
UNIT 1 ROGER'S CLIENT CENTERED COUNSELLING

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1.0 INTRODUCTION

In this unit we will be studying about Rogers Client centered counseling which is also known as person centered counseling. This counseling technique is based on Humanistic psychology and has the phenomenology framework which will be explained in detail in this unit. Also we will learn in this unit the concept of self as visualised in client centered counseling and what is the importance of self in this counseling technique. An emphasis will also be placed on the disclosure by the therapist to the client as required and the typical approach and attitude that the counselor should have in order to make this therapy effective. One of the important requisites of this counseling technique is the unconditional regard and support that the therapist gives the client. Another basic premise on which this therapy works is the client counselor relationship which is the foundation over which the entire structure of therapy is built up. We will also learn about the self actualisation and its importance in this therapy.

1.1 OBJECTIVES

After completing this unit, you will be able to:

- Define client centered counseling;
- Describe the various prerequisites of this counseling technique;
- Delineate the concept of self as visualised by Rogers;
- Explain the importance of self in this therapy;
- Elucidate the characteristic features of humanistic psychology;
- Apply these concepts to client centered counseling;
- Delineate the concept of relationship in counseling; and
- Describe the unconditional regard given to the client by the therapist.

1.2 INTRODUCTION TO ROGER'S COUNSELLING

The humanistic Counsellor focuses mainly on growth of the person and to motivate a person to utilise his/her maximum potentials rather than improving the past demerits of life. Due to this rationale Roger's Counselling throws light on human psychology on the one hand, and on the other hand Roger's psychology starts and ends with the subjective experiences of the individual within a phenomenological framework.

Inner experiences includes everything that is occurring within the organism at a particular moment. All this experience, conscious and unconscious, is said to comprise the person's phenomenal field. Conscious experience, or awareness, is that aspect of the phenomenal field which can be symbolised. In other words, it can be verbalised or imagined. Unconscious experience, in contrast, is experience that cannot be verbalised or imagined by the person. Healthy individuals, in Roger's view, are those who can symbolise their experiences accurately and completely. Unhealthy people however distort or repress their experiences and are thus unable to symbolise them accurately and experience them fully. (Ryckman, 2004)

In Rogers' view, the subjective experiencing of reality serves as the basis for all the individual's judgments and behaviour. It is this phenomenological, inner reality, rather than external, objective reality, that plays the key role in determining the person's behaviour. This rationale tells us the phenomenological basis of Roger's client centered therapy/counselling.

1.2.1 Humanistic Psychology

Humanistic Psychology came into existence before forty years with the concept of development of human potentials for the overall growth of the individuals. It has roots in the earlier philosophy of humanism, European phenomenology and existentialism. The principles and values of humanistic psychology are understandable in terms of our everyday experiences and consonant with visions of a better life.

Humanistic psychology sees man as having purpose, values, options and the right to and capacity for self-determination, rather than being the helpless victim of his unconscious or of environmental reinforcement. Of his free will, he can maximise his potential for growth and happiness. The highest of human motives is the drive for self-actualisation.

According to Korchin (1986) the major tenets of humanistic psychology are :

- To understand personality, we must study the person as a whole, i.e., *holism*;
- We must have the individual's direct experience rather than his behaviour as viewed from outside, i.e., *phenomenology*;

The investigator must participate in the experiential field and not detached from it.

The intuitive and empathic understandings must not only form the empirical knowledge but also be valued.

Personal uniqueness should always be in focus, i.e., the *ideographic approach*;

Goals, values, aspirations, and the future matter more than historical or environmental determinants.

Human behaviour should not be viewed in mechanistic or reductionistic terms, but rather emphasis must be placed on distinctly human qualities such as choice, creativity, valuation, and self-actualisation.

Man is proactive as well as reactive, capable of positive striving as well as adjusting to demands on him.

The task of the therapist/counsellor is to release this potential by empathically coming to understand the unique, personal world-view and self-concept of the client.

Fostering full self-awareness by encouraging the client to experience all facets of himself, including those previously denied.

Encouraging full acceptance of the individual's unique self and of his freedom and responsibility in acting on his choices; and thus actualising his full potential as a person.

Above all else, counselling involves an authentic encounter between two real individuals, free of sham and role-playing, rather than technical acts of an interpretive, advising, or conditioning sort.

The goal of counselling is to move one from being a *deficiency-motivated* person, dependent on the world about to provide him with gratification and to affirm his value as a person, to a *growth motivated* person, striving to enrich and enlarge his experiences, knowing joy and true autonomy (Maslow, 1962).

Truly self-actualising people are rare, but all of us have the capacity for being more spontaneous and natural, free of anxiety, self-doubt, and feelings of alienation and unworth, and at least in *peak experiences*, to exist fully and vividly, to be completely absorbed and centered in experiences, which transcend the self (Maslow, 1967 in Korchin, 1986).

1.2.2 The Phenomenological Framework

A phenomenological position holds that what is real to an individual (that is, what reality is thought of, understood, or left to be by the individual) is what that exists within the concerned person's internal frame of reference, or subjective world, including every thing in his or her awareness at any point of time.

It follows that an individual's perceptions and experiences not only constitute that person's reality but also form the basis for his or her actions. One responds to events in accordance with how one perceives and interprets them.

One important implication of a phenomenological perspective for a theory of personality is that the best understanding of a person's behaviour is obtained through observation of his or her internal frame of reference. (Hjelle & Ziegler, 1992).

What we are and what we do is a reflection of our experience of the world and ourselves. Our consciousness of ourselves as sensate beings, memories of our past and visions of our future, give identity, continuity and purpose to our lives. We know "reality" out there only through the inside "reality" of personal and subjective experience which give it meaning and substance. To most of us, when we are not thinking like psychologists, these are simple and almost self evident propositions. These are philosophic elaboration and are called "phenomenology." (Korchin, 1986)

A wealth of social psychological research has accumulated showing that, even in relatively simple experimental situations, the expectations and personal meanings of both subject and experimenter are critical determinants of the eventual findings (R. Rosenthal, 1966).

Experience is of course important to most if not all psychotherapies, but it is centrally emphasised in the systems of Rogers and Perls. G. A. Kelly's (1955) psychotherapy, based on his psychology of personal constructs, is still another expression of the phenomenological orientation, as are those approaches which stress the *transactional* interplay between patient and therapist as they view and understand each other.

If a counsellor can understand the way the client is perceiving his world and if he can empathise with the experiences of the client he can help the client to make him come out of all his regrets and conflicts of life and also the counsellor can make the client realise to live in the present with the latest experiences.

1.3 CLIENT CENTERED COUNSELLING

Particularly in his later writing, Rogers placed primary emphasis on those *attitudes* of the counsellor which are the "necessary and sufficient conditions" for therapeutic change (1957). The particular techniques the counsellor uses, his training, technical knowledge, and skills are entirely secondary, compared to these basic qualities of the counsellor. Success in therapy depends on the therapist/ counsellor communicating and the patient perceiving

- 1) the therapist's own congruence;
- 2) his unconditional positive regard for the patient, and
- 3) his accurate empathic understanding. (Korchin, 1986)

1.3.1 Concept of Self

The self is a differentiated portion of the individual's phenomenal or perceptual field defined as the totality of experience, and consists of the conscious perceptions and values of the 'I' or "me". The self concept denotes the individual's conception of the kind of person he or she is.

The self concept is one's image of oneself. Especially included in this are the awareness of being (What I am) and awareness of function (what I can do).

The self concept includes not only one's perceptions of what one is like but also what one thinks one ought to be and would like to be. This latter component of the self is called the ideal self. The ideal self represents the self concept that the individual

would most like to possess. It is basically equivalent to the superego in Freudian Theory. (Hjelle & Ziegler, 1992)

Rogers postulates that when the self is first formed, it is governed by the organismic valuing process alone. In other words, the infant or child evaluates each new experience in terms of whether it facilitates or impedes his or her innate actualising tendency. Infants evaluate their experiences according to whether or not they like them, whether they are pleasing or displeasing, and so on. Such evaluations result from their spontaneous responses to direct experiences that is, they are completely natural.

The structure of self is subsequently shaped through interaction with the environment, particularly the environment composed of significant others (e.g. parents, siblings, relatives). In other words, as the child becomes socially sensitive and as his or her cognitive and perceptual abilities mature, the self concept becomes increasingly differentiated and complex. To a large extent, then the content of one's self concept is a social product.

We have our true self and according to Rogers we also have social self. Rogers believed that when we interact with significant people in our environment, like for instance with parents, brothers, sisters, friends, teachers, etc., we begin to develop a concept of self that is largely based on the evaluations of others. That is, we come to evaluate ourselves in terms of what others think and not in terms of what we actually feel. Such a self-concept carries with it conditions of worth.

With unconditional positive regard, the self concept carries no conditions of worth. In fact there is a congruence between the true self and experience, and the person is psychologically healthy

1.3.2 Counsellor's Congruence

Congruence or genuineness is the first and primary requirement, for nobody can respect others or be empathic unless he is himself open to experience, free of facade, and self deceit. The counselor should be aware of his own full experience and feelings, and should be able to communicate them to the client openly where and when necessary. This does not mean that the therapist necessarily burdens the client with his personal feelings at every turn, but he should know them himself and be willing and able to share them when necessary. Counselling or Therapy depends on the readiness of the client to share his deepest and most intimate feelings with the therapist. This is in fact hard enough to do under any circumstances, and it all the more difficult if the therapist is not a real person himself. (Korchin, 1986)

1.3.3 Unconditional Positive Regard

The therapist must communicate to the client a deep and genuine caring for him as a human being, with faith in his potential. This means making no judgments about the client, approving some but not all of his actions or feelings. There are no conditions on the therapist's acceptance or warmth. He is as ready to accept negative as much as he accepts the positive feeling from the client. It is an unpossessive caring for the client as a separate person, which allows the client freedom to have his own feelings and his own experiencing. (Rogers, 1966) in his later work with schizophrenics, came to realise that grossly immature or regressed clients may require more conditional regard, as for instance, telling the client, "I'd like you better if you acted in a more mature way." However, with most clients, unconditional positive regard remains one of the essential requirements of therapy. (Korchin, 1986)

Rogers contends that all persons possess basic desire to experience attitudes such as warmth, respect, admiration, love, and acceptance from significant people in their lives. The need for positive regard develops as the awareness of self emerges, and it is pervasive and persistent. It is first seen in the infant's need to be loved and cared for, and is subsequently reflected in the person's satisfaction when approved by others and frustration when disapproved. Rogers indicates that positive regard may be either learned or innately given to all persons, and although he prefers the former explanation, its origin is irrelevant to his theory.

Rogers stated that conditions of worth imposed on a child are detrimental to his or her becoming a fully functioning person. This is because the child tries to attain standards set by others rather than to identify and attain what she or he really is or wants to be. Thus, he comes to evaluate himself and his worth as an individual (what is valuable and what is not valuable about himself) in terms of only those of his actions, thoughts, and feelings that received approval and support. He or she will feel that in some respects he or she is prized and in others not. This process results in a self concept that is out of tune with organismic experience and hence does not serve as a solid foundation for psychological health. (Hjelle & Ziegler, 1992)

Rogers feels that it is possible to give or receive positive regard irrespective of the worth placed on specific aspects of a person's behaviour. This means that a person is accepted and respected for what he or she is, that is without any ifs and buts. Such unconditional positive regard is strikingly evident in mother's love for her child when regardless of the child's actions, thoughts, and feelings, the child is genuinely loved and respected.

It can be seen, then, that Roger's emphasis on unconditional positive regard as the ideal approach to child rearing does not imply an absence of discipline, social constraints, or other forms of behavioural control. What it does mean is providing an atmosphere in which a child is valued and loved for exactly what he or she is, that is a precious human being. When children perceive themselves in such a way that no self experience is more or less worthy of positive regard than any other, they are experiencing unconditioned positive self-regard. For Rogers the existence of unconditional positive self regard enables an individual to progress toward becoming a fully functioning person. In such an individual, the self is deep and broad, since it contains all the thoughts and feelings that the person is capable of experiencing. (Hjelle & Ziegler, 1992).

1.4 EXPERIENCE OF THREAT AND THE PROCESS OF DEFENSE

In Rogers theory, threat exists when a person recognises an incongruity between his or her self concept and its incorporated conditions of worth and actual experience. Experiences incongruent with the self concept are perceived as threatening. They are kept from entering awareness because the individual views himself as an honest person and his behaviour sows dishonesty and thus the self of this person is in a state of threat. Incongruity between self and experience need not be perceived at a conscious level. In fact, Rogers postulated that it is quite possible for an individual to feel threatened without being aware of it. Consequently, whenever incongruity between the self concept and experience exists and the individual is aware of it he or she is potentially vulnerable to anxiety and personality disorganisation. (Hjelle & Ziegler, 1992).

1.4.1 Defense Mechanisms

Rogers proposes only two basic mechanisms or defense: perceptual distortion and denial. Perceptual distortion is operative whenever an incongruent experience is allowed into awareness but only in a form that makes it consistent with the person's current self image. In the case of denial, there is a far less common defensive response, that is the individual perceives the integrity of his self structure by completely avoiding any conscious recognition of threatening experiences.

According to Rogers, if there is a significant degree of incongruence between one's self concept and one's evaluation of experience, then one's defenses may become non functional. In such a 'defenseless state, with the incongruent experience accurately symbolised in awareness, the self-concept becomes shattered. Thus personality disorganisation and psychopathology occur when the self is unable to defend against threatening experiences. (Hjelle & Ziegler, 1992).

1.4.2 Accurate Empathic Understanding

Progress in counselling requires the therapist to perceive feelings and experiences sensitively and accurately and to understand and convey their meanings to the client during the therapeutic counselling sessions. Accurate empathic understanding means that the therapist can sense the client's inner world as if it were his own. In addition, accurate empathic understanding involves the ability to then communicate this experience to the client in words and concepts meaningful to him so that he can gain further awareness of his experience. In this fashion, the client can recognise where his experience is incongruous with his self concept, and work toward bringing denied feelings into greater congruence with his self. (Korchin, 1986)

In fair measure, the success of therapy depends on the communication, and perception, of the therapist's attitudes. Growth in the patient involves, in effect, his incorporation and utilisation of these attitudes as part of himself. Therapy should, therefore, make him more congruent, be better able to give others unconditional positive regard, and be more accurately empathic in viewing himself as others. These three conditions describe the essence of client centered counselling, and figure prominently in Rogers' theory of personality and social philosophy. He and his co workers have done several studies to demonstrate the importance of these three attitudes as conditions of therapeutic progress. These have been recently reviewed by Truax and Mitchel (1971).

1.4.3 The Master Motive: Self Actualising Tendency

Within each of us, according to Rogers, there is an innate motivation called the self actualising tendency and active, controlling drive toward fulfillment of our potentials that enables us to maintain and enhance ourselves.

Rogers hypothesizes that all behaviour is energised and directed by a single, unitary motive which he calls the actualising tendency. This represents "the inherent tendency of the organism to develop all its capacities in ways which serve to maintain or enhance the person." (Rogers, 1959). Thus the primary motive in people's lives is to actualise, maintain, or enhance themselves to become the best self that their inherited natures will allow them to be. (Hjelle & Ziegler, 1992).

