used to accelerate the process of change for each area
- Termination of the IPC relationship.

3.8.3 Stages of Interpersonal Counseling (IPC)

The structure of IPC is of a brief treatment of six sessions, each with an explicit focus: assessment, education about the interaction between interpersonal relationships and psychological symptoms, identifying current stress areas and helping the patient deal with these more positively and termination of the IPC relationship.

Interpersonal Counseling can be utilised general practice to reduce psychological symptoms, restore morale, and improve self esteem and the quality of the client s social adjustment and interpersonal relationships for e.g.

Visit 1 – *the treatment contract*

In the first visit – usually the longest session – the counselor determines the client's suitability for IPC. People with major depression, bipolar disorder, or who are psychotic or suicidal are not suitable for IPC as the therapy is provided. In order to establish an interpersonal diagnosis, the counselor asks the client about recent changes in life circumstances, mood and social functioning, and explores how life circumstances relate to the onset of symptoms. By the end of the session the counselor should develop an explicit treatment contract with the client that emphasises:

- the no psychiatric motive of the intervention, i.e. The focus is on understanding how life stresses are contributing to feelings of the clients
- the short term duration of the intervention (up to six sessions of up to 30 minutes each)
- the expected benefits – to reduce symptoms to find better ways of coping, and
- that IPC is in addition to usual medical care.

At the end of the visit, the counselor gives the client homework on life events and ask him/her to bring in back to the next visit.

Visit 2 – *determining the specific problem area(s)*

The counselor must determine the specific problem area(s) which is useful to review the following:

- onset and duration of present symptoms
- current life circumstances
- close interpersonal relationships, and
- any recent changes in any of these.

Overall, the counselor's task is to assist the client to identify the key person(s) with whom he/she is having difficulties, what type of problems are being experienced, and whether there are ways to make the relationship more satisfactory.

Visits 3–5 – *working on specific stress areas*

The counselor works with the client to deal with specific problem areas e.g.

Grief or loss –Help the patient re-establish interests and significant other relationships that can substitute for what is lost Talk of the deceased – the type of person he/she was relationship with them, circumstances of illness and death

- Look over old photographs, see old friends and discuss at subsequent sessions
- Encourage involvement in new social activities. Enable the client to regard the new role in a more changes positive, less restricted manner, or see as an Similar to those for grief – giving up old role – facilitate opportunity for growth evaluation of what has been lost, encourage release of
- Restore self esteem by developing in the client an affect and develop social support system.

Visit 6 – *Termination*

This visit is usually held 2 weeks after visit five, but may be earlier if the client feels they have achieved all they wanted. The counselor should review the previous sessions and the client s current state and discuss the termination of IPC. The counselor should emphasise the progress made, the supports available to the client, and ability to cope with future problems. The counselor should work with the patient to identify

potential sources of stress and ways in which the client could cope with these, especially referring to strategies that the counselor found effective during counseling. Many clients will show concern about termination. In some cases, an additional visit can also be arranged to complete the termination process.

In the end stages of IPT, the therapist works to consolidate the client's gains, discuss areas which still require work, talk about relapse prevention, and process any emotions related to termination of therapy.

3.9 COUNSELING TECHNIQUES

Interpersonal counseling is apart of psychodynamic therapy, and so it is derived from Psychoanalytic theory of Freud, with its emphasis on the unconscious and childhood experiences. Symptoms and personal difficulties are regarded as arising from deep, unresolved personality or character problems. Psychoanalytic counseling is time consuming and is a long-term method of treatment and the results are also very slow therefore now it is not in much use.

3.9.1 Practical Applications

Interpersonal counseling is designed to help the patient master the context and uses the connection between the onset of depressive symptoms and current interpersonal problems as a practical and commonsense treatment focus. Therapy is focused rather than nondirective and deals with current – not past – interpersonal relationships. The focus is interpersonal rather than intra psychic or cognitive/behavioural.

Essentially, the counselor needs to consider three questions:

1) Are the client's problems amenable to, and best treated by, a psychological therapy?
2) Is this client likely to benefit from, ready for, and motivated to use a psychological therapy? and
3) Is IPC the most suitable psychological approach?

A client's motivation and expectations are critical factors for a successful outcome with psychological treatments. Motivation is a dynamic variable that may vary with treatment successes or disappointments. Appropriate realistic expectations of the treatment and the client's ability to be introspective, self reflective and reality oriented will also influence the likelihood of success. The IPC approach depends on the principle that life events and the social environment affect mood and that mood can affect social and interpersonal functioning and one's response to the environment.

Treatment with IPT is based on the premise that depression occurs in a social and interpersonal context that must be understood for improvement to occur. In the first session, the psychiatric history includes a review of the client's current social functioning and current close relationships, their patterns and their mutual expectations. Changes in relationships prior to the onset of symptoms are clarified, such as the death of a loved one, a child leaving home, or worsening marital conflict.

Treatment with IPC, however, is sometime combined with drug therapy, particularly when the client suffers from such mood disorders as depression, dysthymia, or bipolar disorder. Since the interpersonal therapy model was developed for the treatment of depression and then modified for use with other populations and mental disorders, an understanding of IPT's approach to depression is crucial. Interpersonal therapists focus on the functional role of depression rather than on its etiology or cause, and

they look at the ways in which problematic interactions develop when a person becomes depressed.

The IPT framework considers clinical depression as having three components: the development of symptoms, which arise from biological, genetic and/or psychodynamic processes; social interactions with other people, which are learned over the course of one's life; and personality, made up of the more enduring traits and behaviours that may predispose a person to depressive symptoms. IPT intervenes at the levels of symptom formation and social functioning, and does not attempt to alter aspects of the client's personality.

IPT is psycho educational in nature to some degree. It involves teaching the client about the nature of depression and the ways that it manifests in his or her life and relationships. In the initial sessions, depressive symptoms are reviewed in detail, and the accurate naming of the problem is essential. The therapist then explains depression and its treatment and may explain to the client that he or she has adopted the "sick role." The concept of the "sick role" is derived from the work of a sociologist named Talcott Parsons, and is based on the notion that illness is not merely a condition but a social role that affects the attitudes and behaviours of the client and those around him or her. Over time, the client comes to see that the sick role has increasingly come to govern his or her social interactions.

3.9.2 Behavioural Therapy

Behavioural therapy is used to counsel people with depression by focusing on the external behaviour rather than the internal cognitive processes that stimulate the behaviour. The key to this method of counseling lies in the fact that the person is depressed because of one's behaviour, and that changing behaviour will control the feelings associated with depression. Behavioural changes can produce quite significant results in some people, but it still leaves the underlying issues and causes of depression unexplored.

3.9.3 Cognitive Therapy

Cognitive therapy is the opposite of the behavioural technique. This form of counseling seeks to find the solution in patients' thought processes. Cognitive counseling seeks to change negative thoughts such as pessimism, hopelessness, self-criticism and unrealistic outlooks and expectations. The key to successful cognitive therapy is learning to distinguish between the really important issues affecting one's life and the minor or even trivial issues.