Rogers views behaviour as motivated by the individual's need to develop and improve. A person is governed by a growth process in which potentialities and capacities are brought to realisation.

According to Rogers, the actualising tendency serves as criterion against which all one's life experiences are evaluated. Individuals engage in what Rogers describes as an organismic valuing process specially in the course of actualising themselves.

Rogers based this concept primarily on his varied and prolonged experience with troubled individuals in therapy. He noticed in them a growth tendency, a drive toward self actualisation. It is the urge which is evident in all organic and human life, which tries to expand, extend, become autonomous, develop, mature, etc. This tendency may become deeply buried under layer after layer of encrusted psychological defenses, and can come out only when proper conditions are created for these repressed feelings and tendencies to be released and expressed (Rogers, 1961)

1.4.4 The Fully Functioning Person (from Ryckman,2004)

If people are able to utilise their organismic valuing processes fully, they will inevitably begin to experience personal growth and movement toward realisation of their potentials. In Roger's terminology, they will be moving toward becoming fully functioning persons. According to Rogers such individuals have the following characteristics.

i) They are Open to experience

Fully functioning people are nondefensive individuals who are open to all their feelings-fear, discouragement, pain, tenderness, courage, and awe.

ii) They are characterised by existential living

They live their experiences as they occur in the present, without trying to superimpose preconceived meaning on them.

iii) They trust their organisms

Fully functioning people do what feels right. This does not mean they are inevitably right in their choices, but rather that they make their own choices, experience the consequences, and correct them if they are less than satisfying.

iv) They are creative

Creative products and creative living emerge when individuals are open to new experiences, able to trust their own judgements, and willing to take risks if they feel good about a new venture.

v) They live rich lives

They live the good life, not in the sense of happiness, contentment, security, and bliss-although fully functioning person experiences each of these feelings at appropriate times-but a life that is exciting, challenging, meaningful, and rewarding.

vi) They are honest and open

They reject the sham and hypocrisy of government, Madison, Avenue, parents, teachers and clergy. They are open in their dealing with others. These humanistically oriented people are opposed to highly structured, inflexible bureaucracies.

vii) They are indifferent to material comforts and rewards

They are not concerned with status but prefer to relate to people in informal, egalitarian ways.

viii) They are caring Persons

They have a deep desire to help others, to contribute to society. Their caring is gentle, subtle, and nonmoralistic.

- ix) They have a deep distrust of cognitively based science and a technology that uses that science to exploit and harm nature and people
- x) They have a trust in their own experience and a profound distrust of all external authority.

Self Assessment Questions

- 1) A phenomenal concept deals with
 - a) One's objective experiences
 - b) Some specific phenomenon
 - c) Subjective experience of reality
 - d) None of the above
- 2) A self-concept based on our actual feelings about our experiences is known as
 - a) Ideal self
 - b) Social self
 - c) True self
 - d) Artificial self
- 3) State of harmony that exists when there is no discrepancy between the person's Experiencing and his or her self-concept is known as
 - a) Empathy
 - b) Self actualisation
 - c) condition of worth
 - d) congruence
- 4) A fully functioning person
 - a) Utilises his maximum potentials
 - b) Live for society
 - c) Are self centered
 - d) Live for their own
- 5) During counseling the counselor tries to understand the client by putting himself In the client shoes This concept is known as
 - a) Empathy
 - b) Sympathy
 - c) Apathy
 - d) both a and b
- 6) According to Rogers all behaviour is energised and directed by a single, unitary motive which he calls the
 - a) Self realising tendency
 - b) Self actualising tendency
 - c) Fundamental drive
 - d) Basic drive
- 7) A total caring or prizing of the person for what he or she is, without any reservations or conditions of worth in therapy is called
 - a) Need for positive regard
 - b) Condition for Worth
 - c) Empathy
 - d) Unconditional Positive Regard
- 8) Rogers proposes following defense mechanism
 - a) Rationalisation
 - b) Denial
 - c) Perceptual distortion
 - d) Both a and b (e) Both a and c
- 9) Incongruence of which may lead to anxiety and personality disorganisation
 - a) Self image and desires
 - b) True self and real self
 - c) Self-concept and experience
 - d) None of the above
- 10) Roger's client centered counseling is best applicable for
 - a) Psychotic persons
 - b) Mentally retarded persons
 - c) Neurotic persons
 - d) Well integrated people seeking fulfillment in life

1.5 IMPORTANT POINTS TO REMEMBER FOR EFFECTIVE CLIENT CENTERED COUNSELLING

Rogers believed that people have the capacity for change within themselves and will change in constructive ways if the therapist creates the appropriate conditions for growth. These conditions are:

- i) The client and the therapist are in psychological contact; that is, each makes an impact on the phenomenological field of the other.
- ii) The client is in a state of incongruence and feels anxious about it.
- iii) The therapist is congruent in the relationship.
- iv) The therapist experiences unconditional positive regard for the client.
- v) The therapist experiences an empathic understanding of the client's internal frame of reference.
- vi) The client perceives the therapist's unconditional positive regard and the therapist's empathic understanding (Rogers, 1959).

If the above stated six conditions are operative, according to Rogers, the following changes will be observed in clients.

Clients will increasingly express their feelings about their lives and problems.

They will become increasingly accurate in their assessment of the meaning of their feelings.

1.6 SCIENTIFIC EVIDENCES AND RESEARCHES

Very few researches are there which can prove Rogerian therapy as a scientific tool. However in today's world of psychology his concepts of empathy, unconditioned positive regard and congruence are widely used in different psychotherapies and counselling.

There is a basic distrust of the scientific approach, certainly as conventionally defined. Rather than seeking a new human science which can encompass uniquely human and subjective phenomena, they are instead more prone to disavow the relevance of any scientific inquiry for human psychology. With the notable exception of the Rogers group, concepts and methods are rarely put to research tests instead, vague and romantic generalisations are put forth which cannot be ordered systematically or tested empirically. Some have seen the challenge of creating a new and broadened human science, breaking through the limits imposed by positivism and behaviourism, but the more general posture is simply antiscientific. (Korchin, 1986)

To determine whether or not this theory of therapy/counselling had any validity Rogers and his colleagues embarked on an ambitious research programme in the 1950s. In one study, Butler and Haigh (1954) found that the average correlation between actual and ideal self for 25 clients before therapy was $-.01$; this indicates that there was no link between perceived actual and ideal selves. Following counselling, the correlation was $+.34$; this figure suggests that clients had changed their view of themselves by moving toward their ideal self-picture.

Rogers (1954) analysed the case of a client known as Mrs. Oak, a dependent, inarticulate, passive person who had experienced rejection by others both at home and in social groups, as revealed by her self sort responses before therapy. Repeated

self sorts during the course of therapy were correlated with this pre-therapy baseline, with the 25th session, +.42; at the end of therapy, +.39; and 12 months after therapy, +.30. Following therapy, she perceived herself to be much more secure, confident, emotionally mature, and expressive, warmer in relationships, and less afraid than she was before therapy began.

1.6.1 Therapeutic Relation

In contrast to both psychoanalysis and behaviour therapy, humanistic therapists emphasise the relation between therapist and client. Each enters and shares the experiential field of the other. A proper relation, one in which the patient can safely trust his experience to an understanding therapist, is surely critical. The issue here, however, is whether it is a sufficient base for therapeutic change. (Korchin, 1986)

Rather than repairing past inadequacies, achieving symptom-relief or replacing maladaptive habits, humanistic therapists stress man's potential for growth and self-actualisation. The goal is increasing awareness, freedom, choice, and a person's options for a better life. Therapy is oriented to healthy strivings rather than pathological trends.

On the whole it is probably true that the humanistic approaches are best adapted to the problems of relatively well-integrated and functional people, who are seeking greater meaning and fulfilment in their lives. For less educated and articulate people, those suffering gross psychological disabilities or severe environmental stress, children, psychotics, and the mentally retarded, the aims and methods of humanistic therapies are less appropriate. (Korchin, 1986)

1.7 LET US SUM UP

In this unit we have dealt with how the humanistic counselor deals with a client and motivate the person to utilise his/her maximum potentials rather than improving the past demerits of life. Healthy individuals, in Roger's view, are those who can symbolise their experiences accurately and completely. Unhealthy people however distort or repress their experiences and are thus unable to symbolise them accurately and experience them fully. In Rogers' view, the subjective experiencing of reality serves as the basis for all the individual's judgments and behaviour. It is this phenomenological, inner reality, rather than external, objective reality, that plays the key role in determining the person's behaviour. This rationale tells us the phenomenological basis of Roger's client centered therapy/counselling.

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It follows that an individual's perceptions and experiences not only constitute that person's reality but also form the basis for his or her actions. One responds to events in accordance with how one perceives and interprets them.

In client centered counseling the particular techniques the counsellor uses, his training, technical knowledge, and skills are entirely secondary, compared to the basic qualities of the counsellor. Success in therapy depends on the therapist/ counsellor communicating and the patient perceiving (1) the therapist's own congruence; (2) his unconditional positive regard for the patient, and (3) his accurate empathic understanding.

We have our true self and according to Rogers we also have social self. Rogers believed that when we interact with significant people in our environment, like for instance with parents, brothers, sisters, friends, teachers, etc., we begin to develop a concept of self that is largely based on the evaluations of others. That is, we come to evaluate ourselves in terms of what others think and not in terms of what we actually feel. Such a self-concept carries with it conditions of worth. With unconditional positive regard, the self concept carries no conditions of worth. In fact there is a congruence between the true self and experience, and the person is psychologically healthy.

Rogers contends that all persons possess basic desire to experience attitudes such as warmth, respect, admiration, love, and acceptance from significant people in their lives. The need for positive regard develops as the awareness of self emerges, and it is pervasive and persistent. Rogers feels that it is possible to give or receive positive regard irrespective of the worth placed on specific aspects of a person's behaviour. This means that a person is accepted and respected for what he or she is, that is without any ifs and buts. For Rogers the existence of unconditional positive self regard enables an individual to progress toward becoming a fully functioning person. In such an individual, the self is deep and broad, since it contains all the thoughts and feelings that the person is capable of experiencing.

According to Rogers, if there is a significant degree of incongruence between one's self concept and one's evaluation of experience, then one's defenses may become non functional. In such a 'defenseless state, with the incongruent experience accurately symbolised in awareness, the self-concept becomes shattered. Thus personality disorganisation and psychopathology occur when the self is unable to defend against threatening experiences.

Progress in counselling requires the therapist to perceive feelings and experiences sensitively and accurately and to understand and convey their meanings to the client during the therapeutic counselling sessions. Accurate empathic understanding means that the therapist can sense the client's inner world as if it were his own.

In fair measure, the success of therapy depends on the communication, and perception, of the therapist's attitudes. Growth in the patient involves, in effect, his incorporation and utilisation of these attitudes as part of himself. Therapy should, therefore, make him more congruent, be better able to give others unconditional positive regard, and be more accurately empathic in viewing himself as others. These three conditions describe the essence of client centered counselling, and figure prominently in Rogers' theory of personality and social philosophy.

Within each of us, according to Rogers, there is an innate motivation called the self actualising tendency and active, controlling drive toward fulfillment of our potentials that enables us to maintain and enhance ourselves.

According to Rogers, the actualising tendency serves as criterion against which all one's life experiences are evaluated. Individuals engage in what Rogers describes as an organismic valuing process specially in the course of actualising themselves.

If people are able to utilise their organismic valuing processes fully, they will inevitably begin to experience personal growth and movement toward realisation of their potentials. In Roger's terminology, they will be moving toward becoming fully functioning persons.

Rogers believed that people have the capacity for change within themselves and will change in constructive ways if the therapist creates the appropriate conditions for growth.

In contrast to both psychoanalysis and behaviour therapy, humanistic therapists emphasise the relation between therapist and client. Each enters and shares the experiential field of the other. A proper relation, one in which the patient can safely trust his experience to an understanding therapist, is surely critical.

1.8 UNIT END QUESTIONS

- 1) Describe Rogers Client Centered Counselling
- 2) How does Humanistic psychology and phenomenological approach crucial to client centered counseling.
- 3) Describe the concept of self in client centered counseling and indicate how counsellor's congruence can be ensured?
- 4) What is meant by unconditional positive regard? How is important for client centered counselling?
- 5) What are the two defense mechanisms used by Rogers and why? How are these relevant to client centered counseling?
- 6) What are the important points to remember for effective client centered counselling?
- 7) What do you understand by congruence of self? How is it associated with unconditioned positive regard?
- 8) What are the characteristic of a fully functioning person according to Rogers? How a counselor can help a client to lead his or her life as fully functioning?
- 9) How do you explain the concept of empathy and its significance in counselling?
- 10) Explain with suitable examples the concept of phenomenology.
- 11) What are the specific role of a counselor who does client centered counselling with the client?

1.9 SUGGESTED READINGS

Larry, A Hjelle & Daniel J Ziegler (1992), *Personality Theories*, McGraw Hill, New York.

Richard, M. Ryckman (2004). *Theories of Personality*, Thompson, Wadsworth, United States.

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Sheldon J. Korchin (1986). *Modern Clinical Psychology*, CBS Publishers, New Delhi.

1.10 ANSWERS TO SELF ASSESSMENT QUESTIONS

- 1) (c) 2) (c) 3) (d) 4) (a) 5) (a) 6) (b) 7) (d) 8) (d) 9) (c) 10) (d)

UNIT 2 PSYCHODYNAMIC COUPLE'S COUNSELLING

Structure

- 2.0 Introduction
- 2.1 Objectives
- 2.2 Psychodynamic Approach to Counselling
 - 2.2.1 Psychoanalytic Theory Versus Psychodynamic Theory
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 - 2.8.3 Intention of Suicide by a Partner
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- 2.10 Unit End Questions
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2.0 INTRODUCTION

This unit focuses on couples counseling. Initially we discuss the psychodynamic and psychoanalytic approach to counseling and then on to couple counseling. We then discuss how psychoanalysis is used in marriage counseling and family counseling.

This is followed by object relations theory which is one of the methods by which couples counseling used to be given. Here we discuss how the couples subsystem is considered for such counseling purpose. The next issue taken up is marriage counseling and it is differentiated from family counseling. The dynamics underlying marriage counseling are put forth and the uniqueness of couples problems are discussed. Then the counseling session as such is taken up and the stages in couples counseling sessions are described in detail. The importance of sexual counseling is then presented which is followed by the dealing with couples having domestic violence and mental illness.

2.1 OBJECTIVES

After completing this unit, you will be able to:

- Define and describe couples counseling;
- Explain the psychodynamic approach to couple counseling;
- Describe object relations theory as applied to couple counseling;
- Define and describe marriage counseling;
- Elucidate the various aspects involved in marriage counseling;
- Describe the various stages in couple counseling;
- Explain the importance of sexual counseling; and
- Analyse the techniques involved in working with couples having mental illness.