3.9.4 Interpersonal Therapy

Interpersonal therapy is a form of counseling that attempts to locate how social interaction affects depression. Interpersonal therapy does not try to place social contexts as a root cause of depression, but understands that the way that people react to others has a profound effect on the development of symptoms. This form of counseling extends beyond actual interpersonal behaviour to take into consideration such things as fantasies, fears, anxieties and wishes as they relate to social interaction.

3.9.5 Psychotherapy

Psychotherapy is the form of counseling that is most often associated with treating mental illness; it is the counseling that brings to mind the Freudian psychologist listening

to a patient lying on a couch. In reality, the therapist may not subscribe to Freudian theory at all. The purpose of psychotherapy is to get to the core of the causes of depression; as a result, every aspect of the patient's life is fair game. The patient who chooses this form of counseling needs to be very comfortable with and confident in the therapist and be unafraid to open up and discuss even the most painful and personal aspects of one's life.

3.9.6 Psychodynamic Counseling

Psychodynamic counseling is the type of therapy associated with Freudian techniques. This form of counseling differs from psychotherapy by placing the entire emphasis on the unconscious and subconscious thought processes. Rather than attempting to locate alternative causes, psychodynamic counseling seeks specifically to uncover unresolved conflicts that developed during childhood. The aim is to resolve these conflicts; if resolution is impossible, then the patient learns how to cope better with the conflicts.

3.10 APPLICATIONS

3.10.1 IPT/IPC in Special Populations

1) **Elderly clients:** In translating the IPT model of depression to work with different populations, the core principles and problem areas remain essentially the same, with some modifications. In working with the elderly, IPT sessions may be shorter to allow for decreased energy levels, and dependency issues may be more prominent. In addition, the therapist may work with an elderly client toward tolerating rather than eliminating long-standing role disputes.

2) **Clients with HIV infection:** In IPT with HIV-positive clients, particular attention is paid to the clients' unique set of psychosocial stressors: the stigma of the disease; the effects of being gay (if applicable); dealing with family members who may isolate themselves; and coping with the medical consequences of the disease.

3) **Adolescents:** In IPT with adolescents, the therapist addresses such common developmental issues as separation from parents; the client's authority in relationship to parents; the development of new interpersonal relationships; first experiences of the death of a relative or friend; peer pressure; and single-parent families. Adolescents are seen weekly for 12 weeks with once-weekly additional phone contact between therapist and client for the first four weeks of treatment. The parents are interviewed in the initial session to get a comprehensive history of the adolescent's symptoms, and to educate the parents as well as the young person about depression and possible treatments, including a discussion of the need for medication. The therapist refrains from giving advice when working with adolescents, and will primarily use supportive listening, while assessing the client for evidence of suicidal thoughts or problems with school attendance. So far, research does not support the efficacy of antidepressant medication in treating adolescents, though most clinicians will give some younger clients a trial of medication if it appears to offer relief.

4) **Interpersonal therapy for adolescents:** IPT for kids is based on the premise that depression occurs in the context of an individual's relationships regardless of its origins in biology or genetics. More specifically, depression affects people's relationships and these relationships further affect our mood. The IPT model

identifies four general areas in which a person may be having relationship difficulties: 1) grief after the loss of a loved one; 2) conflict in significant relationships; 3) difficulties adapting to changes in relationships or life circumstances; and 4) difficulties stemming from social isolation. The IPT therapist helps identify areas in need of skill-building to improve the client's relationships and decrease the depressive symptoms. Over time, the client learns to link changes in mood to events occurring in his/her relationships, communicate feelings and expectations for the relationships, and problem-solve solutions to difficulties in the relationships.

5) **Clients with substance abuse disorders:** While IPT has not yet demonstrated its efficacy in the field of substance abuse recovery, a version of IPT has been developed for use with substance abusers. The two goals are to help the client stop or cut down on drug use; and to help the client develop better strategies for dealing with the social and interpersonal consequences of drug use. To meet these goals, the client must accept the need to stop; take steps to manage impulsiveness; and recognise the social contexts of drug purchase and use. Relapse is viewed as the rule rather than the exception in treating substance abuse disorders, and the therapist avoids treating the client in a punitive or disapproving manner when it occurs. Instead, the therapist reminds the client of the fact that staying away from drugs is the client's decision.

6) **Clients with eating disorders:** IPT has been extended to the treatment of eating disorders. The IPT therapist does not focus directly on the symptoms of the disorder, but rather, allows for identification of problem areas that have contributed to the emergence of the disorder over time. IPT appears to be useful in treating clients with bulimia whose symptoms are maintained by interpersonal issues, including social anxiety; sensitivity to conflict and rejection; and difficulty managing negative emotions.

IPT is helpful in bringing the problems underlying the bingeing and purging to the surface, such as conflict avoidance; difficulties with role expectations; confusion regarding needs for closeness and distance; and deficiencies in solving social problems. IPT also helps people with bulimia to regulate the emotional states that maintain the bulimic behaviour.

Anorexia nervosa also appears to be responsive to treatment with IPT. Research indicates that there is a connection between interpersonal and family dysfunction and the development of anorexia nervosa. Therapists disagree as to whether interpersonal dysfunction causes or is caused by anorexia. IPT has been helpful because it is not concerned with the origin but rather seeks to improve the client's interpersonal functioning and thereby decreasing symptoms. IPT's four categories of grief, interpersonal disputes, interpersonal deficits, and role transitions correspond to the core issues of clients with anorexia. Social phobia is another disorder that responds well to IPT therapy.

3.11 SUBTYPES OF INTERPERSONAL THERAPY (IPT)

Interpersonal therapy offers two possible treatment plans for persons with depressive disorders. The first plan treats the acute episode of depression by eliminating the current depressive symptoms. This approach requires intervening while the person is in the midst of a depression. The acute phase of treatment typically lasts two to

four months with weekly sessions. Many clients terminate treatment at that point, after their symptoms have subsided. Maintenance treatment (IPT-M) is the second treatment plan and is much less commonly utilised than acute treatment. IPT-M is a longer-term therapy based on the principles of interpersonal therapy but with the aim of preventing or reducing the frequency of further depressive episodes. Some clients choose IPT-M after the acute treatment phase. IPT-M can extend over a period of two to three years, with therapy sessions once a month.

3.12 INTERPERSONAL THERAPY AS A MAINTENANCE APPROACH (IPT-M)

Interpersonal therapy as a maintenance approach (IPT-M) could be viewed as aftercare for clients suffering from depression. It is designed as a preventive measure by focusing on the period after the acute depression has passed. Typically, once the client is in remission and is symptom-free, he or she takes on more responsibilities and has increased social contact. These changes can lead to increased stress and greater vulnerability to another episode of depression. IPT-M enables clients to reduce the stresses associated with remission and thereby lower the risk of recurrence. The goal of maintenance therapy is to keep the client at his or her current level of functioning. Research has shown that for clients with a history of recurrent depression, total prevention is unlikely, but that maintenance therapy may delay a recurrence.