2.2 PSYCHODYNAMIC APPROACH TO COUNSELLING

Psychodynamic approach originates from Freud's work on the Id, ego and superego which are 3 parts of our psyche. While Id is impulsive and wants its needs to be gratified immediately, the ego which is the conscious self of us tries to find ways and means to gratify the needs in the most realistic manner. The superego however is the moral arm which is also in the subconscious and acts as a mediator of the Id's basic desires to make the ego find a solution that is socially acceptable and healthy. Freud's psychoanalysis is a holistic approach that looks not only at the here and now but also the past experiences and materials repressed in the unconscious. In the psychoanalytic therapy, an attempt is made to uncover the memories repressed in the unconscious in a controlled environment. This is done through the medium of client therapist relationship which is a trusting relationship.

Psychodynamic and psychoanalytic approaches began to extend their approach to include a family orientation in couples counselling in the late 1940's. The work of Nathan Ackerman (1958) was especially important in focussing the attention of psychoanalysis on family units. Before Ackerman, psychoanalysts had purposely excluded family members from the treatment of individual clients for fear that family involvement would be disruptive. Ackerman applied psychoanalytic practices to the treatment of families. Later on in couples counselling the psychodynamic therapy was used for couple and associated family members.

2.2.1 Psychoanalytic Theory vs. Psychodynamic Theory

Although the two terms psychoanalytic and psychodynamic are often used interchangeably, yet the term psychodynamic is the broader of the two. This term includes the underlying processes (feeling, ideas, impulses, drives etc.) which influence

much of overt behaviour. These underlying processes are often not at the conscious level and that humans frequently use defense mechanisms to keep anxiety provoking feelings, ideas and impulses out of conscious awareness. Theories that are psychodynamic in nature may or may not be psychoanalytic (Robbins, 1989 in Gelso, 1995).

Psychoanalysis is the most intensive and depth oriented form of therapeutic intervention. Sessions occur usually between three and five times a week, and analysis is virtually always long term. Length of treatment is typically from three or seven years. Analysis is carried out by a certified psychoanalyst, who after completion of MPhil or Doctoral degree in psychology, receives several years of additional training in psychoanalysis from one of the many psychoanalytic training Institutes.

The client's main task is to free associate, that is, to say what ever comes to mind without editing or trying to formulate intellectually the meaning of dreams. Analysts believe that dreams provide a powerful way of accessing the client's unconscious. The analyst's task throughout the analysis is to be non interfering, to offer what Freud called as hovering attention, and to make interpretations of the emerging material from the client that makes sense to him or her. These interpretations should be as close to the client's level of awareness and experience as possible, or else if they become too far removed from what the client is feeling, the treatment can become a sterile, intellectual exercise.

During the course of analysis, as the client continues to free associate and the analyst carries out the tasks discussed above, the client naturally regresses in his or her associations. That is, the client's associations and memories continually move backward in time. As this happens, the client gets more and more into the childhood conflicts and issues that form the fabric from which the present problems derive. Also, as this occurs, transference reactions continue to develop and build.

It must be remembered that transferences are by definition distortions of the analyst. Transference is a repetition of past conflicts with significant others, displacing feelings, behaviours, and attitudes belonging rightfully in those earlier relationships onto the analyst or therapist. In psychoanalysis, the key to helping the client resolve neurotic conflicts resides in providing insight into the distortions involved in the transference. As the transference intensifies, the analyst maintains his or her ambiguity and neutrality, and this permits the continuing unfolding of these projections. The cure in analysis occurs as the transferences are repeatedly interpreted, worked through, and resolved. The analyst's timing in offering interpretations is crucial.

As the transference is worked through, the client develops deep insight into how his or her early conflicts caused him or her to distort and misperceive the self and others. The client's defenses become reduced so that he or she can lead a better life. Again, the aim of analysis is this depth insight, most centrally of the client's hidden needs and issues, as manifested in the transference. The working through the transferences in analysis deeply and positively affects the client's relations with others as well as with the self. It results in deep seated changes in personality structure.

2.3 PSYCHODYNAMIC MARRIAGE/ COUPLE COUSELLING

Psychoanalysis concentrates on individuals rather than social systems such as the families. An initial goal of psychodynamic family counselling is to change the

personalities of family members so that they can work with one another in a healthy and productive way. Nichols and Schwartz (1991) pointed out that psychodynamic counsellors who follow Ackerman most often employ an eclectic mix of psychoanalytic and systems concepts.

A unique contribution that psychodynamic counsellors have made to family counselling is the use of object relations as a primary emphasis in treatment. Object relations are internalised, residues of early parent-child interactions. In dysfunctional families, object relations continue to exert a negative influence in the present interpersonal relationships. Dysfunctional families are those with a greater degree of unconscious, unresolved conflict, or loss. (Paul and Paul, 1975). Three main ways of working with these families are:

- i) developing a stronger parent coalition,
- ii) defining and maintaining generation boundaries, and
- iii) modelling sex-linked roles (Walsh, 1982).

Overall psychodynamic family/couple counsellors concentrate on helping family members obtain insight and resolve family of origin conflict or losses, eliminating distorted projection, reconstructing relationships and promoting individual and family growth.

2.3.1 Psychoanalytic Marriage Counselling

Psychoanalytically based marriage counselling is based on the theory of object relations, which addresses how relationships are developed across the generations. Objects are significant others in one's environment such as a mother with whom children form an interactive emotional bond. Preferences for certain objects as opposed to others are developed early in parent child interactions. Individuals bring these unconscious forces into marriage relationships.

To help the marriage, the counsellor focuses with each partner on obtaining emotional insight into early parent child relationships. The treatment process may be both individual and conjoint. In the process, the counsellor uses the process of transference where each partner restructure internally based perceptions of, expectation of, and reactions to self and other and projects them on to the counsellor. Other techniques include taking individual history of each partner and a history of the marriage relationship. Interpretation, dream work and an analysis of resistance are often incorporated into the treatment (Baruth and Huber, 1984). Catharsis the expression of pent up emotions is a must. The goal of this approach is for individuals and couple to gain new insights into their lives and change their behaviours.

2.3.2 Psychoanalytic Family Therapy

Although the psychoanalytic family therapy tends to be more active and directive than the psychoanalytic individual therapy, this treatment is clearly nondirective in comparison to other family/couple approaches. In this therapy, the therapist listens a great deal, and although this listening is very active, he or she is relatively quiet. Interpretation is the primary technique used in this approach. One of the important aspects in these therapies is the transference that is encouraged which helps a great deal both in terms of catharsis and also developing of insight into one's own dynamics of behaviours. This transference is not only between the therapist and the client but also amongst family members and couples.

In this technique, transference specially to the therapist is less intense than in individual therapy. Both the real and transference reactions between and among other family members divert some of the energy ordinarily invested in the individual therapist.

The psychoanalytic family therapist usually prefers to work with families in a long term format than is obtained in other approaches. The goal is personality change in individual members of the family.

2.4 OBJECT RELATION THEORY

In this theory, objects refer to others in the family that is other than one's own self. Within the couples and family therapy domain, the major current theory of this nature is called object relations theory. In contrast to classic Freudian psychoanalysis, which focuses on biologically based drives revolving around sex and aggression, object relations theory posits an innate human need for relationships.

In fact, object relations theory consists of two aspects, viz,

- i) the psychoanalytic study of the origin and nature of interpersonal relationship
- ii) the intrapsychic structures that grow out of past relationships and remain to influence the present interpersonal relations.

It is well known that from birth on, the human being seeks sustaining relationships with significant others, especially with mother and father in early life. In the bringing up of children, parents do commit a large number of mistakes of which some are relatively more frustrating to the growing person. According to the psychodynamic approach if this frustration is too high during the early stages, the individual will repress the same and these frustrations and disappointments etc. will start appearing at a later stage in the individual's life. The important aspect in couples therapy is that these needs show themselves in the choice of and behaviour toward love objects, and in terms of one's strengths and weaknesses as a parent.

At the core of this object relations theory is the manner in which the early relationships are internalised or incorporated by the person, and how the person carries the same in terms of representations of early love objects such as parents. In fact these representations serve as blueprint of sorts for subsequent relationships. The internal object representations profoundly affect the choice of subsequent love objects, behaviour toward those persons, and perceptions of the objects. It must be understood that the internal representations only partly correspond to reality and they are always affected by the individual's existing needs and drives.

2.4.1 Object Relation Theory and Couple Subsystem

Although object relations therapists do work with the entire families and various family subsystems, it is important to note that most analytic work involves the couple subsystem. Some of the most fascinating object relations theory has recently been developed on how material patterns choose each other and respond to each other in a way that matches the internal representations of early objects, such as mother and father.

The concept of projective identification is used by most object relations therapists as a key to the troubled interactions of members of a couple and related family members. When using this defense, the person unconsciously projects hidden feelings and ideas (which in turn reflect hidden object representations from childhood onto the spouse or other significant object.

The person not only projects hidden parts of the self onto others but then identifies with those parts because these are, after all, part of the self. In couples and family interactions, projective identification, ordinarily a complex concept, is even more complicated. The object (in this context let us say spouse) takes on these projections and then acts them out. For example, let us say in the child's earliest experience the concerned object did not provide the needed nurturance. Such child then sees rejection and hostility in his wife even when it is not present in reality. Significantly, the wife 'takes in' this projection and acts out the role of the hostile, rejecting object. To carry this example further, the wife, too, has her internal object representations, for example, the cool, distancing father introject. She may project these into her husband, and he may in turn act them out.

2.5 MARRIAGE COUNSELLING

Couples seek marriage Counselling for a wide variety of reasons, including finances children, fidelity, communication, and compatibility.

Regardless of who initiates the request, it is crucial that the counsellor sees both members of the couple from the beginning. Trying to treat one spouse alone for even one or two sessions increases the other spouse's resistance to counselling and his or her anxiety. Moreover, if one of a couple tries to change without the knowledge or support of the other, conflict is bound to ensue.

After both partners have decided to enter marriage counselling, the counsellor may take a variety of approaches. Five of the main approaches are psychoanalytic, social learning, Bowen family systems approach, structural-strategic approach and the rational emotive approach.

2.5.1 Marriage/Couple Counselling versus Family Counselling

Marriage counselling and individual counselling share a number of assumptions. For instance, both recognise the importance the family plays in the life of the individual, and both focus on problem behaviours and conflicts between the individual and the environment. A difference is that individual counselling usually treats the person outside his or her family, whereas marriage or family counselling generally includes the involvement of other family members. Further marriage and family counselling works at resolving issues within the family as way of helping individual members better cope with the environment

2.5.2 Dynamics Underlying Marriage Counselling

The emphasis in marriage and family counselling is generally on process (dynamics) as opposed to content (linear causality). In other words, the dynamics behind marriage and family counselling generally differ from the individual and group therapy. In making the transition from an individual perspective to a family orientation, Resnikoff (1981) stresses specific questions that the counsellor should ask themselves in order to understand family functioning and dynamics in the case of couple or family counselling. The few questions are given below:

- What repetitive, non-productive sequences are noticeable?
- What is the basic feeling state in the family, and who carries it?

- What individual roles reinforce family resistance, and what are that most prevalent family defenses?
- How are family members differentiated from one another, and what are the subgroup/couple boundaries?
- What part of the life cycle is the family/couple experiencing, and what are its problem-solving methods?

2.5.3 The Uniqueness of Each Couple's Problem

Couple problems are usually composed of a complex mixture of ingredients which make up a whole that is individual and idiosyncratic. The component parts include each partner's own personal history and character, history of the relationship and the attendant circumstances at the time of presentation.

Most couple, by the time they seek counselling, are aware of the existence of a problem in their relationship, and may have had recourse to various forms of assistance. They have often tapped their own problem-solving skills. The specific advice of relative and of other professional, especially general practitioner, has commonly been sought.

They may have read the general advice of newspaper columnists and other authors. The existence of the problem may well have made the couple receptive to such advice and they may be keen to experiment with a variety of solutions. The solutions arrived at from a course of counselling will be the product of an average of eight hours of energetic interpersonal interaction between the two or three individuals in the counselling room. It will typically be reinforced by at least an equal amount of time spent by each of the individuals reflecting on the process or engaged in related tasks. In the process considerable time would have been devoted to the couple's problem in a highly concentrated manner.

2.5.4 Defining the Couple Problem

Where a couple present a problem which they regard as common, or where one partner presents a problem which he or she wishes to work on as couple problem, the situation is comparatively simple. The only factor that might inhibit exploratory work would be if some aspects of one individual's behaviour or pathology suggested to the counsellor that it would be irresponsible to begin couple work, without first ensuring that the immediate systems were addressed. For example, one partner may be clearly suffering from acute mental illness, or actively suicidal or threatening to severely harm others. In the most extreme cases, severe individual pathology might prevent couple counselling ever being possible. However, such cases are very rare.

Firstly, even if the symptom is clearly affecting one partner more than the other, exploration may help mobilise both partners' helping capacity. It clarifies the joint aspects to the problem and to what extent it may be an individual one. It may also allow the partner who is less affected to explore whether his or her remedial action are truly helpful. Partners can often perpetuate rather than help an individual problem. Both partners may also find it helpful to explore the impact of the problem on the relationship and to vent some of their feelings caused by the problem as for example frustration or sadness.

2.6 STAGES IN COUPLE COUNSELLING

There are certain stages in couple counseling which are given below. A three stage model of counseling has been proposed:

- Stage One: Exploration
- Stage Two: Understanding
- Stage Three: Action

2.6.1 Stage One: Exploration

This is best achieved by a non judgmental empathetic approach and by use of the techniques of active listening, and so these skills are carefully taught and their importance emphasised. However, there are a number of tasks which do need to be addressed in the exploration phase.

Firstly, the client needs to be informed broadly of the nature of the service that is being given to them. As for confidentiality, they must know upto what limits it can be implemented as there may be something at some time to be conveyed to another professional treating the same person for some other referral. An initial contract needs to be made along with informed consent. Some basic information needs to be taken and a brief summary of the problem should be obtained. This is termed as the 'intake procedure.'

Once this has been done, any clear signs that have become apparent to indicate that the clients have other pressing therapeutic needs are addressed. Also assessment of appropriate depth is used and where needed a referral is made.

Where there are no indications of any other problem or disturbance, counselling begins and assessment progresses gradually during the initial exploration as the presenting problem is discussed. Both the counsellor and the clients get more chance to examine the problem and to experience the reality of working together. During this process, the counsellor will be using her skills to promote the formation of a therapeutic alliance with the clients.

This process will typically take from two to six weeks, depending on the complexity of the clients' situation and the ease of relationship with the counsellor.

Steps under Stage one- Exploration

- a) Intake and assessment
 - Usually general
 - Detailed where necessary
- b) Initial exploration
- c) Formation of therapeutic alliance
- d) Ongoing examination of presenting problem
- e) Contracting for further work

Details of the Exploration stage includes the following:

- Specifying or crystallising the help that clients want with their problem
- The duration of the problem that has persisted
- Precipitating and aggravating factors that perpetuate the problem

- Current Major Life Issues
- How the partners Interact together
- The couples' social and cultural context
- Each Partner's physical and mental health, both now and in the past
- Each partner's family experience
- Legal proceedings in Hand
- Other Helpers or Agencies Involved
- Significant Interactions Concerning the couple that are not apparent
- Significant third parties Involvement in the Relationship.