In general, long-term maintenance psychotherapy by itself is not recommended unless there are such reasons as pregnancy or severe side effects that prevent the client from being treated with medication. IPT-M does; however, seem to be particularly helpful with certain groups of patients, either alone or in combination with medication. Women appear to benefit, due to the importance of social environment and social relations in female gender roles; the effects of the menstrual cycle on symptoms; and complications related to victimisation by rape, incest, or battering. IPT is also useful for elderly clients who can't take antidepressants due to intolerable side effects or such medical conditions as autoimmune disorders, cardiovascular disorders, diabetes, or other general medical conditions.

3.13 INTERPERSONAL RELATIONSHIP SKILL

Like living organisms, relationships have a beginning, a lifespan, and an end. They tend to grow and improve gradually, as people get to know each other and become closer emotionally, or they gradually deteriorate as people drift apart, move on with their lives and form new relationships with others. Healthy interpersonal skills reduce stress, reduce conflict, improve communication, enhance intimacy, increase understanding, and promote joy. Interpersonal skills are all the behaviours and feelings that exist within all of us that influence our interactions with others.

The following are the important point /skills for the counselors by which the clients can be helped:

1) **Communication Skills**

   Communion demands that we listen as well as speak

2) **Assertiveness Skills**

   Expressing our self and our rights without violating the rights of others

3) **Conflict Resolution**

Conflict is natural and inevitable. Conflict Resolution helps us to resolve differences so that we may continue with the relationship in an effective way.

4) **Anger Management**

Knowing how to recognise and express anger appropriately can help us to reach goals, handle emergencies, solve problems and even protect our health.

Because Relationship success requires good relationship skills so counselor can make the client learn to make stronger interpersonal connections by...

- Understand the purpose or motive of our communication (give information, connect with others, resolve conflict).
- Speak graciously, without using offensive words.
- Give the benefit of the doubt...doesn't blame others.
- Help the clients by giving the facts i.e people can listen about four times faster than they speak.

The average listening comprehension speed is about 600 words per minute. The average speaking speed is 150-200 words per minute. What does this bit of truth mean to our interpersonal relationship skills?

More focused energy is required to be a good listener.

Listen more than you speak, after all God gave us 2 ears and 1 mouth.

Remember the 80/20 rule. When someone is speaking to you, you should listen 80% of the time and speak only 20%.

Teach them to be an excellent listener by:

- Caring more about what the speaker is saying than your response.
- Choosing not to argue in your head with the listener.
- Choosing not to formulate your rebuttal while the speaker is talking.
- Instead, tune in completely to what they are saying for the purpose of understanding them.
- Choosing to respond to what they said, rather than what you want to say.

You were made for relationship...therefore; choose to be more committed to making a healthy connection with others by developing your interpersonal relationship skill. Our personal and professional success depends on it.

3.14 LET US SUM UP

Interpersonal counseling is a practical and effective approach for the treatment of common mental health problems that can readily be integrated into general practice. The focus on life events, social, and interpersonal problems is familiar to counselors.

The expected outcomes of interpersonal therapy are a reduction or the elimination of symptoms and improved interpersonal functioning. There will also be a greater understanding of the presenting symptoms and ways to prevent their recurrence. e.g. in the case of depression, a person will have been educated about the nature of depression; what it looks like for him or her; and the interpersonal triggers of a depressive episode. A person will also leave therapy with strategies for minimizing triggers and for resolving future depressive episodes more effectively.

Some researchers criticize positive psychology for studying positive processes in isolation from negative processes. On the contrary, some argue that positive and negative processes in relationships may be better understood as functionally independent, not as opposites of each other.

3.15 UNIT END QUESTIONS

1) What is interpersonal relationship and how counseling is important to develop this relationship?
2) Explain interpersonal counseling (IPC).
3) Explain interpersonal therapy (IPT).
4) Differentiate between interpersonal counseling& interpersonal therapy.
5) What is the structure of (IPC) Inter personal counseling.
6) Adler Erikson Gerald Klerman Sullivan are the key person in the inter personal counseling/therapy explain.
7) Describe role disputes.
8) Explain role transitions.
9) How is unresolved grief can be resolved?
10) Importance of interpersonal deficits.
11) Acquaintance Buildup, Continuation, Deterioration Termination.
12) What are the Three Parts of Effective Counseling?
13) What is the Practical application.
14) Describe the Counseling Techniques used for IPC.
15) What are the Subtypes of Interpersonal therapy IPT.
16) Explain the area Applications of IPC and IPT.
17) Explain Interpersonal therapy as a maintenance approach (IPT-M).
18) What are Interpersonal Relationship Skills?
19) Give the treatment plan of IPC and IPT.

3.16 SUGGESTED READINGS

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 4th edition, text revised. Washington, DC: American Psychiatric Association, 2000.

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UNIT 4 COUNSELING CHILDREN

Structure

4.0 Introduction

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4.2 Children and Disorders

4.3 Learning Disability (LD)

- 4.3.1 Casual Factors of Learning Disability
- 4.3.2 Nature and Characteristic of Learning Disorder
- 4.3.3 Techniques for Helping Children with Learning Disability

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- 4.10.4 Self Monitoring

4.11 Let Us Sum Up

4.12 Unit End Questions

4.13 Suggested Readings

4.0 INTRODUCTION

Child's development, its meaning, study, research, and child counseling are some of the interesting and exciting areas in today's world. Researches about development have also been stimulated by the social pressure to better the life of children. While studying child development and counseling, certain questions arise in mind. In what way are children's home, school, and neighbourhood experience the same today as they were in generation past and in what way are they different? What perception children have of the world in general and how is it different today? What is the role of heredity and environment on the development of children?

The above are some of the important and central questions in regard to child development and counseling.

In order to look into and to study child development / and how to counsel children, the following three domains are to be considered, viz., (i) Physical development (ii) Cognitive development and (iii) Environment and social development. Let us deal with each of these in detail.

1) **Physical Development**

This comprises of changes in body size, proportion, and appearance, functioning of body system, brain development, perception, motor capacity and psychical health. Special professional help is provided if there is any delay in any of the areas of physical development or any development which is not in accordance with the normal developmental schedule.

2) **Cognitive Development**

This refers to a wide variety of thought processes and intellectual abilities, including attention, memory, academics and every day knowledge, creativity, imagination, problem solving etc. With the increase in age, the capabilities and capacities in regard to all the above areas also increase. However there are children who do not show any increase but conspicuous stagnation or decrease in a few or many of these areas and these disturbances obviously affect the growth and development of children. In such cases, professional consultation may be needed so as to help these children overcome such problems. Such problems may arise due to social factors or environmental factors or in certain cases it could be due to hereditary factors too. The root cause of the problem is generally identified by the counsellor, and counseling is carried on depending on the causative factors so identified.