2.6.2 Stage Two: Understanding

Particular patterns and struggles that a couple are having can be illuminated in part by looking back to earlier relationships and how these were experienced. In this, the psychodynamic position is considered. It is believed that relationships that conform to certain patterns do so not only out of conscious choice, but also due to the past experiences where many attitudes, feelings and behaviours have not been examined but taken as routine. Notions of what behaviour is acceptable and unacceptable, what roles are proper and improper, what emotions are to be welcomed or avoided would have all been part of this unexamined aspects which are at the unconscious level.

The memories of this type from the unconscious emerge through Transference which is created at times deliberately by the therapist or happens spontaneously as the client uninhibitedly expresses all suppressed and repressed feeling to the therapist / counselor.

Transference means the following. To give an example, let us say the client had felt angry towards the spouse on a certain matter in the past and could have expressed the anger physically or verbally. During the counseling session, the client treats the therapist/counselor almost as if it was his or her spouse and transfers all those anger and hostility on to the counselor. This is called transference. This happens at the unconscious level and the client is not aware that he or she is transferring those feelings and emotions of the past that was felt towards the spouse on to the counselor.

The counselor or the therapist on his part identifies and uses this transference in explaining to the client about what kinds of feelings they were and why those feelings were present and thus provides an insight into the client's behaviour as to why he/she behaved as they did and this insight regarding the cause for one's behaviour makes the client understand and give up that behaviour.

Thus the therapist or the counselor explains how thoughts and feelings that are not conscious can influence our new relationships. To give a totally different example, let us say that someone who has been consistently bullied in the past may approach another with a timid demeanour, expecting to be hurt. However he may become pleasantly surprised to find that he is not bullied.

In some cases there is no correspondence, and either no relationship ensues or a new relationship is created which breaks the patterns of the past relationships. This kind of situation can arise in the case of client therapist relationships also. For instance, clients frequently produce similar reactions in a counsellor, who finds that she feels a pressure to adapt her behaviour and thinking. It is a powerful and significant process.

Where couple relationships are involved, the process will be happening on both sides and the resulting relationship will be all the more powerful, as each person corresponds to the other's conscious and unconscious expectations.

While we have understood what transference is and how it emerges and how it is handled by the counselor in the counseling session to develop insight into the client, there is also countertransference that may emerge which needs to be recognised. Countertransference is a reaction of the counsellor to the client's transference. Sometimes it is a conscious reaction to the observed behaviour of the client and sometimes it may be also an unconscious reaction to the felt, and not consciously understood, behaviour of the client.

2.6.3 Stage Three: Action

For many clients, an understanding of their problem is enough and they are able to modify their behaviour appropriately. Others need to engage actively in new behaviours to consolidate the understanding and to allow change to take place. Therefore, this 3rd stage of counselling is concerned with the action that will be taken as a result of the understanding gained by the counsellor and the clients in the previous stage. Some of these actions are for the clients to use in order to begin to develop a new way of looking at themselves and their relationships.

Other actions represent new ways of interacting in which, the active interventions are aimed at encouraging clients to see how the present reality differs from their assumptions about it. This in turn allows them to form a more objective and agreed view of the situation. They are thus able to channelise their energies into creating new patterns of relating which takes objectively the factors that exist in the present situation instead of glossing over it.

Some of the techniques used in this regard includes (i) communication (ii) genogram and (iii) sculpting. Let us take up each of these and discuss.

i) Communication

When a relationship has become problematic and partners have become distanced from one another, it is a clear indication that there is a communication problem. It also indicates that one has to re establish or re create adequate and appropriate communication between the partners. The encouragement of active communication is an extremely effective way by which this problem can be reversed, and each partner can be encouraged to begin to re engage with the other and re examine the unconscious preconceptions which have replaced active interaction.

ii) Use of genogram

Another technique that is useful in this context is the use of genogram. This is a diagram which represents the family of the couple in the form of a tree. This diagram includes the parents of the couple, their siblings, previous relationships and their children. On this family tree significant events and interactions are presented. A careful and sympathetic exploration of genogram with clients allows them to take account of attitudes, experiences and beliefs which have been with the clients since birth and they get to know how these have influenced their understanding of the present situation in ways of which they are not consciously aware.

iii) Sculpting

The third technique is sculpting. This is a further development of the genogram, which allows a visual representation of a family system to be made using simple objects such as stones, coins or buttons. It is the client's choice as to how to represent particular individuals and how to depict their closeness or distance from each other. This technique provides a powerful visual tool for representing situation as well as assumptions of which they were previously unaware. This technique is also remarkably effective in allowing clients to see the difference between their perception of the situation and their partner's perception.

Another important tool used in couples counseling is the Transactional Analysis (TA). In particular, the Ego State Model from TA allows clients to distinguish between their tendencies to act as a child, or as an adult or as a parent. The child and parent roles are both linked to the clients' past, whereas the adult role is entirely concerned with dealing with the present reality. This technique encourages clients to distinguish between what is part of the present situation and what precedes (predates) it. A great part of the value of this tool is its accessibility to the clients.

2.6.4 Important Steps in Action

Summarising

This involves summarising the themes and reflecting back what has been said to help clarify some of the issues that seem at odds with one another. It encourages the clients to thoughtfully challenge each other. It also encourages the couple to question the strong family belief that have never been acknowledged by either of them.

Introducing Unacknowledged Feelings

The counsellor may well become aware of a feeling that the clients might be denying. Simply sharing the feelings in the room and assuming that the counsellor judges it to be close enough to the clients' consciousness to be meaningful to them, may help clients gain new insights.

Pointing out the Discrepancies

When the discrepancies between verbal and non verbal language between the couple are pointed out it helps in a big way. This is so because neither of the partners may be aware of behaving in such a manner. Clients may say that they are angry but smile as they say it or, conversely, verbalise something benign in a different tone.

Challenging Clients for Action

Most important of the techniques is to have the trust of the clients before challenging them for Action. The aim of challenging is to focus on discrepancies in thoughts, feelings and behaviours that become apparent during the Exploring and Understanding stages.

Self Assessment Questions

- 1) According to which theory underlying processes (feeling, ideas, impulses, drives etc.) influence much of overt behaviour, that these underlying processes are often not at the conscious level:
 - a) Psychoanalytic
 - b) Psychodynamic
 - c) Analytical
 - d) Both a and b

- 2) Who started first psychoanalysis approaches in family counselling:
 - a) Nathan Ackerman
 - b) Sigmund Freud
 - c) Alfred Adler
 - d) None of these
- 3) The process, in which is a repetition of past conflicts with significant others, displacing feelings, behaviours, and attitudes belonging rightfully in those earlier relationships onto the analyst or therapist, is called:
 - a) Resistance
 - b) Countertransference
 - c) Free association
 - d) Transference
- 4) The internalised residues of early parent child interactions are known as:
 - a) Interpersonal Relations
 - b) Parent-child relations
 - c) Object Relations
 - d) None of these
- 5) What are the three stages of counselling approach?
 - a) Exploration, understanding, action
 - b) Understanding, dealing, negotiating
 - c) Exploration, doing, understanding
 - d) Exploration, understanding, explaining

2.7 SEXUAL COUNSELLING

When considering the various areas of couple relationship, sexuality is clearly an important part. Sexuality is as amenable to the three stage model of exploration as any other aspect of couple's life. However, because of the unique importance of this area in any couple relationship and the tendency for it to be inadequately dealt with, (owing to embarrassment on the part of either the couple or the counsellor) there is a need for excellent training of the counselors, who can ask questions in related matters and help couple adequately.

In this context it is worth noting that Jack Anon, a clinical psychologist working at the University of Honolulu, devised and amplified a version of the model to describe various levels of help with sexual difficulties. This is known as PLISSIT.

P= Permission (Exploration)

LI= Limited Information (Understanding)

SS= Specific Suggestions (Action)

IT= Intensive Therapy

Let us take up each of the above and discuss in detail to understand their significance.

2.7.1 Importance for Permission

One has many assumptions in regard to sexual matters which are given below. Hence it is important that before sexual indulgence, the concerned partners must take permission from the other so that sex is natural and spontaneous. Some of the assumptions are

- Men are always ready for sex.
- Do not show affection to a man, he will expect sex.
- Performance is what counts for men.

- There is something wrong with a man who has a lower sex drive than his partner.
- You must orgasm together.
- Men should know all about sex.
- Women expect men to know about sex.
- Women must wait for men to initiate.
- All gay men are promiscuous.
- A large penis stimulate more than a small one.
- Men must take charge of sex.
- Having sex always ends in orgasm.
- Good sex always ends in orgasm.
- Good sex means the man always must have an erection.
- Most gay and lesbian partners adopt an active or passive position in their sexual relationship.

2.7.2 Importance for Limited Information

Information about sex is readily available but it can be misunderstood in the simplest way by the myths and taboos we have mentioned. It is not only the content that has to be absorbed but also the way the information is processed. Not many people have been able to ask for clear, honest sexual information and received an equally honest response. In sexual counselling this is what is encouraged between the couple. The counsellor will check how much the clients do know during the exploration stage. The counsellor herself or himself must have a good working knowledge of the anatomy and physiology of sexuality.

2.7.3 Importance for Specific Suggestions

Some clients may need more than permission and information. They may benefit from suggestions about how they can make changes in attitudes and behaviours as a result of their new understanding. It may start with exploring their own body in order to examine their own self image. It may be touching and talking exercises or rethinking positions for intercourse. The tasks are better discussed in session so that they are manageable and achievable. It is vital that the counsellor appreciates the difference between behavioural tasks in sexual therapy and sexual counselling.

2.7.4 Importance for Intensive Therapy

Psycho Sexual therapy is a treatment plan to remove a specific dysfunction, while sexual counselling facilitates the sexual communication and understanding between the couple.

Psycho Sexual Therapy should not be attempted by the counsellor unless qualified. Inappropriate task setting will have negative results as in general couple counselling. The couple will feel further failure and be less inclined to start again. In therapy if the counselor finds that even simple tasks given to the couple is not being managed and there is considerable difficulty, then the counselor has to rethink and re plan the therapy programme. Probably it may require further exploration of more underlying emotional issues which have to be probed further and understood or where necessary to refer the couple to some other expert to overcome neurological or other related problems.

2.8 COUPLES AND DOMESTIC VIOLENCE, MENTAL ILLNESS

2.8.1 Domestic Violence

Where ongoing domestic violence exists, the first priority is to address what steps can be taken to end the violence. Counselling may be one, but so also the individual therapy, separation and legal restraints.

Social control is sometimes necessary to stop violence, as violence is a criminal act for which legal sanctions are appropriate. Counselling should not become a diversion from this. Therefore, it is important not to offer counselling if legal action is in process. In other cases a careful assessment is needed initially to ascertain the following points:

- Tracking actual arguments in detail
- Considering how the couple behave when they are separate and when they are together.
- Looking at the couple's history with a view to understanding how issues of gender difference, power and control were handled.

This kind of work can be very powerful, and it is important that when the counsellor is concentrating on one partner the other does not feel neglected, as this may recall previous life experiences of neglect. Therefore, the counsellor needs to acknowledge this possibility and allow it to be voiced if need be.

Similar feelings of abandonment may well arise when the couple separate rather than become involved in violence, and these feelings need to be normalised.

Work is done with the perpetrator to emphasise that he has the choice as to whether to be violent or non-violent and has exercised this choice in the past. This allows him to acknowledge that violence is not an integral part of the person, and thus allows the individual to regain dignity and control.

Similarly, emphasis is placed on challenging the notion of 'being provoked', emphasising that the perpetrator has the choice of whether or not to respond. Once the perpetrator has understood this, he is freed of the feeling that he must have control over his partner to have control of his own life.

2.8.2 Principles to Work with Mentally Ill Clients

Mental illness is a phenomenon for which there exists formulated medical diagnostic and remedial practice. Couple counselling is unlikely to have a curative effect on mental illness apart from on mild reactive conditions. Resolving couple's problems and increasing their relationship skills may result in benefits to their general mental well being.

Once the presence of an illness is noted and understood, great care needs to be taken to assess what work, if any, is possible and to ensure any work that is undertaken is appropriately focused and that it does not increase clients' distress by inducing confusion or anxiety.

Care needs to be taken to ensure that clients with severe mental disturbance are recognised and if possible directed to an appropriate source for help.

2.8.3 Intention of Suicide by a Partner

The clients may have a variety of reasons for expressing an intention to commit suicide during the time they are going through counselling sessions with a therapist or counselor. One should not ignore the overt threat if mentioned by either of the partners. It would be ideal for the counselor to help the concerned partner to express him or herself and vent their feelings as to why they consider such extreme step. The counsellor's work must focus on to engage the client in a nonsuicide pact.

At best this is a promise from the client to do him or herself no harm. This non suicide pact could be for a fixed period of time (e.g. during the initial counselling contract or until this marriage problem is resolved or until the next session). At the minimum there should be a firmly expressed hope on the counsellor's part that the client will take care of him or herself.

Once the session is over the counsellor will need to make prompt contact with a family member or even the spouse to allow to share the deep ambivalent feelings that client's threatening suicide can engender and to consider further action in regard to the same.

It is important that the counsellors should be aware of such suicidal threats and should exercise particular vigilance when there is a suggestion of suicidal intent.

The couple therapy is a sensitive issue to tackle. Whatever form of therapy one may use, it is important to note that the partners may be from different background and culture and thus to make them both see eye to eye on various conflicting issues will be rather difficult.

There might also be communication problems. Each partner may have different personalities and habits. Also there may be family issues which may affect the couple relationship. Whatever approach the counselor uses the couple therapy needs training and knowledge and it is very much challenging for the counsellor himself.

2.9 LET US SUM UP

In this unit we learnt about couples counseling and the various issues related to the same. The counseling techniques based on psychoanalysis and psychodynamic factors were taken up and discussed. It was then applied to couples counseling and the various steps in regard to couple counseling were delineated and discussed. A discussion regarding how to consider the couple in session as a subsystem and how to apply the object relations theory to the same was then taken up. Marriage counseling was described and differentiated from family counseling. The various dynamics underlying marriage counseling was then discussed in detail. The problems of the couple was then taken up and showed the uniqueness of such problems as related to each couple. Then we defined couples problem and put forward the method to define the same. The next aspect was couple counseling as such and the three important stages of couple counseling were discussed in detail. We then pointed out the importance and significance of sexual counseling and the various techniques to handle the same. While dealing with couples counseling it is also important to deal with domestic violence which brings the couple to counseling. Also many times the conflicts between the couple may arise due to one of the partners or both suffering from mental illness. In this unit we tried to see how such cases could be effectively handled.

2.10 UNIT END QUESTIONS

- 1) What do you understand by psychodynamic approach and how it differs from psychoanalytic approach?
- 2) What is object relation theory ? How it can be applied for a couple's counselling?
- 3) What are the three stages of Couples counselling?
- 4) What are the roles of a good couple counselor?
- 5) Other than interpersonal relationship what could be the other factors which can influence marriage
- 6) Discuss how to handle couple with mental illness

2.11 SUGGESTED READINGS

Christopher Butler and Victoria Joyce (2001) *Counselling Couples in Relationships (An Introduction to RELATE Approach)*, John Wiley & Sons, New York.

Gelso Charles J. and Fretz Bruce R (1995). *Counseling Psychology*, Prism Book Pvt. Ltd., India.

Gladding Samuel T. (1996), *Counseling : A Comprehensive Profession*, Prentice Hill Inc., New Jersey.

2.12 ANSWERS TO SELF ASSESSMENT QUESTIONS

- 1) (b) 2) (a) 3) (d) 4) (c) 5) (a)

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UNIT 3 FAMILY AND GROUP COUNSELLING

Structure

- 3.0 Introduction
- 3.1 Objectives
- 3.2 Introduction to Group and Family
 - 3.2.1 Multigenerational Approach
 - 3.2.2 Approaches in Interpersonal Functioning
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- 3.3 Group Process and Group Dynamics
- 3.4 Group Approaches
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 - 3.8.3 Evaluating Outcomes and Productivity
 - 3.8.4 Values Development Activities for Groups
 - 3.8.5 Values of Group Counseling
 - 3.8.6 Termination
- 3.9 Let Us Sum Up
- 3.10 Unit End Questions
- 3.11 Suggested Readings
- 3.12 Answers to Self Assessment Questions

3.0 INTRODUCTION

In this unit we will be discussing about the intervention methods other than the psychoanalytical and psychodynamic oriented counseling. Here we introduce group and family counseling as two important interventions for the individuals to overcome their problems. This unit describes the different approaches used in family and group counseling. The group process and group dynamics are explained in terms of family and group interventions. The unit then puts forward the techniques of family counselling.

Since the group counseling differs from family counseling, the kind of groups that are formed for group counseling are explained. This is followed by the criteria for selecting the group members as all sorts of persons cannot be put into a group. Every group has a purpose in terms of intervention and thus the criteria are put forward to decide who would be the members of the group. This unit then presents the entire process in group and family counseling.

3.1 OBJECTIVES

After completing this unit, you will be able to:

- Define family and group counseling;
 - Describe the characteristic features of group and family counseling;
 - Explain the various group settings for counseling;
 - Analyse the process of group and family counseling;
 - Elucidate the values of group and family counselling;
 - Delineate the various approaches to group and family counselling; and
 - Analyse the types of communication that may cause disturbance in the families.
-

3.2 INTRODUCTION TO GROUP AND FAMILY

Humans are social animals and they enjoy one another's company and in the process they learn more. Individuals seek their social needs through group and they learn how through groups they can achieve their social needs. In group counseling the concept of this gratification of needs through groups is considered in great detail as the counselor uses these groups to help the individual to overcome not only individual problems but also how to get maximum satisfaction through interacting with the members of the group.

When we talk about groups, family is also a group of one type. If a counsellor wants to deal with the emotional life of the person, the family of this person has to be contacted as through the family the counselor will be able to learn about the typical interaction patterns amongst family members and also will be able to help the client to modify his interaction pattern through group or family therapy.

Family is the place from where an individual starts his/her first learning. Whatever a person learns, he does so from his family members through communication, imitation and dealings with day to day life problems. He enters the world with those knowledge based on the experiences which he had in his family and in all his interactions with the family members. So the family is the first platform which provides the foundation to the individual to face the world as the individual grows up into an adult.

It is the belief of counsellors and all mental health professionals that if a person is having any type of emotional problem, not only the person should come to the counsellor to resolve his conflicts but also he should bring in his very close family members and others so as to improve the communication among family members and the family structure.

Family oriented counsellor always focuses on family system and if possible restructures it. If the family structure is not cohesive and if there are communication gaps among the family members, a person's mental health might be detrimentally affected. Family oriented counsellors believe that counselling of significant persons along with the client can improve the interpersonal relations and resolve the emotional conflicts of a person.

Group counselling also plays an important role to enhance mental health. Webster's Third New World International Dictionary (unabridged) defines a group as a number of individuals bound together by a common interest, purpose, or function. In the present day context, the groups are functional and also goal oriented. Aggregate groups without interaction of the members are not functioning groups.

More than a hundred years ago, the psychologist William James (1890) wrote that man is not only a gregarious animal liking to be noticed by fellow humans, he also experiences a terrible punishment when he is left alone and other humans do not take notice of him. Hence interaction is very essential for humans to keep good mental health.

Therapists too in general agree that human relationships are important not only for gratifying people's basic needs but also it influences the day to day life adjustment of the individual. Group counselling makes an individual to learn the skill which makes strong the interpersonal relationships. These relationships if become strong they would facilitate positively the emotional life of a person.

In groups, an individual experiences dealing with significant others in the outside world and environment, and in the process learns the group values. These group values are beneficial for all interpersonal relationships whether of friends, authority or family members.

The family itself may be viewed as a small system or network of relationships. The network of relationships can be understood in terms of (i) multigenerational approach (ii) interpersonal relationship approach and (iii) structural approach.

3.2.1 Multigenerational Approach

Murray Bowen identifies two central forces in interpersonal functioning. The first is a movement toward individuality, the second a movement toward togetherness. According to object relation theory of infant development there are two trends in mother-child interaction, that is (i) The desire for separation and (ii) The desire for attachment.

Desire for separation indicates individuality and the desire for attachment is equal to the togetherness.

Bowen focuses on the concept of differentiation that is an ability to involve others but simultaneously remains on own self. According to him a person develops his ways of differentiation through his relationships in family. He also suggests that even images of grand parents or morals are also the parts of the development. There are generation to generation family messages running in family. They affect the cognition and behaviour of an individual. The aim of his approach is to aware family members about their history and impact of it on the client's emotional life. It is a very hard task to aware all family members and change their attitude and behaviour in a family.

3.2.2 Approaches in Interpersonal Functioning

Milton Erickson, Watzlawick, Weakland, and Fisch have put forward four basic steps for producing change in families. According to them the family therapy should

- i) define the family problem;
- ii) determine what the family has done to resolve the problem;
- iii) establish family goals; and
- iv) construct therapeutic interventions designed to disrupt the typical pattern of interaction sustaining the problem.

This approach tells about the expectation the counselor has from the client rather than restructuring of the family. The cognitive understanding of the therapist about the client's conflicts may interfere with the unconscious and it may lead to change.

3.2.3 Structural Approaches

This technique basically focuses on modification of family system. The study of the family system was given by Salvatore Minuchin. According to him, the power and degree of influence of family members on the overall family system is significant and where the defect in interaction is noted the family system has to be restructured. Also any negative incident or wrong happening e.g. death of a significant member, divorce or separation of parents, also influences the family structure.

The environment of the family may cause interpersonal conflicts and emotional problems. The family members may act out due to some problem in the family environment. Whatever the communication pattern of the family, the most important things that matter are the feelings of attachment and separation towards each other.

The goal of structural approaches is to involve the persons in a system of relationships that is adequately differentiated, but still related to others. In other words, the task is to facilitate a cognitive and behavioural balance of the individual and / or the family in relation to the environment.

Therapeutic task with families is to restructure the power and rules of the family with the ultimate goal of balancing enmeshment and detachment through culturally appropriate boundaries between individuals. Important in this process is returning the family "hierarchy" to a situation where parents are in charge, rather than the children.

3.3 GROUP PROCESS AND GROUP DYNAMICS

In group activities two terms are often used, viz., (i) process and (ii) dynamics. Although some time these terms are also used interchangeably, in counselling they have different meaning.

Group Process refers to the continuous, ongoing movement of the group toward achievement of its goals. It represents the flow of the group from its starting point to its termination. It is a means of identifying or describing the stages through which the group passes.

Group dynamics, on the other hand, refers to the social forces and interplay operative within the group at any given time. It describes the interaction of a group and can indicate the impact of leadership, group roles, and membership participation in groups.

It is a means of analysing the interaction between and among the individuals within a group. Group dynamics is also used on occasion to refer to certain group techniques, such as role playing, decision making, rap sessions, and observation.

Counsellors may view various group activities as occurring at three levels.

- Group Guidance
- Group counseling and
- Group therapy

Group guidance refers to group activities that focus on providing information or experiences through a planned and organised group activity. The content could include educational, vocational, personal or social information, with a goal of providing group members with accurate information that will help them make more appropriate plans and life decisions.

Group counselling refers to the routine adjustment or developmental experiences provided in a group setting. Group counselling focuses on assisting counselees to cope with their day to day adjustment and other concerns. Examples might focus on behaviour modification, developing personal relationship skills, concerns of human sexuality, values or attitudes, or career decision making:

Group therapy provides intense experiences for people with serious adjustment, emotional, or developmental needs. Therapy groups are usually distinguished from counselling groups by both the length of time and the depth of the experience for those involved. Therapy group participants often are individuals with chronic mental or emotional disorders requiring major personality reconstruction. Group therapists obviously require a higher level of training.

3.4 GROUP APPROACHES

Group approaches are of many types according to different psychological theories. According to psychoanalytic approach the client learns during the group counselling about the faulty psychological development associated with the past experience. Also the client learns the corrective emotional experiences.

According to Adler in *group counselling* the client explores his/her basic life assumptions and achieves a broader understanding of lifestyle.

In *psychodrama* for instance, the client learns to release his pent up emotions and learns to develop new and more effective behaviours. According to Existential approach the client learns to maximise his self awareness and discover his meaning of life.

According to *Person centered therapy* the client learns in group participation to utilize his maximum potentials.

Gestalt approach enables the client to pay close attention to moment to moment experiences. He/she integrates the disowned aspects of himself/herself.

According to *transactional analysis* the client learns to re-examine his communication and interactions. The client makes new ones on the basis of awareness.

In *behaviour group therapy* a client do rehearsals in groups. He learns to remove maladaptive behaviour. His appropriate behaviour is reinforced.

According to *rational emotive behavior therapy* the client learns in group how to eliminate his irrational outlook. And he learns to have a rational one.

In *reality therapy* in group, group members reevaluate their behaviour whether it is realistic and responsible or not. They also decide a plan of action for change.

3.5 TECHNIQUES OF FAMILY THERAPY

Some of the important techniques of family therapy are described below:

Joining

Since the counselor has to understand the structure and basic rules of the family, he joins the family and participates as a member to make them understand the utility of each rule for the growth of the family. He can convey the positive meanings of conversations amongst family members. He also makes the family members realise about the misconversations that retard the growth of the family.

Enactment

This is similar to role playing as it might be used in assertiveness training. Changes may be produced and suggested by the therapist. Added to enactment may be a paradoxical directive in which the therapist instructs the family to continue what they are already doing to exaggerate the behaviour.

Tracking

In tracking the counselor carefully listens to the conversations among the family members and tries to understand the patterns and order. The counselor suggests the immediate re enactment of the conversations and makes the family members realise the positive impact of the tracking which they can do now.

Restructuring techniques

In this the therapist suggests the different patterns of conversations which the family members can practice when they do transactions with each other, as for example, at the dining table.

Circular questioning

In this the therapist asks one member of the family to say what another member of the family is thinking. This he repeats with every member of the family in a number of situations. It helps the family members to correct their perceptions and also to know their part in the conversations.

Reframing

The aim here is to see each and every member of the family and his or her problem as a problem of the family as a whole. They are able to realise the goal behind solving the problem and to see the problem from different perspectives.

Accommodation

This is parallel to empathy and is another word for acceptance of what is present in the family. The family members also work on the body language practice which sometimes gives wrong impression to others.

3.6 TYPES OF GROUPS IN COUNSELLING

In counseling different types of groups are used depending on the nature of intervention needed. These groups are given below:

3.6.1 T-groups

T-groups are training groups and they represent an effort to create a society in miniature with an environment designed especially for learning.

T-groups are relatively unstructured groups in which the participants become responsible for what they learn and how they learn it. This enables client how to function and behave in a group. It is beneficial when the relationships are authentic.

3.6.2 Sensitivity Groups

A sensitivity group focuses on personal and interpersonal issues and on the personal growth of the individual. Emphasis in sensitivity groups is on self insight, which means that the central focus is not the group and its progress but it is rather the individual member.

3.6.3 Encounter Groups

Rogers (1967) defines an encounter group as a group that stresses personal growth through the development and improvement of interpersonal relationships via an experiential group process. Such groups seek to release the potential of the participants. After practicing the individual feels safe to drop some of his/her defenses. He will come to understand himself and his relationship to others more accurately. He will change in his personal attitudes and behaviour and will subsequently relate more effectively to others in every day life situation.

Extended encounter groups are often referred to as *marathon groups*. The marathon encounter group uses an extended block of time in which massed experience and accompanying fatigue are used to break through the participants' defenses.

Although encounter groups offer great potential for the increased self awareness of the group members, as well as increased sensitivity towards others, such groups can also create high levels of anxiety and frustration. Obviously, if encounter groups are to have maximum potential and minimal risk, they must be conducted by highly skilled and experienced counsellors.

3.6.4 Task Groups

Task groups are organised to meet organisational needs through task forces or other organisational groups or to serve individual needs of clients through such activities as social action groups. These groups are frequently useful to organisations seeking ways to improve their functioning. In agency counseling centers, task groups may be organised to assist clients in dealing with a wide spectrum of needs ranging from spiritual to educational.

3.6.5 Psychoeducation Groups

Psychoeducation groups emphasise cognitive and behavioural skill development in groups structured to teach these skills and knowledge. Psychoeducational groups are oriented more toward guidance than toward counseling or therapy. These groups

tend to be short term in duration and focused on specifically delineated goals. Attention is directed at current life situations, and interactions within the group are related to the group theme.

3.6.6 Mini Groups

Although technically two or more people can constitute a group, the use of the term *minigroup* has become increasingly popular in recent years to denote a counselling group that is smaller than usual. A minigroup usually consists of one counsellor and a maximum of four clients. Because of the smaller number of participants, certain advantages can result from the more frequent and direct interaction of the group members. Withdrawal by individuals and the development of factions or cliques are less likely in minigroups.

3.6.7 In Groups and Out Groups

Although *in-groups* and *out-groups* are not formal groups organised or overseen by counsellors, they often have important influences on client behaviours. These groups can be based on almost any criteria: socio-economic status, athletic or artistic accomplishments (in schools especially), a particular ability, racial or cultural origins, and so forth.

In-groups are characterised by association mostly with peers who share the defining characteristic, and out groups consist of those who are excluded from in groups. In many counseling situations, it is important for counselors to understand how clients see themselves and others in terms of in or out groups.

3.6.8 Social Networks

Although not a group in a formal sense, a social network results from the choices that individuals make in becoming members of various groups. As counselors we may be concerned with how these choices are made and what their impact is on individuals.

Sociologists engage in social network analyses to determine how the interconnectedness of certain individuals in a society can produce interaction patterns influencing others both inside and outside the network.

3.7 SELECTION OF GROUP MEMBERS

When the counselling groups are constituted, they are made according to certain criteria. The Counsellor must have factual information about the subjects' personality traits, their emotional problems and their life style. According to the criteria, members can be selected to be a part of the group based on the following:

- 1) One can ask family members or significant others of the client regarding the problem of the client and place them in the group according to the problem.
- 2) The adjustment and achievement of group members may be another criteria. For instance, the educational level of the person or the job that they are holding could be another criteria to place the individual in a certain group as members.
- 3) Homogeneity could be another criteria, that the persons being placed in the group are from the same background or having similar family structure etc., or belonging to the same age group.

- 4) Sometimes heterogeneity could also be a criteria in that persons with opposite personality traits could be placed together. For instance, aggressive person with a submissive person, an extrovertive person with a person who is introvert etc.