3) **Environmental and Social Development**

It is the development of the emotional communication, self understanding, ability to manage one's feelings, knowledge about other people, interpersonal skills, friendship, moral reasoning and behaviour, which all develop as children start growing up from stage to stage. According to Erikson's psycho social theory of development, the various stages of development are classified on the basis of social and social and emotional development. For instance in the 1st year of life the social and emotional development is indicated in the trust v/s mistrust in the child. In the second stage the social and emotional development is indicated in the development of initiative versus guilt, in the third stage, it is characterised by industry versus inferiority and so on and at the final adult stage it is the ego integrity versus despair. At each stage of development the problem and the conflicts that arise are resolved and the individual

moves on to the next stage of development and so on. If at any of the stages of development the problems and conflicts are not resolved, the individual may develop all kinds of complexes, inferiority feelings, insecurities, low self esteem, becomes unsocial, lacks decision making power etc. In all such cases counseling will be required to both understand the causes and treat the same and bring the individual back to normal level. In this unit we will be dealing with all these factors and also many of the childhood disorders which need counseling.

4.1 OBJECTIVES

After reading the following unit you will be able to:

- Define child development;
- Explain the various problems related to different stages of development;
- Describe the psychological issues underlying the problems;
- Elucidate the techniques of counseling children for their betterment in life;
- Explain in detail physical development, cognitive development, and environmental and social development;
- Delineate the meaning, casual factors of learning disability;
- Analyse the nature and characteristics of learning disorders;
- Describe the techniques for helping children suffering from learning disability;
- Elucidate the Attention Deficit Hyperactivity Disorder (ADHD);
- Delineate the types of Anxiety Disorder(AD) and its treatment; and
- Explain the general counseling techniques /counseling strategies.

4.2 CHILDREN AND DISORDERS

According to the recent estimates, 17% to 22 % of the children under age of 18 years meet the diagnostic criteria for one or more mental disorders. Of these ,11 to 14 million children, that is at least half of them may be severely handicapped by this order, and half may have trouble coping with the demands of community, family and school. Some behavioural disorders in childhood have long term effect. Maladaptive behaviour in childhood results from normal variations in rates of development. Early childhood experiences which are negative can also lead to inadequacy and inferiority in adulthood.

Children who are unable to master academic work when their classmates are able to, it would indicate that these children are having some serious problem in learning. So the counselor must keep in mind that if these childhood problems are not solved then there are chances that these children when grow up as adults may suffer from low self esteem, depression, anxiety, inferiority complex, etc. and may also develop some or the other personality disorder in later years of life. Many of the untreated children are likely to progress into severely mentally ill adults. According to Jensen (1990) the factors include prenatal psycho pathology, family discord, divorce, low social economic status, child abuse, temperamental characteristics and stressful experiences. Egland et al (1993) stated that abused children have very high rate of psychological problems and these children require counseling as through counseling many of these problems could be sorted out and thus when they grow old and become adults, they will have balanced personality and will be helpful for them selves, family and society.

This chapter will focus on developmental problems of children and how these problems can be handled through various measures /counseling.

The most commonly known developmental problem faced by the children is LD (Learning Disability) , Attention Deficit Hyperactivity Disorder (ADHD), Anxiety Disorder (AD), Disorders such as Enuresis, Encopresis, Sleep Walking, Tics, Autism ,etc.

4.3 LEARNING DISABILITY (LD)

LD is a kind of disorder where inadequate development may be manifested in language, speech, math, or in motor skill area. This may or may not be due to physiological or neurological defect. Most common subtype of learning disability is Dyslexia which is collectively known as reading writing difficulty or vice versa. In LD the children find difficulty in recognising and reading comprehension, often he/she is found markedly deficient in spelling as well as in reading. The learning disability children are generally identified during the early years of childhood, because of the apparent disparity between their expected academic achievement level and their actual academic performance in one or more subjects such as Maths, English, Hindi etc. These children have an average IQ and do not have emotional problems nor do they seem to be lacking in motivation or cooperation.

4.3.1 Casual Factors of Learning Disability

These disorders are a result of some sort of disability, immaturity, or deficiency limited to certain brain functions supportively mediating, as for example dyslexia is associated with failure of brain to develop in normally asymmetrical manner with respect to the right and left hemisphere. The portion of left hemisphere where language functioning is normally mediated, it is under developed in many such cases.

Some researches have also indicated that learning disorder also develops because of genetic transmission. Learning disorder may be due to certain basic psychological processes within the individual. It may also be because of extrinsic factors like sensory impairment, emotional disturbances, cultural differences and lack of educational opportunities etc.

4.3.2 Nature and Characteristic of Learning Disorder

The counselor must remember the following points before diagnosing learning disorder in children

Learning disabled children essentially suffer from serious learning problems for number of reasons.

The problems and disorder are usually manifested by significant difficulties in the acquisition and use of languages (reading, writing, speaking etc), reasoning of social skills, etc.

They may show symptoms of hyper activity, impulsivity and most of them show symptoms of anxiety.

Learning disorder in children is not apparent in the physical appearance.

Learning disorder can occur with normal intelligence.

Learning disorder children show significant educational discrepancy i.e. avoid gap between their learning potential and actual educational achievement and they lack in mastering the academic part.

4.3.3 Techniques for Helping Learning Disability

There are several specialised counseling techniques and approaches that have been involved by the counselors while working with the learning disabled children. Brief introductions of some of them are as follows

i) **Behaviour modification approach:** In this approach the counselor makes attempts to modify the behaviour of LD children. By reconstructing and reorganising the environmental conditions, providing opportunities for modification and change in behaviour, using proper reinforcement they help the LD children acquire desirable learning behaviour.

The other counseling techniques which a counselor uses for treating learning disorder includes token economy, positive reinforcement, timeout procedures and other behaviour modification techniques.

ii) **Psycho analytic approach:** In this approach attempts are made to analyse the behaviour of the disabled child after establishing very good rapport with then child, and find out the root cause of learning disorder. Accordingly, a remedial program is planned and administered to the child to overcome the problem.

iii) **Individualised instructional approach:** This technique of counseling advocates the use of small groups or even individuals for helping them to rectify their learning deficiencies. Peer tutoring has proved to be a successful technique for providing individual assistance to the affected children. The child feels quite safe and secure, and in this atmosphere with the help of the peer, the child is able to come up to a satisfactory learning level.

iv) **Self instructional approach:** In this approach the counselor helps the children by making them realise the concept of self learning and self improvement measures. For this purpose remedial programs are presented in the form of program learning text, computer assisted instructions etc. One can also include self learning questionnaire and instructional module specially prepared for this purpose and put to use by the counselor with the help of the teacher. For better output these programs should be guided by the counselor.

v) **Multisensory approach:** In this type of counseling the counselor help the LD children to use their multiple senses e.g. visual ,touch ,auditory etc depending upon the nature of subject material and its learning objective e.g. to provide wholesome languages experiences, a multisensory approach *VAKT* i.e. Visual Auditory Kinesthetic and Tactile has been devised. While counseling, the counselor must remember to use step by step method, where the children are first acquainted with the letters of words and then slowly with the word. Once the word is mastered the learner is asked to make use of it in a sentence, then into a story writing, after that they are finally provided reading practices.

vi) **Technological approach:** In this approach the counselor can make use of advanced technology for providing remedial instructional program.