Other criteria include the following:

- a) common interest
- b) volunteer or self-referred
- c) willingness to participate in the group process, and
- d) ability to participate in the group process.

After the groups have been formed it is important to take the feedback of group members in terms of whether the person likes to be in the group, whether the person is able to express himself in the group, whether he is able to analyse the conflicts and other emotional problem and able to modify his behaviour. Only if the individual is agreeable to be part of a group, he would be put in a particular group.

The following should be considered during the process of screening interviews for possible group membership: According to Gibson Robert L. & Mitchell Marianne H. (2008), the counsellor should identify the ground rules that group members are expected to follow. These would include

- a) the right of all group members to express their views,
- b) the suggestion that no personal viewpoint is unimportant, and
- c) the absolute necessity for confidentiality.

Self Assessment Questions

- 1) Describe how a counseling group develops and functions. Special attention should be given to how the group members individually can benefit the most from the group experience.

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- 2) Emphasise honesty and openness as critical components throughout the duration of the group.

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- 3) Point out that although an objective of the group is to help members enhance interpersonal relationship skills, frustrations and disappointments are likely; how-ever, these should be considered opportunities for personal growth.

Discuss guidelines pertaining to the duration of group therapy.

MCQ

- 1) The modification of family system is suggested by which approach:
 - a) Multigenerational
 - b) Interpersonal functioning
 - c) Structural
 - d) None of the above
- 2) A which group focuses on personal and interpersonal issues and on the personal growth of the individual
 - a) Sensitivity group
 - b) T-Group
 - c) Encounter group
 - d) Task group

- 3) In which technique of family the counselor careful listens the conversations among the family members and tries to understand the patterns and order
 - a) Enactment
 - b) Tracking
 - c) Restructuring Techniques
 - d) Joining
- 4) Which groups are training groups and they represent an effort to create a society in miniature with an environment designed especially for learning.
 - a) Sensitivity groups
 - b) T-Groups
 - c) Encounter groups
 - d) Task groups
- 5) The aim of the family counselling is to see that the problem of each and every member of the family is the problem of the family as a whole. This is known as:
 - a) Enactment
 - b) Reframing
 - c) Restructuring
 - d) Joining
- 6) Murray Bowen identifies two central forces in interpersonal functioning. The first is a movement toward individuality, the second a movement toward togetherness.
 - a) Multigenerational
 - b) Interpersonal functioning
 - c) Structural
 - d) None of the above
- 7) According to which group approach the client learns in group how to eliminate his irrational outlook.
 - a) Adlerian approach
 - b) Rational emotive behaviour approach
 - c) Psychoanalytic approach
 - d) Cognitive approach
- 8) It is the continuous, ongoing movement of the group toward achievement of its goals.
 - a) Group process
 - b) Group dynamics
 - c) Group activity
 - d) None of the above
- 9) Group dynamics, on the other hand, refers to the social forces and interplay operative within the group at any given time.
 - a) Group process
 - b) Group dynamics
 - c) Group activity
 - d) None of the above
- 10) It refers to the routine adjustment or developmental experiences provided in a group setting
 - a) Group counselling
 - b) Group guidance
 - c) Group therapy
 - d) None of the above

3.8 PROCESS IN GROUP AND FAMILY COUNSELLING

The initial group time is used to acquaint the new group membership with the format and processes of the group, to orient them to such practical considerations as frequency of meetings, duration of group, and length of group meeting time.

Additionally, the beginning session is used to initiate relationships and open communications among the participants.

The counselor also may use beginning sessions to answer questions that clarify the purpose and processes of the group.

The establishment of the group is a time to further prepare members for meaningful group participation and to set a positive and promising group climate.

The group counselor must remember that in the initial group sessions the general climate of the group may be a mixture of uncertainty, anxiety, and awkwardness. The group members may not know each other and may feel strange to express in a group which has members who are unknown to them or unfamiliar to them. It is therefore important for the counselor to introduce each member to the group and break the ice before starting any session. The counselor must provide a lot of opportunities for the members to interact with each other so that the feelings of unfamiliarity or strangeness will reduce and the group members will start interacting with less inhibition.

It is important in this initial stage of group establishment for the leader to take sufficient time to ensure that all members of the group have their questions and concerns addressed. The counselor should ensure that they understand the process and begin to feel comfortable in the group. Of course, the impression that the group counselor makes in this initial stage is of utmost importance to the smooth and successful process of the group.

3.8.1 Determining the Characteristics of the Group

Size of the group

First of all the size of the group is to be decided. The size should be appropriate for the activities planned and outcomes anticipated. Size will also have an influence on the operational format of the group. Format planning includes determining the types of activities of the group, the length of time allotted for each group session, the number of sessions, and the setting.

Role of the counsellor

Another important thing is the role of the counsellor whether active or passive.

Invited or voluntary participation

Sometimes the group members are voluntarily participating in the group activity/ counselling or sometimes they are asked/invited for the same.

The characteristics of the group are decided and then the members are selected. The counsellor must verify that what strategies he/she is going to apply on group each and every member of the group should get benefit from it .

Structure or operational format

In establishing the membership of the group, the leader must verify that the planned activity will respond to the needs of the individual member and that the structure or operational format will be comfortable for the group member.

In large groups, such as those organised for orientation purposes, career needs, or other special information purposes, this is not necessarily essential, but for smaller, intimate groups, it is an important consideration.

3.8.2 Monitoring the Ongoing Activities

Once the activities start the counsellor observes not only the benefit accrued to the group members but also the behaviour of all members is taken into consideration and the interactive effect of their communication with one and other are noted. Whatever changes take place in the members as result of interaction in the group are noted by the counsellor which may be used by him in individual sessions also.

The counselor must, therefore, be constantly on the alert to detect such changes and symptoms and to use his or her skills to minimise these effects. The ongoing activities of the group are meaningful only as long as they promote the progress of the group and its members toward their goals.

Also the productivity of group members in the right direction is necessary. It is checked by the counsellor from time to time.

3.8.3 Evaluating Outcomes and Productivity

The counsellor also evaluate the outcome of the group members. The goals and measures of the group counselling should be clear. The counsellor should monitor the ongoing process in this regard. Criteria for measuring outcome should also be decided. This would decide which method and activity is more effective

Such evaluations can assist counselors and others involved to determine which group guidance activities are most effective and which techniques within groups are most and least effective.

3.8.4 Values Development Activities for Groups

It is believed that rights are equal for man and woman, education of all, freedom to express emotion, respect for elderly these all are values. The counsellor also takes care of the value of society, family, culture etc. to the group members.

The values also represent what a person considers important in life, and these ideas of what is good or worthwhile are acquired through the modelling of the society and the personal experiences of the individual.

3.8.5 Values of Group Counseling

1. Individuals can explore, with the reinforcement of a support group, their developmental and adjustment needs, concerns, and problems. Groups can provide a realistic social setting in which the client can interact with peers who not only are likely to have some understanding of the problem or concern that the client brings to the group but who will, in many instances, also be sharing the same or a similar concern.

The counseling group can provide the sense of security group members need to interact spontaneously and freely and take risks, thus promoting the likelihood that the needs of each of the members will be touched on and that the resources of peers will be utilised. The old saying that misery loves company may fact provide a rationale for group counseling. People are more comfortable in sharing a problem with others who have similar experiences, and they may also be more motivated to change under these conditions.

Group counseling may give the client an opportunity to gain insights into his or her own feelings and behaviour. Yalom (2005), in discussing the group as a social microcosm, stated that “a freely interactive group, with few structural restrictions,

will, in time, develop into a social microcosm of the participant members” (p. 31). He also points out that given enough time in the group setting, clients will begin to be themselves, interact with others, and create the same interpersonal universe they have experienced, including the display of maladaptive, interpersonal behaviour to the group. Yalom also states that corrective emotional experiences in groups may have several components, including the following:

- A strong expression of emotion which is interpersonally directed and which represents a risk taking on the part of the patient.
- A group supportive enough to permit this risk taking.
- Reality testing which allows the patient to examine the incident with the aid of consensual validation from the other members.
- A recognition of the inappropriateness of certain interpersonal feelings and behaviour or of the inappropriateness of certain avoided interpersonal behaviours.
- The ultimate facilitation of the individual’s ability to interact with others more deeply and honestly.

As clients gain new insights into their behaviours and feelings from interactions with members of the counseling group, their self concept may also undergo a change. Because self concept has significant influence on an individual’s personal social adjustment and his or her perception of school and career decision making, the opportunity to bring about positive change in self concept through new insights provided by the group counseling experience can be a very valuable benefit.

Group counseling provides clients with an opportunity to develop positive, natural relationships with others. The personal interactions that take place within the group counseling structure provide an excellent and continuous opportunity for group members to experiment with and learn to manage interpersonal relations. This includes developing sensitivities to the needs and feelings of others. It also provides opportunities for members to learn of the impact their behaviours have on others. Thus, through the group process and its interactions and sharing of experiences, clients may learn to modify earlier behaviour patterns and seek new, more appropriate behaviors in situations that require interpersonal skills.

Group counseling offers opportunities for clients to learn responsibility to themselves and others. Becoming a member of a counseling group implies the assumption of responsibilities. Even when clients show initial tendencies to avoid assuming responsibility for their own behaviour, or avoid contributing to the group’s interactions, or refusing to accept their “assignment” within the group etc., these avoidance techniques will usually fade as group relationships develop and group goals are established

The interactions within the group motivate us to plan and act and serve as a standard for judging the worth of activities, achievements, things, and places. In short, values give direction to life and, hence, behaviour. On the other hand, people who do not know what they value often engage in meaningless, nonproductive, and usually frustrating behaviour.

In both individual and group counseling, understanding the client’s values can help the counselor understand the client’s behaviour, goals or lack of goals, and what is or has been of significance in the client’s life.

3.8.6 Termination

For these same reasons, members may resist the termination of a counseling group. The very nature of counseling groups with their emphasis on interpersonal relationships, open communication, trust, and support promises the development of a group that the membership may want to continue indefinitely.

It is therefore important from the very beginning that the group counselor emphasises the temporary nature of the group and puts forth if appropriate, specific time limitations. The counselor also reminds the group, as the time approaches, of the impending termination. This does not mean that the counselor alone is responsible for determining the termination point of a group.

Although the counselor may, of course, assume this responsibility, termination may also be determined by the group members or by the group members and the counselor together.

Termination, like all other phases or stages of the group counseling experience, also requires skill and planning by the counselor. Termination is obviously most appropriate when the group goals and the goals of the individual members have been achieved and new behaviours or learnings have been put into practice in everyday life outside the group.

The group will also be ready to terminate when, in a positive sense, it has ceased to serve any meaningful purpose for the members. Under less favorable circumstances, groups may be terminated when their continuation promises to be nonproductive or harmful, or when the group progress is slow and long term continuation might create overdependency on the group by its members.

3.9 LET US SUM UP

Humans are social animals and they enjoy one another's company and in the process they learn more. Individuals seek their social needs through group and they learn how through groups they can achieve their social needs. In group counseling the concept of this gratification of needs through groups is considered in great detail as the counselor uses these groups to help the individual to overcome not only individual problems but also how to get maximum satisfaction through interacting with the members of the group.

Family is the place from where an individual starts his/her first learning. Whatever a person learns, he does so from his family members through communication, imitation and dealings with day to day life problems. He enters the world with those knowledge based on the experiences which he had in his family and in all his interactions with the family members. So the family is the first platform which provides the foundation to the individual to face the world as the individual grows up into an adult.

In groups, an individual experiences dealing with significant others in the outside world and environment, and in the process learns the group values. These group values are beneficial for all interpersonal relationships whether of friends, authority or family members.

The family itself may be viewed as a small system or network of relationships. The network of relationships can be understood in terms of (i) multigenerational approach (ii) interpersonal relationship approach and (iii) structural approach.

In group activities two terms are often used, viz., (i) process and (ii) dynamics. Although some time these terms are also used interchangeably, in counselling they have different meaning.

Group Process refers to the continuous, ongoing movement of the group toward achievement of its goals. It represents the flow of the group from its starting point to its termination. It is a means of identifying or describing the stages through which the group passes.

Group dynamics, on the other hand, refers to the social forces and interplay operative within the group at any given time. It describes the interaction of a group and can indicate the impact of leadership, group roles, and membership participation in groups.

Counsellors may view various group activities as occurring at three levels, VIZ., Group Guidance, Group counseling and Group therapy.

In counseling different types of groups are used depending on the nature of intervention needed. These groups are T groups, sensitivity groups, encounter groups, task groups, psychoeducation groups, mini groups, in groups and outgroups, and social networks. This discussion is then followed by the process and techniques used in group and family counseling.

3.10 UNIT END QUESTIONS

- 1) Define groups and family counseling.
- 2) What do you understand by the term group process and group dynamics? Explain
- 3) What are the various group approaches?
- 4) Discuss the techniques of family therapy / family counseling.
- 5) What are the various types of groups that are used in counseling?
- 6) What are the various criteria that are used to select members for a group?
- 7) Describe in detail the process in group counseling.

3.11 SUGGESTED READINGS

Gibson Robert L. & Mitchell Marianne H. (2008) *Introduction to Counselling And Guidance*, Pearson Prentice Hall Inc., New Delhi, India.

Corey, Gerald (2008). *Theory and Practice of Group Counseling*. Thomson Books, Belmont, CA

3.12 ANSWERS TO SELF ASSESSMENT QUESTIONS

- 1) (c) 2) (a) 3) (b) 4) (b) 5) (b) 6) (a) 7) (b) 8) (a) 9) (b) 10) (a)

UNIT 4 ECLECTIC COUNSELLING

Structure

- 4.0 Introduction
- 4.1 Objectives
- 4.2 History Behind Integrated /Eclectic Approach to Counselling
 - 4.2.1 Eclectic Theory and Therapy
 - 4.2.2 Definition of Eclecticism
 - 4.2.3 Psychotherapy
 - 4.2.4 Brief Historical Perspective
- 4.3 Pathways of Integrative Approach in Counselling Practice
 - 4.3.1 Technical Eclecticism Approach
 - 4.3.2 Theoretical Integration Approach
 - 4.3.3 Common Factors Approach
- 4.4 Common Ground for Integrated Perspective of Counselling
 - 4.4.1 Freudian Approach
 - 4.4.2 Adlerian Approach
 - 4.4.3 Behavioural Approach
 - 4.4.4 Cognitive Behavioural Approach
 - 4.4.5 The Experiential Approach
 - 4.4.6 Humanistic Existential Approach
 - 4.4.7 Gestalt Approach
 - 4.4.8 Psychodrama
 - 4.4.9 Action Oriented Approach
- 4.5 Multimodal Therapy
- 4.6 Reality Therapy /Approach and Choice Theory
- 4.7 Feminist and Systemic Therapy
- 4.8 Advantages and Disadvantages of Eclectic Counselling
 - 4.8.1 The Benefits of Integration
 - 4.8.2 The Limitations of Integrative Approach
 - 4.8.3 Eclectic Approach - A Case Illustration
- 4.9 Let Us Sum Up
- 4.10 Unit End Questions
- 4.11 Suggested Readings
- 4.12 Answers to Self Assessment Questions

4.0 INTRODUCTION

In this unit we will be presenting the eclectic approach in counselling. Eclectic approach is first defined and in this unit as a therapy which combines more than one approach in intervention. The unit traces the history of eclectic approach and theory and gives justification for this approach in counselling. The unit presents the various forms of psychological interventions and presents the various forms of psychotherapy

and how and which therapies are generally combined. The cognitive therapies are then discussed and how these are combined with psychotherapy to suit the individual client needs. The various eclecticism approaches are described and the common ground for integrated perspective in counselling is presented. Lazarus multimodal therapy is described in terms of the characteristic features of the therapy as an eclectic one. This is followed by reality therapy and choice theory with a brief account of feminist and systemic therapy. Finally the advantages and disadvantages of eclectic therapy approach are presented.