In this type of remedial instruction visual and auditory presentation are made by which the children can watch useful and interesting social and academic presentation on the video disc. At the same time they listen to the narration with useful instructions.

Audio tape recorder: Reading, speaking and conversation skills can be better developed within the child with the help of the tape recorder. The counselor is able to rectify many of languages learning difficulty, specially related to the pronunciation and way of speaking.

Computer Assisted Instructions (CAI): Severe LD cases find it difficult to follow classroom teaching and text book. For them, hyper text technology and hyper media technology are used and provision for using computer and computer technology is given. Additional help to the LD children, particularly in severe cases the counselor can provide the certifications of LD and help them use computer while appearing in examination.

In this way the advanced technology can be utilised for providing useful remedial measures to the learning disabled problems.

Self Assessment Questions

1) Describe some of the important childhood disorders.

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2) What is learning disability?

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3) What causes learning disability?

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4) What kind of counseling will help in LD?

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5) What is self instructional approach?

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6) Describe multi sensory approach.

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7) Elucidate the technology approach in treating LD.

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4.4 ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

This is another common problem seen in the childhood, as 5% to 7 % of the school age children suffer from the (ADHD) Goldman et al. (ADHD) often referred to as hyperactivity is characterised by difficulties that interfere with effective task oriented behaviour in the children particularly – impulsivity, excessive, motor activity, and difficulties in sustaining attention.

The prevalence of ADHD is much among the boys than of the girls (6 to 9 times more). ADHD occurs with the greatest frequency before the age of eight or nine.

4.4.1 Symptoms of ADHD

The counselor must see the following symptoms in the client before deciding that the child suffers from ADHD

ADHD hyperactive children show excessive or exaggerated muscular activity; such as aimless or haphazard running or fidgeting.

Difficulty in sustaining attention

Highly distractable and fail to follow instructions.

Do not respond to the demands placed on them.

Impulsive behaviour.

Low frustration tolerance.

Some times low IQ (below average) but not always at times they are socially intrusive.

Have great difficulty in getting along with their parents because they do not obey rules.

Do not appear to be anxious.

Commonly shows specific learning disabilities as they are poor in academics.

Pose behavioural problems in elementary grades/classes.

4.4.2 Casual Factors in ADHD

At present the causes for ADHD are not known but probable causes of ADHD may be environment, biological, genetic or social. Many psychologists consider the biological factor, as the genetic inheritance to be the cause of developing ADHD. Hyper activity in children may be produced by dietary factors such as food colorings,

food addictive, food adulteration, preservatives etc. Due to such foods, hyperactivity increases because of the extra energy consumed by the children in form of chocolate candy, fast food etc.

The psychological causes of hyper activity are based on the temperament and learning factors in addition to family pathogens, prenatal problems leading to hyperactivity in children.

4.4.3 Techniques for Helping the ADHD Children

Most common treatment is the use of drug that stimulates the central nervous system. In ADHD, the counseling techniques used are more or less the same as the ones used in learning disability. In ADHD these counseling techniques are used along with medications. Psycho social approaches of counseling may also be used. The medication is seen effective only when it is combined with behaviour modification, parental training etc. and has been found to be more effective in changing the social behaviour of ADHD (Pelham 1993).

Counseling the parent of child and involving them in the treatment plan and behavioural aspect of the treatment are extremely important. It is the duty of the counselor that after diagnosing the problem correct information about the disorder should be given to parents /caretaker which should include its neutral course, positive cases, prognosis with and without treatment. They should also be given practical suggestions for the daily management of their child e.g. parents must learn the importance of avoiding stressful situation known to cause difficulty and excessive fatigue.

During the parental counseling the parents can be taught the general principle of structuring the child's environment to include regular routine and proper limits set on on the child behaviour. According to the need, and if the counselor feels that family counseling is required then the same should be taken up with the family members. Such family counseling may help because family therapy is an umbrella where whole family is the unit by which ADHD child in the family can be treated. In addition, the counselor must focus on the behaviour therapies / counseling which includes social modeling and imitation, social management, social support, self instructions , self praise and behaviour contract. Apart from this if required integrative counseling technique can be used by the counselor. More over medication and yoga has been demonstrated to be extremely effective in treating ADHD.

Self Assessment Questions

1) Define ADHD

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2) What are the symptoms of ADHD?

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3) What are the causes of ADHD?

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4) What kind of counseling would help in these cases?

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4.5 ANXIETY DISORDER

Most children are vulnerable to fear and uncertainty as a normal part of growing up. It is seen that children with anxiety disorder are more extreme in behaviour than those experiencing normal anxiety. These children show certain characteristics such as shyness, timidity, unrealistic fears, phobia for school, over dependency on others for support and help, sleep disturbances, feeling of inadequately, hypersensitivity etc.

Psychological treatments for child anxiety range from simple self management techniques to therapies that are more complex. Administering medication as a management tool can enhance psychological treatment and can prevent or control severe instances of anxiety. The type of therapy needed largely depends on the intensity and frequency of the child's anxiety

Anxiety disorder is very common in childhood as noticed by Dadds et al (1997). In fact 9.7 % of one community based school clearly met the diagnostic criteria for an anxiety based disorder.

Two additional anxiety based disorders are:

a) **Separation Anxiety:** As the name suggests, it is a disorder in children which is most common in childhood as the prevalence rate is very high. The symptoms seen in the children with separation anxiety disorder are

- Lack of confidence
- Apprehensive in new situation
- Tend to be immature for their age
- Over sensitive
- Nervous
- Easily and frequently moved to tears
- Overly dependent

The essential feature is excessive anxiety about separation from attachment figures such as mother, father, etc. This kind of disorder is common in girls.

Though it is not very stable in children, Recovery is seen faster. Some children go on to exhibits school for refusal problem i.e. Fear of leaving home and parents to attain school and continues to have adjustment difficulty in life, if it is untreated.

b) **Selective Mutism:** This is a kind of anxiety disorder where the child is unable to speak in a specific social situation. Example: in school or in social groups. These children are unable to understand and adjust within their class / society. This disorder can only be diagnosed if the child has the ability to speak and such condition should be persistently seen for one month because in initial days of schooling, many children do show these symptoms.

Mutism is very rarely seen in children. This disorder is common in all social strata and the main symptom is failure to speak in particular social situation, mainly in school.

Causes of Mutism

Amongst the various causes for selective mutism, the following are the main ones.

- Biological/genetic factors and
- Environment setting

The typical symptoms in anxiety disorder which the counselor should know before counseling/ therapy are as follows:

- Easily upset by even small disappointments.
- Manifesting unusual constitutional sensitivity.
- The learning factors which have negative influence on the mind of the children e.g. Illness
- accidents, experiences such as hospitalisation.
- Modeling effect of an over anxious and protective parent can also develop anxiety in
- children
- lack of confidence is obtained amongst these children.

Thus the role of social environmental factors also plays an important role in the onset of anxiety disorder in the children.

Repeated experiences of failure, indifferent or detached parents also foster anxiety in their children. Researchers have also shown the threatening situation which is also a cause of withdrawal.

Early childhood experiences also play an important role in causing anxiety disorder.

4.5.1 Techniques for Helping Children with Anxiety Disorder

The counselor while treating anxiety disorder in children should assess the kind of anxiety which the child is having after which process only the counsellor can provide the best counseling services and will be able to get maximum cooperation from the client and also benefit the client maximally.

A child is never too young or too old for an anxiety diagnosis. If left untreated, the anxiety may worsen and eventually spill over into adulthood resulting in a life with problems. In an attempt to escape the unpleasant feelings, the over anxious child will often turn to experimentation with drugs or alcohol.

Anxiety can be specific such as due to separation from a loved one, or more basic such as the generalised anxiety disorder. Each type of child anxiety requires a distinct

psychological treatment that includes a combination of therapies, medicines, play therapy, psychotherapy, behaviour therapy and so on.

A child that knows how to identify and handle times of stress has a better chance of tackling the anxiety before it gets out of control. Self-management tools teach a child how to recognise anxiety triggers so that the child completes prevention or control without any outside assistance.

Knowing what causes the anxiety is necessary for self-management. If the stressor is unavoidable, the child learns how to adapt and handle his or her reaction to the situation prior to it occurring.

This tool emphasises control and reinforces confidence.

Relaxation Techniques

- Taking deep breaths through the nose has a calming effect on the child.
- Being able to relax and calm down during an anxious situation significantly reduces or eliminates the adverse reaction. The best relaxation techniques focus on breathing.
- Breathing increases the supply of oxygen to the brain and naturally reduces stress.
- Focusing on the breathing creates a distraction for the child that further decreases stress.
- Coaching a child to inflate and deflate the "balloon" in their belly is one way to make deep breathing fun. That is also simple.
- Sending the breath on an elevator ride starting in the nose, traveling through the body and arriving at the toes is an imaginative anxiety relieving exercise.

Cognitive Behavioural Therapy

Cognitive behavioural therapy has the ability to transform an anxious child to a calm one.

Cognitive behavioural therapy focuses on educating the child regarding the inappropriateness of their behaviour. Using a story or role-play to act out the scenario is an ideal example of how to use cognitive behavioural therapy to help children modify their reactions.

Since fear is a large component of anxiety, a lack of education can also be a cause for concern. Little to no information about the topic or situation creates an increased fear and anxiety potential. This naturally decreases if the child possesses a full understanding of the stress learned through therapy methods.

Psychotherapy

Psychotherapy provides opportunity for the successful conquering of anxiety.

Counseling the child regularly is a popular method of dealing with anxiety. Addressing the particular aspect of the anxiety that causes the most stress can help the child overcome it. Encouraging talk reveals underlying causes of stress and anxiety and provides an outlet for the child to release fears.

If there is a specific cause for anxiety, psychotherapy can tackle it through exposure.

Slowly having the child encounter his fear can bring about a dismissal of it.

While it initially may seem to aggravate it, in the end the anxiety can be overcome.

If the fear is intense, therapists may first simulate the cause of the fear using a computer or pictures. Eventually the child will be able to deal with the real thing.

Psychiatric Evaluation

Medication may be necessary if standard psychological treatments are not completely effective.

If psychological treatments for child anxiety do not completely address the problem, medication may be helpful. Depending on the severity and complications caused by the child's anxiety, medication may or may not be necessary. The psychologist can refer the child to a psychiatrist who specialises in the specific type of anxiety. While a psychologist can identify the possible need for medication, only a licensed psychiatrist can evaluate the situation and administer the proper drugs.

As affected child have wider interaction in the school so with the help of school counselor peer group activity should be taken up by which the children are able to over come their anxiety.

The counselor should also take the help of other teachers who are aware of the need of the anxious children. This would help the counselor to have effective counseling session according to the need of the child concerned.

The most commonly used counseling is based on behaviour modification. Behaviour therapy has many techniques and the most appropriate technique is used by the counselor depending on the need of the child as given below:

4.5.2 To Provide Help with Mastering Essentials Competency

Systematic desensitisation and In vivo desensitisation that is using real life situations graded in terms of anxiety arousing stimuli.

A counselor can also use cognitive behaviour therapy with behaviour therapy, because once the beliefs and thoughts are identified, then it is easier for the counselor to treat the child. While treating the negative thinking of the child, the counselor must identify automatic thoughts of negativity in the child. Then the counselor helps the child not to blame oneself and counseling involves shifting the focus or attention on the thoughts from self to the other aspects in the situation. The counselor helps the child in searching of alternative solutions to the problem where he or she can take the help of teacher, parents, peers etc.

Cognitive rehearsal is also used in this treatment. The child or the client is given practice to visualize and imagine each successive step leading to the completion of the task, such as talking to some one, working hard at study etc., so the potential obstacles can be identified, anticipated and changed. Parental counseling and family counseling if required can be provided.

Self Assessment Questions

1) Define anxiety disorders.

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2) What are the symptoms of anxiety disorders?

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3) What are the causes of anxiety disorder?

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4) Describe the techniques used in helping children overcome anxiety disorder.

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4.6 BEHAVIOURAL DISORDERS OF CHILDHOOD AND ADOLESCENCE

4.6.1 Sleep Walk

Sleep walk is also termed as somnambulism. It is a disorder in which the children leave their bed and walk around without being conscious of the experience or remembering it later. Onset of sleep walk is usually between the ages of 6 – 12 years and according to DSM IV its prevalence is between 10% – 30%. In this disorder children go to sleep in a normal manner but during the second or third hour of sleep they may walk in the room or in other rooms or even outside of their house. They can also be engaged in complex activities like eating food, playing with toys but finally return to bed, but in the morning they do not remember anything.

Children while walking during sleep may fully open their eyes during walk or partially open their eyes. This episode lasts for 15-30 minutes. The cause is clearly not known but it takes place during Non Rapid Eye Movement (NREM) sleep. According to the researches, sleep walk is related to some anxiety arousing situations that has just occurred or is expected to occur in the near future.

During counseling, the counselor can use behavioural therapy with the client as explained above. The assessment data of neurological and medical reports should also be considered along with behaviour therapy. The other techniques which the counselor can use for treatment are as given below:

- Telling the parents to wash the face with cold water and make sure that the child is fully awakened.
- Finding out if the child is having dream / nightmare, and if it is nightmare, the type of nightmnare that the child experiences.
- Assertive training including integrative approach of counseling along with interpretation of dream can be useful.

4.6.2 Tics

Tic is a muscular twist or a spasm related to muscle. It can be blinking of eyes, licking the lip, twisting the neck, blowing the nose, clearing the throat, twisting mouth etc. It occurs generally between the ages of 2 – 14 years.