4.1 OBJECTIVES

On completing this unit, you will be able to:

- Define and describe eclectic theory and approach;
- Define psychotherapy and present how other therapies could be combined with it to make it eclectic;
- Discuss the pathways of integrative approach in counselling;
- Analyse how different psychoanalytic therapies could be made eclectic;
- Define and describe multimodal therapy;
- Explain reality therapy and feminist and systemic approaches; and
- Evaluate the advantages and disadvantages of the eclectic approach in counselling.

4.2 HISTORY BEHIND INTEGRATED/ECLECTIC APPROACH TO COUNSELLING

Most therapists work with their clients to determine the most effective treatment plan even when it does not include their preferred orientation or just one specific technique. This can sometimes involve elements of several different types of therapy, for example, a combination of behavioural therapeutic techniques and psychodynamic therapeutic techniques, becoming what is referred to as an “eclectic approach” to therapy.

Eclectic therapy is a style of therapy that uses techniques drawn from several different schools of thought. At one time, most therapists rigidly adhered to a single style, but today eclectic therapy is the most common. It is a more flexible approach that allows the therapist to adapt to each client’s individual needs.

Some therapists adhere largely to a single orientation, such as psychoanalysis or cognitive behavioural theory, but use eclectic techniques as needed. Others self identify as eclectic in orientation, utilising whichever techniques work best in any given situation.

Either way, it is important that the therapist possesses a solid understanding of each theory for which techniques are being used.

4.2.1 Eclecticism Theory and Therapy

There are many forms of eclecticism, and in a way eclectic therapy is a pragmatic approach to therapy, meshing the various approaches together to fit the individual client who has approached for help.

Good eclecticism is neither messy nor confused. For example, a typical eclectic approach in therapy is to view an individual from a psychodynamic perspective, but to use more active interventions, such as you might find in a cognitive behavioral approach. In eclecticism, there is no one right or guaranteed way of approaching any given problem. Each problem is tainted and changed by that individual's own history and way of viewing or perceiving his or her own problem. Therapists are flexible, working as a teacher for one patient, as a guide for another, or as a combination of all of the above for yet another.

Eclectics use techniques, as mentioned above, from all schools of therapy. They may have a favorite theory or therapeutic technique that they tend to use more often or fall back on, but they are willing and often use all that are available to them. After all, the main purpose here is to help the patient as quickly and as effectively as possible.

Eclecticism is not a new development. Psychoanalysis and its derivatives were the first theories to develop and most of those therapists who were not eclectic adhered to some form of psychoanalysis or psychodynamic therapy. The so called Minnesota point of view of Patterson (1966, 1986) was an eclectic position. The percentage of therapists who called themselves eclectic during the 1940's and 1950's is not known, however according to Kelly (1961) who conducted a survey found 40% of the respondents identified themselves as eclectic. It appears that 50% of the practitioners today claim themselves to be eclectic.

4.2.2 Definition of Eclecticism

Now let us see what is eclecticism in psychotherapy / counseling. Most discussions of eclectic therapy involve combining two theories or approaches and this is usually psychoanalysis and behaviour therapy. At the same time it is stated that there are as many eclectic approaches as there are eclectic therapists. Each therapist operates out of his or her unique set of techniques based on the particular training, experience and beliefs. There are no specific guidelines or principles for eclectic therapy. Yet it has been recognised for more than 5 decades (Patterson, 1989) that there are basic common factors or elements in the diverse approaches to psychotherapy.

The common factor at the simplest but concrete level is that two persons talking to each other. The same therapy at the abstract level can be considered as an interpersonal relationship in which the therapist's personality is the most important element. In between there are (i) therapist behaviours such as expertise, authority, rapport, support etc., and (ii) the therapist's credibility, trustworthiness and attractiveness.

Certain common elements of therapy include catharsis, suggestion, reassurance, persuasion, guidance, advice and direction. Yet some more elements which may not be very common to all therapies include permissiveness, non judgementalness, respect etc. Traux and Carkhuff (1967) pointed out three sets of characteristics which they called the central therapeutic ingredients and these were

- i) The therapist's ability to be integrated, mature, genuine and congruent
- ii) The therapist's ability to provide a non threatening, trusting, safe and secure atmosphere by his acceptance, nonpossessive warmth, unconditional positive regard or love
- iii) The therapist's ability to be accurately empathic, be with the client, be understanding or grasp the patient's meaning.

It appears that there is a general agreement that the relationship provided by the therapist is the basic common characteristic of all approaches to psychotherapy.

4.2.3 Psychotherapy

Before we take up eclectic therapies, let us understand what is psychotherapy. As is well known, psychotherapy refers to a special and systematic process for helping people to overcome their psychological difficulties such as anxiety, fear, depression etc.

All forms of psychotherapy have three things in common, viz.,

- i) Client
- ii) Therapist
- iii) Contacts between client and therapist.

The therapy consists of a set of principles and techniques employed in accordance with a particular theory of change. As many as 400 forms of therapy are being practiced today. Two broad categories are: (i) Global therapies and (ii) Problem focused therapies.

Global therapies help people recognise and change general features of their personalities that the therapist believe are the root cause of their problem. These therapies include the following:

- Psychodynamic or psychoanalytic
- Humanistic
- Existential
- Client centered therapy
- Gestalt

Problem focused therapies focus on the symptoms and specific complaints of the person. They include

- Behavioural therapies
- Cognitive therapies
- Biological therapies

In addition to the above two major groups of therapies, we have the following formats for therapies.

- Individual therapy
- group therapy
- family therapy
- Couple therapy

Individual therapy is one in which the therapist sees the client alone for some period of time usually weekly.

Group therapy is one in which the therapist sees clients in a specially formed group such as psychodrama and self help groups.

Family therapy is a format in which the therapists meet with all members of the family and point out problematic behaviours and interactions and work on the whole family to change.

Couple therapy is one in which the therapist works with two people who share a long term relationship.

Thus one may state that Psychotherapy is the use of psychological techniques along with ‘therapist client relationship’ to produce emotional, cognitive, and behavioural change. Today, the largest group of mental health professionals describe themselves as eclectic, meaning they use different treatments for different disorders.

4.2.4 Brief Historical Perspective

When we try to trace the history of treatment of psychological disorders, it is seen that there are two broad groups of interventions that come about (i) spiritual/religious healing and the (ii) naturalistic/scientific healing. While the scientific approaches have advanced to a great extent with research focussed treatment interventions and evaluations, spiritual religious interventions are getting relatively more accepted than before in scientific circles due to research and evaluation studies.

The rapidly developing movement of integrated approach of psychotherapy and counseling came in early 1980s. This movement is based on combining the best of differing orientations so that more complete theoretical models can be articulated and more efficient treatments developed (Goldfried & Castonguay, 1992).

In 1983 an international organisation was formed for the exploration of integration of psychotherapy. The reason for this integration approach was that a single approach is not sufficient to understand the complexities of human behaviour. Also it was believed that no one theory has a patent on the truth, and because no single set of counselling techniques is always effective in working with diverse client populations. Hence some therapists thought it better to develop integrative approaches as the basis for future counseling practice (Lazarus, 1996).

However it must be kept in mind that eclectic therapy is not haphazardly picking of different techniques from different therapies but it is a planned strategy with theoretical and scientific rationale. Pulling techniques from many sources without a sound rationale can only result in syncretistic confusion (Lazarus, 1986).

4.3 PATHWAYS OF INTEGRATIVE APPROACH IN COUNSELLING PRACTICE

According to Arkowitz (1997) there are three pathways of integrative approach in counselling practice, viz (i) technical eclecticism approach (ii) theoretical integration approach (iii) common factors approach. These are being discussed below in detail

4.3.1 Technical Eclecticism Approach

Technical eclecticism tends to focus on differences, chooses from many approaches, and is a collection of techniques. This path calls for using techniques from different schools without necessarily subscribing to the theoretical positions that spawned them.

Technical eclecticism seems especially necessary in working with a diverse range of cultural backgrounds. Harm can come to clients who are expected to fit all the specifications of a given theory, whether or not the values espoused by the theory are consistent with their own cultural values.

Rather than stretching the client to fit the dimensions of a single theory, practitioners are challenged to tailor their theory and practice to fit the unique needs of the client. This requirement calls for counselors to possess knowledge of various cultures, be

aware of their own cultural heritage, and have skills to assist a wide spectrum of clients in dealing with the realities of their culture.

4.3.2 Theoretical Integration Approach

This refers to a conceptual or theoretical creation beyond a mere blending of techniques. This path has the goal of producing a conceptual framework that synthesizes the best of two or more theoretical approaches under the assumption that the outcome will be richer than either of the theories alone (Norcross & Newman, 1992).

4.3.3 Common Factors Approach

The common factors approach attempts to look across the different theoretical systems in search of common elements. Although there are differences among the theories, there is a recognisable core of counseling composed of nonspecific variables common to all therapies.

Arnold Lazarus (1997) is the founder of multimodal therapy. Multimodal therapists borrow techniques from many other therapy systems that have been demonstrated to be effective in dealing with specific problems.

Lazarus raises concerns about theoretical eclecticism because he believes that blending bits and pieces of different theories is likely to confuse and confound matters. He contends that by remaining theoretically consistent but technically eclectic, practitioners can spell out precisely what interventions they will employ with various clients, as well as the means by which they select these procedures.

Practitioners who are open to an integrative perspective will find that several theories play a crucial role in their personal counseling approach.

Each theory has its unique contributions and its own domain of expertise. By accepting that each theory has strengths and weaknesses and is, by definition, “different” from the others, practitioners have some basis to begin developing a theory that fits for them. It is important to emphasize that unless counselors have an accurate, in depth knowledge of theories, they cannot formulate a true synthesis. Simply put, practitioners cannot integrate what they do not know (Norcross & Newman, 1992).

The challenge is for counselors to think and practice interactively, but critically. Developing an integrative perspective is a lifelong endeavor that is refined with experience.

4.4 COMMON GROUND FOR INTEGRATIVE PERSPECTIVE OF COUNSELING

The question here is how one can use rationally the different techniques from various psychotherapeutic approaches in an integrated manner. While there are advantages in incorporating a diverse range of techniques from many different theories, it is also possible to incorporate some key principles and concepts from the various theoretical orientations. There are some concepts from the experiential approaches that can blend quite well into the psychotherapeutic and psychodynamic systems. Let us see how this can be done. Let us take up Freud’s Psychoanalytical approach and consider integration of other therapies.

4.4.1 Freudian Approach

Whatever technique a counselor apply he/she has to in the initial phase of counseling use free association and catharsis as important techniques in order to release the pent up emotions and feelings. These two techniques of Freudian approach is also the back bone of every therapy.

In other therapies free association can be named as listening to the problems and conflicts going on in the mind of the client but it is just similar to Freud's Free Association. No client will tell the exact problem in the initial phase of counseling if he is suffering from certain mental disorders. After the initial stage, the client may start revealing all those aspects of life which he sees negatively.

Catharsis is also known as making the person feel less burdened by emotions and that which make him feel light and that which makes him give vent to his feelings by crying, shouting, anger outbursts, stress release etc. These ofcourse to an extent advanced forms of Freud's catharsis.

4.4.2 Adlerian Approach

Adler always believed that a person becomes complex either due to his piled up failures or due to obstacles from the environment. Adler was concerned with the client's family and social system which influenced the client's life to a great extent. Adler always found that in his clients, there is a mistaken belief about their own selves. Mistaken in the sense that they viewed themselves and their environment inappropriately or inadequately ignoring their positive aspects. Therefore in his therapeutic sessions, his focus was to make the person realise the deficiency in their thinking and belief and tried to remedy the same so that the client can readapt himself in the society.

Whatever therapeutic technique one follows, the above approach is used quite widely in the present day therapies. In behaviour therapy, psychodrama or group therapy, a client learns through rehearsals, and in cognitive therapy the client learns to change his faulty perception through cognitive restructuring.

From the Adlerian perspective, therapy is a cooperative venture and it is geared toward challenging clients to translate their insights into action in the real world. One of the strengths of the Adlerian approach is its relationship to technical eclecticism. The Adlerian model lends itself to versatility in meeting the needs of a diverse range of clients (Watts, 1999).

In Adler's concept there is further focus on to improve the life style. If a person improves his life style in holistic way it not only improves his functioning, but the client is able to explore his own self that makes a difference to their own life and to the life of his significant others.

Contemporary Adlerian theory is valuable in the sense that it is an integrative approach. The theory is an integration of cognitive, psychodynamic, and systems perspectives, and in many respects, it resembles the social constructionist theories.

The contemporary social constructionist theories, or constructivist therapies, share common ground with the Adlerian approach. Some of these common characteristics include: an emphasis on establishing a respectful client/ therapist relationship, an emphasis on clients' strengths and resources, and an optimistic and future orientation.

4.4.3 Behavioural Approach

This approach is based on learning theories such as classical and instrumental conditioning approaches. These therapies take the here and now approach rather than digging in the past. Every attempt is made to find out what makes the person behave as he does and the various factors that contribute to that particular behaviour right at that point of time. In this the individual's cooperation and participation are important as he has to observe his behaviour and find out under what conditions the undesirable behaviour occurs. If the particular behaviour is linked to certain aspects of his thinking or the environmental factors he has to change the same so as to make sure that the undesirable behaviour does not occur.

In this type of counseling, there is also behaviour rehearsal that is the person is asked to practice certain behaviours, like relaxing exercises, self instructions to think in a positive way, to write something when certain thoughts occur and so on. This behaviour rehearsal is very important as the client is able to adapt this behaviour to his daily routine life and thus give up the undesirable behaviour.

In eclectic approach, along with psychotherapy, the individual is made to do some exercises which the counselor feels necessary that the client should do. This can be role play, maintain daily routine, desensitize himself/herself from the fearful or anxiety provoking stimulus events, etc. In this some time the counselor teaches or gives psychoeducation and training to the care giver of the client. Some times through group therapy or family therapy the counsellor makes the client and family person to learn the appropriate behaviours. If a child is a client it might be play, drama etc. If a client is an adult it might be progressive relaxation, anxiety or anger reducing techniques or behavioural modification techniques.

4.4.4 Cognitive Behavioral Approach

In cognitive approaches apart from behavioural training the counselor also focuses the perceptions, emotions and thought processes of the client. His target is to break the negative schema (firm beliefs) and modify the negatively altered information processing of the client. In eclectic counseling whenever the counselor finds the client having wrong perceptions and due to this he is unable to maintain his relationship with his significant persons, the therapist applies different techniques of cognitive therapy. For example if some thoughts which are automatically comes in the client's brain and he is not able to control it. The client knows very well that these thoughts do not have any logical reasons. In such cases, the counsellor tries to know the frequency and intensity of these thought and the situations in which they arise. Also the counselor asks the client to tell about the emotions that come with these thoughts. Then the counselor gives the client different alternative or balanced thought to rehearse. After practicing these exercises taught by the counsellor, the automatic thoughts get reduced.