It is more common in boys than in girls. The treatments for such anxiety related issue are behaviour intervention, relaxation technique, awareness technique, cognitive technique. Yoga is also helpful in treating such clients.

4.6.3 Functional Enuresis / Encopresis

It refers to involuntary habitual discharge of urine at night even after age of 5 years. It is also called bed wetting. The counselor must notice that it may be because of the child is under stress or is unduly tired. It can also be a result of various organic conditions such as disturbed cerebral control of bladder, side effect due to medicines or neurological dysfunction. The causes can be personal immaturity, emotional problems, faulty learning, disturbed family interaction, hostility and anxiety.

While counseling conditioning procedures if used by the counselor are most effective. parental counseling , learning based procedures are most effective if required the case can also be referred for medical treatment as well with counseling .

The same kind of treatment may also be used for the children who have not learned appropriate toileting for bowel movement after age of 4 years which is named as functional encopresis.

Self Assessment Questions

1) Elucidate the various behaviour disorders of childhood and adolescence.

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2) Describe somnambulism.

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3) What are the causes of somnambulism?

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4) What is the counseling that we can use to help child overcome this disorder?

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5) Describe the Tic disorder and elucidate the causes.

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6) What treatment intervention can we plan form this disorder?

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7) What is enuresis? Discuss how the same can be overcome.

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4.7 AUTISM SPECTRUM DISORDER (ASD)

Autism is a PDD (Pervasive Development Disorder). These disorders are considered to be the result of some structural differences in the brain that are usually evident at birth or become apparent as the child begins to develop. Autism is a development disorder which involves wide range of problematic behaviour .This includes defect in language, perception, motor development not related to reality and social situations. Sometime intellectual ability is also hindered as there is impairment on memory as well.

4.7.1 Causes of Autism Spectrum Disorder

Scientists are not certain about what causes ASD, but it is likely that both genetics and environment play a role. Researchers have identified a number of genes associated with the disorder. Studies of people with ASD have found irregularities

in several regions of the brain. Other studies suggest that people with ASD have abnormal levels of serotonin or other neurotransmitters in the brain. These abnormalities suggest that ASD could result from the disruption of normal brain development early in fetal development caused by defects in genes that control brain growth and that regulate how brain cells communicate with each other, possibly due to the influence of environmental factors on gene function.

Twin and family studies strongly suggest that some people have a genetic predisposition to autism. Identical twin studies show that if one twin is affected, there is up to a 90 percent chance the other twin will be affected. There are a number of studies in progress to determine the specific genetic factors associated with the development of ASD. In families with one child with ASD, the risk of having a second child with the disorder is approximately 5 percent, or one in 20. This is greater than the risk for the general population. Researchers are looking for clues about which genes contribute to this increased susceptibility.

4.7.2 Techniques for Helping Children with ASD

The counselor can provide following method of counseling:

- Help the client in mastering the fundamentals of social behaviour
- Development of some language skills
- Behavioural counseling
- Parental counseling
- Training children to do their own work
- Engaging the child in various activities
- Behaviour modification techniques etc.

The first dimension of parenting behaviour is the Parental acceptance and warmth which appear to influence the degree to which the children internalise the standard and expectations of their parent (Eccles et al 1997). It should be noted by the counselors that children whose parents do not hold them in high regard they develop low self esteem and low self control and suffer from many anxiety disorders and other emotional and behavioural problems.

The second dimension of parenting behaviour is parental strictness and parental standards. The absence of control is associated with maladjustment and high level of aggression. Where parents are moderately controlling and sets up a high performance standard and expects increasingly mature behaviour from children are bound to have children showing high aggression.

Therefore the counsellor during parental counseling must make it clear to the parent about their parenting style and how it adversely affects the development of child's behaviour. The counseling must focus on helping parents to use permissible parenting style that is, acceptance and low control. They should stay alert for good behaviour and reward it, and reinforce rules consistently.

More over the counselor should make it clear to the teachers/parents/caretakers/ family members etc., that punishment should not damage the child's self esteem. The punishment should be swift and consistent if the child is punished he/she should be explained the reason for punishment. The best strategy is to punish an undesirable response and reward the positive alternative behaviour. For example, many troublesome behaviours in children may take the form of attention seeking.

Punishment of these responses will be more effective if parents and teachers provide the child with more acceptable ways to gain attention.

4.8 GENERAL COUNSELING TECHNIQUES

Children have their own ideas and personalities. Counseling can be as difficult for children as it is in the case of adults. Sometimes even more difficult. No matter what the purpose is, it is important to remember that communication with children is not the same as it is with adults. There are varieties of counseling techniques to use with children.

4.8.1 Defining Their World

Counseling can be difficult for children because of the implicit difficulty, with being a child and relating to an adult, especially an adult that they do not know. It is important to start therapy with a child by understanding his/her view point. Instead of starting a conversation with assumptions, lead by asking a question in their language. As rapport continues to build or as the child becomes more comfortable, he will begin to relate the question to how he feels and offer more of an explanation about his personal situation.

4.8.2 Sharing Their World

Role play is a conventional technique and can be extremely effective and revealing. Depending on the child's age, it may be more conducive to ask him to help you write a play about what it is like at home to better understand him.

Ask the child to play the role of one parent while you play the role of the other. They can help you "write" the script by describing what their mommy or daddy would typically say. Observe any emotion in the delivery of lines in the play.

4.8.3 Showing Their World

Art therapy can be an incredibly effective form of counseling with children. Although it is helpful, one does not have to be a certified art therapist to use art therapy in counseling. Most children are interested to draw or do some work of art and it can be a nice distraction in a situation where they are not comfortable verbally communicating how they feel.

Start by asking the child to draw a picture that shows what his day is like from the time he wakes up to the time he goes to bed. Observe any differences between the time he is at home and the time he is outside of the home or at school. If the child seems resistant, sit down with him and offer to do the same with the promise that you will share your picture, too.

4.8.4 Play Therapy

A play therapist much like any other mental health professional sees patients mostly one-on-one in 30- to 50-minute sessions. The Association for Play Therapy estimates that it takes about 20 sessions to address a child's problems, but some children may require more or fewer sessions. A play therapist spends time with each child and sometimes in sessions with the child's family. He/she uses specific play techniques to help the children address behavioural, learning, emotional and social problems. In some cases, these problems arise from environmental stresses, such as divorce, natural disasters, domestic violence, death or war.

4.9 COUNSELING MIDDLE SCHOOL STUDENTS

Middle school students are prime candidates for understanding their strengths and weaknesses, and their relationship with their learning environment. As such, self directed cognitive strategies can improve academic performance and school attendance, and decrease tardiness.

4.9.1 Adolescent Development

As children move towards independence in adolescence, they demonstrate improved abilities to express themselves, begin to think about their future more, and are able to deal more with abstract thought. Depending on the individual student's development, he or she may engage in more sophisticated information processing strategies, and can reflect on complicated problems.