With the cognitive restructuring if the counselor applies behavioural techniques then the approach is known as cognitive behavioural approach. In its behaviour part the client learns different coping strategies to deal with his inner conflicts and his interpersonal misunderstandings. In eclectic counseling many a times a client needs to change his cognition, perception, emotion and behaviour through cognitive behavior approach.

4.4.5 The Experiential Approaches

Sometimes in eclectic approach the counselor asks the client to do experiment in life. He provides different strategies to the client and asks him to apply it in those situations which he does not want to face or for which he is having certain negative schema. The goal of the counselor here is to make the client realise the reality of the situation and adapt different strategy to cope up with his problems. For example if a person is having the false belief that people are talking about him when he goes to buy grocery, the client may be asked to listen to the conversation once. The client might realise that the other person was talking about the cricket match and might involve himself in the conversation. In this way his false belief disappears. Also in another behaviour modification technique, called as the flooding, the client is exposed to the real life situation and his fear is reduced gradually.

4.4.6 Humanistic Existential Approach

In eclectic counseling if the client is educated and intelligent and wants to go through counseling in order to improve himself etc., then the humanistic approach of Rogers' client centered therapy will be the most useful. In Rogers' therapy the client is helped to realise his potentials and counselor's focus is on making him fully potential.

Existential approach throws light on searching a meaning of life. Every client wants his life to be meaningful and purposeful. It is the counselor's responsibility to make the client realise the significance of his life. Every person should be aware of his psyche (soul or being) as well as his activities. Every human should have enough freedom to develop in their own way. Also they should be aware about the surroundings and human values. On the one hand their growth should not be retarded, while on the other the growth should be holistic and must not be against the basic human values. It also makes the client understand the universal human concern. This approach also deals with the personal freedom and courage that the individual should have.

Bugental and Bracke (1992) see the possibility of a creative integration of the conceptual propositions of existential therapy with psychodynamic or cognitive approaches. They indicate that experienced clinicians of contrasting orientations often accept some existential concepts and thus operate implicitly within an existential framework.

4.4.7 Gestalt Approach

Gestalt approach focuses on awareness of the client. The client should be aware of his own thoughts, feelings, sensations, perceptions and emotions that are passing within himself. If he sees everything in a holistic way not in bits and pieces, he may be able to understand the reality. The therapist or counselor tries to enhance the awareness of the client about each and every aspect of an event, a person or a situation.

The client is provided many Gestalt experiments to do, so that he can improve his awareness for those things which are making him stressful. Also, it helps the client to be aware about those aspects which the client was not aware of earlier and that can change the thinking of the person in a positive way. The client becomes capable to see the world as a whole rather than in bits and pieces after the counseling and that makes him positive.

4.4.8 Psychodrama

Psychodrama is an approach in which the client acts out or dramatises past, present, or anticipated life situations and roles. This is done in an attempt to gain deeper understanding, explore feelings and achieve emotional release, and develop behavioural skills.

Psychodrama is primarily a group approach. It also helps individuals to realise their role in life. The counselor writes the scripts according to problems of different group members and direct this script. The group members stand in a semicircle and play the script. By their dialogue delivery they can understand their problems better. They are also motivated to change their roles from father to daughter, brother to sister, mother to father and so on. In this role rehearsals are used which are considered beneficial to understand the real situation and the day-to-day life problems and interpersonal relationships.

Significant events are enacted to help the client to get in touch with unrecognised and unexpressed feelings, to provide a channel for the full expression of these feelings and attitudes, and to broaden the role repertoire.

Integrated into other systems-such as psychodynamic, experiential, and cognitive behavioural approaches-psychodrama offers a more experiential process, adding imagery, action, and direct interpersonal encounter. In turn, psychodrama can utilise methods derived from the other experiential approaches, and the cognitive behavioural approaches as well, to involve clients to experience a meaningful process.

According to Blatner (1996), a major contribution of psychodrama is that it supports the growing trend toward technical eclecticism in psychotherapy. Practitioners are challenged to draw on whatever tools will be useful in a given situation. Yet psychodrama is best viewed as an optional set of tools, rather than a single approach for all clients (Blatner, 1996).

Psychodrama uses a number of specific techniques designed to intensify feelings, clarify implicit belief, increase self-awareness, and practice new behaviors. One of the most powerful tools of psychodrama is role reversal, which involves the client taking on the part of another person. Through reversing roles with a significant person, the client is able to formulate significant emotional and cognitive insights into his or her part in a relationship. This technique also creates empathy for the position of another person.

Variations of role playing and role reversal have many uses in both individual and group counseling. A few other techniques of psychodrama that practitioners can utilise include self-presentation, soliloquy, coaching, modeling, role training, behavior rehearsal, and future projection.

According to Blatner (1997) and Corey (2004), psychodrama's value lies in the fact that its methodology can be integrated with other therapeutic approaches rather than acting in seeming competition.

4.4.9 Action-Oriented Approach

According to Corey's (2001) Case Approach to counseling and psychotherapy the counseling should be action oriented. Whatever techniques the counselor uses it should change the person in a positive way. Clients should be able to practice and perform so as to make them mentally healthy. The technique should be easily adapted by the client to the situation concerned and it should be suitable to the emotional state of the client.

4.5 MULTIMODAL THERAPY

This is a branch of behaviour therapy and is a comprehensive, systematic, holistic approach to behaviour therapy developed by Arnold Lazarus. Based on social learning theory, Lazarus endorsed techniques from just about all of the therapy models. In his integrative model, he keeps adding new techniques constantly, while refining the existing techniques.

The Counselor must understand the whole case history of the client. According to the personality and family structure of the client the strategies of the therapy are planned. The counselor should make a frame work of different techniques of different approaches to give interrogated and rational treatment in eclectic counseling. The counselor must select and apply those techniques on which the counselor has the best expertise. And the techniques used should be in accordance to physical and mental status of the client.

In many respects, rational emotive behaviour therapy (REBT) can be considered as a comprehensive and eclectic therapeutic practice. Numerous cognitive, emotive, and behavioural techniques can be employed in changing one's emotions and behaviours by changing the structure of one's cognitions. REBT is open to using therapeutic procedures derived from other schools, especially from behavior therapy.

Aaron Beck's cognitive therapy is truly an integrative approach, since it draws from so many different modalities of psychotherapy (Alford & Beck, 1997).

However cognitive approaches is like a bridge between psychodynamic approaches and behavioural approaches. While Cognitive behavioural approaches are more focused, structured and time bound, the psychodynamic approaches are not structured to the same extent and are not time bound.

4.6 REALITY THERAPY/APPROACH AND CHOICE THEORY

If the phenomenological and existential perspectives are considered, here the focus is on what the person experiences and what he realises about his existence. In other words, the reality therapy requires both these aspects that is the experienced of the person and what he realises about his existence. More specifically, here reality therapy stresses on the fact that the he client is responsible for his feelings.

Choice theory on the other hand challenges clients to accept their part in actually creating their feelings. For example, depression is not something that simply happens to people, but often is a result of what they are doing and how they are thinking.

Glasser (1998, 2000) speaks of *depressing* or *angering*, rather than *being depressed* or *being angry*. With this perspective, depression can be explained as an active choice that a client makes rather than the result of being a passive victim. Clearly, the emphasis of choice theory is on how people think and act, and in this sense, it shares many of the themes of cognitive behavioral approaches.

All behaviours are made up of four inseparable but distinct components: *acting*, *thinking*, *feeling* and the *physiology*. The key to changing a client's total behaviour lies in choosing to change what he or she is *doing* and *thinking* and these are the behaviours that a person can control. If clients markedly change the doing and thinking component, then the feeling and physiological components will change as well (Glasser, 2000).

Self Assessment Questions

- 1) Who is the founder of multimodal therapy:
 - a) Arkowitz
 - b) Corey, Gerald
 - c) Arnold Lazarus
 - d) Sigmund Freud
- 2) Which approach of psychotherapy focuses on meaning of life:
 - a) Gestalt
 - b) Cognitive Behavioural
 - c) Psychodynamic
 - d) Existential
- 3) Through which approach one can alter his perception, thought and emotions.
 - a) Cognitive behavioural
 - b) Cognitive
 - c) Behavioural
 - d) Gestalt
- 4) 'Style of Life' is an important concept in which Therapeutic Approach:
 - a) Adlerian
 - b) Reality Theory
 - c) Freudian
 - d) Choice Theory
- 5) The strategy planned for the psychotherapy is based on the concepts and methods taken from a number of psychological approaches, is known as:
 - a) Gestalt: a holistic Approach
 - b) Phenomenological Approach
 - c) Eclectic or integrated Approach
 - d) None of the above
- 6) An approach in which the client acts out or dramatises past, present, or anticipated life situations and roles is:
 - a) Behaviour
 - b) Role plays
 - c) Psychodrama
 - d) Action oriented approach
- 7) If there is discrepancy (incongruence) in what you are doing and what you want to do, which approach is best to apply in counseling:
 - a) Roger's Person's centered approach
 - b) Gestalt's holistic approach
 - c) Beck's cognitive approach
 - d) All of the above
- 8) According to Arkowitz (1997) an integrated approach of counseling has the following three factors:
 - a) Technical, Educational and Common
 - b) Technical, Theoretical and Common
 - c) Technical, Theoretical and behavioural
 - d) None of the above
- 9) Which of two techniques of Freud is most used in other forms of therapy and counselling:
 - a) Free association and hypnosis
 - b) Free association and catharsis
 - c) Hypnosis and interpretation
 - d) Dream analysis and interpretation

- 10) Which theory most challenges client to accept his/her part in actually creating their feelings:
- | | |
|-----------------------|------------------------------|
| a) Cognitive Approach | b) Rational emotive approach |
| c) Choice Approach | d) All of the above |

4.7 FEMINIST AND SYSTEMIC THERAPY

Feminist therapy is generally relatively short term therapy aimed at both individual and social change. The major goal is to replace the current patriarchal system with feminist consciousness and thus create a society that values equality in relationships that stresses interdependence rather than dependence, and that encourages women to define themselves rather than being defined by societal demands.

Some of these strategies are unique to feminist therapy, such as gender role analysis and intervention, power analysis and intervention, assuming a stance of advocate in challenging conventional attitudes toward appropriate roles for women, and encouraging clients to take social action.

Therapists with a feminist orientation understand how important it is to become aware of typical gender role messages clients have been socialised with, and they are skilled in helping clients identify and challenge these messages.

According to systemic approach an individual's dysfunctional behaviour grows out of the interactional unit of the family, the community, and social systems. Thus, solutions to an individual's problems need to be designed from a contextual perspective.

Feminist counselors apply different interventions e.g. role playing, bibliotherapy, assertiveness training, behaviour rehearsal, cognitive restructuring, psychodramatic techniques, identifying and challenging untested beliefs, and journal writing. Feminist therapy principles and techniques can be applied to a range of therapeutic modalities such as individual therapy, couples counseling, family therapy, group counseling and community intervention.

Both feminist and systemic approaches are based on the assumption that individuals are best understood within the context of relationships. Most of the traditional counseling theories do not place a primary focus on the role of systemic factors in influencing the individual.

4.8 ADVANTAGES AND DISADVANTAGES OF ECLECTIC COUNSELLING

4.8.1 The Benefits of Integration

Effective counseling involves proficiency in a *combination* of cognitive, affective, and behavioural techniques. Such a combination is necessary to help clients *think* about their beliefs and assumptions, to experience on a *feeling* level their conflicts and struggles, and to actually translate their insights into *action* programs by behaving in new ways in day to day living.

Preston (1998) contends that no one theoretical model can adequately address the wide range of problems clients will present in therapy. He says it is essential for therapists to have a basic grasp of various therapeutic models and for them to have

at their disposal a number of intervention strategies. For him, the pivotal assessment question is, “What does this particular person most need in order to suffer less, to heal, to grow, or to cope more effectively?” Preston recommends that a practitioner’s selection of interventions should be guided by their assessment of the client. This lends weight to the concept of integrating assessment with treatment. Once a clinician knows what the client’s target problems and goals are, it makes sense to design specific techniques tailor-made to the client.

4.8.2 The Limitations of an Integrative Approach

There are some drawbacks to encouraging the development of an integrative model, as opposed to sticking primarily with one theory. An undisciplined eclectic approach can be an excuse for failing to develop a sound rationale for systematically adhering to certain concepts and to the techniques that are extensions of them. If counselors merely pick and choose according to whims, it is likely that what they select will be a reflection of their biases and preconceived ideas. It is important to avoid the trap of emerging with a hodgepodge of unamalgamated theories thrown hastily together.

4.8.3 Eclectic Approach: A Case Illustration

It is a case of a woman who was feeling fear of hospitals, doctors and pain. After marriage she has to consult gynecologist just because she was having fear of pain during the relationship with her husband. The doctor advised her to go to a counselor for it. Counselor elicited the case history very carefully with the husband and the wife. The counselor was able to know that some memories of traumatic childhood have been suppressed in the girl’s unconscious mind. The counselor made an intervention strategy from different therapeutic approaches which appeared best suited to the woman’s personality and family life. This strategy included some techniques of cognitive behaviour therapy, some of the components of psychoanalysis and some of the client centered therapy and couple therapy. The main problem was that the woman was not accepting the husband because she thought that husband is not as handsome as she thought he would be and compared to herself she felt he was not good looking. Through cognitive therapy the girl could understand those qualities of her husband which she was ignoring to see and his very loving and caring nature for his wife.

Through psychoanalysis it was revealed that when she was just 2 years old, she fell down from the stairs and was brought to hospital where she developed in herself fear about death. When she was of 5 years of age a doctor friend of her father tried to touch her in a very awkward way that she could not understand. She developed a fear of doctors and sex. Through behavior therapy deconditioning and desensitization it was possible to remove the fears from her mind. Through client centered counseling the girl was made to realise her potentials and she was helped by the counselor to uses her potentials to make her home and family a healthy and happy one. The woman benefitted through this eclectic approach. Now she is happy in her in-laws family and blessed with a baby boy.

4.9 LET US SUM UP

Counselors would do well to consider their own personal style in the process of developing their integrative approach. The art of integrative counseling implies that there are no prefabricated models that fit any practitioner perfectly. Instead, the challenge is to customize a counseling approach that is tailored for each practitioner.

4.10 UNIT END QUESTIONS

- 1) What do you understand about eclectic counseling? Give a historical background behind its concept?
- 2) Give with examples Freudian, Adlerian and Gestalt therapies can be used as eclectic approach?
- 3) In today's scenario how behaviour, cognitive behaviour and multimodal approaches are useful to give counseling in integrated way?
- 4) Give the advantages and disadvantages using eclectic approaches.

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4.12 ANSWERS TO SELF ASSESSMENT QUESTIONS

1) (c) 2) (d) 3) (b) 4) (a) 5) (c) 6) (c) 7) (d) 8) (b) 9) (b) 10) (c)