Middle school students also tend to return to childish behaviours and can exhibit more self doubt and frustration. The strengths of development can be directed to offset the weaknesses, and mentoring, counseling and strong role models are often effectively focused to assist the student with the sometimes confusing and distracting world of middle school.

4.9.2 Counseling Strategies

Counseling options for middle school students can engage all of the cognitive processes: memory, convergence, divergence and evaluation. Students can be prompted to rely more on their memories to define, identify and designate. Convergent thinking asks the student to consider explanations, relationships and comparisons. Divergent thinking predicts, hypothesizes, infers, and reconstructs. Evaluative thinking judges, defends and justifies choices.

Using memory, a counselor can prompt the student to identify classroom expectations and standards, social norms and personal goals. The student uses her convergent skills in explaining why these standards are applicable to her, how her goals are important to her, her family, and peers, and can compare and contrast her feelings and ideas with those of others. The counselor can prompt the student with "If... then..." scenarios, and hypothetical situations to develop divergent thinking skills. Finally, the counselor may ask the student his opinion of another's actions or words, and then his own, then justify behaviour based on opinion and precedent.

The counselor can also consider motivation as a cognitive process. "Motivational Enhancement Therapy" focuses on enhancing adolescents' academic motivation. Counselors meet with students and help them focus and be aware of the motivational issues they face rather than denying them.

Counselors also assist the students to develop lasting strategies to maintain their motivation and achievement. Motivators can include goal achievement, competition, self-esteem and self-efficacy, and positive social standards.

The great strength of adolescence is that it is the door to independent living. Middle school students are developing independent thought processes and can be counseled to use these cognitions to benefit their development and growth. Counselors who successfully use cognitive strategies with their students find the student engaged and often receptive to the increased responsibility.

4.10 OTHER COUNSELING TECHNIQUES

The counselor can also help the children by the following counseling techniques:

- Helping the children to assess their own motives in self improvement
- Helping the children in developing self efficacy
- Assisting them in overcoming self defeating behaviour
- Assisting them in self monitoring

4.10.1 Self Assessment

The counselor helps the clients specially children who are more than age of 7, to assess their own motives. It will reflect on truthful information about themselves and they can self verify where the problem is, and self improvement is seen in the children and they will develop a positive feeling for them selves. The only task of the counselor here is to provoke the client about his/her past immediate experiences.

4.10.2 Self Efficacy

Self efficacy is the people's convictions that they can achieve specific goals. The counselor assesses the client to build up self efficacy which also varies according to the children skills e.g. a child may have high self efficacy when it comes to making friends but low self efficacy when it comes to speaking in front of groups or large audience. So self efficacy is concerned not with skills the child has but with his/her belief about what he can do with the skills, therefore the counselor's attention must be such that making the child believe "I think, I can, I think I can" etc. In this manner the counselor can help client (children in four different ways as stated by (Bandura 2000).

1) **Mastering experiences –** mastering new skill can reduce the problem of the child and encourage the children to learn from their own mistakes. This approach provides children with mastering experiences they need to build self efficacy and approach future challenges with confidence.
2) **Vicarious experiences –** the counselor helps the child to improve self efficacy by watching others perform a skill that he/she wants to learn e.g. choosing a model figure and bringing changes in one self by watching.
3) **Persuasion and encouragement –** if the child is encouraged and rewards are given on the smallest steps that they take towards mastering a skill, then one can see the changes in their behaviour. This will help them to become successful.
4) **Interpretation of emotional arousal –** if the child is suffering from anxiety disorder then there are chances of some symptoms related to physiological changes can also be seen.

So the counselor helps the client to bring alternatives to do well and boost the child in believing that he /she will get success.

4.10.3 Self Defeating Behaviour

Children suffering from anxiety disorder generally show self defeating behaviours which are of three categories as given by Roy Baumeister, 1997. Let us take these one by one.

1) **Deliberate self destruction** – children want to harm them selves
2) **Trade offs** - it is seen in the form overeating stress, emotional distress, shyness etc.
3) **Counter productivity –** children show unproductive behaviour by being attached to one thing only. This type of behaviour is mostly seen in children who have emotional problem.

Therefore, the counselor must help and assist children by using client centered approach where unconditional positive regard is given and importance is given to one self.

4.10.4 Self Monitoring

The counselor holds the client to control the negative attitude / impression the children make on others. Clients who are high self monitors seem to be very sensitive to their impact on others (Mark Snyder 1986, 2000). Low self monitor on the other hand are less concerned about impression management and behaviour, therefore low self monitor sees themselves as having the strong principles and behaving in line with them, where as high self monitors perceive them selves as flexible and pragmatic. So the counselor helps to moderate self monitoring building within the clients by which high adjustment is seen and proper self efficacy is built up.

These techniques can be useful if children are able to recognise their self image by learning, more about themselves, try to set their goals that are reachable, that is the goals should be short term, reachable and the counselor must help the children to recognise their goals, and help the children to emphasise on their strength by which the children will think positively and their emotions will be stable which will enhance their personality.

Self Assessment Questions

1) Describe Autism Spectrum Disorder.

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2) What causes ASD?

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3) Describe the techniques of counseling used to overcome autism.

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4) Describe the various general counseling techniques used for children.

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5) What are the typical problems middle school children and adolescents face?

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6) What strategies do we use to help these children overcome their problems?

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7) Describe other counseling techniques.

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4.11 LET US SUM UP

In this unit we have been dealing with the topic of counseling children. We started with the various disorders children suffer from such as the learning disability, Attention Deficit Hyperactivity Disorder, Anxiety disorder etc. We also delineated the causes of these disorders, nature, course, symptoms and treatment of these disorders. We also discussed the techniques of counseling that are suited to children suffering from the different disorders. We then discussed the Autism Spectrum Disorder, delineated the causes and pointed out the various techniques of counseling that would help in these cases. Then we discussed the general counseling techniques and pointed out the problems faced by children in middle schools and the strategies one should use to help these children. Other techniques discussed included self monitoring, self efficiency and self defeating behaviours.

4.12 UNIT END QUESTIONS

1) Explain causes and symptoms of Learning disability?

2) What are the techniques for helping learning disability?

3) Explain briefly multisensory approach, Behaviour approach, Psycho analytic approach of counseling?

4) What is Individualised instructional approach?
5) How Self instructional approach is used?
6) What is the Technological approach to counseling?
7) What are the casual factors in ADHD and its symptoms?
8) What do you understand by separation anxiety and selectivity mutism?
9) Explain the following –
   - Relaxation Techniques
   - Cognitive Behavioural Therapy
   - Psychotherapy
10) What are symptom disorder and its Treatment?
11) What are General counseling techniques for children?
12) Why Play therapy is important for children?
13) What are Counseling Strategies for middle school students?

4.13 SUGGESTED READINGS

Eric J.Mash and Russel A.Barkley (2007). *Assessment of Childhood Disorders.* The Guilford Press, London.

Philip C. Kendall (2000). *Childhood Disorders.* Psychology Press. Ltd. New York.